ADAMS COUNTY, COLORADO
FIRST ADDENDUM TO
SERVICE AGREEMENT DEVELOPMENTAL DISABILITY CONSULTANTS 2014.137.020

THIS FIRST ADDENDUM TO SERVICE AGREEMENT ("First Addendum") is entered into this 21st day of October, 2014, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams County Parkway, Brighton, CO 80601, hereinafter referred to as the "County," acting in its capacity as the Adams County Board of Human Services, and Developmental Disability Consultants, PC, located at 1211 South Parker Road, Suite 200, Denver, CO 80231, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2013, the County entered into a Service Agreement with Developmental Disability Consultants, Inc., to provide Home Based, Mental Health and Life Skills services for Developmentally Disabled Clients for families referred by Adams County Human Services Department (ACHSD) pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the term of the Agreement expired on May 31, 2014, and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement beginning June 1, 2014 through May 31, 2015, and,

WHEREAS, the Contractor agrees to perform Home Based, Mental Health and Life Skills services for Developmentally Disabled Clients described in the 2014.073 Request for Application for Core Services referred by ACHSD.

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

1. The County shall reimburse the Contractor for the work provided under this First Addendum in accordance with **Section IV of the Service Agreement**. Beginning June 1, 2014 through May 31, 2015, Adams County will pay Developmental Disability Consultants, PC, a sum not to exceed fifty thousand dollars ($50,000.00). Contractor will provide the various services at the rates quoted in their response in the Request for Application attached as Exhibit "A".

2. The term of the Service Agreement is extended through May 31, 2015.

3. The Service Agreement and this First Addendum contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by this First Addendum shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this First Addendum, the terms, conditions, and provisions of this First Addendum shall control.

4. The Recitals contained in this First Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.

5. This First Addendum may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.

6. Nothing expressed or implied in this First Addendum is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim under or by reason of this First Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this First Addendum by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.

7. If any provision of this First Addendum is determined to be unenforceable or invalid for any reason, the remainder of the First Addendum shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.

8. Each party represents and warrants that it has the power and ability to enter into this First Addendum, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO

Chairman

October 21, 2014
Date

ATTEST:
KAREN LONG
CLERK AND RECORDER

Deputy Clerk

Approved as to form:

Adams County Attorney's Office

DEVELOPMENTAL DISABILITY CONSULTANTS

~~Steven Ramirez, CEO~~ PAUL A. SPRAGG

10-9-2014
Date

Signed and sworn to before me on this 9th day of October, 2014 by Paul A. Spragg only.

Notary Public
My commission expires on: 4-8-18

MARLENE ROMERO
Notary Public
State of Colorado
Notary ID 20104012463
My Commission Expires Apr 8, 2018

CONTRACTOR'S CERTIFICATION OF COMPLIANCE

Pursuant to Colorado Revised Statute, § 8-17.5-101, et.seq., as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, et. seq. in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

_____ _____

Company Name Date

_____

Name (Print or Type)

_____

Signature

_____

Title

Note: Registration for the E-Verify Program can be completed at: https://www.vis-dhs.com\employerregistration. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering

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APPLICATION FORM
ADAMS COUNTY HUMAN SERVICES
2013.073 REQUEST FOR APPLICATION FOR
CORE SERIVCES
Page 1 0f 2

WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # 1 Addenda #_____

If None, Please write NONE.

