

**ADAMS COUNTY
PROFESSIONAL SERVICE AGREEMENT
For Sexual Abuse Treatment Services**

THIS AGREEMENT ("Agreement") is made this 11 day of JUNE 2019, 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 Charlene Slover, PsyD, located at 7850 Vance Drive, Suite 155, Arvada, Colorado 80003, 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 2018.256 and the Contractor's response to the RFP 2018.256 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 Services 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 shall be for five (5) years from June 1, 2019 through May 31, 2024.

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 not to exceed price of Thirty thousand dollars and zero cents (\$30,000.00) per year based upon yearly budget approval. The not to exceed payments per year break down as follows:

Year 1: June 1, 2019- May 31, 2020- \$30,000.00
Year 2: June 1, 2020-May 31, 2021- \$30,000.00
Year 3: June 1, 2021- May 31, 2022-\$30,000.00
Year 4: June 1, 2022- May 31, 2023- \$30,000.00
Year 5: June 1, 2023- May 31, 2024- \$30,000.00

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.

4.2 This agreement is being paid with CORE grant funds. As a material term of this Agreement, and in order to receive payment for services rendered, Contractor shall submit all invoices within 30 days it provides services. No County funds have been or will be appropriated to pay for Contractor's services pursuant to this agreement. In the event the Contractor fails to submit invoices as required by this paragraph, Contractor understands that grant funds will no longer be available for payment, and the Contractor will be barred from receiving payment for its services. Invoices for fixed rate payments are due no later than the 8th of every month. Fee for service payments are due no later than the 10th of every month.

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 DAMAGES ARISING FROM BREACH OF PERFORMANCE OBLIGATIONS

- 9.1 Notwithstanding anything else set forth in this Agreement, if Contractor fails to comply with all terms of this contract, including but not limited to, its obligation to perform its work in a workmanlike manner in accordance with all codes, plans, specifications and industry standards, Contractor shall be liable to County for all damages arising from the breach, including but not limited to, all attorney fees, costs and other damages.

10 WARRANTY:

- 10.1 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.

11 TERMINATION:

- 11.1 **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.
- 11.2 **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.

12 MUTUAL UNDERSTANDINGS:

- 12.1 **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.
- 12.2 **Fingerprinting:** Contractors working under this agreement shall submit proof of a fingerprint supported criminal history background check(s) for any agent and or employee(s) of the Contractor that will be responsible for performing the work described herein. The Contractor shall be responsible for any costs associated with securing said criminal history background check(s).
- 12.3 **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).

- 12.4 **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.
- 12.5 **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.
- 12.6 **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.
- 12.7 **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.
- 12.8 **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.
- 12.9 **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 Center
Contact: Nadia Barela, Contract Supervisor
Address: 11860 N Pecos Street
City, State, Zip: Westminster, Colorado 80234
Phone: 720-523-4262
E-mail: nabarela@adcogov.org

Department: Adams County Purchasing
Contact: Bethany Bonasera, Contract Specialist
Address: 4430 South Adams County Parkway
City, State, Zip: Brighton, Colorado 80601
Phone: 720-523-6056
E-mail: BBonasera@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: Charlene Slover, PsyD
Contact: Charlene Slover
Address: 7850 Vance Drive, Suite 155
City, State, Zip: Arvada, Colorado 80003
Phone: 303-427-8225
E-mail: charlenesloverpsyd@gmail.com

- 12.10 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.
- 12.11 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.
- 12.12 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.
- 12.13 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.

13 AMENDMENTS, CHANGE ORDERS OR EXTENSIONS:

- 13.1 Amendments or 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 Solicitation, or, if no provision exists, pursuant to the terms of the Amendment or Change Order.
- 13.2 Extensions: The County may, upon mutual written agreement by the parties, extend the time of completion of services to be performed by the Contractor.

14 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:

- 13.3 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.

- 13.4 The Contractor shall not knowingly employ or contract with an illegal alien to perform work under this public contract for services.
- 13.5 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.
- 13.6 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.
- 13.7 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.
- 13.8 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.
- 13.9 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).
- 13.10 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.

REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY

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

ADAMS COUNTY, COLORADO
COUNTY MANAGER

Raymond H. Gonzales
Raymond H. Gonzales
06/11/2019
Date

CHARLENE SLOVER PSYD

Charlene Slover
Signature
6/7/19
Date

Charlene Slover
Printed Name
Licensed Psychologist
Title

Attest:

Josh Zygielbaum, Clerk and Recorder

Channah
Deputy Clerk

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

NOTARIZATION OF CONTRACTOR'S SIGNATURE:

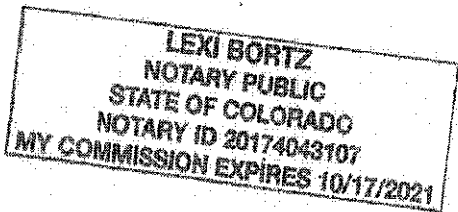
COUNTY OF Jefferson

STATE OF Colorado)SS.

Signed and sworn to before me this 7 day of June, 2019,

by Charlene Slover

[Signature]
Notary Public



My commission expires on: 10/17/2021

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:

Charlene Slover, Psy.D. 6/7/19
Company Name Date

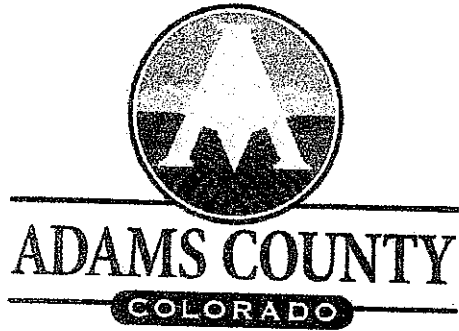
Signature

Charlene Slover PsyD
Name (Print or Type)

Licensed Psychologist
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 Finance Department
Purchasing Division
4430 South Adams County Parkway
Brighton, Colorado 80601

REQUEST FOR APPLICATION SUBMISSION CHECK LIST

SUBMISSION: It is imperative you address your submittal envelope as follows:

Mailing Address:

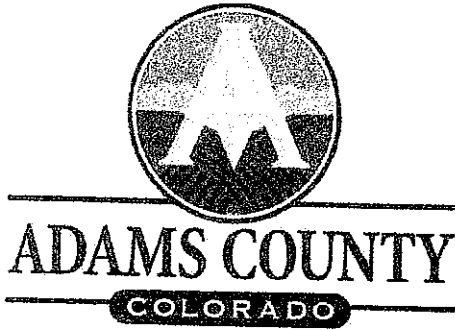
Adams County Government Center
Purchasing Division C4000A
4430 South Adams County Parkway
Brighton, CO 80601

Hand Deliveries accepted:

Adams County Government Center
First Floor Central Lobby Receptionist
4430 South Adams County Parkway
Brighton, CO 80601

ATTN: Bethany Bonasera
Contract Specialist III
RFA-BB-2018.256 (1-8)

- | | | |
|---|--------------------------------------|--------------------------|
| Does your Proposal comply with all the terms and conditions of this Solicitation? If no, indicate exceptions. | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Does your Proposal provide proposed revisions to the attached Sample Agreement and identified on the Term of Acceptance Form? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Does your Proposal meet or exceed all specifications, including minimum service requirements? If no, indicate exceptions. | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Requirements met and RFA application and response included? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| May any other governmental entity avail itself of this Agreement and purchase any and all items specified? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Have all the addendums been acknowledged and enclosed? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Original and the number of copies specified enclosed including electronic copy? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Has a duly authorized agent of the contractor signed the Contractor's Statement? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |



Adams County Finance Department
Purchasing Division
4430 South Adams County Parkway
Brighton, Colorado 80601

**REQUEST FOR APPLICATION
CONTRACTOR'S CERTIFICATION
OF COMPLIANCE**

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Charlene Slover, PsyD
Contractor Name

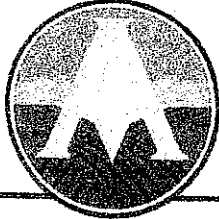
Charlene Slover, PsyD
Printed or Typed Name

Charlene Slover PsyD
Signature

Licensed Psychologist
Title

12/19/18
Date

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

Adams County Finance Department
 Purchasing Division
 4430 South Adams County Parkway
 Brighton, Colorado 80601

**REQUEST FOR APPLICATION
 CONTRACTOR'S STATEMENT**

Pursuant to 2 C.F.R. Part 200 Subpart C 200.213, Contractor certifies that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency, and has read and fully understand all the conditions herein set forth in the foregoing paragraphs, and by my signature set forth hereunder, I hereby agree to comply with all said conditions as stated or implied. In consideration of the above statement, the following Proposal is hereby submitted.

