

## **PURCHASE OF COMPREHENSIVE INMATE MENTAL HEALTH SERVICES AGREEMENT**

THIS AGREEMENT ("Agreement") is made this 1st day of April 2016, by and between the Adams County Board of County Commissioners, located at 4430 South Adams County Parkway, Brighton, Colorado 80601, hereinafter referred to as the "County," and Community Reach Center, located at 8931 Huron Street, Thornton, Colorado 80260 hereinafter referred to as the "Contractor." The County and the Contractor may be collectively referred to herein as the "Parties".

The County and the Contractor, for the consideration herein set forth, agree as follows:

### **1. SERVICES OF THE CONTRACTOR:**

- 1.1. All work shall be in accordance with the attached RFP 2015.348 and the Contractor's response to the RFP 2015.348 attached hereto as Exhibit A, and incorporated herein by reference. Should there be any discrepancy between Exhibit A and this Agreement the terms and conditions of this Agreement shall prevail.
- 1.2. Emergency Services: In the event the Adams County Board of County Commissioners declares an emergency, the County may request additional services (of the type described in this Agreement or otherwise within the expertise of the Contractor) to be performed by the Contractor. If the County requests such additional services, the Contractor shall provide such services in a timely fashion given the nature of the emergency, pursuant to the terms of this Agreement. Unless otherwise agreed to in writing by the parties, the Contractor shall bill for such services at the rates provided for in this Agreement.

### **2. RESPONSIBILITIES OF THE COUNTY:** The County shall provide information as necessary or requested by the Contractor to enable the Contractor's performance under this Agreement.

### **3. TERM:**

- 3.1. Term of Agreement: The Term of this Agreement shall be from April 1, 2016 through December 12, 2018.
- 3.2. Extension Option: The County, at its sole option, may offer to extend this Agreement as necessary for up to two, one year extensions providing satisfactory service is given and all terms and conditions of this Agreement have been fulfilled. Such extensions must be mutually agreed upon in writing by the County and the Contractor.

### **4. PAYMENT AND FEE SCHEDULE:** The County shall pay the Contractor for services furnished under this Agreement, and the Contractor shall accept as full payment for those services, the sum of:

Year 1 - \$358,187.40 (April 1-December 31, 2016)  
Year 2 - \$491,916.00 (January 1-December 31, 2017)  
Year 3 - \$506,973.00 (January 1-December 31, 2018)

4.1. Payment pursuant to this Agreement, whether in full or in part, is subject to and contingent upon the continuing availability of County funds for the purposes hereof. In the event that funds become unavailable, as determined by the County, the County may immediately terminate this Agreement or amend it accordingly.

5. **INDEPENDENT CONTRACTOR:** In providing services under this Agreement, the Contractor acts as an independent contractor and not as an employee of the County. The Contractor shall be solely and entirely responsible for his/her acts and the acts of his/her employees, agents, servants, and subcontractors during the term and performance of this Agreement. No employee, agent, servant, or subcontractor of the Contractor shall be deemed to be an employee, agent, or servant of the County because of the performance of any services or work under this Agreement. The Contractor, at its expense, shall procure and maintain workers' compensation insurance as required by law. **Pursuant to the Workers' Compensation Act § 8-40-202(2)(b)(IV), C.R.S., as amended, the Contractor understands that it and its employees and servants are not entitled to workers' compensation benefits from the County. The Contractor further understands that it is solely obligated for the payment of federal and state income tax on any moneys earned pursuant to this Agreement.**

6. **NONDISCRIMINATION:**

6.1. **The Contractor shall not discriminate against any employee or qualified applicant for employment because of age, race, color, religion, marital status, disability, sex, or national origin. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices provided by the local public agency setting forth the provisions of this nondiscrimination clause. Adams County is an equal opportunity employer.**

6.1.1. The Contractor will cause the foregoing provisions to be inserted in all subcontracts for any work covered by this Agreement so that such provisions will be binding upon each subcontractor, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

7. **INDEMNIFICATION:** The Contractor agrees to indemnify and hold harmless the County, its officers, agents, and employees for, from, and against any and all claims, suits, expenses, damages, or other liabilities, including reasonable attorney fees and court costs, arising out of damage or injury to persons, entities, or property, caused or sustained by any person(s) as a result of the Contractor's performance or failure to perform pursuant to the terms of this Agreement or as a result of any subcontractors' performance or failure to perform pursuant to the terms of this Agreement.

8. **INSURANCE:** The Contractor agrees to maintain insurance of the following types and amounts:

8.1. **Commercial General Liability Insurance:** to include products liability, completed operations, contractual, broad form property damage and personal injury.

8.1.1. Each Occurrence: \$1,000,000

8.1.2. General Aggregate: \$2,000,000



- 8.2. Comprehensive Automobile Liability Insurance: to include all motor vehicles owned, hired, leased, or borrowed.
- 8.2.1. Bodily Injury/Property Damage: \$1,000,000 (each accident)
- 8.2.2. Personal Injury Protection: Per Colorado Statutes
- 8.3. Workers' Compensation Insurance: Per Colorado Statutes
- 8.4. Professional Liability Insurance: to include coverage for damages or claims for damages arising out of the rendering, or failure to render, any professional services, as applicable.
- 8.4.1. Each Occurrence: \$1,000,000
- 8.4.2. This insurance requirement applies only to the Contractors who are performing services under this Agreement as professionals licensed under the laws of the State of Colorado, such as physicians, lawyers, engineers, nurses, mental health providers, and any other licensed professionals.
- 8.5. Adams County as "Additional Insured": The Contractor's commercial general liability, and comprehensive automobile liability, insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured" and shall include the following provisions:
- 8.5.1. Underwriters shall have no right of recovery or subrogation against the County, it being the intent of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses resulting from the actions or negligence of the Contractor.
- 8.5.2. The insurance companies issuing the policy or policies shall have no recourse against the County for payment of any premiums due or for any assessments under any form of any policy.
- 8.5.3. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the Contractor.
- 8.6. Licensed Insurers: All insurers of the Contractor must be licensed or approved to do business in the State of Colorado. Upon failure of the Contractor to furnish, deliver and/or maintain such insurance as provided herein, this Agreement, at the election of the County, may be immediately declared suspended, discontinued, or terminated. Failure of the Contractor in obtaining and/or maintaining any required insurance shall not relieve the Contractor from any liability under this Agreement, nor shall the insurance requirements be construed to conflict with the obligations of the Contractor concerning indemnification.
- 8.7. Endorsement: Each insurance policy herein required shall be endorsed to state that coverage shall not be suspended, voided, or canceled without thirty (30) days prior written notice by certified mail, return receipt requested, to the County.
- 8.8. Proof of Insurance: At any time during the term of this Agreement, the County may require the Contractor to provide proof of the insurance coverage or policies required under this Agreement.

## 9. WARRANTY:

- 9.1. The Contractor warrants and guarantees to the County that all work, equipment, and materials furnished under the Agreement are free from defects in workmanship and materials for a period of one year after final acceptance by the County. The Contractor further warrants and guarantees that the plans and specifications incorporated herein are free of fault and defect sufficient for Contractor to warrant the finished product after completion date. Should the Contractor fail to proceed promptly in accordance with this guarantee, the County may have such work performed at the expense of the Contractor. This section does not relieve the Contractor from liability for defects that become known after one year.

## **10. TERMINATION:**

- 10.1. For Cause: If, through any cause, the Contractor or the County fails to fulfill its obligations under this Agreement in a timely and proper manner, or if the Contractor or County violates any of the covenants, conditions, or stipulations of this Agreement, the County or the Contractor shall thereupon have the right to immediately terminate this Agreement, upon giving written notice to the Contractor or the County of such termination and specifying the effective date thereof.
- 10.2. For Convenience: The County may terminate this Agreement at any time by giving written notice as specified herein to the other party, which notice shall be given at least thirty (30) days prior to the effective date of the termination. If this Agreement is terminated by the County, the Contractor will be paid an amount that bears the same ratio to the total compensation as the services actually performed bear to the total services the Contractor was to perform under this Agreement, less payments previously made to the Contractor under this Agreement.

## **11. MUTUAL UNDERSTANDINGS:**

- 11.1. Jurisdiction and Venue: The laws of the State of Colorado shall govern as to the interpretation, validity, and effect of this Agreement. The parties agree that jurisdiction and venue for any disputes arising under this Agreement shall be with Adams County, Colorado.
- 11.2. Compliance with Laws: During the performance of this Agreement, the Contractor agrees to strictly adhere to all applicable federal, state, and local laws, rules and regulations, including all licensing and permit requirements. The parties hereto aver that they are familiar with § 18-8-301, et seq., C.R.S. (Bribery and Corrupt Influences), as amended, and § 18-8-401, et seq., C.R.S. (Abuse of Public Office), as amended, , the Clean Air Act (42 U.S.C. 7401-7671q), and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended, and that no violation of such provisions are present. The Contractor warrants that it is in compliance with the residency requirements in §§ 8-17.5-101, et seq., C.R.S. Without limiting the generality of the foregoing, the Contractor expressly agrees to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 42 C.F.R. §§160-164.
- 11.3. OSHA: The Contractor shall comply with the requirements of the Occupational Safety and Health Act (OSHA) and shall review and comply with the County's safety regulations while on any County property. Failure to comply with any applicable federal, state or local law, rule, or regulation shall give the County the right to terminate

this agreement for cause.

- 11.4. Record Retention: The Contractor shall maintain records and documentation of the services provided under this Agreement, including fiscal records, and shall retain the records for a period of three (3) years from the date this Agreement is terminated. Said records and documents shall be subject at all reasonable times to inspection, review, or audit by authorized Federal, State, or County personnel.
- 11.5. Assignability: Neither this Agreement, nor any rights hereunder, in whole or in part, shall be assignable or otherwise transferable by the Contractor without the prior written consent of the County.
- 11.6. Waiver: Waiver of strict performance or the breach of any provision of this Agreement shall not be deemed a waiver, nor shall it prejudice the waiving party's right to require strict performance of the same provision, or any other provision in the future, unless such waiver has rendered future performance commercially impossible.
- 11.7. Force Majeure: Neither party shall be liable for any delay or failure to perform its obligations hereunder to the extent that such delay or failure is caused by a force or event beyond the control of such party including, without limitation, war, embargoes, strikes, governmental restrictions, riots, fires, floods, earthquakes, or other acts of God.
- 11.8. Notice: Any notices given under this Agreement are deemed to have been received and to be effective: 1) Three (3) days after the same shall have been mailed by certified mail, return receipt requested; 2) Immediately upon hand delivery; or 3) Immediately upon receipt of confirmation that an E-mail was received. For the purposes of this Agreement, any and all notices shall be addressed to the contacts listed below:

Department: Adams County Sheriff's Office  
Contact: Gene Claps  
Address: 150 North 19<sup>th</sup> Avenue  
City, State, Zip: Brighton, Colorado 80601  
Phone: 303-655-3303  
E-mail: gclaps@adcogov.org

Department: Adams County Purchasing  
Contact: Jennifer Tierney  
Address: 4430 South Adams County Parkway  
City, State, Zip: Brighton, Colorado 80601  
Phone: 720-523-6049  
E-mail: jtierney@adcogov.org

Department: Adams County Attorney's Office  
Address: 4430 South Adams County Parkway  
City, State, Zip: Brighton, Colorado 80601  
Phone: 720.523.6116

Contractor: Community Reach Center  
Contact: Abigail Tucker PsyD, LP  
Address: 8931 Huron Street  
City, State, Zip: Thornton, Colorado 80260



Phone: 303.853.3703

E-mail:

- 11.9. Integration of Understanding: This Agreement contains 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 the parties hereto.
- 11.10. Severability: If any provision of this Agreement is determined to be unenforceable or invalid for any reason, the remainder of this Agreement shall remain in effect, unless otherwise terminated in accordance with the terms contained herein.
- 11.11. Authorization: Each party represents and warrants that it has the power and ability to enter into this Agreement, to grant the rights granted herein, and to perform the duties and obligations herein described.
- 11.12. Confidentiality: All documentation related to this Agreement will become the property of Adams County. All documentation maintained or kept by Adams County shall be subject to the Colorado Open Records Act, C.R.S. 24-72-201 *et seq.* ("CORA"). The County does not guarantee the confidentiality of any records.

## **12. CHANGE ORDERS OR EXTENSIONS:**

- 12.1. Change Orders: The County may, from time to time, require changes in the scope of the services of the Contractor to be performed herein including, but not limited to, additional instructions, additional work, and the omission of work previously ordered. The Contractor shall be compensated for all authorized changes in services, pursuant to the applicable provision in the Invitation to Bid, or, if no provision exists, pursuant to the terms of the Change Order.
- 12.2. Extensions: The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.

## **13. COMPLIANCE WITH C.R.S. § 8-17.5-101, ET. SEQ. AS AMENDED 5/13/08:** Pursuant to Colorado Revised Statute (C.R.S.), § 8-17.5-101, *et. seq.*, as amended May 13, 2008, the Contractor shall meet the following requirements prior to signing this Agreement (public contract for service) and for the duration thereof:

- 13.1. The Contractor shall certify participation in the E-Verify Program (the electronic employment verification program that is authorized in 8 U.S.C. § 1324a and jointly administered by the United States Department of Homeland Security and the Social Security Administration, or its successor program) or the Department Program (the employment verification program established by the Colorado Department of Labor and Employment pursuant to C.R.S. § 8-17.5-102(5)) on the attached certification.
- 13.2. The Contractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.

- 13.3. The Contractor shall not enter into a contract with a subcontractor that fails to certify to the Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.
- 13.4. At the time of signing this public contract for services, the Contractor has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this public contract for services through participation in either the E-Verify Program or the Department Program.
- 13.5. The Contractor shall not use either the E-Verify Program or the Department Program procedures to undertake pre-employment screening of job applicants while this public contract for services is being performed.
- 13.6. If the Contractor obtains actual knowledge that a subcontractor performing work under this public contract for services knowingly employs or contracts with an illegal alien, the Contractor shall: notify the subcontractor and the County within three (3) days that the Contractor has actual knowledge that the subcontractor is employing or contracting with an illegal alien; and terminate the subcontract with the subcontractor if within three days of receiving the notice required pursuant to the previous paragraph, the subcontractor does not stop employing or contracting with the illegal alien; except that the Contractor shall not terminate the contract with the subcontractor if during such three (3) days the subcontractor provides information to establish that the subcontractor has not knowingly employed or contracted with an illegal alien.
- 13.7. Contractor shall comply with any reasonable requests by the Department of Labor and Employment (the Department) made in the course of an investigation that the Department is undertaking pursuant to the authority established in C.R.S. § 8-17.5-102(5).
- 13.8. If Contractor violates this Section, of this Agreement, the County may terminate this Agreement for breach of contract. If the Agreement is so terminated, the Contractor shall be liable for actual and consequential damages to the County.

The remainder of this page is left blank intentionally.

IN WITNESS WHEREOF, the Parties have caused their names to be affixed hereto:

**Board of County Commissioners**

Steven J. O'Dorisio      4/5/16  
Chairperson      Date

**Community Reach Center**

[Signature]      3/28/16  
Signature      Date

Rick Doucet      CEO  
Printed Name      Title

**Attest:**

Stan Martin, Clerk and Recorder      [Signature]  
Deputy Clerk

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

**NOTARIZATION OF CONTRACTOR'S SIGNATURE:**

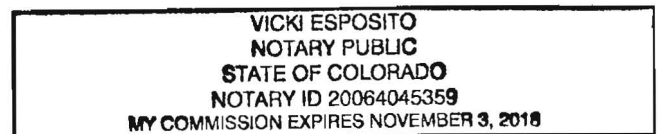
COUNTY OF Adams )

STATE OF Colorado )SS.

Signed and sworn to before me this 28<sup>th</sup> day of March, 2016,

by Rick Doucet,

[Signature]  
Notary Public



My commission expires on: 11/03/2018

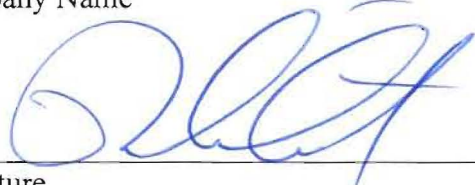


## CONTRACTOR'S CERTIFICATION OF COMPLIANCE

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:

Community Reach Center, Inc.      3/28/16  
Company Name      Date

  
\_\_\_\_\_  
Signature

Rick Doucet  
Name (Print or Type)

CEO  
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

## **EXHIBIT A**

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A **Mandatory Pre-Proposal Conference and Tour** to familiarize bidders with the scope of work and answer questions will be held on **Tuesday, December 1, 2015 at 10:00 a.m.** at the Adams County Detention Facility located at 150 North 19<sup>th</sup> Avenue, Brighton, Colorado, 80601. Proposers are requested to **RSVP** to Jennifer Tierney at [jtierney@adcogov.org](mailto:jtierney@adcogov.org) **by Monday, November 23, 2015** with number of persons attending. A driver's license or other picture identification is required upon your arrival at the detention center.

Final questions are due by **December 7, 2015 at 3:00 p.m.** Questions must be emailed to [jtierney@co.adams.co.us](mailto:jtierney@co.adams.co.us). Questions shall be clearly marked with the RFP title and number.

Sealed proposals for this requirement will be received at the office of the Purchasing Agent, Adams County Administration Building, 450 South 4<sup>th</sup> Avenue, Second Floor, Brighton, Colorado, 80601, up to **3:00 P.M., Tuesday, December 22, 2010.**

The Request for Proposal can be retrieved from the Rocky Mountain Online Bid System website at:

[http://www.govbids.com/scripts/co1/public/home1.asp?utm\\_medium+referral&utm\\_source=AD A84CO&utm\\_campaign+web\\_site](http://www.govbids.com/scripts/co1/public/home1.asp?utm_medium+referral&utm_source=AD A84CO&utm_campaign+web_site).

Issuance of this invitation does not commit Adams County to award any contract or to procure or contract for any equipment, materials or services.

## **SPECIAL INSTRUCTIONS**

Six (6) copies of the proposal are required. If brochures or other supportive documents are requested, then it is required that 6 sets be submitted with your proposal.

All proposals must be signed.

Whenever addenda's are required, they must be acknowledged in the proposal.

Proposals may be withdrawn after the date and hour set for closing. Failure to enter contract or honor the purchase order will be cause for removal of proposers name from the Vendor's List for a period of twelve months from the date of this opening.

If a formal contract is required, the Proposer agrees and understands a Notice of Award does not constitute a contract or otherwise create a property interest of any nature until an Agreement is signed by the awardee and the Board of County Commissioners.

The County assumes no responsibility for late deliveries of mail on behalf of the United States Post Office.

The County assumes no responsibility for failure of any telephone equipment, either within its facilities or from outside causes. The County assumes no responsibility for proposals being

either opened early or improperly routed if the envelope is not clearly marked on the outside  
**2016 COMPREHENSIVE INMATE MENTAL HEALTH SERVICES.**

In the event of a situation severe enough to cause the Adams County Board of Commissioners to close Adams County Offices for any reason, the Purchasing Agent has the prerogative of rescheduling the bid opening time and date. No proposer will be considered above all other proposers by having met the opening time and date requirements to the exclusion of those who were unable to present their proposal due to a situation severe enough to cause the Commissioner to close the Adams County Offices.

Proposals must be furnished exclusive of taxes.

No award will be made to any person, firm or corporation that is in arrears upon any obligation to the County.

If submitting a joint venture proposal involving a partnership arrangement, articles of partnership stating each partner's responsibilities shall be furnished and submitted with the proposal. Proposer warrants the joint venture/partnership is authorized to conduct business within the State of Colorado.

If proposer is a corporation, proposer warrants the corporation is in good standing with the Colorado Secretary of State and authorized to conduct business within the State of Colorado.

The County reserves the right to waive any irregularities or informalities, and the right to accept or reject any and all proposals including, but not limited to, any proposal which does not meet bonding requirements, or proposals which do not furnish the quality, or offer the availability of materials, equipment or services as required by the specifications, description or scope of services, or proposals from proposers who lack experience or financial responsibility, or proposals which are not made to form. The County reserves the right not to award contracts to the lowest and most responsive proposer, and may require new proposals.

The County reserves the right to reject proposals of proposers who lack experience, financial responsibility or whose proposals are not to form.

The Board of County Commissioners may rescind the award of any proposal within one week thereof or at its next regularly scheduled meeting; whichever is later, when the public interest will be served thereby.

Only sealed proposals received by the Purchasing Department will be accepted; proposals submitted by telephone, telegram, facsimile machines are not acceptable.

Adams County is an Equal Opportunity Employer.

Questions about this Request for Proposal shall be referred to Jennifer Tierney, Adams County Purchasing Agent, who may be reached by telephoning (303) 654-6049 or by email at [jtierney@co.adams.co.us](mailto:jtierney@co.adams.co.us).

## **NOTICE TO VENDORS**

The Adams County Board of Commissioners by and through its Purchasing agent is accepting proposals for a comprehensive health care delivery system at the Adams County Detention Facility in Brighton, Colorado. This facility houses predominately adult male and female inmates. A small number of direct file juveniles can be housed in the Adams County Jail as well.

## **BACKGROUND INFORMATION**

The Adams County Detention Facility is located in Brighton, Colorado, approximately twenty-five (25) miles northeast of downtown Denver. Brighton, the County Seat, is one of ten (10) municipalities, all or part of which are located in Adams County and are part of the Denver metro area.

The Adams County Detention Facility was opened in 1985 with a design capacity of 485 beds. Since that time double bunking in the original podular remote housing units and the addition of a three-story dormitory style, direct supervision addition has increased the capacity to 1726. The Average Daily Population (ADP) for 2013 was 1,052. Approximately 14% of the population at any given time is female. The ADP for 2014 was 998. Bookings for 2013 totaled 15,792. Bookings for 2014 totaled 16,310. A Work Release program currently accounts for approximately 68 inmates of the current population. Medical care for Work Release inmates is generally limited to some medication distribution at night and on weekends and emergency care while the inmates are on site.

## **MEDICAL UNIT ACCOMODATIONS**

The Medical Unit contains 15 inmate cells with sink and toilet (sized for double occupancy). Two cells with a shared anti-room are equipped as reverse air flow units. The remaining space is allocated as follows:

- 1 Health Services Administrator office
- 1 Director of Nursing/Physician Office
- 1 Administrative Assistant office
- 1 Nursing workstation with adjoining current records and separate pharmacy rooms
- 1 Dental room with two chairs and x-ray
- 4 Exam rooms
- 2 Officer stations
- 1 Records storage room
- 3 Mental health counseling offices (Separate vendor from this RFP)
- 1 Locked inmate waiting room
- 1 Equipment storage room (also used as staff break room)
- 2 Inmate bathing facilities (one with tub/one with shower)
- 1 Inmate visiting room
- 1 Inmate quiet room.
- 2 Staff toilets



- 1 Clean linen room
- 2 Supply rooms
- 1 Biohazard room

## **MEDICAL CO-PAY SYSTEM**

The Adams County Detention Facility subscribes to an inmate co-pay system. Currently a \$3.00 access/nurse sick call, \$5.00 Physician Visit, \$5.00 Dentist Visit, \$3.00 Reading Glasses, and a \$3.00 (per) prescription fee are charged to control abuse of the medical unit.

There are no charges for intake screening and history, physicals, mental health services or initial dental screens. Proceeds of the co-pay system are returned to the Adams County General Fund.

## **STATISTICAL DATA**

The following is an overview of statistical data for primary medical services for 2013, and 2014. This data is provided for informational purposes only and in no way is intended to limit, project, or predict the number of patient encounters to be provided by the vendor during the period of the contract. These statistics may, in some cases, not match other monthly statistics provided directly. For example, 911 transports resulting in hospital admission will be reflected in monthly statistics as hospital days, not as unscheduled medical runs to hospitals.

