



Core Plan Template

(Last Revised 02/16/2026)

CORE SERVICES PLAN

THIRD YEAR OF A THREE-YEAR PLAN

SFY 2024 - 2025

SFY 2025 - 2026

SFY 2026 - 2027

Douglas	COUNTY(IES):
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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 3, 2026.

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 Indicate county name(s) and lead county if this is a multi-county plan, for the period contract years June 1, 2026, through May 31, 2027, fiscal years July 1, 2026, through June 30, 2027.

The Douglas County Plan includes the following:

- Completed "Statement of Assurances" (Required);
- Completed "County Designed Service" for EACH County Designed Service (If Applicable);
- Completed "Core Service Availability Per Program Area" (Required);
- 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, 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 Christina McNeal;
- The primary contact person can be reached at 303-814-5353;
- The primary contact receives e-mail at cmcneal@douglasco.gov; and
- The primary contacts business address is 4400 Castleton Court, Castle Rock, CO 80109.

In the event the primary contact person is not available, the secondary contact person is Nicole Adams and they can be reached at 303-814-5354 or nadams@douglasco.gov.

CORE SERVICES STATEMENT OF ASSURANCES

Douglas County Department of Human Services 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:

- Core Services will conform to the provisions of the Plan;
- Provision of Core Services 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;
- Provision of Core Services 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;
- Provision of Core 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;
- Only the salaries, fringe and operating costs directly related to Core Service funded FTE positions will be reimbursed. Consultation, training, and staff development for county Core service staff when necessary for the delivery of a Core service may be reimbursed;
- 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, such as Medicaid or private insurance, set forth in Rule Volume 7, at 7.414,B;
- Details about contracted, purchased, and/or provided services must be recorded in Trails. This information may be entered as Core Contracts and/or service authorizations to confirm program eligibility, track statistical data, and identify financial needs;
- To provide Core Services that require state licensure, all delivering providers must be registered with the Colorado Department of Regulatory Agencies (DORA) and maintain good standing. The burden of this proof falls to the county entering into a contract with the provider;
- County staff must monitor payments to their Program providers and ensure compliance with all statutory and regulatory requirements by both the county and the providers;
- The provision of all Core Services is determined by the specific needs of each child, youth, or family; and
- Any contracts for services utilizing Core Services Program funding must incorporate all the mandatory components found within the attached example contract template. Each county has the

discretion to create its unique contract template, but the sections in the example must be included.

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

PURCHASE OF SERVICE CONTRACT EXAMPLE
Core Services Program

1. THIS CONTRACT, made this _____ day of _____, 20 Select from dropdown by and between the _____ County Department of Human/Social Services at _____ (address), hereinafter called "County" and _____ (name) at _____ (address), hereinafter called "Contractor". _____ (Tax I.D. or Social Security Number)
2. This contract will be effective from _____ until _____.
3. County agrees to purchase, and Contractor agrees to provide _____ (Core Service) to _____ (population to be served) at _____ (location service is to be provided). This service is described in Rule Manual Volume 7, Section 7.303.1 Select from dropdown, and, if appropriate, the State-approved County Core Service Plan.
4. County agrees to purchase, and the contractor agrees to furnish _____ units of _____ service at the cost of _____ per unit of service for a maximum amount of this contract of \$_____.
5. The parties agree that the Contractor's relationship with the county is that of an independent Contractor.
6. The parties agree that payment pursuant to this Contract is subject to and contingent upon the continuing availability of funds for the purpose thereof.
7. County agrees:
 - a) To determine child eligibility and, as appropriate, to provide information regarding rights to fair hearings.
 - b) To provide the Contractor with written prior authorization on a child or family basis for services to be purchased.
 - c) To provide the Contractor with referral information, including name and address of family, social, medical, and educational information as appropriate to the referral.
 - d) To monitor the provision of contracted service.
 - e) To pay the Contractor after receipt of billing statements for services rendered satisfactorily and in accordance with this Contract.
8. Contractor agrees:
 - a) Not to assign any provision of this Contract to a subcontractor.
 - b) Not to charge clients any fees related to services provided under this contract.
 - c) To hold the necessary license(s) which permits the performance of the service to be purchased, and/or to meet applicable Colorado Department of Human Services qualification requirements.
 - d) To comply with the requirements of the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 concerning discrimination on the basis of race, color, sex, age, religion, political beliefs, national origin, or handicap.
 - e) To provide the service described herein at a cost not greater than that charged to other persons in the same community.
 - f) **To submit a billing statement in a timely manner, no later than forty-five (45) days after services. Failure to do so may result in non-payment.**
 - g) To safeguard the information and confidentiality of the child and the child's family in accordance with the rules of the Colorado Department of Human Services and the County Department of Human/Social Services.
 - h) To provide County with reports on the provision of services as follows:
 - Within _____ weeks of enrollment/participation, submission of a treatment plan for the child/child's family with specific objectives and target dates. The treatment plan is subject to county approval.
 - At intervals of _____ months, from the time of enrollment/participation, submit reports that include progress and barriers in achieving provisions of the treatment plan.

