

ADAMS COUNTY, COLORADO
SECOND ADDENDUM TO
SERVICE AGREEMENT

THIS SECOND ADDENDUM TO SERVICE AGREEMENT ("Second Addendum") is entered into this 5th day of August, 2013, 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 Family Advocacy, Care, Education and Support, located 1325 S Colorado Blvd # 509 Denver, CO 80222, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2011, the County entered into a Service Agreement with Family Advocacy, Care, Education and Support to provide Intensive Family Therapy to 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, 2013, and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement beginning June 1, 2013 through May 31, 2014, and,

WHEREAS, the Contractor agrees to perform the Home Based Intervention Services and the Intensive Family Therapy to families referred by Adams County Human Services Department described in the 2013.073 Request for Application for Core Services, and,

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 Second Addendum in accordance with **Section IV of the Service Agreement**. Beginning June 1, 2013 through May 31, 2014, Adams County will pay Family Advocacy, Care, Education and Support a sum not to exceed \$30,000.00. The monthly rate quoted in the Request for Application is \$70.00 per hour.
2. The term of the Service Agreement is extended through May 31, 2014.
3. The Service Agreement and this Second 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 Second 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 Second Addendum, the terms, conditions, and provisions of this Second Addendum shall control.
4. The Recitals contained in this Second Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.

5. This Second 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 Second 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 Second Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this Second 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 Second Addendum is determined to be unenforceable or invalid for any reason, the remainder of the Second 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 Second 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

[Signature]
Chair

8-5-13
Date

ATTEST:
KAREN LONG
CLERK AND RECORDER

[Signature]
Deputy Clerk



Approved as to form:
[Signature]
Adams County Attorney's Office

FAMILY ADVOCACY, CARE, EDUCATION AND SUPPORT

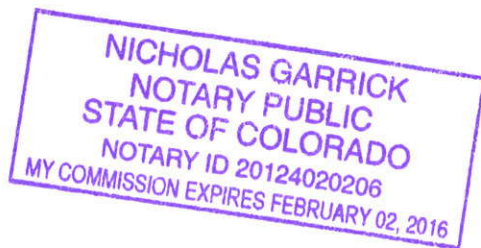
[Signature]
Deborah Judish, Executive Director

6-26-13
Date

Signed and sworn to before me on this 26 day of June, 2013 by

Deborah Judish

Notary Public
My commission expires on: [Signature]



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:

Family Advocacy, Care, Education,
Company Name Support 6-27-13
Date

Deborah Judish
Name (Print or Type)

Deborah Judish
Signature

Executive Director
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



ADAMS COUNTY
COLORADO

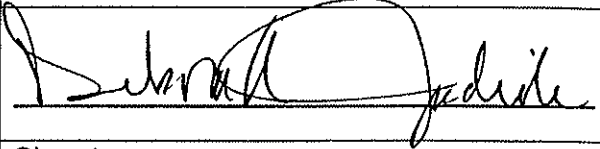
APPLICATION FORM
ADAMS COUNTY HUMAN SERVICES
2013.073 REQUEST FOR APPLICATION FOR
CORE SERVICES

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WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # 1 Addenda # _____

If None, Please write NONE.

<u>FACES – Family Advocacy, Care, Education, Support</u>	<u>4/9/13</u>
Company Name	Date
<u>1325 S. Colorado Blvd. Suite B-509</u>	<u></u>
Address	Signature
<u>Denver, Co 80222</u>	<u>Deborah A. Judish</u>
City, State, Zip Code	Printed Name
<u>Denver</u>	<u>Executive Director</u>
County	Title
<u>720-570-9333</u>	<u>720-570-9339 (fax); djudish@facesonline.org</u>
Telephone	Fax or Email address

Chris Kline
DIRECTOR
Darwin J. Cox, MSW
DIVISION DIRECTOR



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 of 2

(Please Print or Type)

Agency Name: Family Advocacy, Care, Education, Support - FACES

Type (LLC/Sole Prop/etc.): 501c3 Corporation

Address: 1325 S. Colorado Blvd. Suite B-509

City: Denver State: Co. Zip: 80222

Telephone Number: 720-570-9333 Fax Number: 720-570-9339

Website: www.facesonline.org Email Address: djudish@facesonline.org

Contact Person for the Application: Debbie Hart, MA

Title: Program Director Phone: 720-570-9333 ext.15 Email: dhart@facesonline.org

Executive Director, CEO, or Owner: Debora Judish

Title: Executive Director Phone: 720-570-9333 ext.20 Email: djudish@facesonline.org

