ARAPAHOE COUNTY

HUMAN SERVICES

Arapahoe Plaza
1690 West Littleton Blvd., Suite 123
Littleton, Colorado 80120
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July 8, 2025

Amy Sciangula
Prevention and Core Services Administrator
Colorado Department of Human Services
Office of Children and Family Services
Child Welfare Division
1575 Sherman Street, 2nd floor
Denver, CO 80203

Re: Core Services Program Plan FY 2025-2026

Dear Ms. Sciangula,
Enclosed please find Arapahoe County Department of Human Services' Core Services Plan for Fiscal Year 2025-2026. The plan includes our request for continued funding for the expansion grants we received last year. You will find enclosed 1) the Core Services Plan (second of a Three Year Plan), 2) County Designed Service descriptions for; the Arapahoe County Public Health Nurses, Aurora Housing Authority, the Family Group Conference/LINKS Program, and Savio MST, MST CM and MST PSB 3) the Core Final Budget Page and 4) the PA3 Final Budget Page.

Please call me at 303-636-1818 if you have any questions regarding the plan. Thank you.

Sincerely,

JOLĒTA GATTON (she/her)
Provider Services Administrator
Human Services
Child & Adult Protection Services
1690 W. Littleton Blvd. | Littleton, CO 80120
O: 303-636-1818

COLORADO
Office of Children, Youth & Families
Department of Human Services

Core Plan Template

(Last Revised 03/04/2025)

CORE SERVICES PLAN

SECOND YEAR OF A THREE-YEAR PLAN

SFY 2024 - 2025

SFY 2025 - 2026

SFY 2026 - 2027

ARAPAHOE	COUNTY:

Please complete all REQUIRED sections of the plan template and any additional sections that may pertain to your county Core Services Program. Once complete, upload a copy of this plan into Docusign to route for signatures. Completed Core Services Plans with signatures are due by August 29th, 2025.

REQUEST FOR STATE APPROVAL OF PLAN

Signatures from the Human Services County Director(s), Boards of County Commissioners, and Placement Alternatives Commission are required. ***If the Board of County Commissioners has granted signing authority to the Human Services County Director, please note that on the Board of Commissioners signature line.

This Core Services Plan is hereby submitted for Arapahoe County for the period contract years June 1, 2025, through May 31, 2026, fiscal years July 1, 2025, through June 30, 2026.

The Plan includes the following:

- Completed “Statement of Assurances” (Required);
- Completed “Core Plan II" (If Applicable);
- Completed "County Designed Service" for EACH Program (If Applicable);
- Completed “Core Service Availability Per Program Area” (Required);
- Completed “County Staff Funded With Core Services Program” (If Applicable);
- Completed "Overhead Cost" (If Applicable); and
- Completed "Combined Core Budget” (Required).

This Core Services Program Plan has been developed in accordance with the Colorado Department of Human Services rules and is hereby submitted to the Colorado Department of Human Services, Division of Child Welfare for review and approval. If the enclosed proposed Core Services Program Plan is approved, the Plan will be administered in conformity with its provisions and the provisions of Code of Colorado Department of Human Services rules. If the proposed plan is not approved, the Division of Child Welfare staff will advise the county of needed revisions and a subsequent re-submission by the county is required for final approval.

- The primary contact person for the Core Services Plan is Joleta Gatton;
- The primary contact person can be reached at telephone number Primary Contact Phone Numbe303.636.1818.
- The primary contact receives e-mail at jgatton@arapahoegov.com; and
- The primary contacts business address is 1690 W. Littleton Blvd., Littleton, CO 80120.

In the event the primary contact person is not available, the secondary contact person is Allyson Coldwell and they can be reached at 303.636.1853 or Acoldwell@arapahoegov.com.

CORE SERVICES STATEMENT OF ASSURANCES

Arapahoe County assures that, upon approval of the Core Services Program Plan the following will be adhered to in the implementation of the Program:

Core Services Assurances:

- Operation will conform to the provisions of the Plan;
- Operation will conform to state rules;
- Core Services, provided or purchased, will be accessible to children and their families who meet the eligibility criteria set forth in Rule Volume 7, at 7.303;
- Operation will not discriminate against any individual on the basis of race, sex, national origin, religion, age or mental/physical disability who applies for or receives services through the Core Services program;
- Services will recognize and support cultural and religious background and customs of children and their families;
- Out-of-state travel will not be paid for with Core Services funds;
- All forms used in the completion of the Core Services Plan will be state prescribed or state approved forms;
- Core FTE/Personal Services costs authorized for reimbursement by CDHS will be used only to provide the direct delivery of Core Services;
- The purchase of services will be in conformity with State purchase of service rules including contract form, content, and monitoring requirements;
- Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source set forth in Rule Volume 7, at 7.414,B;
- Information regarding services purchased or provided will be reported to the State Department for program, statistical, and financial purposes;
- All providers of Core Services (through the purchase of service contracts) must be registered with the Colorado Department of Regulatory Agencies (DORA). The provision of Life Skills is the only exception to this mandate;
- County staff are responsible for monitoring their Program provider payments and for ensuring the county and providers are following all statutory and regulatory requirements;
- All Core Services are made available, based on the need of each child/youth/family; and
- All contracts for services using Core Services Program funding will include all of the required language of the attached contract template.

If two or more counties propose this plan, the required signatures below are to be completed by each county, as appropriate. Please attach an additional signature page as needed.

Signature, DIRECTOR, COUNTY DEPARTMENT OF HUMAN/SOCIAL SERVICES DATE

Signature, CHAIR, PLACEMENT ALTERNATIVES COMMISSION DATE

Please check here if your county does not have a Placement Alternative Commission: ☐

Signature, CHAIR, BOARD OF COUNTY COMMISSIONERS DATE

CORE SERVICES PLAN II (IF APPLICABLE)

Is your County submitting a Core Services Plan II? No

What is a Core Services Plan II?

A Core Services Plan II is an option for counties that demonstrate need in the prior fiscal year by being over-spent in their Core Allocation and wish to request funds in excess of the current allocation. If a county meets this criteria, they should complete a Core Services Plan II that outlines only the desired additional/expanded services planned if there are additional funds available. If the funding will be used for a County Designed service/program not detailed in the current Core Services Plan, additional information must be provided.

Procedure to submit a Core Services Program Plan, Part II:

1.Access the Core Services Plan II document via this **[LINK]**
2.Download and save a copy of the Core Services Plan II to your system; and
3.Complete the sections outlined in the document and email the completed Plan to Amy Sciangula (amy.sciangula@state.co.us) and Yerson Padilla (yerson.padilla@state.co.us)

***There is no guarantee that funds will be available for Core Services Plan II. CDHS tracks the submission of Core Services Plan II and will notify the county if funds are available and all or a portion of their Core Services Plan II will be approved.

