

**MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451**

This Agreement is made by and between the **JEFFERSON COUNTY DEPARTMENT OF HUMAN SERVICES (“Social Services”)**, located at 900 Jefferson County Parkway, Golden, Colorado 80401; the **FIRST JUDICIAL DISTRICT PROBATION DEPARTMENT (“Probation”) AND THE FIRST JUDICIAL DISTRICT (“Judicial”)** located at 100 Jefferson County Parkway, Golden, Colorado 80401; the **JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT (“Health”)**, located at 1801 19th Street, Golden, Co. 80401, the **JEFFERSON COUNTY SCHOOL DISTRICT, (“School District”)**, located at 1829 Denver West Drive, Building 27, Golden, Co. 80401; the **JEFFERSON CENTER FOR MENTAL HEALTH, (“Mental Health”) a non-profit corporation whose principal place of business is located at 4851 Independence Street, Wheat Ridge, Co. 80033** and **FOOTHILLS BEHAVIORAL HEALTH, LLC (“BHO”)** located at 9101 Harlan Street, Suite 100, Westminster, Co. 80031, the **DIVISION OF YOUTH CORRECTIONS (DYC)** located at 4255 S. Knox Court, Denver, Co, the **DEVELOPMENTAL DISABILITIES RESOURCE CENTER (DDRC)** located at 11177 West 8th Avenue, Suite 300, Lakewood, Co. 80215 and the **JEFFERSON COUNTY AFFILIATE OF THE FEDERATION OF FAMILIES FOR CHILDREN’S MENTAL HEALTH, COLORADO CHAPTER IN PARTNERSHIP WITH THE JEFFERSON COUNTY FAMILY SUPPORT NETWORK (JFSN)** located in Wheat Ridge, Colorado. Each signatory to this agreement is referred to as a “Party”, and collectively as “Parties”.

WHEREAS, the Colorado General Assembly has determined that a collaborative approach to the delivery of services to children and families may lead to the provision of more appropriate and effective delivery of services; and

WHEREAS, the Colorado General Assembly has determined that such collaboration may ultimately allow the agencies providing treatment and services to provide appropriate services to children and families within existing consolidated resources; and

WHEREAS, the Colorado General Assembly has determined that it is in the best interests of the State of Colorado to establish a collaborative management of multi-agency services provided to children and families; and

WHEREAS, Colorado revised statutes, Section 24-1.9-101, et.seq. authorizes the county department of social services to enter memorandums of understanding with specific agencies for the purpose of promoting a collaborative system of local-level interagency oversight groups and individualized service and support teams to coordinate and manage the provision of services to children and families who would benefit from integrated multi-agency services; and

WHEREAS, the undersigned desire to enter into an agreement for the collaboration of services to families and children who would benefit from integrated multi-agency services; and

WHEREAS, the undersigned agencies include all of the agencies required by statute;

NOW THEREFORE, in consideration of the premises and mutual promises and covenants herein contained, the Parties agree as follows:

The Agreement. This Memorandum of Understanding (“MOU” or “Agreement”) is contained in this writing, which consists of 36 pages.

Term of the Agreement. This MOU shall be effective beginning July 1, 2007 and shall expire June 30, 2008.

I. Renewal of MOU. The Parties may renew this MOU annually subject to mutual agreement. Each Party reserves the right to elect not to renew the MOU after expiration of the current term. If any Party intends not to renew the MOU, it shall give notice of such intent at least thirty (30) days prior to expiration of the Agreement.

II. Population to be Served. The persons who will be recipients of services under this MOU shall be “children and families who would benefit from integrated multi-agency services”, (“Recipients”). This population of children and families is defined as follows:

Families and their children who meet the eligibility criteria for one of the Child Welfare Program areas 4, 5, or 6 as defined in the Colorado “Policy and Procedures for Child Welfare services” manual, Volume VII, and

Who are involved with at least one other participating agency to this MOU in addition to Child Welfare, and

Who are at risk of or are currently in out of home placement, psychiatric or medical hospitalization, and/or who are at risk of delinquency or commitment to the Department of Youth Corrections.

Jefferson County estimates it will serve at least 70% of its Child Welfare caseload or approximately 1590 children.

III. Services and Funding Sources. The Parties agree to provide the following specific services and subject to available funds, hereby identify the following funding sources for the provision of such services.

A. Social Services:

1. Goal(s):

The Mission of the Children, Youth and Families Division is to promote the safety, well-being, and permanency of children and youth.

The Mission of the Systems of Care grant is to promote the welfare of children and families through the development of sustainable partnerships that provide integrated, quality services that are individualized, strength-based, family centered and culturally competent.

The goals for the Child Welfare program area 4, Youth in Conflict, are alleviating conflicts and protecting the youth and the community, reestablishing family stability, and assisting the youth to emancipate successfully.

The goals for the Child Welfare program area 5, Children in Need of Protection, are that children are secure and protected from harm, have stable, permanent and nurturing living environments, and when appropriate, experience family continuity and community connectedness.

The goals for the Child Welfare program area 6, Children in Need of Specialized Services, are to fulfill statutory requirements in the interests of permanency planning for children.

2. Services to be contributed to this project and amounts associated with those services:

Jefferson County is developing and implementing a Systems of Care (SOC) model. SOC is a continuum of services organized into a coordinated network to meet the needs of children and families. It is based on the principles of interagency and community collaboration, individualized, strength and community based services, cultural competency, family involvement and accountability.

CYF is utilizing Team Decision Making, a Family to Family strategy to enhance family and community involvement in case planning, and CYF is performing utilization management through “Options” staffings which bring together CYF, agency partners, and families to develop alternatives to highly restrictive levels of care.

CYF has developed an early intervention team to enhance our voluntary services for families and to reduce our reliance on legal interventions and out of home placements.

CYF will be responsible for:

- Active participation in the Interagency Oversight Group as a voting member.
- Leadership and staff support through CYF and SOC for the development of the Collaborative Management (CM) Memorandum of Understanding (MOU) and for the CM IOG.

- At least 70% of all Services provided to the Target Population through CYF staff and contracts which include Intake, Early Intervention Services, Ongoing Youth and Child Protection Services, Resource Development Services, Adoption Services, Core Services, Day Treatment, Home Based Services, Intensive Family Therapy, Mental Health Services, Sex Abuse Treatment Services, Substance Abuse Treatment Services, Life Skills Services and Special Economic Assistance Program.

