

ADAMS COUNTY, COLORADO
FOURTH ADDENDUM TO
SERVICE AGREEMENT WITH PROGRESSIVE THERAPY SYSTEMS

THIS FOURTH ADDENDUM TO SERVICE AGREEMENT ("Fourth Addendum ") is entered into this 26th day of May, 2015, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams County Parkway, Brighton, CO 80601, hereinafter referred to as the "County," acting in its capacity as the Adams County Board of Human Services, and Progressive Therapy Systems, located at 758 Sherman Street, Denver, Colorado, 80203, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2011, the County entered into a Service Agreement with Progressive Therapy Systems to provide Offense Specific Treatment and Evaluation Services for youth to families referred by Adams County Human Services Department (ACHSD) pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the term of the agreement expires on May 31, 2015; and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement beginning June 1, 2015 through May 31, 2016.

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

1. Progressive Therapy Systems shall provide Offense Specific Treatment and Evaluation Services for youth to families referred by 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.
2. The term of the Service Agreement is extended through May 31, 2016.
3. The County shall reimburse the Contractor for the work provided under this Fourth Addendum in accordance with Section IV of the Service Agreement. Beginning June 1, 2015 through May 31, 2016 the County agrees to pay Progressive Therapy Systems a sum not to exceed ten thousand dollars (\$10,000).
4. The Service Agreement and this Fourth Addendum contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, provisions of the Service Agreement that are not amended or modified by this Fourth Addendum shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this Fourth Addendum, the terms, conditions and provisions of this Fourth Addendum shall control.

5. The Recitals contained in this Fourth Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.
6. This Fourth Addendum may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
7. Nothing expressed or implied in this Fourth Addendum is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim under or by reason of this Fourth Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this Fourth Addendum by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.
8. If any provision of this Fourth Addendum is determined to be unenforceable or invalid for any reason, the remainder of the Fourth Addendum shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
9. Each party represents and warrants that it has the power and ability to enter into this Fourth Addendum, to grant the rights granted herein, and to perform the duties and obligations herein described.

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


Human Services Director


Chris Kline

5-26-15
Date

ATTEST:
STAN MARTIN
CLERK AND RECORDER

Approved as to form:


Deputy Clerk


Adams County Attorney's Office


Progressive Therapy Systems

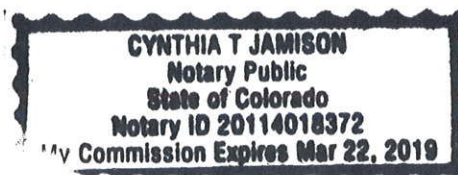
May 14 2015
Date

Signed and sworn to before me on this 14th day of May, 2015 by

Cynthia T. Jamison

Notary Public

My commission expires on: 3/22/19



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:

Progressive Therapy Systems
Company Name

8-14-15
Date

Walter T. Simon, Ph.D.
Name (Print or Type)


Signature

President
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



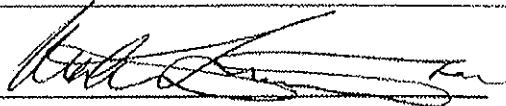
APPLICATION FORM
ADAMS COUNTY HUMAN SERVICES
2013.073 REQUEST FOR APPLICATION FOR
CORE SERVICES

Page 1 Of 2

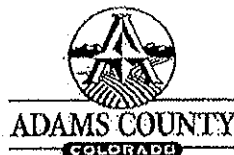
WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # NONE Addenda # NONE

If None, Please write NONE.

<u>Progressive Therapy Systems</u>	<u>4-9-13</u>
Company Name	Date
<u>758 Sherman St.</u>	
Address	Signature
<u>Denver, CO 80703</u>	<u>Walter T. Simon</u>
City, State, Zip Code	Printed Name
<u>Denver</u>	<u>President</u>
County	Title
<u>303 831 9344</u>	<u>303 831 9347</u>
Telephone	Fax or Email address

Chris Kline
DIRECTOR
Darwin J. Cox, MSW
DIVISION DIRECTOR



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

Core Service Application Form

Page 2 of 2

(Please Print or Type)

Agency Name: Progressive Therapy Systems

Type (LLC/Sole Prop/etc.): P.C.

Address: 758 Sherman St.

City: Denver State: CO 80203

Telephone Number: 303 831 9344 Fax Number: 303 831 9347

Website: progressivetherapysystems.com Email Address: _____

Contact Person for the Application: Bettina Simon Stor

Title: _____ Phone: 303 831-9344 Email: bstor@progressivetherapysystems.com

Executive Director, CEO, or Owner: Walter T. Simon, Ph.D.

Title: President Phone: 303 831 9344 Email: wtsimon@progressivetherapysystems.com

1. **Agency Information**

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

Progressive Therapy Systems P.C. is a private agency that provides mental health and sex offender treatment and evaluations. Dr. Simon has been licensed and in private practice since 1982 treating a variety of mental health issues and problems related to child abuse and eventually he specialized in work with sexual abusers and violent individuals. He has been an expert routinely used for the Departments of Human Services in Colorado. Progressive Therapy Systems was incorporated in 1993 and has cultivated a group of experienced clinicians to work with abused and abusive populations. Specifically, in regard to our sex offender treatment, our program is in compliance with the Colorado Sex Offender Management Board Standards and Guidelines. We are Approved Treatment Providers for the Colorado Department of Corrections. We receive referrals from Human Services throughout the metro area and Denver Juvenile



Court. Referrals to our adult program are from Probation, Parole and Human Services. We also receive private referrals and referrals from attorneys.