COUNTY DESIGNED SERVICES NARRATIVE SECTION

(IF APPLICABLE)

County Designed Services are approved on an annual basis and are submitted as part of a county's Core Services Plan. To be extended beyond one year, this portion of the plan must be submitted yearly and approved by the State Department.

Given that County Designed programs are not standardized across counties, it is important to provide detailed information as outlined below.

The information listed below is to be completed for **EACH** County Designed Service and included in the County(ies) Core Services Program Plan. Volume 7 - Core Services Program begin at **7.303**

Service Name:
Is this an Evidence-Based Service (IV-E Clearance House)? Select from dropdown

1. What Program Area(s) is the service available through (e.g. PA3, 4, 5, or 6)?
2. What is the name of the service or program? **7.303.1 Definitions**
3. Describe the service and components; define the goals of the program **7.303.11 Program Goals**
4. Which Core Goal will the County Designed Service meet? This can be more than one.
   - ➢ Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child
   - ➢ Prevent out-of-home placement of the child
   - ➢ Return children in placement to their own home
   - ➢ Unite children with their permanent families
   - ➢ Provide services that protect the child
   - ➢ To return children in placement to their own home or to unite children with their permanent families" is defined as return to the home of a parent, an adoptive placement, guardianship, supervised independent living placement, foster-adoption placement or to live with a relative/kin if the goal for the child in the Family Services Plan is to remain in the placement on a permanent basis.
5. Is this service innovative and/or otherwise unavailable in this county?

6. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access**
7. Define the eligible population to be served. **7.303.13 Program Eligibility**
8. Define the time frame of the service. **7.303.15 Service Time Frames**
9. Define the workload standard for the program. **7.303.16 Workload Standards**
10. Define the staff qualifications for the service (e.g., Social Caseworker I/III or equivalent in rule).
11. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators**
12. What is the rate of payment (e.g., $100.00 per session/episode).
13. Can this service be funded by Medicaid or private insurance instead of Core? If yes, why is the county seeking to fund the service through Core? What is the process the county will follow to confirm the service cannot be covered by Medicaid, private insurance, or another entity prior to Core use?

Service Name: Arapahoe County Public Health (ACPH) Child Nurse Liaison Program
Is this an Evidence-Based Service (IV-E Clearance House)? No

1. What Program Area(s) is the service available through (e.g. PA3, 4, 5, or 6)?
    - Services available for Program Areas 4, 5 and 6

2. What is the name of the service or program? **7.303.1 Definitions**
    - County Designed Services

3. Which Core Goal will the County Designed Service meet? This can be more than one.
    - Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child
    - Prevent out-of-home placement of the child
    - Provide services that protect the child

4. Is this service innovative and/or otherwise unavailable in this county?
    - This is a partnership between Arapahoe County Human Services and Arapahoe County Public Health to provide medical informed support to caseworkers and families and is not otherwise available.

5. Describe the service and components; define the goals of the program **7.303.11 Program Goals**

SERVICE AND COMPONENTS:

The ACPH Child Nurse Liaison Program will provide full-time Bachelor's prepared registered nurse home visitors who will be assigned and dedicated to Arapahoe County Department of Human Services CAPS Child Protection Intake area. Service components include the following:

- Nursing services focused on children ages 0-1 years, with an Arapahoe Decision Aide Tool (ADAT) score between 15-20, who are exposed to predictive risk indicators such as: concerns of current or historical domestic violence, caregiver mental health or substance abuse issues and prior child welfare history as children/parents, or for any medical provider involved cases for the same age group of 0-1 to be a bridge between Intake and the medical provider;
- Tailored family and child assessments, medical, growth/development and parenting education and community resources for any medical provider involved case for the same age group of 0-1.
- Frequent communication with caseworkers to collaboratively monitor a child's health status and family needs.
- Completed joint assessment with the intake caseworker and nurse with the preference for the caseworker and nurse to complete the initial home visit together. If unable to do so, the nurse will complete the family centered screens/assessments and share the information with the caseworker. Screens may include Ages and Stages Questionnaires (ASQ), Patient Health Questionnaires and other appropriated validated assessments based on the family need.
- Medical record reviews: the nurses will assist caseworkers to expedite medical referrals by obtaining, reviewing, and summarizing medical records; and
- Staff will engage in cross agency trainings as needed.

Full range of nursing, developmental, mental health and substance use assessments.

Assessments Utilized:

- ASQ-3 – A developmental screening tool that is used to assess communication, gross motor, fine motor, problem solving, and personal-social skills.
- ASQ-SE – A social-emotional assessment tool that is used when possible.
- CNL Family Assessment – This is a general/global assessment that is done with each family.

- CNL Well Child Assessment – This is used for small children (and some of the questions for older children) in the home.
- CDC Know the Signs Checklists – This is used if there is a major limiting factor and completing an ASQ-3 is not feasible. This is available on the website: https://www.cdc.gov/ncbddd/actearly/milestones/index.html

GOALS:

- Families served by the Nurse Support Program will:
  - Receive community resources customized to their needs.
  - Receive tailored parenting education.
- Families served by the Child Nurse Liaison will:
  - Receive a marked decrease in re-referral, re-assessment, re-substantiation, re-removal, or re-case.

6. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access**
   - ACPH: One has previously been created for prevention and intake.
7. Define the eligible population to be served. **7.303.13 Program Eligibility**
   - Children 0-18 (focusing on most vulnerable population of 0-1)
   - Meet criteria for Program Areas 3, 4, 5 and 6
8. Define the time frame of the service. **7.303.15 Service Time Frames**
   - Approximately 60 days or as long as the family is being serviced by ACDHS Child and Adult Protective Services (CAPS) Intake.
   - ACPH will continue to support the cases that transfer to Permanency when determined to be appropriate and needed. Support will continue as assessed to be necessary
9. Define the workload standard for the program. **7.303.16 Workload Standards**
   - Number of Cases Per Nurse: no more than 12 families
   - Total Nurses: 4
   - 3 Nurses
   - 1 Nurse Supervisor (also case carrying)
10. Define the staff qualifications for the service (e.g., Social Caseworker I/III or equivalent in rule).

    Registered Nurse
    - Bachelor's Degree of Nursing (BSN) from a school accredited by the National League for Nursing Accrediting Commission or the American Association of Colleges of Nursing.
    - Professional Qualifications: Licensed to practice as a registered nurse (RN) in the State of Colorado or a Compact State. BLS and CPR certification.

