

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

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

Date of Request: 05/26/2023

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 SHERF-202262959 with State of Colorado Behavioral Health Administration for State FY 2024 that adds \$1,410,000 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.

### 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: Jessica Patterson	Name: Dr. Nikki Johnson
Email: <a href="mailto:Jessica.patterson@denvergov.org">Jessica.patterson@denvergov.org</a>	Email: <a href="mailto:Nikki.Johnson2@denvergov.org">Nikki.Johnson2@denvergov.org</a>

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

The purpose of this amendment is to modify the following exhibits with the most current versions for FY24; Exhibit A-Statement of Work, Exhibit B-Budget, Exhibit E-Supplemental Provisions for Federal Awards and Exhibit F-SLFRF Subrecipient Provisions. The updates reflect the contract extension and renewal with modifications to the annual budget and reporting requirements.

The amendment covers the Jail-based Behavioral Health Services (JBBS) contracts between the Denver Sheriff Department and the Colorado Dept of Human Services, Behavioral Health Administration. 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.

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

McKenzie Brandon

### 7. City Council District:

City-wide

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

## 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/ 202368244-03;

**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; 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>
(A)	(B)	(A+B)
\$1,316,842.76	\$1,410,000.00	\$2,726,842.76

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

**Scope of work:**

### PART ONE - GENERAL PROVISIONS

#### Article 1 General Administration

- 1.1** Overall Goal. The overall goal of the JBBS program is to work towards improving the health outcomes of the individuals served.
- 1.2** 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 BHA) shall enter into subcontracts with its catchment county Sheriff's Departments. BHA reserves the right to change the fiscal agent as necessary. Subcontracts entered into under this provision shall adhere to the requirements of Exhibit C, Miscellaneous Provisions, Section II.
- 1.3** Program Administrator. The Contractor shall select a JBBS Program Administrator, identify the positions' roles, responsibilities and authority, and develop a management plan that supports the JBBS Program Coordination Group.

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Any changes to the Program Administrator's contact information shall be communicated via email to the Behavioral Health Administration within one business day of change to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us)

- a. BHA prefers that a staff person from the Sheriff's Department assume the role of Program Administrator. The Program Administrator shall be well versed in the JBBS Program, including contractual requirements. The Program Administrator shall also attend JBBS Quarterly Meetings, and shall oversee the JBBS Program and its operations. The Program Administrator must also notify JBBS Program Manager(s) to any change in personnel. The Sheriff's Department is encouraged to account for this administrative position in their budget.

**1.4 JBBS Program Coordination Group.** The Contractor shall develop a process for implementing a Program Coordination Group within the facility, 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. In addition to monthly check-ins, the JBBS Program Manager(s) will be available to attend periodic Program Coordination Group meetings for technical assistance, contract management, and support based on agency needs. BHA reserves the right to record JBBS meetings as necessary. The Program Coordination Group shall:

- a. Oversee program implementation.
- b. Make training recommendations.
- c. Measure the program's progress toward achieving stated goals, using data provided by BHA program manager(s) to guide work.
  - ensure program effectiveness and performance is measured by specific client-centered health outcomes and reflected in the data collected.
- 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's Department representative from each county is required to participate in the JBBS Program Coordination Group.
- h. Ensure the needs of all the jails in the catchment are being met by the resources and subcontracted service providers.

**1.5 Subcontractors.** The JBBS Program requires a subcontract, or an MOU be in place for any and all subcontractors. See Exhibit C, Miscellaneous Provisions, Section II for requirements regarding the use of subcontractors.

**1.6 Audits.** As a participant in the JBBS program, participation in regular audits will be required. Clinical and financial documentation shall be made available for onsite or virtual review by the Behavioral Health Administration, in addition the location(s) where treatment services are being provided.

**1.6** The Contractor may serve individuals who are awaiting Medicaid approval or other funds to pay for initial treatment services.

**1.7** 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.

**1.8 Recovery Support Services.** SAMHSA (Substance Abuse and Mental Health Services Administration) encourages those involved in substance abuse and / or mental health treatment, to address their emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social needs. JBBS programs may provide recovery support services for wraparound resources including, but not limited to, clothes, transportation, food, emergency housing/motel vouchers, or basic hygiene purchases that will assist in stabilizing the individual in the community.

**1.9** The Contractor shall maintain support relationships with all points in the criminal justice system, i.e., probation, parole, diversion, Department of Corrections, etc. to ensure continuity of care.