<b>Primary Medical Services</b>	<b>2013</b>	<b>2014</b>
<b>Contractor Services</b>		
Physicians	2296	1976
Nurse Practitioner	6315	4862
Dentist	707	860
Psychiatrist	1839	1841
Social Worker	8623	11617
Nurse Sick Call	9562	12775
<b>Off Site Consults</b>	240	407
<b>Emergency Room Transports</b>		
Ambulance	56	45
Squad Car	76	68
Flight for Life	0	0
<b>Physicals</b>		
14 day	3422	2117
Trustee	741	641
Annual	51	39
<b>Radiology/ X-Ray</b>		
Chest	234	141
Misc.	230	366
Off Site	46	59
<b>Laboratory Services</b>	3293	4345

<b>Treatment</b>	10787	11055
<b>Intake Screenings</b>	14881	15312
<b>Inmate Deaths</b>	0	0
<b>Infirmory Admissions</b>		
Medical	438	479
Mental Health	470	744
<b>Unscheduled Medical Unit Visits</b>	1712	1592
<b>Chronic Care</b>		
Seizure	500	286
Hypertension	947	736
Pulmonary	953	578
Diabetes	320	351
Other	413	369
<b>Special Diets</b>		
Cardiac	149	141
Diabetic	584	360
Renal	11	1
Hypertension	65	Statistics not kept for this specific diet
<b>PPD</b>		
Planted	3933	2296
Read	3092	1986
Positive	84	60
Verified	206	37
Hx of Positive	127	112
Conversion to Positive	18	10
Active TB	0	0
Refused PPD	2	14
<b>Hospital Statistics</b>		
Admissions	59	31
Total Days	191	148
<b>Outpatient Services</b>		
One Day Surgeries	21	37
Optometry	9	(this is included in one day surgeries)
Dialysis	61	0
<b>Indication for ER Transport</b>		
ETOH/Opiate Withdrawal	21	4

Abdominal Pain(including GI issues, Gallbladder, Urinary Complaints, Appendicitis)	14	14
Injuries (including: Falls, altercations, incidents prior to intake)	10	15
Chest Pain	22	19
Other (including: OB, Hernia, infections, DKA, Suicide Attempts, Dialysis, Seizures)	65	57

#### **Pharmacy Statistics**

Monthly average of Prescription Medications	735	906
Monthly Average of Psychotropic Medications	285	272
Monthly Average of TB medications	1	1
Monthly Average of HIV medications	8	8

Reliability of Information: The information in this RFP has been taken from data available and is believed to be reasonably accurate. Proposers are requested to personally verify data wherever possible and to ask for any other information needed for the preparation of their responses to the RFP.

## **ADMINISTRATIVE INFORMATION**

### SCOPE OF CONTRACT

Contractor shall be the coordinator of the mental health care delivery system at the Adams County Detention Facility. Contractor shall be responsible for all Mental Health care for all inmates (except Work Release inmates who shall, when in the Facility, receive only minimum medicine distribution and emergency care from the Contractor) at the Adams County Detention Facility.

The responsibility of the Contractor for the Mental Health care of an inmate commences with the commitment of the inmate to the custody of the Adams County Detention Facility and ends with the release of the inmate.

Contractors will include in proposals agreement to work directly with the current Medical Contractor who is contracted with Adams County to provide all Quality health care services for inmates in custody and control of the Adams County Detention Facility. The Contractor will be responsible for shared management of pharmaceuticals for the jail. And will include agreement that managing the Pharmacy Cap is a shared responsibility and agreement to exchange prescription medication information with the contracted vendor for purpose of collaborative agreement to Pharmacy Cap. Contractors will also include in proposals plans to electronically document mental health care and services and agreement to share information with the contracted vendor for purposes of shared responsibility to manage risk of inmates who are either housed in Infirmary and/or receiving both medical and behavioral health services.

### MENTAL HEALTH CARE

**Contractor will continue to ensure that the mental health program at the Adams County Detention Facility in Brighton Colorado is in compliance with local, state, and national standards including National Commission on Correctional Health Care (NCCHC). Contractor will provide an average of 120 hours per week of direct clinical care (i.e. direct clinical services provided by any clinician, clinical case manager, Jail Supervisor, or Program Manager) as well as an additional average of 20 hours per week of on-site psychiatric services (to be provided by any credential psychiatrist or the Contractor's Medical Director). Under the supervision of Contractor's medical director and Contractor's Adult Forensics Program Manager qualified mental health professionals will continue to provide mental health services. Inmate services include the following:**

#### **Primary Duties and Services:**

##### **Referrals/Triage:**

- Inmates will be screened for mental health problems at the time of booking by a Nurse and/or **Facility** Deputy using the Medical **Contractor's** chosen screening and will be referred as a client, if appropriate, at that time. The referral will be completed either by providing the chosen screening or referral form to the Contractor via a designated and confidential procedure and/or by directly contacting the **Contractor** when on site and using the **Contractor** Crisis Line when emergent and **Contractor** is not onsite.
- Inmates may be referred by Medical **Contractor** or **Facility** personnel at any other time during their incarceration.
- **Contractor** will review and triage referrals at minimum each day and will respond to them in accordance with their clinical judgment as well as in accordance with NCCHC standards.

## **Assessment & Treatment Planning**

- Following a referral, the inmate will receive a mental health evaluation within fourteen (14) calendar days unless otherwise clinically indicated in which the process by which the designated mental health evaluation is completed will be expedited.
- **Contractor** will use the **Contractor's** designated mental health evaluation which will be conducted by a qualified mental health professional and will include a structured interview remain in accordance with NCCHC standards.
- The mental health professional will establish individual special needs treatment plans for mental health special needs inmates that will include:
  - The care to be provided.
  - The roles of the members of the treatment team.
  - Discharge planning as needed.

## **Direct Care Services**

- Psychiatric care including Medical Evaluations as referred by clinical team and Medication management for on-going clients in the jail (See Attachment II for full description of Psychiatric Coverage).
- Mental Health Crisis Coverage (see Attachment III for full description)
- Case Management including discharge planning
- Individual counseling sessions, as needed, and primarily for the purpose of clinical stabilization.
- Group counseling sessions including, but not limited to:
  - Coping skills
  - Integrated Dual Diagnosis treatment (to address substance abuse)

## **Staff Coverage (See Attachment I Job Descriptions)**

- Direct care hours listed below indicates direct & onsite services. Staff coverage may also include additional onsite and offsite work hours to include direct care service, team meetings, supervision, training, and other work-related duties.
- An average of twenty (20) hours per week of on-site psychiatrist service which can be supplemented or replaced with telepsychiatry for up to 10 of the contracted 20 hours per week. In addition, assigned psychiatrist will remain on call by telephone only an additional 20 hours a week (during normal business hours) to respond to acute crisis needs. **Contractor** also agrees to provide 24 hour, 7 day per week on-call coverage for acute crisis intervention.
- An average of one hundred and twenty (120) hours per week to be provided over the course of seven days (each day of the week) of on-site mental health care services as provided by either clinicians, case managers, site supervisors, or managers to include three shifts per week that extend until 2100 hours (9:00pm)

in addition the coverage will include;

- Two (2) masters level mental health counselors, with licensure in substance abuse treatment and/or mental health treatment;
- One (1) masters level clinical case manager/discharge planner with licensure in substance abuse treatment and/or mental health treatment
- One (1) master's level Program Supervisor providing both direct clinical care, supervision of Contractor staff, education, training, and program development with licensure in substance abuse treatment and/or mental health treatment.
- One (1) master's level Program Manager providing oversight, supervision, direct care, and program development both on-site and off site with licensure in substance abuse treatment and/or mental health treatment.

#### **Other mental programs:**

- **Contractor** shall collaborate with and integrate inmate clients into other mental health programs that may be available and deemed appropriate for a particular client's treatment.

#### **Supplemental but Integral Services Include:**

##### **Documentation**

**Contractor** will document all services either via electronic documentation system or via scanning hard copy records into Medical **Contractor's** confidential and secure electronic documentation system. **Contractor** will then print any necessary documentation and place in on-site medical chart in compliance with NCCHC.

##### **Clerical Staff**

**Contractor** will provide any and all on and off-site clerical staff to maintain this contract.

##### **Facility Approvals**

**Facility** administration may request the replacement of any contractor personnel believed unable to carry out the responsibilities of the contract. **Facility** will approve all appointments to the positions listed in Attachment I.

##### **Personnel File Maintenance**

Personnel files of contract employees assigned to the **Facility** will be maintained at **Contractor** Human Resource office and made available to Medical **Contractor or Facility** Administrator or designee. A personnel file (may be abbreviated) of contract employees assigned to **Facility** with contents that meet NCCHC standards will be maintained at the **Facility**.



## **Pharmaceutical Services**

**Contractor** will utilize Medical **Contractor** pharmaceutical service(s) for all pharmaceutical service needs. NCCHC standards and consistent use of one pharmaceutical service within the **Facility** will increase quality and decrease oversight with regard to medication orders, etc.

## **Training**

**Contractor** acknowledges the need for training of new staff and is committed to providing agency and site-specific instruction to each employee. In addition to the ongoing education requirements of **Contractor** full time Jail Therapy Program staff employees will receive **Facility** training on topics such as radio procedures, security topics, etc as communicated and provided by **Facility and/or Contractor**. The total classroom time for these required subjects is approximately ten (10) hours. **Contractor** shall ensure an additional thirty (30) hours of job related training (which can include supervision, CEU training, etc.) to employees annually in accordance with accreditation standards.

## **Court Subpoenas**

**Contractor** acknowledges that personnel may from time to time be subpoenaed to testify and accepts responsibility in responding and managing these court requests when they pertain to mental health services.

## **Record Ownership/Release of Records**

**Contractor** understands existing health records prepared by **Contractor** during the contract will become property of **Facility**. Inactive records will be retained as required by applicable laws and regulations and identified and may be re-activated if an inmate returns to the system. The County will have access to all health records created.

**Contractor** shall comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and Colorado Open Records Laws relating to **Contractors'** responsibilities under this agreement. Duplication of records is the responsibility of **Contractor** and the actual release will be the responsibility of the **Facility**. Fees collected by the **Facility** for copies will be forwarded to the **Contractor**.

The creation, maintenance, and general keeping of all medical records in the jail (including mental health) shall remain the responsibility of the contracted medical Contractor within the **Facility**. **Contractor** will file records accordingly and maintain internal records in accordance with **Facility** expectations.

## **Legal Actions and Requests**

Inmate grievances concerning mental health care shall be answered by **Contractor** staff

within three days and forwarded to the Medical **Contractor** Health Services Administrator for record keeping purposes. Completed responses will be returned to the inmate through the **Facility** Administrative Commander or designee.

**Contractor** understands that in the course of mental health care inmate grievances may result in potential litigation and will provide necessary documentation within one business day.

### **Personnel Backgrounds and Security**

#### **Clearance**

**Contractor** employees who have direct care responsibilities at the **Facility** will undergo and successfully complete a background clearance and integrity interview as conducted by **Facility**.

#### **Refusal of Clearance**

**Contractor** will be informed immediately if any prospective contract employee is refused clearance for any reason.

#### **Withdrawal of Clearance**

The **Facility** may withdraw the security clearance of any **Contractor** personnel at any time.

#### **Terminated Employees**

When an employee resigns or is terminated by **Contractor**, the **Facility**, will be notified immediately. **Contractor** is responsible to retrieve the employee's ID badge and access card on their last day or within 24 hours.

#### **Sheriff's Right of Inspection**

Staff personal items will be stored security in their offices. The **Facility** will have the right of inspection of all personal effects and contents any time of the day or night.

#### **Dangerous Instruments**

**Contractor** employees will understand they are never to bring in their own instruments if they are sharp, edged, or bladed, such as scissors and knives.

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## Job Descriptions

### Expectations of Assigned Staff

**Expectations for Contracted Clinical Coverage of an average of 120 hours per week of direct clinical care:** The expectation is that all specified duties (e.g. Triage Referrals, Mental Health Evaluations, etc.) can be completed with 120 hours per week of direct, non-psychiatric, care. This will also allow for each staff member to attend **Contractor** expected supervisions, trainings, team meetings, utilize Paid Time Off, as well as to allow for the rare event that a **Contractor** staff could not be in attendance any one day of the week due to unforeseen and unusual circumstances. This average of 120 hours per week will be calculated over a one month span of time while still maintaining the required NCCHC and required services despite the hours of service provided.

**Expectations for Contracted Psychiatric Coverage of an additional average of 20 hours per week:** The expectation is that in addition to the 120 hours per week of direct clinical care **Contractor** will also provide an average of 20 hours per week of on-site psychiatric services. This average of 20 hours per week will be calculated over a one month span of time while still maintaining the required NCCHC and required services despite the hours of service provided.

### **Expectations for Jail Supervisor**

- Job Duties listed in Contractor Human Resources file
- Daily Expectations
  - Triage, Supervise, & Document accordingly
  - Triage Mental Health Evaluations, Intake/Booking, Crisis
  - Assist in completion of paperwork
- Weekly Expectations
  - 1-1 Supervision with clinicians and clinical case manager
  - Team Meetings
  - Attend **Facility's** Classification Review Board and Administrative Review Board Meetings
  - Meet with Program Manager
  - Coordinate with psychiatrist
  - Coordinate with Medical **Contractor** manager & **Facility** Administrative Commander
  - Meet with Program Manager
  - Coordinate with psychiatrist
  - Coordinate with **Contractor** manager & **Facility** support staff manager
- Monthly Expectations
  - Accreditation Statistics
  - Collect & Record Actuarial data from team

### **Expectations for Jail Psychiatrist(s)**

- Job Duties listed in Contractor Human Resources file
- Daily Expectations
  - Review/Receive, Treat, & Document accordingly

- IP/Infirmary Rounds, Evaluations for General Populations (based on referrals)
- Complete Paperwork
- Weekly Expectations
  - Consult with Jail Supervisor
- Monthly Expectations
  - Collect & Report Monthly Statistics to Jail Supervisor

### **Expectations for Jail Clinicians**

- Job Duties listed in Contractor Human Resources file
- Daily Expectations
  - Triage, Treat, and Document accordingly
  - IP/Infirmary Rounds, Suicide Rounds, Crisis
  - Mental Health Evaluations (based on referrals)
  - Triage and address Kites
  - Complete Paperwork
- Weekly Expectations
  - Meeting individually with Juveniles & Women who are pregnant,
  - Groups
    - Supervision
    - Team Meeting
- Monthly Expectations
  - Collect & Report Monthly Statistics to Jail Supervisor

### **Expectations for Clinical Case manager(s)**

- Job Duties listed in Contractor Human Resources file
- Daily Expectations
  - Triage, Treat, & Document accordingly
  - Triage and Treat Kites, Crisis, Groups, Discharge Planning
  - Complete Paperwork
- Weekly Expectations
  - Complete any discharge planning or treatment planning
  - 1-1 Supervision
  - Team Meeting
- Monthly Expectations
  - Collect & Report Monthly Statistics to Jail Supervisor

### **Specific Services**

#### **Inpatient Rounds (Infirmary):**

##### **Clinical**

Each day, the clinician will make rounds to check on all mental health clients housed in the medical unit (also known as Mental Health Observation). Clinicians should check for symptom stability, safety and med compliance prior to releasing him/her to the general population. If the clinician feels that the client is still unsafe or unstable, the client should remain within the “inpatient” unit. All observations made by clinicians should be documented in the client’s charts.

## Psychiatric

Each day the psychiatrist is scheduled in the jail psychiatrist will evaluate (Medical Evaluation) any client who has been housed in the medical unit for psychiatric reasons and who has not previously been seen by the psychiatrist. Psychiatrist will also monitor the medication management of clients in the medical unit.

## Suicide Rounds:

### Clinical

Anyone who reports suicidal ideation or intent should be evaluated immediately. Such information should be shared with jail staff. If client's suicidal ideation is valid, he/she should be placed on one of the below watches/observations. Please refer to NCCHC policy/procedures. There are different levels of observation for suicidal clients:

1. Suicide Watch - first level of monitoring. It is used for clients who are not actively suicidal, but may have expressed suicidal ideation or have recent/prior history of suicidal behavior. Such clients receive supervision from jail staff at a minimum of every 15 minutes. They have a quilted wrap and blanket.
2. Suicide Observation - second level of monitoring. The jail supervision is staggered at intervals of 30 minutes or less. Clients are provided with a paper suit and quilted blanket.
3. Mental Health Observations - can be used as a lower level of observation designed to monitor the stability and safety of a client.

For all clients who have been on Suicide Watch or Suicide Observation, the following protocol MUST be used when following up:

- Initial follow up within 72 hours of being released from watch/observation
- Weekly follow up sessions to determine safety and stability for one month
- Every other week follow up as needed
- Monthly follow up as needed

## Psychiatric

Any client placed on suicide watch must be evaluated by the psychiatrist within one week of their placement on suicide watch.

## Juveniles:

Juveniles are housed in a special pod within the jail. They are to be assessed for mental health needs weekly. While individual contacts are ideal groups check-ins may be used with there are no obvious mental health issues and the goal is to maintain wellness. **Contractor** will be notified by Medical **Contractor** when juveniles have entered **Facility**.

## Pregnant Women:

Any women who are pregnant in the jail must be seen within one week of their arrival by either a clinician or case manager to monitor any special needs. Follow-up care will be as needed.

### **Mental Health Referrals and Kites (Inmate Requests):**

Referrals and kites need to be triaged within 24 hours. Accordingly, they should be triaged daily. Clinicians are expected to respond to two different forms of referrals. Kites and Mental Health Referrals are to be triaged by the Jail Supervisor, Clinical Case Manager, or a Clinician for urgent issues that need immediate attention and the remainder will be logged. All Kites and Referrals must be responded to in person (unless the person has been released from jail in the timeframe or unless the Kite or Referral can be managed without face to face response) by **Contractor** staff within 72 hours.

### **Mental Health Evaluations:**

Mental health evaluations must be completed on all mental health referrals and some kites within two weeks of receipt. Some kites may be for case management services and therefore, would not need an evaluation. For all clients that a clinician initially sees, a mental health evaluation must be completed. When evaluating a client, it is important to pay attention to symptoms, stability, safety, needs and so on. Such evaluations are also used as a screenings for some of the following, as well as other services to be determined:

- Medication – refer to doctor if appropriate. A Mental Health Evaluation and completed form must be completed prior to a psychiatrist seeing a client.
- Groups (see group section)
- General mental health concerns – refer to groups, follow on a more regular basis...
- Case Management needs – referral for discharge planning, benefit acquisition, linkage...

**Psychiatric Care:** See Attachment I for description

### **Groups:**

Clinicians are required to provide a minimum of one group each week. Clinicians and Jail Supervisor will create & coordinate a group schedule and roster with facility staff. Groups will follow Evidenced Based Practices including but not limited to:

Integrated Dual Diagnosis Treatment (IDDT)  
Psychiatric Rehabilitation  
Wellness Recovery Action Planning

Case Managers will also provide a minimum of one psychosocial group, including but not limited to:

- Illness Management Recovery (i.e., sleep hygiene, symptom management, coping skills)
- Psychiatric Rehabilitation

### **Discharge planning:**

Discharge planning is necessary for all clients using individual mental health and psychiatric services, as well as for those who kite about such problems. It is important to always ask when



an inmate is leaving and what needs they might have. It is important to also realize that many clients do not participate in Discharge Planning and/or are released or bonded out of the facility without the case manager's awareness/knowledge. However, ideally discharge planning may include, but is not limited to:

- Making appointments (psychiatric and individual therapeutic services) at **Contractor** for open consumers.
- Attempting to coordinate care with other Contractors if client is not open to **Contractor** or would like to seek services in another area
- Linkage for additional services (social security, obtaining proper identification, substance abuse treatment facilities, and so on).

### **Facility Classification Review Board (CRB) and Administrative Review Board (ARB)**

On a weekly and as needed-basis, jail staff review segregated inmates status at the jail. Input from a mental health professionals, case managers and jail staff is necessary. CRB meets weekly and it is expected that **Contractor** is represented at this meeting. This meeting is held to discuss and collaborate about segregated inmates. ARB is held to discuss continuous problematic behavior of specific inmates. The ARB has increased authority to restrict and control living conditions of an inmate. ARB meets as needed and it is expected that **Contractor** is represented at this meeting as well.

### **When to Open Clients to Contractor:**

It may be difficult to determine if clients need to be open to **Contractor** or not. It will be important to decide what is clinically appropriate and what services you will provide. Clients who plan to continue therapy with **Contractor** upon release should be opened to **Contractor**. Otherwise client status with **Contractor** will be reviewed on case by case basis. Regardless of a client's status with **Contractor** jail clients will receive the same quality of care while at **Facility**.

### **Statistics:**

The jail requires that statistics be gathered on a monthly basis for accreditation purposes. Clinicians and case managers are responsible for keeping stats of the individuals they provided services for and to report that data to the Jail Supervisor monthly who then reports to the Medical **Contractor and Facility Administrative Commander**. Occasionally, "snapshots" are required of mental health services. On specified date, clinicians will be asked to provide numbers of clients using mental health services and/or inmates with Axis I diagnoses. This is a collaborative process designed to demonstrate the mental health needs of the jail on any given day.

### **Training**

**Contractor** will offer a minimum of quarterly trainings for **Facility** staff regarding mental health issues either in Platoon Briefings or via another specified event.

**Documentation:** For all individuals seen by **Contractor** Contractors, the following documentation is mandatory and will be conducted via **Contractor's** electronic documentation system although all documents are **Contractor** approved forms:

- Mental Health Evaluation: Complete and then print a hard copy, sign, and place in the inmate chart/hardcopy chart at the jail.
  - Timeline:
    - Service within 14 days of admission if referred for services
    - Note completed at end of business day upon completion of service
- Progress Notes: Complete and then print a hard copy, sign, and place in the inmate chart/hardcopy chart at the jail.
  - Timeline:
    - Service completed dependent on type (i.e. infirmary checks are daily)
    - Note completed at end of business day upon completion of service
- Psychiatric Medication Evaluations: Complete and then print a hard copy, sign, and place in the inmate chart/hardcopy chart at the jail.
  - Timeline:
    - Service completed within 14 days of referral
    - Note completed at end of business day upon completion of service
- Psychiatric Medication Management Notes: Complete and then print a hard copy, sign, and place in the inmate chart/hardcopy chart at the jail.
  - Timeline:
    - Service completed dependent upon doctor's orders
    - Note completed at end of business day upon completion of service
- Group Notes: Complete and then print a hard copy, sign, and place in the inmate chart/hardcopy chart at the jail.
  - Timeline:
    - Service completed dependent on referral from evaluation
    - Note completed at end of business day upon completion of service
- Disclosure Forms: must be electronically signed for each client **Contractor** staff are in contact with which will appear as a secondary document to all Mental Health Evaluations and must be verbally read to client in language they can understand. Upon their verbal agreement, **Contractor** staff will electronically document their agreement and offer to provide a hard copy of the Disclosure statement into the client's personal property upon their request.

## **Attachment II: Integration of Psychiatric Care & Coverage**

In addition to Infirmary Rounds and Suicide Rounds **Contractor** psychiatrist will be responsible to provide medical evaluations on referred clients and medication monitoring for clients prescribed medication.

### **Prescriptions:**

Continuing Prescriptions: The following medications which have been ordered by an outside Contractor including Inmates' medical doctor, emergency room consultant, outside psychiatrist, etc. may be approved for inmates when the following conditions exist:

1. Medications are on Medical **Contractor's** formulary
2. Medications have been confirmed by outside source

New inmates admitted to **FACILITY** who are on verified psychiatric medication should be continued on the current medication(s) until seen by the psychiatrist or other staff physician for medication renewal (within 14 days of admission to facility/**FACILITY**) by Medical **Contractor** nursing staff. Notification should immediately be sent to mental health staff so that inmate can be scheduled with psychiatrist within 14 days. In the event that there are no available appointment times with **Contractor** psychiatrist Medical **Contractor** shall make their own medical Contractors available for this service in order to stay in compliance with NCCHC requirements.