    Senior RN
    - Bachelor's Degree of Nursing (BSN) from a school accredited by the National League for Nursing Accrediting Commission or the American Association of Colleges of Nursing.
    - Professional Qualifications: Licensed to practice as a registered nurse (RN) in the State of Colorado or a Compact State. BLS and CPR certification.
    - 6+ years of nursing, public health nursing or related community or clinical work
11. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators**
    - "Parental Competency": Parents will show ability to maintain sound relationships with their children and provide care, nutrition, hygiene, discipline, protection, instructions, and supervision.

- "Household Management Competency": Parents will be able to provide safe environment for their children through competent household cleaning and maintenance, budgeting and purchasing, and structuring mealtime and families activities.
- "Resources Access Competency": Parents will demonstrate ability to obtain help from the community and within the local, state, and federal governments.
- "Personal and Individual Competency": Families will show awareness in terms of self-esteem, victim awareness, management of one's own history of victimization, sex education, peer relationships enhancement establishing appropriate physical and emotional boundaries for themselves and for their children, demonstrating assertive behavior, and assuming responsibility for one's own behavior.
- "Competence in Maintaining Sobriety": Parents will be able to maintain sobriety and/or develop relapse plans to provide for the care, nutrition, hygiene, discipline, protection, instruction, and supervision of the child(ren). Child(ren) will be able to maintain sobriety and/or develop relapse plans to avoid running away, status offenses, or delinquent behavior.

12. What is the rate of payment (e.g., $100.00 per session/episode).

- Average Monthly Salary per Nurse: $11,338.14
- Nurses are imbedded within ACDHS full time (40 hours per week).

13. Can this service be funded by Medicaid or private insurance instead of Core? If yes, why is the county seeking to fund the service through Core? What is the process the county will follow to confirm the service cannot be covered by Medicaid, private insurance, or another entity prior to Core use?

- There are no other known funding sources for this type of service and support.

Service Name: Aurora Housing Authority Core County Design
Is this an Evidence-Based Service (IV-E Clearance House)? No

1. What Program Area(s) is the service available through (e.g. PA3, 4, 5, or 6)?
    - PA4 and PA5

2. What is the name of the service or program? **7.303.1 Definitions**
    - *County Designed Services*

3. Describe the service and components; define the goals of the program **7.303.11 Program Goals**

- *AHA will work in partnership with the Arapahoe County Department of Human Services to provide housing through the Family Unification Program (FUP) to the following populations:*
    - *Families for whom the lack of adequate housing is a primary factor in:*
        - *The imminent placement of the family's child or children in out-of-home care, or*
        - *The delay in discharge of the child or children to the family from out-of-home care.*
        - *Youth at least 18 years old and not more than 24 years old who left foster care at the age of 16 or older and who lack adequate housing. FUP vouchers used by youth are limited by statute to 36 months of housing assistance.*
        - *AHA will accept referrals from the Arapahoe County Department of Human Services, complete the AHA required intake process and determine eligibility to receive an AHA FUP housing voucher.*
- *For youth – housing case management and life skill services with an AHA Family Advocate for a minimum of 18 months. Youth will receive face to face meetings biweekly for the first 6 months and a minimum of monthly meetings through the first 18 months.*
- *For families – housing case management and life skill services with an AHA Family Advocate for a minimum of 12 months. Families will receive face-to-face meetings at least biweekly for the first 6 months and a minimum of monthly meetings thereafter.*
- *Case management will be provided beyond the minimum requirements of the agreement at the joint consultation of the AHA Family Advocates and the County.*
- *Housing search and lease-up assistance from AHA Family Advocates.*
- *Referral to appropriate resources that contribute to the success of achieving individualized goals that contribute to housing stability and income progression.*
- *Referral to community providers who offer fundamental life-skill programs that contribute to housing stability (e.g., career development, conflict resolution/communication skills, financial management, parenting, etc.);*
- *Support in budgeting to ensure FUP participants pay their rent and utilities on time and in full.*
- *Access to the resources provided by the Arapahoe/Douglas Works! Work Force Specialist serving housing programs that provide ongoing housing case management.*
- *AHA Family Advocates will meet monthly with Arapahoe County FUP Liaison for case conferencing about the FUP families.*
- *AHA Family Advocates who work with the FUP youth will meet monthly with Arapahoe County FUP Liaison, Chafee workers and Beyond the Walls staff for case conferencing about the FUP youth.*
- *AHA Family Advocates will provide a weekly email to CAPS staff regarding housing resources and be available to staff for housing questions or case consultations in person, by phone or email.*

4. Which Core Goal will the County Designed Service meet (can be more than one)?
    - *Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child*
    - *Prevent out-of-home placement of the child*
    - *Return children in placement to their own home*
    - *Unite children with their permanent families*

5. Is this service innovative and/or otherwise unavailable in this county?
   - *This is a partnership between Arapahoe County Human Services and AHA to provide housing options and support to families in need and is not otherwise available.*

6. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access**
   - *AHA will provide the service. A new Trails service detail is not needed.*

7. Define the eligible population to be served. **7.303.13 Program Eligibility**
   - *Children 0-18*
   - *Meets criteria for Program Areas 4, 5 and 6*

8. Define the time frame of the service. **7.303.15 Service Time Frames**
   - *The overarching goal for all participants in the Family Unification Program is housing stability.*
     - *Youth – The minimum length of time that the youth must achieve this goal is 18 months.*
     - *Families – The minimum length of time that families must achieve this goal is 12 months.*

9. Define the workload standard for the program. **7.303.16 Workload Standards**
   - *This position is providing Life Skills and housing support and will carry no more than 20 families.*

10. Define the staff qualifications for the service (e.g., Social Caseworker I/III or equivalent in rule).
    - *This is a unique position that is not a certified Caseworker Position. The position is a Family Advocate trained by AHA utilizing the following methodologies and theories:*
      - *Family Systems*
      - *Strengths-based*
      - *Motivational Interviewing*
      - *Trauma Informed Care*
      - *Social Identity*

11. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators**
    - *"Household Management Competency": Parents will be able to provide safe environment for their children through competent household cleaning and maintenance, budgeting and purchasing, and structuring mealtime and families activities.*
    - *"Resources Access Competency": Parents will demonstrate ability to obtain help from the community and within the local, state, and federal governments.*

12. What is the rate of payment (e.g., $100.00 per session/episode).
    - *$11,666.67 monthly fixed rate*

13. Can this service be funded by Medicaid or private insurance instead of Core? What is the process the county will follow to confirm the service cannot be covered by Medicaid, private insurance, or another entity prior to Core use?
    - *There are no other known funding sources for this type of service and support.*

