



## Memorandum of Understanding

This Memorandum of Understanding (“MOU”) sets forth the terms of agreement between the BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF DOUGLAS, STATE OF COLORADO, (the “County”) a political subdivision of the State of Colorado, the DOUGLAS COUNTY MENTAL HEALTH INITIATIVE (“DCMHI”), a collaborative partnership of community-based organizations founded by Douglas County; ADVOCATES FOR CHILDREN CASA, a non-profit organization authorized to do business in Colorado; ALLHEALTH NETWORK, a non-profit behavioral health organization authorized to do business in Colorado; CARING COMMUNITIES OF COLORADO, LLC, a Colorado limited liability company; ADVENT HEALTH, a non-profit health care network authorized to do business in Colorado; Arapahoe County on behalf of ARAPAHOE/DOUGLAS WORKS!, the public workforce development operator for Arapahoe and Douglas counties “Arapahoe/Douglas Works!”; CHILDREN'S HOSPITAL OF COLORADO HIGHLANDS RANCH AND AURORA, a non-profit health care entity authorized to do business in Colorado; COLORADO ACCESS, INC, a non-profit health plan authorized to do business in Colorado; DEVELOPMENTAL PATHWAYS, INC., a non-profit organization authorized to do business in Colorado; DOUGLAS COUNTY DEPARTMENT OF HUMAN SERVICES, a division of Douglas County Government; DOUGLAS COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT, a division of Douglas County Government; DOUGLAS COUNTY SCHOOL DISTRICT, a special-purpose government entity for the local administration of elementary and secondary schools; FAMILY CENTER OF DOUGLAS COUNTY, a partnership of CATHOLIC CHARITIES AND MANNA RESOURCE CENTER, two faith-based non-profit organizations authorized to do business in Colorado; HCA-HEALTHONE d/b/a SKY RIDGE MEDICAL CENTER, a healthcare system and division of HCA Healthcare authorized to do business in Colorado; THE 18<sup>TH</sup> JUDICIAL DISTRICT JUVENILE ASSESSMENT CENTER d/b/a Juvenile Assessment Center, a non-profit organization authorized to do business in Colorado; JULOTA, a Colorado limited liability company; SIGNAL BEHAVIORAL HEALTH NETWORK, a Managed Service Organization and Administrative Service Organization authorized to do business in Colorado; 18<sup>th</sup> JUDICIAL DISTRICT PROBATION DEPARTMENT, a department of the 18th JUDICIAL DISTRICT that serves ARAPAHOE, DOUGLAS, ELBERT, and LINCOLN counties; THE ROCK CHURCH, a Colorado non-profit and faith-based organization, collectively referred to as the “Parties” and individually as a “Party.”

**WHEREAS**, the Parties work together in collaboration and acknowledge their commitment to one another to improve patient care, health and quality of life outcomes of citizens, residents and other individuals within Douglas County by increasing access and improving care coordination for behavioral health (mental health and substance use disorder) services (the “Services”), furthering mutual business interests through a formalized Care Compact; and

**WHEREAS**, The Youth Care Compact (“YCC”), shall serve children and youth with complex needs, and their families/caregivers, to include a collaborative approach to addressing identified social determinants of health (unmet or stressed basic needs), mental health, substance use disorder and/or intellectual and developmental disabilities (IDD) issues; and

**WHEREAS**, such Services and collaborative consultation will be provided by the Parties representing healthcare facilities, non-clinical and clinical providers, governmental organizations and faith-based organizations.



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

**A. The Purpose of this Memorandum.** This MOU is created to document the arrangements and responsibilities between the Parties to assist those citizens, residents and other individuals within Douglas County participating in YCC, a program of the DCMHI.

**B. Party Responsibilities.**

1. All Parties:

- a. All Parties agree that they will work together collaboratively to provide services to the participants of YCC, and that a best faith effort will be made to reach solutions and improve participant care, health, and quality of life outcomes to assist individuals in reaching their desired potential and self-sufficiency.
- b. All Parties agree to ongoing and persistent person-centered and culturally competent engagement, and to the approach that there is no wrong door to initiate services.
- c. All Parties recognize that they have an essential role to play in participant engagement, at referral and throughout the program, and in supporting participant motivation for change. This includes a commitment to identifying individuals who would benefit from YCC's services, competence with describing the program to interested clients, an ability to walk clients through the intake process, and collecting necessary information and releases to refer clients to the program.
- d. All Parties agree that confidentiality of the information provided by the participants in YCC must be protected and that each Party shall protect client information which is designated as sensitive, private or confidential, pursuant to any provision of a federal or state law, rule, or regulation or local ordinance or resolution, specifically the HIPAA privacy law and 42 CFR Part II.
- e. All Parties agree to use consent for release of information (ROI) form(s) that are acceptable to all Parties and that is/are compliant both with HIPAA and 42 CFR Part II for the protection of the community participant, their Protected Health Information ("PHI") and electronic Protected Health Information ("ePHI"). All Parties agree that when they obtain the consent of the participant or the consent of a legal representative with legal authority to consent to release information, the party obtaining consent will explain to the client of the YCC program and that information will be shared between the Parties selected to receive information on the ROI(s).
- f. All Parties agree to use and accept a shared referral form to refer participants into YCC and trigger the development of a Youth Care Compact Team and the development of a shared Care Plan designed to develop and/or implement