Progressive's staff are highly trained and experienced in their field. All hold Master's level degrees and many hold Doctorate degrees. The therapists at Progressive Therapy Systems are specially trained to work with both children and adults that have sexual behavior problems or are victims of abuse themselves. All our therapists hold masters degrees and are either licensed by the state or are registered with DORA as unlicensed psychotherapists. All are approved by the Colorado SOMB and have certificates attesting to specialized training in the area of sexual abuse. We currently employ 2 full time Evaluators, 6 full time Therapists and 2 full time Office support staff.

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

As an agency PTS has been working with Human Services for more than 20 years. The staff of the Children's Program is dedicated to working with kids. Our 2 downtown locations (which are located across the street from one another) provide us with the ability to separate the youth program from the adult population we serve. We also have an office in Northglenn. Often Human Services will require services for different members of the family to be in different programs for their abusive behavior. Progressive Therapy Systems has the ability, the qualifications and the dedication to provide services to the entire family.

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

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

Progressive Therapy Systems is a mental health organization that specializes in problematic behavior that leads to involvement with the Criminal Justice System and/ or Human Services. We treat a variety of age groups both individually and in group sessions. Our services include pre-teen groups, late adolescent groups and adult groups. We also have a boundary issues group. Our goal is to provide professional psychotherapy and Sex Offense Specific services (per the Colorado Sex Offender Management Board Standards and Guidelines) to help increase an individual's and /or family's overall functioning and eliminate offending behavior. We also conduct Offense Specific Evaluations, clarification sessions, parent education/support groups, informed supervisor sessions and PPG/Affinity Assessments. When applicable, we address victimization issues along with perpetration issues of our clients. Our staff also specializes in developmental psychopathology.



1. PROPOSED SERVICES

Evaluation Services for Juveniles and Adults

- Offense Specific Psychosexual Evaluations
- Risk Assessments
- Mental Health Evaluations for Lethality and DSM IV Diagnosis
- Cognitive Testing/Personality & Psychological Assessments
- Family Assessments
- Assessments of Sexual Interest
 - o Affinity 2.5 (objective measure of sexual interest)
 - o Penile Plethysmographs (PPG)
- Child Contact Assessments (CCA)

Treatment Services for Juveniles and Adults

- Sex Offense Specific Therapy
- Pre-Offense Specific Therapy (Denier's Intervention)
- Boundary Issues
- Anger Management
- Individual, Couple and Family Therapy
- Informed Supervisor Training
- Adolescent Delinquency Issues

1. Service area applying for: (Select all that apply)	Requested Amount per Service
<input type="checkbox"/> Home-Based Interventions	\$
<input checked="" type="checkbox"/> Intensive Family Therapy	\$ 85.00/hour
<input checked="" type="checkbox"/> Sexual Abuse Treatment	\$60.00/hour. group
	\$85.00/hour. individual
<input type="checkbox"/> Day Treatment	\$
<input type="checkbox"/> Life Skills	\$
<input checked="" type="checkbox"/> Mental Health Services	\$85.00/hour
<input type="checkbox"/> Substance Abuse Services	\$
<input type="checkbox"/> Family Team Meetings	\$
Total Application Request	\$N/A

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

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

- a) Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child:
- b) Prevent out-of-home placement:
- c) Return children in placement to their own home:
- d) Unite children with their permanent families:
- e) Provide services that protect the child:

a) By intervening with personal internal controls and working to develop those controls, behavioral management is improved and thus the family is strengthened by members being able to control themselves

b) When family members functioning is enhanced they learn to exercise self-control and thereby the family is stronger and more able to provide a safe environment thus preventing out of home placement

c) Once the family functioning is improved by members having greater understanding and behavioral control, children can be reunited

d) We engage in clarification and reunification sessions as outlined in the SOMB. As part of this the family looks at what risk factors exist and how to intervene with each factor

e) By enhancing the individual's behavioral control and thus improving family stability and safety, the child can be protected in that family system. We also work with children directly to enhance their strengths and to understand what is taking place and what their role is in improving the situation within their developmentally appropriate capacity

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.

Our treatment is sensitive to each client's individual needs and their needs at the time of starting services. The services are tailored to the client, not vice versa. The majority of the clients and families we see have been traumatized. Our staff has been trained and keeps up on the latest developments in the neuro-physiological discussion that has accelerated over the last twenty years. We utilize the bio-psycho-social approach to trauma and consider the ways in which traumatic experiences impact



the years. Most of our clinical staff have been admitted as experts in Colorado courts and are fully aware that this work may involve testimony. Dr. Simon also trains staff how to function as an expert witness.

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.

PTS has centralized computer scheduling and billing. This allows for tracking of scheduled appointments, therapist, group, balance, and attendance. This also allows the caseworkers to call in to obtain information regarding the client's attendance, progress in treatment and account balance. We have a full time office manager and a full time administrative support person to ease the tracking and billing process. All staff has full time access to phones, computers and the internet to have almost continuous contact.

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

We currently have a full time bookkeeper, a CPA and do routine audits.

E. Target Population

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

We do not have a focus on specific neighborhoods.

F. Availability

Please indicate the hours your services can be provided:

- ☒ Monday - Friday 9:00 a.m. to 5:00 p.m.
- ☒ Evenings days M-TH Hours 5:00-7:30 pm
- ☐ Weekends days _____ Hours _____
- ☐ Other: _____



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

Can you transport a client for services? ☐ YES ☒ NO

G. Services Outcomes

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

1. Average length of stay in treatment:

The average length of stay in treatment depends largely on the legal issues and court orders.

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

"Successful" treatment in our program is evidenced by improved individual and family functioning, being safe with family members and in the community, and resolution of the referral issue.

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

50% (estimate)

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:

Jefferson County Human Services

Adams County Human Services

Fremont County Human Services

Denver Department of Human Services

Douglas County Human Services

Arapahoe County Human Services

2. Are you a Medicaid provider? ☐ Yes ☒ No