Service Name: KICS Clinic Core County Design
Is this an Evidence-Based Service (IV-E Clearance House)? No

1. What Program Area(s) is the service available through (e.g. PA3, 4, 5, or 6)?
   - *Meets criteria for Program Areas 4 and 5*

2. What is the name of the service or program? **7.303.1 Definitions**
   - *County Designed Services*

3. Describe the service and components; define the goals of the program **7.303.11 Program Goals**

   Starting in May 2023, the Kids In Care Settings (KICS) clinic began providing a primary care medical home for children and youth living in out-of-home placement. KICS provides medical care and offers integrated mental and behavioral health. KICS has a multi-disciplinary team to help meet the comprehensive needs of patients and families. KICS partners with Children's Hospital Colorado pediatric dentists, Eye Clinic, and Developmental and Behavioral pediatrics to improve timely access to these important services. The Children's Hospital Colorado currently offers services through the KICS Clinic on Monday afternoons and Wednesday mornings (a total of 3 sessions/week). The KICS clinic care model is trauma-informed, culturally responsive, and focuses on both biological families as well as foster and kinship families. The KICS clinic works with community partners, and they are committed to health equity.

   The KICS Clinic is able to bill Medicaid for many of the services provided. However, some of the key positions in KICS are not billable and there is not consistent or reliable funding sources available to allow for program continuation and to promote collaboration and staffing time between agencies. Therefore, additional funding is needed to provide sustainability for the program and coordination between the KICS clinic, Arapahoe County Department of Human Services and other community partners. The KICS clinic has been able to follow children across placement changes in their case which has been able to provide continuity and consistency of care as well as maintain relationships with the children/youth in a longitudinal manner. Additionally, the KICS clinic is able to provide and expedite services that assist in the ability to either return kids to their families more quickly or maintain the children and youth at the lowest level of care while reunification is being pursued. KICS has a commitment to engage with biological families while the child/youth is in out of home placement. KICS also continues to see established patients in an ongoing capacity for 6-12 months =post-permanency determination (reunification, adoption, allocation of parental rights, etc.) to help support families and provide consistency, continuity, and assist with transitions of care.

   The services include:
   - *Integrated mental and behavioral health*
   - *Physical health*
   - *Care coordination*
   - *Community health navigation*
   - *Social work*
   - *Child Life Specialist*

   Professional involved with KICS:
   - *Pediatrician*

- *Psychologist*
- *Nurse care coordinator*
- *Social worker*
- *Child Life Specialist*
- *Community health navigator*
- *Additionally: Nurse, Medical Assistant, Spanish Interpreters, Scheduler*

What makes KICS different:

- *Comprehensive screenings in development, depression, anxiety, substance use, traumatic stress, caregiver post-partum depression, and resource needs*
    - *Both families of origin and foster/kinship families will be provided with the psychosocial screener and the post-partum depression screener if participate in clinic appointment in person.*
- *Improved access to medical, mental and behavioral health, dental, and psychosocial services*
- *Enhanced care coordination and communication with community partners*
- *All staff are trained in Trauma Informed Care*
- *Longer appointment times*
- *Coordination with families of origin and caretakers*
- *Knowledge of Child Welfare system*

4. Which Core Goal will the County Designed Service meet (can be more than one)?
    - *Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child*
    - *Return children in placement to their own home*
    - *Provide services that protect the child*
    - *Knowledge of the child welfare system*
    - *Longitudinal care to promote continuity and reduce delays in care*
    - *To return children in placement to their own home or to unite children with their permanent families" is defined as return to the home of a parent, an adoptive placement, guardianship, supervised independent living placement, foster-adoption placement or to live with a relative/kin if the goal for the child in the Family Services Plan is to remain in the placement on a permanent basis.*

5. Is this service innovative and/or otherwise unavailable in this county?

   The KICS clinic is unique in its ability to be comprehensive in meeting both physical and mental health needs in an integrated and expedited fashion.

6. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access**

   A new Trails service detail will be needed.

7. Define the eligible population to be served. **7.303.13 Program Eligibility**

    - *Patients who qualify for KICS Clinic services include:*

- *Babies who were exposed to drugs and alcohol before birth (Infants prenatally substance exposed (IPSE) and placed in out-of-home services before leaving the hospital through the University of Colorado newborn nursery or Neonatal Intensive care Unit (NICU) CHoSEN Collaborative*
- *Youth (0-18 years) newly placed in foster and kinship out of home placement from Arapahoe County, referred by Intake team*
- *Infants and children involved in the Arapahoe County Safe Babies Program*
- *KICS will accept exceptions: biologic children of kin that are in the same home as a patient who qualifies for KICS, other foster children who reside in the same foster home as a KICS clinic patient (even if from a different county), Arapahoe county permanency teams can reach out to request referral on a case-by-case basis*

8. Define the time frame of the service. **7.303.15 Service Time Frames**

The KICS Clinic will be the medical home for the identified children and youth in care, KICS can continue to follow patients throughout their dependency and neglect case (as long as they remain in the Denver Metro area) and follow their return home for approximately 6-12 months post reunification at which point they will transition the children and youth to a new medical home to allow for service availability for children and youth newly entering out-of-home placement. KICS will also facilitate transfer of children 18 and older to the Children's Hospital Colorado Adolescent medicine clinic that can follow them through age 23.

9. Define the workload standard for the program. **7.303.16 Workload Standards**

The Core funding will fund a portion of the positions to allow for expansion of the program and collaboration with Arapahoe County Department of Human Services and community partners.

10. Define the staff qualifications for the service (e.g., Social Caseworker I/III or equivalent in rule).

Staff qualifications are related to the above-described professionals and are supervised by the University of Colorado and the Children's Hospital Colorado.

11. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators**

- *"Parental Competency": Parents will show ability to maintain sound relationships with their children and provide care, nutrition, hygiene, discipline, protection, instructions, and supervision.*
- *"Resources Access Competency": Parents will demonstrate ability to obtain help from the community and within the local, state, and federal governments.*

12. What is the rate of payment (e.g., $100.00 per session/episode).

- *18.5% of Pediatrician's time for staffings +30% benefits = $49,988.89*
- *40% Psychologist time + 30% benefits: $56,238.00*
- *64% of Social Worker's time + 30% benefits: $79,521.64 (includes staffing)*
- *50% of Nurse Care Coordinator's time + 30% benefits: $68,179.26 (includes staffing)*
- *25% Child Life Specialist + 30% benefits: $22,930.38*
- *Total: $276,858.16 per year*

13. Can this service be funded by Medicaid or private insurance instead of Core? What is the process the county will follow to confirm the service cannot be covered by Medicaid, private insurance, or another entity prior to Core use?