continuity of care for the client. All Parties agree to accept and vet referrals from all Parties based on the level of urgency indicated on the referral form.

- g.** All Parties agree to use and accept a shared YCC Care Plan to identify and outline each participant's YCC Team, manage information collection and sharing, outline Party accountability and responsibility in the form of action items for immediate stabilization and safety, short- and long-term outcomes, and other information.
- h.** All Parties in a YCC Team agree to meet or respond to the referring party within 48 hours, or as quickly as is practicable following an urgent referral, and within 5-7 business days, or as soon as practicable, when receiving a routine referral.
- i.** All Parties agree to attend YCC Team meetings as indicated and relevant based on identified client/family need(s), identified risk factors and client/family preference. All Parties agree to attend YCC Team meetings at the frequency determined necessary by the YCC Team in each individual case and agree to re-assess the frequency of meetings regarding a YCC client/family on an ongoing basis.
- j.** All Parties agree to use Julota (or work towards using Julota within their agency), a commercial, web-based software product that allows for information gathering, sharing, and collaboration on common clients/families. All Parties will enter information and communications into Julota as it relates to care coordination and relevant YCC Team updates including care plans, brief interaction and contact notes with YCC clients/families (i.e., if a YCC client presents at an emergency department partnering in YCC and this information would be beneficial for YCC partners to know), and program metrics for ongoing data collection and evaluation. All Parties with access to PHI in Julota shall execute legal and appropriate Business Associate Agreements in compliance with HIPAA, 42 CFR Part II and other laws related to confidentiality and privilege, as necessary and appropriate. Parties agree to develop communication strategies to allow the sharing of information necessary to protect the safety of YCC participants and YCC partners in accordance with HIPAA, 42 CFR Part II, or other applicable federal, state or local law or regulation related to PHI.
- k.** All Parties agree that access to information available through DCMHI, the adult Care Compact (TCC), YCC and Julota shall be on a "Need to Know" basis and continued access to such information shall be based upon compliance with access to only those members of an entity actively involved and with a legitimate and legal, "Need to Know."
- l.** All Parties agree that if a Party requires an additional release of information to collect essential YCC metrics/data from clients for the purposes of program evaluation and continuous quality improvement, that Party will collect that release as part of the client's intake and will upload the signed release to the



client's Julota profile or provide the release to the Youth Care Compact Navigator or Care Compact Administrator.

- m. All Parties agree to make available an agency decision maker(s) for The Care Compact Program Leadership Team (which includes representatives for both the adult and youth wings of the program), and a point(s) of contact with expertise in organizational operations, care and case management for The Care Compact Operations Team. All Parties agree to strive for stability in their appointees to both the Leadership and Operations Teams and make reasonable efforts to designate a proxy when unable to attend a TCC and/or YCC meeting.
- n. All Parties agree to cooperate with the Care Compact Administrator and Youth Care Compact Navigator to facilitate the smooth operation of YCC processes.
- o. All Parties will participate with data collection as set forth by the DCMHI, and TCC and YCC Operations Teams, for ongoing evaluation and quality improvement of YCC.
- p. All Parties agree to the pilot Scope of Work (Exhibit A).

2. COUNTY.

a. COUNTY ADMINISTRATION/DOUGLAS COUNTY MENTAL HEALTH INITIATIVE STAFF. In addition to the responsibilities outlined in section B.1 above, the County will provide, through its Mental Health Initiative Coordinator, Care Compact Administrator, Care Compact Navigator(s), and other staff, administrative support and project management for mutually agreed upon policies and procedures as well as data collection as determined relevant, and evaluation pertaining to the YCC pilot and program. DCMHI staff will provide access to, and coordinate training with, a web-based, mobile integrated care management software through a contract with Julota, and trainings on YCC program operations to partner staff. The County, DCMHI staff and Julota will have administrative oversight, and management responsibility, of access to tiered information in Julota based on an organization's, "Need to Know." Beginning April 2024, the County will begin to assume Caring Communities of Colorado, LLC's responsibilities as outlined in number four (4) below. The Youth Care Compact Navigator will attend CMP facilitated meetings (360 and FACES). DCMHI staff will also submit referrals vetted by YCC Care Teams to Care Portal, a network of faith-based organizations who fulfill requests for basic goods and services that help children and families in crisis.