- i) To provide access for any duly authorized representative of the County or the Colorado Department of Human Services until the expiration of five (5) years after the final payment under this Contract, involving transactions related to this Contract.
- j) Indemnify the County and the Colorado Department of Human Services from the action based upon or arising out of damage or injury, including death, to persons or property caused or sustained in connection with the performance of this contract or by conditions created thereby, or based upon any violation of any statute, regulation, and the defense of any such claims or actions.

9. In addition to the foregoing, the County and Contractor also agree:

10. Termination: Either party may terminate this Contract by thirty (30) days prior notification in writing.

11. All payments will be paid through the State’s approved automated system, as appropriate.

➤ Core Services Program expenditures will not be reimbursed when the expenditures may be reimbursed by some other source. (As set forth in Rule Manual Volume 7, at 7.414, B (12 CCR 2509-5).

ADDITIONAL PROVISIONS:

County Director’s Signature _____ Date _____

Contractor’s Signature _____ Date _____

Contractor’s Title _____

- Original to Contractor
- Copy to the Case File
- Copy to County Bookkeeping
- Copy to State Accounting
- Attach Core II Plan Documentation Here - if applicable

CORE SERVICES PLAN II (IF APPLICABLE)

Is your County submitting a Core Services Plan II? No

What is a Core Services Plan II?

Counties that were over-spent in their Core Allocation during the previous fiscal year, and wish to request additional funds beyond the current year allocation, have the option to complete a Core Services Plan II.

This Core Services Plan II should focus exclusively on outlining the additional or expanded services planned, contingent upon the availability of extra funding. If these funds are intended for a County Designed service or program not already detailed in the current Core Services Plan, supplemental information must be included.

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

1. Access the Core Services Plan II document via this [[LINK](#)] (Google Doc)
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)

***Funding for Core Services Plan II is not guaranteed. The Colorado Department of Human Services (CDHS) monitors the submission of each Core Services Plan II. Counties that submitted a plan and overspent in the previous State Fiscal Year (SFY) will be notified if funds become available, along with the approved portion of their Core Services Plan II. This notification typically occurs between September and December, after finance confirms the availability of funding.



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. If each question is not addressed, the Plan submitted may be denied until subsequent information is received.

** Volume 7 - Core Services Program begin at **7.303**

Service Name: **Quality Time Together: Family Time Program**

1. Is this an Evidence-Based Service ([Title IV-E Prevention Services Clearinghouse](#))? Select from dropdown If yes, what is the name of the EBS and rating? No
2. What Program Area(s) is the service available through (e.g. PA3, 4, 5, and/or 6)? Family Time can be used for Program areas 4, 5, or 6.
3. What is the name of the service or program? **7.303.1 Definitions** Quality Time Together: Family Time Program includes Monitored, Supervised, Therapeutic, Flex and Assessment.
4. Describe the service and components; define the goals of the program **7.303.11 Program Goals**

Monitored- Lowest level of supervision before completely unsupervised contact begins. It is appropriate when parents and children demonstrate safe interactions. Provide a range of oversight by the family time supervisor, which may include random pop-ins, scheduled check-ins, and/or partial supervision of sessions - either in person or virtually, depending on the needs of each family. In office monitoring occurs via video monitoring and random room pop-ins. Occur in 3-month increments at the Department's discretion. Services will be re-evaluated by the professional team every 30 days. Includes debriefing before and after sessions.