    The KICS Clinic is housed within Children's Hospital Colorado. They bill Medicaid for all billable services. The clinic has a medical deficit that is not covered by Medicaid billing alone. The above-described expenses are not currently covered by Medicaid and in order for the program to be able to continue high quality services for children and youth and to allow time for staffings and collaboration, the KICS Clinic needs sustainable funding.

Service Name: Family Group Conference/LINKS
Is this an Evidence-Based Service (IV-E Clearance House)? Yes

1. What Program Area(s) is the service available through (e.g. PA3, 4, 5, or 6)?
    - This service is available through PA4, 5 and 6.
2. What is the name of the service or program? **7.303.1 Definitions**
    - County Designed Services
3. Describe the service and components of the service; define the goals of the program.

    Arapahoe County Department of Human Services has been providing Family Group Conferences by our casework staff since 1999 and LINKS meetings since 2009. The Department offers a menu of family engagement models to be used as appropriate with children, youth and families throughout the life of a case to facilitate safety, permanency, and well-being. These models include primarily LINKS (LIstening to the Needs of KidS) and, at times, Family Group Conferences. This team is now known as the Family Engagement Team (FET).

    In addition, Arapahoe County Department of Human Services has improved its approach towards families by utilizing the philosophies taught through the Signs of Safety and Partnering for Safety approach. ACDHS also uses the model of Differential Response. Each of these models rely on and value family engagement. The LINKS process has proved to be an essential piece in the facilitation of these approaches.

- LINKS:
    - LINKS is a formal process built around Family-Centered Planning and Team Decision-Making that will occur when a family's involvement with the child welfare system moves from intake to permanency. It is an early intervention and multi-disciplinary approach for all cases which require permanency (ongoing) services. At this family meeting, both the intake and permanency caseworkers are present as well as one of their supervisors, family members, and any other pertinent people. Any and all necessary services, including Core services, can be approved at this time. This early process and the immediate approval of all necessary services are geared to help improve the overall quality of care and safety as well as ensure early permanency planning for all children and youth. These family engagement meetings continue approximately every ninety days throughout the course of the case as the Department and family continue planning for the safety, permanency, and well-being of the children.
- FAMILY GROUP CONFERENCE:
    - A second model is the Family Group Conference. These meetings are facilitated when necessary from intake to case closure. In the model used in our county, cases are referred to the Family Group Conference facilitator by any caseworker. The facilitator and caseworker initially meet to discuss the goals of the conference; goals may include:
        - Developing a plan to keep children at home who are at risk of out-of-home placement;
        - Developing a plan to return children home who have been removed from their home;
        - Developing a plan for kinship care until reunification can occur and/or as a concurrent plan in the event that reunification does not occur;
        - Allowing the family to develop a treatment plan that can realistically result in maintaining the children at home or reunifying as appropriate; and
        - Developing plans for how the family can assist the parents in completing their treatment plans; i.e., transportation to treatment, etc.

- The meeting builds on the strengths and accomplishments of the family. This model originated in New Zealand in the late 1980s. It is based on the belief that family members have the right and responsibility to be involved in decisions affecting their children, and, if given accurate information about the issues and needs of the children, they will make safe decisions. This model allows the opportunity for greater depth and breadth of family involvement in a more family-focused, culturally responsive and comprehensive decision-making process.

4. Which Core Goal will the County Designed Service meet? This can be more than one.
   - Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child
   - Prevent out-of-home placement of the child
   - Return children in placement to their own home
   - Unite children with their permanent families
   - Provide services that protect the child
   - To return children in placement to their own home or to unite children with their permanent families" is defined as return to the home of a parent, an adoptive placement, guardianship, supervised independent living placement, foster-adoption placement or to live with a relative/kin if the goal for the child in the Family Services Plan is to remain in the placement on a permanent basis.

5. Is this service innovative and/or otherwise unavailable in this county?
   - Yes, this service is designed to engage families throughout the life a case to support timely intervention, safety and closure.

6. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access**
   - Certified Arapahoe County Caseworkers provide the service.

7. Define the eligible population to be served. **7.303.13 Program Eligibility**
   - The target group to be served is families with children from birth to age twenty-one. Eligible families will be those who have been referred to the Department as a result of allegations of abuse, neglect, sexual abuse, or beyond control behaviors. The children will be at imminent risk of out-of-home placement or may have recently been placed out of the home.
   - The LINKS meetings will be held when a decision has been made that a case will receive permanency or ongoing services. This is a formal process built around family-centered planning and decision-making that assures attention into a family's involvement with the system to start permanency and service planning that will help to improve the overall quality of care and safety. Decisions may be made regarding risk of out of home placement, emergency placement, family and community support and approving services to address the issues which brought the family to the attention of the Department.

- The Family Group Conferences will be held as a means to keep high risk children safely in their homes when possible or, if not possible, to develop plans for kinship care until reunification can occur and/or to make plans that will ultimately result in the safe return home of the children and/or permanency with family.

8. Define the time frame of the service.
   - The program aims to serve families at the earliest point of intervention. Currently, an Initial LINKS is held within 7 days of Intake closing an assessment and opening a case, due to the family requiring services beyond 60 days. Initial LINKS meetings are referred to by Intake and serves as a transfer to permanency.
   - LINKS is held every 90 days until case closure.

9. Define the workload standard for the program:
   - **Number of cases per worker:**
     - Facilitators will carry caseloads of approximately 90 families each.
   - **Number of workers for the program:**
     - There are eight Family Engagement Team facilitators.
   - **Worker to supervisor ratio:**
     - The supervisor ratio is 6:1 for the Core funded positions

10. Define the staff qualifications for the service, e.g., minimum caseworker III or equivalent, see 7.603.1 for guidelines.
    - All Family Engagement Facilitators are Social Caseworker Cs (equivalent of Caseworker IVs). The caseworkers and supervisor meet the minimum staff qualifications as defined in 7.000.6. and must have at least 2 years or more of prior casework experience.

11. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators**

    The primary performance indicators that will be achieved are Family Conflict Management, Parental Competency, and Household Management Competency. Through LINKS and Family Group Conferences, plans for maintaining children safely in the home will be developed. These meetings will have the goal of making a child's first placement a last and safe placement through coordination between the intake and permanency workers and the family. For children who have been placed out of the home, plans for reunification and/or kinship placements will be developed. Both kin and community partners can work with the caseworkers and the family in the development of treatment plans as well as developing plans for accessing services and treatment, facilitating visitation, etc. Through this collaboration and through treatment provided, the family will demonstrate the capacity to resolve issues contributing to child maltreatment, status offenses, and delinquent behavior. Parents will also show the ability to maintain sound relationships with their children and provide adequate care and supervision. Finally, parents will be able to provide a safe environment for their children through competent household management. In addition to these elements, these services will help children obtain permanency quicker, shorten length of stay in out of home placement or prevent out of home placement.

