

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **11:00am on Monday**. Contact the Mayor's Legislative team with questions

Date of Request: 05/23/2023

Please mark one: ☒ Bill Request or ☐ Resolution Request

1. Type of Request:

- ☐ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change
☒ Other: Revenue Contract

2. Title: (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Amends parent agreement SHERF-202262959 with State of Colorado Behavioral Health Administration for State FY 2024 that adds \$1,397,000.00 and one year to provide funds for substance use disorder, mental health treatment, competency enhancements, jail medicated assisted treatment and pre-sentence re-entry to Denver city jails. (SHERF-202473782).

3. Requesting Agency:

Denver Sheriff Department

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Christina Amparan Emily Lauck	Name: Christina Amparan Emily Lauck
Email: Christina.Amparan@denvergov.org Emily.Lauck@denvergov.org	Email: Christina.Amparan@denvergov.org Emily.Lauck@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

Each year, the State allocates Jail-Based Behavioral Health Services (JBBS) funds to the Denver Sheriff Department (DSD). The purpose of this request is the annual contract amendment between the DSD and the Colorado Department of Human Services, Behavioral Health Administration, accepting the JBBS funds. This amendment modifies the following exhibits with the most current versions for FY24; Exhibit A-3 Statement of Work, Exhibit B-4 Budget, Exhibit C-2 Provision. The updates reflect the contract extension and renewal with modifications to the annual budget and reporting requirements.

The JBBS programs offer substance use and mental health treatment as well as transition planning and post-release follow up. Services include Substance Use treatment programs, Medication Assisted Treatment, Competency Restoration and general case management for individuals with reoccurring incarcerations over a 12-month period of time. Contingent upon Council's approval of this request, DSD will amend contracts with the community providers who support these programs to fund their work for the next year.

6. City Attorney assigned to this request (if applicable):

McKenzie Brandon

7. City Council District:

City-wide

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8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):

Revenue contract>\$500k

Vendor/Contractor Name:

State of Colorado, Office of Behavioral Health

Contract control number:

SHERF-202262959-00

Location:

Denver County Jail

Is this a new contract? ☐ Yes ☒ No **Is this an Amendment?** ☒ Yes ☐ No **If yes, how many?** 01

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

SHERF-202262959-00; Term 07/01/2022 - 06/30/2023; executed 6/27/2022;
SHERF-202264795-01; Term 07/01/2022 – 06/30/2023; amended 11/14/2022;
SHERF-202366795-02; Term 07/01/2022 – 06/30/2023; amended 03/29/2023;
SHERF- 202368244-03; Term 07/01/2022 – 06/30/2024; amended 08/21/2023;
SHERF-202473782-04; Term 07/01/2022 – 09/30/2025; This amendment

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$2,726,842.76	\$1,397,000.00	\$4,123,842.76

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
07/01/2022 – 06/30/2024	1 year, 3 months	09/30/2025

Scope of work:

The overall goal of the JBBS program is to work towards improving the health outcomes of the individuals served. The DSD is required to establish a JBBS Program Coordinator and a JBBS Program Coordination Group to implement, manage, and monitor progress of JBBS programming. DSD administers JBBS programming utilizing internal staffing resources as well as subcontracts awarded to community partners.

SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

Target Population. Adults 18 years of age and older that are residing in the county jail with substance use disorder or co-occurring substance use and mental health disorders. The goal of JBBS is to support County Sheriff's in providing screening, assessment and treatment for offenders with substance use disorders (SUD) and co-occurring substance use and mental health disorders, as well as transition case management services. DSD, in accordance with the terms and conditions of this Contract, shall develop, maintain, and provide behavioral health services in the county jails. DSD, in providing required services hereunder, shall utilize and maintain a partnership with community provider(s)/individuals that are licensed, who are in good standing with the Department of Regulatory Agencies (DORA), have the ability to provide services within the jail or through televideo options, and have the capacity to provide free or low-cost services in the community to inmates upon release.

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Licensed Substance Use Disorder Treatment Requirements.