A. Agency Information

1. Provide a brief description of your agency and/or organization including total staff size, number of years in operation, mission and history. Family Advocacy, Care, Education, Support (FACES) has served vulnerable children and families living in the greater metro Denver area for 39 years. The mission of FACES is to prevent child abuse, neglect and family violence. FACES was incorporated in 1974 to provide volunteer support services to families in the Denver Department of Social Services. In 1983, the program moved out of the Department and its purpose was redefined to provide home visitation services and site-based parenting classes for the prevention of child abuse and neglect – utilizing trained volunteer visitors. In 2000, in response to client needs, community requests and incorporating current research, the program evolved into home-based therapeutic counseling, parenting education and case management services; as well as, community-based parenting classes provided exclusively by masters level therapists (staff and interns). In 2012, FACES transitioned the staff to licensed, masters-level clinicians to fully access Medicaid behavioral health funding. Currently FACES employs three administrative staff, one office manager, four full time therapists, and supervises and utilizes 3-4 Denver University masters-level social work interns.



2. Detail previous contracts with Adams County Human Services Department and / or other government agencies and describe your ability to effectively manage these programs. FACES has been an Adams County Core Services provider for four (4) years. The contract is managed and supervised by the Master's level Program Director who has been at FACES for sixteen (16) years. FACES is also a Core Service provider for Denver County for nine (9) years and for Jefferson County for nine (9) years. FACES is a provider of services through an Arvada Community Development Grant and provided services to Arapahoe County through a Community Development Block Grant through 2011 (at which time their focus changed solely to housing). FACES was a provider for the Denver TANF Program for over eleven (11) years until 2012 when their funding was cut. FACES has effectively managed these contracts with successful program outcomes that are tracked on a yearly basis.

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? FACES goals are:

FACES Home Visitation Program includes the following strategies that incorporate the *Strengthening Families Framework* and *Safe, Stable and Nurturing Relationships* principles and are linked directly to FACES goals, objectives and outcomes:

a) **Family Assessment and Treatment Plan** - A comprehensive bio-psycho-social assessment is completed that addresses the context of the home, extended family system, significant support systems, and the community. This information along with the department's history of the case and the identification of needed services is synthesized into an assessment of overall functioning and forms the basis for the mutually developed parental treatment plan.

b) **Mental Health Counseling** – Family counselors provide individual, couple or family counseling. In the context of the identified child protection concerns, FACES addresses past and present trauma (PTSD), anxiety, depression, other mental illnesses, family of origin issues, the effects of domestic violence, as well as interpersonal skills of anger management, conflict resolution, problem-solving skills, communication, social skills and stress reduction techniques. FACES Counselors are trained in and use the following interventions: Systems Theory, Cognitive Behavioral Therapy, Motivational Interviewing, Trauma Informed Treatments, and Solution-Focused Therapy.

c) **Parenting Education** – Parenting education is repeatedly cited as a strategy most likely to prevent child abuse and neglect. FACES parent education is woven throughout the Mental Health Counseling. Through a summary of research, theory, and practice put forth by scientists, researchers, clinicians and practitioners in the field of abuse and neglect, FACES parent education focuses on the following five major constructs highly correlated with the prevention of child abuse and neglect : 1) Age-Appropriate Expectations, 2) Empathetic awareness of children's needs, 3) Understanding of the effects of Corporal Punishment on children, 4) Appropriate Parent-Child roles; and 5) Nurturance of children's age-appropriate power and independence. Parental resiliency is strengthened by developing stress management techniques and effective ways of communicating.

d) **Case Management** – The positive and collaborative relationship between FACES and the Adams County Case manager is a vital component of successful prevention and intervention work. FACES Family Counselors collaborate with other professionals involved in the case (CASA'S, GAL'S, TDM's, etc). When necessary, FACES provides a continuity of care by working with involved community providers (Physicians, Nurses, Teachers, Schools, Day Care Centers and other Mental Health Providers, including Substance Abuse Providers, etc.). Family Counselors assist parents in accessing concrete services by providing information and linkage with appropriate resources and referrals. They assist families in building supportive relationships with family, friends and community supports.



