

## REVIVAL AND SECOND AMENDATORY AGREEMENT

**THIS REVIVAL AND SECOND AMENDATORY AGREEMENT** is made and entered into by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”), and **THE COLORADO COALITION FOR THE HOMELESS**, a not-for-profit organization, doing business at 2111 Champa Street, Denver, CO 80205 (the “Contractor”), collectively “the Parties”.

### WITNESSETH:

**WHEREAS**, the City and the Contractor entered into an Agreement dated November 6, 2012, as amended by a Revival and Amendatory dated February 25, 2013, to provide substance abuse treatment and case management services to chronically homeless persons with severe and persistent mental illness (together, the “Agreement”); and

**WHEREAS**, the Agreement, as amended, expired on March 31, 2013, and the Contractor has continued to provide services. The City and the Contractor now wish to revive the Agreement, extend its term for an additional three (3) months, and increase the maximum contract amount;

**NOW, THEREFORE**, the parties agree as follows:

1. All references to “...Exhibit A and A-1...” in the Agreement, as amended, shall be amended to read: “...Exhibit A, A-1, and A-2, as applicable...”. The scope of work and budget marked as Exhibit A-2, attached to this Revival and Second Amendatory Agreement are incorporated by reference. Effective on April 1, 2013, Exhibit A-2 will supersede and replace Exhibit A-1, and Exhibit A-2 will govern and control the services to be provided from and after April 1, 2013 until June 30, 2013.

2. Article 3 of the Agreement, entitled “**TERM**”, is hereby amended to read as follows:

“**3. TERM**: The term of this Agreement is from **October 1, 2012 and will expire on June 30, 2013** (the “Term”).

3. Subparagraph A of Paragraph 3 of the Agreement, entitled “**Fees and Expenses**”, is hereby amended to read as follows:

“**3. COMPENSATION AND PAYMENT:**

**A. Fee:** The City shall pay and the Contractor shall accept as the sole compensation for services rendered and costs incurred under the Agreement an amount not to exceed **Five Hundred Seventy Thousand Dollars and Zero Cents (\$570,000.00)**(the “Maximum Contract Amount”). Amounts billed may not exceed the budget set forth in **Exhibit A, A-1 or A-2, as applicable.**”

4. Except as amended herein, the Agreement is affirmed and ratified in each and every particular.

5. This Revival and Second Amendatory Agreement may be executed in counterparts, each of which is an original and constitute the same instrument.

6. This Revival and Second Amendatory Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**END**

**SIGNATURE PAGES AND EXHIBIT A-2 FOLLOW THIS PAGE**

**Exhibit A-2**

**Contract Control Number:**

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of

SEAL

**CITY AND COUNTY OF DENVER**

ATTEST:

By \_\_\_\_\_

\_\_\_\_\_

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_



**Contract Control Number:** SOCSV-201208204-02

**Contractor Name:** THE COLORADO COALITION FOR THE HOMELESS

By: *Louise O. Boris*

Name: Louise O Boris  
(please print)

Title: Chief Program Officer  
(please print)

**ATTEST: [if required]**

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)





## EXHIBIT A-2

### Scope of Work and Budget The Colorado Coalition for the Homeless 2012-08204-02

**I. Purpose of Agreement**

The purpose of the contract is to establish an agreement and Scope of Services between Denver Department of Human Services (DHS) and the Colorado Coalition for the Homeless (CCH).

The CCH will provide clinical support through Substance Treatment Services (STS), ongoing medication management, and case management to chronically homeless persons with severe and persistent mental illness.