b. DOUGLAS COUNTY DEPARTMENT OF HUMAN SERVICES. In addition to the responsibilities outlined in section B.1 above, Douglas County Department of Human Services agrees to streamline access to eligibility services for YCC clients, families who qualify and make available a representative from Adult Protection or Child Welfare if a YCC client, family, and/or family member is at risk of system involvement, or



currently has system involvement, and make available a representative from DHS prevention as appropriate.

c. DOUGLAS COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT. In addition to the responsibilities outlined in section B.1 above, Douglas County Department of Community Development agrees to consult on cases where basic needs are unmet, where employment is an identified need within a family unit working with YCC, and on self-sufficiency programs, such as DC Cares as appropriate. Additionally, in matters where YCC clients and families are unhoused or facing homelessness, Community Development will make available someone from HEART to participate in YCC Care Teams and consult on cases.

3. ADVOCATES FOR CHILDREN CASA. In addition to the responsibilities outlined in section B.1 above, Advocates for Children CASA will invite the Youth Care Compact Navigator and, as needed, the Care Compact Administrator to 360 and FACES meetings in the event that a youth referred to one of these offerings meets criteria for the YCC and could benefit from ongoing, intensive case management and/or care coordination.
4. ALLHEALTH NETWORK. In addition to the responsibilities outlined in section B.1, AllHealth Network agrees to provide, as the community mental health center in Douglas County, a continuum of mental health and substance misuse/use disorder treatment services, including individual and/or family therapy, peer support, medication management, and case management at the appropriate level of care for participants in YCC as needed.
5. ARAPAHOE/DOUGLAS WORKS!. In addition to the responsibilities outlined in section B.1, Arapahoe/Douglas Works! agrees to provide, as the nationally recognized public workforce development operator for Douglas County, employment support to the individuals who will be served by the Youth Care Compact. Arapahoe/Douglas Works! will provide direct onsite and virtual services to the participants in YCC as requested and appropriate, including, but not limited to:
  - i. Career exploration
  - ii. Resume building
  - iii. Job Search and labor market data navigation and counseling
  - iv. Training and certification assistance, as eligible and determined appropriate
  - v. Work Experiences/Internships, On-the-Job Training, and Registered Apprenticeship opportunities, as eligible and determined appropriate
  - vi. Supportive Services, as eligible and determined appropriate.
6. CARING COMMUNITIES OF COLORADO, LLC (CCC, LLC). In addition to the responsibilities outlined in section B.1 above, Caring Communities of Colorado, LLC, as a part of regular supervision and case consultation, and through the term where there is an active contract with the County, agrees to provide assistance to Community Response Team ("CRT") clinicians and resource specialists in identifying participants who meet criteria for YCC. CCC, LLC also agrees to make available its clinicians and/or resource specialists to participate in YCC Care Teams in cases where



the Community Response Team referred to YCC and/or if there is risk of engagement with the crisis continuum of care.

7. COLORADO ACCESS, INC. In addition to the responsibilities outlined in section B.1 above, Colorado Access agrees to make available and provide, as the Regional Accountable Entity for Douglas County, a representative from the Behavioral Health Division at YCC Team meetings for TCC clients/families with Medicaid, and to provide care coordination, case management, system navigation and other services associated with the responsibilities of the Regional Accountable Entity.
8. DEVELOPMENTAL PATHWAYS, INC. In addition to the responsibilities outlined in section B.1 above, Developmental Pathways agrees, as Douglas County's designated Case Management Agency (CMA), to provide intake and enrollment support to referred YCC clients, as well as provide ongoing services and case management support once eligibility is determined for specific programs/waivers. This will include participating in Care Teams for clients who are referred for HCBS Services, offering additional support and streamlined connections as appropriate.
9. JULOTA. Julota is a web-based software product that allows for cross-system information gathering, sharing, and collaboration on shared clients. Although Julota is not a case management agency nor delivers direct services within YCC and holds exception to the responsibilities outlined in section B.1 above, Julota agrees to provide training to YCC partners as needed, and coordinate with the County to manage trainings and onboarding. Information stored in Julota may be granted to agencies within Julota through varying levels of access based on who is authorized to such information by signature of the U-ROI and/or multiple agency-specific ROIs.
10. SIGNAL BEHAVIORAL HEALTH NETWORK. In addition to the responsibilities outlined in section B.1 above as relevant, Signal Behavioral Health Network agrees to advise on potential Child and Youth Mental Health Treatment Act (CYMHTA) eligibility for clients and families, and screen for CYMHTA eligibility as necessary. Signal Behavioral Health Network agrees to make available, and provide as the CYMHTA administrator for the region including Douglas County, a representative from the CYMHTA team to provide care coordination, case management, system navigation and other services associated with CYMHTA. Signal Behavioral Health Network also agrees to provide consultation on YCC cases where utilization of the crisis system and/or substance use disorder ("SUD") are factors and there is a need from the participant's YCC Care Team to explore options for crisis stabilization or ongoing SUD treatment. Signal Behavioral Health Network cannot redisclose substance use disorder data and information on behalf of other Parties or subcontractors without a signed Release of Information from the client and/or guardian. YCC must obtain this directly from a provider.
11. 18<sup>th</sup> JUDICIAL DISTRICT PROBATION. In addition to the responsibilities outlined in section B.1 above, 18<sup>th</sup> Judicial Probation agrees to collaborate with a client's/family's YCC Care Team, when a client gives permission, to share conditions of probation, updates on a client's case/legal status, and information related to a client's needs or barriers to compliance. Probation may act as, primarily, a referring partner, but may collaborate with the YCC Care Team to help a client meet their goals and



