

PURCHASE OF SERVICE AGREEMENT

THIS AGREEMENT ("Agreement") is made this 15th day of November 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," acting in its capacity as the Adams County Board of Human Services, and Empowering Choices Therapy, LLC, located at 975 Lincoln Street, Suite #205, Denver, CO 80203 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 RFA 2016.414 Core Services Program Services and the Contractor's response to the RFP 2016.414 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. Contractor will provide Sexual Abuse Treatment for clients referred by Adams County Human Services Department (ACHSD) pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303.

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 is July 1, 2016 through June 30, 2017.

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 three thousand six hundred dollars (\$3,600.00).

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 negligent performance or failure to perform pursuant to the terms of this Agreement or as a result of any subcontractors' performance or negligent 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 fails to fulfill its obligations under this Agreement in a timely and proper manner, or if the Contractor violates any of the covenants, conditions, or stipulations of this Agreement, the County shall thereupon have the right to immediately terminate this Agreement, upon giving written notice to the Contractor 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).

11.3. OSHA: The Contractor shall comply with the requirements of the Occupational Safety
2016.414.11 Core Services/Empowering Choices Therapy/Sexual Abuse Treatment

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 Human Services Department, Children and Family Services
Contact: Jan James, Division Director
Address: 7401 North Broadway
City, State, Zip: Denver, CO 80221
Phone: 303.412.8121
E-mail: jjames@adcogov.org

Department: Adams County Purchasing
Contact: Liz Estrada, Contract Administrator
Address: 4430 South Adams County Parkway
City, State, Zip: Brighton, Colorado 80601
Phone: 720-523-6052
E-mail: lestrada@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: Empowering Choices Therapy, LLC
Contact: Keith Manchester
Address: 975 Lincoln St., Suite #205
City, State, Zip: Denver, CO 80203
Phone: 720.633.5426
E-mail: keithmanchester@gmail.com

- 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:

County Manager's Office

[Signature] 15 Dec 2016
Raymond Gonzales, Deputy County Manager Date

Empowering Choices Therapy, LLC

[Signature] 11/22/16
Signature Date

Keith Mandelster Owner
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:

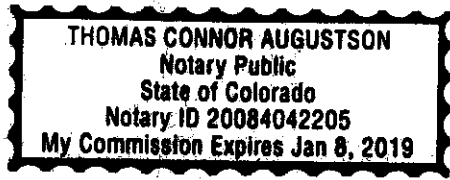
COUNTY OF DENVER)

STATE OF COLORADO) SS.

Signed and sworn to before me this 22nd day of NOVEMBER, 2016,

by Thomas Connor Augustson,

[Signature]
Notary Public



My commission expires on: 1-08-2019

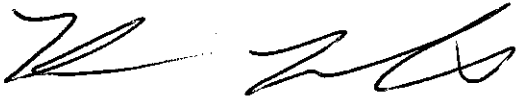
CONTRACTOR'S CERTIFICATION OF COMPLIANCE

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:

Empowering Choices Therapy
Company Name

11/22/16
Date



Signature

Keith Manchester
Name (Print or Type)

Owner
Title

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



ADAMS COUNTY
COLORADO

REQUEST FOR APPLICATION FORM
2016.414 CORE SERVICES PROGRAM

CONTRACTOR'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 statement, the following proposal is hereby submitted.

WE, THE UNDERSIGNED, HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # None Addenda # _____
If None, Please write NONE.