**II. Program Goals & Outcomes**

Goal	Outcome
<p><b>Goal #1</b> 90 homeless individuals will be screened and accessed utilizing the SBIRT model</p>	<ul style="list-style-type: none"> <li>• 32 will follow up and attend one or more groups per month</li> <li>• 13 will receive treatment, housing and intensive case management</li> <li>• 18 will engage in treatment for 6 months</li> </ul>
<p><b>Goal #2</b> 75 homeless individuals will receive mental health services</p>	<ul style="list-style-type: none"> <li>• 60 will have medication prescribed</li> <li>• 30 will return for follow up and treatment in three months</li> <li>• 15 will be assisted in obtaining public benefits</li> <li>• 25 will be assisted in obtaining and maintaining housing</li> </ul>
<p><b>Goal #3</b> 48 homeless individuals will be screened for benefits eligibility using the BART model</p>	<ul style="list-style-type: none"> <li>• 15 will be assisted in benefit enrollment</li> <li>• 11 persons will secure benefits</li> </ul>
<p><b>Goal #4</b> 15 homeless individuals will receive respite services</p>	<ul style="list-style-type: none"> <li>• 8 will move into permanent or transitional housing, including shelter programs</li> </ul>
<p><b>Goal #5</b> Contractor shall submit accurate and timely invoices in accordance to the requirements of this Agreement</p>	<ul style="list-style-type: none"> <li>• Invoices and reports shall be completed and submitted on or before the 15<sup>th</sup> of each month 100% of the time.</li> </ul>

## EXHIBIT A-2

### III. Services

The Colorado Coalition for the Homeless provides integration of housing, healthcare and support services for persons experiencing homelessness. CCH provides clinical support through Substance Treatment Services (STS), ongoing medication management, and case management to chronically homeless persons with severe and persistent mental illness. These services aim to assist individuals who are transitioning from homelessness to self-sufficiency. Additionally, CCH provides seven (7) medical respite beds with Benefits Acquisition and Retention Services (BART).

### IV. Performance Management and Reporting

#### A. Performance Management

Monitoring will be performed by the program area and Contracting Services. Contractor may be reviewed for:

1. **Program or Managerial Monitoring:** The quality of the services being provided and the effectiveness of those services addressing the needs of the program.
2. **Contract & Financial Monitoring:** Review and analysis of (a) current program information to determine the extent to which contractors are achieving established contractual goals; (b) financial systems & billings to ensure that contract funds are allocated & expended in accordance with the terms of the agreement. Contracting Services will provide regular performance monitoring and reporting to program area management. Contracting Services, in conjunction with the DHS program area, will manage any performance issues and will develop interventions that will resolve concerns.
3. **Compliance Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City and County regulations, and DHS policies are being met.

#### B. Reporting

The following reports shall be developed and delivered to the City as stated in this section.

Report # and Name	Description	Frequency	Report to be sent to:
1. Quarterly Report	Report shall demonstrate achievement of Goals 1 thru 4 of this SOW	Quarterly	Program Administrator
2. Contract Summary Report	Report shall demonstrate all functions performed, and how services provided met the overall goals of this agreement. Other data will include total budget per line item, amount spent, and an explanation as to unspent funds, etc.	Contract End, within 45 days after Term End.	Program Administrator



**EXHIBIT A-2**

3. Other reports as reasonably requested by the City.	To be determined (TBD)	TBD	Program Administrator
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**V. Budget Requirements**

**A.** Contractor shall provide the identified services for the City under the support of the Denver Department of Human Services using best practices and other methods for fostering a sense of collaboration and communication.

