

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor's Legislative team with questions

Date of Request: 7/23/20

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.)

Approves State of Colorado Office of Behavioral health for State FY 2021 to provide funding for mental health and substance abuse treatment at the County Jail.

3. **Requesting Agency:** SHERF – 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: Carrie Stanley	Name: Carrie Stanley
Email: carrie.stanley@denvergov.org	Email: carrie.stanley@denvergov.org

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

The State of Colorado provides mental health and substance abuse funding for the RISE Unit at the County Jail. The Parties understand and agree that the goal of the Jail Based Behavioral Health Services Program is to support county sheriffs in providing screening, assessment and treatment for substance use disorders and co-occurring substance use and mental health disorders as well as transition case management services to people who need such services while they are in jails. Through funds authorized by the Colorado General Assembly (SB 12-163), the Office of Behavioral Health (OBH) intends to fund the Jail Based Behavioral Health Services Programs.

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):

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: BR20 0759

Date Entered: _____

Revenue Contract over \$500k

Vendor/Contractor Name: State of Colorado Office of Behavioral Health

Contract control number: SHERF-202055330

Location: County Jail

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):

12 months

Contract Amount (indicate existing amount, amended amount and new contract total): \$690,184.00 Revenue

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$0	\$690,184.00	\$690,184.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
--	1 year	6/30/2021

Scope of work:

Sheriff Departments are eligible Contractors for said funds. County Sheriffs can develop programs either individually, or as multiple County Sheriff Departments submitting a combined work plan. In this regard, the Contractor, in accordance with the terms and conditions of this Contract, shall develop, maintain, and provide behavioral health services in the county jails for adults (18 years of age and older) with substance use disorders or co-occurring substance use and mental health disorders. The Contractor in providing required services hereunder, shall utilize and maintain a partnership with local community provider(s) that are currently licensed by OBH, have the ability to provide services within the jail, and have the capacity to provide free or low cost services in the community to inmates upon release.

Statement of Work

PART ONE - GENERAL PROVISIONS

Article 1

General Administration

1.1 Participation / Catchments. County Sheriffs may develop programs either individually, or as multiple Sheriff's Departments (otherwise known as a catchment), submitting a combined work plan. If services are provided to a catchment, the fiscal agent county (the county holding this primary Contract with OBH) shall enter into subcontracts with its catchment county Sheriff's Departments. Subcontracts entered into under this provision shall adhere to the requirements of Exhibit C, Miscellaneous Provisions, Section II.

1.2 Program Manager. The Contractor shall select a JBBS Program Manager, identify the positions' roles, responsibilities and authority, and develop a management plan that supports the JBBS Program Coordination

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: BR20 0759

Date Entered: _____

Group. Any changes to the Program Manager’s contact information shall be communicated via email to the Office of Behavioral Health within one business day of change to cdhs_jbbs@state.co.us

- a. OBH prefers that a staff person from the Sheriff’s Department assume the role of Program Manager. The Program Manager shall be well versed in the JBBS Program, including contractual requirements. The Program Manager shall also participate in the JBBS Quarterly Meetings, and shall oversee the JBBS Program and its operations. The Sheriff’s Department is encouraged to account for this administrative position in their budget.

1.3 JBBS Program Coordination Group. The Contractor shall develop a process for implementing a Program Coordination Group to guide and support the JBBS program. The Program Coordination Group shall meet on a regular and continual basis to ensure project implementation and goals are progressing. The OBH Manager, Jail and Criminal Justice Mental Health Programs will be available to attend periodic Program Coordination Group meetings for technical assistance and support based on agency need. The Program Coordination Group shall:

- a. Oversee program implementation
- b. Make training recommendations
- c. Measure the program’s progress toward achieving stated goals
- d. Resolve ongoing challenges to program effectiveness
- e. Inform agency leaders and other policymakers of program costs, developments, and progress
- f. Develop policies and protocols to ensure clinical staff have the resources and support required for service provision.
- g. For JBBS Programs serving a catchment of counties, a sheriff department representative from each county is required to participate in the JBBS Program Coordination Group. This program model approach will require regular meetings to discuss the program implementation and program effectiveness for each jail. The Program Coordination Group is responsible for ensuring the needs of all the jails in the catchment are being met by the resources and subcontracted service providers.