- At least 70% of the SOC grant

3. Staff who will contribute to those services and amounts associated with those staff:

The SOC staff are the Program Manager, Parent Partner Coordinator, Training Coordinator, Administrative Specialist, Volunteer Coordinator and research provided by the Butler Institute at the University of Denver.

CYF offers the following staff to participate in the implementation of this MOU in collaboration with the co-signers and the community at least 70% of their time to at least 70% of the population served:

- Division Director (1 FTE)
- Program Managers (4 FTE)
- Supervisors (20 FTE)
- Caseworkers (110 FTE)
- Case Aides (9 FTE)
- Support Staff (6 FTE)
- Financial/Billing/Payroll Staff (11 FTE)

4. Funding sources

A. Federal Grants:

\$347,924 of federal funds for 70% of the Systems of Care Health and Human Services Grant*

B. Child Welfare Block Grant Allocation:

Total Block Allocation = \$27,684,240 (includes county money of \$4,334,213)
70% of Total Block Allocation = \$19,378,968 for CM

C. Core Services Allocation:

Total Core Services Allocation=\$3,867,203
70% of Total Core Services Allocation=\$2,707,042 for CM

* The SOC grant is subject to renewal each Federal fiscal year.

The Child Welfare Block Grant and the Core Services Allocation will change on July 1, 2008; therefore these figures will need to be revised at that time to reflect these numbers.

B. Probation:

1. Goals:

Probation Mission Statement: Colorado Probation is Committed to Public Safety, Victim and Community Reparation through Offender Accountability, Skill and Competency Development and Services to the Communities of Colorado.

As such, the goals include:

Complete Predispositional Reports as required by the court.

Supervise all adult and juvenile offenders ordered to complete probation, assisting them to develop skills and thinking that will help them to remain in the community, reduce recidivism, and reduce their risk to the community and themselves. This is done effectively by case planning that includes assessment services, referral services, supervision, and detainment, when necessary.

Restore the community, victims, and the offender, insuring that any harm created by the offender is addressed and reparations made where appropriate.

Follow all tenants of the Victim Rights Amendments, including notification of status changes in their case.

2. Services to be contributed to this project and amounts associated with those services:

Active participation in the IOG as a voting member. **Staff time estimated \$4,000**

Probation will be responsible for providing probation supervision services for all juvenile and adult offenders sentenced to probation, including cases of Deferred Adjudications and Informal Adjustments, as is the case with the proposed 1st Judicial District Juvenile Mental Health Court.

Drug and Alcohol Assessment Services will be provided, with priority to in-custody juveniles (.75 FTE – SB94). Also on adult offenders a SSI and 1173 assessment will be completed. **Staff time estimated \$3,000**

Juvenile Education Program (JEP) provided for juveniles that are expelled or suspended, with priority given to those youth that are under the age of 16. Contained classroom with individualized instruction (.50 FTE – SB94). **Staff time estimated \$16,000**

Drug/Alcohol outpatient treatment funding provided through probation's Offender Services Fund. Limited to juvenile and adult offenders in financial need. Also RIS – "Rapid Intervention Services fund (SB94) – probation has referral access to these funds for Drug/Alcohol treatment and family and individual counseling for clients that have financial need for assistance in paying for outpatient treatment. **(See below)**

Sex Offender Psycho-Social Evaluations – probation fund assists probation officers working jointly with CYF caseworkers to pay for intensive evaluations to determine risk and level of treatment needed for sexually abusive youth. **(See below)**

Cognitive/Behavior groups – "Thinking for a Change." These closed groups are led by probation officers in the 1st Judicial District. **Staff time estimated \$2000**

Victim empathy groups – Facilitated by probation officers to increase victim awareness and empathy among juvenile and adult offenders. **Staff time estimated \$1500**

Jefferson County Community Restorative Justice Program – will be available to any juvenile or adult offenders, families, victims or community groups that would benefit from conferencing circles. (.50 FTE) **Staff time estimated \$2,000**

JISP – Juvenile Intensive Supervised Probation. Provided for juveniles at risk of placement in a human services contracted treatment facility, or detention. (2.5 FTE).

Staff time estimated \$10,000

3. Staff who will contribute to those services and amounts associated with those staff:

All juvenile probation officers and juvenile supervisors in the 1st Judicial District will work with other agency personnel as needed to comply with the terms of this MOU. Funding is provided by the State of Colorado through the Judicial Department to support these services (15.0 FTE).

Additionally, as needed, all adult probation officers and adult probation supervisors will work with other agency personnel to be in compliance with this MOU. These positions are funded by the State of Colorado State Judicial and represent 55 FTE to include probation officers, VACs, CIs, and management staff.

4. In-kind contributions and the amounts associated to those contributions:

Probation supervisor and designees will participate in planning and ongoing facilitation of IOG meetings, facility space in Courthouse for meetings, Emergency Release staffings, DYC staffings, Options staffings, Team Decision-Making Meetings and other meetings related to the MOU.

Staff time estimated \$6000

5. Funding sources

Offender Services Funds (probation) – State Judicial	<u>\$10,000</u>
Offender Services Funds earmarked for Juv Sex offender evaluations	<u>\$2100</u>
Probation Department FTE staff time– State Judicial (from above)	<u>\$30,500</u>
RIS – (Rapid intervention Services) through SB94	<u>\$5000</u>
SB94 FTE dedicated to probation programming/services.	<u>\$3000</u>
Total	<u>\$50,600</u>

C. Health:

1. Goals:

The mission of Jefferson County Department of Health and Environment (JCDHE) is to create, promote and enhance health and vitality through innovation, collaboration and celebration. JCDHE meets this goal through its four divisions: Administrative, Community Health Services, Environmental Health Services, and Health Promotion and Lifestyle Management.

2. Services to be contributed to this project and amounts associated with those services:

Participating in the Jefferson County Interagency Oversight Group (IOG) as a voting member.