For clients discharging from jail, prescriptions can be written for either 30 days or 3 days.

- 30 day prescriptions can be written for clients who are open to **Contractor** or those who have psychiatric/mental health services planned upon release. It is important that such individuals have appointments made and are psychiatrically stable upon release. They should be working closely with case management to ensure continuity of care.
- 3 day prescriptions can be written for individuals who do not have services planned upon release and/or are not open consumers of **Contractor**.

**Formulary:** As documented by Medical **Contractor**.

**Documentation:** In addition to completing psychiatric medical evaluations and medication management notation psychiatrist will complete additional, as needed, **Contractor** paperwork including but not limited to Non-Formulary Request Forms, Suicide Watch Discharge Forms, etc. Psychiatrists will follow a "SOAP-E" note format.

**Psychiatric Crisis Situations:** include but are not limited to the following. A crisis situation not on this list should be collaboratively managed with required contact to a **Contractor** Manager.

- Inmate becomes substantially dangerous to self or others and on-site procedures (i.e. Suicide Watch, PRN medications, CRB review, etc.) have been exhausted and continue to be ineffective.
- Inmate is housed in jail on psychotropic medications and either reports or appears to be either intoxicated or withdrawing from illegal substances and/or alcohol
- Inmate reports dangerous side effects to prescribed psychotropic medication

### **Contractor Psychiatric Procedures:**

- During scheduled on-site hours: all Psychiatric Crisis Situations to be managed by on-site psychiatrist.
- During unscheduled off-business hours (all other times) contact will be Crisis: On-call clinician will consult with on-call psychiatrist.

### **Attachment III: Integration of Mental Health Crisis Management**

**Contracted Service with Contractor for services at FACILITY:** The availability of a mental health professional who by Colorado statute is able to place M-1 holds, 24 hours per day, 7 days per week with a response time of no greater than three (3) hours.

- NOTE: Availability of mental health professional crisis care does not designate the person in crisis as an open consumer with **Contractor**
- Emergency Services Program of **Contractor** will be available on weekends, holidays, and afterhours – otherwise crises should be managed (including institution of involuntary certification) by on-site **Contractor** Jail Clinicians. **Facility** staff will be provided with **Contractor** Emergency Services contact information.
- In the event that the afterhours crisis service is needed **Contractor** Emergency Services clinicians will be allowed functional access into the facility in order to conduct the necessary face-to-face consult
- **Facility** will provide transportation for any person seen by afterhours **Contractor** Emergency Services if transportation is necessary.
- **Contractor** will follow standard protocol to address the crisis but will not be responsible for placing a person in crisis that is a jail client into a psychiatric facility and will default to the allocated 2710 facility Contractor for that consumer/jail client.

**Crisis Situations:** include but are not limited to the following. A crisis situation not on this list should be collaboratively managed with required contact to a **Contractor** Manager.

- Inmate scheduled to be released/bonded while on Suicide Watch\*
- Inmate scheduled to be released/bonded and chart has been flagged\* by Mental Health or by Medical **Contractor** staff
- Inmate becomes substantially dangerous to self or others and on-site procedures (i.e. Suicide Watch, PRN medications, CRB review, etc.) have been exhausted and continue to be in effective.

*\*Suicide Watch* is a specific level of observation in which the inmate is considered to be at high risk of harming self or others (i.e. presenting with SI and a plan, recent suicide attempt, recently charged with murder, transferred from state hospital on M-1 hold, etc.). This is not to be confused with other levels of observation including Suicide Observation or Mental Health Observation.

*\*Flagged:* Medical Chart will have a fluorescent cover to identify and booking will be notified. This indicates that while inmate may not need Suicide Watch while incarcerated, mental health or medical staff has identified risks (e.g. risk of harm to self or others) that may become more prominent upon release or in another setting.

#### **Procedures for Contractor employees**

- **Contractor Staff:** During work hours licensed Jail Therapy program staff is primary response to these situations. Clinicians will be notified by Booking or deputies of the situation and assured that the inmate has signed

any and all bonding papers. Upon receipt of notification clinicians are to complete the following within one hour

- Locate medical chart & review
- Face-to-face evaluate client and complete Crisis Assessment Form
- Formulate Decision and Communicate
  - If client is safe to be released advise Booking
  - If client requires M1 hold upon release follow procedures and communicate to booking, **Contractor** supervisor, Medical **Contractor** supervisor/charge nurse, and **FACILITY** Duty Sergeant on shift.
- Document
- **Contractor** Emergency Services (ES) Staff: During non-business hours, weekends (when there are no licensed **Contractor** staff on site), and holidays (when there are no licensed **Contractor** staff on site), **Contractor** Emergency Services will be the primary response to these situations. **Contractor** ES will be notified by Protocol that **FACILITY** or **Medical Contractor** staff has contacted the **Contractor** crisis line and needs an onsite evaluation. Upon receipt of notification Emergency Services clinicians are to complete the following within three (3) hours.
  - Provide Driver's License & **Contractor** ID badge to front desk and request access to the infirmary
  - Request medical chart, review & confirm that all necessary bonding papers are signed and completed.
  - Face-to-face evaluate client and complete the **Contractor** Crisis Evaluation Form
  - Formulate Decision and Communicate
    - If client is safe to be released advise **Medical Contractor** Charge Nurse who will perform all other duties and notifications
    - If client requires M1 hold upon release follow procedures and communicate to Medical **Contractor** Charge Nurse. Request to speak to **Facility** Shift Sergeant and collaborate regarding transportation. Depending on where inmate is going, safety, etc. **FACILITY** MAY provide transportation. If not, follow **Contractor** policy & procedure for transportation.
  - Document

**Exception Situation:** Inmate becomes substantially dangerous to self or others and on-site procedures (i.e. Suicide Watch, PRN medications, CRB review, etc.) have been exhausted and continue to be ineffective.

***\*This situation should only occur after ALL POSSIBLE collaborative efforts have been made to safely maintain the individual in incarceration\**** In other words, when this situation occurs it has already been brought to the attention of the Jail Program Supervisor, Medical **Contractor** Nurse Manager, and **FACILITY** staff.



If that is not the case, do not access **Contractor** Crisis Services – safely manage the situation and advise all parties of the inmate in question.

- **Contractor** Staff: During work hours LICENSJ Jail Therapy program staff is primary response to these situations. Clinicians will be notified by Medical **Contractor** nurses or **Facility** deputies of the situation.
  - Locate medical chart & review
  - Discuss case with **Contractor** Supervisor, Medical **Contractor** supervisor, and either **FACILITY** Administrative Commander or designee.
  - Face-to-face evaluate client and complete Crisis Assessment Form
  - Communicate your assessment to **Contractor** Psychiatrist (See Psychiatric coverage policy below).
  - **Contractor** Psychiatrist will formulate decision and communicate
    - If client can be managed on site, with recommendations
    - If client requires care outside **FACILITY** psychiatrist will need to write a letter addressed to **Contractor** that we psychiatrically recommend transferring this client to an inpatient facility based on medically necessary criteria that indicate client's dangerousness to self & others cannot be safely managed on site. Letter must be dated, signed, and hand delivered to the Medical Contractor Health Services Administrator or **Facility** Administrative Commander.
  - Document
- **Contractor** Emergency Services Staff: \*NO RESPONSE REQUIRED\*  
Due to the nature of on-call services, there is no mechanism in place to provide the psychiatric consultation and documentation (i.e. letter to **Contractor**) necessary for this case. If ES is called off-hours and requested to initiate transfer to inpatient hospital – advise that this must be handled by the on-site **Contractor** Jail Therapy Program Staff.

## TERMS OF CONTRACT

The term of this contract shall be from March 1, 2016 through December 31, 2016 with two (2) one-year renewals. The contract may be evaluated at any time during this period, at terms and conditions mutually agreeable. The following provisions shall apply:

- Providing satisfactory service is given.
- Providing the Board of County Commissioners approves funding.
- The County may terminate the contract at any time by giving written notice.

## OBJECTIVES OF THE RFP

1. To provide data necessary for the evaluation of competitive proposals submitted by qualified firms.
2. To provide a fair method for analyzing submitted proposals.
3. To result in a contract between the successful proposer (unless all proposals are rejected) and Adams County that will provide:
  - a. Quality mental health care services for inmates in custody and control of the Adams County Detention Facility;
  - b. Development and implementation of a health care plan with clear objectives, policies and procedures, and with a process of documenting ongoing achievement of contract obligations;
  - c. Operation of a mental health services program at full staffing, using only licensed, certified, and professionally trained personnel;
  - d. Administrative leadership that provides for both cost accountability and responsiveness to the contract administrator;
  - e. Assurance that required federal, state and local requirements and standards of care are met;
  - f. Continuing education for staff;
  - g. A mental health care system that is operated in such a way that is respectful of inmate rights to basic health care:

- h. Compliance with the standards established by the National Commission on Correctional Health Care for health care services in jails. NCCHC Audit was completed in September 2012.

#### MINIMUM QUALIFICATIONS

To be considered for award of this contract, the contractor must meet the following minimum qualifications:

1. The Contractor must be organized for the purpose of providing mental health care services, and have previous experience with proven effectiveness in administering correctional mental health care programs.
2. The Contractor must have at least five (5) continuous years of corporate experience in providing mental health care services at correctional facilities.
3. The Contractor must carry professional liability insurance in minimum amounts of One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) in the aggregate annually. The Contractor must carry separate liability insurance covering bodily injury, personal injury and property damage in the amount of One Million Dollars (\$1,000,000.00) combined single limit.
4. The Contractor must have demonstrated its experience and the quality of its care by having obtained the accreditation of the National Commission on Correctional Health Care (NCCHC)
5. The Contractor must demonstrate its ability to provide a mental health care system specifically for the Adams County Detention Facility. It must demonstrate that it has the ability for a thirty (30) day start-up, that it has a proven system of recruiting staff, and that it has an adequate support staff in its central office capable of competently supervising and monitoring its operation in Adams County.
6. The Contractor must demonstrate the ability to help address recidivism by connecting inmates with follow up local mental health care once they leave the Adams County Detention Facility.

#### MANDATORY REQUIREMENTS FOR ALL PROPOSALS

Proposals need to be tabbed and numbered in the following manner and must contain the following specific information:

1. All proposals must contain sufficient information concerning the program for Adams County to evaluate whether or not the Contractor meets “minimum qualifications” for all Proposers.
2. All proposals must demonstrate that the Contractor has the willingness and ability to comply with the scope of contract, mandatory requirements, specifications and program requirements, and in particular, the most current Standards for Health services in Jails, established by the National Commission on Correctional Health Care.
3. Additionally:
  - a. All proposals must list by name, address, phone and Contract Administrator all correctional institutions where proposer is currently providing mental health care and the length of time that each contract has been in effect.
  - b. All proposals must list by name, address, phone and Contract Administrator all correctional institutions where proposer has obtained an accreditation of the National Commission on Correctional Health Care or other recognized body.
  - c. All proposals must list by name, address, phone and Contract Administrator all correctional institutions where proposer has terminated services, been terminated for any reason or lost a rebid as the incumbent.
  - d. Any legal action against the company or corporate principals within the company within the past 48 months must be disclosed.
  - e. Staff turnover ratios and layoffs, both executive and line, within the past 48 months must be provided as part of Proposers response.
4. All proposals must contain a letter of intent from an insurance company authorized to do business in the State of Colorado stating its willingness to insure the proposer pursuant to the terms of the contract.
5. Audited financial statements for the most recent fiscal year, and year before that, supporting the Proposers financial capability to undertake and complete the performance of the contract.
6. All proposals must contain pricing for the first, second and third year of the contract.
7. All proposals must contain a staffing chart showing staffing of facility for 24/7 coverage.

#### EVALUATION OF PROPOSALS

An Evaluation Committee appointed by the Division Chief of the Adams County Detention Facility will evaluate each proposal. The Evaluation Committee will make recommendations to the Adams County Board of County Commissioners who shall make its award of contract to the successful proposer, which award will be subject to the finalization of agreement following contract negotiations.

In making such evaluations, the Committee will be guided by the following point system that has 100 points as the maximum total:

Pricing	0 to 30 points
Staffing	0 to 30 points
Technical	0 to 20 points
Qualifications	0 to 20 points

In computing points for each of the above four criteria, the Evaluation Committee will take the following into consideration:

1. Basic Requirements: Initially, the proposal will be examined to determine if it “qualifies” in that it meets the basic requirement for consideration. This review will pertain to such matters as adequate responsiveness to the RFP, necessary signatures, completeness, and clarity with respect to such essential factors as price. Failure of the proposal to meet the basic requirements of a proposal may disqualify it from further consideration.
2. Evaluation of Qualifying Proposals: Having determined that a proposal meets the basic requirements, the Evaluation Committee will then evaluate it with respect to each of the following elements:
  - a. Price (Maximum 30 points): The stated lump sum base price for full performance in meeting the requirements of the RFP will be of major consideration under this category. In further reviewing “price”, the Evaluation Committee may also refer to the line item information that has been provided. In addition, to be considered are such matters as increases or decreases for changes in the jail population and for the extension of the contract for a second and third year.
  - b. Technical (Maximum 20 points): In evaluating the proposal for its technical aspects, the Evaluation Committee will take into account the Proposers understanding of the Adams County Detention Facility’s current health services system and the desire to maintain NCCHC accreditation. The Evaluation Committee will review the proposal for its completeness, see how the contractor will approach the task of initiating and then fully implementing its program, look at the proposed health care delivery system in all its facets including how desired results will be attained. In all, proposal’s clarity, understanding of issues, completeness of program, and demonstration of assurance of performance as to quality and efficiency will be weighted when scoring this category. *Information regarding a proposers program for electronic record keeping will also be considered in this category.*

- c. Staffing (Maximum 30 points): In evaluating this criterion, the Evaluation Committee will look at what is proposed as a staffing pattern for the Facility. Included in the review of this portion of the proposal will be: staffing levels (e.g., psychiatrists, clinicians, and supervisor. proposed coverage-taking into account the preceding and the pattern of coverage (number at each level, and days, hours, nights, weekends, full or part time, etc.). Also taken into account will be the levels of capabilities of senior management and on-site mental health and administrative supervisors, and the use of off-site professional assistance (specialists and consultants).
- d. Qualifications (Maximum 20 points): Included in this criterion of the evaluation will be: Length of time bidder has been in the business of providing mental health care services in the jail/correctional setting; current and recent history of past performance by the proposer of a similar nature to the performance offered in response to the RFP; any evidence submitted (letters of reference) or readily attainable regarding the quality of past performance and the reliability of responsiveness of the proposer; the apparent capabilities of the proposer to perform well in the execution of its obligations under a contract with Adams County as evidenced by its leadership and management personnel, size of organization, length of time in business, past performance, and other current contractual obligations defining the Proposers capability to undertake and successfully fulfill the obligations proposed to be undertaken by its submission of a proposal in response to this RFP.

## **GENERAL TERMS AND CONDITIONS**

### **BID BONDS**

All Proposers must submit a Bid Bond in the amount of five (5) percent of the first year contract amount at the time of submittal of the proposal.

### **PERFORMANCE BOND**

The selected proposer must maintain a Performance Bond in the amount of twenty-five (25) percent of the contract price for the duration of the contract. The Performance Bond for the first year shall be submitted to the County within 30 days after notice of award. The Performance Bond may be in the form of a certified check payable to the County, or may be in the form of a Surety Bond from a company qualified to do business in the State of Colorado. The costs for the bonds must be included in your proposal amount.

### **AGREEMENTS OF UNDERSTANDING**

The awarded contractor will be required to sign Adams County's service agreement.

### **SUBCONTRACTS**



The Adams County Board of County Commissioners must approve, in advance; all subcontracts entered into by the Contractor for the purpose of completing the provisions of this contract. The Contractor shall not sell, assign, transfer, nor convey any of its rights except with the written consent of the County.

#### ALTERATIONS TO CONTRACT

Any alterations, variations, modifications, or waivers of the provisions of the contract will be valid only if they are reduced to writing, duly signed by the parties and attached to the original contract.

#### PROPOSAL OBLIGATION

The contents of the proposal and any clarifications thereto submitted by the successful proposer shall become part of the contractual obligation and incorporated by reference into the ensuing contract. All terms and conditions printed in this RFP will also become part of the contractual obligation and incorporated by reference into the ensuing contract.

#### PROPOSAL IDEAS AND CONCEPTS

Adams County reserves the right to adopt or to use for its benefit and without obligation, any concept, plan, or idea contained in a proposal submitted in response to this RFP unless stamped proprietary information and not for duplication, except in the context of duplication for contractual reasons.

#### CONTRACTOR PERSONNEL

The County shall have the right to reject the employment by the Contractor of any person or firm, and to require the removal of any person or firm employed or engaged by the Contractor, when it deems such action to be in its best interest and in the best interest of attaining successful implementation of its correctional health care services program. It is further noted that the right of entrance by any person to the jail is under the sole jurisdiction of the Adams County Sheriff's Office.

#### CONTRACTOR COOPERATION

All Contractor personnel, including the personnel of its subcontractor and agents, will be subject to security background checks and clearances by the Sheriff's office. In each instance, the individual and the Contractor will provide such cooperation as may be reasonably required to complete the security check.

#### COMMUNICATION

Provision shall be made for quarterly meetings between the health services and facility administration, including their documentation, to facilitate good communications and good rapport between security and health services.

#### PERMITS AND LICENSES

All permits and licenses required by Federal, State or local laws, rules and regulations necessary for the implementation of the work undertaken by the Contractor pursuant to the contract shall be secured and paid for by the Contractor. Copies of such licenses shall be given to the Contract Monitor upon receipt. This shall include fees associated with NCCHC Medical accreditation (should this process be selected) and periodic accreditation reviews.

#### COMPUTER INTERFACE

The Adams County Detention Facility currently uses Intergraph as the Jail Management System. The Contractor will be expected to cooperate with and provide support for any necessary interfaces to or medical staff use of this Jail Management System. Integraph has a medical module that the Facility has determined it will not use.

#### IMMUNITY FROM LIABILITY

The Contractor agrees to indemnify and to hold the County and its agents harmless for, from, and against any and all claims, suits, expenses, damages, or other liabilities, including reasonable Attorney fees and court costs arising out of damage or injury or property caused or sustained by any person or persons as a result of the performance or failure of the Health Care Provide to provide services pursuant to the terms of the contract.

#### THIRD PARTY REIMBURSEMENT

In the event that outside health services provided under the contract are covered by third party payments, including but not limited to worker's compensation, insurance companies, and Medicaid/Medicare, and the Contractor receives reimbursement from such entities, the amount paid to the Contractor shall be netted against the \$600,000 / \$750,000 aggregate cap. After the aggregate is exceeded, the Contractor shall continue to seek reimbursement from such entities, and such payments shall be paid over to the County, subject to an administrative fee of 15% of the amount reimbursed. The County agrees to facilitate this effort and to make available to the Contractor necessary records and information for processing such claims.

#### REIMBURSEMENT FOR SERVICES

The Adams County Sheriff's Office shall pay the Contractor for the provision of designated services during the term of the contract, in the amount of the proposal or other agreed upon sum as documented in the contract, in equal monthly payments.

## CONTRACT MONITORING

The County shall have the unfettered right to monitor the Contractor's work in every respect. In this regard, the Contractor shall provide its full cooperation, and ensure the cooperation of its employees, agents, and subcontractors. Further, the Contractor shall make available for inspection and/or copying when requested, original time sheets, invoices, charge slips, credentialing statements, continuing education and training records, and any other data, records and accounts relating to the Contractor's work and performance under the contract. In the event the Contractor does not hold such material in its original form, a true copy shall be provided.

## PRICE PROPOSAL

A Proposal Price Sheet (attachment) which states, as a lump sum, the base price for which the Contractor offers to provide the services and meet all the requirements of the RFP for the first year, based on an average daily population of One thousand fifty (1050) inmates should be completed. The attachment should also include:

- a. Cost (per diem) of inmate average daily population over One thousand one hundred and fifty (1150) and reduction for inmate population under nine hundred and fifty (950).
- b. A breakdown of the lump sum price by line item descriptions and amounts (e.g. staffing, consulting/specialty care, inpatient hospital care, pharmaceuticals, hospital emergency care costs, supplies, misc. expenses, general administrative and operating costs, etc.). The total for the line items should be the same as the stated lump sum base price.
- c. Total Cost of Second Year Contract (January 1, 2017-December 31, 2017)
- d. Total Cost of Third Year Contract (January 1, 2018-December 31, 2018)
- e. Explanation of the formula for inflationary increase for the two subsequent year renewals, if any.
- f. A matrix showing salary ranges for every category of staff position, along with a summary of benefits available to mental health staff.

## TERMINATION OF CONTRACT

### A. Mutual Termination of Contract

1. If either party fails to fulfill its obligations under the Contract in a timely and proper manner, or if either party violates any material covenant, agreement, or stipulation of the Contract, the party shall thereupon have the right to terminate the Contract by giving written notice to the other party of termination which will occur no less than 30 calendar days after the date of notice. The notice shall specify the effective date of the termination, and the reasons therefore, unless the

party to whom notice is given cures the breach to the satisfaction of the party giving notice prior to the effective date of termination.

2. Notwithstanding the above, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Contract by the Contractor and the County may withhold any payments to the Contractor, in an amount reasonably calculated to equal the estimated damages, for the purpose of setoff until such time as the exact amount of damages to the County from the Contractor is determined.

B. Termination for Convenience of the County

The County may terminate the Contract at any time by giving written notice to the Contractor of termination which will occur no less than 60 calendar days after the date of notice and specify the effective date thereof. If the Contract is terminated by the County without cause as provided in this paragraph, the Contractor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by the Contract, less payments of compensation previously made.

C. Payment due to Termination

In case the services of the Contractor are determined to be unsatisfactory, or because of the Contractor's failure to prosecute the work with diligence or within the time specified, the County will pay Contractor for work accomplished to date of terminate as follows: The percentage of the total lump sum fee that represents the ratio of work performed to the total amount of work.

D. Records and Documentation Remain the Property of the County

All medical and other records, policies and procedures, manuals, instructional books, orientation, and continuing education records and materials, an documentation of every sort, developed for or used in the operation of the Mental Health Care Program under the contract, shall be the property of the County and, at the termination of the contract, remain the property of the County without further obligation.

## **SPECIFICATIONS AND PROGRAM REQUIREMENTS**

### ADMINISTRATIVE REQUIREMENTS

1. A full-time on site Mental Health Services Supervisor shall be provided who shall have the general responsibility for the successful delivery of mental health care pursuant to this solicitation and final contract. The Contractor shall indicate the qualifications of as well as the range and scope of the responsibilities and activities of this position.

2. The Contractor shall, upon request, provide to the County proof of licenses and/or certificates for all professional staff. In addition, malpractice insurance must be on file for all employees, if applicable.
3. Copies of staffing schedules encompassing all mental health care staff are to be submitted to the Contract Administrator on the tenth (10th) of each month for the upcoming month. Daily updates should be supplied if there are changes.
4. Monthly and daily statistics will be required as follows:
  - a. A statistical report with narrative on noteworthy accomplishments or events will be due on the fifth calendar day of each month to the Contract Administrator that includes, but is not limited to, the data required for compliance with NCCHC accreditation.
  - b. A report of the previous twenty-four (24) hours that captures but is not limited to, the following data. This report shall be submitted to the Contract Administrator on a daily basis (Saturday and Sunday reports may be submitted Monday morning):
    - Number, name and number of day's delinquent mental health evaluations
    - Report of status of inmates in jail infirmary
    - Staffing by position and hours worked
    - Vacancies by position and number of days vacant
5. Grievances shall be monitored to detect areas of concern. Inmate grievances shall be documented on a log as to type of complaint and a response shall be prepared within three days of receipt. Completed responses will be returned to the inmate through the Contract Administrator. Grievance data shall also be provided to the facility Accreditation manager.
6. The establishment of a comprehensive quality improvement activity that will monitor the mental health services provided.
7. The contract Contractor for mental health services shall, in times of emergency or threat thereof, whether accidental, natural or man-made, provide mental health assistance to the Adams County Sheriff's Office to the extent or degree required by Adams County Sheriff's Office policies and procedures.
8. As the designated Mental Health Authority, the contractor's psychiatrist and Mental Health Services Supervisor shall assist the facility in establishing the required training curriculum in accordance with NCCHC standards in the area of mental health care and mental health emergency response.