1.4 Subcontractors. See Exhibit C, Miscellaneous Provisions, Section II for requirements regarding the use of subcontractors.

1.5 The contractor may serve individuals who are awaiting Medicaid approval or other funds to pay for initial treatment services.

1.6 The contractor shall provide services in a manner that respects and protects individual rights. This requirement includes providing the subcontractor with the required space to offer individual and group treatment services described in this Contract.

1.7 Recovery Support Services. Programs may provide for wraparound resources including, but not limited to, clothes, shoes, transportation, or basic hygiene need purchases that will assist in stabilizing the individual in the community.

1.8 The contractor shall maintain support relationships with local probation and parole departments.

1.9 Cultural Competency. Contractor shall provide culturally competent and appropriate services, per National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), available at <https://thinkculturalhealth.hhs.gov/clas/standards> .

1.10 Contractor shall make reasonable accommodations to meet the needs of individuals who are physically challenged, deaf or hearing impaired, or blind.

To be completed by Mayor’s Legislative Team:

Article 2

Confidentiality and HIPAA / 42 CFR Part Two

2.1 HIPAA Business Associate Addendum / Qualified Service Organization Addendum The Contractor shall agree to comply with the terms of the HIPAA Business Associate Addendum / Qualified Service Organization Addendum, Exhibit D of this Contract.

2.2 Third Parties and Business Associate Addendum / Qualified Service Organization Addendum.

- a. The Contractor shall require that any third parties, including subcontractors or other partner agencies, that it involves for work to be done pursuant to this Contract agree to the most recent CDHS version of the HIPAA Business Associate Addendum / Qualified Service Organization Addendum, found in Exhibit D of this Contract.
- b. A HIPAA Business Associate Addendum / Qualified Service Organization Addendum is required between subcontracted treatment provider agencies for any program that has more than one treatment subcontractor agency rendering services in the jail in order to share assessments and screenings between subcontracted treatment provider agencies.

2.3 Additional Measures. The Contractor shall agree to the following additional privacy measures:

- a. Safeguards. The Contractor shall take appropriate administrative, technical and physical safeguards to protect the data from any unauthorized use or disclosure not provided for in this agreement.
- b. Confidentiality. The Contractor shall protect data and information according to acceptable standards and no less rigorously than they protect their own confidential information. The Contractor shall ensure that individual level identifiable data or Protected Health Information (PHI) shall not be reported or made public. The Contractor shall ensure that all persons (e.g. interns, subcontractors, staff, and consultants) who have access to confidential information sign a confidentiality agreement.

Article 3

Financial Provisions

3.1 Cost Reimbursement / Allowable Expenses. This contract is paid by cost reimbursement. See Exhibit B, Budget and Rate Schedule, for a list of reimbursable expenses. The Rate Schedule is non-exhaustive; other items expensed to this Contract must be reasonable toward completion of the contract terms, are reviewable by OBH, and shall not exceed any detail in the budget in this regard

3.2 Staff Time Tracking and Invoicing. The Contractor shall ensure expenses and staff are tracked and invoiced separately for each program or funding stream. Any other funding sources or in kind contributions supporting the JBBS Program shall be disclosed in the invoice submission.

3.3 General Accounting Encumbrances. Some Parts under this Statement of Work may utilize general accounting encumbrances. Detailed information regarding the general accounting encumbrances can be found in those Parts.