Providing information and referral to programs in the community and at JCDHE. Based on requirements of the target population and referral for service, JCDHE services may include:

Health Care Program for Children with Special Needs (HCP) including traumatic brain injury

Family planning and reproductive counseling

Health care access assistance for CHP+, Medicaid and EPSDT

Immunizations

Women, Infant, and Children Federal Nutrition Program

Drug and alcohol counseling and prevention

Nurse home visits including Expedited Permanency Planning placements

Sexually transmitted diseases diagnosis and treatment

HIV counseling and testing

Epidemiologic surveillance

Birth and death certificates

Environmental assessments

3. Staff who will contribute to those services and amounts associated with those staff:

The Director of the JCDHE Community Health Services Division, or her alternate, will attend required meetings.

4. In-kind contributions and the amounts associated to those contributions:

In-Kind Contributions:

IOG staff time

IOG lunches

Options staff time

Core Services Advisory staff time

Core Services Expedited Permanency Planning (maximum of \$20,000)

Child Protection Team staff time

JCDHE services as listed (not included in estimated in-kind)

Estimated in-kind: \$35,300

JCDHE supports the target population through in-kind services of staff including attendance at Options staffings by the Drug and Alcohol Liaison, and participation in the Core Services Commission and the Child Protection Team.

5. Funding sources

Funding Sources:

State and Federal grants

Private Foundation grants

Client fees

Client donations

Medicaid

Third party insurance
Core Services allocation (maximum of \$20,000)
Contracts
Per capita monies
County monies

Due to the numerous funding sources for services at the Department of Health, it is difficult to break all the funding amounts out for each service since it is difficult to calculate the number of referrals that will be made to programs or the number of children seen in each program who are also enrolled in child welfare services.

D. Schools:

1. Goals:

Jefferson County Public Schools mission: “To provide a quality education that prepares all children for a successful future.”

2. Services to be contributed

Active district administrative staff participation in IOG meetings as a voting member

Student health care planning and support during the school day as provided by district nursing staff and designated school staff

Student and family health care enrollment assistance through school Medicaid and CHP+ outreach program

District administrative liaison support and participation on the Jefferson County Child Protection Team

Consultation and collaboration with community agencies during risk assessments and student transitions

Coordination and implementation of Individual Education Plans for Special Education Students

District collaboration and participation as appropriate and requested in Jeffco Options meetings and Core Service Commission

Utilize understanding of HB 04-1451 to study and build capacity in a Systems of Care Model and collaborative management process to promote welfare of children.

3. Funding Sources

In-kind contributions

- School district will continue to provide central administrative support for participation in the IOG.

- ERCM Grant Coordinator
 - Community Superintendent Support
 - Educational Liaison (4 hours/month)
- School District will provide space at schools and administrative buildings for multidisciplinary meetings and team decision-making meetings.
- School District staff, (e.g. central administrative, principals, assistant principals, counselors, teachers and social workers) will be involved in multidisciplinary meetings and the team decision-making process.
- School District will work collaboratively with state and local agencies to assist in the educational transitions for youth leaving and returning to the Jefferson County Public School District.
- School District will participate in the development of prevention and intervention programs related to at-risk youth.

The School District is unable to estimate the actual amount of these contributions due to the change in the educational outcome measure. Without at least one year’s operational figures regarding the number of youth being served by the Jefferson County School District and Jefferson County Division of Children, Youth and Families who are eligible for services through this MOU, it is difficult to calculate actual cost.

Estimated Total Cost of Contribution: ≈\$50,000

School District Profile

Number of Schools

Elementary Schools	93
Middle Schools	18
High Schools	17
Option Schools	7
Charter Schools	12

Square Miles	780
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County Population	530,351
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Student Enrollment	85,478
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American Indian/Alaska Native	1.13%
Asian or Pacific Islander	3.57%
Black	1.94%
Hispanic	16.43%
White	76.93%

Where the School Districts Funding Comes From

49% State of Colorado

42% Property Tax

5% Automobile Ownership Tax

4% Other (interest, tuition and fees)

Where the Funding Goes

Schools 88.1%

Business Expenses 3.9%

School Support 8%

Total Revenue: \$596.1 million

(2004-2005, Annual Report)

E. Mental Health:

1. Goals:

The mission of Jefferson Center for Mental Health is to promote, support and improve the mental health of the community, and provide quality mental health services to persons with emotional problems and/or serious mental illness. The Center's shared values include: Serve our customers with respect. Provide quality treatment options and empowerment opportunities for consumers. Strive for mutual respect, collaborative relationships, individual accountability, and successful outcomes. Accept individual empowerment and the responsibility for high achievement. Trust and respect one another. Be creative and flexible as we go about helping others while thoughtfully protecting their personal dignity.

2. Services to be contributed to this project and amounts associated with those services (contingent on availability of resources, and for youth and/or family members meeting medical necessity criteria):

Jefferson Center for Mental Health will be responsible for:

Active participation in the IOG as a voting member

Provide community-based mental health services for youth ages 0-18 (up to age 22 for youth attending The ROAD) and their families living in Jefferson County.

These services shall include: mental health assessment/evaluations, group, family, individual, and play therapy, case management, medication evaluation and follow-up

appointments, and mental health emergency services available 24 hours a day/ 7 days a week. The Center also offers specialized evidence based, promising and innovative practices such as Functional Family Therapy, Multi-systemic Therapy, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Trauma Treatment, Wraparound, school-based counseling, home-based family treatment, transition services for youth aged 15-22 at The ROAD and Cross Roads program (for youth referred by Probation, SB-94 and the JAC).

Staff who will contribute to those services and amounts associated with those staff:

Jefferson Center for Mental Health has approximately 300 staff - including psychiatrists, psychologists, psychiatric nurses, licensed clinical social workers and professional counselors, case managers and vocational counselors. It also has access to a comprehensive network of external providers for Medicaid recipients through its association with Foothills Behavioral Health. Jefferson Center’s Deputy Chief Operating Officer and /or Family Services Manager will participate in the IOG meetings.