#### PERSONNEL REQUIREMENTS

1. Adequate mental health care personnel required to provide those services listed in this RFP must be provided. Proposals must show a complete and detailed staffing arrangement, by degree of competency, which shall provide adequate support for the operation of the mental health care program. Staffing plans are to include the total number of employees full (40 hours per week on site) and part-time; position titles and license/certification; reporting order; total number and positions per shift and on holidays. Adequate mental health care personnel are required for twenty-four (24) hours, seven (7) days per week inmate mental health services.
3. The Adams County Detention Facility may request replacement of any contractor personnel believed unable to carry out the responsibilities of the contract. The Facility shall approve all appointments to the position of administrator, medical director, and supervising nurses.
4. Written job descriptions and protocols to define specific duties and responsibilities for all assignments must be provided in the proposal.
5. Personnel files (or copies thereof) of contract employees assigned to the county jail are to be maintained at the jail and shall be available to the Jail Administrator or designee.
6. New health care staff will “shadow” and/or receive a minimum of 36 hours of training by existing medical staff prior to working independently on any shift. All Contractor employees will be required to attend training on “Games Criminals Play”, radio procedures, interpersonal communication skills and other security topics made available quarterly by the Sheriff’s Office. The total classroom time for these subjects is approximately ten hours, upon hiring and annually thereafter, and the Contractor shall be responsible for employee wages and/or overtime necessary to fulfill this requirement. The Contractor shall also be responsible for providing other required training to include hours required as part of NCCHC standards for staff working directly with inmates.

#### PERSONNEL BACKGROUNDS AND SECURITY

1. All prospective contract personnel will have an NCIC/CCIC clearance run by the Sheriff’s Office prior to be considered for employment. The Contractor shall be responsible for any costs imposed by the Colorado Bureau of Investigation (CBI) for processing fingerprints on applicants. Once the initial clearance is completed the prospective employee must complete the background package supplied by the Sheriff’s Office with supporting documentation including, but not limited to, copies of birth certificate, driver’s license, social security card, GED or high school diploma, professional licenses and military service if applicable. The Contractor will also be asked to furnish a signed statement indicating that the company has completed a reasonable background on each applicant as well as provide Affirmation of Legal work Status. The applicant will be required to sign a statement agreeing to abide by the rules of the facility. The Sheriff’s Office upon receipt of the completed package shall review the information

and schedule and integrity interview with the applicant. When this process is complete, normally in 14-21 days, the contractor will be advised that the applicant may begin working and a picture ID badge will be issued by the Sheriff's Office. No employee will be allowed to work prior to this process being completed without the expressed consent of the contract liaison or designee. Persons completing an actual internship shall be required to comply with the complete background process prior to working.

#### CARE AND TREATMENT REQUIRMENTS

1. The Contractor shall provide for twenty-four (24) hour a day emergency mental health care services to include on-site emergencies and acute hospital services with one physician or more mental health care Contractors.
2. A written manual of standardized policies and defined procedures, approved by the mental health care authority and the Adams County Detention Facility, must be reviewed at least annually and revised as necessary under the direction of the health care authority and with the approval of the Adams County Detention Facility.
3. Non-inmate mental health services shall be provided in the form of emergency care for staff, contractor, and visitors for the purpose of stabilizing the condition and arranging for transport.
4. The Contractor shall share responsibility for mental health pharmaceutical costs with the Contracted Health Contractor, for the Detention Facility. All prescription medications shall be prescribed by a responsible physician, nurse practitioner, advanced nurse practitioner or psychiatrist all of whom are licensed to prescribe in the State of Colorado and in good standing with all licensing and regulatory boards. The Contractor and medical Contractor hereby acknowledge that the costs of Mental Health pharmaceuticals will be a shared responsibility with the contracted medical Contractor and agrees to share information with the contracted medical in order to exchange necessary information to share cost of mental health pharmaceuticals.
5. All controlled substances, syringes, needles and surgical instruments will be stored under security conditions acceptable to the Adams County Detention Facility.
6. Inmates will not be allowed to provide any health care services, including record keeping.

#### MEDICAL RECORDS REQUIREMENTS



1. A medical record consistent with state regulations and community standards of practice shall be maintained on each inmate booked into the facility. These records shall be kept separate from the jail confinement records of the inmate.
2. All medical records will be kept via EMR (electronic medical record). If the contractor is not currently using an EMR they will be expected to implement an acceptable EMR within six months of receiving the awarded contract. The contractor will agree to facilitate all interfaces with the EMR. The contractor shall ensure that data accessed by external systems through an API or web services is developed and maintained at no additional cost. Adams County shall prescribe the method for making the data available, or for sharing the information.
3. EMR will be made accessible for both data entry and record review to contracted behavioral health vendor, for purposes of shared responsibility in both prescription medication and inmates housed in Infirmary and/or receiving both medical and mental health services.
4. Individual health care records will be initiated and maintained for every inmate regarding medical, dental, or mental health services received as a result of the inmate screening process and for services rendered following the inmate's assignment to a housing area.
5. In any case where medical care is at issue, or in any criminal or civil litigation where the physical or mental condition of an inmate is at issue, the Contractor shall make accessible to the Sheriff, Jail Commander, Contract Administrator, District Attorney, or County Attorney such records and, upon receipt, provide copies.
6. The Contractor acknowledges and agrees that all records prepared or acquired by the Contractor during performance of services under the contract will immediately become the property of the Sheriff's Office.
7. Inmate medical records shall be released in accordance with HIPAA regulations and Colorado Open Records Laws. Duplication of medical records shall be the responsibility of the medical staff and the actual release will be the responsibility of the Sheriff's Office. Fees collected by the Sheriff's Office for copies of medical or mental health records shall be forwarded to the Contractor.
8. Included in the inmate population are inmates incarcerated on behalf of the Colorado Department of Corrections and Municipalities. The Contractor shall promptly notify Contract Administrator of the need for other than routine care for such inmates and shall provide documentation of required treatment to the Department of Corrections or Municipality as required. The Contractor shall submit all related bills to the Contract Administrator to ensure reimbursement to the County of all outside medical expenses and cost of pharmaceuticals incurred on behalf of such inmates. All such reimbursements are returned to the Adams County General Fund.

9. If an inmate medical record cannot be located within twenty-four (24) hours of a discovered loss, the Contract Administrator shall be immediately notified.
10. Inactive medical records will be maintained in accordance with the laws of the State of Colorado and the American Medical Association. The Contractor shall prepare inactive files for archiving on CD-ROM. This shall include removing duplicate documentation and staples and placing all paperwork in chronological order. The Adams County Sheriff's Office will be responsible for the archiving of inactive files. Inactive files will be defined as files on persons who have not been in custody in the Adams County Detention Facility during the past twelve (12) months. Files to be archived for a given year shall be prepared and ready for pick-up by April 1 of the year that they will be archived according to the following schedule:

i. 2012 files	Must be ready by April 1, 2016
ii. 2013 files	Must be ready by April 1, 2017
iii. 2014 files	Must be ready by April 1, 2018
11. Any and all legal actions or requests affecting inmates and/or the medical contract Contractor must be provided, in writing, to the Contract Administrator within twenty-four hours.

#### SUPPLIES AND OFFICE EQUIPMENT

The contract Contractor should be prepared to provide whatever stock supplies are required to perform under the contract. Contractor will also supply at its expense, all other supplies required to carry out its performance. Said supplies will include, but not be limited to, forms, books, manuals, medical record folders, alpha indexes and forms, pharmaceuticals, laboratory fees, prosthetics, hand instruments, needles and sharps, special medical items, testing devices, containers and clinical waste receptacles, inmate information brochures, individual and group materials, gloves and coverings, and disinfectants. Adams County will supply general cleaning products for routine maintenance of the medical unit as well as supply soap, toilet paper and hand towels for both inmate and staff restrooms. All equipment owned by the Facility may be used in conjunction with that furnished by the contract Contractor. Basic office furniture to include desks, chairs and file cabinets currently in place will be available for the Contractor's use.

The Contractor shall be responsible for reimbursing Adams County for all long distance telephone charges if requested. The County will provide and pay for a language line interpreting service.

In addition, the Contractor will supply at its expense, on-site office equipment it needs such as copiers, fax machines, pagers, calculators, additional telephones and telephone lines beyond those supplied by the county, ordinary computer equipment and typewriters. The County will

continue to make available computer terminals that are part of the mainframe system currently used by the Facility.

All equipment purchased under the contract shall be the property of the County and shall remain on site at the termination of the contract. All supplies purchased for use in the performance of the contract, shall be the property of the County and shall remain on site at the termination of the contract.

The County shall be responsible for maintenance of all medical and office equipment supplied and owned by the County for use by the Contractor. Should such equipment become non-serviceable due to routine use, then the County will be responsible for its replacement.

#### SERVICES TO STAFF

1. Emergency services including first aid, assessment, stabilization and the coordination of transport of employees or visitors who become ill or injured in the Adams County jail.
2. The Mental Health Services Supervisor will also be required to present a brief (approximately one hour) introduction to the mental medical services class during the monthly in-house academy for new employees.

#### **NON-PERFORMANCE CONDITIONS AND PENALTIES**

The Contractor must agree to the following conditions and penalties for contract non-performance. (Penalties for non-performance by the Mental Health Contractor are incorporated into the attached contract.)

1. A \$50,000 penalty for not achieving NCCHC Accreditation.
2. The Contractor will reimburse the actual cost plus twenty-five percent (25%) of the total for the staff positions, which remain unfilled or uncovered after fourteen (14) days, from the initial date of vacancy. For administrative (including Health Services Administrator), physician, or dental services, the Contractor shall be required to fill or cover the vacancy within seven (7) calendar days or be subject to the same penalty.

Prior to invoking any of the above penalties the contract monitor shall meet with the Mental Health Services Supervisor and Detention Facility Commander to discuss and validate the non-performance. Notice of non-performance will then be provided in writing to the Contractor. Should any of the above penalties be invoked they may be paid as a credit against the monthly billing for contract services.

Attachment A

**PROPOSAL PRICE FORM**

All labor, materials, services and equipment necessary for the completion of the work described in this document and as proposed by the bidder will be completed for the lump sum amount of \_\_\_\_\_ Dollars

(\$ \_\_\_\_\_). (Enter the total base proposal amount for first year.

1.      \*Total cost of first year contract)                      \$ \_\_\_\_\_

Additional cost/refund per inmate/per day when the average daily population is:

- a. Over 1200 \$ \_\_\_\_\_
- b. Under 1000 \$ \_\_\_\_\_
- 2. Total cost of second year contract  
(January 1, 2017-December 31, 2017) \$ \_\_\_\_\_
- 3. Total cost of third year contract  
(January 1, 2018-December 31, 2018) \$ \_\_\_\_\_
- A. Provide explanation of the formula for inflationary increase for the two subsequent year renewals, if any.
- B. \*Also provide a breakdown of the lump sum price by line item descriptions and amounts (e.g. staffing, consulting/specialty care, inpatient hospital care, pharmaceuticals, hospital emergency care costs, supplies, misc. expenses, general administrative and operating costs, etc.) The total for the line items should be the same as the stated lump sum base price.

Attachment B

**ADAMS COUNTY, COLORADO  
2016 COMPREHENSIVE INMATE  
MENTAL HEALTH SERVICES  
PROPOSAL FORM**

**VENDOR'S STATEMENT**

I have read and fully understand all the special conditions herein set forth in the foregoing paragraphs, and by my signature set forth hereunder, I hereby agree to comply with all said special conditions as stated or implied. In consideration of the above statements, the following proposal is hereby submitted.

WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # \_\_\_\_\_ Addenda # \_\_\_\_\_ Addenda # \_\_\_\_\_

If None, Please write NONE.

Community Reach Center  
COMPANY NAME

3/28/16  
DATE

8931 Huron St  
ADDRESS

  
SIGNATURE

Thornton, Adams  
Colorado  
CITY, COUNTY, STATE

Rick Doucet  
PRINTED SIGNATURE

303-853-3500  
TELEPHONE NUMBER

CEO  
TITLE

(Seal – If Bid is by a Corporation)

Attachment C

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE**

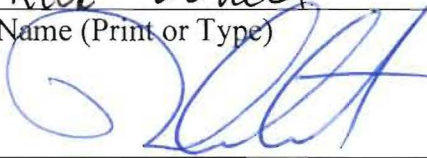
Pursuant to Colorado Revised Statute, § 8-17.5-101, *et. seq.*, as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract 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:

Community Reach Center  
Company Name

3/28/16  
Date

Rick Doucet  
Name (Print or Type)

  
Signature

CEO  
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

## Attachment D

### **INSURANCE**

The Contractor will be required to procure and maintain, at his own expense and without cost to the County, the kinds and minimum amounts of insurance as follows:

#### **I. Comprehensive General Liability**

In the amount of not less than \$1,000,000. per occurrence person and \$2,000,000. Aggregate. Coverage to include:

- A. Premises
- B. Products/Completed Operations
- C. Broad Form Comprehensive, General Liability
- D. Adams County as Additional Insured

#### **II. Comprehensive Automobile Liability**

In the amount of not less than \$500,000 singles limit for bodily injury and property damage, per occurrence.

#### **III. Employers Liability and Workers' Compensation**

The Contractor shall secure and maintain employer's liability and Workers' Compensation Insurance that will protect them against any and all claims resulting from injuries to and death of workers engaged in work under the Agreement.

#### **IV. Professional Liability**

The Contractor shall maintain Professional Liability (sometimes referred to as errors and omissions insurance) in amounts not less than \$1,000,000 each occurrence and \$2,000,000 aggregate.

### **Certificate of Insurance**

The Contractor shall not commence work under the contract until they have submitted to the County and received approval thereof, certificates of insurance showing that they have complied with the foregoing insurance.

All referenced insurance policies and/or certificates of insurance shall be issued to include Adams County as an "additional insured." The name of the bid or project must appear on the certificate of insurance.



1. Underwriters shall have no right of recovery or subrogation against Adams County; it being the intent of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the described insurance.
2. The clause entitles "Other Insurance Provisions" contained in any policy including Adams County, as an additional insured shall not apply to Adams County.
3. The insurance companies issuing the policy or policies shall have no response against Adams County for payment of any premiums due or for any assessments under any form of any policy.
4. Any and all deductibles contained in any insurance policy shall be assumed by and at the sole risk of the Contractor.

If any of the said policies shall be or at any time become unsatisfactory to the County as to form or substance, or of a company issuing any such policy shall be or at any time become unsatisfactory to the County, the Contractor shall promptly obtain a new policy, submit same to the Purchasing Agent of Adams County for approval and thereafter submit a certificate of insurance as hereinabove provided. Upon failure of the Contractor to furnish, deliver, and maintain such insurance as provided herein, the contract, at the election of the County, may be immediately declared suspended, discontinued or terminated. Failure of the Contractor in obtaining and/or maintaining any required insurance shall not relieve the Contractor from any liability under the contract, nor shall the insurance requirements be construed to conflict with the obligations of the Contractor concerning indemnification.

# **Comprehensive Inmate Mental Health Care Services**



COMMUNITY  
REACH  
CENTER





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## Scope of Contract

Community Reach Center is excited for this third opportunity to serve as the comprehensive mental health provider for Adams County Detention Facility (ACDF). Over the past seven years Community Reach Center has provided mental health care in this capacity and demonstrated three consistent deliverables:

- (1) National Commission on Correctional Health Care (NCCHC) accreditation,
- (2) Continuity of care from jail to community, and
- (3) Integrated health care collaboration with Adams County Detention Facility medical vendor, Sheriff's office and court services as well as with the larger Adams County criminal justice community.

Community Reach Center's statement of work emphasizes continued non-profit agency state of the art performance of these deliverables with additional focus on continuous quality improvement that is cost effective.

Community Reach Center is committed to the health and well-being of Adams County and our residents as evidenced by our extensive community based programs that promote mental health and decrease recidivism. Based on both SAMSHA GAINS Center Sequential Intercept Mapping (SIM) model research and our Adams County experience, the majority of individuals who enter our jail system are either first time offenders needing supportive, prevention services to avoid further penetration into the criminal justice system or are repeat offenders who are in need of comprehensive mental health care and substance use disorder treatment.

We are the Community Mental Health Center for Adams County and our mission is to enhance the health of our community. Our passion to serve as good stewards to those in need has been extended into Adams County Detention Facility (ACDF) and has impacted over 11,828 lives in the last calendar year with an anticipated 1,000 lives to be served in the month of December, which is up from 12,525 in 2014, and up from 10,844 in the 2013. Community Reach Center will not only serve inmate-patients while detained at ACDF, but will continue to serve upon their release. In 2015, we successfully launched information sharing between ACDF Jail Managements System (JMS) and our Center's electronic health record, giving us the capacity to know on a daily basis two critical pieces of information;

- (1) Community Reach Center clients who have been booked into jail, and
- (2) Community Reach Center clients who have been released from jail. In the past six months that data has demonstrated an average of 250 – 350 Community Reach Center clients (active or recently active within past six months) are in ACDF at any given time.

With the data sharing between JMS and our agency we are able to rapidly respond to those in need:

- (1) for those entering the jail we can triage our staff to conduct mental health evaluations and discharge planning services aimed at reducing recidivism as well as risk management;
- (2) for those releasing from the jail we are able to notify outpatient treatment teams, mobile crisis teams, and our own jail staff to support engagement in treatment post-release which improves continuity of care.





Since piloting this data sharing and subsequent referral process in the past six months, we have successfully engaged approximately 10% of clients leaving the jail into services. Our goal for the next fiscal year is to increase that engagement to 50% and to begin tracking recidivism back to ACDF of these clients post-release using a rapid change process supported by a newly awarded (2015) grant from National Council whereby ACDF and Community Reach Center will be meeting monthly with other Jails and CMHC in the National to target improved continuity of care from jail to community based treatment.

We are proud that volume of services is matched with high quality of care evidenced by the fact that in the seven years at ACDF, Community Reach Center has been a critical part of ACDF passing site visits from NCCHC and has never been the subject of any NCCHC corrective action plans. Part of our consistent success in meeting NCCHC standards is due to our collaboration with the existing medical vendor, court services, jail deputies, and other ACDF and County personnel. Our strong community partner collaboration with 17th Judicial Courts, 17th Judicial Probation, Division of Adult Parole, Department of Youth Corrections, Adams County Criminal Justice Coordinating Council (CJCC), Adams County Community Corrections, and many others have only enhanced our services at ACDF. These relationships improve daily work flow issues (e.g. how to get Problem-Solving courts appropriate and timely mental health evaluations so that we can support offenders getting the right services, at the right time) and with best practices sharing that inform our new targets of excellence (e.g. tracking recidivism rates for the Community Engagement, Supervision and Evaluation (CESE) Program). Figure 1.0 below demonstrates our existing collaboration and community involvement which supports our capacity to serve individuals in the criminal justice system.

**Figure 1.0**

**Crisis Intervention Team (CIT) Training:**

- Partnered with Adams County Sheriff's Office (ACSO) and eight other local law enforcement agencies to provide training for officers and deputies on mental health, de-escalation and jail/emergency room diversion strategies.

**Adams County Criminal Justice Coordinating Council**

- Member of Adams CJCC to support intergovernmental collaboration and strategies aimed at reducing recidivism and increasing public safety.

**Community Engagement, Supervision & Evaluation (CESE)**

- Partnered with ACSO, 17th Judicial Court, 17th Judicial Probation, 17th Judicial District Attorney's Office, Public Defenders Office and community to provide post-sentencing, community-based treatment for offenders with mental illness.

**Community Corrections Board**

- Member of Adams Community Corrections Board.

**Adams Sexual Assault Response Team (SART)**

- Ad-hoc member of Adams SART team providing education and support on resources and role of mental health.

**Juvenile Services Planning Committee**

- Community Reach Center is also the provider of services at the Adams Juvenile Detention Facility and supports several venues in the community specific to juvenile justice; partnering to reduce juvenile to criminal justice system transfers.



## Collaboration with Medical Vendor and Pharmacy Services

Community Reach Center fully agrees to continue our practice of integration with the chosen medical vendor. We acknowledge that this includes shared costs for mental health pharmaceuticals and any related laboratory costs. We share the County's vision that this type of shared practice best serves the patient and we have demonstrated our commitment to integrated health care at the local, state and national levels. In addition to our seven years of demonstrated experience with the existing ACDF medical vendor, it is important to note that integrated care is a philosophy of care at Community Reach Center and a high priority in the State of Colorado.

We are currently one of four sites in the State of Colorado selected for the SIM Bidirectional Integrated Health Home grant. The purpose of this grant is to integrate health care with behavioral health, to include development of information technology that allows for integration of health and behavioral health data, and working towards an alternative payment structure. Community Reach Center also has three other existing contracts with primary care providers in the community ranging from Federally Qualified Health Centers (FQHC's) to private primary care vendors. In all cases we have the experience and expertise in integrating our specialized mental health and substance use interventions with another medical provider. At ACDF, our current practice is to document services directly into the medical providers electronic health record to maintain NCCHC standards, continuity in medical and pharmaceutical care as well as risk management. In recent years, we have expanded our staff at ACDF with other supporting grants and contracts focused on re-entry services. In those cases, we are documenting in our Center's electronic health record to support continuity of care outside of the jail/post-release.

Community Reach Center will continue our current practice to share cost and responsibility of pharmaceuticals prescribed within ACDF. While we are eager to work with any vendor on how best to accomplish that collaboration, we have observed that the simple process of documenting in the medical vendor's electronic health record, monthly reporting of pharmaceuticals prescribed by provider, and quarterly review has resulted in seamless pharmaceutical services for the inmates and cost-saving by cost-sharing. We support that having one pharmacy vendor and one pharmacy budget for ACDF along with accountable collaboration between mental health and medical is not only best practice, but cost efficient care.

Sharing information and releasing information is simplified with electronic health records. Community Reach Center provides monthly and quarterly data to ACDF and the medical vendor on services and we are eager to improve that data-sharing practice once vendors are selected and the medical contractor's electronic health record is known. With that information, our Information Systems leadership can connect with the medical contractor's Information Systems leadership and develop measures to share information both within and between the medical vendor's electronic health record and ours.

Community Reach Center Quality Assurance Department has an established practice in vetting all requests for records, subpoenas and other legal matters with Adams County, ACDF, and the medical vendor. All communication and conduct shall be compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA), Code of Federal Regulations, Title 42, Part 2 (CFR 42, Part 2) and Colorado Open Records Laws and available to Adams County when needed as well as available to medical contract for purposes of continuity of care.

*"In our mission to enhance the health of our community we are committed to providing the right services, at the right time. Jail may not be the best or ideal place to start services, but when that happens Community Reach Center is there to compassionately engage individuals with mental health and substance use needs on a clear and specific goal; let's serve you outside these walls and not see you again back within these walls."*

*~Dr. Abigail Tucker,  
Psy.D., Clinical Director  
over Jail Services at ACDF*



# Leadership Staff and Brief Biography Descriptions

## Rick Doucet



Rick has been with Community Reach Center since 2000 and has served as the Chief Executive Officer since 2001. As CEO, Rick utilizes his experience in community relations, legislative affairs, contract negotiations, clinical casework and problem solving to meet the mission, vision and goals of Community Reach Center.