3.4 Other Financial Provisions, including invoicing instructions can be found in Exhibit C, Miscellaneous Provisions.

PART TWO - SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

Article 1

Purpose and Target Population

To be completed by Mayor's Legislative Team:

1.1 Purpose. As used in this Statement of Work exhibit, the State and the Contractor together are referred to as the “Parties”. The Parties understand and agree that the goal of the Jail Based Behavioral Health Services (JBBS) Program 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. Through funds authorized by the Colorado General Assembly (SB 12-163), the Office of Behavioral Health (OBH) intends to continue funding the Jail Based Behavioral Health Services Programs as set forth in this Contract.

1.2 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.

In this regard, the Contractor, in accordance with the terms and conditions of this Contract, shall develop, maintain, and provide behavioral health services in the county jails for individuals highlighted in section 1.2. The Contractor, in providing required services hereunder, shall utilize and maintain a partnership with local community provider(s) that are licensed (LAC, LPC, LCSW, CAC III) and are in good standing with the Department of Regulatory Agencies (DORA), have the ability to provide services within the jail, and have the capacity to provide free or low cost services in the community to inmates upon release.

Article 2 Activities and Services

2.1. Licensed Substance Use Disorder Treatment Requirements.

- a.** Eligibility. Per program authorizing legislation, individuals must have a substance use disorder and/or a co-occurring mental health disorder to be eligible to receive services under the JBBS program.
- b.** Treatment providers (whether Contractor or subcontractor) must hold a Substance Use Disorder Provider license and be in good standing with the Colorado Department of Regulatory Agencies (DORA).
- c.** Contractor shall implement policies and procedures on how 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.** Contractor 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.
 - i.** Contractor shall utilize evidence-based screening processes and tools, subject to approval by OBH, to screen for mental health disorders, substance use disorders, trauma, and traumatic brain injuries.
- e.** Each individual’s treatment / transition plan should incorporate:
 - i.** Summary of the continuum of services offered to individuals based on evidence based curricula.
 - ii.** Frequency and duration of services offered.
 - iii.** If individual’s treatment will be provided by more than one treatment provider, describe how services are distributed between providers.
 - iv.** Incorporation of criminogenic risk factors in service and transitional case planning as determined from the Level of Supervision Inventory (LSI).
 - v.** The individual’s natural communities and pro-social support.
 - vi.** A plan to transition individuals from jail based services to appropriate behavioral health and other needed community services upon release from incarceration.
 - vii.** Contractor shall provide treatment to individuals in need of services in accordance with the treatment and transition plan described above.

To be completed by Mayor’s Legislative Team:

Article 3
Standards & Requirements

3.1 Authorizing Legislation and Description of Services. The Jail Based Behavioral Health Services (JBBS) Program is funded through the Correctional Treatment Cash Fund legislated in the passage of Senate Bill 12-163. Section 18-19-103 (c), C.R.S. directs the judicial department, the Department of Corrections, the state board of parole, the Division of Criminal Justice of the Department of Public Safety, and the Department of Human Services to cooperate in the development and implementation of the following:

- a. Alcohol and drug screening, assessment, and evaluation.
- b. Alcohol and drug testing.
- c. An annual statewide conference regarding substance abuse treatment.
- d. Treatment for assessed substance abuse and co-occurring disorders.
- e. Recovery support services

The Correctional Treatment Fund Board has determined the Jail Based Behavioral Health Services (JBBS) Program meets the requirements set forth in SB 12-163.

3.2 Level of program care. Services offered by the Contractor hereunder shall meet ASAM Level 1 or 2.1 level of care. Information on the ASAM can be found at <https://www.asam.org/Quality-Science/the-asam-criteria/about>

Article 4
Data Reporting

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

- a. Basic demographic information
- b. Numbers of individuals served
- c. Number of individuals who screened “Positive” for a mental health disorder or substance use disorder; number of other screenings completed
- d. LSI score for each individual admitted into JBBS program
- e. The type and quantity of services provided, including the type and quantity of Medication Assisted Treatment services provided
- f. Number of individuals who successfully transition to community based services upon release
- g. Program discharge outcomes and treatment status in community after discharge