3. In-kind contributions and the amounts associated to those contributions:

IOG staff time	\$ 500
Options staff time	2795
Team Decision-Making staff time	2,078
Core Services Advisory staff time	401
Child Protection Team staff time	1748
Case management/wraparound for non-Core funded CYF target population clients	15945
Management (CYF/JCMH) meetings-case staffings and system issue resolution	2135
Estimated total in-kind:	\$25,602

4. Funding sources

- Core Services
- Jefferson County Contract for children with no payor source
- Medicaid
- Grants
- Client fees
- Third party (insurance)
- Division of Mental Health

F. Behavioral Health:

1. Goals:

Foothills Behavioral Health (FBH) is the designated Behavioral Health Organization (BHO) for Jefferson, Clear Creek, Gilpin, Boulder and Broomfield Counties. Our mission is to arrange access to and reimburse for the provision of medically necessary mental health services for individuals who are Medicaid eligible in the five county area. These services are provided by our two Network Mental Health Centers (i.e., Jefferson Center for Mental Health and the Mental Health Center Serving Boulder and Broomfield Counties) and our Independent Provider Network consisting of individual and organizational providers across the five county area. The two Network Mental Health Centers generally serve as the frontline access point for the majority of individuals seeking Medicaid funded mental health services and work closely with FBH to maintain standards of quality and service access.

2. Services to be contributed to this project and amounts associated with those Services:

A member of the FBH staff and an alternate will be designated as active participants in the planning and implementation phases as well as a voting member(s) of the IOG.

3. Staff who will contribute to those services and amounts associated with those staff:

FBH, as an organization, will use all necessary staff resources to ensure that authorized and medically necessary mental health services are provided to members of its health plan who are participants in the collaborative management program.

4. In-kind contributions and the amounts associated to those contributions:

FBH estimates that in-kind contributions tied to staff time and travel expenses for IOG meetings will be \$4,650.

5. Funding sources:

FBH receives its funding through the Colorado Medicaid Community Mental Health Services Program under contract with the Department of Healthcare Policy and Financing. These funds, currently estimated at \$25 million for the five county area are restricted to the purchase of medically necessary mental health services for individuals who are eligible for Medicaid and members of FBH's health plan.

G. Division of Youth Corrections and SB 94:

1. Goal:

The Division of Youth Corrections (DYC) and SB 94 are committed to enhancing public safety by partnering with local agencies and citizens to build better service capacity in

assessment, case planning, treatment, and continuing care for at-risk youth in those communities.

2. Services and Staff to be Contributed:

In order to fulfill that commitment NYC and SB 94 agree to the following as our investment in this MOU.

- NYC and SB 94 will continue to provide management level staff time to participate in the IOG for this MOU.
 - Assistant Director (4 hours/month)
 - SB 94 Coordinator (4 hours/month)
 - Total: \$3230
- NYC will provide space at Montview Detention Center for multidisciplinary screenings, which may include family members and/or family advocates, designed to provide better sentencing recommendations and pretrial release planning.
 - Facility Meeting Space Undetermined at this time
- NYC and SB 94 will be actively involved in those screenings and will share their expertise to provide for higher quality assessments.
 - Client Managers (2 hours/week) \$2500
 - Client Manager Supervisor (4 hours/week) \$6000
 - SB 94 Coordinator (6 hours/week) \$10,500
- NYC and SB 94 will continue to be involved in the collaborative management of SB 94 services and resources at the local level.
 - SB 94 Annual Budget*
- NYC will work collaboratively with local entities and families in the transition of youth as they parole back to their home communities.
 - Residential Purchase of Services*
 - Continuum of Care Services*
- NYC will also participate with county agencies in the development of juvenile justice initiatives in those local communities.

*Unable to determine amount of contribution without at least one year's operational figures regarding how many youth NYC and SB 94 served are also a part of the child welfare target population

H. Court:

The First Judicial Courts support the implementation of HB 1451 through necessary in-kind services of judicial and non-judicial staff. Approximate in-kind contribution is \$3,000.

I. Developmental Disabilities Resource Center:

1. Goals of agency:

Developmental Disabilities Resource Center (DDRC) Mission Statement:

- The mission of Developmental Disabilities Resource Center (DDRC) is to provide leading edge services that create opportunities for people with developmental disabilities and their families to participate fully in the community.

DDRC Vision Statements:

- DDRC will be known for providing easy access to customer-centered, quality services.
- DDRC will be recognized locally and nationally as a leader in providing a quality work environment for all employees.
- DDRC will expand partnerships with the people we serve, providers, advocates, and community resources so services are an integral part of our communities.
- DDRC will help people of Colorado accept people with disabilities and welcome them in every part of community life.

DDRC Values:

- Quality, dignity and choice.

DDRC is the Community Centered Board (CCB) for Jefferson, Clear Creek, Gilpin and Summit Counties. CCBs are nonprofit organizations contracted with by Colorado Department of Human Services, Division for Developmental Disabilities (DDD) to manage resources at the local level, to determine eligibility for community based services and provide case management services. The 20 community centered boards in Colorado are designated by the State and may either provide child and adult services directly or purchase services.

There is no entitlement to funding or services within the developmental disabilities system; therefore not everyone who is eligible for services receives services. There are waiting lists for services.

Eligibility Criteria

In Colorado, a **developmental disability** is defined as a disability that:

- ✓ Occurs before the person reaches 22 years of age,
- ✓ Substantially impacts the person's daily life,
- ✓ Is caused by mental retardation or related conditions...for example – cerebral palsy, autism, epilepsy, Down Syndrome, or other neurological conditions, and
- ✓ Impairs the person's general intellectual functioning: IQ 70 or below,
- ✓ Significantly limits daily living skills in 2 or more areas.

A **developmental delay** refers to the slowed or impaired development of a child who meets one or more of the following criteria:

- (1) children less than five years of age who experience a delay in one or more of the following areas:
 - a) physical or motor (moving);
 - b) communication (babbling/talking);
 - c) sensory (hearing/seeing);
 - d) cognition (learning);
 - e) social/emotional (playing and interacting);

f) adaptive development (self help skills).

(2) children less than five years of age who are at risk of a developmental disability because of the presence of chromosomal conditions, congenital syndromes, metabolic disorders, prenatal and perinatal infections, postnatal conditions affecting development, or low birth weight.

(3) children less than three years of age whose parents have a developmental disability.