12. Define the rate of payment (e.g., $100.00 per session/episode).
    - The anticipated cost per child per month is $165.75.

13. Can this service be funded by Medicaid or private insurance instead of Core? If yes, why is the county seeking to fund the service through Core? What is the process the county will follow to confirm the service cannot be covered by Medicaid, private insurance, or another entity prior to Core use?
    - No, this service cannot be funded by Medicaid or private insurance.

Service Name: Savio's Multisystemic Therapy Program (MST), MST Contingency Management (MST CM), MST Problem Sexual Behavior (MST PSB)
Is this an Evidence-Based Service (IV-E Clearance House)? Yes

THIS IS A CONTINUATION OF ARAPAHOE COUNTY'S EXPANSION GRANT.

1. What Program Area(s) is the service available through (e.g. PA3, 4, 5, or 6)?
    - Services available for Program Areas 4, 5 and 6

2. What is the name of the service or program? **7.303.1 Definitions**
    - Home Based Intervention
    -

3. Describe the service and components; define the goals of the program **7.303.11 Program Goals**

The service proposed is Multisystemic Therapy for adolescents who are at imminent risk of out-of-home placement or who have been placed in shelter or other out-of-home placements. The goal for placed youth would be for immediate intervention by Savio to begin to work toward the successful reunification of the youth into his or her family. MST will provide an alternative to out-of-home placement for youth at a reduced cost, with more successful outcomes. The MST approach to treatment maintains the youth in the community with the family, which in the long term is best for the youth, family and community. MST is backed by multiple research projects which demonstrate its positive, sustained outcomes. The County and Savio (the provider of these services) have already collaborated on several in-home projects with successful outcomes. The MST approach to working with youth focuses on the same objectives identified through community collaboration as top priorities. Evaluations of MST have demonstrated: 1) reductions of 25%-70% in long-term rates of rearrest; 2) reductions of 47%-64% in out-of-home placements; 3) extensive improvements in family functioning; and 4) decreased mental health problems for serious juvenile offenders (Henggeler, S.W., Mihalic, S.F., Rone, L., Thomas, C., & Timmons-Mitchell, J. (1998). Multisystemic Therapy: Blueprints for Violence Prevention, Book Six. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado)

The goal of the MST approach is to offer an integrated, cost-effective, family-based service that result in positive outcomes and reduces or eliminates the need for out-of-home treatment. MST is an intensive intervention program that evaluates the youth's environment and aligns with the parents to establish household structure, increase monitoring / supervision and set clear rules and consequences. In working with a delinquent population, MST has been proven effective and has shown well-documented long-term outcomes with adolescents presenting serious antisocial behavior.

Another major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to teach youth to cope with problems they encounter with their family, peers, school and neighborhood. The therapist focuses on helping parents become self-sufficient problem solvers. Intervention strategies include structural family therapy, parental behavioral training and cognitive behavioral therapies.

MST targets factors in a youth's social network that are contributing to antisocial behaviors. Interventions generally aim to improve caregiver discipline practices; enhance family relationships; decrease youth association with negative peers and increase association with positive peers; improve school or vocational performance; engage youth in pro-social recreational outlets and develop natural support networks of extended family, friends and neighbors to help caregivers make and maintain changes. Services are delivered in the home, school and community. The treatment plan is designed in collaboration with family members and referral sources. The program removes barriers to service access by treating families in the home and is more intensive than traditional family services.

Initial therapy sessions identify the strengths and weaknesses of the adolescent, the family and their interactions with systems outside the family (peers, friends, school, and community). Problems identified are targeted for change

and strengths are used to facilitate change. Several problem areas are typically identified for serious juvenile offenders and their families.

Savio's MST program insures that the following nine core principles of the model are honored in their assessment and treatment:

1. The primary purpose of assessment is to understand the fit between the identified problems and their broader systemic context (how problems "make sense" in a given context).
2. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change.
3. Interventions are designed to promote responsible behavior and decrease irresponsible behavior among family members.
4. Interventions are present-focused and action-oriented, targeting specific and well-defined problems.
5. Interventions target sequences of behavior within and between multiple systems that maintain identified problems.
6. Interventions are developmentally appropriate and fit the developmental needs of the youth.
7. Interventions are designed to require daily or weekly effort by family members.
8. Intervention effectiveness is evaluated continuously from multiple perspectives, with the provider assuming accountability for overcoming barriers to successful outcomes.
9. Interventions are designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts.

4. Which Core Goal will the County Designed Service meet? This can be more than one.

- Focus on the family strengths by directing intensive services that support and strengthen the family and/or protect the child
- Prevent out-of-home placement of the child
- Return children in placement to their own home
- Unite children with their permanent families
- Provide services that protect the child

5. Is this service innovative and/or otherwise unavailable in this county?

- This is a part of the expansion grant for Arapahoe County as approved in previous Core Plans

6. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access**

- Savio, the Trails Service Detail is already an option for this program.

7. Define the eligible population to be served. **7.303.13 Program Eligibility**

Savio offers 3 MST treatment models to address specific issues

MST

The MST program will target chronic, violent or substance abusing male and female juvenile offenders, ages 12 to 17 and their families. These will be youth who are at high risk of out-of-home placement or are transitioning home from residential treatment, focusing on those youth who have been placed in shelter or other out-of-home placements. Other presenting problems **may** include:

- ❖ At least one adjudication as a delinquent;
- ❖ Criminal or delinquent behavior;
- ❖ School truancy or school failure associated with behavioral problems;
- ❖ Physical aggression in the home, at school or in the community;

- ❖ Verbal aggression, verbal threats of harm to others in the context of the problems listed above; and
- ❖ Substance abuse in the context of the problems listed above.

MST Contingency Management

Savio's target population is adolescents aged 12-17, who are abusing or dependent upon at least one non-tobacco substance. Clients who would be eligible for this MST program must be residing at home with a primary parent or guardian who is willing to participate in family therapy; OR is in short-term foster care with a strong goal of family reunification. The family must be actively working towards the return of the child to the home and both the family and the foster care family must be willing to participate in therapy.