Article 5
Paid Performance Measures

5.1 Paid Performance Measure: Transition Tracking Outcomes. The goal of the JBBS program is to identify treatment service needs and assisting with engagement in community based treatment services upon release. Contractor shall make reasonable efforts to contact all JBBS individuals who are successfully discharged from the program and released to the community at 1, 2, 6 and 12 months post release. Reasonable efforts include a minimum of two attempts to reach each individual by in-person, phone, or other electronic communication. Each attempt shall be documented in Civicore. The individual’s treatment status shall be recorded in the Civicore JBBS database or another data system as prescribed by OBH. The following are the treatment status options:

- a. Deceased – In the event of individual death post-release
- b. In Treatment – Individual is engaged in community based treatment services as recommended on the transition plan
- c. New Crime/Regressed - Individual returned to jail for violations or committed a new crime

To be completed by Mayor’s Legislative Team:

- d. Not Applicable - Individual sentenced to Department of Corrections or individual not tracked due to prior tracking status of Deceased, New Crime/Regressed, or Treatment Completed.
- e. Not in Treatment – Individual is tracked via the community based treatment provider or the individual reports to not be in treatment services as recommended on the transition plan
- f. Status Unknown – Individual cannot be located
- g. Treatment Completed – Individual completed treatment as recommended at time of release from jail

5.2 Paid Performance Measure Target & Incentives

a. Paid Performance Measure Target. Programs earn their Performance Incentive Payment if a total of 55%¹ or more of individuals who were released from the program are considered “In Treatment” or “Treatment Completed” at the one month transition tracking interval. For JBBS programs designed to have multiple county partnerships (catchments), the performance measure will be based on the average of those counties.

b. Performance Incentive Payment

- i. A Performance Incentive Payment in the amount indicated in Exhibit B will be disbursed at the close of the fiscal year to programs or catchments that meet or exceed the 55% benchmark.²
- ii. Programs who do not meet the performance benchmark shall be asked to submit a plan of action to improve program performance for the next fiscal year. The unearned portion of the contract funds shall be reverted.
- iii. General Accounting Encumbrance: Payment to Contractor is made from available funds encumbered and shared across multiple contractors. The State may increase or decrease the total funds encumbered at its sole discretion and without formal notice to Contractor. No minimum payment is guaranteed to Contractor. The liability of the State for such payments is limited to the encumbered amount remaining of such funds.

PART THREE - MENTAL HEALTH TREATMENT (SB 18-250)

Article 1

Purpose & Target Population

1.1 Purpose. The Office of Behavioral Health (OBH) 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 shorter jail sentences and decreased recidivism through better identification and treatment of behavioral health needs.

¹ This benchmark was determined based on the statewide average number of successfully discharged individuals identified to be “In Treatment” at the one month tracking interval in FY 17’s semiannual data.

² The Performance Incentive Payment amount is 10% of the Substance Use Treatment program (or catchment) funding allocated to Contractor in the OBH budget

To be completed by Mayor’s Legislative Team:

In October 2012, the Correctional Treatment Board voted to fund additional Jail Based Behavioral Health Services Programs to additional counties across the State. As of July 2015, there are JBBS programs in 44 county jails across the State of Colorado.

In May 2018 the Colorado General Assembly passed Senate Bill 18-250, which mandated the JBBS Program under Colorado Revised Statutes 27-60-106. Additional mental health funding, also allocated additional funding to the JBBS program to address gaps in services for mental health disorder screening, assessment, diagnosis and treatment. Additionally, these funds may support psychiatric prescription services and purchase of medications. Sheriff's Departments that currently operate JBBS programs, as well as new applicants, are eligible to apply for these funds. Specifically, Sheriff's Departments may submit an individual application, or they may submit a combined application if they would like to apply in conjunction with other County Sheriff's Departments.

In accordance with the legislation, all funds are to be used to provide behavioral health services for adults (18 years of age and older) with mental health disorders or co-occurring substance use and mental health disorders. 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.