DDRC CHILDREN AND FAMILY SERVICES

CASE MANAGEMENT/ RESOURCE COORDINATION

Case managers (also known as Service or Resource Coordinators) are qualified professionals trained to help people with developmental disabilities- and their families – navigate all the different types of services that may be available to meet the person’s needs. Case managers work at Community Centered Boards and provide a variety of case management activities, such as:

- Determining eligibility for services
- Describing services and how to apply
- Helping determine needs
- Working together with the person and others to develop an individualized plan
- Providing ongoing monitoring and coordination of services

EARLY INTERVENTION SERVICES (EI)

As part of Early Childhood Connections in Jefferson, Clear Creek, Gilpin and Summit Counties, DDRC offers educational and therapeutic supports to children birth to three with developmental concerns. Early intervention services are designed to enhance the capacity of families to support their children’s well being, development, learning, and full participation in their communities. Services address desired functional outcomes and are provided in families’ everyday routines, activities and places.

FAMILY SUPPORT SERVICES PROGRAM (FSSP)

Family Support is intended to support families who have children with developmental disabilities or delays with costs that are beyond those normally experienced by other families. The primary purpose of the FSSP is to support children with developmental disabilities or delays remain within their own nurturing family setting and prevent out-of-home placements. FSSP offers both money and Resource Coordination. It is a state-funded program and is not income based. In order to receive funding families must complete a Needs Assessment and be determined most-in-need of State Family Support funds relative to other families- based on five parameters: Overall care needs, behavior, family composition and stability, access to support networks, and access to other resources. Services that can be paid for using FSSP funds include, but are not limited to:

- **Respite Care:** The temporary care of a person with a developmental disability in order to offer relief to the person’s family or caregiver, to allow the family to deal with emergency situations, or to engage in personal, social activities.

- **Professional Services:** Therapy, individual counseling, behavioral intervention, consultation or other services provided by an appropriately qualified person or agency to the family member with a developmental disability.
- **Medical and Dental:** Medical and dental expenses for a family member with a developmental disability not covered by health insurance or other programs. Examples include co-pays, syringes, feeding tubes, suctioning equipment, catheters, lodging and food expenses incurred during out of town medical treatment, or long distance calls to arrange or coordinate medical services.
- **Transportation:** Transportation costs related to providing care and support to a family member with a developmental disability which are above and beyond those typically incurred by other families. Mileage to medical, therapy or program appointments not covered by other sources can be reimbursed at .405 per mile.
- **Other Individual Expenses:** Services or items which are provided for the person with a developmental disability which are necessary as a result of the person's disability, including physical, medical, educational or behavioral needs. Examples: diapers for a child age 3 or older, special diets, specialized clothing, and developmental toys and materials.
- **Assistive Technology:** Any equipment that pertains directly to supporting the individual with a developmental disability in the home. Examples include *mobility aids* such as wheelchairs, strollers, orthotics, braces; *adaptive equipment* such as special beds, switches, tools or jigs; *communication devices, glasses, hearing aids, special kitchen appliances, or vehicle modifications* to enable access by the family member with a developmental disability.
- **Home Modifications:** Physical adaptations to the home environment such as ramps, lifts, widened doorways, accessible bathrooms. Repair of home structure or replacement of items damaged by the eligible family member due to aggressive behavior, not normal wear and tear.
- **Parent and Sibling Support:** Activities to reduce stress related to caring for a family member with a developmental disability such as homemaker services, recreation and leisure activities, costs of memberships in support organizations, family counseling, special resource materials or publications, genetic counseling, behavioral intervention or training; and sitter care for siblings while the person with a disability is taken to medical or therapy appointments.

FAMILY SUPPORT LOAN FUND

The purpose of the Family Support Loan Fund is to provide access to short-term low interest rate loans in order to obtain family support services, which help to maintain a dependent family member with a developmental disability in the home. Applications are accepted by the Division for developmental disabilities (DDD) during the open application period, January 1, through February 15. Maximum loan amount \$8000, maximum repayment period 60 months, Colorado State Treasurer calculates the interest

rate based on the annual earning rate for the preceding fiscal year (for loans made in 2006 it will be 3.18%). Allowable purchases are similar to those listed above for FSSP.

CHILDREN'S MEDICAID WAIVER PROGRAMS (C-HCBS, CES)

The Children's Home and Community Based Services Waiver (C-HCBS), and the Children's Extensive Support Waiver (CES) are Medicaid Waiver Programs for children birth through 17 who meet specific eligibility criteria. To qualify for Medicaid long-term care services, the child must have deficits in two of six Activities of Daily Living (bathing, dressing, toileting, eating, mobility and transferring), or require supervision due to a behavior or memory/cognition deficit.

- **C-HCBS (administered by Health care Policy and Financing)** provides Medicaid benefits to children who are at risk of hospitalization or nursing home placement. Children who have significant personal care, therapy, and/or medical needs may qualify. Applicants must be *ineligible* for Supplemental Security Income (SSI) due to excess parental income. Families may apply for this program through their local Community Centered Board (e.g., DDRC), County Human Services office, or any other Case Management Agency.
- **CES** provides Medicaid- funded services and supports to children with developmental disabilities or delays who have the most intensive behavioral and/or medical needs and are at high risk of out-of-home placement. Eligible children demonstrate a behavior or have a medical condition that requires direct human intervention, more intense than a verbal reminder, re-direction or brief observation of medical status, at least once every two hours during the day and on a weekly average of once every three hours during the night. The behavior or medical condition must be considered beyond what is typically age appropriate and be due to one or more of the following conditions:
 - (a) A significant pattern of self-endangering behavior(s) or medical condition which, without intervention will result in a life threatening condition/situation.
 - (b) A significant pattern of serious aggressive behaviors toward self, others or property
 - (c) Constant vocalizations (on average of fifteen (15) minutes of each waking hour), such as screaming, crying, laughing or verbal.

CES services include personal assistance, professional services, home modifications, assistive technology, specialized medical equipment and supplies, and community connection services. Families need to apply through their local Community Centered Board (e.g., DDRC).

DDRC BEHAVIORAL HEALTH SERVICES (not a required service)

The DDRC Board of Directors approved Jefferson County mil levy dollars to fund a Behavioral Health Services team to address unmet behavioral and mental health needs. The Behavioral Health Team provides an internal screening and assessment process to address mental health issues affecting DDRC consumers.

The team includes a Behavior Analyst, Behavioral Health Nurse, and a Psychiatrist. The team reviews referrals and makes appropriate service recommendations. Services may

include consultation, behavior assessment and intervention, care coordination, psychiatric assessment, and medical and medication review. The DDRC Behavioral Health Team collaborates with other community agencies to build capacity and provide a systematic approach in the treatment of children and adults with developmental disabilities and mental health issues. Interested families should contact their DDRC Resource Coordinator.