- a. Eligible individuals must have a substance use disorder and/or a co-occurring mental health disorder (determined by SUD and MH screening) to be eligible to receive services under the JBBS program.
- b. Individual treatment providers must hold a Substance Use Disorder Provider license and be in good standing with the Colorado Department of Regulatory Agencies (DORA).
- c. DSD shall implement policies and procedures on how the subcontracted treatment provider(s) will manage and maintain clinical records for the individuals served at the outpatient community location. The providers must follow the same protocols and policies for record management for services offered in the jail.
- d. DSD shall provide appropriate screening(s), assessment(a), brief intervention and linkage to care in the community, based on an individualized treatment and/or transition plan.
- e. Each individual's treatment / transition plan shall incorporate:
 - i. Summary of the continuum of services offered to individuals based on evidence based curricula.
 - ii. Frequency and duration of services offered.
 - iii. Description of how services are divided if an individual's treatment will be provided by more than one treatment provider/agency.
 - iv. The individual's natural communities, family support, and pro-social support.

Data Reporting

Contractor is required to report information in the BHA Jail Based Behavioral Health Services (JBBS) CiviCore Database or another database as prescribed by BHA. Data must reflect current individual enrollment and services provided by the 15th day of each calendar month to allow BHA staff to utilize current data. The following data elements will be captured in the CiviCore JBBS database or other database as prescribed by BHA:

- a. A record for each individual who screened "positive" for a mental health disorder or substance use disorder; other screenings completed and results thereof.
- b. Basic demographic and working diagnosis information (including veteran status and pregnancy status, if applicable).
- c. The type and dosage of medications provided for Medication Assisted Treatment (MAT). Please see Exhibit B for allowable medications.
- d. Number of individuals who successfully transition to community based services upon release.
- e. Program discharge outcomes and treatment status in the community after discharge.

4.2 The Contractor agrees to respond to BHA's inquiries about data submissions within two (2) business days and work with BHA to quickly resolve any data issue. The Contractor is required to notify BHA of any staffing changes within 48 hours, as this individual's database access will need to be deactivated.

Performance Measures.

- a. **Transition Tracking Outcomes.** The goal of the JBBS program is to identify treatment service needs and assist with engagement in community-based treatment services upon release. DSD shall make reasonable efforts to contact all JBBS individuals who are successfully discharged from the program and released to the community at one, two, six and 12 months post release. The individual's treatment status shall be recorded in the JBBS database or another data system as prescribed by BHA. If a client remains engaged in treatment post-release, JBBS may continue to provide support through DSD's Recovery Support Services section of their budget, for up to 12 months. The following are the treatment status options:
 - i. Deceased – In the event of death of the individual post-release.
 - ii. In Treatment – Individual is engaged in community-based treatment services as recommended in the transition plan.
 - iii. New Crime/Regressed - Individual returned to jail for violations or committed a new crime.
 - iv. Not Applicable - Individual sentenced to Department of Corrections, Probation, Community Corrections, or treatment status not applicable at month two, six, or 12 due to prior tracking status of Deceased, New Crime/Regressed, or Treatment Completed.
 - v. Not in Treatment – Individual is reported by the community-based treatment provider as not in treatment or the individual reports to not be in treatment services as recommended on the transition plan.
 - vi. Status Unknown – Individual cannot be located.
 - vii. Treatment Completed – Individual has completed treatment as recommended in the transition plan.
- b. **Recidivism.** JBBS aims to decrease the rate of reincarceration of former JBBS participants. This approach should result in greater treatment engagement in the community and decreased recidivism through better identification and treatment of behavioral health needs. BHA may conduct an annual analysis of recidivism. The following will apply to this analysis:
 - i. JBBS participants who have received treatment services or groups will be
 - ii. included in the recidivism analysis.
 - iii. "Recidivism" is the analysis that will be defined as re-arrest and reincarceration for a new crime or a technical violation related to the individual's original charge.

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- iv. **Recidivism Target.** Programs will ensure that data in the JBBS Database pertaining to the most recent complete fiscal year (July 1 - June 30) is verified and correct by the 15th of July following the fiscal year so that the recidivism analysis may be completed by BHA.

MENTAL HEALTH TREATMENT (SB 18-250)

Purpose. The Behavioral Health Administration (BHA) is committed to efforts to provide resources to support County Sheriffs in providing screening, assessment and treatment for mental health and substance use disorders or co-occurring disorders; as well as transition case management services to people who need such services while they are in jail. The Jail Based Behavioral Health Services (JBBS) Program has been operational since October 2011 with funding from the Correctional Treatment Cash Fund pursuant to Section 18-19-103 (5)(c)(V).

The goal of the JBBS Program is to provide appropriate behavioral health services to inmates while supporting continuity of care within the community after release from incarceration. This approach should result in greater treatment engagement in the community and decreased recidivism through better identification and treatment of behavioral health needs.