reduce/prevent recidivism, especially if there are goals outside the scope of the client's conditions of release.

12. THE 18<sup>TH</sup> JUDICIAL DISTRICT JUVENILE ASSESSMENT CENTER. In addition to the responsibilities outlined in section B.1 above, the 18<sup>th</sup> Judicial District Juvenile Assessment Center (the JAC) agrees to collaborate with a client/family's YCC Care Team, when a client gives permission, to share information related to completed assessments, recommended services, and current/previous referrals resulting from a JAC assessment. The JAC may also receive referrals from the YCC team to support a youth through the Community Assessment Program for screening, assessment, and treatment recommendations.
13. FAMILY CENTER OF DOUGLAS COUNTY, a partnership of CATHOLIC CHARITIES AND MANNA RESOURCE CENTER. In addition to the responsibilities outlined in Section B.1 above, the Family Center of Douglas County agrees to collaborate with a client/family's YCC Care Team, as indicated, to support the family in connecting to community resources, increase self-sufficiency, and improving familial stability.
14. THE ROCK CHURCH. In addition to the responsibilities outlined in section B.1 above as relevant, The Rock Church agrees to provide, through their faith-based organization and/or through the network of faith-based organizations in Douglas County, those safety net services to address social determinant of health factors for participants in YCC as needed. The Rock Church also agrees to assist with access to Care Portal to fulfill identified needs of YCC clients and, as needed, work with the County, Care Portal, and Julota on system integration. The Rock Church may also work with clients in collaboration with the YCC team to provide case management and support to assist with improving individual and family stability.

**C. Scope of Services.** All Parties agree to the services and guiding principles outlined in section B.1, additional requirements outlined in Section B.2 – B.11 as relevant, and services described in Exhibit A, attached hereto and incorporated herein, which shall be performed by YCC partners. The County may, from time to time, request that changes be made to the scope of services to be performed hereunder. Such potential changes shall be in writing and shall become part of this Agreement if mutually agreed upon by the County and the Parties upon execution of the change(s). All Parties agree to diligently and professionally perform all services described herein.

**D. Term**

This MOU shall take effect effective \_\_\_\_\_, 2024 upon full execution by all Parties. The Parties agree that this MOU shall continue in perpetuity with the agreement of all Parties, unless a Party can no longer meet the standards of this Agreement or can no longer play a role in YCC. Parties may opt-out of this Agreement by providing a 60-day written notice to Douglas County. Written notices shall be mailed to:

Attn: Leandra Montoya  
4400 Castleton Court  
Castle Rock, CO 80109



- E. **No Waiver of Governmental Immunity Act.** The Parties hereto understand and agree that the County or any other eligible Party, its commissioners, officials, officers, directors, agents, and employees are relying on and do not waive or intend to waive by any provisions of the Agreement, the monetary limitation or any other rights, immunities and protections provided by the Colorado Governmental Immunity Act 24-10-101 to 120, C.R.S. as amended or otherwise available to the County or that Party.
  
- F. It is understood and agreed by and among the Parties that each department, entity, or agency's employees shall remain employees of that department, entity, or agency at all times, and for all purposes, notwithstanding any employee's department, entity, or agency's work with the DCMHI Care Compact, and it is not intended, nor shall it be construed, that any department, entity, or agency's employees, or agents of such department, entity, or agency is an officer, employee, loaned employee, or agent of the other department, entity, or agency for purposes of Unemployment Compensation, Workers' Compensation, governmental immunities, and protection provided by the Colorado Governmental Immunity Act, C.R.S § 24-10-101 *et seq.*, or for any other purpose whatsoever.
  