<u>Empowering Choices Therapy</u>	<u>3/25/16</u>
Company Name	Date
<u>975 Lincoln St. Suite #205</u>	<u>[Signature]</u>
Address	Signature
<u>Denver, CO 80203</u>	<u>Keith Manchester</u>
City, State, Zip Code	Printed Name
<u>Denver</u>	<u>Licensed Professional Counselor</u>
County	Title
<u>720-633-5426</u>	<u>N/A</u>
Telephone	Fax
<u>keithmanchester@gmail.com</u>	
Email Address	

2016.414 CORE SERVICES REQUEST FOR APPLICATION
COST FOR SERVICES

Service area applying for: (Select all that apply)	Requested Amount per Service
<input checked="" type="checkbox"/> Home-Based Interventions	\$ 50/hour
<input checked="" type="checkbox"/> Intensive Family Therapy	\$ 60/ hour
<input checked="" type="checkbox"/> Sexual Abuse Treatment	\$ 60/ hour
<input type="checkbox"/> Day Treatment	\$
<input checked="" type="checkbox"/> Life Skills	\$ 40/hour
<input checked="" type="checkbox"/> Mental Health Services	\$ 60/hour
<input type="checkbox"/> Substance Abuse Services	\$
<input type="checkbox"/> Family Team Meetings	\$
Total Application Request	\$

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

Precept Counseling accepts the following insurances: Insurances will be billed for services rendered to clients. In the event insurance cannot be billed the above hourly rate will apply for services.

- 1) Medicaid
- 2) Cigna
- 3) United
- 4) Anthem Blue Cross and Blue Shield

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

I started Empowering Choices Therapy in April 2011 and I am the sole clinician associated with this LLC. I seek to provide customized counseling to individuals by utilizing proved therapeutic interventions. I believe that by forming meaningful relationships, clients are empowered to make choices and address their life experiences. For the past 7 years I have been working with offense specific clients in both a residential and outpatient setting.

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

I have had a few single case agreements with Adams County and am pleased to say that these clients terminated and returned home successfully. I currently work with several other agencies including Adams County Probation, Denver County Probation, Boulder County DHS, Weld County DHS, Arapahoe County DHS, and Broomfield County DHS. Although I plan to continue working with these other agencies I am mindful of my caseload so that I can meet the expectations of the respective agency.

2. List any professional, state, or required licenses, and accreditation/certification levels, if any.
Licensed Professional Counselor - #6051
SOMB Juvenile Full Operating Treatment Provider
3. Is your agency a Medicaid provider? Yes
If not, is your agency qualified to become an authorized provider? n/a

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

1. What specific type(s) of service and area of specialization(s) does your agency provide?
 - a) What service delivery methods and mechanisms would you implement? Include specific methods and techniques you will use for engaging and motivating clients and families.
 - b) What evidenced-based approaches or promising practices does your agency employ? (Please indicate if you have any specific certifications to accompany these.)

I have attained my Full SOMB (Sexual Offender Management Board) treatment provider certification, which allows me to provide services to adolescents who have been ordered to complete offense specific treatment. I have a sound working knowledge of the outcomes and requirements needed in order to complete treatment for Adolescent offenders. I can create quality treatment plans with goals that are challenging, quantifiable and achievable for the clients' individual abilities. I attempt to utilize other resources such as teachers, evaluators, and fellow professionals to ensure that I am providing the best care and treatment for my clients. I also consult with the other Multidisciplinary Team Members (i.e. probation officers, CASA worker, guardian ad litem, and caseworkers) and appreciate the collaboration and contribution that each team member provides. I utilize an array of therapeutic evidenced based

interventions such as cognitive behavioral strategies, solution focused therapy, and choice theory concepts. I pull from a variety of treatment assignments and handouts so that a client gains a thorough understanding of the concepts needed for successful completion of his or her treatment. I also work closely with a client's family and supports to help ensure that a client is integrating what he or she is learning into their everyday lives. Finally I consistently attend training put out by the SOMB to ensure that I am staying present with any new or changes in the most effective interventions for adolescent offending behaviors.