1.2 Target Population. The program services are intended for individuals at county jails who are in need of behavioral health services. The Contractor shall develop eligibility criteria and program policies to identify individuals who will be referred to the program services. The Contractors may expand eligibility criteria to meet specific community needs. Individuals who are in jail for more than 30 days and are admitted to the JBBS program will require a Level of Supervision Inventory- LSI risk assessment. The service plan shall incorporate the findings from the risk assessment. The funds from this contract must be used to provide the provisions of mental health services to individuals who are in jail and have been court ordered to the Colorado Department of Human Services to receive competency restoration services. The funds are not limited to this population; however, this population must be prioritized among the individuals receiving services funded by this contract.

Article 2 Activities & Services

2.1 Services. The Contractor shall:

- a. Provide adequate staff to complete behavioral health screenings, prescribe psychiatric medications as necessary; and provide mental health counseling, substance use disorder treatment and transitional care coordination.
- b. Perform brief screening of all individuals booked in the jail facility for mental health and substance use disorders and suicide risk within 48 hours of booking/intake at the facility, utilizing the following evidence-based standardized tools:
 - i. Brief Jail Mental Health Screen: <https://www.prainc.com/wp-content/uploads/2015/10/bjmhsform.pdf>
 - ii. Screening Instrument for Substance Use: www.bhevolution.org/public/document/ssi-aod.pdf
 - iii. Training guide link for Simple Screening Instrument: <https://www.ncjrs.gov/pdffiles1/Digitization/152987NCJRS.pdf>
 - iv. Columbia Suicide Severity Rating Scale: https://docs.google.com/document/d/13W_tIOPbio08TwpckQt6SjzWE3B8L3ugAVJEXveM8bM/edit?usp=sharing
 - v. Training and resource link for Columbia Suicide Severity Rating Scale: <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english>
- c. Assess all individuals booked into the jail facility for substance use withdrawal symptoms and develop protocols for medical detoxification monitoring procedures

To be completed by Mayor's Legislative Team:

- d. Assess all individuals booked into the jail facility for psychiatric medication needs by requesting and reviewing medical and prescription history
- e. Have access to all psychiatric medications, as defined by the medication formulary established pursuant to section 27-70-103
- f. Assist in the provision of coordinated services for individuals in jail custody who may require competency restoration services
- g. Coordinate services with local community behavioral health providers prior to the release of an inmate to ensure continuity of care following his or her release from the jail
- h. Determine the most effective process to partner with community based clinical providers to ensure the following services are available to individuals in jail custody.

2.2 Training and Meetings. The Contractor shall provide training to improve correctional staff responses to people with mental illness. The Contractor 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. OBH is able to provide assistance with training the Medical Team staff regarding the MAT services and resources across the state.

- a. Program Orientation: The Contractor shall attend a mandatory orientation session with the OBH Program Manager and Fiscal Staff, to be organized by OBH as soon as is practicable execution of the contract.
- b. Program Meetings and Required Training: Program meetings and other required training will be scheduled throughout the term of the JBBS Program contract.

2.3 Evidence-Based Practices. The Contractor 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.

2.4 Individualized Service Provision. The Contractor 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.

Article 3

Standards and Requirements

3.1 Mental Health Treatment Provider. The subcontracted mental health treatment provider must be licensed and in good standing with the Department of Regulatory Agencies (DORA).

PART FOUR - COMPETENCY ENHANCEMENT (SB 19-223)

Article 1

Purpose & Target Population

1.1 Purpose. In May 2019, the Colorado General Assembly passed Senate Bill 19-223; legislation that mandates the provision of interim mental health services for individuals who have been court-ordered for inpatient competency restoration and who are waiting for admission to an inpatient bed. To compensate for these specialty services, SB 19-223 allocates funding to the Jail Based Behavioral Health Services (JBBS) program to address gaps in services in the jail for those with mental health disorders that are awaiting restoration services.