- G. For the avoidance of doubt, the relationship of the Parties under this Agreement is not one of legal partnership, joint venture, or agency. This Agreement is not a fiscal obligation for commitment for funds. The Parties intend this document to be a statement of cooperative intent, rather than legally binding.
  
- H. Publicity/Communications – all parties agree to acknowledge Douglas County and the Douglas County Mental Health Initiative as a contributor and administrative support organization of The Care Compact (TCC) pursuant to this MOU in all publications, news releases, and other publicity issued by any of the Parties and allow the County to do the same. The Parties agree to work together on joint communication strategies, through established channels (i.e. organizational public affairs or public relations staff), related to activities, services, programs and evaluations of TCC.

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**EXHIBIT A**

**SCOPE OF WORK**

This Scope of Work (“SOW”) outlines the criteria and activities of The Youth Care Compact (“YCC”) program. The YCC program will explore the impact of a collaborative approach to crisis stabilization, care coordination, and continuity of care planning across partners in physical and mental health care, substance use disorder treatment, intellectual and developmental disability services, human services, justice services, and safety net services. Parties across these sectors will work together in a formalized Care Compact to serve some of Douglas County’s most vulnerable citizens, children, and youth 5-17 years old with complex mental health, substance use and/or intellectual and developmental disability (IDD) needs, as well as unmet or unstable basic needs. Family systems will be part of a child or youth’s care plan as needs are assessed during referral and intake. Family members (including parents, caregivers, or guardians) provide consent for care coordination efforts to be made on their behalf. The pilot will begin “on paper” for a period of time, roughly four to six months, and will begin upon execution of the DCMHI Universal Release of Information (U-ROI). This Agreement will take effect immediately for parties upon their signature so that those parties may begin to operate under the agreement.

1. **Guiding principles.** All Parties recognize the following guiding principles as core to this Youth Care Compact pilot and agree to strive for the following standards:
  - a. Information sharing is essential for the purposes of continuity of care, care coordination, and effective action planning. Parties agree to use Julota and to continually work toward solutions that allow for information sharing between agencies while protecting the privacy of YCC clients and their families/caregivers.
  - b. Parties agree to work towards a system that is networked and integrated, leverages the knowledge and expertise of multiple stakeholder agencies, and is person-centered and culturally responsive.
  - c. Parties agree to the approach that there is no wrong door to initiate services. Parties should rely on each other to solve tough problems and effectively coordinate care for YCC clients and their families/caregivers.
  - d. Parties will be responsive to YCC communications. Parties will make themselves available to respond to referrals at all levels of urgency and will consistently attend programmatic (i.e. Operations or Leadership) Care Compact meetings.
  - e. Data collection and evaluation is an essential part of program development, implementation and continuous quality improvement. Parties agree to participate in data collection relevant to their organization’s activities and as permitted through HIPAA, CFR 42 Part 2, and/or CJIS compliance standards. If a Party requires an additional release of information to collect essential YCC data from clients for the purposes of program evaluation and continuous quality improvement, that Party will collect that release as part of the client's intake and will upload the signed release to the client's Julota profile or provide the release to the Youth Care Compact Navigator or Care Compact Administrator. Parties agree to ongoing and persistent person-centered engagement, while keeping in mind clients with mental illnesses(es), difficult behaviors, different abilities, varying safety



needs, capacities and varying levels of engagement may require creative approaches to engagement and/or accommodations to improve access to care.