e) **Child-Focused Interventions** – Individual child-focused therapy for children may be warranted due to issues related to neglect and abuse, exposure to domestic violence, and/or invasive medical treatment. These experiences may have affected children’s social and emotional development and often manifested in behavioral issues in the home and/or at school. Other psycho-educational interventions include assisting parents in the use of developmentally-appropriate activities and play that stimulates brain development.

f) **Child Developmental Assessments** – Separate developmental screens are completed on children under the age of four that may be displaying delays. The Infant Child Monitoring Questionnaire assesses speech, cognitive, gross motor, fine motor, and social-emotional development. The Ages and Stages Questionnaire: Social-Emotional identifies social and emotional problems in infants, toddlers and young children.

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

Requested Amount per Service

<input checked="" type="checkbox"/>	Home-Based Interventions	\$70.00 per hour
<input checked="" type="checkbox"/>	Intensive Family Therapy	\$70.00 per hour
<input checked="" type="checkbox"/>	Sexual Abuse Treatment	\$70.00 per hour
<input type="checkbox"/>	Day Treatment	\$
<input type="checkbox"/>	Life Skills	\$
<input checked="" type="checkbox"/>	Mental Health Services	\$70.00 per hour
<input type="checkbox"/>	Substance Abuse Services	\$
<input type="checkbox"/>	Family Team Meetings	\$
Total Application Request		\$45,000

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

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: The comprehensive bio-psycho-social assessment the FACES counselor conducts, provides the family counselor the self identified, department identified and clinician identified strengths of the individual and the family system. These strengths provide the starting point for services and form the basis for prioritizing the treatment goals that will strengthen the parent-child relationship and the family system. FACES home-based program addresses many of the families’ transportation barriers. Intensive Family therapy relies on the research which indicates the high degree of commitment to change individuals have in a stressful situation (department involvement) and focuses on the power of the system in creating protective changes.

b) Prevent out-of-home placement: Many families are not abusing their children but have heightened risk factors related to child abuse and neglect which have brought them to the department’s attention. FACES Home-Based services are an effective preventative intervention in working with families in their milieu where parental beliefs and practices are best observed and discussed. Home-Based services also address issues threatening the stability of the family (e.g. social isolation, employment, housing, etc.). Intensive Family Therapy addresses the reciprocal nature of problematic parent-child interactions. Mental Health Services delivered by the FACES Counselor address parental mental and emotional issues and child mental, emotional, behavioral and school issues.

c) Return children in placement to their own home: Parents who do not have their children living with them require one-on-one services to address the issues that led to the out-of-home placement.

Through Parent Education, the FACES Counselor individually tailors services that focus on developing a safe and secure environment, nurturing and attachment, positive parent (care-giver) - child relationships, positive parenting tools and an increased knowledge of child development. Through FACES Mental Health Services, individuals or couples receive counseling that addresses the complicating factors of mental health issues and domestic violence that often affect the parent(s) ability to integrate and implement new, positive parenting practices. FACES provides collaborative case coordination for individuals dealing with substance abuse problems. FACES offers Child –Centered Counseling for children living in kinship and foster homes that have trauma histories.

d) Unite children with their permanent families: For children who are not returned to their bio-family, FACES offers Home-Based Parent Education to address the unique parental issues related to this reality; Family Counseling to support the permanent family in the integration and adjustment of the new family unit; and Child-Centered Counseling to assist children with the variety of emotions related to their grief, loss and adjustment.

e) Provide services that protect the child: FACES mission for 39 years has been the prevention of child abuse and neglect. The protection of children is best addressed within the context of the child’s primary caregiver relationship (parent, foster, or kinship). FACES interventions focus on protecting children by: 1) developing and supporting a physically and psychologically safe environment, 2) increasing the degree of predictability and consistency in the environment, and 3) supporting, developing and increasing the caregiver’s ability to sensitively respond to and meet the needs of their children.