Supervised Family Time - Supervised family time provides a safe, child-friendly environment that allows parents to engage in contact with their children under supervision. These services are primarily used when

children have been placed out of the home due to abuse or neglect. This type of family time ensures the safety and confidentiality of the child by assisting in the transition between caregivers and the parent. A supervisor is always within earshot and visible to the child and parent during visits. Supervised family time can occur in office settings, community locations, or the home, depending on the agreement with the caseworker. During each session, the supervisor is responsible for maintaining the child's safety while also educating, mentoring, and training the parent. The goal is to encourage bonding and promote healthy parenting practices. Supervisors also serve as role models to support positive parent-child interactions. As a result of this support, parents may begin to make positive changes in how they interact with their children. If progress is demonstrated and agreed upon by the Department, supervised family time may transition to monitored family time. Supervised visits typically occur in three-month increments, based on the discretion of the Department. The professional team re-evaluates services every 30 days. Each session includes a debriefing before and after the visit.

Therapeutic Family Time- Therapeutic family time is not the same as family therapy. If parents and their children require ongoing family therapy, they should be referred to a licensed family therapist for that service. The goals of therapeutic family time are similar to those of supervised family time. These goals include parents demonstrating safe and effective parenting skills, showing stability and capability as caregivers, and building loving, healthy bonds with their children. The main difference between therapeutic family time and supervised family time is the person facilitating the visits. Therapeutic family time is facilitated by licensed or registered therapists. In situations where there are higher safety risks, therapists have the education and training needed to assess the situation, intervene appropriately, and report on the family's progress in maintaining safety. Therapists who supervise therapeutic family time may provide immediate, in-the-moment therapeutic support to create a positive and safe environment during visits. However, more in-depth therapeutic interventions—such as processing past trauma or developing long-term plans for family wellness—should take place in a confidential family therapy setting. It is important to note that one individual cannot serve as both the family therapist and the family time supervisor for the same family.

Flex and Make-Up Family Time - Flex and Make-Up Family Time exists to ensure that caregivers always know they can access time with their children, even if they have been removed from a regular schedule. The goal of this service is to maintain consistency in parent-child relationships and to reinforce that family time remains a priority, regardless of scheduling challenges. Flex Family Time sessions are available twice per week, with each session lasting two hours. One session is offered on a weekday evening and the other on a weekend. These sessions are available to parents who have been placed on Flex Status or when the Department has an urgent need to schedule a family time session within 72 hours. A parent is placed on Flex Status if they have a history of missing regularly scheduled family time visits. Once a parent is moved to Flex Status, the contractor will notify the QTT Family Time Group by email. After being notified, the parent is responsible for contacting the contractor directly to sign up for a Flex Family Time session. The parent must confirm attendance at least 24 hours in advance so that the contractor can arrange for the caregivers to bring the children. Flex Family Time sessions can accommodate two families at the same time, if the QTT supervisor determines that it is appropriate. If it is not appropriate for two families to attend at once, QTT will attempt to assign a second supervisor to support the session.

Family Time Assessment- The Family Time Assessment is designed to evaluate parenting abilities, identify strengths and needs, and assess any potential risks. The results of this assessment help determine the appropriate level of supervision, support, and education that should be provided to parents during family time. The assessment also includes recommendations regarding the frequency, duration, and location of

family time visits, as well as transportation needs. It consists of an intake process involving the parent or parents, the caregiver or caregivers, and the child or children when appropriate. The assessment includes a written report with recommendations and a phone staffing with the professional team to review and confirm the family time plan. The assessment includes two sessions, each lasting 90 minutes. Contact with both the parent and the caregiver will be made within 24 hours of receiving the referral. The final assessment and report will be completed within two weeks of receiving the Trails referral.

5. 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.

6. Is this service innovative and/or otherwise unavailable in this county? Yes, Quality Time Together (QTT)/ McLaughlin Counseling is our primary provider for these services and have designed the family time services to specifically meet Douglas County needs. Flex time and the family time assessment are unique programs developed by QTT at the request of Douglas County to meet the FFPSA rules around family time.

7. Who will provide the service? Is a new Trails service detail necessary or is the service detail already in Trails? **7.303.12 Access:** Family Time should be the TRAILS option not family visitation. There is not currently a Flex option or an Assessment option for family time in TRAILS.

8. Define the eligible population to be served. **7.303.13 Program Eligibility:** Any family/caregiver within an active case that requires family time supervision regardless of court involvement.

9. Define the time frame of the service. **7.303.15 Service Time Frames:** The services continue until there are no longer safety concerns regarding unsupervised contact between the child and the caregiver or until alternative kin or kin like supervision is secured.