MST Problem Sexual Behavior (MST PSB)

Multisystemic therapy for youths with problem sexual behaviors (MST-PSB) is a family-and community-based treatment approach that is designed to promote victims' safety and reduce the likelihood of future problem behaviors and criminal activity. MST for Problem Sexual Behaviors (MST-PSB) is an intensive, comprehensive, community- and family-based treatment modality aimed at decreasing juvenile sex offending and effectively reintegrating youth into the home and community. MST-PSB incorporates evidence-based intervention techniques and utilizes an intensive quality assurance system to support treatment fidelity. The MST-PSB model does not support or utilize any group counseling. This modality views caregivers as the key to achieving favorable clinical outcomes for their youth. To ensure their participation, caregivers are highly involved in the development and implementation of interventions. The MST-PSB model is a total behavioral health care modality that addresses all the needs of each family member.

Goals and Outcomes

The primary goals of this program would be to avoid out-of-home placement by providing in-home services, assist the reintegration of youth back into their homes, provide services with improved outcomes at a reduced cost, significantly reduce adolescent drug use during and after treatment, and reduce recidivism rates among juveniles.

8. Define the time frame of the service. **7.303.15 Service Time Frames**

The average length of services is 3-5 months, with multiple contacts (in-home, telephone, pager, etc.) between the therapist and family occurring weekly, often during evening and weekend hours. Direct contact hours per week for MST and MST-CM averages 3 hours per week over the course of the case. For MST-PSB, direct contact hours per week average around 4.5 hours. In addition, each staff member is on-call 24 hours a day, 7 days a week, to respond immediately to crisis situations.

9. Define the workload standard for the program. **7.303.16 Workload Standards**

Number of cases per worker
Each worker will carry caseloads of 4-6 families.

Number of workers for the program
Savio has 20 workers to serve the metro area

Worker to supervisor ratio
Each supervisor manages a team of 4 workers.

10. Define the staff qualifications for the service (e.g., Social Caseworker I/III or equivalent in rule).

All Savio adolescent community-based programs are licensed and supervised by MST Services of South Carolina, a national organization identified as a leading consultant in the field of delinquency. In addition, all workers must have achieved bachelor or master level educational status in a human services field.

Methods of training, support and monitoring provided for all MST staff include: 1) publication of an MST manual, intensive five-day initial training, weekly consultation from an MST expert, and quarterly treatment-specific training (drug and alcohol and cognitive behavioral interventions).

11. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators**

The primary Performance Indicator which will be achieved as defined in Volume 7 (7.303.18) is Family Conflict Management. Through this service, families will be able to demonstrate the capacity to resolve conflicts which contribute to delinquent behavior, running away, and status offenses. Through these skills the family will 1)be able to prevent out-of-home placement of the youth; 2) in the case of youth who have been placed, will be able to move more quickly towards reunification; and/or 3) upon reunification will be able to successfully maintain the youth in the home. Other goals of the program as defined in Volume 7 include Parental Competency, Competence in Maintaining Sobriety, and Resources Access Competency.

Savio will also use performance indicators in their treatment plans with families. Treatment plans use overarching case-specific goals for treatment. The definition of "overarching goal" is an ultimate aim of treatment which refers directly to the referral/target behavior, incorporates the desired outcomes of caregivers and other key participants, and is written so that an outside observer can easily determine whether or not the goal has been met.

The determination to discharge a youth from MST is based upon evidence from multiple sources (e.g., youth, parent, school, caseworker, case manager, probation officer) indicating that the overarching goals for the case have been met; the youth has few significant behavioral problems and the family is able to effectively manage any recurring problems and functions reasonably well for 3-4 weeks; the youth is making reasonable educational/vocational efforts; the youth is involved with prosocial peers and is not involved with, or is minimally involved with problem peers; and the therapist and supervisor feel the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems. A case will be considered a partial success if the preceding goals have not been met and there is some evidence of improvement and/or change, but treatment has reached a point of diminishing returns for the therapy time invested. A failure to meet desired outcomes would be demonstrated by minimal therapeutic change, no family engagement in treatment, and/or the youth is placed in a restrictive setting (detention center, residential treatment) for a duration of time that precludes further MST involvement.

Evaluation of the effectiveness and efficiency of services is a key element of the MST program. Data will be collected by staff at several points during the service period and following discharge. At the time of discharge, detailed information is gathered about the youth, including number of arrests, incarcerations, psychiatric hospital admissions, out-of-home placements, and school expulsions since the start of MST. Families are contacted for a follow up study 12 months after discharge from the program. Information is gathered from the family regarding the youth's current legal status, current living status, and current educational status. Similar data will be obtained from the Department of Human Services and the juvenile courts to verify information collected through the above surveys. The length of service will also be recorded for each family as well as the type of discharge (successful, partially successful or unsuccessful). Data gathered will be analyzed to help in evaluating progress toward program goals and objectives.

12. What is the rate of payment (e.g., $100.00 per session/episode).

MST: $2254
MST-CM: $2554
MST-PSB: $2803.08

13. Can this service be funded by Medicaid or private insurance instead of Core? If yes, why is the county seeking to fund the service through Core? What is the process the county will follow to confirm the service cannot be covered by Medicaid, private insurance, or another entity prior to Core use?

- This service can be funded by Medicaid and Savio does bill Medicaid when this is an option. ACDHS partners closely with Savio, meeting monthly, regarding referrals and also meets quarterly to discuss outcomes for both Medicaid and Core funded families.

CORE SERVICE AVAILABILITY PER PROGRAM AREA

Using the chart below, identify what program area populations will be captured under your Core Services for each Service:

SERVICE	Included in (PA3) (Prevention)	Included in (PA4) (Youth in Conflict)	Included in (PA5)	Included in (PA6) (Adoption at risk of disruption, FYIT)
Home-Based Intervention	Yes	Yes	Yes	Yes
Intensive Family Therapy	No	Yes	Yes	Yes
Sexual Abuse Treatment	Yes	Yes	Yes	Yes
Day Treatment	No	Yes	Yes	Yes
Life Skills	Yes	Yes	Yes	Yes
County-Designed Service (Optional)	Yes	Yes	Yes	Yes
SEA - (Special Economic Assistance)	No	Yes	Yes	Yes
Aftercare Services	No	Yes	Yes	Yes
Mental Health Services	No	Yes	Yes	Yes
Substance Abuse Treatment	No	Yes	Yes	Yes

Reminders:

- Definition of services that may be included in Core Services Programs - Volume 7.303.1.
- Definition of service elements that may be included in Core Services Programs (Collateral, Concrete, Crisis Intervention, Diagnostic and Treatment Planning, Hard, Therapeutic) Volume 7.303.14.
- Special Economic Assistance is limited to no more than $2,000 per family, per 12-month time frame, in the form of cash and/or vendor payment to purchase hard services.
- Any services or service elements that are eligible for coverage by Medicaid, private insurance, or another entity shall not be paid for with Core dollars. Core may only be used when private insurance and/or other funding sources are exhausted, insufficient, or inappropriate (7.304.662) and the service is needed to prevent out of home placement or to facilitate a return home from out of home placement.