To carry out the JBBS program, Sheriff's Departments may partner with local community provider(s) who can demonstrate the ability to provide services within the jail, and the capacity to provide or link individuals released from jail to free or low cost services in the community.

Target Population. Adults 18 years of age and older that are residing in the county jail with substance use disorder or co-occurring substance use and mental health disorders. The goal of JBBS is to support County Sheriffs in providing screening, assessment and treatment for mental health and substance use disorders or co-occurring disorders; as well as transition case management services to people who need such services while they are in jail.

In this regard, DSD, in accordance with the terms and conditions of this Contract, shall develop, maintain, and provide behavioral health services in the county jails. DSD, in providing required services hereunder, shall utilize and maintain a partnership with community provider(s)/individuals that are licensed (LAC, LPC, LCSW or LMFT), who are in good standing with the Department of Regulatory Agencies (DORA), have the ability to provide services within the jail or through televideo options, and have the capacity to provide free or low cost services in the community to inmates upon release.

Training and Meetings. DSD shall provide training to improve correctional staff responses to people with mental illness. DSD shall determine the amount of training necessary to ensure, at a minimum, a group of trained staff is able to cover all time shifts. The training should provide sufficient opportunities for hands-on experiential learning, such as role play and group problem solving exercises. Cross-training opportunities shall be provided to behavioral health personnel and other stakeholders to help improve cross-system understanding. BHA is able to provide assistance with training the Medical Team staff regarding the MAT services and resources across the state.

Evidence-Based Practices. DSD shall use evidence-based and promising practices within the screening and service delivery structure to support effective outcomes. The use of a risk/need/responsivity (RNR) model is encouraged to assess various factors such as substance use disorders, mental illness, cognitive or physical impairments, financial issues, family dynamics, housing instability, developmental disabilities, low literacy levels, and lack of reliable transportation, all of which may need to be addressed to support success.

Individualized Service Provision. DSD shall link individuals referred to the program to community based behavioral health supports and services, as appropriate based on the specific needs of the individual to ensure wraparound services are in place to reduce the risk of the individual returning into the justice system.

Mental Health Treatment Provider. The subcontracted mental health treatment provider(s)/individual(s) must be licensed and in good standing with the Department of Regulatory Agencies (DORA). The subcontracted mental health treatment provider(s) must adhere to all rules and regulations set forth by their license and are prohibited from practicing outside their scope of training.

PRE-SENTENCE REENTRY COORDINATOR SERVICES

Purpose. In July 2019, the Behavioral Health Administration (BHA) was granted funds by the Correctional Treatment Fund Board for Pre-sentence Reentry Coordinator position(s) in select jails. This program shall provide services to individuals at county jails who are in need of behavioral health treatment and are on pre-sentence status.

The intention of this position is to work to enhance and improve care coordination for individuals in county jails with shorter incarcerations (actual length to be determined by individual jails), which may prevent them from receiving more meaningful, long term interventions by behavioral health treatment staff. This position is responsible for facilitating communication and collaboration between judicial and behavioral health systems.

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Target Population. Adults 18 years of age and older, that are residing in the jail awaiting sentencing. Priority should be given to those identified to be a high jail utilizer (three or more arrests in a year).

JBBS Pre-Sentence Reentry Coordinator Services. DSD shall refer individuals to behavioral health services, after the booking process is complete and specific needs of the individual are identified, to ensure wraparound services are in place to reduce the risk of the individual returning into the justice system. Below is a list of services DSD shall provide:

- a. Behavioral Health Screening: DSD shall coordinate with the existing jail processes to identify the population that will have a shorter length of stay within the jail and who screen positive for a substance use disorders, co-occurring mental health and substance use disorders, and/or are identified to be a suicide risk.
- b. High Jail Utilizers: The DSD shall identify individuals that have three or more arrests in the past year, and shall be a priority population to receive services to target the needs.
- c. Brief Intake Assessment. The DSD shall provide a brief intake to assess immediate behavioral health needs within 48 hours. BHA recommends using the Risk Need Responsivity Model
- d. Open Referral Process. DSD shall facilitate an open referral process with inmates where transitional resource packets are shared, reviewed and completed. The JBBS Pre-sentence Reentry Coordinator shall make referrals and coordinate services with licensed or certified behavioral health professionals, prior to the release of an inmate, to ensure continuity of care. The JBBS Pre-Sentence Reentry Coordinator shall make referral appointments based upon need and provide the appointment date to the individual before release.
- e. Intervention/Therapy. DSD shall offer brief intervention and/or therapy to inmates as necessary.
- f. Coordinate Referral Information. DSD shall coordinate with community entities as applicable (i.e., pre-trial, probation, community corrections, therapeutic communities) to ensure the supervision entities are made aware of the individual's assessed needs and scheduled appointments.

