

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 7/3/2024

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:

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.)

Approves amendment 04, SHERF-202474212, with Mile High Council on Alcoholism and Drug Abuse, to modify Exhibit A-4, create Addendum A, extend the term and increase the contract maximum amount.

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 Mile Hight Behavioral Health (MHBH) who is a subcontracted vendor that will provide clinical oversight, supervision, and direct services to individuals in custody as part of the Recovery in a Secure Environment (RISE) Program. The purpose of the RISE Program is to help individuals in the custody of DSD build a foundation of recovery through screenings, assessments, individual and group therapy, transition planning, evidence-based peer support groups and milieu management efforts. These efforts aim to address the substance use treatment needs and criminogenic risks for people in custody with substance use disorders (SUD) or co-occurring substance use and mental health disorders.

This amendment modifies the following exhibits with the most current versions for FY24; Exhibit A-3 Statement of Work, and Exhibit B Budget. The updates reflect the contract extension and renewal with modifications to the annual budget and reporting requirements.

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

Troy Bratton

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):

Professional Services >\$500K

Vendor/Contractor Name:

Mile High Council on Alcoholism and Drug Abuse

Contract control number:

SHERF-202054980

Location:

City Wide

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 04

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

SHERF-202054980-00; 07/01/2020 - 06/30/2021; executed 08/05/2020;
 SHERF-202159356-01; 07/01/2020 – 06/30/2022; executed 09/22/2021;
 SHERF-202263682-02; 07/01/2020- 06/30/2023; executed 08/30/2022;
 SHERF-202368691-03; 07/01/2020 – 06/30/2024; executed 08/22/2023;
 SHERF-202474212-04; This Amendment

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

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$1,139,833.95	\$381,434.72	\$1,521,268.67

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
7/1/2020 - 6/30/2024	15 Months	9/30/2025

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

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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.

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.

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- 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.
 - 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.

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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, 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.

Invoicing

- The vendor is responsible for tracking their monthly invoices and ensuring alignment with the annual budget amount. The payout amount will not exceed the budget total to include the monthly fringe cost.
- DSD is to be invoiced by the 15th of the following month for services rendered only. Each invoice should include supporting documents such as timesheets and receipts for purchases made.
- Indirect Costs will be paid out under the three categories listed below. When submitting for invoicing, proper supporting documentation should be included to support the payout under each category.
 - Administrative
 - Clinical Supervision
 - Task Supervision

Budget

- Line-item budget deviations under 25% are allowed without prior approval. Overall budget must not exceed total approved amounts. Any spending outside of the approved budget lines, or creation of new budget lines, will require prior approval.
- Indirect Costs will be paid out under the three categories listed below.
 - Administrative
 - Clinical Supervision
 - Task Supervision

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- One-time retention payments may be utilized for staff that have remained employed by the vendor for 6 months or longer when vacancy savings exist within the personnel budget but may not exceed overall contract amount. The below is the budget for this fiscal year:

Vendor Personnel				
	Salary	Fringe (federally negotiated rate of 17%)	Monthly fringe cannot exceed 1/12 of fringe amt	Total Program Budget Salary + Fringe
LEAD Behavioral Health Specialist (CAS or LAC) 1.0 FTE	\$74,000	\$12,580	\$1,048.33	\$86,580.00
Behavioral Health Specialist (CAS or LAC) 1.0 FTE	\$69,000	\$11,730	\$977.50	\$80,730.00
Behavioral Health Specialist (CAS or LAC) 1.0 FTE	\$69,000	\$11,730	\$977.50	\$80,730.00
Housing and Employment Specialist (BA in Social Science or equivalent experience)	\$69,000	\$11,730	\$977.50	\$80,730.00
			<i>Subtotal Personnel</i>	\$328,770.00
Recovery Support Services				\$5,000.00
Staff Training				\$2,000.00
			<i>Subtotal Other</i>	\$7,000.00
Indirect Costs (federally negotiated rate of 13.6%) Indirect Cost Categories (Administrative, Clinical Supervision, Task Supervision)				\$45,664.72
Total				\$381,434.72

Was this contractor selected by competitive process? Yes If not, why not? N/A

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

Source of funds:

Jail Based Behavioral Health Services(JBBS) Grant 25 IBEH 190464 through the State of Colorado, Behavioral Health Administration; SHERF-202473782.

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

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

N/A

Who are the subcontractors to this contract?

N/A

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