If any of the documents listed on the cover page are missing from this package, contact Adams County Purchasing. If you require additional information, call the Purchasing Division contact person.

The undersigned hereby affirms that (1) he/she is a duly authorized agent of the Contractor, (2) he/she has read all terms and conditions and technical specifications which were made available in conjunction with this solicitation and fully understands and accepts them unless specific variations have been expressly listed in his/her Proposal, (3) the Proposal is being submitted on behalf of the Contractor in accordance with any terms and conditions set forth in this Solicitation, and (4) the Contractor will accept any awards made to it as a result of the Proposal submitted herein for a minimum of 120 calendar days following the date of submission.

WE, THE UNDERSIGNED, HEREBY ACKNOWLEDGE RECEIPT OF

Addenda (list all): _____

<u>Charlene Slover</u>		<u>12/19/18</u>
Contractor Name		Date
<u></u>		<u>Charlene Slover</u>
Signature		Printed Name
<u>Licensed Psychologist</u>		
Title		
<u>7850 Vance Drive, Ste. 155</u>		
Address		
<u>Arvada, CO 80003</u>		<u>Jefferson</u>
City, State, Zip Code		County
<u>303 427-8225</u>		<u>N/A</u>
Telephone		Fax
<u>CharleneSloverpsyd@gmail.com</u>		
Email		



ADAMS COUNTY
COLORADO

Adams County Finance Department
Purchasing Division
4430 South Adams County Parkway
Brighton, Colorado 80601

**REQUEST FOR APPLICATION
REFERENCE FORM**

Contractors shall furnish the names, addresses and telephone numbers of a minimum of three (3) firms or government organizations for which the Contractor has provided similar projects:

Company Name Brighton Police Department
Address 3401 E. Bromley Ln., Brighton 80601
Reference Name Kimberly Messina
Reference Email Address KMessina@brighton.co.gov
Telephone Number 303 655-2308
Project Name Victim Services
Value \$ N/A

Company Name Ralston House
Address 10795 W. 58th Avenue, Arvada, 80002
Reference Name Patricice Kelly
Reference Email Address patricice@arvada.org
Telephone Number 720 888-6741
Project Name Ralston House
Value \$ N/A

Company Name Westminster Police Department
Address 9110 Yates Street, Westminster 80031
Reference Name Drew Hofan
Reference Email Address dhofan@cityofwestminster.us
Telephone Number 303 658-4210
Project Name Victim Services
Value \$ N/A



Core Services Program Request for Application Form

(Please print or type. If additional space is needed to complete an answer, use a separate sheet of paper with the attachment number and the letter or number the answer refers to. Include agency name on each sheet).

Agency Name: Charlene Slover, PsyD

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

Address: 7850 Vance Drive, Ste. 155

City: Arvada State: Colorado Zip: 80003

Telephone Number: 303 427-8225 Fax Number: N/A

Website: N/A Email Address: charlenesloverpsyd@gmail.com

Contact Person for this Application: Charlene Slover

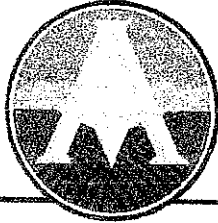
Title: Licensed Psychologist Phone: 303 427-8225 Email: charlenesloverpsyd@gmail.com

Executive Director, CEO, or Owner: Charlene Slover, PsyD

Title: License Psychologist Phone: 303 427-8225 Email: charlenesloverpsyd@gmail.com

Core Services Check all services that your agency is applying for:

- Home-Based Interventions
- Intensive Family Therapy
- Sexual Abuse Treatment (victims only)
- Day Treatment
- Life Skills
- Mental Health Services
- Substance Abuse Services
- Family Team Meeting Facilitation



ADAMS COUNTY
COLORADO

Adams County Finance Department
Purchasing Division
4430 South Adams County Parkway
Brighton, Colorado 80601

**REQUEST FOR APPLICATION
TERM OF ACCEPTANCE FORM**

Request for Proposal # 2018.256 (1-8) Core Services Program

I, on behalf of the Contractor identified below, hereby certify that I have read a copy of the sample Agreement attached to the RFA and understand the terms and provisions contained in that Agreement. I further hereby certify that it is the Contractor's intent to comply with each and every term and provision contained in the sample Agreement and propose no modifications to the sample Agreement except as follows:

- 1) N/A
- 2) _____
- 3) _____

I understand that the modification stated above, if any, are offered for discussion purposes only and that Adams County reserves the right to accept, reject or further negotiate any and all proposed modification to the sample Agreement.