His career in mental health spans 27 years and hundreds of miles from Dallas, Texas, to Thornton, Colorado. As a therapist, Rick specialized in working with high-risk children and families. In 1991, he launched Doucet and Associates, providing consultations for psychiatrists, as well as other clinical staff, and acted as a liaison between school systems and social agencies for clients.

Rick serves as the liaison for various state and community agencies and is a contributing member of several Colorado committees addressing mental health and substance abuse issues, program development and outcome measures. His work is continuously strengthening the health of Coloradans, both at the state and county level.

Currently, Rick serves as the Chair of the Contracting Committee for the Colorado Behavioral Healthcare Council (CBHC), working with the State of Colorado to provide comprehensive behavioral health and psychiatric services to all Colorado communities. As a recognized leader in evidence-based integrated care systems, Rick is able to help CBHC strengthen the bond between community medical and mental healthcare, encouraging a service delivery model that strengthens the overall health of Colorado communities. Formerly, Rick has served CBHC as the Chair of the Colorado Behavioral Healthcare Systems and Chair of the Finance Committee. Additionally, he was the former Secretary and Treasurer.

Rick received his master's degree in Psychology from Texas A&M Commerce, as well as his bachelor's degree in Psychology and Rehabilitation from Stephen F. Austin State University.

## Tamara Player



Tamara serves as the Chief Operations Officer at Community Reach Center, overseeing service delivery, service support systems and all internal operations. Additionally, she

initiates, as well as implements, the Center's strategic plan and facilitates communication between Community Reach Center and the organizations that the Center contracts with.

Prior to working at Community Reach Center, Tamara spent 21 years working in the community mental health system in Maine. In addition to providing clinical services, Tamara served as the Director of Mental Health Services and more recently as the Chief Operations Officer for Aroostook Mental Health Center.

Tamara led the development and implementation for several key initiatives, including electronic health records, evidence-based practices, recovery models and integrated services.

Tamara received a Master of Social Work from the University of New England and a Bachelor of Arts in Psychology from the University of Maine. She completed the Health Leadership Development course with the Daniel Hanley Center for Health Leadership and Institute for Civic Leadership in 2011.

## Dr. Abigail Tucker



Doctor Abigail Tucker serves as the Clinical Director of Intensive Services. As a Clinical Director, she oversees the Psychological

Services Department, the Accountability & Recovery Program, Community Reach Center's Crisis Continuum, as well as all justice-related services. Additionally, Abigail is highly involved in Crisis Intervention Training (CIT) program for local law enforcement.

Beyond serving Community Reach Center, Dr. Tucker serves on a variety of Adams County behavioral health councils, boards and committees and is an Editorial Board Member for the Journal of Family Violence, as well as the Journal of Child and Adolescent Substance Abuse. She has published numerous journal articles, as well as book chapters, and regularly presents on the role of community mental health in forensics, critical incident stress debriefing models and other police issues.

Dr. Tucker received both her Doctor of Psychology and her Master of Science in Clinical Psychology from Nova Southeastern University. She completed her Bachelor of Arts in Psychology at Loyola College.

## Dr. Joseph Pastor



Doctor Joseph Pastor serves as Community Reach Center's Chief Medical Officer. As CMO, he is responsible for supervising all medical

and nursing providers with the aim to ensure all Community Reach Center clients receive appropriate evaluation, diagnosis, treatment, medical screenings, and quality psychiatric services.

Outside of Community Reach Center, Dr. Pastor is the Assistant Clinical Professor of Psychiatry at Vanderbilt University School of Medicine in Nashville, Tennessee. He is also a member of the American Society of Professionals in Patient Safety, a member of the Academy of Correctional Health Professionals, and a member of the Tennessee Child and Adolescent Psychiatry Society. He has extensive experience in academic, community and private sector health care systems and consults internationally on integrated health care and suicide prevention in jail's and the community.

Dr. Pastor received his Doctor of Medicine from the Ohio State University College of Medicine and his Bachelor of Arts from Hiram College in Ohio.

Adult and child psychiatrist, certified correctional health professional.

## Emily Oosterhouse



Emily Oosterhouse is a licensed professional counselor in Denver, Colorado. She is the Supervisor of Jail Services for

Community Reach Center overseeing the Jail Therapy program located at the Adams County Jail. The Jail Therapy program provides mental health assessment and triage, medication management, and transitional services to those incarcerated in the Adams County Jail.

Emily grew up in Grand Rapids, Michigan and completed her undergraduate education at Calvin College in Grand Rapids. She then moved to Denver to pursuing education and clinical training. Emily graduated from the University of Denver with a MA in Forensic Psychology. She has experience with outpatient forensic therapy and assessment, case management in Community Corrections, crisis assessment, and assessment and treatment within the jail setting. She is a presenter on mental health and substance abuse for criminal justice employees at the Adams County Sheriff's department. Emily also sits on the Adams County Community Corrections Screening Committee which reviews offenders for the appropriateness of placement within Community Corrections.



# Organizational Chart

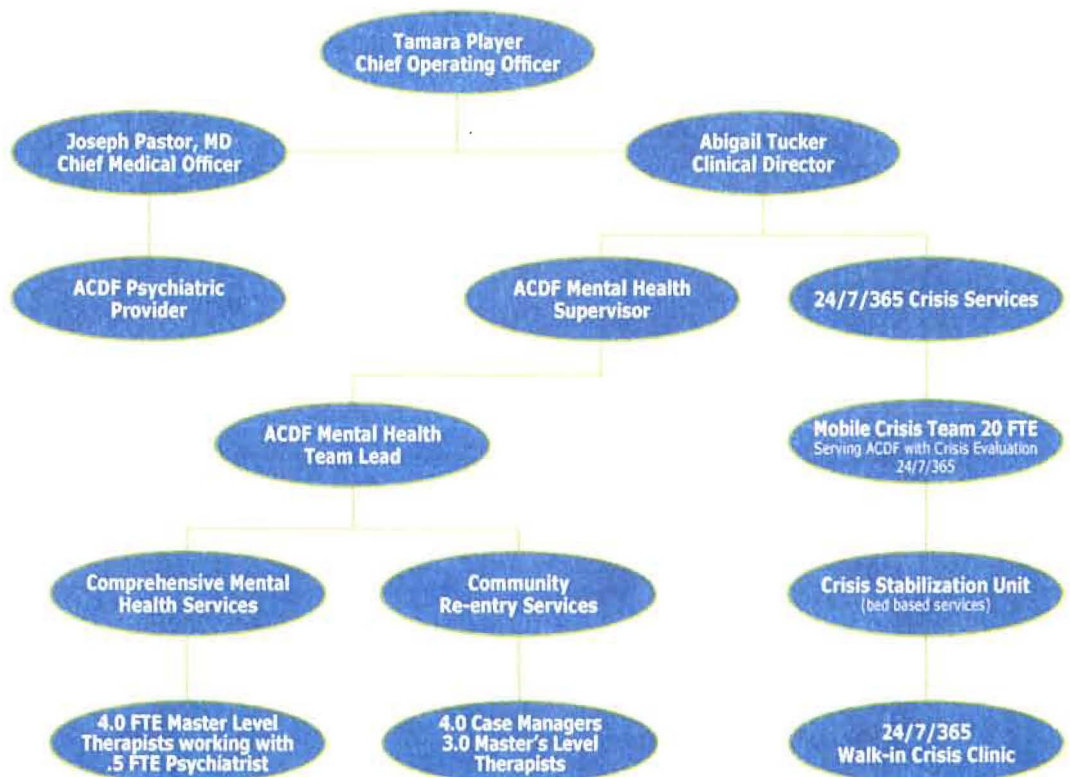




## Mental Health Care

Community Reach Center will provide the on site, comprehensive mental health care to all inmates booked into ACDF in accordance with all current and any future NCCHC accreditation standards for care. The retention rate for our Jail and Outpatient Justice Team in 2014 was 75%. We believe a consistent workforce supports strong mental health care which is why we have a targeted employee retention program. Staffing to support that comprehensive care includes the following positions which are outlined in Attachment A; Four (4) Full Time Equivalent (FTE) Master's level behavioral health providers and one (1) part-time .5 FTE Psychiatry Provider for a total of 4.5 FTE. These 4.5 FTE staff will provide an average of 120 hours per week of onsite, direct care mental health services and an average of 20 hours per week of onsite, direct psychiatric care. The average of 120 hours per week of clinical care and 20 hours per week of psychiatric care allow us to often exceed those expectations, but also ensure that our staff receive quality supervision, mandatory training, continuing education, and have Department of Labor standards for time off to rejuvenate from the hard work they do every day. Onsite, direct care services will be provided seven days a week and 365 days a year during day shift; most predominately between hours of 8:00am and 6:00pm to support existing lockdown times of the jail. However, services, such as groups, may be provided in the evening if permitted by ACDF and our crisis services are available Twenty-four hours a day, seven days a week, three-hundred sixty-five days a year (24/7/365) .

Part of providing comprehensive mental health care is integrating with re-entry services and Community Reach Center's leadership is fully committed to providing a seamless transition from the jail to the community. Our creative efforts have resulted in Community Reach Center providing services that are funded by alternate sources. There are several other positions (a total of 1.0 on-site Manager, 4.0 FTE for case managers and 3.0 FTE for master's level therapists) funded by other grants and contracts that Community Reach Center uses to support an overall structure for high quality mental health care at ACDF; see figure 1.1. To support this organizational structure for on-site jail services, Community Reach Center has provided our agency organization chart as Attachment E, all of whom are locally working in Adams County.





Community Reach Center's demonstrated experience in providing jail-based mental health care integrated with medical contracts and re-entry services is performed with efficient work flow. Figure 1.1 outlines the flow of inmate-patient care from booking to release to community care. National and State standards as well as evidenced based practices inform all of our services from initial screen, to triage, assessment, individual and group therapy, and include discharge planning. Currently, Community Reach Center partners with the medical vendor on their identified screening tool used at booking with a Registered Nurse, which then based on low threshold criteria (e.g. inmate does not need to be high risk they can present only with low level or a history of mental health symptoms and still meet criteria for referral) are either directly admitted to the Infirmary or booked into the jail as standard operating procedure and referred to mental health. Our response time from that referral is based on acuity and will range from next day to within 14 calendar days. This process provides 24/7/365 screening of all inmates booked into the facility and rapid response for high risk situations. However, Community Reach Center is eager to work with any medical vendor to select a screening tool and process that best uses the strengths and skill set of both medical and mental health.

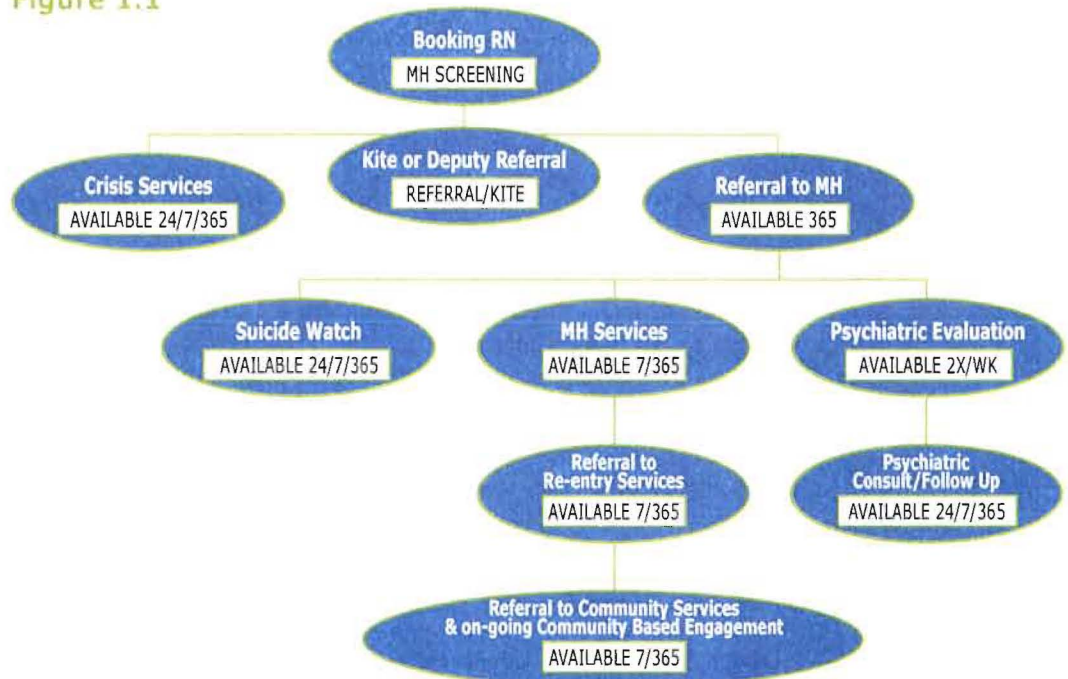
Our triage process and initial clinical assessments meet NCCHC standards, are enhanced to include trauma-informed practices, and are designed to (1) evaluate & stabilize, (2) provide brief clinical & psychiatric care, and (3) mitigate risk. Community Reach Center staff receives advanced training on client rights, risk management, substance use disorders, working with veteran populations and cultural competency awareness training. With these advanced trainings and assessment tools that are available to staff, we can individually modify clinical assessments and the concurrent treatment plans to best meet the need of the inmate-patient.

- Level of Supervision Inventory Revised (LSI-R) Simple Screening Instrument Revised (SSI-R)
- Colorado Criminal Justice Mental Health Screen for Adults (CCJMHS-A), HELPS - The HELPS is a brief TBI screening tool that was designed to be used by professionals who are not TBI experts. "HELPS" is an acronym for the most important parts of screening: H = Hit in the head; E = Emergency room treatment; L = Loss of consciousness; P = Problems with concentration and memory; S = Sickness or other physical problems following injury. Post Traumatic Stress Disorder Checklist Revised (PCL-R)

Community Reach Center joins Adams County in their value that mental health care is available to all inmate-patients and are proud to be a part of ACDF Kite system (inmate written request process) where any inmate can submit a direct request for services to mental health. Our response time to kites is also based on acuity and can range from next day to within 14 calendar days.

Finally, Community Reach Center acknowledges that mental health crisis cannot be predicted and will occur outside of onsite direct service hours.

**Figure 1.1**







*"Using evidenced-based practices (MRT) is just part of the equation; the other, more dynamic part, is the power in sending both jail-based clinicians and outpatient clinicians together to the same training (MRT) and working with them to develop a seamless transition from Jail to outpatient services. I can support provision of MRT in the jail, it is connecting that same evidenced based treatment to their outpatient care that shines toward excellence and reduction in recidivism."*

*~ Emily Oosterhouse,  
Manager over Jail Services  
at ACDF*

*"Moral Reconciliation Therapy (MRT) has been shown to effectively reduce recidivism when utilized as an intervention with offenders in corrections."*

*~ (Wilson, Bouffard,  
MacKenzie, 2005)*

Therefore, Community Reach Center will continue our practice to provide ACDF with 24/7/365 crisis support that includes both phone access to a Crisis Manager, an on-call psychiatric provider as well as crisis therapist who can physically respond to ACDF and provide assessments, consultation and direct referrals as needed. In the past year, ACDF has reached out to Community Reach Center's afterhours crisis services an average of three times per month. Most the calls have resulted in CRC completing a face to face crisis evaluation for an inmate being released who presented with high suicide or homicidal danger.

Community Reach Center has over 50 years of providing unparalleled commitment to promoting excellence, professionalism and integrity within our community health care system. This commitment to staff excellence best serves our community and the inmate-patients at ACDF. Community Reach Center has a robust New Employee training and mandatory annual trainings outlined in Attachment F. Additionally, we welcome the supplemental and site-specific training provided by ACDF (as outline in request for proposal). Community Reach Center is familiar and in full agreement with the Personnel Background process, Clearance and Refusal rights of ACSO and all Security measures including right of inspection. The framework of New Employee training, mandatory annual trainings, supplemental ACDF trainings, and continuing education trainings have built and will maintain the backbone of integrity and quality for our staff.

From that framework, the mental health staff working at ACDF have begun a practice transformation to hit two new targets of excellence:

- (1) Use of Moral Reconciliation Therapy (MRT) provided both within the jail and then continued in community at Community Reach Center. Four CRC therapists, whose role is to serve this special population, have completed a three day training in MRT and become certified in the curriculum. MRT is a form of treatment which has been shown through repeated studies to be more effective with the offender population than most other forms of treatment.
- (2) Reduction in recidivism using best practices in information sharing and re-entry services. Community Reach Center's jail program is currently completing intakes for community based services while inmate-patients are detained, and then providing consumers with an appointment date to start services post-release from jail. If a consumer fails to attend his or her scheduled appointment with Community Reach, the jail team will call them or their social supports to discuss why they did not attend the appointment and assist them in getting a new appointment scheduled. To reach our second target of excellence for recidivism reduction, we will learn from existing partnerships and successes in our community. In 2009, the CESE Program was developed with ACSO & CRC. Since the start of the program, the CESE Program has boasted a less than 10% recidivism rate for individuals who were in jail pre-CESE and engaged in treatment at Community Reach Center with Probation supervision.

In 2013, Community Reach Center, as a subcontractor to Adams County was awarded the Office of Behavioral Health (OBH) Jail Based Behavioral Services (JBBS) contract and since that award date has served over (1043) individuals all of whom are targeted for community re-integration.

In the fiscal years 2014 and 2015 Annual Report from OBH, it was acknowledged that Community Reach Center served more individuals than any other JBBS program in the state, including jails with larger average daily populations. In 2014, Community Reach Center, ACSO and many other criminal justice partners received SEARCH federal technical assistance to complete a Sequential Intercept Map of our local community's criminal justice system and its interface with behavioral health. This process was endorsed by the Substance Abuse Mental Health Services Administration (SAMHSA) GAINS Center as an evidenced informed way to integrate behavioral health and the criminal justice system, highlighted the need for more behavioral health services at the point of law enforcement contact, in jail and post-release reference. This supported Community Reach Center's existing collaboration with ACSO and eight other local law enforcement community's in the Adams County Crisis Intervention Team (CIT) training program. We know that when officers and deputies are trained in best practices for de-escalation we can impact the diversion from the criminal justice system and jails. However, since there are times when CIT skills cannot overcome criminal activity, the Sequential Intercept Mapping project validated the need for re-entry services embedded in jails since jails have become default institutions for mental health in the past decade due to deinstitutionalization, underfunding Community Mental Health Centers, and larger systemic issues including stigma and access to care (<http://www.samhsa.gov/gains-center>).





The JBBS program initiated in 2013, the newly awarded (in 2014) Senate Bill 97 Program, and the recent (2015) National Council Learning Collaborative award to CRC & ACSO, all fiscally support case management services, brief therapy services, and community based services following nationally recognized re-entry practices including but not limited to;

**National Re-Entry Resource Center;**

- Supported by Council of State Governments
- <https://csgjusticecenter.org/nrrc/>
- Provides resources, trends, and webinars are nationally recognized practices to support re-entry and engagement in services post-release

**Colorado SSI/SSDI Outreach, Access, and Recovery (SOAR) Works Program**

- Supported by SAMHSA
- <http://soarworks.prainc.com/states/colorado>
- Training has been provided to existing Community Reach Center JBBS and SB97 staff and supports benefits assessment and acquisition to ensure that inmate-patients who need to obtain or sustain Medicaid or other health insurance have qualified staff to support them.

## Job Descriptions and Specific Services

Community Reach Center secures Job Descriptions for all employed staff and those personnel records are maintained by our Human Resources Director, available to County when needed. Job Descriptions include specific job duties and services which are outlined in Table 1.0 and Table 1.1 below; all of which are requirements of staffing working at ACDF and meet or exceed NCCCHC accreditation standards. A staffing chart demonstrating capacity to meet these specific services including 24/7/365 coverage for crisis is included as Attachment G. Attachment E also includes brief biographical summaries of leadership members at Community Reach Center supporting this contract.

	Daily	Weekly	Twice a week	Available as Needed	Available 24/7/365
Suicide Watch	x				
Infirmary Rounds	x				
Juvenile & Admin. Segregation Services		x			
Services for Pregnant Women				x	
Group Therapy, Brief Individual therapy, Discharge planning & Case Management Services	x				
Triage & respond to Kites & Mental Health Evaluations	x				
Psychiatric Evaluations & Services			x		
Crisis Evaluation and Psychiatric Consult					x

**Table 1.0 Specific Services Provided**

	Daily	Weekly	Monthly	Quarterly
Trainings for ACDF staff and/or medical vendor staff on mental health and/or suicide prevention best practices				x
Clinical Supervision for all therapists, case manager and supervisor		x		
Clinical Supervision for Psychiatrist			x	
Treatment Team Meetings		x		
Infirmiry Rounds/Staffings with Medical Vendor	x			
Classification Review Board Participation		x		
Administrative Review Board Participation		x		

**Table 1.1 Supportive Clinical Activities**

All services provided by Community Reach Center are documented prior to the end of shift which supports our capacity to provide statistical information at the request of Adams County. Documentation of all services are outlined in Table 1.2 below. The capacity to continue to use our own electronic health record for JBBS, SB97 and National Council services has and will support ongoing ability to admit an inmate-patient directly to Community Reach Center, while still in detention, stratifying the likelihood that individuals will attend their next scheduled appointment post-release rather than an open-ended walk-in service/referral. This promotes continuity of care post-release as well as engagement. Community Reach Center strives for excellence in technology and data sharing and welcomes a future collaboration with any medical vendor to assess the capacity to share information, improve continuity of care and reduce redundant documentation practices. We are currently sharing data with ACDF's Jail Management System (JMS) and would be open to looking at similar models of data sharing with the awarded medical vendor.





**Table 1.2 Documentation of Services**

	Medical Vendor EHR	Mental Health Provider EHR	Mental Health Provider's intra-agency documentation systems for personnel records or other non-clinical documentation needs
Supervision			x
Team Meetings			x
Trainings			x
Crisis Evaluations for post-release inmate patients		x	
Crisis or Psychiatric Consult Calls for detained inmate patients	x		
Suicide Watch & all related documentation	x		
Mental Health Evaluations and Kite Responses	x		
Psychiatric Evaluations and all related services including Prescriptive practices	x		
Infirmity Rounds	x		
Staffings with ACDF staff or Medical Vendor on detained inmate patients	x		
Staffings with referral agencies or community partners specific to post- release re-entry needs		x	
Group and Individual Therapy	x	x	
Case Management and Discharge Planning specific to re-entry		x	
Consent, Disclosure and Release of Information Forms	x	x	

\*EHR: Electronic Health Record



## Integration of Psychiatric Care and Coverage (Attachment H)

Psychiatric care at Community Reach Center is grounded in national best practices and extended to all inmate patients at ACDF. In attachment H, you will find our Procedure for ACDF Integration of Psychiatric care and coverage. We offer 24/7/365 access to on-call psychiatric consultation as well as 20 hours per week of direct psychiatric care to inmate patients. To support patient care and cost efficient practices, all referrals to psychiatry are first evaluated by our mental health therapists and triaged based on clinical acuity, medical necessity, and presenting problem. Based on those three risk pools, we can stratify access to psychiatric care same day, next day, within a week or within a month, but always within NCCHC standards. We support use of a formulary and will comply with medical vendor formulary both in our prescriptive practice as well as by documenting in medical vendor EHR.