COUNTY STAFF FUNDED BY THE CORE SERVICES PROGRAM (IF APPLICABLE)

County(ies): ARAPAHOE

How many county staff are funded using your county's Core Services Allocation?

Using the list below, please document the total number of FTEs according to what area of child welfare they spend the most time working in.

Example: FTE job duties include 50% Family Engagement funded through Core and 50% Intake funded through Child Welfare Block. Only list the Family Engagement portion of the position.

Position	Total Number of FTEs	Program Area
Life Skills/Family Time	*16*	*PA4, 5 & 6*
Family Group Conference/Family Engagement	7	*PA4, 5 & 6*
Trauma Support Family Support Team	4	PA4, 5 & 6
Community Development and Prevention	3	PA4, 5, & 6
Family Services Coordinator	1	PA4,5,6
Total number of county staff funded	**31**	

Position	Total Number of FTEs	Program Area
through Core:		

COMBINED BUDGET / CORE SERVICES PROGRAM

County(ies):			
CFMS Function Code (N/A if not applicable):	**Service Name:**	**80/20 Allocation Percentage**	**100% Allocation Percentage**
1700/1800	Home-Based Intervention	7%	
N/A	Intensive Family Therapy (Included under Home-Based Intervention and Mental Health)	1%	
1740	Sexual Abuse Treatment	2%	
1730	Day Treatment	1%	
1720	Life Skills	44%	75%
1778,1786,1820, 1845	County-Designed Service (includes Family Group Conference)	43%	
1855	SEA - (Special Economic Assistance)		6%
N/A	Aftercare Services (Included under Home-Based Intervention and Mental Health Services)	1%	
1845	Mental Health Services		19%
1840	Substance Abuse Treatment	1%	
Totals: *The percentage for each column must total 100%*		***100%***	***100%***

*** CFMS Function Codes 17xx denotes 80/20 allocation and 18xx denotes 100% allocation funded Core Service

RESOURCE LIST

1. Example Purchase of Service Contract (Google Doc)
2. Example SFY 2025-2026 Core Services Plan (Google Doc)
3. SYF 2025-2026 Core Services Plan II Template (Google Doc)
4. Volume 7 - Child Welfare (12 CCR 2509-4)
5. Volume 7 - Overview of Child Welfare Services (12 CCR 2509-1)
6. Volume 7 - Child Welfare Services (12 CCR 2509-4)
7. Core Services Handbook (Google Doc)
8. Docusign Visual Guide (Gopgle Doc)

FINAL BUDGET PAGE
FY 2025-2026
CORE SERVICES

CFMS Function Code	Service Name	Other DSS Funds	Other Source Funds	Total Funds 80/20 **1700**	Total Funds 100% **1800**	Total FSS 100%	**TOTAL FUNDS**
1700/1800	Home Based Services Purch.			370,000			370,000
1720	Life Skills-1 Dunson			648,848	1,216,500		1,865,348
1720	Life Skills 2- Sievers			550,102			550,102
1720	Life Skills 3- Bittrich			492,487			492,487
1720	Life Skills 4- Severson			364,490			364,490
1720	Life Skills 5- Marine			411,682			411,682
1730	Day Treatment			14,450			14,450
1730	Sexual Abuse Treatment			58,000			58,000
1730	Family Group Conference			792,825			792,825
1730	Special Economic Assistance				106,653		106,653
1730	Mental Health Services				313,423		313,423
1730	Sexual Abuse Treatment						0
1730	Substance Abuse Services			10,000			10,000
1730	Savio MST			75,000			75,000
1730	SAVIO MST CM			20,000			20,000
1730	SAVIO MST PSB			45,000			45,000
1730	ACPH (Nurses)			842,188			842,188
1730	Aurora Housing Authority			140,000			140,000
1730	KICS Clinic			276,858			276,858
	Other County Funds	21,755					0
TOTALS		21,755	0	5,111,930	1,636,576		6,748,506
SUBTOTAL F+G					6,748,506		

CFMS Function Codes 17xx denotes 80/20 funded Core Service

	2025-2026 Alloc	2024-2025 Alloc	2023-2024 Alloc	2022-2023 Alloc				
80/20	$ 3,859,801	$ 3,403,764	$ 3,333,936	$ 3,154,299	$ 3,077,359	$ 3,193,094	$ (115,735)	
EBP	$ 559,918	$ 559,918	$ 559,918	$ 559,918	$ 559,918	$ 559,918	$ -	
Total 80/20	$ 4,419,719	$ 3,963,682	$ 3,893,854	$ 3,714,217	$ 3,637,277	$ 3,753,012		
Total Core 100	$ 1,557,474	$ 1,373,458	$ 1,345,282	$ 1,272,796	$ 1,241,750	$ 1,288,451	$ (46,701)	
MH 100	$ 273,286	$ 273,286	$ 273,286	$ 273,286	$ 273,286	$ 273,286	$ -	
SUB Abuse 100	$ 369,619	$ 369,619	$ 369,619	$ 369,619	$ 363,613	$ 369,619	$ (6,006)	
SEA 100	$ 106,653	$ 94,052	$ 92,122	$ 87,159	$ 85,033	$ 88,231	$ (3,198)	
Total Core	$ 6,726,751	$ 6,074,097	$ 5,974,163	$ 5,717,077	$ 5,606,365	$ 5,772,598	$ (166,233)	$ 1,963,682
AFS	N/A-Discontinued in 2025	60,000	$ 60,000	$ 60,000	$ 20,000	$ 130,000	$ (110,000)	
						$ 800,563	$ (800,563)	
					95,000			

Program Area Three (PA3): Prevention and Intervention Services
FINAL BUDGET PAGE - SFY2024-2025

Service Name	Service Provider	PA3 Funding Source	PA3 Funding Source	PA3 Funding Source	Total Funds 80/20 **1700**	Total Funds 100% **1800**	**TOTAL FUNDS**
Life Skills, MH	Shiloh ERC, BTW, Coaching, Rapid Response	Core			35,000		35,000
County Designed	Savio MST and MST CM, MST PSB, Arapahoe County Public Health Nurses, AMHR, Aurora Housing Authority, Gateway, KICS, MH & Bx)	Core			1,399,047		1,399,047
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
TOTALS							$1,434,047