10. Define the workload standard for the program. **7.303.16 Workload Standards:** QTT family time staff have a varying workload depending on part-time or full-time status and can range between 5-12 families.
11. Define the staff qualifications for the service (e.g., Social Caseworker I/III or equivalent in rule). Monitored and supervised staff are required to possess a bachelor's degree in a Human Services related field with one year of experience and are eligible to provide services. Therapeutic level supervisors are required to possess a master's degree in a Human Service-related field with one year of experience.
12. Which performance indicators will be achieved by the service? **7.303.17 Performance Indicators.** Performance indicators include peer and family conflict management, advocacy, focused listening, action-planning, and coping with change.
13. What is the rate of payment (e.g., \$100.00 per session/episode).
Monitored- \$50-\$75 per hour
Supervised- \$100-\$120 per hour
Therapeutic- \$120-\$150 per hour
Flex/Make Up- \$150 per hour
Family Assessment - \$1,100 per episode/evaluation
14. 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? What is the process the county will follow to work with their local Regional Accountability Entity (RAE) and/or the Behavioral Health Administration (BHA) to address coverage needs in the area? No, Core or self-pay are the only options for this service type.

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	Yes	Yes	Yes	Yes
Sexual Abuse Treatment	Yes	Yes	Yes	Yes
Day Treatment	Yes	Yes	Yes	Yes
Life Skills	Yes	Yes	Yes	Yes
SEA - (Special Economic Assistance)	Yes	Yes	Yes	Yes
Aftercare Services	Yes	Yes	Yes	Yes
Mental Health Services	Yes	Yes	Yes	Yes
Substance Abuse Treatment	Yes	Yes	Yes	Yes
County-Designed Service (Optional)	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.

Position	Total Number of FTEs	Program Area
Total number of county staff funded through Core:		

CORE SERVICES PROGRAM

OVERHEAD/PROGRAM ADMINISTRATION COST for CORE SERVICES STAFF

*****OPTIONAL PAGE - ONLY USE IF YOUR COUNTY WISHES TO CLAIM OVERHEAD/PROGRAM ADMINISTRATION COSTS*****

1. DIRECT SERVICE

- a. Total Core Services salary/Fringe/Travel/Operating Costs of Line Core Service Workers and their Immediate Supervisors _____
- b. Formula Percentage Allowed for Overhead/Program Administration Costs 8%
- c. Provided Service Overhead/Program Administration Costs (A X B)

2. PURCHASED SERVICE

- a. Purchased Service Dollar Amount _____
- b. Formula Percentage Allowed for Overhead/Program Administration Costs _____ \$0 - 50,000 = 5%; \$50,001 -100,000 = 4.9%
- c. For each \$50,000 (in total expenditure) increase, the Overhead/Program Administration decreases by .1 %.
- d. Allowed Amount for Overhead/Program Administration Costs (A X B)

- e. Base Overhead/Program Administration Cost Allowed \$500.00_____
- f. Purchased Service Overhead/Program Administration Costs (C + D)

3. TOTAL OVERHEAD? PROGRAM ADMINISTRATION COSTS (1C + 2F) _____

Formula to determine overhead/program administration cost by service:

Step 1: Total provided service cost (by service) x 8% = provided service overhead/program administration cost

Step 2: Total purchased service cost (by service) x % listed in 2B = Y, \$500 divided by number of purchased service = Z, then Y + Z = overhead/program administration cost

Step 3: Provided service overhead/program administration cost plus purchased service overhead cost equals total overhead/program administration cost

COMBINED BUDGET / CORE SERVICES PROGRAM

County(ies):			
CFMS Function Code (N/A if not applicable):	Service Name:	80/20 Allocation Percentage	100% Allocation Percentage
	Home-Based Intervention	5%	5%
	Intensive Family Therapy	5%	5%
	Sexual Abuse Treatment	10%	10%
	Day Treatment	1%	1%
	Life Skills	10%	10%
	Substance Abuse Treatment	5%	5%
	SEA - (Special Economic Assistance)	5%	5%
	Aftercare Services	5%	5%
	Mental Health Services	10%	10%
N/A	County-Designed Service (Optional)	44%	44%
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. [Core Contract Mandatory Language Example](#) (Google Doc)
2. [Example SFY 2026-2027 Core Services Plan](#) (Google Doc)
3. [SYF 2026-2027 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](#) (PDF)