Part of our innovative and evidenced practice includes following the SAMHSA-informed Four Quadrant Model, which provides services and prescriptive care appropriate to medical necessity, at a more cost effective dollar amount. (<http://www.integration.samhsa.gov/resource/four-quadrant-model>). In this mode of care, which we would be happy to adapt with any medical vendor for specialized correction care at ACDF, patients with low level acuity and requiring continuation of formulary medications are seen by medical providers at a fraction of the cost, allowing the higher acuity individuals, who would be starting psychotropic or individuals requiring a change in psychotropic medications to be seen by specialized psychiatric providers. In addition to following national best practices, Community Reach Center collaborates at the State level by being an active participant, as designated by the Chief of ACDF, on the State Medication Consistency Workgroup for over two years. As a member of that workgroup, we are aware that Colorado Department of Corrections and Colorado Mental Health Institutes have created a State-wide Formulary that they wish to offer and integrate with Colorado Jails. Regardless of ACDF's position on a Statewide Formulary, we will continue to bring that continuity of care through information sharing and collaboration to ACDF. Direct regular supervision of prescriptive practice is provided by Community Reach Center's CMO, a correctional care health professional (CCHP) who has national expertise in jail-based health care.

## Integration of Mental Health Crisis Management (Attachment I)

Community Reach Center is committed to continuing our provision of 24/7/365 crisis response to ACDF should a critical incident emerge after hours (e.g. an inmate on suicide watch is released overnight). In addition to our seven years of experiencing in providing this to ACDF, Community Reach Center has been the primary Medicaid provider of crisis services serving all Adams County hospitals with 24/7/365 crisis evaluation response for over 25 years. This community connection enhances our capacity to not only provide the crisis evaluation to the jail, but also support hospital disposition and step-down care after that initial assessment and long after release from jail.

Community Reach Center is also a leader in the state for suicide prevention. Community Reach Center has a Suicide Prevention Committee including members of the Jail team and other Center clinical staff. Our Suicide Prevention Committee has attended national, SAMHSA approved training, supports the Colorado State Suicide Prevention workgroup, and is a local provider of the Statewide Crisis System launched in 2014. Our Crisis Services include three specific teams all of which are available 24/7/365 for all Coloradans regardless of payer source (See Attachment J); (1) Crisis Stabilization Unit which is a bed-based service, (2) Mobile Crisis Team who respond to ACDF when needed, and (3) Walk-in Crisis clinic available without appointment for crisis assessment and services. Therefore, our 24/7/365 crisis services provided to ACDF continue after that initial assessment and can offer hospital step down care, crisis stabilization beds, and mobile crisis team follow up support.



We extend the best practices of our Suicide Prevention Committee into ACDF by being an active member of ACDF's Critical Incident Review Team (CIRT). On CIRT, Community Reach Center serves both as the mental health and suicide prevention expert, but is also poised to make rapid continuous quality improvements both internally with our Jail Team and externally with our Crisis and outpatient care teams. For example, we partnered with CIRT and ACDF to create Jail Inmate Booking flyer aimed to increase awareness of mental health services in the jail and provide suicide prevention education. Additionally, we support training for all new jail deputies, vendors and other staff on suicide prevention best practices.

## Agreement to Terms and Conditions of Contract

Community Reach Center agrees to the following terms of the contract:

The term shall be from March 1, 2016 through December 31, 2016 with two (2) one-year renewals. The contract may be evaluated at any time during this period, at terms and conditions mutually agreeable. The following provisions shall apply:

- Providing satisfactory service is given.
- Providing the Board of County Commissioners approves funding.
- The County may terminate the contract at any time by giving written notice.

Community Reach Center meets and/or exceeds the following minimum qualifications numbered below in addition to assuring our enthusiastic willingness and ability to comply with the scope of contract, mandatory requirements, specifications and program requirements, and in particular, the most current Standards for Health services in Jails, established by the National Commission on Correctional Health Care.

# 1

**Requirement:** The Contractor must be organized for the purpose of providing mental health care services, and have previous experience with proven effectiveness in administering correctional mental health care programs.

**Response:** Community Reach Center is a top tier integrated health center with over 50 years of experience in the provision of mental health and integrated healthcare. Community Reach Center has been the mental health provider within the Adams County Detention Facility since 2008 and has demonstrated effectiveness in providing mental health services to those within the correctional setting.

# 2

**Requirement:** The Contractor must have at least five (5) continuous years of corporate experience in providing mental health care services at correctional facilities.

**Response:** Community Reach Center has been the provider of mental health services at Adams County Detention Facility since August of 2008.

# 3

**Requirement:** The Contractor must carry professional liability insurance in minimum amounts of One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) in the aggregate annually. The Contractor must carry separate liability insurance covering bodily injury, personal injury and property damage in the amount of One Million Dollars (\$1,000,000.00) combined single limit.

**Response:** Community Reach Center carries professional liability insurance through Mental Health Risk Retention Group. Please see Attachment D for the general insurance certification.



**4**

**Requirement:** The Contractor must have demonstrated its experience and the quality of its care by having obtained the accreditation of the National Commission on Correctional Health Care (NCCHC)

**Response:** Community Reach Center has demonstrated experience in meeting NCCHC, accreditation standards as evidenced by ACDF approval in past two audits neither of which resulted in any corrective action for mental health.

**5**

**Requirement:** The Contractor must demonstrate its ability to provide a mental health care system specifically for the Adams County Detention Facility. It must demonstrate that it has the ability for a thirty (30) day start-up, that it has a proven system of recruiting staff, and that it has an adequate support staff in its central office capable of competently supervising and monitoring its operation in Adams County.

**Response:** As an established mental health center for over 50 years, Community Reach Center has the ability to provide a quality evidenced based mental health care system specifically to the ACDF. Community Reach Center's Human Resources Department has two dedicated recruiting staff members to ensure timely recruitment of open positions within all programs including the mental health staff serving the ACDF. Community Reach Center's Human Resources utilizes an applicant tracking system and onboarding process that streamlines the receipt of applicants and timely onboarding. In addition, the Agency has over 50 support staff, in multiple disciplines capable of monitoring and overseeing the operations in Adams County.

**6**

**Requirement:** The Contractor must demonstrate the ability to help address recidivism by connecting inmates with follow up local mental health care once they leave the Adams County Detention Facility.

**Response:** Community Reach Center will continue to offer this post-release service to all inmate-patients leaving ACDF. Community Reach Center has partnered with the local CESE Board to connect inmate-patients to this outpatient program resulting in less than 10% recidivism rate back to ACDF for all CESE graduates.

**7**

**Requirement:** Community Reach Center will provide Contract Administrator who is local and will be in service to ACDF for the duration of the contract.

**Response:** Community Reach Center  
Contract Administrator: Abigail Tucker, Psy.D.  
8931 Huron Street, Thornton CO 80260  
303-853-3703 a.tucker@communityreachcenter.org

**8**

**Requirement:** Community Reach Center has obtained an accreditation of the National Commission on Correctional Health Care at the following location:

**Response:** Adams County Detention Facility  
150 N. 19th Avenue  
Brighton, CO 80601  
303-853-3703  
Contract Administrator: Abigail Tucker, Psy.D.

**9**

**Requirement:** All proposals must list by name, address, phone and Contract Administrator all correctional institutions where proposer has terminated services, been terminated for any reason or lost a rebid as the incumbent.

**Response:** Not Applicable.

**10** **Requirement:** All proposals must include any legal action against the company or corporate principals within the company within the past 48 months must be disclosed

**Response:** Not Applicable.

**11** **Requirement:** All Proposals must include staff turnover ratios and layoffs, both executive and line, within the past 48 months must be provided as part of Proposers response.

- In 2014, Community Reach Center's staff turnover percentage was 28.77%.
- From 2014 to date the staff turnover percentage for Jail and Justice teams was 27.7%
- As of October of 2015, the overall agency staff turnover percentage is 25% for 2015.

**12** **Requirement:** All proposals must contain a letter of intent from an insurance company authorized to do business in the State of Colorado stating its willingness to insure the proposer pursuant to the terms of the contract.

**Response:** See Attachment K.

**13** **Requirement:** All proposals must include audited financial statements for the most recent fiscal year, and year before that, supporting the Proposers financial capability to undertake and complete the performance of the contract.

**Response:** See Attachment L.

**14** **Requirement:** All proposals must contain pricing for the first, second and third year of the contract.

**Response:** See Attachment A.

**15** **Requirement:** All proposals must contain a staffing chart showing staffing of facility for 24/7 coverage.

**Response:** See Attachment G.



## Attachment A

## PROPOSAL PRICE FORM

All labor, materials, services and equipment necessary for the completion of the work described in this document and as proposed by the bidder will be completed for the lump sum amount of \$1,396,575 dollars

\$397.03 Per Deim. (Enter the total base proposal amount for first year.

1. \*Total cost of first year contract) \$ 397,986

Additional cost/refund per inmate/per day when the average daily population is:

a. Over 1200 \$ Same

b. Under 1000 \$ Same

2. Total cost of second year contract  
(January 1, 2017-December 31, 2017) \$ 491,916

3. Total cost of third year contract  
(January 1, 2018-December 31, 2018) \$ 506,673

A. Provide explanation of the formula for inflationary increase for the two subsequent year renewals, if any. – A 3% increase for Yr2 and Yr3.

B. \*Also provide a breakdown of the lump sum price by line item descriptions and amounts (e.g. staffing, consulting/specialty care, inpatient hospital care, pharmaceuticals, hospital emergency care costs, supplies, misc. expenses, general administrative and operating costs, etc.) The total for the line items should be the same as the stated lump sum base price. – See Attached detailed budget.

**Attachment A – Proposal Price Form**

**COMMUNITY REACH CENTER**

**STATEMENT OF OPERATIONS JAIL SERVICES 2143**

	10 Months		
	CY16	CY17	CY18
<b>REVENUE</b>			
Misc Contracts/Grants	\$397,986	\$491,916	\$506,673
<b>TOTAL REVENUE</b>	<b>\$397,986</b>	<b>\$491,916</b>	<b>\$506,673</b>
<b>EXPENSES</b>			
<b>COMPENSATION</b>			
Salaries	\$246,904	\$305,173	\$314,329
Fringe	\$64,195	\$79,345	\$81,725
<b>TOTAL COMPENSATION</b>	<b>\$311,099</b>	<b>\$384,519</b>	<b>\$396,054</b>
<b>OPERATING</b>			
Security Bond	\$4,000	\$4,500	\$4,500
Books & Subscriptions	\$100	\$100	\$100
Office Supplies	\$400	\$400	\$400
Telephone	\$650	\$780	\$780
Travel	\$2,000	\$2,400	\$2,400
Meals & Meeting Supplies	\$140	\$140	\$140
<b>TOTAL OPERATING</b>	<b>\$7,290</b>	<b>\$8,320</b>	<b>\$8,320</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$318,389</b>	<b>\$392,839</b>	<b>\$404,374</b>
Administrative Fees	\$79,597	\$98,210	\$101,094
In Kind			
<b>TOTAL EXPENSES</b>	<b>\$397,986</b>	<b>\$491,048</b>	<b>\$505,468</b>
<b>NET EXCESS(DEFICIT)</b>	<b>\$0</b>	<b>\$867</b>	<b>\$1,205</b>

**Job Title:**

Master's Level Behavioral Health Providers - Licensed	Salary Range 47,000-51,000
Master's Level Behavioral Health Providers - Unlicensed	40,000-43,000
Psychiatry Provider - Nurse Practitioner (.50 FTE)	86,000-90,000

**Benefits**

FICA, Health Insurance, Dental Insurance, Life Insurance, STD Insurance, LTD Insurance, 401K, Workers Compensation, Malpractice Insurance



**Attachment B – Proposal Form/Vendor's Statement****ADAMS COUNTY, COLORADO  
2016 COMPREHENSIVE INMATE  
MENTAL HEALTH SERVICES  
PROPOSAL FORM****VENDOR'S STATEMENT**

I have read and fully understand all the special conditions herein set forth in the foregoing paragraphs, and by my signature set forth hereunder, I hereby agree to comply with all said special conditions as stated or implied. In consideration of the above statements, the following proposal is hereby submitted.

**WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF**

Addenda # \_\_\_\_\_ Addenda # \_\_\_\_\_ Addenda # \_\_\_\_\_

If None, Please write NONE.

COMMUNITY REACH CENTER  
COMPANY NAME01/12/16

DATE

8931 Huron St.  
ADDRESS  
SIGNATUREThornton, Adams, CO  
CITY, COUNTY, STATERick Doucet  
PRINTED SIGNATURE303-853-3500  
TELEPHONE NUMBERCEO  
TITLE

(Seal – If Bid is by a Corporation)



**Attachment C – Contractor's Certification of Compliance**

**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:**

COMMUNITY REACH CENTER      01/12/16  
Company Name      Date

Rick Doucet  
Name (Print or Type)

[Signature]  
Signature

CEO  
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



**Attachment D - Insurance**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Henry Ham Agency 645 E Evans Ave. Denver CO 80250		<b>CONTACT</b> NAME: Greg Ham PHONE (A/C, No, Ext): 303-744-1341 FAX (A/C, No): 303-744-0654 E-MAIL: greg@henryham.com ADDRESS: greg@henryham.com	
<b>INSURED</b> COMMU-1 Community Reach Center Systems Inc. 1850 Egbert St Brighton CO 80601		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Mental Health Risk Retention INSURER B: Philadelphia Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 119367808		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CCL0002060	7/1/2015	7/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		PHPK1350903	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIM T \$
A	Professional Liab Claims Made Form		CCL0002060	7/1/2015	7/1/2016	Each Claim \$1,000,000 Aggregate \$3,000,000

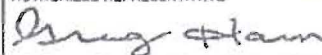
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**
**CANCELLATION**

To Whom It May Concern

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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ACORD 25 (2010/05)

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## Attachment E – Community Reach Center Organization Chart and Brief Biography Descriptions for Leadership Staff



### Tamara Player



Tamara serves as the Chief Operations Officer at Community Reach Center, overseeing service delivery, service support systems and all internal operations. Additionally, she

initiates, as well as implements, the Center's strategic plan and facilitates communication between Community Reach Center and the organizations that the Center contracts with.

Prior to working at Community Reach Center, Tamara spent 21 years working in the community mental health system in Maine. In addition to providing clinical services, Tamara served as the Director of Mental Health Services and more recently as the Chief Operations Officer for Aroostook Mental Health Center.

Tamara led the development and implementation for several key initiatives, including electronic health records, evidence-based practices, recovery models and integrated services.

Tamara received a Master of Social Work from the University of New England and a Bachelor of Arts in Psychology from the University of Maine. She completed the Health Leadership Development course with the Daniel Hanley Center for Health Leadership and Institute for Civic Leadership in 2011.

### Dr. Abigail Tucker



Doctor Abigail Tucker serves as the Clinical Director of Intensive Services. As a Clinical Director, she oversees the Psychological

Services Department, the Accountability & Recovery Program, Community Reach Center's Crisis Continuum, as well as all justice-related services. Additionally, Abigail is highly involved in Crisis Intervention Training (CIT) program for local law enforcement.

Beyond serving Community Reach Center, Dr. Tucker serves on a variety of Adams County behavioral health councils, boards and committees and is an Editorial Board Member for the Journal of Family Violence, as well as the Journal of Child and Adolescent Substance Abuse. She has published numerous journal articles, as well as book chapters, and regularly presents on the role of community mental health in forensics, critical incident stress debriefing models and other police issues.

Dr. Tucker received both her Doctor of Psychology and her Master of Science in Clinical Psychology from Nova Southeastern University. She completed her Bachelor of Arts in Psychology at Loyola College.

### Dr. Joseph Pastor



Doctor Joseph Pastor serves as Community Reach Center's Chief Medical Officer. As CMO, he is responsible for supervising all medical

and nursing providers with the aim to ensure all Community Reach Center clients receive appropriate evaluation, diagnosis, treatment, medical screenings, and quality psychiatric services.

Outside of Community Reach Center, Dr. Pastor is the Assistant Clinical Professor of Psychiatry at Vanderbilt University School of Medicine in Nashville, Tennessee. He is also a member of the American Society of Professionals in Patient Safety, a member of the Academy of Correctional Health Professionals, and a member of the Tennessee Child and Adolescent Psychiatry Society. He has extensive experience in academic, community and private sector health care systems and consults internationally on integrated health care and suicide prevention in jail's and the community.

Dr. Pastor received his Doctor of Medicine from the Ohio State University College of Medicine and his Bachelor of Arts from Hiram College in Ohio.

Adult and child psychiatrist, certified correctional health professional.

### Emily Oosterhouse



Emily Oosterhouse is a licensed professional counselor in Denver, Colorado. She is the Supervisor of Jail Services for

Community Reach Center overseeing the Jail Therapy program located at the Adams County Jail. The Jail Therapy program provides mental health assessment and triage, medication management, and transitional services to those incarcerated in the Adams County Jail.

Emily grew up in Grand Rapids, Michigan and completed her undergraduate education at Calvin College in Grand Rapids. She then moved to Denver to pursuing education and clinical training. Emily graduated from the University of Denver with a MA in Forensic Psychology. She has experience with outpatient forensic therapy and assessment, case management in Community Corrections, crisis assessment, and assessment and treatment within the jail setting. She is a presenter on mental health and substance abuse for criminal justice employees at the Adams County Sheriff's department. Emily also sits on the Adams County Community Corrections Screening Committee which reviews offenders for the appropriateness of placement within Community Corrections.



## **Attachment F – Community Reach Center’s New Employee and Annual Staff Training Requirements**

### **I. Purpose**

The Training Plan is designed to support the mission and vision of Community Reach Center as it pertains to required training to personnel, persons served, and stakeholders.

### **II. Guiding Principles**

Community Reach Center is committed to making reasonable efforts to provide comprehensive training to personnel, consumers, and community partners and stakeholders. The Center’s Training Plan is a sum of all efforts and activities that are directed toward the provision of quality training that aligns with the Center’s mission, values, and priorities and fosters initial onboarding core competencies for both clinical and nonclinical staff and ongoing personnel training requirements.

Community Reach Center believes that by fostering a trauma-informed culture for both those we serve, personnel, and stakeholders speaks to our core values of safety, excellence, diversity, compassion, and good stewardship. Community Reach Center also champions a culture of organizational trust that includes fundamental pillars of clarity, compassion, character, competency, commitment, connection, contribution, and consistency.

The Training Plan defines how training and education offered at the Center within the Center’s cultural context will be identified, prioritized, and managed. It outlines how training activities will be performed, recorded, and monitored.

### **III. Goals and Objectives**

- a. To conduct relevant and responsive training and education in a rapidly changing environment, within the context of the Center’s purpose, sphere of influence, and relative to the mission, values, and priorities of the Center.
- b. Provide New Employee Orientation bi-monthly and ongoing required trainings throughout the year to both clinical and non-clinical personnel that align with the Center’s mission, values, and priorities.
- c. Provide ongoing required trainings to help support clinical personnel needs to maintain clinical licensure and continuing education credits for approval by the Department of Regulatory Agencies.
- d. Assess the needs of each individual program annually to support team specific training goals and objectives.
- e. In addition to the Central Training Plan the *Training Work Plan* is available on SharePoint which provides a comprehensive list of all trainings offered throughout the year.

### **IV. Required Personnel Training:**

- a. All Staff:
  - i. Exploring Cultural Awareness, Sensitivity, and Competence
  - ii. Corporate Compliance
  - iii. Client Rights
  - iv. Sexual Harassment for Employees
  - v. Drug Free Workplace
  - vi. HIPAA: An Introduction
  - vii. OSHA-Bloodborne Pathogens
  - viii. Recovery Oriented Mental Health (non-clinical staff)
  - ix. MANDT Level 1

- b. Clinical Staff:
  - i. Risk Management & Prevention/Overview of 27-65
  - ii. Clinical Documentation and Continuity of Care
  - iii. HIPAA: Red Flags Rule Out
  - iv. Ethics IV Part A Boundaries
  - v. Managing Stress, Part 1
  - vi. Managing Stress, Part II
  - vii. Billing and Coding
  - viii. TIER
  - ix. Introduction to Trauma Informed Care
  - x. QMAP (Residential)
  - xi. Updates to Medication Policies and Procedures (Residential)
  - xii. Substance Abuse 101 (School Based Teams)
  - xiii. DSM-V Part 1
  - xiv. DSM-V Part 2
  - xv. Counseling on Lethal Means
  - xvi. Intellectual/Developmental Disabilities (CSU)
  - xvii. Motivational Interviewing (CSU)
  - xviii. Solution Focused Brief Therapy (CSU)
  - xix. MANDT Level 2 (Crisis Teams and Residential)
  - xx. MANDT Level 3 (Day Treatment)
- c. Management
  - i. New Employee Manager Orientation
    - 1. Human Resources
    - 2. Management Skills
    - 3. Finance
    - 4. Clinical Programs
    - 5. Quality Assurance and Compliance
    - 6. Information Technology Systems
- d. Board Members
  - i. Corporate Compliance
  - ii. HIPAA: An Introduction
- e. Telehealth Providers
  - i. Corporate Compliance
  - ii. HIPAA: An Introduction
  - iii. Sexual Harassment for Employees
  - iv. Drug Free Workplace
  - v. HIPAA-Red Flags Rule

## V. New Employee Orientation

- a. Human Resources Overview
- b. Operations Overview
- c. Clinical Overview
- d. Corporate Compliance
- e. Introduction to Trust Edge
- f. Introduction to Trauma-Informed Care
- g. Introduction to Feedback Informed Treatment
- h. Introduction to Integrated Care
- i. Information and Technology Overview
- j. Business Services Overview
- k. Med Services Overview
- l. Quality Assurance & Compliance
- m. Client Rights
- n. Clinical Documentation
- o. Risk Management
- p. 27-65 Certification
- q. TIER Navigation & Practice



### Attachment G – Staffing Chart



## Attachment H – Integration of Psychiatric Care & Coverage

In addition to Infirmary Rounds and Suicide Rounds, Community Reach Center psychiatric provider will be responsible to provide initial and follow-up diagnostic interviews on referred clients and medication monitoring for clients prescribed medication.

### Prescriptions:

Continuing Prescriptions: The following medications which have been ordered by an outside Contractor including Inmates' medical doctor, emergency room consultant, outside psychiatrist, etc. may be approved for inmates when the following conditions exist:

1. Medications are on Medical Community Reach Center formulary
2. Medications have been confirmed by outside source

New inmates admitted to ACDF who are on verified psychiatric medication should be continued on the current medication(s) until seen by the psychiatrist or other staff physician for medication renewal (within 14 days of admission to facility/ACDF) by Community Reach Center nursing staff. Notification should immediately be sent to mental health staff so that inmate can be scheduled with psychiatrist within 14 days.

For clients discharging from jail, prescriptions can be written for either 30 days or 3 days.

- 30 day prescriptions can be written for clients who are open to Community Reach Center or those who have psychiatric/mental health services planned upon release. It is important that such individuals have appointments made and are psychiatrically stable upon release. They should be working closely with case management to ensure continuity of care.
- 3 day prescriptions can be written for individuals who do not have services planned upon release and/or are not open consumers of Community Reach Center.

**Formulary:** Community Reach Center will remain in compliance with ACDF formulary.

**Documentation:** In addition to completing initial diagnostic evaluations and medication management notation psychiatrist will complete additional, as needed, Community Reach Center medical paperwork including but not limited to Non-Formulary Request Forms, Suicide Watch Discharge Forms, etc. Psychiatrists will follow a "SOAP-E" note format.

**Psychiatric Crisis Situations:** include but are not limited to the following. A crisis situation not on this list should be collaboratively managed with required contact to Community Reach Center Manager.

- Inmate becomes substantially dangerous to self or others and on-site procedures (e.g. Suicide Watch, PRN medications, CRB review, etc.) have been exhausted and continue to be ineffective.
- Inmate is housed in jail on psychotropic medications and either reports or appears to be either intoxicated or withdrawing from illegal substances and/or alcohol
- Inmate reports dangerous side effects to prescribed psychotropic medication

### Contractor Psychiatric Procedures:

- During scheduled on-site hours: all Psychiatric Crisis Situations to be managed by on-site psychiatric provider.
- During unscheduled off-business hours (all other times) contact will be Crisis: On-call clinician will consult with on-call psychiatric provider.