**B. BUDGET AND BUDGET NARRATIVE**

<b>Contractor Name: The Colorado Coalition for the Homeless</b>	<b>Quarterly Budget Period: 04/01/2013 – 06/30/2013</b>		<b>Contract Term: 04/01/2013 – 06/30/2013</b>	
	Clinical Services	Respite	BART	<b>Program Totals</b>
	DEN RD HOME	DEN RD HOME	DEN RD HOME	
ADMIN ASSISTANT	\$2,595.00		\$2,230.00	\$4,825.00
HOUSING ASSISTANT	\$8,196.00			\$8,196.00
CASE MANAGER		\$2,791.00	\$13,340.00	\$16,131.00
CLINICAL CASE MANAGER	\$32,168.00			\$32,168.00
DIRECTOR			\$3,900.00	\$3,900.00
PROGRAM MANAGER	\$12,542.00	\$6,175.00		\$18,717.00
NURSE CASE MANAGER	\$14,274.00			\$14,274.00
PSYCHIATRIST	\$2,140.00			\$2,140.00
CLINICAL NURSE SPECIALIST	\$17,081.00			\$17,081.00
P/R TAXES	\$6,584.00	\$675.00	\$1,408.00	\$8,667.00
FRINGE BENEFITS	\$13,813.00	\$1,720.00	\$3,975.00	\$19,508.00
403 B MATCHING	\$3,285.00	\$482.00	\$872.00	\$4,639.00
<b>SUB TOTAL</b>	<b>\$112,678.00</b>	<b>\$11,843.00</b>	<b>\$25,725.00</b>	<b>\$150,246.00</b>
CLIENT CLEARANCES	\$30.00			\$30.00
CLIENT NEEDS	\$5,645.00	\$226.00	\$976.00	\$6,847.00
MILEAGE	\$0.00		\$175.00	\$175.00
PROFESSIONAL MEETINGS	\$0.00		\$0.00	\$0.00
STAFF DEVELOPMENT	\$0.00		\$0.00	\$0.00
OFFICE SUPPLIES	\$160.00		\$407.00	\$567.00
POSTAGE	\$15.00		\$52.00	\$67.00
DUPLICATING/PRINTING			\$85.00	\$85.00
TELEPHONE	\$465.00		\$150.00	\$615.00
PARKING				
ALLOCATION-ADMIN. OVERHEAD-9%	\$10,542.00	\$2,505.00	\$2,571.00	\$15,618.00
7 RESPITE BEDS @ BEACON		\$15,750.00		\$15,750.00
<b>SUB TOTAL</b>	<b>\$16,857.00</b>	<b>\$18,481.00</b>	<b>\$4,416.00</b>	<b>\$39,754.00</b>
<b>TOTAL</b>	<b>\$129,535.00</b>	<b>\$30,324.00</b>	<b>\$30,141.00</b>	<b>\$190,000.00</b>

## **EXHIBIT A-2**

### **NARRATIVE FOR DENVER'S ROAD HOME – CLINICAL SERVICES**

**Administrative Assistant:** .25 Full Time Employee (FTE) = \$2,595 per quarter

The administrative assistant orders all the department supplies, purchases and dispenses the client needs resources, organizes and tracks referrals and schedules appointments with clients by phone and in person. This person inputs data into HMIS and runs reports from the EHR to track program efficiencies and outcomes. This person coordinates with program manager and director to develop weekly and month department meetings and trainings.

**Housing Specialist:** 1.0 FTE = \$8,196 per quarter

The housing specialist manages a set of allotted housing vouchers and provides direct housing case management to each client under each voucher. This includes meeting with the clients monthly to review housing requirements, identify and problem solve factors for maintaining housing, assists clients in finding and obtaining new housing and meeting with the treatment team to provide wrap around care for clients needs. This person enters all services provided into HMIS and is responsible for updating information in HMIS.

**Clinical Case Manager:** 3.0 FTE = \$32,168 per quarter

The clinical case managers provide direct therapeutic services to program clients. Of the three clinical case managers, one of clinical case managers specializes in and provides substance treatment services. This person screens new program clients, completes the SBIRT and conducts intake assessment and treatment planning with program clients. This person also facilitates substance treatment groups and individual counseling. The other two clinical case managers specialize in both mental health treatment and substance treatment. They provide crisis intervention to all program clients in need, psycho-social assessments, diagnoses, treatment planning, case management, group therapy and individual therapy. The clinical case managers document in both the EHR and HMIS and participate in supervision, trainings and department meetings.

**Nurse Case Manager:** 1.0 FTE = \$14,274 per quarter

The nurse case manager collaborates directly with all the psychiatrists and psychiatric nurse practitioners, providing triage to each client that comes into the program for a psychiatry appointment. During this process, the nurse case manager checks vitals, reviews the EHR, assesses the client's immediate psychiatric needs, monitors medication side effects, facilitates prescriptions refills as prescribed, acquires insurance pre-authorizations and links clients to medical services. This position also holds a case load which comes from prescribers writing an order for clients to receive medication management appointments. This person also leads a weekly health/wellness group for program clients and attends departments meetings and clinical supervision.