Developmental Disability Consultants	4-10-13
Company Name	Date
1211 So. Parker Rd Ste. 200	Paul A Sprague
Address	Signature
Denver, CO 80231	PAUL A. SPRAGUE
City, State, Zip Code	Printed Name
DENVER	President
County	Title
303-337-2210	psprags@ddconsultants.org
Telephone	Fax or Email address

Attachment 1

Chris Kline
DIRECTOR
Darwin J. Cox, MSW
DIVISION DIRECTOR

ADAMS COUNTY
COLORADO

Human Services Department
Children and Family Services Division
7401 North Broadway
Denver, Colorado 80221
PHONE 303.412.8121
FAX 303.412.5335
www.adcogov.org

Core Service Application Form
page 2 or2

(Please Print or Type)

Agency Name: Developmental Disability Consultants, PC

Type (LLC/Sole Prop/etc.): Corporation

Address: 1211 South Parker Road, Ste. 200

City: Denver State: CO Zip: 80231

Telephone Number: 303-337-2210 Fax Number: 303-337-4147

Website: www.ddconsultants.org Email Address: pspragg@ddconsultants.org

Contact Person for the Application: Dr. Paul Spragg

Title: President & CEO Phone: 303-337-2210 Email : pspragg@ddconsultants.org

Executive Director, CEO, or Owner: Dr. Paul Spragg

Title: President & CEO Phone: 303-337-2210 Email : pspragg@ddconsultants.org

A. Agency Information

1. Provide a brief description of your agency, and / or organization including total staff size, number of years in operations, mission and history.

   Established in 1993, DDC was the first privately held mental health group in the Rocky Mountain region established solely for the purpose of serving persons with cognitive and intellectual disabilities (including persons with developmental disabilities, autism spectrum disorders and acquired brain injury). As generic and community-based services became more available for persons with developmental disabilities, DDC began to interface increasingly with schools, mental health agencies, and departments of human services (DHS). Along the way, DDC developed pioneering programs and services in such diverse areas as parenting assessment and training, forensic interviewing of victims with disabilities, original

evaluation protocols for persons with co-existing cognitive and psychiatric disabilities, development of sex offense-specific evaluation and treatment services for offenders with disabilities, and the provision of multidisciplinary, fully integrated home-based behavioral health services for families in crisis.

The stated mission of the firm is ***"to make available quality mental health services, skills training, and family support to children and adults with disabilities, so that they may participate in their communities to the fullest extent possible."*** DDC specializes in the full range of emotional-behavioral disorders, ranging from individuals with co-existing neurodevelopmental and psychiatric disorders to consumers with communication-based and other functional behavior problems (such as self-injury). The range of interests of our clinical staff is diverse, and includes explosive aggression and other extremely challenging behaviors; trauma and internalizing disorders such as anxiety and depression in persons with intellectual disabilities; abuse and neglect of children with disabilities; and assessment and training of parenting skills for persons with and without intellectual disabilities.

In addition to Dr. Spragg, a licensed psychologist and board-certified behavior analyst (BCBA-D), DDC currently employs a complement of three to four full time licensed clinicians and three full time specialists in the areas of skills training, family support/parent education, and behavior support. In addition, DDC maintains a cadre of independent contractors. The orientation of our clinical staff is primarily behavioral and cognitive-behavioral, although other evidence-based strategies are also employed.

DDC is perhaps best known among the Denver-metro county human service departments for its intensive, home-based services program. Some years ago, DDC became the first agency in Colorado to develop and implement a collaborative, interdisciplinary model of intensive, home-based behavioral health services for families having a child(ren) with a disability at risk for out-of-home placement. Our model emphasized a highly individualized, coordinated team approach to families in crisis and provided an alternative to prevailing, multi-agency, insulated, compartmentalized interventions. The program offered services by providers in various behavioral health disciplines which were integrated and coordinated under one roof, adapted and modified to take into account the cognitive limitations of our clients, the unique ways in which symptoms may be expressed by this population, and the importance of community supports to effect lasting change. Although DDC does not focus exclusively on delinquent youth, our intensive home- and community-based program mirrors the essential elements of approaches such as multisystemic and functional family therapy (FFT), and is characterized by a similar stage process: utilizing cognitive behavior and

reinforcement techniques and our knowledge of available community supports and services to engage and motivate families; teaching parents and providers (evidence-based) behavioral strategies to effect change, and stressing the importance of maintenance and generalization of behavior change across a variety of community settings. DDC's home-based approach to family preservation is recognized as a model of efficiency and effectiveness and has been widely replicated throughout the Denver metro area.