BEHAVIOR PHARMACOLOGY CLINIC (Offered by DDD)

The Behavior Pharmacology Clinic is a traveling interdisciplinary consultation team provided free of charge to persons with developmental disabilities who are felt to be especially complicated from a behavioral, medical or medication standpoint. The team is designed to support, enhance and educate, not replace local resources. The goal of the clinic is to provide a comprehensive assessment of the individual and to develop a treatment plan that leads to the remission of symptoms, maximizes functioning and enhances the individual’s overall quality of life. For more information families should contact their DDRC Resource Coordinator.

2. Services to be contributed to this project and amounts associated with those services:

DDRC will be responsible for:

- Active participation in the IOG as a voting member
- Assignment of a Resource Coordinator to all eligible children. The Resource Coordinator will attend interagency meetings to assist in the identification of needs and make referrals to appropriate services and supports (see above)

3. Staff who will contribute to those services and amounts associated with those staff:

- DDRC currently has 14 Children and Family Services Resource Coordinators serving 1382 children ages birth to 21
- DDRC’s Children and Family Services Manager or designee will participate in the IOG meetings.

4. In-kind contributions and the amounts associated to those contributions:

- IOG staff time \$1200
- IOG lunches \$200
- DDRC Children and Family Services staff time (as needed) \$21/hour
- Team Decision-Making staff time \$1200
- Space for meetings, as needed \$400
- Attendance at Options staffings, as needed \$1000

5. Funding sources

The vast majority of funding for services are appropriated from the Colorado Legislature and administered through the Colorado Department of Human Services (CDHS). Within CDHS, DDD is directly responsible for adult services funding and for funding to children

and their families. There is no entitlement to funding or services within the developmental disabilities system; therefore not everyone who is eligible for services receives services. There are waiting lists for services. It is the CCBs responsibility to determine through the Individualized Planning (IP) process what level of support an individual requires and how much funding is necessary to meet the needs of each eligible person based on that person's IP.

Funding for Children and Family Services:

Most of the funding for children and family services is State General Funds, with the exception of the CES program which is funded through Medicaid (50% State general funds and 50% federal Medicaid dollars). 3-5% is local match (e.g. county mill levy funds, cash donations, in-kind donations, grants etc.).

Families with eligible children living at home may request funding for disability related expenses

State FSSP: \$630,000 (Must be determined Most in Need (MIN) relative to other families)

- Fund 400 families @ \$1500 each per year
- Reserve \$30,000 for emergency/discretionary fund

Jeffco CFS Fund: \$500,000 (Jeffco mil levy funds, must live in Jefferson County)

- Fund 300 families at \$1000 each
- Fund 300 families at \$500 each
- Reserve \$50,000 for emergency/discretionary fund

DDRC Behavioral Health Services (\$250,000 in Jeffco mil levy funds supports this service)

Early Intervention Services (for children ages birth to three years of age)

- Approximately \$592,000 to provide early intervention services to about 400 eligible infants and toddlers and their families (e.g.; SLP, OT, PT, and Early Childhood Education) in a four county area.
- Services are provided using a funding hierarchy which includes private insurance, Medicaid, CHP+ and other available resources.

Children's Extensive Support Medicaid Waiver (CES)

- Statewide waiting list
- Those enrolled have access to an average of \$14,036 in services and supports in addition to Medicaid state plan benefits (EPSDT)
- DDRC currently serves 55 children in the CES Waiver

Children's Home and Community Based Services Waiver (C-HCBS)

- Statewide waiting list
- Those enrolled have access to Medicaid State plan benefits (EPSDT) and case management services (CM billed in 15 minute increments, at \$7.87 per 15 minutes)

J. Family Partnerships:

1. Goal(s):

Mission: Intervention and services for individual families will be family driven respecting legal mandates, individualized, and based on family's strengths and abilities. Family members/Family organizations will regularly participate in decision-making bodies relating to intervention and services.

Vision: All families will have the tools and supports needed to participate fully in intervention and treatment services. Family members/Family organizations will be considered as equal partners and thus will be eligible to share in monies received for services rendered.

2. Services to be contributed to this project:

Participate as a voting member of the Jefferson County Interagency Oversight Group (IOG).

Train and mentor families to advocate for themselves and to participate in decision-making bodies for families as a whole.

Train on other applicable subjects, i.e. "How to navigate the Juvenile Justice and the IEP systems."

Continue to build capacity of family organizations in Jefferson County to provide trained family members to serve on committees, boards, ISSTs, etc. and to testify for policy making entities.

Continue to strengthen partnerships and collaboration between the family organizations in Jefferson County.

Be actively involved in the development and implementation of a 1451-specific family outcome survey to assure that family outcomes measured relate to the difference between collaborative and non-collaborative service delivery as well as system of care values and principles.

3. Staff who will contribute to these services and the amounts associated with those staff:

Representatives of the board or staff of JFSN and members of the Jefferson County Affiliate of the Federation of Families will attend and be active members of the IOG meetings at an approximate cost of \$1000.00.

Attend various ISSTs, committees and boards at an approximate cost of \$1440.00.

Train and mentor families at an approximate cost of \$6000.00.

4. Funding Sources:

Various public and private grants and volunteer time at \$15.00 per hour, if this person were to be paid.

IV. Oversight group. The Parties agree that there is hereby created an Interagency Oversight Group, "IOG", whose membership shall be comprised of at least one local representative of Jefferson County Department of Human Services, the First Judicial District, including Probation, Jefferson County Department of Health and Environment, Jefferson County School District, Jefferson Center for Mental Health, Foothills Behavioral Health, Division of Youth Corrections, Developmental Disabilities Resource Center and the Jefferson County Chapter of the Federation of Families for Children's Mental Health, Colorado Chapter in Partnership with the Jefferson County Family Support Network, each such Party having voting member status. Membership requirements are:

1. Attend and actively participate in regularly scheduled meetings;
2. Represent an agency or organization while simultaneously viewing services to families and children on a systems-level;
3. Approve the contribution of time, resources, and/or funding to solve problems;
4. Serve at least a 1 year term of office as an IOG member;
5. Find and nominate an appropriate individual from within their current agency or organization to serve as a replacement if they must discontinue service mid-term.
6. Assume personal responsibility to read reports, make recommendations and manage conflict;
7. Comply with the Memorandum of Understanding Pursuant to House Bill 04-1451 and other documents and agreements pertaining to House Bill 1451;
8. Commit to problem solving and decision making through consensus, realizing that voting is only resorted to when an intractable impasse is reached.