**Program Manager:** 1.0 FTE = \$12,542 per quarter

The program manager supervises Behavioral Health staff, facilitates weekly team meetings, weekly individual clinical supervision and monthly department meetings, reviews clinical charts, facilitates staffs' knowledge of clinical interventions and clinical documentation and participates with clinical staff in client's treatment staffing as appropriate. The program manager runs monthly reports, tracks delivery of services, connects with community stakeholders and participates as one of the members of the integrated model of care program development team.

**Clinical Nurse Specialist:** .85 FTE = \$17,081 per quarter

**Psychiatrist:** .1 FTE = \$2,140 per quarter

These positions provide psychiatric assessment and on going pharmacological services to clients served in the program.



## **EXHIBIT A-2**

The following calculations: 7% for payroll taxes, 10% for fringe and 5% for 403b matching were used for those allocated to the grand total and who took advantage of the 403b match for a total of \$17,402 per quarter and \$69,608 annually.

**Client Needs:** \$5,645 per quarter

This includes bus fare, food, personal hygiene products (shampoo, soap, deodorant, combs, fingernail clippers etc.), essential clothing items (socks, underwear, jackets, shoes etc.), emergency housing at hotels, bed frames and mattresses.

**Bus fare:** 20 per quarter and 80 annually- RTD booklets @ \$20.00 each for a total of \$200.00 per quarter and \$1600 annually. Clients are given one way RTD tickets to get to and from Behavioral Health appointments.

**Client food:** \$610.00 per quarter and \$2440 annually.

Food items such as soup, crackers, water and nutrition bars. For clients who have higher needs, Behavioral Health purchases both \$10 grocery store gift cards and \$5 gift cards for sandwiches.

**Client hygiene items:** \$160.00 per quarter - \$640.00 annually.

Given that personal hygiene is both difficult for Behavioral Health program clients to acquire and is also a treatment concern, personal hygiene products and essential clothing items are given to program clients as needed and requested.

**Emergency Shelter:** \$550 per quarter and \$2200 annually.

Emergency shelter has included providing clients with one time rental assistance for exceptional circumstances. Program staff have also arranged brief motel stays in order to provide shelter, safety and a setting for the client to receive basic needs and therefore increasing capacity for receiving mental health treatment.

**Bed frames and mattresses:** \$1450 per quarter and \$5800 annually.

Since achieving housing is a primary goal for many of the clients who attend the program, acquiring a bed has been identified as something that provides a sense of normalcy, increases self-worth and creates an environment for them to sleep and take care of their mental health needs. The clinical case managers decide which clients will receive a bed based on need and availability.

**Office Supplies:** \$160 per quarter

Office supplies are ordered as needed. Paper and toner are ordered an average of once a month.

**Postage:** \$15.00 per quarter and 90.00 annually.

Postage is paid for all mail sent to clients.

**Telephone=:** \$465 per quarter

Telephones are used so staff can be contacted and contact clients. Staff is frequently out of the office transporting or escorting clients and this allows them to be in contact with all entities and also provides additional safety when they are in the field with unstable persons.

**Administrative Allocation:** 9% = \$10,542 per quarter

### **NARRATIVE FOR DENVER'S ROAD HOME – RESPITE PROGRAM**

The Colorado Coalition for the Homeless provides seven medical respite beds to assist individuals who need housing, nursing services and case management as they exit the hospital after an extended stay. The following services are provided as part of the program:

**Program Manager:** 0.5 Full Time Employee (FTE) = \$6,175 per quarter

The 0.5 program manager is responsible for the day to day operation of the Respite Program including direct supervision of nursing and case management staff. Staffing and chart review of the respite patients occurs once per week and includes the Program Manager, Respite Nurse, Case Manager and front desk staff.