- f. Participation in YCC is voluntary. Parties will make a best faith effort to engage all youth and families referred to YCC, recognizing that a signed ROI(s) and consent/assent will result in more successful care coordination. Actions, up to case closure, for youth and/or their families who disengage from their YCC Care Team or services activated by their YCC Care Team over a period of time will be at the discretion of their YCC Care Team.
2. **Criteria.** Parties in the YCC network will provide care coordination, additional community supports as indicated, and participate in cross sector collaboration, for youth (5-17 years old) with a mental health (MH) need, substance use disorder (SUD) need, behavioral concerns, intellectual and/or developmental disability who would also benefit from cross-system coordination. Family systems will be part of a child or youth’s care plan as presenting needs are indicated upon referral and intake and family members (including parents/caregivers or guardians) provide consent for care coordination efforts to be made on their behalf . In addition to the core needs and diagnoses identified as part of the core criteria above, children and youth (and/or their family system) referred to YCC must also meet three of the following co-occurring conditions, needs, or indicators of system penetration:
- i. Active Department of Human Services (DHS) involvement (child welfare, including prevention)
  - ii. Juvenile Assessment Center (JAC) referral or assessment
  - iii. Collaborative Management Program (CMP) involvement
    - 1. 360 Meeting
    - 2. FACES Meeting
    - 3. Resource Bed (Respite bed at Family Resource Pavilion – Shiloh House)
  - iv. Juvenile Justice System involvement (or imminent risk of involvement)
  - v. Education/School system need or concern
    - 1. Individualized Education Plan (IEP)
    - 2. 504 Plan
    - 3. Attendance Concerns (pre-truant/truant)
    - 4. School Resource Officer (SRO) involvement
    - 5. Behavioral/disciplinary concerns (e.g., in-school suspension, detention, etc.)
    - 6. Unverified/Not Enrolled
  - vi. Developmental Concerns
    - 1. Diagnosed Intellectual and Developmental Disability (I/DD)
    - 2. Diagnosed Autism Spectrum Disorder (ASD)
    - 3. Suspected developmental concerns not yet evaluated or diagnosed
  - vii. Family System Concerns
    - 1. The Care Compact (TCC) involvement
    - 2. Parent/Guardian/Caregiver with Mental Health Concerns (perceived to be impacting child/youth well-being)



- 3. Perceived family strain/stress/further need (e.g., parent/guardian/caregiver unwilling to bring youth home)
- viii. Social Determinants of Health concerns
  - 1. Housing insecurity
  - 2. Food insecurity
  - 3. Transportation barriers
  - 4. Other (please describe):
- ix. Hospital encounters (2 or more within past 6 months)
  - 1. Non-routine hospital encounter (physical/medical)
  - 2. Emergency Department encounter (physical/medical)
  - 3. Emergency Department encounter (BH/MH/SUD)
- x. Higher levels of care accessed (within past 6 months)
  - 1. Mental Health Residential
  - 2. Inpatient Psychiatric
  - 3. Crisis Stabilization
  - 4. Partial Hospitalization Program (PHP)
  - 5. Youth Withdrawal Management Facility
  - 6. SUD Residential
- xi. Crisis System Encounter (within past 6 months)
  - 1. Walk-In Crisis encounter
  - 2. Community Response Team (CRT) encounter
  - 3. Law enforcement/EMS encounter
  - 4. Mobile Crisis Encounter
  - 5. Crisis Resolution Team Encounter
- xii. Mental Health Hold (within past 6 months)
- xiii. Physical/Medical Concerns/Conditions
- xiv. Step-Down or Care Transition needed within the next 60 days

Parties agree to gather historical data and reassess criteria throughout the program for a client to be eligible for Youth Care Compact services. Gathering engagement and risk data at baseline is critical to evaluate the impact of YCC at case closure.

**6. Release of Information.** The YCC pilot will observe practices regarding use of consent for sharing of information forms acceptable to all Parties. Parties agree to work in partnership to continuously discuss, negotiate and develop requirements in a shared consent to release information form. All Parties recognize that while a shared consent to release information is under development, YCC may utilize multiple releases to ensure necessary and proper sharing of information for the purposes of continuity of care planning. Parties agree to follow all laws regarding at what age children or youth may agree to release information on their own and without the consent of their parents. Parties will develop a shared process throughout the pilot for cases in which this occurs.

**6. Julota.** Throughout the program and as YCC clearly defines the process and workflow, Julota, a cloud-based, community case management software with integration capabilities, will be engaged to customize the software platform for the purposes of managing YCC activities and



tracking data for program evaluation. At a minimum, all Parties will utilize access to Julota to keep track of ROIs, Interactions entered by other team members, and any updates to services, the Care Plan, and associated action items to prevent the duplication of services and streamline collaboration efforts. Preferably, all Parties will work internally to establish the use of Julota by one or more staff members to share minimum necessary or “Need to K12now” information in Julota via Interactions to support efficient care coordination efforts and reduce reliance on email updates. This will also improve security of sensitive client information and limit the need for frequent check-ins with the Care Team. Throughout the pilot, Parties will receive Julota training and will have internal conversations about the types of information that will be shared via Julota for effective care coordination and any necessary Business Associate Agreements for the purposes of information sharing and collaboration on the platform.

**5. Referral.** Any Party to the YCC pilot may refer to YCC. Parties will use the shared referral form created by the joint TCC and YCC Operations Team. Urgent referrals will be processed, and/or the referring party outreached within 48 hours, or as quickly as is practicable following an urgent referral, and within 5-7 business days, or as soon as practicable, when receiving a routine referral. After a referral is processed or the referring party outreached, a YCC Care Team will be formed based on the client’s indicated needs and client’s preferences as indicated on the ROI(s). Parties agree to continue to review and refine the referral form and process throughout the pilot so that it meets the needs of all Parties and target populations.