- a. The jail competency enhancement funding is used to provide interim mental health

To be completed by Mayor's Legislative Team:

services to individuals who are in jail and have been court-ordered to the Colorado Department of Human Services (CDHS) to receive competency restoration services.

- b. Funding is also to be used to provide mental health services to individuals who are returning to the jail after receiving restoration services at an Office of Behavioral Health (OBH) designated inpatient restoration facility.
- c. Coordination of services with the Forensic Support Team (FST) and Court Liaisons (Bridges) shall occur when a court order has been received for an evaluation and/or when an individual is identified to be in crisis by the jail at the time of booking or while incarcerated.

1.2 Target Population. Adults 18 years of age and older that are: awaiting a competency restoration evaluation, awaiting competency restoration services, are suspected of becoming incompetent to proceed while in jail, or are returning from an OBH-designated inpatient restoration facility after receiving restoration services and meet any of the following criteria:

- a. Have a serious and persistent mental health disorder
- b. Are experiencing acute psychosis or major mood dysregulation
- c. Have substance use issues, especially if suspicion of intoxication is present
- d. Have a low IQ or significant cognitive issues, including dementia, or observable and reported symptoms of mental illness
- e. Have a known previous competency history
- f. Have a Traumatic Brain Injury (TBI)

Article 2 Activities & Services

2.1 Program Referral. The Contractor shall refer individuals for competency enhancement services through one (1) of the following ways:

- a. Court ordered competency;
- b. Upon return from an OBH-designated inpatient restoration facility; or
- c. Jail identifies the individual to be in crisis at booking or during the jail stay as defined in section 1.2 Target Population of this statement of work. Priority must be given to those individuals involved in the competency restoration process.

2.2 Court Ordered Treatment Level of Care Type. Based upon the results of the court order competency evaluation, the Contractor shall provide treatment services to an individual while they wait for a bed at an OBH designated inpatient restoration facility. The Contractor shall use the categories below to indicate the level of treatment care needed for individuals based upon the results of the court-ordered competency evaluation.

- a. High Risk - Immediate Transfer: Immediate coordination of transfer to an OBH-designated inpatient restoration facility
- b. Moderate Risk for Transfer: Daily contact with the medical or mental health services team. Coordination with Forensic Navigator. Mental Health clinician contact on a weekly basis or as clinically indicated.
- c. Low Risk for Transfer: Services determined by assessment; weekly mental health clinical or medical contact; additional treatment services shall be offered by existing JBBS treatment services. Coordination with Forensic Navigator.

2.3 Jail Identified Treatment Level of Care Type. At booking, the Contractor shall identify individuals that are referenced in section 1.2 “Target Population” and provide treatment services while the individual is awaiting a court hearing. These provisional services are an attempt to

To be completed by Mayor’s Legislative Team:

intervene and stabilize the identified individual before court-ordered competency is raised.

- a. Jail Booking Screening and Referral. The Contractor shall ensure that individuals are screened within 48 hours from booking, and referred to additional treatment services based upon the results of the screen. The Contractor shall employ evidence-based curricula, addressing the following areas listed below. All tools are subject to approval by OBH.
 - i. mental health;
 - ii. substance use disorders; and
 - iii. suicide risk.
- b. Jail Referral Process. When there is a positive screen for either substance use, mental health, or suicidal ideation, the Contractor shall ensure that the individual is referred for further assessment with a mental health clinician based upon the timeframes listed in section 3.3 “Jail Identified Treatment Level of Care Type.”

2.4 Jail Mental Health Evaluation. The Contractor shall ensure that a mental health evaluation is performed promptly on all individuals that have been identified as the “Target Population” referenced in section 1.2, either through the court-ordered referral process or through the jail-identified process. The Jail Mental Health Evaluation shall identify treatment needs while the individual is awaiting court proceedings or an OBH-designated inpatient restoration facility bed.