2. Please explain how your agency's services will address the five Core Services goals of:

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

I am very familiar with the process of making sound safety plans to help ensure safety when a client is with their family. I also attempt to help families identify what positive qualities they embody and use this to develop healthier way of interacting with each other. In addition to the contracted therapy hours I allow for families to contact me with any questions or concerns that arise. Finally I seek to find coping tools to help families refrain from resorting to previous maladaptive interactions.

b) Prevent out-of-home placement:

As long as no imminent safety risks exist I am invested in helping a child return home. If a child is currently residing in their home I will work to maintain their placement by connecting families with other supports in their community and addressing how to refrain from any major incidences, which could result in an out of home placement.

c) Return children in placement to their own home:

I am willing to transport a child to their home and work with families in their own environment. I also spend ample time helping clients create relapse prevention plans before returning home so that they can identify what triggers may exist at home and more importantly plan how to effectively handle these stressors.

d) Unite children with their permanent families:

I do believe that statistically a child has the best chance for success living with their biological families. I value my communication and diligence in helping my clients explore how they can reconnect and maintain a healthy relationship with all of the supports in their life. I also aid families in safety planning and work through their past maladaptive family dynamics. Furthermore, through my offense specific work I have been involved and engaged in the clarification and reunification process when applicable. In these cases I work closely with the victim therapist to ensure that the process is being driven by the victim and goes at a pace that is comfortable for all parties involved.

e) Provide services that protect the child:

I am comfortable with mandating reporting and always keep in mind the importance of safety for a child and the community. I will confront any safety risks and will utilize outside resources such as victim advocates and other professionals to ensure the safety of my clients.

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

After achieving my Bachelors degree in Psychology, I explored the dynamics of at-risk children and teens in a residential setting at the Allendale Association in Addison, Illinois. During my tenure at the Allendale Association, I simultaneously attended graduate school at The Chicago School of Professional Psychology. My clinical experience was furthered by my graduate internship at Lutherbrook Residential Facility. At Lutherbrook I conducted all the duties required for a residential therapist, including case conceptualizations, individual treatment plans, and assessments, in addition to individual and group therapy, working with both male and female adolescents. Before leaving Illinois I spent over two years working at Chicago Lakeshore Psychiatric Hospital, an experience which gave me a great opportunity to observe and treat individuals with a wide spectrum of mental health issues. I served as a treatment counselor and intake clinician, assessing the severity of a person's mental health symptoms. These varied experiences contribute to my competency in addressing clients who are in crisis and in need of a broad range of pertinent interventions. As someone who has always enjoyed the outdoors I decided to move to Colorado for all the wonderful activities and weather it so graciously provides. My first position starting in January 2009 was working as a clinician for Shiloh Home Inc. in Longmont, Colorado. At Shiloh, I worked hand-in-hand with at-risk youth and their families, gaining valuable experience working with trauma, abuse, neglect and other mental health diagnosis. In April 2011 I also opened my own private practice, Empowering Choices Therapy, LLC, and have the privilege of providing my counseling services to Denver and the surrounding communities.

To ensure that I remain a relevant therapist, I engage in a number of different groups and activities that only help build myself as a therapist, but also as an active community member. I have been a guest speaker at various colleges, educating students about my Choice Theory background, as well as providing an overview of offense specific treatment. I have also provided volunteer work at Urban Peak, which is an adolescent homeless facility, providing counseling sessions to troubled youths that have no other outlet. Additionally, I serve on the Juvenile Sexual Offender collaboration in Adams County where I conduct training to educate youth about sexual harassment.

In regards to incorporating trauma informed care into my practice I try to look at a client's strengths and help them find meaning in understanding. When we think about trauma, we often associate it with a feeling of pain, loss, and suffering. Although these are inevitable components of a negative experience, I