4. Do you have experience working in the Child Welfare System, particularly with traumatized children and families? Yes. FACES has been a Core Services Provider in the Greater Denver Metro area for the past 9 years. In 2012, twenty-six percent (26%) of families referred to FACES had a prior incident of child maltreatment. Sixty-five percent (65%) of individuals completing post-tests identified themselves as having been physically or sexually abused either within or outside of their family. As a Medicaid provider, FACES diagnoses anxiety, depressive, adjustment, bipolar, personality, and post-traumatic stress disorders often highly correlated with trauma histories.

Please describe your agency’s approach to trauma informed care within your practice.

FACES draws from Bruce Perry’s neurodevelopmentally-informed approach to therapeutic work with maltreated and traumatized children. After collecting a thorough history, the FACES Counselor identifies key systems in the brain which may have been impacted by adverse developmental experiences. This informs the selection of and sequence of therapeutic, enrichment, and educational activities. These interventions include somatosensory activities, play and art therapies, and cognitive-behavioral treatment.

In the summer of 2013, FACES Program Director will be trained in the evidence-based Child Parent Psychotherapy (CPP). She will then be capable of training the FACES Counselors in the program. CPP is a treatment for trauma-exposed children aged 0-5. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child’s mental health (California Evidence-Based Clearinghouse).

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. In 2012,

FACES Home Visitation Program provided services to a very diverse population where the majority of clients were female, single parents (71%) and people of color (72%). In addition, FACES served kinship-care families, two parent families, gay and lesbian families, single father families, and foster families. Ninety-one percent (91%) of the families are living below the federal poverty guidelines and 82% are living on less than \$15,000 per year. Throughout each year, FACES Family Counselors have the opportunity to attend diversity trainings and multicultural forums at Denver University's School of Social Work. Unfortunately at this time, FACES does not employ a bi-lingual Spanish speaking counselor.

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?

FACES Program Director contacts the case worker upon the receipt of a referral to determine appropriateness and availability of services. The case is assigned within 2 business days. The FACES Counselor keeps the case worker informed if there are delays in reaching the family and scheduling a first visit. As needed, the counselor communicates with the case worker through phone calls, emails, and team decision meetings. Monthly progress reports, completed by the counselors are sent (see D1 for content) by the Program Director.

2. Will you provide other supportive services through collaborative agreements with other programs/providers? If so, define these services: FACES has collaborative agreements for specific transitional housing programs of Volunteers of America, Family Tree, and Urban Peak.

If developmental delays are discovered after the counselor administers the developmental screening, FACES works with the family to connect them with the appropriate early intervention program in their county (Child Find and North Metro Community Services).

As a Medicaid provider, FACES collaborates with multiple agencies on behalf of the family (Nurse home visitation programs, early childhood providers, hospitals, schools, TANF, workforce development programs, community mental health centers, community drug and alcohol providers, etc.).

3. It is likely that you or your staff will be expected to testify on the witness stand during Court Hearings. Briefly describe your (their) experience and the qualifications that would qualify you as experts in child welfare or other fields. FACES Family Counselors are Master level and Licensed Clinicians in the field of Social Work, Clinical Counseling, Marriage and Family Counseling with two to twelve years of post graduate clinical experience. Yearly, the staff members attend professional trainings related to the child abuse and neglect field. Clinical supervision is provided by the Program Director, who has thirty-eight years of experience in the field as a special education educator, child-development specialist, and clinical counselor and has worked at FACES for sixteen years.

D. Report and Accounting Systems

1. ACHSD requires monthly reports with specific information. Briefly describe your methodology and ability to track data and provide these reports on client progress. The FACES Family Counselors submit monthly reports to the Program Director for review. The reports are included in the monthly billing sent to Adams County. Each report addresses the types of intervention – dates and duration, a summary of interventions, family safety and child well being, parental capabilities, family interactions, and



environmental issues. Significant events are reported along with service plan goals and progress on the goals. Client engagement is evaluated and recommendations are given for case planning for the next month and include an anticipated date of completion.

The **Home Visitation Program** utilizes the following evaluation and assessment tools to measure attainment of the program objectives, review and adjust individualized service plans, and improve service delivery.