2.5 Transition Plan. The Contractor shall ensure that a transition plan is developed with an individual upon transition to an OBH designated inpatient restoration facility. The transition plan shall outline the following:

- a. Mental health diagnosis
- b. Level of Care type (if applicable)
- c. Prescribed psychotropic medications
- d. Any identifiable cognitive impairment(s)
- e. Treatment services received in jail
- f. Copy of the initial plan of care

2.6 Discharge Plan. Upon the individual’s return from an OBH designated inpatient restoration facility, the Contractor shall locate and save a copy of the individual’s discharge plan within the same day an individual returns. Once a copy is received, the Contractor shall ensure follow up care is provided according to the plan within 24 hours upon return, as well as provide continual treatment services referenced in 3.2 Program Level of Care Type until the person is released from jail.

PART FIVE - PRE-SENTENCE REENTRY COORDINATOR SERVICES

Article 1

Purpose & Target Population

1.1 Purpose. In July 2019, the Office of Behavioral Health (OBH) 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.

- a. These positions will 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 interventions by behavioral treatment staff.
- b. These positions are responsible for facilitating communication and collaboration between judicial and behavioral health systems.

To be completed by Mayor’s Legislative Team:

1.2 Target Population. Adults 18 years of age and older, that are residing in the jail awaiting sentencing and are identified to be a high jail utilizer.

Article 2
Activities & Services

2.1 JBBS Pre-sentence Reentry Coordinator Services. The Contractor shall refer individuals to behavioral health services, once 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 Contractor shall provide:

- a. Behavioral Health Screening: The Contractor shall coordinate with the existing jail screening processes, to identify the population that will have a shorter length of stay within the jail and 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 Contractor 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 Contractor shall provide a brief intake to assess immediate behavioral health needs within 48 hours. The Office of Behavioral Health recommends utilizing the SOA-R to assess for needs. SOA-R training is offered periodically through the Colorado Division of Criminal Justice. <https://www.colorado.gov/pacific/dcj/training-6>
- d. Open Referral Process. The Contractor 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 (LPC, LAC, LCSW) and/or certified (CAC II, CAC III) 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. The Contractor shall offer brief intervention and/or therapy to inmates as necessary. Refer to the following links for appropriate treatment models:
<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>
<https://www.samhsa.gov/ebp-resource-center>
- f. Coordinate Referral Information. The Contractor shall coordinate with community entities as applicable (i.e., pre-trial, probation, community corrections, therapeutic communities, regarding referral information), to ensure the supervision entities are made aware of the individual's assessed needs and scheduled appointments. This position will also partner with Bridges Court Liaisons and Forensic Navigators, if applicable, to identify the competency population and link individuals to the necessary programming and services.

2.2 Additional JBBS Pre-sentence Reentry Coordinator Services. The Contractor is encouraged to offer the following services:

- a. Create an individualized transition plan with individuals for the purpose of linking them to community resources upon release. A physical copy of the detailed release plan will be shared with each inmate prior to release. Included with the release plan will be applicable referral contact information (i.e. name of referral organization, organization contract phone number, appointment date and time, identifying a positive family or social support that can assist the individual in making sure they follow the transition plan).
- b. Make referrals to Medication-Assisted Treatment (MAT) services if possible while in jail, if not, connect them with Opiate Treatment Providers for resources in the community immediately upon release.
- c. Seek partnerships with the Regional Accountable Entity to ensure referrals are made in a timely manner with the community treatment providers

To be completed by Mayor's Legislative Team:

2.3 Data Accessibility. The Pre-Sentence Reentry Coordinator position shall receive training on, and be able to utilize the data in the Jail Management System (JMS). The purpose of the JMS access is to target the high jail utilizers.

Was this contractor selected by competitive process? N/A - revenue

If not, why not?

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

Source of funds: State of Colorado

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
Mile High Behavioral Healthcare
Denver Health

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: BR20 0759

Date Entered: _____