Each family referred to DDC is assigned a primary clinician or consultant, our clinical team – psychologists, psychotherapists, family specialists, and behavior analysts - collaborate with each other to insure a broad perspective on all individuals presenting with emotional-behavioral challenges. DDC's behavior analysts are cross-trained in recognizing and treating psychiatric disorders and are experienced in providing behavior support across a wide range of diverse clinical populations. Likewise, our psychotherapists and family specialists are cross-trained in applied behavior analysis. We believe these characteristics of our practice to be an especially important aspect of working with individuals with disabilities who present with behavior challenges in the context of a psychiatric disorder ("dual diagnosis"), acquired brain injury, or autism spectrum disorder.

2. Detail previous contracts with Adams County Human Services Department and / or other government agencies and describe your ability to effectively manage these programs.

Our previous work for the Adams Co. DHS has been in the nature of single case agreements (e.g., parenting assessments, case consults) and interfacing with various DHS personnel through our ongoing relationship with North Metro Community Services for the Developmentally Disabled. DDC currently maintains contracts with all other Metro area DHSs, going back more than 10 years. Our ability to manage these programs and services is perhaps best reflected by the fact that all our contracts are being renewed for the coming fiscal year. However, it is our knowledge of the Developmental Disability system in Colorado that permits us to navigate and secure services and supports in the most effective way possible for our clients. In addition, we have working relationships with generic agencies such as Community Reach, the Brighton Regional Office of the Public Defender, the ARC of Adams County, and Behavioral Healthcare, Inc. (the Medicaid managed care BHO for Adams County).

B. Programs / Services to be provided, in the context of this RFA

1. In the specific service area your agency is proposing, what are the key concepts and strategies for program/services to be provided?

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Key concepts are rooted in respect for the dignity and worth of all persons, with services provided primarily (but not exclusively) within the framework of behavioral and cognitive-behavioral models. DDC recognizes the potential inherent in all persons, regardless of ability level, and seeks to help our clients maximize that potential. We recognize the importance of individualized, person-centered services, which we define as (1) being based on objective, functional assessment strategies to help identify the most promising treatment options and to facilitate monitoring of treatment efficacy; (2) encouraging the participation of the individual and family in developing all aspects of the family service plan, including the opportunity to make informed choices from a range of options; (3) utilizing positive, multifaceted, evidence-based practices adapted to the needs of persons with disabilities; and (4) striving to achieve meaningful and ecologically valid outcomes. Because our clients tend not to be self-referred (and are often court-ordered to treatment) DDC has over the years developed a number of strategies to engage clients and to promote and maintain motivation for participation and follow-through. These include clarifying expectations through the use of behavioral treatment contracts; adapting information delivery to the information processing capabilities of our clients; use of positive reinforcement for treatment compliance and participation, and incorporating applicable motivational interviewing strategies as appropriate.

2. Service area applying for: (Select all that apply)

		Requested Amount per Service
X	Home-Based Interventions	$ 900/1800/2500 *
X	Intensive Family Therapy	$ 90/hr
X	Sexual Abuse Treatment	$ 90/hr
	Day Treatment	$
X	Life Skills	$30-/hr group $55/hr ind
X	Mental Health Services	$ 110/hr
	Substance Abuse Services	$
X	Family Team Meetings	$ 50/hr
	Total Application Request	$ 50,000

Pricing must be submitted based on an hourly or monthly rate for each service.