- **Adult Adolescent Parenting Inventory (AAPI)** is a normed and validated pre-post test designed to assess the parenting and child rearing attitudes of adult and adolescent parents. It measures parental attitudes in five domains: expectations of children, empathy and nurturing, corporal punishment, parent-child roles, and children’s independence.
- **Treatment Goals** are established in partnership between the counselor and the family at the beginning and throughout service, based upon self-identified concerns and behaviors.
- **Family Global Assessment Scale (FGAS)** is a pre-post rating scale that is scored by the family counselors and is used to assess the highest level of family functioning.
- **Parenting Stress Index (PSI)** is a validated pre-post test taken by the parents that measures stress level, personality characteristics, depression, attachment, roles and family structure.
- **Family Satisfaction Survey** is given to each family at the conclusion of services.

2. Describe the accounting system you utilize to provide fiduciary accountability. FACES has a diversified funding stream consisting of foundation and corporate grants, individual giving, government grants and contracts, private contracts and special events. The agency utilizes Peachtree accounting software to manage the agency financial transactions within Generally Accepted Accounting Principles. All contracts for services are tracked in separate general ledger accounts. Each month, the family counselors compile the service hours provided per client per contract and submit them to the bookkeeper for invoicing. The program director reviews and approves each invoice. All expenses related to the contract are expensed directly into program services accounts. All receivables are opened by the executive director and entered into the accounting system by the bookkeeper. All payables are prepared and entered into the system by the bookkeeper, the executive director reviews and signs checks. Monthly financial reports are produced by the bookkeeper, reviewed by the executive director and presented to the board finance committee for review and approval. An independent audit is conducted by Taylor, Roth and Company, PLLC on a yearly basis

E. Target Population

1. Which, if any, Adams County area/neighborhoods do you see as your targeted clientele? FACES provides in home services primarily in the Federal Heights, Thornton, Westminster, Aurora, Commerce City and some into the Brighton Area (case specific).

F. Availability

Please indicate the hours your services can be provided:

<input checked="" type="checkbox"/>	Monday - Friday	8:30	a.m. to	5:00	p.m.
<input checked="" type="checkbox"/>	Evenings	days	Mon - Friday	Hours	Latest session starts at 6:30



Weekends _____ days _____ Hours _____

Other: _____

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

Can you transport a client for services? YES NO

G. Services Outcomes

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

1. Average length of stay in treatment: The average length of services in 2012 was seven and a half months. FACES is able to provide Medicaid services to families after a case has closed or core dollars have ended.

2. How do you define "successful" treatment in your program? FACES has the following objectives and measurable outcomes:

OBJECTIVE One: Parents will increase their knowledge of child development, empathetic and nurturing responses for their children, and positive discipline tools.

OUTCOME: 80% of the parents will show improvement in one or more of the five domains in the Adult-Adolescent Parenting Inventory (AAPI).

OBJECTIVE Two: Parents will enhance their parental capabilities and sense of effectiveness by making progress on their self-identified, family-strengthening Treatment Goals.

OUTCOME: 75% of the families will complete the majority of their Treatment Goals.

OBJECTIVE Three: Families will demonstrate improvement in their overall family functioning in regards to communication, conflict resolution, flexibility and support systems.

OUTCOME: 80% of the families will show improvement in their family functioning scores on the Family Global Assessment Scale (FGAS).

OBJECTIVE Four: Parents will increase their ability to identify and understand their parental stressors and increase their use of effective coping skills.

OUTCOME: 80% of the parents will have a reduced Stress Level Score on the Parenting Stress Index (PSI).

3. What percentage of clients successfully discharged within the last 12 months from your program?

For families receiving eight or more visits in 2012 - ninety-one (91%) showed improvement in positive parenting practices (AAPI); eighty-four percent (84%) completed the majority of their Service Plan Goals; eighty-four (84%) increased their level of family functioning (FGAS); and eighty-six percent (86%) increased their level of parental resilience (PSI).

H. Sustainability

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.



1. Do you receive referrals from other County Department of Human Services Agencies, Court, etc.? If so, please list:

Denver County Human Services

Jefferson County Human Services

Denver and Douglas Medicaid Providers

Adams & Arapahoe Medicaid Prov.

2. Are you a Medicaid provider?

Yes

No

Yes – for Denver, Adams, Arapahoe and Douglas Counties.