## Attachment I – Integration of Mental Health Crisis Management

### Crisis Services

- Community Reach Center will provide a mental health professional trained to assess for the necessity of an M-1 hold, 24/7/365 with a response time of not more than 3 hours.
- Community Reach Center will provide assessment for the necessity of an M-1 hold for any inmate within the jail; the inmate does not need to be an open consumer with Community Reach to receive crisis services.
- Mobile Crisis Team (MCT) of Community Reach will be available on weekends, holidays, and afterhours – otherwise crises should be managed (including institution of involuntary certification) by on-site Community Reach Center Jail Clinicians. ACDF staff will be provided with Community Reach Center MCT contact information.
- In the event that the afterhours crisis service is needed Community Reach Center MCT clinicians will be allowed functional access into the facility in order to conduct the necessary face-to-face consult
- ACDF will provide transportation and coordinate for any person seen by afterhours Community Reach Center Emergency Services if transportation is necessary.
- Community Reach Center will follow standard protocol to address the crisis but will not be responsible for placing a person in crisis that is a jail client into a psychiatric facility and will default to the allocated 275 facility Contractor for that consumer/jail client.

**Crisis Situations:** include but are not limited to the following. A crisis situation not on this list should be collaboratively managed with required contact to a Community Reach Center Manager.

- Inmate scheduled to be released/bonded while on Suicide Watch\*
- Inmate scheduled to be released/bonded and chart has been flagged\* by Mental Health or by Medical ACDF staff
- Inmate becomes substantially dangerous to self or others and on-site procedures (e.g. Suicide Watch, PRN medications, CRB review, etc.) have been exhausted and continue to be ineffective.

*\*Suicide Watch* is a specific level of observation in which the inmate is considered to be at high risk of harming self or others (e.g. presenting with SI and a plan, recent suicide attempt, recently charged with murder, transferred from state hospital on M-1 hold, etc.). This is not to be confused with other levels of observation including Suicide Observation or Mental Health Observation.

*\*Flagged:* Medical Chart will have a fluorescent cover to identify and booking will be notified. This indicates that while inmate may not need Suicide Watch while incarcerated, mental health or medical staff has identified risks (e.g. risk of harm to self or others) that may become more prominent upon release or in another setting.

### Procedures for Contractor employees

- Community Reach Center Staff: During work hours licensed Jail Therapy program staff are primarily responsible to these situations. Clinicians will be notified by Booking or deputies of the situation and assured that the inmate has signed any and all bonding papers. Upon receipt of notification clinicians are to complete the following within one hour
  - Locate medical chart & review
  - Face-to-face evaluate client and complete Crisis Assessment Form
  - Formulate Decision and Communicate
    - If client is safe to be released advise Booking
    - If client requires M1 hold upon release follow procedures and communicate to booking, Community Reach Center supervisor, Medical Contractor supervisor/charge nurse, and ACDF Duty Sergeant on shift.
  - Document



- Community Reach Center MCT Staff: During non-business hours, weekends (when there are no licensed Community Reach Center staff on site), and holidays (when there are no licensed Community Reach Center on site), Community Reach Center MCT will be the primary response to these situations. Community Reach Center MCT will be notified by Protocol that ACDF or Medical Contractor staff has contacted the Community Reach Center crisis line and needs an onsite evaluation. Upon receipt of notification MCT clinicians are to complete the following within three (3) hours.
  - Provide Driver's License & Community Reach Center ID badge to front desk and request access to the infirmary
  - Request medical chart, review & confirm that all necessary bonding papers are signed and completed.
  - Face-to-face evaluate client and complete the Community Reach Center Crisis Evaluation Form
  - Formulate Decision and Communicate
    - If client is safe to be released advise Medical Contractor Charge Nurse who will perform all other duties and notifications
    - If client requires M1 hold upon release follow procedures and communicate to Medical Contractor Charge Nurse. Request to speak to ACDF Shift Sergeant and collaborate regarding transportation. Depending on where inmate is going, safety, etc. ACDF MAY provide transportation. If not, follow Community Reach Center policy & procedure for transportation.
  - Document

**Exception Situation:** Inmate becomes substantially dangerous to self or others and on-site procedures (e.g. Suicide Watch, PRN medications, CRB review, etc.) have been exhausted and continue to be ineffective.

***\*This situation should only occur after ALL POSSIBLE collaborative efforts have been made to safely maintain the individual in incarceration\**** In other words, when this situation occurs it has already been brought to the attention of the Jail Program Supervisor, Medical Contractor Nurse Manager, and ACDF staff. If that is not the case, do not access Community Reach Center Crisis Services – safely manage the situation and advise all parties of the inmate in question.

- Community Reach Center Staff: During work hours LICENSED Jail Therapy program staff is primary response to these situations. Clinicians will be notified by Medical Contractor nurses or ACDF deputies of the situation.
  - Locate medical chart & review
  - Discuss case with Community Reach Center Supervisor, Medical Contractor supervisor, and either ACDF Administrative Commander or designee.
  - Face-to-face evaluate client and complete Crisis Assessment Form
  - Communicate your assessment to Community Reach Center Psychiatrist (See Psychiatric coverage policy below).
  - Community Reach Center psychiatric provider will formulate decision and communicate
    - If client can be managed on site, with recommendations
    - If client requires care outside ACDF, psychiatrist will need to write a letter addressed to ACDF that we psychiatrically recommend transferring this client to an inpatient facility based on medically necessary criteria that indicate client's dangerousness to self & others cannot be safely managed on site. Letter must be dated, signed, and hand delivered to the Medical Contractor Health Services Administrator or ACDF Administrative Commander.
  - Document
- Community Reach Center MCT Staff: **\*NO RESPONSE REQUIRED\*** Due to the nature of on-call services, there is no mechanism in place to provide the psychiatric consultation and documentation (e.g. letter to Community Reach Center) necessary for this case. If ES is called off-hours and requested to initiate transfer to inpatient hospital – advise that this must be handled by the on-site Community Reach Center Jail Therapy Program Staff.



# Quick Reference Guide for Behavioral Health Crisis Access

## Community Crisis Connection and Colorado Crisis Services Working Together:

Community Crisis Connection is part of Colorado's statewide crisis system - "Colorado Crisis Services" - which makes behavioral health crisis care accessible for Coloradans of all ages. This system includes the statewide Colorado Crisis Support Line and the following programs delivered by Community Crisis Connection in the metro Denver/Boulder region:

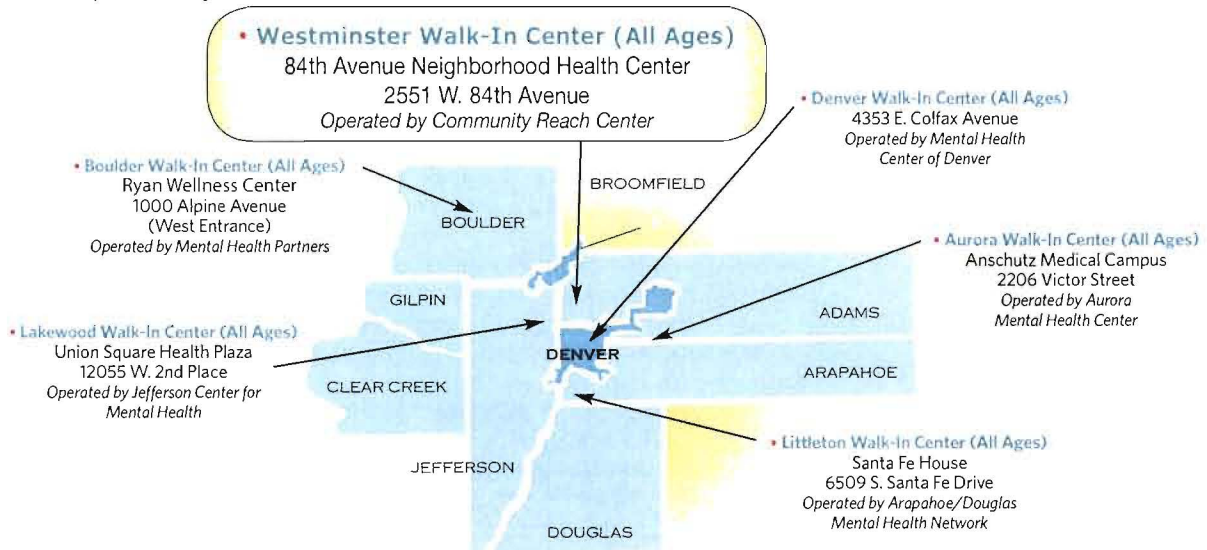
- **Walk-In Crisis Centers:** Located across metro Denver/Boulder for anyone experiencing a behavioral health crisis.
- **Crisis Stabilization Units:** Combine walk-in availability with short-term respite or residential treatment if needed.
- **Mobile Crisis:** Crisis counselors can travel throughout all nine counties in the metro Denver/Boulder region. Colorado Crisis Support Line staff are responsible for dispatching these teams when warranted.

All services are available 24 hours/day, 7 days/week, 365 days/year. Types of services include:

- **Behavioral Health Triage & Substance Use Screening**
- **Immediate Crisis Intervention and De-Escalation**
- **Follow-up Crisis Services when needed:** Clinical and/or psychiatric assessments, ongoing de-escalation and crisis interventions, medication evaluation, peer support services, and case management services.
- **Disposition/Referral:** Safety planning, referral to other providers, and support for involved family and significant others.

## How to Access Colorado Crisis Services Programs:

- **By Phone:** Call Colorado Crisis Support Line: **1-844-493-TALK (8255)** - available 24/7/365
- **Walk-in/Referral:** Individuals and families in crisis are welcome and encouraged to walk in. Any community member can refer another person to any of our locations



## Community Crisis Connection partners include:

- Mental Health Partners (Boulder and Broomfield Counties)
- Jefferson Center for Mental Health (Jefferson, Clear Creek and Gilpin Counties)
- Community Reach Center (Adams County except Aurora)
- Mental Health Center of Denver (Denver City and County)
- Aurora Mental Health Center (City of Aurora)
- Arapahoe/Douglas Mental Health Network (Arapahoe and Douglas Counties except Aurora)

**Call Colorado Crisis Support  
24/7/365 at 1-844-493-TALK (8255)**



**COLORADO  
CRISIS SERVICES**  
Building a stronger state of mind

Revised 10/23/15





Attachment K – Insurance Letter of Intent

***HENRY HAM  
INSURANCE AGENCY INC.***

Bonds • Property • Casualty • Commercial • Personal  
Since 1926

Phone: (303) 744-1341 Fax: (303) 744-0654

[www.henryham.com](http://www.henryham.com)

December 9, 2015

Community Reach Center Inc.  
1850 Egbert St. #200  
Brighton, CO 80601

To whom it may concern,

The insurance policy that Community Reach Center currently has in place provides coverage for general liability with limits of \$1M/\$3M and professional liability with limits of \$1M/\$3M.

This policy is specifically designed to cover the exposures of a mental health facility including the jail therapy program.

The bid bond and performance bonds are approved and can be issued when requested.

Please let me know if you need any further information.

Sincerely

Greg Ham



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
Independent Auditor's Report and Financial Statements  
June 30, 2014 and 2013



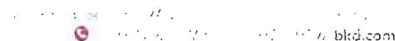
**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
June 30, 2014 and 2013

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## Attachment L – Audited Financial Statements



### Independent Auditor's Report

Board of Directors  
Community Reach Center, Inc.  
Thornton, Colorado

We have audited the accompanying financial statements of Community Reach Center, Inc. (a Member of Community Reach Center Systems, Inc.) (the Center), which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of operations, changes in net assets and of cash flows for the years then ended, and related notes to the financial statements.

#### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

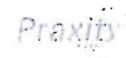
#### *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.







Attachment L – Audited Financial Statements

Board of Directors  
Community Reach Center, Inc.

*Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Reach Center, Inc. as of June 30, 2014 and 2013, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*BKD, LLP*

Colorado Springs, Colorado  
November 20, 2014

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Balance Sheets**  
**June 30, 2014 and 2013**

**Assets**

	2014	2013
<b>Current Assets</b>		
Cash and cash equivalents	\$ 7,754,170	\$ 5,713,336
Restricted cash	68,528	113,153
Accounts receivable		
Client accounts receivable, less allowance for uncollectible		
accounts: 2014 - \$1,203,563 and 2013 - \$790,544	398,987	573,128
Medicare services, less allowance for uncollectible		
accounts: 2014 - \$143,432 and 2013 - \$104,298	202,999	114,987
Grants, contracts and other	850,382	554,051
Due from affiliates	-	705,478
BHI receivable	-	30,000
Prepaid expenses and other current assets	10,592	33,186
Total current assets	9,285,658	7,837,319
<b>Investment in BHI</b>	1,573,914	1,317,517
<b>Property and Equipment, at Cost</b>		
Equipment	14,702	-
Leasehold improvements	158,820	158,820
Buildings	52,756	44,785
	226,278	203,605
Less accumulated depreciation and amortization	116,871	104,390
	109,407	99,215
Total assets	\$ 10,968,979	\$ 9,254,051

*See Notes to Financial Statements*



Attachment L – Audited Financial Statements

Liabilities and Net Assets

	2014	2013
<b>Current Liabilities</b>		
Accounts payable	\$ 392,084	\$ 792,684
Accrued liabilities	423,005	827,974
Accrued vacation payable	616,682	595,558
Deferred revenue	8,216	42,060
Due to affiliates	2,385,801	-
BHI payable	-	228,695
	<u>3,825,788</u>	<u>2,486,971</u>
<b>Total current liabilities</b>	<u>3,825,788</u>	<u>2,486,971</u>
<b>Net Assets</b>		
Unrestricted	7,142,691	6,766,580
Temporarily restricted	<u>500</u>	<u>500</u>
	<u>7,143,191</u>	<u>6,767,080</u>
<b>Total net assets</b>	<u>7,143,191</u>	<u>6,767,080</u>
	<u>\$ 10,968,979</u>	<u>\$ 9,254,051</u>
<b>Total liabilities and net assets</b>	<u>\$ 10,968,979</u>	<u>\$ 9,254,051</u>



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Statements of Operations**  
**Years Ended June 30, 2014 and 2013**

	2014	2013
<b>Revenues, Gains and Other Support</b>		
BHI subcapitation and other	\$ 24,414,574	\$ 21,890,633
Net client service revenue	3,575,780	3,593,095
Total government	3,306,396	3,089,790
Contributions	3,930	1,215
Donated building space, medications and services	74,965	71,611
Education	1,021,313	933,876
Other	405,907	412,240
Total revenues, gains and other support	<u>32,802,865</u>	<u>29,994,460</u>
<b>Expenses</b>		
Personnel	19,327,943	18,217,316
Client	1,258,592	4,196,232
Occupancy	2,418,640	2,323,741
Operating	2,727,795	2,462,975
Provision for uncollectible accounts	790,550	592,269
Other	484,822	356,910
Donated items	74,965	71,611
Total expenses	<u>27,083,307</u>	<u>28,223,054</u>
<b>Operating Income</b>	<u>5,719,558</u>	<u>1,771,406</u>
<b>Other Income</b>		
Investment return	156	7,023
Net gain on investment in equity investees	256,397	25,693
Total other income	<u>256,553</u>	<u>32,716</u>
<b>Excess of Revenues Over Expenses</b>	5,976,111	1,804,122
Net unrealized losses	-	(4,756)
Transfers to affiliates	<u>(5,600,000)</u>	<u>(1,619,434)</u>
<b>Increase in Unrestricted Net Assets</b>	<u>\$ 376,111</u>	<u>\$ 179,932</u>

See Notes to Financial Statements

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Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
**Statements of Changes in Net Assets**  
**Years Ended June 30, 2014 and 2013**

	2014	2013
<b>Unrestricted Net Assets</b>		
Excess of revenues over expenses	\$ 5,976,111	\$ 1,804,122
Net unrealized losses	-	(4,756)
Transfers to affiliates	(5,600,000)	(1,619,434)
Increase in unrestricted net assets	376,111	179,932
<b>Increase in Net Assets</b>	376,111	179,932
<b>Net Assets, Beginning of Year</b>	6,767,080	6,587,148
<b>Net Assets, End of Year</b>	<u>\$ 7,143,191</u>	<u>\$ 6,767,080</u>

See Notes to Financial Statements

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**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Statements of Cash Flows**  
**Years Ended June 30, 2014 and 2013**

	2014	2013
<b>Operating Activities</b>		
Change in net assets	\$ 376,111	\$ 179,932
Items not requiring (providing) cash		
Provision for uncollectible accounts	790,550	592,269
Depreciation	12,482	9,835
Gain on investment in equity investees	(256,397)	(25,693)
Transfers to affiliates	5,600,000	1,619,434
Changes in		
Restricted cash	44,625	20,188
Accounts receivable	(1,000,752)	(940,767)
Due from affiliates	(4,894,522)	(304,501)
Other current assets	52,594	(24,476)
Accounts payable	1,756,507	510,824
Accrued expenses	(404,970)	(67,884)
Accrued vacation pay	21,124	(19,133)
Deferred revenue	(33,844)	37,560
Net cash provided by operating activities	<u>2,063,508</u>	<u>1,587,588</u>
<b>Investing Activities</b>		
Purchase of property and equipment	(22,674)	-
Net sales of investments	<u>-</u>	<u>479,753</u>
Net cash provided by (used in) investing activities	<u>(22,674)</u>	<u>479,753</u>
<b>Increase in Cash and Cash Equivalents</b>	2,040,834	2,067,341
<b>Cash and Cash Equivalents, Beginning of Year</b>	<u>5,713,336</u>	<u>3,645,995</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u><u>\$ 7,754,170</u></u>	<u><u>\$ 5,713,336</u></u>
<b>Noncash Investing and Financing Activities</b>		
Accrued transfer to affiliates	<u><u>\$ 5,600,000</u></u>	<u><u>\$ 1,619,434</u></u>

See Notes to Financial Statements

6



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies*****Nature of Operations***

Community Reach Center, Inc. (the Center) is a Colorado nonprofit corporation formed to provide mental health care services primarily to residents of Adams County, Colorado. The Center's main sources of revenues are government funding, a subcapitation agreement for Medicaid services and other fee for service revenues. The Center is an affiliate of Community Reach Center Systems, Inc. (Systems), Community Reach Center Foundation, Inc. (the Foundation), Coronado Residences, Inc. (Coronado), Mountainland Pediatrics, Inc. (Mountainland) and Brighton Lifelong Learning and Resource Center Association (Condo Association).

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***Basis of Accounting***

The financial statements conform with the reporting guidelines issued by the State of Colorado, Department of Human Services, Office of Health and Rehabilitation Services, Mental Health Services, including guidelines outlined in the *Audit and Accounting Guide for Health Care Organizations* issued by the American Institute of Certified Public Accountants.

***Cash Equivalents***

The Center considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2014 and 2013, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

At June 30, 2014, the Center's cash accounts exceeded federally insured limits by approximately \$6,450,000.

***Net Client Service Revenue***

Net client service revenue is reported at the estimated net realizable amounts from clients, third-party payers and others for services rendered including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

***Accounts Receivable***

First- and third-party accounts receivable are reported at net realizable amounts. The allowance for uncollectible accounts is based upon the Center's past collection experience, the character of the receivable, current economic conditions and other factors which, in management's judgment, should be considered in estimating the allowance for unrealizable accounts. Public agencies' accounts receivable are considered to be fully collectible by management; accordingly, no allowance for unrealizable accounts has been recorded related to these accounts.

***Charity Care***

The Center provides care to indigent clients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Center's direct and indirect costs for services furnished under the Center's charity care policy were approximately \$2,800,000 and \$3,600,000 for the years ended June 30, 2014 and 2013, respectively. The Center estimates the direct and indirect costs of providing charity care by applying the ratio of cost to gross charges to the uncompensated charges.

***Investments and Investment Return***

The Center utilizes the equity method of accounting for investments in and advances to certain affiliates over which the Center exercises significant influence. Under this method, the Center's share of the net income or net losses of the affiliates is reflected as income or loss in equity investees and serves to increase or reduce the recorded amount of the Center's investment in and advances to the affiliates.

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. All other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or market value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation, and for which the restriction will be satisfied in the same year, are included in unrestricted net assets. Other investment return is reflected in the statements of operations as unrestricted or temporarily restricted based upon the existence and nature of any donor or legally imposed restrictions.

***Property and Equipment***

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset stated at cost.



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

***Contributions***

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Receipt of contributions which are conditional are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

***Temporarily Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Center has been limited by donors to a specific time period or purpose.

***Excess of Revenues Over Expenses***

The statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities and permanent transfers to and from affiliates for other than goods and services.

***Donated Materials, Building Space and Services***

Donations of materials, building space and services are recorded as both a revenue and an expense. Donated materials are valued at their estimated current market values as determined by vendor price lists and various other methods. Donated building space is valued at estimated fair rental value based upon rentals of similar real estate.

Donated services are recognized as revenue at their estimated fair value only when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service and the service would typically need to be purchased if not donated.

***Functional Expense Cost Allocations***

For calculating unit costs of services, the Center allocates direct and traceable expenses from cost centers to service programs based on the ratio of clinician time and compensation in each program to total clinician time and compensation. Units of service are determined on a programmatically distinct basis. General and administrative costs are allocated for unit costs calculations based on a percentage of expenses to total expenses as required by the Colorado Department of Human Services, Division of Behavioral Health, *Accounting and Auditing Guidelines*.



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

***Income Taxes***

The Center is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. With a few exceptions, the Center is no longer subject to U.S. federal examinations by tax authorities for years before 2011.

***Reclassifications***

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 financial statement presentation. These reclassifications had no effect on the change in net assets.

***Subsequent Events***

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

**Note 2: Charity Care**

The Center provides care to indigent clients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Center's direct and indirect costs for services furnished under the Center's charity care policy were \$3,418,872 and \$3,840,313 for the years ended June 30, 2014 and 2013, respectively. The Center has received approximately \$596,000 and \$227,000 in 2014 and 2013, respectively, to subsidize charity services provided under its charity care policy.

**Note 3: Related-party Transactions – Organizational Structure and Affiliated Organizations**

Systems was formed as a management entity for the purpose of overseeing the financial and administrative affairs of the charitable corporate affiliates including the Center. Systems incurs management, general and administrative expenses common to all of the affiliates and charges each affiliate, including the Center, a management fee on a pro-rata basis. Total management fee expense for the years ended June 30, 2014 and 2013 was \$4,912,384 and \$5,079,537, respectively.

The Center leased space from the Foundation and other nonrelated entities for certain programs. Total rental and lease expense for the years ended June 30, 2014 and 2013 was \$1,666,847 and \$1,475,618, respectively.

The Center had transfers to affiliates of \$5,600,000 and \$1,619,434 for the years ended June 30, 2014 and 2013, respectively. Additionally, the Center advances funds to affiliates for cash flow purposes.



Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

The net amounts due from all affiliates at June 30, 2014 and 2013 are composed of the following:

	2014	2013
Due from (to) affiliates	<u>\$ (2,385,801)</u>	<u>\$ 705,478</u>

**Note 4: Investments in Affiliates**

***Behavioral Healthcare, Inc.***

The Center is a member of Behavioral Healthcare, Inc. (BHI). BHI is organized as a not-for-profit corporation and is exempt from income taxes under Section 501(c)(3). BHI was formed to act as a Medicaid intermediary related to the Medicaid capitation project in which the Center and two other mental health centers participate. Revenue from BHI, including contract wages, at June 30, 2014 and 2013 is as follows:

	2014	2013
Medicaid subcapitation	\$ 23,057,170	\$ 18,406,112
Wrap-around services	805,096	1,854,228
Intensive service alternatives	190,945	184,845
Inpatient	<u>361,363</u>	<u>1,445,448</u>
	24,414,574	21,890,633
Contract wages	<u>66,812</u>	<u>61,188</u>
	<u>\$ 24,481,386</u>	<u>\$ 21,951,821</u>

The above activity resulted in an amount due to BHI of \$0 and \$228,695 as of June 30, 2014 and 2013, respectively. There is also a liability recorded within accrued liabilities at June 30, 2014 and 2013 in the amount of \$0 and \$466,827, respectively, for claims paid for by BHI on behalf of the Center. At June 30, 2014 and 2013, BHI owed the Center \$0 and \$30,000 for subcapitation disbursements, respectively.