**Case Manager:** 0.15 FTE = \$2,791 per quarter

## **EXHIBIT A-2**

The case manager engages with every Respite client when they first enter the program to determine what the client will need during their Respite stay. These items include, but are not limited to, a driver's license or ID, birth certificate, housing plan, benefit acquisition, transportation to and from appointments, employment counseling and help filling out forms.

**Client Needs:** \$226 per quarter

Included in this category are: medication, toiletries, bus tokens, taxi vouchers, laundry soap, cash for laundry machines, clothing, underwear, socks, towels, shoes, money to obtain a birth certificate or driver's license or ID.

**Respite Beds:** \$15,750 per quarter

Seven beds are provided at CCH's Beacon Place transitional housing facility. The facility serves three meals per day and provides linen service and janitorial service.

### **NARRATIVE FOR DENVER'S ROAD HOME – BART SERVICES**

**Administrative Assistant:** .5 Full Time Employee (FTE) = \$2,230 per quarter

The administrative person is also bilingual and does all medical record ordering, faxing, duplicating, ordering of all supplies, coordinating of all meetings and trainings sponsored by BART. They do all data entry for both HMIS and the National benefits database. They do all coordination around appeals hearings and connecting clients with attorneys when an appeal is needed. They do all filing and file storage.

**Case Manager (CM):** 1.5 FTE = \$13,340 per quarter.

The other half of the administrative person functions as a case manager and BART has a full time lead case manager who does all work related to SSA applications and they also represent clients in appeals hearings. The additional cost for this staff salary is provided through additional funding. The CM does outreach to clients, maintains contact, completes all benefits paperwork, and coordinates medical and mental health appointments and correspondence with providers. Take clients to SSA appointments and consultative exams and coordinates payee ships if needed.

**Director:** .2 FTE = \$3,900 per quarter

The director supervises BART staff, coordinates reporting, leads monthly advisory meetings, manages budget and outcomes, and interfaces with managers at SSA and DDS and other partners in the disability benefits field. The director, as a licensed psychologist, conducts evaluations to assist clients in developing medical evidence for both disability applications and housing for persons with disabilities.

**Client Needs:** \$976 per quarter

**Bus fare:** \$200 per quarter

10 RTD booklets per quarter and 40 annually @ \$20 each for a total of \$800  
Clients are given one way RTD tickets to get to and from the BART office, SSA, Consultative Exams (CEs), doctor appointments, and back to where they are staying.

**Client food:** \$150 per quarter and \$600 annually.

Client food is purchased and stored to offer to clients when they arrive to the BART office for appointments or to take with them.

**Mileage:** \$175 per quarter

Mileage is calculated at \$0.48 per mile. On average staff drive 365 miles per quarter, 1,460 annually. Clients who have a disability that prevents them from using public transportation are driven to appointments at SSA, CEs, doctor appointments, BART office and back to where they are staying.

**Office Supplies:** \$407 per quarter.

Office supplies are ordered as needed. Paper is ordered once a month on average. Paper is \$34 per box \* 2 boxes a month \* 12 months = \$816 annually. Average cost of all other office supplies is \$56 per month, \$672 annually.

**PO Box:** \$160

The Post Office Box costs approximately \$40 per quarter and is paid out of the office

## **EXHIBIT A-2**

supplies budget. This provides a secure, central place for all confidential mail from SSA, DDS, ODAR, and medical records.

**Postage:** \$27 per quarter, \$108 annually.

Postage is paid for all mail being sent to clients, SSA, DDS, ODAR and medical records. BART spends approximately \$9 per month on postage. 20 stamps x \$0.45 = \$9.

**Duplication/Printing:** \$85 per quarter

BART uses 1 ½ printer toners a month.  $\$78 * 1.5 = \$117$  monthly \* 12 months = \$1,404. BART uses 1 fax toner per month at  $\$45 * 12$  months = \$540

**Telephone:** \$25 per phone per month for 2 staff = \$150 per quarter

Telephones are used so staff can be contacted and contact clients, SSA, DDS, and medical and mental health providers wherever they are at any given time. Staff is frequently out of the office transporting or escorting clients and this allows them to be in contact with all entities and provides additional safety when they are in the field with unstable persons.