Based on level of intensity of service by hours per week

3. In the specific service area, provide a detailed narrative on how this service will address the five Core Services goals of:

   a) Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child:

DDC was one of the first programs to organize its clinical model around behavioral, cognitive-behavioral, and psycho-educational, evidence-based strategies. The behavioral approach is a strength-based model which focuses on enhancing existing skill repertoires while developing new skills sets. DDC's ability to maintain a strong presence in the home while teaching and modeling appropriate parenting practices services complements the mental health aspects of intervention and serves to promote safe and effective parenting.

b) Prevent out-of-home placement:

DDC's intensive, home-based family preservation program is designed to achieve immediate stabilization of families in crisis, provide support while interrupting the cycle of abuse, neglect and/or parent ineffectiveness; and through a strength-based model, equip the family with the strategies and skills needed to prevent out of home placement.

c) Return children in placement to their own home:

Children with disabilities frequently experience considerable difficulty with transitions, and treatment gains in one setting often fail to generalize to another setting without considerable preparation and planning. DDC specializes in functional assessment of parenting competencies of parents with developmental disabilities (as identified in the professional literature), assessment of parent-child interactions, the evaluation of the emotional and behavioral status of the child post-placement, and in transition planning for the child and family so that treatment gains are transferred, maintained and generalized to the home.

d) Unite children with their permanent families:

See Above.

e) Provide services that protect the child:

All staff are trained in reporting responsibilities. Priority is given to assessing risk factors and crisis intervention plans, monitoring the home environment, educating parents in safety awareness and abuse-prevention strategies, and equipping both parent and child with coping and anger management skills. DDC's intensive home-based approach permits ongoing monitoring of the home environment and parenting practices. All ongoing cases are staffed on a weekly basis. In addition, all non-licensed staff receive weekly supervision with regard to ongoing treatment issues, including emergent problems potentially increasing the likelihood of abuse or neglect.

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4. Do you have experience working in the Child Welfare System, particularly with traumatized children and families? Please describe your agency's approach to trauma informed care within your practice.

Since its inception nearly 20 years ago, DDC has been involved in providing services to Colorado's Child Welfare system and in 2003 we concluded the first of several contractual agreements with various county departments of human services (DHSs). Our work for the DHSs included extensive work with traumatized individuals and their families, as people with developmental disabilities (parents as well as children) have among the highest rates of abuse, neglect and disrupted attachments of any population. Our staff are certainly sensitive to this. We believe it is important for mental health personnel working in child-serving systems to make every effort in their treatment efforts to avoid inflicting secondary trauma that may re-traumatize a child, parent or family. At the same time, we also recognize that the effects of stress and trauma are uniquely expressed in the DD population, due to the complex interplay of genetics, environmental stressors, comprised neurological function, diminished adaptive/coping skills and social learning history. We are mindful that because of the high rates of abuse with this population, some well-intended clinicians are quick to attribute certain symptoms to trauma without proper consideration of these other variables. The importance of accurate diagnosis of trauma-related behavior cannot be understated, because inaccurate diagnosis can lead to interventions which may be ineffective, and possibly counter-productive. Considerable training and experience is often required to sort these issues out. As a licensed behavioral psychologist specializing in this field for over 25 years, I can also attest to the fact that there is unfortunately still relatively little research demonstrating the efficacy of cognitive-behavioral approaches to trauma work in persons with developmental disabilities. Our staff are realistic in recognizing that not all persons with intellectual disabilities are good candidates for even evidence-based psychotherapy models, and that most behavioral health interventions and treatment models must be modified to adapt to the needs of persons with cognitive limitations. Because certain types of work are by nature long-term (e.g., trauma work) DDC is also mindful that without proper planning, even the most well-thought out service plans may be abruptly short-circuited by fiscal constraints. For example, intensive home services are by design relatively short term and crisis oriented, and longer term goals are often not practical and divert from the immediate needs of the family. Therefore, we are cautious about taking on any cases where trauma resolution is the focus of treatment without careful consideration of post-termination aftercare treatment. Without such a provision, re-traumatization is a real possibility, especially for vulnerable populations. Fortunately, in many cases we have been able to continue our work with traumatized

individuals through our individually negotiated Medicaid contracts following discontinuation of home-based services.