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

BHI maintains a separate equity account for each member and distributions and earnings are allocated to each member based upon their activity for the year. The investment is accounted for using the equity method of accounting. The following is a recap of the equity investment:

	<u>2014</u>	<u>2013</u>
Beginning investment in BHI	\$ 1,317,517	\$ 1,291,824
Net gain on investment in equity investee	<u>256,397</u>	<u>25,693</u>
Ending investment in BHI	<u>\$ 1,573,914</u>	<u>\$ 1,317,517</u>

The following is a condensed audited balance sheet of BHI as of June 30, 2014 and 2013, and the related revenues, expenses and investment income for the years then ended. Information was obtained from audited financial statements presented in accordance with generally accepted accounting principles in the United States of America.

	<u>2014</u>	<u>2013</u>
Current assets	\$ 14,658,535	\$ 6,513,811
Limited as to use assets	400,000	400,000
Fixed assets	<u>1,033</u>	<u>-</u>
Total assets	<u>15,059,568</u>	<u>6,913,811</u>
Total liabilities	<u>10,918,137</u>	<u>3,447,110</u>
Net assets - unrestricted	<u>\$ 4,141,431</u>	<u>\$ 3,466,701</u>
Revenues	\$ 89,377,560	\$ 68,686,810
Expenses	(89,158,953)	(68,889,697)
Other revenue	<u>456,123</u>	<u>270,498</u>
Increase in net assets	<u>\$ 674,730</u>	<u>\$ 67,611</u>



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

**Note 5: Employee Benefit Plans**
**401(k) Profit-Sharing Plan**

For fiscal years ended June 30, 2014 and 2013, all salaried employees who are age 21, have completed one year of service and have worked at least 1,000 hours are eligible to participate in the defined contribution pension plan. Effective January 1, 2013, in order to participate in the Center's matching and non-elective contributions, an employee must have completed at least 1,000 hours of service during a consecutive 12-month period. The Center contributes annually to the plan an amount equal to 3% of the employee's compensation. In addition, the Center will match a percentage of participant contributions to the plan in an amount equal to the lesser of 3% of earnings or 50% of the employee's contribution.

Included in general and administrative costs are plan expenses of \$426,115 and \$432,936 for the years ended June 30, 2014 and 2013, respectively.

**Self-insured Health Care Plan**

The Center sponsors a health care plan for its employees. The plan provides benefits for hospitalization and medical coverage. The Center is self-insured for the first \$50,000 of claims per year, per insured individual with the excess reinsured with a commercial insurance company up to an aggregate amount of \$1,000,000. Plan expenses for the years ended June 30, 2014 and 2013 were \$1,271,115 and \$1,502,068, respectively.

As of June 30, 2014 and 2013, the Center has recorded a liability related to outstanding claims of \$210,863 and \$90,863, respectively, which is included in accrued liabilities on the balance sheets.

**Note 6: Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes:

	2014	2013
Other mental health programs	\$ 500	\$ 500

There were no net assets released from donor restrictions by incurring expenses satisfying the restricted purposes for both years ended June 30, 2014 and 2013.

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

**Note 7: Functional Expenses**

The Center's expenses for the years ended June 30, 2014 and 2013 relate to the following activities:

	<u>2014</u>	<u>2013</u>
Mental health services	\$ 21,633,204	\$ 22,567,621
Other programs	537,719	575,897
General and administrative	<u>4,912,384</u>	<u>5,079,536</u>
	<u>\$ 27,083,307</u>	<u>\$ 28,223,054</u>

**Note 8: Significant Estimates and Concentrations**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

***Allowances for Net Client Service Revenue Adjustments***

Estimates of allowances for adjustments included in net client service revenue are described in Note 1.

***Professional Liability Coverage and Claims***

The Center pays fixed premiums for annual professional liability insurance coverage under a claims-made policy. Under such policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Center is not aware of any unasserted claims, unreported incidents or claims outstanding which are expected to exceed professional liability insurance coverage limits as of June 30, 2014.



Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

***Revenue Concentration***

Approximately 75% and 73% of the Center's unrestricted revenues for the years ended June 30, 2014 and 2013, respectively, was the result of the subcapitation managed care contract with BHI to provide mental health managed care services for Medicaid recipients. Under the subcapitation agreement, the Center will be required to provide all mental health services for any clients (Covered Persons) participating under the Colorado Medicaid program within the covered area for fixed, monthly prepaid contracted amounts based on Medicaid recipient categories for all Covered Persons. The contract with BHI expires on June 30, 2019.

BHI has previously been notified of possible overpayments for various fiscal years, related to capitation payments made by the State of Colorado for ineligible clients and has recorded an estimated liability for the recoupments. BHI intends to investigate the assertions. Subsequent to June 30, 2013, BHI was notified by the Colorado Department of Health Care Policy and Financing that the State of Colorado does not intend to perform optional annual reconciliations for fiscal years 2011, 2012 and 2013, but would not preclude the federal government's involvement in this matter. The State of Colorado will continue to pursue post-pay recoveries (date of death), recoveries under the Public Assistance Reporting Information System (PARIS) project, and recoveries for clients in an institution for mental disease (IMD).

In addition, BHI has recorded an estimated receivable for retroactive adjustments for eligible persons. The State of Colorado is in the process of changing the policy for retroactive enrollment. The estimated receivable and payable recorded at BHI described above could differ materially in the near term which could affect the subcapitation payments of the Center.



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
Independent Auditor's Report and Financial Statements  
June 30, 2015 and 2014



**Attachment L – Audited Financial Statements**

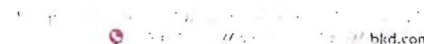
**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
June 30, 2015 and 2014

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Attachment L – Audited Financial Statements



### Independent Auditor's Report

Board of Directors  
Community Reach Center, Inc.  
Thornton, Colorado

We have audited the accompanying financial statements of Community Reach Center, Inc. (a Member of Community Reach Center Systems, Inc.) (the Center), which comprise the balance sheets as of June 30, 2015 and 2014, and the related statements of operations, changes in net assets and of cash flows for the years then ended, and related notes to the financial statements.

#### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Praxity





**Attachment L – Audited Financial Statements**

Board of Directors  
Community Reach Center, Inc.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Reach Center, Inc. as of June 30, 2015 and 2014, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*BKD, LLP*

Colorado Springs, Colorado  
November 19, 2015

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Balance Sheets**  
**June 30, 2015 and 2014**

**Assets**

	2015	2014
<b>Current Assets</b>		
Cash and cash equivalents	\$ 9,816,157	\$ 7,754,170
Restricted cash	111,329	68,528
Accounts receivable		
Client accounts receivable, less allowance for uncollectible		
accounts: 2015 - \$682,335 and 2014 - \$1,203,563	456,964	398,987
Medicare services, less allowance for uncollectible		
accounts: 2015 - \$8,042 and 2014 - \$143,432	26,894	202,999
Grants, contracts and other	1,743,534	850,382
Prepaid expenses and other current assets	33,906	10,592
Total current assets	12,188,784	9,285,658
<b>Contribution Receivable for Donated Use of Building</b>	1,203,730	-
<b>Investment in BHI</b>	2,226,769	1,573,914
<b>Property and Equipment, at Cost</b>		
Equipment	6,106	14,702
Leasehold improvements	158,820	158,820
Buildings	52,756	52,756
Construction in progress	16,554	-
	234,236	226,278
Less accumulated depreciation and amortization	127,745	116,871
	106,491	109,407
Total assets	\$ 15,725,774	\$ 10,968,979

See Notes to Financial Statements

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Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
**Balance Sheets (continued)**  
**June 30, 2015 and 2014**

**Liabilities and Net Assets**

	2015	2014
<b>Current Liabilities</b>		
Accounts payable	\$ 358,016	\$ 392,084
Accrued liabilities	519,745	423,005
Accrued vacation payable	688,973	616,682
Deferred revenue	3,620	8,216
Due to affiliates	3,261,929	2,385,801
BHI payable	2,400,510	-
Total current liabilities	7,232,793	3,825,788
<b>Net Assets</b>		
Unrestricted	7,289,251	7,142,691
Temporarily restricted	1,203,730	500
Total net assets	8,492,981	7,143,191
Total liabilities and net assets	\$ 15,725,774	\$ 10,968,979

See Notes to Financial Statements

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Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Statements of Operations**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
<b>Revenues, Gains and Other Support</b>		
BHI subcapitation and other	\$ 29,352,645	\$ 24,414,574
Net client service revenue	4,337,142	3,575,780
Total government	4,436,580	3,306,396
Contributions	1,150	3,930
Donated building space, medications and services	226,500	74,965
Education	1,325,231	1,021,313
Other	251,382	405,907
Net assets released from restrictions	500	-
Total revenues, gains and other support	39,931,130	32,802,865
<b>Expenses</b>		
Personnel	24,660,761	19,327,943
Client	1,164,141	1,258,592
Occupancy	2,804,190	2,418,640
Operating	3,956,801	2,727,795
Provision for uncollectible accounts	585,327	790,550
Other	539,862	484,822
Donated items	226,500	74,965
Total expenses	33,937,582	27,083,307
<b>Operating Income</b>	5,993,548	5,719,558
<b>Other Income</b>		
Investment return	157	156
Net gain on investment in equity investees	652,855	256,397
Total other income	653,012	256,553
<b>Excess of Revenues Over Expenses</b>	6,646,560	5,976,111
Transfers to affiliates	(6,500,000)	(5,600,000)
<b>Increase in Unrestricted Net Assets</b>	\$ 146,560	\$ 376,111

See Notes to Financial Statements

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Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
**Statements of Changes in Net Assets**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
<b>Unrestricted Net Assets</b>		
Excess of revenues over expenses	\$ 6,646,560	\$ 5,976,111
Transfers to affiliates	(6,500,000)	(5,600,000)
Increase in unrestricted net assets	146,560	376,111
<b>Temporarily Restricted Net Assets</b>		
Contribution of donated use of building	1,203,730	-
Net assets released from restriction	(500)	-
Increase in temporarily restricted net assets	1,203,230	-
<b>Increase in Net Assets</b>	1,349,790	376,111
<b>Net Assets, Beginning of Year</b>	7,143,191	6,767,080
<b>Net Assets, End of Year</b>	<u>\$ 8,492,981</u>	<u>\$ 7,143,191</u>

See Notes to Financial Statements

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**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Statements of Cash Flows**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
<b>Operating Activities</b>		
Change in net assets	\$ 1,349,790	\$ 376,111
Items not requiring (providing) cash		
Provision for uncollectible accounts	585,327	790,550
Depreciation	10,874	12,482
Gain on investment in equity investees	(652,855)	(256,397)
Transfers to affiliates	6,500,000	5,600,000
Contribution of donated use of building	(1,203,730)	-
Changes in		
Restricted cash	(42,801)	44,625
Accounts receivable	(1,360,351)	(1,000,752)
Due from affiliates	(5,623,872)	(4,894,522)
Other current assets	(23,314)	52,594
Accounts payable	2,366,442	1,756,507
Accrued expenses	96,740	(404,970)
Accrued vacation pay	72,291	21,124
Deferred revenue	(4,596)	(33,844)
Net cash provided by operating activities	<u>2,069,945</u>	<u>2,063,508</u>
<b>Investing Activities</b>		
Purchase of property and equipment	<u>(7,958)</u>	<u>(22,674)</u>
Net cash used in investing activities	<u>(7,958)</u>	<u>(22,674)</u>
<b>Increase in Cash and Cash Equivalents</b>	2,061,987	2,040,834
<b>Cash and Cash Equivalents, Beginning of Year</b>	<u>7,754,170</u>	<u>5,713,336</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u>\$ 9,816,157</u>	<u>\$ 7,754,170</u>
<b>Noncash Investing and Financing Activities</b>		
Accrued transfer to affiliates	<u>\$ 6,500,000</u>	<u>\$ 5,600,000</u>

See Notes to Financial Statements

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**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies*****Nature of Operations***

Community Reach Center, Inc. (the Center) is a Colorado nonprofit corporation formed to provide mental health care services primarily to residents of Adams County, Colorado. The Center's main sources of revenues are government funding, a subcapitation agreement for Medicaid services and other fee for service revenues. The Center is an affiliate of Community Reach Center Systems, Inc. (Systems), Adams Mental Health Foundation, Inc. d/b/a Community Reach Center Foundation, Inc. (the Foundation), Coronado Residences, Inc. (Coronado), Mountainland Pediatrics, Inc. (Mountainland) and Brighton Lifelong Learning and Resource Center Association (Condo Association).

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***Basis of Accounting***

The financial statements conform with the reporting guidelines issued by the State of Colorado, Department of Human Services, Office of Health and Rehabilitation Services, Mental Health Services, including guidelines outlined in the *Audit and Accounting Guide for Health Care Organizations* issued by the American Institute of Certified Public Accountants.

***Cash Equivalents***

The Center considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2015 and 2014, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

At June 30, 2015, the Center's cash accounts exceeded federally insured limits by approximately \$8,339,000.

***Net Client Service Revenue***

Net client service revenue is reported at the estimated net realizable amounts from clients, third-party payers and others for services rendered including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

***Accounts Receivable***

First- and third-party accounts receivable are reported at net realizable amounts. The allowance for uncollectible accounts is based upon the Center's past collection experience, the character of the receivable, current economic conditions and other factors which, in management's judgment, should be considered in estimating the allowance for unrealizable accounts. Public agencies' accounts receivable are considered to be fully collectible by management; accordingly, no allowance for unrealizable accounts has been recorded related to these accounts.

***Charity Care***

The Center provides care to indigent clients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Center's direct and indirect costs for services furnished under the Center's charity care policy were approximately \$1,710,000 and \$2,800,000 for the years ended June 30, 2015 and 2014, respectively. The Center estimates the direct and indirect costs of providing charity care by applying the ratio of cost to gross charges to the uncompensated charges.

***Investments and Investment Return***

The Center utilizes the equity method of accounting for investments in and advances to certain affiliates over which the Center exercises significant influence. Under this method, the Center's share of the net income or net losses of the affiliates is reflected as income or loss in equity investees and serves to increase or reduce the recorded amount of the Center's investment in and advances to the affiliates.

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. All other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or market value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation, and for which the restriction will be satisfied in the same year, are included in unrestricted net assets. Other investment return is reflected in the statements of operations as unrestricted or temporarily restricted based upon the existence and nature of any donor or legally imposed restrictions.

***Property and Equipment***

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset stated at cost.



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

***Long-lived Asset Impairment***

The Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended June 30, 2015 and 2014.

***Contributions***

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Receipt of contributions which are conditional are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

***Temporarily Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Center has been limited by donors to a specific time period or purpose.

***Excess of Revenues Over Expenses***

The statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers to and from affiliates for other than goods and services.

***Donated Materials, Building Space and Services***

Donations of materials, building space and services are recorded as both a revenue and an expense. Donated materials are valued at their estimated current market values as determined by vendor price lists and various other methods. Donated building space is valued at estimated fair rental value based upon rentals of similar real estate.

Donated services are recognized as revenue at their estimated fair value only when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service and the service would typically need to be purchased if not donated.



**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

***Functional Expense Cost Allocations***

For calculating unit costs of services, the Center allocates direct and traceable expenses from cost centers to service programs based on the ratio of clinician time and compensation in each program to total clinician time and compensation. Units of service are determined on a programmatically distinct basis. General and administrative costs are allocated for unit costs calculations based on a percentage of expenses to total expenses as required by the Colorado Department of Human Services, Division of Behavioral Health, *Accounting and Auditing Guidelines*.

***Income Taxes***

The Center is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and a similar provision of state law. With a few exceptions, the Center is no longer subject to U.S. federal examinations by tax authorities for years before 2012.

***Subsequent Events***

On November 12, 2015, the Organization entered into a contract with a construction company to construct a building. The total commitment was approximately \$2,350,000.

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

**Note 2: Charity Care**

The Center provides care to indigent clients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Center's direct and indirect costs for services furnished under the Center's charity care policy were \$2,469,901 and \$3,418,872 for the years ended June 30, 2015 and 2014, respectively. The Center has received approximately \$758,000 and \$596,000 in 2015 and 2014, respectively, to subsidize charity services provided under its charity care policy.

**Note 3: Related-party Transactions – Organizational Structure and Affiliated Organizations**

Systems was formed as a management entity for the purpose of overseeing the financial and administrative affairs of the charitable corporate affiliates including the Center. Systems incurs management, general and administrative expenses common to all of the affiliates and charges each affiliate, including the Center, a management fee on a pro-rata basis. Total management fee expense for the years ended June 30, 2015 and 2014 was \$5,826,259 and \$4,912,384, respectively.

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

The Center leased space from the Foundation and other nonrelated entities for certain programs. Total rental and lease expense for the years ended June 30, 2015 and 2014 was \$1,739,749 and \$1,666,847, respectively.

The Center had transfers to affiliates of \$6,500,000 and \$5,600,000 for the years ended June 30, 2015 and 2014, respectively. Additionally, the Center advances funds to affiliates for cash flow purposes.

The net amounts due to all affiliates at June 30, 2015 and 2014 are composed of the following:

	2015	2014
Due to affiliates	<u>\$ (3,261,929)</u>	<u>\$ (2,385,801)</u>

**Note 4: Investments in Behavioral Healthcare, Inc.**

***Behavioral Healthcare, Inc.***

The Center is a member of Behavioral Healthcare, Inc. (BHI). BHI is organized as a not-for-profit corporation and is exempt from income taxes under Section 501(c)(3). BHI was formed to act as a Medicaid intermediary related to the Medicaid capitation project in which the Center and two other mental health centers participate. Revenue from BHI, including contract wages, at June 30, 2015 and 2014 is as follows:

	2015	2014
Medicaid subcapitation	\$ 28,207,050	\$ 23,057,170
Wrap-around services	513,460	805,096
Intensive service alternatives	183,276	190,945
Inpatient	<u>448,859</u>	<u>361,363</u>
	29,352,645	24,414,574
Contract wages	<u>36,000</u>	<u>66,812</u>
	<u>\$ 29,388,645</u>	<u>\$ 24,481,386</u>

Due to the possible overpayments discussed in Note 8 and from the above activity, an amount due to BHI of \$2,400,510 and \$0 as of June 30, 2015 and 2014, respectively, is recorded on the balance sheets.

**Attachment L – Audited Financial Statements**

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

BHI maintains a separate equity account for each member and distributions and earnings are allocated to each member based upon their activity for the year. The investment is accounted for using the equity method of accounting. The following is a recap of the equity investment:

	<u>2015</u>	<u>2014</u>
Beginning investment in BHI	\$ 1,573,914	\$ 1,317,517
Net gain on investment in equity investee	<u>652,855</u>	<u>256,397</u>
Ending investment in BHI	<u>\$ 2,226,769</u>	<u>\$ 1,573,914</u>

The following is a condensed audited balance sheet of BHI as of June 30, 2015 and 2014, and the related revenues, expenses and investment income for the years then ended. Information was obtained from audited financial statements presented in accordance with generally accepted accounting principles in the United States of America.

	<u>2015</u>	<u>2014</u>
Current assets	\$ 22,364,584	\$ 14,658,535
Limited as to use assets	400,000	400,000
Fixed assets	<u>1,195,558</u>	<u>1,033</u>
Total assets	<u>23,960,142</u>	<u>15,059,568</u>
Total liabilities	<u>18,100,673</u>	<u>10,918,137</u>
Net assets - unrestricted	<u>\$ 5,859,469</u>	<u>\$ 4,141,431</u>
Revenues	\$ 118,398,281	\$ 89,377,560
Expenses	(118,076,535)	(89,158,953)
Other revenue	<u>1,396,292</u>	<u>456,123</u>
Increase in net assets	<u>\$ 1,718,038</u>	<u>\$ 674,730</u>





Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
(A Member of Community Reach Center Systems, Inc.)  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

**Note 5: Employee Benefit Plans**

**401(k) Profit-Sharing Plan**

For fiscal years ended June 30, 2015 and 2014, all salaried employees who are age 21, have completed one year of service and have worked at least 1,000 hours are eligible to participate in the defined contribution pension plan. Effective January 1, 2013, in order to participate in the Center's matching and non-elective contributions, an employee must have completed at least 1,000 hours of service during a consecutive 12-month period. The Center contributes annually to the plan an amount equal to 3% of the employee's compensation. In addition, the Center will match a percentage of participant contributions to the plan in an amount equal to the lesser of 3% of earnings or 50% of the employee's contribution.

Included in general and administrative costs are plan expenses of \$513,620 and \$426,115 for the years ended June 30, 2015 and 2014, respectively.

**Self-insured Health Care Plan**

The Center sponsors a health care plan for its employees. The plan provides benefits for hospitalization and medical coverage. The Center is self-insured for the first \$50,000 of claims per year, per insured individual with the excess reinsured with a commercial insurance company up to an aggregate amount of \$1,000,000. Plan expenses for the years ended June 30, 2015 and 2014 were \$1,630,167 and \$1,271,115, respectively.

As of June 30, 2015 and 2014, the Center has recorded a liability related to outstanding claims of \$210,863, which is included in accrued liabilities on the balance sheets.

**Note 6: Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes:

	2015	2014
Donated use of building	\$ 1,203,730	\$ -
Other mental health programs	-	500
	<u>\$ 1,203,730</u>	<u>\$ 500</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes in the amounts of \$500 and \$0 for the years ended June 30, 2015 and 2014, respectively.

## Attachment L – Audited Financial Statements

**Community Reach Center, Inc.**  
**(A Member of Community Reach Center Systems, Inc.)**  
**Notes to Financial Statements**  
**June 30, 2015 and 2014**

**Note 7: Functional Expenses**

The Center's expenses for the years ended June 30, 2015 and 2014 relate to the following activities:

	2015	2014
Mental health services	\$ 27,560,849	\$ 21,633,204
Other programs	550,481	537,719
General and administrative	5,826,252	4,912,384
	<u>\$ 33,937,582</u>	<u>\$ 27,083,307</u>

**Note 8: Significant Estimates and Concentrations**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

***Allowances for Net Client Service Revenue Adjustments***

Estimates of allowances for adjustments included in net client service revenue are described in Note 1.

***Professional Liability Coverage and Claims***

The Center pays fixed premiums for annual professional liability insurance coverage under a claims-made policy. Under such policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Center is not aware of any unasserted claims, unreported incidents or claims outstanding which are expected to exceed professional liability insurance coverage limits as of June 30, 2015.

***Revenue Concentration***

Approximately 74% and 75% of the Center's unrestricted revenues for the years ended June 30, 2015 and 2014 respectively, was the result of the subcapitation managed care contract with BHI to provide mental health managed care services for Medicaid recipients. Under the subcapitation agreement, the Center will be required to provide all mental health services for any clients (Covered Persons) participating under the Colorado Medicaid program within the covered area for fixed, monthly prepaid contracted amounts based on Medicaid recipient categories for all Covered Persons. The contract with BHI expires on June 30, 2019.



**Attachment L – Audited Financial Statements**

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BHI has previously been notified of possible overpayments for various fiscal years, related to capitation payments made by the State of Colorado for ineligible clients and has recorded an estimated liability for the recoupments which has been passed through to the Center. BHI intends to investigate the assertions. The estimated receivable and payable recorded at BHI described above could differ materially in the near term which could affect the subcapitation payments of the Center.