Consensus is defined as all voting members being able to live with and support the decision. When there are multiple representatives of an entity on the IOG, those members need to agree on the one vote for that entity. If they cannot agree, they will abstain. If an IOG representative believes it is inappropriate or a conflict of interest for he or she to vote on a particular decision, that representative shall abstain.

The IOG will strive to resolve all disputes through consensus following a discussion led by the Chair. If consensus is not achieved the members will vote and the majority will prevail. Two-thirds of voting members need to be present in order to vote.

Officers for the first year will be selected by the members of the current standing IOG on or before July 1, 2006. Officers of the IOG shall be elected annually, thereafter, by a majority vote each September beginning in September 2007. Officers shall assume office upon election and serve for one year or until their successors are elected. Officers will include one Chair, one Vice-Chair, one Treasurer and one Secretary. These officers and the other members of the IOG will develop and abide by by-laws for the ongoing operation of the IOG.

In the event that the IOG identifies a need for a subcommittee, the IOG will identify the necessary members for the subcommittee, which may include both members of this MOU as well as other community members. The subcommittee shall report back to the IOG and the subcommittee shall be dissolved upon the completion of the assigned task.

Other voting and non-voting members may be included in the IOG membership by consensus. If consensus can not be reached, the process for resolving disputes will be implemented.

V. Collaborative Management Processes. The collaborative management processes shall address risk-sharing, resource-pooling, performance expectations, outcome-monitoring, and staff training in order to do the following:

- A. Reduce duplication and eliminate fragmentation of services provided to recipients;
- B. Increase the quality, appropriateness, and effectiveness of services delivered to recipients, to achieve better outcomes; and
- C. Encourage cost sharing among service providers.

Jefferson County is developing a Systems of Care (SOC) model to promote the welfare of children through sustainable partnerships that provide integrated, quality services that are individualized, strength based, family centered and culturally competent. This SOC will increase the array of services available to meet the unique needs of children and families through shared resources. Joint treatment planning through ISSTs will reduce duplication and fragmentation of services and encourage sharing of risks and costs among agencies.

Cross-systems training has been implemented and/or supported through Jefferson County's "Improving Child Welfare Outcomes through Systems of Care" federal grant and/or partner agencies to increase knowledge that will enhance collaboration and best practice. The SOC grant has a cross-systems training coordinator. Staff attendance at these cross-system trainings from multiple agencies have and will assist in the quality, appropriateness and effectiveness of services to recipients and will assist in improving outcomes.

SOC has a Parent Partner Coordinator who is working to select, train, and support families who have successfully completed their involvement in the Child Welfare System so that these families can participate effectively in decision making forums and train, mentor and advocate for families currently in the Child Welfare system. The SOC Advisory group and its sub-committees include parent partners who are helping design and implement the SOC, including being involved in the SOC evaluation subcommittee to evaluate the effectiveness of the SOC grant.

The SOC Training Coordinator and Parent Partner Coordinator will be available until September 30, 2008. The goal is to sustain these efforts after the SOC grant ends.

Collaborative management (CM) partners will work together to achieve selected outcomes that are of mutual benefit to our agencies and shared clients, and will pool existing data bases and resources to measure achievement of these outcomes.

CM partners also participate in the CYF Child Protection Team, Options, Team Decision Making Meetings, Systems of Care Advisory Group and sub-committees and Core Services Commission to collaboratively improve and manage services at the individual, system and service delivery level.

VI. Individualized Service and Support Teams. According to the legislation the IOG is authorized to create individualized service and support teams, (hereinafter “ISST”) to develop a service and support plan and provide services to recipients.

The partners to this collaborative will utilize several already existing collaborative forums as ISSTs (see below). The IOG will strengthen the existing groups by expanding partner agency representation. An ongoing assessment of the need for additional ISSTs will be done. These teams will adhere to the underlying principles of a Systems of Care: Interagency and Community Collaboration, Cultural Competence, Family Involvement, Individualized Strength-Based Care Practice and Accountability.

CYF is increasing utilization of Team Decision Making (TDM) which is a component of the Family to Family model. This is a forum that brings together the family, youth, community and partner agencies to develop treatment plans with a trained facilitator. Through this process, families can participate in the development of their treatment plans and share in decisions regarding the care of their children.

CYF is also the lead agency for the Jefferson County “Options” process to bring together agency partners and families to develop alternatives to restrictive levels of out of home care.

Probation has a joint planning process for delinquent youth possibly entering the Department of Youth Corrections.

The IOG will work to improve participation from families and partner agencies in these ISSTs and plan for ways in which they can become more integrated.

VII. Authorization to Contribute Resources and Funding. Each Party to this MOU represents that it has the authority to approve the contribution of time, resources, and funding to solve problems identified by the IOG in order to create a seamless, collaborative system of delivering services to recipients.

VIII. Reinvestment of Moneys Saved, Pooled and Incentive Money Received. The IOG has created a procedure that will be subject to the approval of the head or director of each party agency, to allow any moneys resulting from waivers granted by the federal government and any state general fund savings realized as a result of the implementation of services provided to recipients pursuant to this MOU, to be reinvested by the parties to this agreement in order to provide appropriate services to recipients.

Jefferson County agrees that any savings from the block grant allocation to the county which may result in the State Fiscal Year (SFY) 2007-08 will not be returned to the county. In the event that Jefferson County overspends the allocation for said SFY the county will be allowed to participate in the surplus distribution process should there be such a process.

The percentage of dollars to be spent on delinquency and D & N children and families shall be divided equally unless the IOG decides otherwise.

Jefferson County continues to participate in the State Steering Committee Meetings to expand our knowledge related to collaborative management including how to measure and reinvest possible money saved, pooled funding and incentive money received through this process. IOG members also sit on various committees in their line of work and bring information regarding collaborative management back to the IOG.