Charlene Slover, PsyD
Contractor Name

Charlene Slover PsyD
Authorized Signature

Charlene Slover
Printed Name

Licensed Psychologist
Title

12/19/18
Date



County Designed Core Services Check all services that your agency is applying for:

- Domestic Violence Intervention
- Early Childhood Intervention
- Removal Prevention
- Visitation
- Youth Intervention
- Child Mentoring/Family Support

A. Agency Information

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

I am a private practitioner who has been in practice since 1994, providing trauma counseling in the areas of sexual abuse, physical abuse, psychological abuse, traumatic grief for children and adults.

2. List any professional, state, or required licenses, and accreditation/certification levels, if any.

I am a Colorado licensed psychologist (#2340), trained in TF-CBT, in EMDR, and completed EMDR Child Specialist 1 training.

3. Is your agency a Medicaid provider?

If not, is your agency qualified to become an authorized provider?

No. Unknown

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.

Counseling and Play Therapy

What evidenced-based approaches or promising practices does your agency employ?

(Please indicate if you have any specific certifications to accompany these.) TF-CBT, CBT and EMDR

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:
- 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:

Therapy with victims, families and children to help them cope with and overcome their trauma, grief or challenges makes them more capable of integrating successfully.

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.

Yes, my practice focuses on trauma, grief and resiliency. I provide evidence-based treatments recognized by the World Health Organization.

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.

Multi-cultural sensitivity derives from openness to learning the unique identity and cultures of each particular client and family I strive to be consciously aware of the client's cultural identity, and consciously aware of the differences of my own to meet professional standards to provide counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts, including within culture difference, cultural subgroups, world view, race and ethnic identity, gender roles, sexual orientation, disability, spirituality, and language.

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?

By email, consultation meetings and telephone conferences as well as attendance as requested at FTMs.

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

I regularly make referrals on a regular basis to community-based programs such as Judi's House, Family Tree, etc.

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



I have been qualified in multiple metro judicial districts, including Adams County, in the areas of childhood trauma, child abuse and as a Child and Family Investigator.

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 previously billed AC for services provided as directed.
2. Describe the accounting system you utilize to provide fiduciary accountability.
I do my own billing and, if needed, can use my billing service which I use for insurance companies.

E. Target Population

1. Which, if any, Adams County area/neighborhoods do you see as your targeted clientele?
I have been involved with clients from within and without the county.

F. Availability

Please indicate the hours your services can be provided:

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

- Monday - Friday 11:30 a.m. to 7:00 p.m.
- Evenings days Monday to Thursday Hours 3:00 to 7:00 p.m.
- Weekends days Every other Saturday Hours 1:00 to 5:00 p.m.
- 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: 10 to 25 sessions depending on the referral
2. How do you define "successful" treatment in your program? Achieve treatment plan created in collaboration with the parents, the case worker and the Guardian Ad Litem for client growth and recovery.
3. What percentage of clients successfully discharged within the last 12 months from your program? With the exception of clients who have discontinued therapy or dropped out, I



work with clients until they are stabilized and have reached treatment goals. In addition, I refer clients to community-based intervention programs as needed.

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: Yes, from crime victim compensation, from law enforcement, from Ralston House, from Jefferson County, and from other agencies who learn of my services.

I. Medicaid

1. Are you/your agency currently a Medicaid provider with Colorado Access (Adams County's RAE)? No
 - a. If so, please provide your PNI number: _____
 - b. If not, are you/your agency willing to apply to become a Medicaid provider?
No _____

2. Please list which services your agency provides that are reimbursable through Medicaid:

N/A

3. Are there any Medicaid-eligible reimbursable services that you provide that your agency is currently not billing to Medicaid (regardless of the reason)? N/A If yes, please list those services and why you/your agency is not billing Medicaid:

4. What, if any, services do you/your agency provide that are not reimbursable through Medicaid?

N/A