**6. Youth Care Compact Team and Care Plan.** Following referral, and if a child, youth, or family system meets criteria, a Youth Care Compact Team will form based on the needs identified in the referral and the preference of the client(s) as indicated on the ROI(s). Each participant will have a Youth Care Compact Team, and each team will have a lead assigned, with support from The Youth Care Compact Navigator and other service providers as indicated in the referral. The primary responsibilities of the Youth Care Compact Navigator on the Care Teams and throughout the process will be:

- Process referrals
- Assemble Care Teams
- Provide interim case management when there is not currently case management being provided by another entity
- Facilitate Care Team meetings and assess progress on action items
- Gather baseline and progress data for program evaluation
- Work with the Care Team to determine when a case can be closed

Emphasis will be placed on addressing safety needs, determining goals, clarifying roles, assigning tasks or responsibilities, and preventing the duplication of services. The Youth Care Compact Team will communicate electronically (see 4. Julota) to address immediate needs and assemble within 48 hours and meet as soon as practicable for urgent referrals. For routine and standard referrals, team members will establish expectations for addressing immediate needs via electronic communications (see 4. Julota) and a timeline for the initial team meeting (preferably within 5-7 business days or as soon as practicable). All Parties agree to continue to evaluate and develop the staffing process and procedure throughout the program so that it meets the needs of all Parties.

**7. Metrics, data collection and evaluation.** Defining metrics and collecting data are key steps in evaluating the YCC pilot, and critical to generating long-term buy in for a fully launched program. Parties will define process, outcome, individual and aggregate metrics (metrics of interest below) and Parties agree to



develop a strategy for data collection (i.e., is the data available and accessible; who collects the data and when). Parties are interested in, and will explore, developing a cost avoidance formula for YCC.

Individual Metrics	Aggregate Metrics
Reduction of utilization of specific acute care services (e.g., emergency department)  Increased utilization of outpatient care and engagement with care team providers.	Aggregate % decrease in: <ul style="list-style-type: none"> <li>- Emergency Department Utilization</li> <li>- Inpatient hospitalization and readmission</li> <li>- Detention/criminal justice engagement for those with mental health/SUD</li> <li>- CRT or Mobile Crisis contacts</li> <li>- LE Contacts</li> <li>- CPS Reports/Referrals</li> </ul> Aggregate % increase in: <ul style="list-style-type: none"> <li>- Service Connections</li> <li>- School Attendance (or reduced absences)</li> <li>- Appointments (engagement) with new referral sources</li> <li>- Appointments kept with providers</li> </ul>
Diversion or risk reduction for engagement in other systems (Child Welfare, Criminal Justice)	Qualitative description of reduction in risk for other system engagement across program
Stability and improvement in quality-of-life measures	Aggregate % increase in quality-of-life ratings
Number of referrals and connections made to additional services (particularly SDoH but also other prevention care providers)	Aggregate number of referrals made  Aggregate number of services provided, preferably, categorized by goal/need areas
Reduction in SDoH needs as indicated by validated tool or assessment	Aggregate reduction in SDoH needs
Number of coordination team meetings with care compact team (process measure)	Aggregate number of care compact team meetings (process measure)
Improvement in Youth/Family satisfaction with services	Survey measure or qualitative description of quality of coordination of care
Improvement in Pilot Partner satisfaction with care coordination process	Survey measure or qualitative description of care coordination process

**8. TCC Leadership Team.** TCC Leadership Team shall have representation from each of the TCC program Party agencies. Leaders should be decision makers in their agency with the ability to provide TCC with strategic direction, approve agreements, make funding decisions and approve data sharing for program evaluation. The TCC Leadership Team will meet as needed, approve programmatic changes throughout the program, and address any challenges or barriers that arise.

**9. TCC Operations Team.** TCC Operations Team (“Team”), with support from The Care Compact Administrator and Navigators, is tasked with program development, design, organizational education and uptake (program champions), implementation, and evaluation. The Team shall have representation from each of TCC program Party agencies. Members of the Team should understand the operations of their respective agencies and ideally work closely with a team of case managers or care coordinators. The Team will be involved in the ongoing evolution and development of the program including Care Compact Team meeting process, internal and external communication plans, building network knowledge, and addressing programmatic pain points. The Team will also provide feedback throughout the implementation of the collaborative software, Julota, ongoing development



of the Universal Release of Information (“U-ROI”), this Agreement, and execution of Business Associates Agreements as needed. Team members will ensure that any request made of their organization to internally review YCC agreements or documents will be done in a timely fashion and by the appropriate leadership or legal representative(s). The Team will adjust YCC documents and processes as needed and agrees to participate in this group as a means to resolve outstanding system issues. The Team will meet regularly to assess program capacity, provide organizational updates, communicate on system updates and challenges, and assess the need for YCC changes/improvements.