also try to examine the lessons that can be gained by these experiences. Throughout my clinical practices many of my clients have been exposed to many types of abuse and/or neglect. I continue to be amazed at the resiliency these clients embody. Many of them have very limited stability in their lives with few social and family supports. However, I believe that when their basic needs are met and their loved ones make an effort to support them, they can still grow and work through their past trauma. Many of us have heard or experienced a tragic story of neglect, abuse, and/or losing loved ones. My theoretical outlook values a person's choice. I believe that undeniably we play a key factor in determining how we will address the experiences in our life. During the course of life everyone will have something unfair, unjust, and just plain wrong happen to impact their life. My goal is to process how the trauma has impacted their life and then empower a person to decide how they want to move forth in their life. After we spend time remembering the past I seek to help clients shift their focus to the present. Many who have experienced trauma don't consider themselves victims, but survivors. I challenge all of us to tackle the negativity that comes our way and gain strength from identifying themselves as survivors instead of victims. Finally for clients that are in need of a more formal intervention I have also been trained in EMDR and have been able to integrate this intervention into my practice.

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

One of the major factors for deciding on The Chicago School of Professional Psychology for my graduate degree was specifically for its emphasis on cultural diversity. I continue to enjoy working with people from all ethnicities and backgrounds. I have worked in conjunction with an interpreter before and have also worked with the hearing impaired. In addition I have also had the opportunity to work with clients from both rural and urban settings, which has provided extra experience in understanding various client's values and background. Ultimately I will seek to find solutions to any communication or cultural barrier by utilizing the resources available to me or researching the best practices for working with a clients needs.

C. Collaboration

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

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

I have experience with being a mandated reporter and have worked closely with the pertinent professionals in different aspects of the various cases. I believe that I effectively communicate with the assigned caseworker on my cases and respond to their requests in a timely fashion. I always keep in mind what is best for the client, but can be flexible in order to insure safety for the community.

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

If necessary I will correspond with other professional individuals on an as needed basis. I receive referrals from clients who have been in prior treatment and so I make sure to contact and previous providers so that I have the most up to date information.

3. It is likely that you or your staff will be expected to testify on the witness stand during Court Hearings. Briefly describe your (their) experience and the qualifications that would qualify you as experts in child welfare or other fields.

As noted I have worked in several residential facilities working with at risk youth and their families. My degree was focused on child and adolescent counseling and I have a working knowledge of the current laws regarding child abuse and neglect. In the past 7 years I have been subpoenaed twice for expert testimony regarding my recommendation and assessment of a client's progress in treatment. Although I strive to provide the MDT with comprehensive information to encapsulate a client's progress I found both court appearances to be valuable experiences.

D. Report and Accounting Systems

1. ACHSD requires monthly reports with specific information. Briefly describe your methodology and ability to track data and provide these reports on client progress.

I have been completing monthly reports for the past 7 years and am aware of the requirements for ACDHS. I keep a secure and confidential copy of my records and am readily available to work with ACDHS to help them acquire any information they need.

2. Describe the accounting system you utilize to provide fiduciary accountability.

I keep a detailed record of all of my contracted hours by creating an invoice and billing note documenting the required information.

E. Target Population

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

I don't foresee a specific neighborhood, but I am open to working with any area that is in need of my services.

F. Availability

Please indicate the hours your services can be provided:

***Availability to provide services evenings and weekends is preferable.**

- Monday - Friday 9 _____ a.m. to 5 _____ p.m.
- Evenings days Monday-Friday Hours 5pm-9pm
- Weekends days _____ Hours _____
- Other:

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

Can you transport a client for services? YES NO

G. Services Outcomes

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

1. Average length of stay in treatment: 6 months- 1 year
2. How do you define "successful" treatment in your program?

For a client to be successful in offense specific treatment they would need to successfully complete all components outlined in the juvenile standards and guidelines set forth by the Colorado Sex Offender Management Board. In addition I look at the clients overall mental health status as well as their ability to utilize his or her tools and supports. Finally I also confer with the other members of the Multidisciplinary Team to ensure that all parties are in agreement that a client has successfully completed their treatment.

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

H. Sustainability

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

I have received referrals from: Adams County Probation, Denver County Probation, Boulder County DHS, Weld County DHS, Arapahoe County DHS, and Broomfield County DHS, and Denver Diversion

Thanks for your time and consideration.