Service Provision:

- a. A report of high jail utilizers should be run every five to seven days. Based on this list, JBBS staff should review those who would not qualify for pre-sentence reentry coordination services. This could include, but is not limited to, Department of Corrections holds, out of county warrants, serious violent crimes.
- b. Once that list is reviewed, the PSC should meet with those individuals to identify their needs. The BHA recommends using the Risk-Need Responsivity Simulation Tool.
- c. Based on the information gathered through this tool (and other information where applicable), the presentence coordinator should be creating a discharge packet that should be given to the individual upon their release.
- d. A discharge plan should include (but is not limited to) referral/resource information for the following categories: mental health services, medication, substance abuse services, medication assisted treatment, health care/medical services, benefits, food, clothing, transportation, housing, identification needs, employment, and disability income resources.
- e. If the individual wants their discharge plan shared with any of the referral community agencies, they will need to sign a release of information.
- f. If an individual is sentenced, it is expected that the presentence coordinator helps them with appointments in the community prior to their release. This can also include working with attorneys, probation officers, or parole officers to gain acceptance to sober living or treatment programs. If a client reports opiate use, they should be referred to medical for the appropriate MAT services.
- g. Seek partnerships with the Regional Accountable Entity (RAE) to ensure referrals are made in a timely manner with community treatment providers.

MEDICATION ASSISTED TREATMENT

Purpose. Treatment of individuals with substance use disorders who come into contact with the criminal justice system. Jails that receive funding through the jail-based behavioral health services program are to allow medication-assisted treatment to be provided to individuals in the jail. Jails must have services involving consideration for Fentanyl/Carfentanil related substances, and provide 8 mg of Naloxone at release (this can be two 4mg Narcan or one 8mg Kloxxado). The jail may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment. "Medication-Assisted Treatment" or "MAT" means a combination of behavioral therapy and medications approved by the Federal Food and Drug Administration to treat SUD disorders.

Target Population. Adults 18 years of age and older, residing in county jail(s).

Provision of Medication-Assisted Treatment. DSD shall hire technical assistance ("TA") providers to support MAT programs in their facility. Technical assistance includes development and implementation of medication-assisted treatment, approval of prescribers by the United States Drug Enforcement Agency, other appropriate withdrawal management care, and assistance with identifying bulk purchasing opportunities for necessary services. The facility shall offer medication approved by the federal Food and Drug

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Administration that are approved to treat opiate use disorder, which must include agonists, partial agonists, and antagonists, to a person in custody with an opiate use disorder. The person, in collaboration with the treating provider, must be given a choice concerning what medication is prescribed, based on the facility's medication formulary. The DSD or designee, shall be responsible for documenting individual-level MAT services provided, including date of service, type of service, duration of service, specific MAT medication provided, frequency of dosage, and any additional applicable information. Contractors engaging in MAT treatment shall expand access to care for persons who are incarcerated with substance use disorder (SUD) through the following activities:

- a. Have a policy in place for the provision of Medication-Assisted Treatment (MAT) and how it will be implemented. A copy of this policy will be provided to the assigned JBBS Program Manager prior to MAT services being provided.
- b. Identify program appropriate individuals via evidence based screening.
- c. Link persons with a community based clinical care provider.
- d. Initiate MAT for SUD and retain in MAT/optimize retention to MAT while in jail.
- e. Provide patient education surrounding SUD and the types of treatment available in their community.
- f. Develop and routinely review individualized treatment plans.
- g. Have fentanyl related considerations for withdrawal management.
- h. Provide overdose reversal medication at release (this can be two 4mg Narcan or one 8mg Kloxxado).

Allowable Expenses: The following are allowable expenses in the provision of MAT services, reimbursable in accordance with the BHA-approved rate schedule or prior authorization from JBBS Program Manager. A full list of allowable medications is identified in the contract.