**Administrative Allocation:** 9% + \$2,571.

### **VI. Other Requirements**

#### **1. Homeless Management Information System (HMIS):**

a. The Contractor agrees to fully comply with the Rules and Regulations required by the US Dept of Housing and Urban Development (HUD) which govern the Metro Denver Homeless Management Information System (HMIS). HUD requires recipients and sub recipients of McKinney-Vento Act Funds to collect electronic data on their homeless clients through HMIS. Programs that receive funding through McKinney-Vento that produce an Annual Progress Report (APR) must also collect program level data elements. These programs include: SHP, S+C, Section 8 Mod Rehab, ESG, and HOPWA.

b. The Contractor, in addition to the HUD requirements, shall conform to the HMIS policies established and adopted by the Metro Denver Homeless Initiative (MDHI) and Denver's Road Home (DRH).

c. HMIS shall be the primary information system for collecting data for DRH. Beyond its role as the primary information system, HMIS is the source of data for evaluating the progress of Denver's Road Home and will be the source of future Homeless Point-In-Time surveys.

d. The Contractor agree to collect and record MDHI/HUD required HMIS information (intake, exit, and annual updates) on each family applying for program participation into HMIS information for program participants must be entered into HMIS within five days of providing a program or service to participants and must include program data elements for completing Annual Performance Reports (APRs) to HUD. HMIS should be used to document and provide information on any changes in the number of family members or changes in income. Using HMIS the Contractor should, generate a details and summary APR on a quarterly basis for Denver Department of Human Services to demonstrate progress in meeting the goals and objectives of the grant.

e. Technical assistance and training resources for HMIS are available to the Contractor based on requests by the Contractor and by periodic assessments of participation, compliance, and accuracy of data collection.

## **EXHIBIT A-2**

The Contractor is required to participate in the HMIS Users Group meetings.

f. The Contractor will be required to collect data on all homeless clients its organization serves and enter this data into the HMIS.

g. Security – All workstations, desktops, laptops, and servers connected to the sub recipient’s network or computers accessing the HMIS through a Virtual Private Network (VPN) must comply with the baseline security requirements. The sub recipient’s HMIS computers and networks must meet the following standards:

- Secure location
- Workstation username and password
- Virus protection with auto update
- Locking password protected screen saver
- Individual or network firewall
- PKI-certificate installed or static IP address
  - Data Quality Standards
- Sub recipients must maintain an overall program Data Quality completeness score of 95% or higher
- Sub recipients must enter HMIS data (program enrollments and services) into the system within five business days of the actual enrollment or service provided date.
- City and County of Denver, Department of Human Services reserves the right to run Data Quality reports on sub recipient programs on a monthly basis.
- City and County of Denver, Department of Human Services reserves the right to participate in on-site HMIS audits.
- City and County of Denver, Department of Human Services reserves the right to conduct Data Timeliness tests on sub recipient programs in HMIS.
- City and County of Denver, Department of Human Services reserves the right to run detailed APRs (displaying client-level data) and summary APRs (displaying aggregate-level data) as necessary to review and monitor Contractor’s program data quality and progress toward achieving annual program goals and outcomes for HUD APR requirements.

### **2. Advisory Board:**

The Contractor shall, in order to promote client participation in the development of programs and services for the homeless, establish, and maintain an advisory board that shall include at least one (1) homeless person receiving services from Denver Department of Human Services (DHS).

### **3. Staff Changes:**

If the Contractor has changes in staff that may affect the program outcomes or the processing of invoices, the changes should be reported to DHS within 30 days of the change.

### **4. DRH Evaluation:**



## **EXHIBIT A-2**

The Contractor shall fully participate, in such manner and method as reasonably designated by the Manager, in the effort of the City to evaluate the effectiveness of Denver's Road Home plan to end homelessness in Denver. This may include participation in ongoing evaluation discussions and meetings.