Members of the IOG will continue to gain information about evidence-based programs and other successful programs by attending workshops and reading information on such programs and bringing this information back to the group. The IOG will also work with other departments throughout the state to become more knowledgeable about programs that are working in their communities and seek to ascertain if they could be replicated in Jefferson County.

At least yearly, the IOG shall devote an entire meeting to the presentations of programs and services it deems necessary in order to best serve children and families in the community. These programs and services will then be prioritized by the IOG and ranked according to that priority. Funds from any money saved, pooled and/or incentive money will be used to fund such programs and services.

The IOG will create a contract and a budget for each program or service, if necessary, that is chosen to be funded from any money saved, pooled and/or incentive money. The Treasurer will prepare a budget, present it to the IOG for approval and keep track of all monies spent. The Treasurer will get the appropriate signature for expenses being paid and will make quarterly reports to the IOG regarding the financial status of the collaborative.

In the event the IOG disbands, the IOG will meet to discuss how to disburse any unappropriated funds.

The Jefferson County IOG, has final decision making authority on all fiscal matters concerning this MOU and will not recommend any program, policy or this IOG to overspend their budget.

IX. Performance-Based Measures. The Parties hereby determine that they will attempt to meet or exceed the following performance-based measures:

A. Child Welfare Outcome:

Increase the percentage of placement changes where the reason for the change is directly related to helping the child achieve the goals in his/her case plan by 4.1%.

Data source will be State Administrative Review Division's Performance Improvement Plan Report six month rolling average ending June 30, 2008.

Baseline data will be taken from the ARD PIP Report dated March 31, 2007 which shows that Jefferson County is at 66.9%. New outcome will be at least 71%.

B. Juvenile Justice System Outcome:

Decrease the number of revocations of probation by technical violations of youth by 3%.

Data source will be from a Jefferson County Probation Department spreadsheet for the period July 1, 2007 ending June 30, 2008.

Baseline will be taken from a Jefferson County Probation Department spreadsheet for the time period April 1, 2006-March 31, 2007.

C. Education Outcome:

Increase attendance rates of CYF children attending public schools for at least 60 consecutive school days and are over the age of four, in kindergarten or higher by 1%.

Data source will be from Trails cross-referenced with Infinite Campus for the 2007-2008 school year.

Baseline will be taken from Trails cross-referenced with Infinite Campus for the 2006-2007 school year.

D. Health/Mental Health/Other Outcome:

For the time frame of July 1, 2007 - June 30, 2008, 33% of CYF clients enrolled in the Party Wise Program at the Jefferson County Department of Health and Environment (JCDHE) will increase their readiness to use effective birth control and 33% will increase their readiness to stop at-risk level drinking. Increased readiness for these behaviors will be demonstrated through comparison of pre-test to post-test scores indicated on the FAS-PACE Data Collection Form . The objective of this program is to reduce alcohol-exposed pregnancies in Jefferson County by focusing on increasing contraception and/or decreasing drinking.

Data source will come from an Excel Spreadsheet created by JCDHE and sent to the Colorado Department of Public Health and Environment (CDPHE) who puts it into an Access Database for the Fetal Alcohol Syndrome Prevention Program.

Baseline will come from an Excel Spreadsheet that is sent to CDPHE who then puts the information into an Access Database for the Fetal Alcohol Syndrome Prevention Program. The time period will be April 1, 2004, through March 31, 2007, which shows that 65% of the general population in Jefferson County increased their readiness to use effective birth control and 70% increased their readiness to stop at-risk level drinking. We are recommending a lower percentage of clients due to CYF clients being a higher risk population than the general population.

Actual surveys will be kept at the Jefferson County Department of Health and Environment.

The IOG will submit baseline data for Juvenile Justice and Education to the State Department of Human Services by September 1, 2007. The percents increased and decreased are the minimum number that will be effected. Data gathering has proven to be more difficult and time consuming than anticipated so it is difficult to predict the percent change at the time of this writing.

X. Confidentiality Compliance. Parties agree that State and Federal law concerning confidentiality shall be followed by the Parties and IOG. Any records used or developed by the IOG or its members or by the ISST that relate to a particular person are to be kept confidential and may not be released to any other person or agency, except as provided by law.

A release of information that covers the confidentiality needs of all Parties and will then only need to be signed by Recipients one time to better facilitate the exchange of information is being discussed.

XI. Termination of MOU. The Parties acknowledge that withdrawal from this MOU of any statutorily required Party will result in the automatic termination of this Agreement and termination of the collaborative system of delivery of services developed hereunder. The withdrawing Party shall assist the other Parties to achieve an orderly dissolution of the collaborative system with as little disruption as possible in the delivery of services provided to Recipients.

A. **Withdrawal/Termination** Any Party may withdraw from this Agreement at any time by providing 30 days written notice to all other Parties.

B. **For Loss of Funds.** Any Party may withdraw from this Agreement, or modify the level of its commitment of services and resources hereunder, effective immediately, in the event of loss or reduction of resources from its funding source identified herein. Any Party withdrawing due to loss of funds will provide notice of withdrawal, in writing within 30 days.

IN WITNESS WHEREOF, the Parties hereto, through their authorized representatives have executed this Memorandum of Understanding effective for the dates written above.

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY DEPARTMENT OF HUMAN SERVICES

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE FIRST JUDICIAL DISTRICT

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY PROBATION DEPARTMENT

By _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of _____ be effective as of _____.

JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT CONTRACTOR

Cathy Corcoran, President
Board of Health

SSN /EIN

ATTEST: _____
By: Bonnie McNulty, Secretary
Board of Health

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY SCHOOL DISTRICT

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON CENTER FOR MENTAL HEALTH

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

FOOTHILLS BEHAVIORAL HEALTH

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY DEVELOPMENTAL DISABILITIES RESOURCE
CENTER

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE DIVISION OF YOUTH CORRECTIONS

By: _____ Date _____

Its: _____

FOR JEFFERSON COUNTY
MEMORANDUM OF UNDERSTANDING
PURSUANT TO HOUSE BILL 04-1451

THE JEFFERSON COUNTY CHAPTER OF THE FEDERATION OF FAMILIES FOR
CHILDREN'S MENTAL HEALTH, COLORADO CHAPTER IN PARTNERSHIP
WITH THE JEFERSON COUNTY FAMILY SUPPORT NETWORK

By: _____ Date: _____

Its: _____