

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **11 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 08/18/2023

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:

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 a grant with the Colorado Department of Human Services, Behavioral Health Administration for the FY24 Department of Safety Integrated Response (SAFTY-202369456). The state will provide pass through federal funding from the American Rescue Plan Act (ARPA) Grant.

3. Requesting Agency:

Department of Safety

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Tien Tong	Name: Tien Tong
Email: Viet-Tien.Tong@denvergov.org	Email: Viet-Tien.Tong@denvergov.org

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

The Department of Safety (DOS) recognizes data and resource gaps between existing outreach and behavioral health response initiatives in Denver. This proposal seeks additional staffing and individual level wraparound client support resources to support people between handoffs and where gaps exist between programs. Regarding data, the proposed project will explore how creating a data sharing process amongst programs can better support care coordination.

Some of the early intervention behavioral health responses in Denver include the Co-Responder program, Early Intervention Team (EIT), the Substance Use Navigator (SUN) and Law Enforcement Assisted Diversion (LEAD), Support Team Assisted Response (STAR), DPD Outreach Case Coordinators, and the Assessment, Intake and Diversion Center (AID). Each of the programs and response initiatives has been stood up individually within various departments in the City and would benefit from organizing them through an integrated care model. A study that reviewed integrated care models internationally, found several positive outcomes concerning service delivery, with stronger evidence of perceived increased patient satisfaction and improved quality of care and access to care (Baxter, et al, 2018). Additionally, there was an indication that integrating service models have potential with patients who have complex and reoccurring needs.

The complexity of integrated care coordination within law enforcement response models—especially for people with complex behavioral health needs in a City and County as big and robust as Denver—has not previously been well analyzed and addressed. Specifically, opportunities to bolster data, care integration and implement comprehensive supportive models lean toward improved outcomes across public safety and health goals. According to a review on effective community responses to behavioral health crisis and diversion, the lack of coordination across multiple points of community response to BH crisis leads to fragmentation and gaps despite best efforts of providers and responders and considerable investment of safety net dollars (Managh, 2020). These system gaps ultimately contribute to potentially avoidable ED and criminal justice system encounters.

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References:

Baxter S, Johnson M, Chambers D, Sutton A, Goyder E, Booth A. Understanding new models of integrated care in developed countries: a systematic review. Southampton (UK): NIHR Journals Library; 2018 Aug. PMID: 30148581.
Manuagh, Bren. Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response. Arnold Ventures. February 2020.

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

Troy Bratton

7. **City Council District:**

City wide

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):

Grant > \$500K

Vendor/Contractor Name:

Colorado Department of Human Services, Behavioral Health Administration

Contract control number:

SAFTY-202369456

Location:

City wide

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

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

7/1/2023 - 9/30/2024

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>
-	\$990,277	\$990,277

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
-	1 year	9/30/2024

Scope of work:

Services in this grant will support connections and gaps among the different initiatives referenced above. To achieve a more optimal and integrated response to people with unmet behavioral health needs, through existing intervention police-civilian partnerships, DOS

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has identified the following key components for connection and resource improvement: 1) enhanced staffing to support more comprehensive service delivery and extended hours, 2) increased wraparound services including case management, peer support, transportation and other flexible client support resources, 3) intermediate clinical support and treatment, and; 4) process and service coordination, including integrated data sharing.

Integrated Navigation Hub. Denver instituted the AID Center this past November 2022 with the goal of simplifying service and program navigation for first responders and other front-line workers. The AID Center partners with and co-locates over 10 different providers that serve various key needs. The need for alternative police responses can occur 24/7 and specifically between the highest data-driven times of 2 PM and 10 PM. This grant seeks to extend the hours and capacity for security staff and a Care Coordinator to conduct screening, intake and facilitate service and resource connections.

Case Management. Service coordination extends beyond the point of navigation. Supported engagement is a critical component of service delivery that is severely under-resourced; particularly, access to varying levels of case management will be responsive to allowing people who need long-term case management support to receive it. The grant will provide resources to add two Peer Specialists and two Unlicensed Therapists/Case Managers who can work to connect people to cash, food and insurance benefits, housing providers, supportive behavioral health treatment and recovery providers, employment, and financial stability, based on assessed needs, with a long-term goal of self-efficacy and sustainability.

Wraparound services. Other necessary accompaniments to support Care Coordinators and Case Managers in addressing client health, safety and wellness include flexible wraparound service resources for basic care supplies, and to fill other gaps in resources, on a case-by-case basis, that are not already covered through insurance or other public assistance. Examples of individual client support items might include ID fees, a meal, a wheelchair, a bus ticket, etc. Transportation is also a notable barrier for the population served through this project. This grant provides wraparound resources and access to a vehicle and transportation for relevant staff to use in helping remove barriers for people to get to services.

Clinical Treatment Services. One known and significant gap to supporting timely access to the appropriate level of behavioral health care is a disconnect between first responder, outreach, supportive services, and available treatment and transition providers at the time of contact with an individual in need of supports. Best practice and literature support immediate access to the appropriate level of behavioral health care when a person requests or agrees to engage with behavioral health supports. This project identifies three key areas in supportive treatment services that are important to this integrated care model: 1) Short-Term Behavioral Health Intervention, 2) Treatment beds, and 3) Medical stabilization. DOS will subcontract with a treatment provider to deliver short-term stabilization for individuals awaiting intake to behavioral health treatment. The subcontractor(s) will be required to provide timely interventions to support patient stabilization, including therapy and medication stabilization, and transitional care as needed. The subcontractor(s) would be required to provide the infrastructure and credentialed staff necessary to meet these needs. Treatment beds in Denver continue to have wait lists and are not immediately accessible or payable, when an individual is identified and interested. This project includes resources to access treatment beds effectively and efficiently, when needed.

Process improvement and Integrated Data Information. Systems and community entities often operate under siloed processes and manage individual methods of tracking data, performance measures, and limited data-sharing. This project recognizes that immediate connections and seamless transitions importantly require a coordinated data and information sharing component. Best practice and literature emphasize continuity of care, including appropriate and timely information-sharing to improve outcomes and effectively support clients. As an integrated care model project, the goal is to create an agreed upon process to gather, share and track appropriate data that best serves the client. This project includes a PEAK process improvement oversight to optimize resources and reduce duplication through intentional, coordinated operations.

DOS values the utility of data to guide practices. The DOS data team has and continues to work intently to look at the needs and barriers around collaborative design of information sharing between system and community partners. This project proposes support for understanding business requirements and identifying a solution to important data collaboration and sharing needs, which can provide a blueprint for a product or legislation to replicate this work in other communities facing similar challenges. Additionally, gap analysis and asset mapping go hand-in-hand with the exploratory data sharing process. This exploratory process will include asset mapping of programs available, who qualifies and how, and how much capacity they have, hand off processes and assessments used to align services to presenting needs. DOS anticipates better understanding procedure and policy gaps in the process of building the integrated data information system.

Was this contractor selected by competitive process? No

If not, why not? Grant award process

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

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Source of funds:

Pass through federal funding from the American Rescue Plan Act (ARPA) Grant.

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

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

N/A

Who are the subcontractors to this contract?

To be determined

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