5. Describe how you will be multi-culturally responsive and how you plan to provide services that meet the social, cultural and language needs of clients involved in the Child Welfare System.

DDC's client base is approximately 35-40% Hispanic, and has a long history of providing effective services to bilingual clients. All clinicians have graduate level training and/or experience in providing services to culturally-different populations. Unfortunately, DDC is not large enough to be competitive in its attempts to recruit and maintain bilingual clinical staff for our non-English speaking clients. We have found that reliance on translators is limiting in terms of providing effective mental health treatment, especially in crisis situations (common with our clients) in which this service may not be immediately available. For this reason, we require at least one family member be bilingual before we can recommend our services.

C. Collaboration

Providing services for Child Welfare clients involves the ability to advocate and collaborate on behalf of the clients you serve and yourself. This includes collaboration with ACHSD, community-based organizations and other government entities.

1. How do you plan to coordinate services and reporting with Child Welfare Social Case Workers?

Each client referred to DDC is assigned a primary provider, who is also the client's clinical care coordinator, case manager, and the single point of contact for the client's DDC treatment team. DDC provides routine, monthly progress reports to our DHS case workers, and participates in client staffings on a regular basis. DDC staff is also accessible by individual land-line extensions, cell phone, and e-mail.

2. Will you provide other supportive services through collaborative agreements with other programs/providers? If so, define these services:

One advantage of DDC services is that many different types of services are provided and coordinated under one umbrella. Coordination of care with caseworkers, primary care physicians, prescribing psychiatrists and other involved professionals is emphasized in our policies and procedures. Because of the nature of the families' intensive needs, many of our clients require multiple services, e.g., psychotherapeutic, psycho-educational, applied behavior analysis, and skills training. Because our clients tend to be easily overwhelmed by involvement with multiple providers and/or agencies, we ordinarily prefer to provide and coordinate these services ourselves, which also facilities treatment planning, coordination and communication. However, in those situations in which other providers outside our group are involved, DDC places a premium on

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E. Target Population

1. Which, if any, Adams County area/neighborhoods do you see as your targeted clientele?

   Developmental disabilities exist in all neighborhoods and DCC is a regional provider, serving the greater metropolitan area and along the front range from Pueblo to Ft. Collins. Our catchment area for home-based family preservation services is bounded roughly by Brighton on the north end of Adams County, per our Medicaid home-based services

F. Availability

Please indicate the hours your services can be provided:

[X] Monday – Friday 8:00 a.m. to 5:00 p.m.

[X] Evenings Days As needed Hours _____

[X] Weekends Days As needed Hours _____

[ ] Other:

Can services be provided in the client's home? [X] YES [ ] NO

Can you transport a client for services? [ ] YES [X] NO

G. Services Outcomes

Please provide the following data for clients who have received your services:

1. Average length of stay in treatment: Median LOS for home-based services is approximately 4-6 months

2. How do you define "successful" treatment in your program?

   On a macro level, successful treatment in our family preservation program is defined as maintaining/returning the child to the family home. Clinically, success is defined as a planned termination or discharge following successful attainment of medically necessary, socially valid measureable treatment goals as specified in the treatment plan, or agreement between provider and client that services are no longer necessary.

3. What percentage of clients successfully discharged within the last 12 months from your program? Estimate 80-85%

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H. Sustainability

1. ACHSD does not guarantee a specific number of case referrals and contracts may be terminated at any time. ACHSD values continuity and sustainability of care for clients involved in the child welfare system and desires providers who adopt sustainable business practices to promote fiscal and programmatic efficiencies. Do you receive referrals from other County Department of Human Services Agencies, Court, etc.? If so, please list:

Denver Co. DHS	Jefferson Co. DHS
Arapahoe Co. DHS	Douglas Co. DHS
Denver Health	
All metro area district courts	All metro area community centered boards
Children's Hospital	University Hospital /JFK Partners
Denver Health	Kempe Center

2. Are you a Medicaid provider? [X] Yes [ ] No