- a. Fee for service agreements with Contractors for treatment, medical staff, and medications. Required medications, handled subject to Controlled Substance / Medication Assisted Treatment licensing requirements, including medications for overdose reversal such as Naloxone or Kloxxado.
- b. DEA licensing services.
- c. Temporary or Permanent staffing services for positions related to the implementation of MAT services. These could be both sworn and civilian positions.
- d. Facility and equipment upgrades related to MAT, per JBBS program manager approval.
- e. Training and staff development for MAT. Invoice requests are due to BHA as expenses are incurred. Only one month's expenses are allowed per invoice.
- f. Technical assistance.
- g. Training services for jail staff as it relates to MAT.
- h. Consultation services for jail staff and community providers as it relates to MAT.
- i. Advertising, marketing or public relation services regarding MAT services.
- j. Human Services collaboration as it pertains to Medicaid enrollment prior to release from jail.
- k. Translation services for those receiving MAT services when needed.
- l. Delivery of MAT medications.
- m. Community re-entry services as related to MAT services

License Requirements.

- a. Providers licensed as an Opioid Treatment Program (OTP) shall adhere to various elements and sections of 2 CCR 502-1 Behavioral Health Rules including but not limited to 21.320 Opioid Treatment Programs (OTP) and 21.300 Licensing of Substance Use Disorder Programs Using Controlled Substances.
- b. All BHA-licensed agencies (including OTPs) storing and dispensing from stock controlled substances for the purpose of treating a substance use disorder or withdrawal from a substance use disorder shall adhere to 2 CCR 502-1 Behavioral Health Rules regarding 21.300: Controlled Substance License Requirements, which includes direction on the safe storage and handling of controlled substances.

Level of Program/Care. OTPs seeking a Controlled Substance License must also apply for approval to operate as a Behavioral Health Entity (BHE), identifying which ASAM level of care they will choose to operate at and follow BHA regulatory guidelines that define that level of care within 2 CCR 502-1.

Deliverables for All JBBS Programs:

- a. JBBS Work Plan.
- b. Annual Report.
- c. JBBS Database Reporting.
- d. Data Entry including:
 - i. Basic individual demographic and working diagnosis information.
 - ii. Booking date (date that the individual was booked into jail).
 - iii. Screening date and results
 - iv. Admission date (date that individual began receiving JBBS services).
 - v. Individual-level services provided (date of service, type of service, duration of service, and any additional information), including any Medication Assisted Treatment services provided (date of service, duration of service,

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type of MAT service, specific MAT medication, and any other applicable information, including frequency of dosage).

- vi. Date, duration, and participants who attended for treatment or case management group sessions.
- vii. Discharge date and type (unsuccessful discharge or successful discharge, depending on whether the individual is actively participating in the JBBS program at the time of discharge). BHA utilizes discharge and admission dates to approximate sentence length and measure progress toward shortening sentence lengths.
- viii. Date tracked and treatment status in the community, tracked at month 1, month 2, month 6, and month 12 after discharge.
- ix. The contractor shall utilize the Health Information Exchange platform (if available in the jail) that serves to provide an additional relevant source of longitudinal health data that can inform & support better treatment options, coordination of care and a better understanding of the whole health of each individual so they can provide the safest and most effective treatment recommendations.
- e. Drug Alcohol Coordinated Data System (DACODS), Colorado Client Assessment Records (CCAR), and Encounters - or other BHA prescribed data system records
- f. Workgroup Attendance
- g. Critical Incident documentation and reporting involving program participants
- h. Copy of Proposed Subcontract(s)
- i. Site Visits
- j. Monthly Contract Monitoring Tool
- k. Plan of Action where performance deficiencies may be identified
- l. Monthly BHA Invoice
- m. Spending Projection Plan if a contractor is underspent by greater than 40% of their budget by mid fiscal year (Nov 30)
- n. Behavioral Health Screenings: Individuals involved in the JBBS program are required to complete the GAIN 3.2 assessment with an individual enrolled in the JBBS program within 14 calendar days of program enrollment.

Was this contractor selected by competitive process? No

If not, why not? Revenue Contract

Has this contractor provided these services to the City before? ☒ Yes ☐ No

Source of funds: State of Colorado – Behavioral Health Administration, Fund 12301/ Cost Center 3532700

Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

Who are the subcontractors to this contract?

The Empowerment Program, Inc.
Mile High Behavioral Healthcare
Denver Health & Hospital Authority

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