**[Signature Page to Follow]**



IN WITNESS WHEREOF, the Parties have executed this Agreement on the day and year first above written.

**BOARD OF COUNTY COMMISSIONERS  
OF THE COUNTY OF DOUGLAS, COLORADO**

**For Douglas County:**

DocuSigned by:  
By: Doug DeBord  
DOUGLAS J. DEBORD  
County Manager  
4/19/2024  
Date: \_\_\_\_\_

**APPROVED AS TO LEGAL FORM:**

DocuSigned by:  
By: Andrew Steers  
ANDREW STEERS  
Senior Assistant County Attorney  
Date: 4/19/2024  
\_\_\_\_\_

**DOUGLAS COUNTY MENTAL HEALTH INITIATIVE**

DocuSigned by:  
By: Barbara Drake  
BARBARA DRAKE  
Deputy County Manager  
4/19/2024  
Date: \_\_\_\_\_

Address for Notices to:  
Douglas County Government, Attn: Barbara Drake  
100 Third Street  
Castle Rock, CO 80104

**For AllHealth Network:**

DocuSigned by:  
By: Keith Larson  
~~DR. WILLIAM W. HENRICKS~~ Keith Larson CFO/CBO  
~~President, Chief Executive Officer~~  
6/5/2024  
Date: \_\_\_\_\_

DocuSigned by:  
Jen Bock  
Jen Bock  
Chief Clinical officer  
5/8/2024



**For Caring Communities of Colorado, LLC:**

DocuSigned by:  
By: Dr. Jim Baroffio  
DR. JIM BAROFFIO  
Director, Clinical Psychologist  
Date: 5/8/2024

**For Advent Health:**

DocuSigned by:  
By: Heidi Bode  
Heidi Bode Manager Crisis Assessment  
Date: 6/26/2024

**For Colorado Access:**

DocuSigned by:  
By: Dana G Pepper  
Dana G Pepper VP, Provider Engagement  
Date: 6/28/2024

**For Developmental Pathways, Inc.:**

DocuSigned by:  
By: Matt Van Auker  
MATT VAN AUKER  
Chief Executive Officer, Executive Director  
Date: 5/8/2024

DocuSigned by:  
Amy Grogan  
Amy Grogan  
Company VP

**For Douglas County Department of Human Services:**

DocuSigned by:  
By: Dan Makelky  
DANIEL MAKELKY  
Director  
Date: 4/19/2024





**For Douglas County Department of Community Development**

DocuSigned by:  
By: *Terence Quinn*

TERENCE T. QUINN

Director of Community Development

Date: 5/7/2024

**For HCA-HealthONE d/b/a Sky Ridge Medical Center:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**For Signal Behavioral Health Network:**

DocuSigned by:  
By: *Daniel Darting*

DANIEL DARTING

Chief Executive Officer

Date: 5/15/2024

DocuSigned by:  
*Heather Dolan*  
3A0003E5E6EC7427  
Heather Dolan Director of Operations  
5/7/2024

**For 18<sup>th</sup> Judicial District Probation:**

DocuSigned by:  
By: *Douglas Gray*

DOUGLAS GRAY

Chief Probation Officer

Date: 5/7/2024

**For Children’s Hospital of Colorado Highlands Ranch and Aurora**

By: \_\_\_\_\_

Date: \_\_\_\_\_



**For Julota:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**For Douglas County School District:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**For The Family Center of Douglas County – Catholic Charities**

By: \_\_\_\_\_

JOSEPH FIGUEROA

Regional Executive Director

Date: \_\_\_\_\_

**For The Family Center of Douglas County – Manna Resource Center**

By:  \_\_\_\_\_

ERIN WHITE

Executive Director

Date: 6/7/2024

**For the 18<sup>th</sup> Judicial District Juvenile Assessment Center**

By:  \_\_\_\_\_

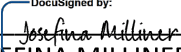
Katherine Smith Community Resources Director

Date: 5/15/2024

By:  \_\_\_\_\_

Sarah Troy Executive Director

**For Advocates for Children CASA**

By:  \_\_\_\_\_

JOSEPHINA MILLINER

Executive Director

Date: 5/8/2024



**For the Board of County Commissioners of Arapahoe County on behalf of Arapahoe/Douglas Works!**

By: Katherine Smith  
Katherine Smith Community Resources Director

Date: 5/15/2024

For the Rock Church

By: Mike Polhemus  
MIKE POLHEMUS

Pastor  
Date: 5/8/2024