**1.10 Cultural Competency.** The 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>

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

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## **1.12 Medication Consistency (C.R.S. 27-70-103)**

- a.** For the sole purpose of ensuring medication consistency for persons with mental health disorders involved in the criminal justice system, for individuals participating in the JBBS program, Contractor shall share patient-specific mental health and treatment information with all subcontractors, clinicians, and providers involved in the individual's plan of care.
- b.** All such information sharing must comply with confidentiality requirements, including any necessary memorandums of understanding between providers, set for in the federal "Health Insurance Portability and Accountability Act of 1996", 45 CFR Parts 2, 160, 162, and 164.
- c.** Contractor is encouraged, though not required, to participate in the Minnesota Multistate Contracting Alliance for Pharmacy Cooperative Purchasing Agreement to purchase medication and to utilize the Medication Consistency formulary developed by CDHS and HCPF.
- d.** If Contractor does not utilize the Medication Consistency formulary developed by CDHS and HCPF, Contractor shall provide a copy of the medication formulary available at Contractor's jail. A copy of the CDHS and HCPF formulary is available on the CDHS Website.
- e.** Contractor shall not bill inmates for appointments or medications otherwise covered by JBBS. See Exhibit B, Budget and Rate Schedule for a list of covered meds.

## 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 BHA, 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. Invoices will be submitted to [cdhs\\_BHApayment@state.co.us](mailto:cdhs_BHApayment@state.co.us) by the 20th of the following month.

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- 3.3** Procurement Card. BHA recommends, although does not require, counties to consider the use of a procurement card to be used for expenses related to the JBBS program. Contractor shall follow its county's internal guidance and policies for use of procurement cards.
- 3.4** Proportional Reduction of Funds. The Behavioral Health Administration has the unilateral authority to proportionately reduce the contract budget amount to match current spending rates. If the Sheriff's Department has not spent 40% of the contract budgeted amount by November 30th, the Behavioral Health Administration may proportionately reduce the contract budget amount to match current spending rates. If the Sheriff's Department has not spent 65% of the contract budgeted amount by February 28th, the Behavioral Health Administration may again proportionately reduce the contract budget amount to match current spending rates.
- 3.5** Fiscal Agent County Responsibilities. Where a county is acting as a fiscal agent for other counties, the fiscal agent county shall pay invoices received by the catchment counties within 45 days of receipt.
- 3.6** 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**

- 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 Behavioral Health Administration (BHA) 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 community provider(s)/individuals that are licensed (LAC, LPC, LCSW, CAS), 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.

### **Article 2 Activities and Services**

#### **2.1. 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.** 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 (see page 11; Article 2, 2.1), subject to approval by BHA, to screen for mental health disorders, substance use disorders, trauma, traumatic brain injuries and suicidality.
- 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.** If an individual's treatment will be provided by more than one treatment provider, describe how services are distributed between providers.

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- iv. Incorporation of criminogenic risk factors in service and transitional case planning as determined from the Level of Supervision Inventory (LSI) for individuals who are enrolled and participating in JBBS for at least 30 days.
- v. The individual's natural communities, family support, 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.

## 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. Treatment for assessed substance abuse and co-occurring disorders.
  - d. 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.

## Article 4 Data Reporting

- 4.1** 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 another 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. For individuals in jail more than 30 days and who are admitted to the JBBS program, it is recommended that a Level of Supervision Inventory (LSI/LSI-R) risk assessment be completed.
  - d. The type and dosage of medications provided for Medication Assisted Treatment (MAT). Please see Exhibit B for allowable medications.
  - e. Number of individuals who successfully transition to community-based services upon release.
  - f. 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 issues.
- 4.3** Contractor is required to notify BHA of any staffing changes within 48 hours, as this individual's Database access will need to be removed.

## Article 5 Performance Measures

### 5.1 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. Contractor shall make reasonable efforts to contact all JBBS individuals who are successfully discharged from the program and released to the

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community at one, two, six- and 12-months post release. The individual's treatment status shall be recorded in the CiviCore 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 the Contractor'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 included in the recidivism analysis.
  - ii. "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.
  - iii. 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.

## Article 6 Deliverables

1.1 For Deliverables under this section, please see Part 8 - JBBS Program Deliverables

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

### Article 1

#### Purpose & Target Population

- 1.1 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.

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 February 2022, there are JBBS programs in 47 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 was allocated 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 request these funds. 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.

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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.** 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 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.

## Article 2 Activities & Services

- 2.1 Services.** It is best practice that all jails should be utilizing evidence-based screening tool(s) and practices to screen for any potential mental health and/or substance use disorders and withdrawal, as well as suicide risk.

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.** Upon identification of an individual who may be a candidate for JBBS services, a referral by jail staff should be made to a JBBS clinician within 48 hours, or, when the individual is medically cleared to be screened, via the appropriate channels (e.g. inmate kite, email).
  - c.** Assess all individuals booked into the jail facility for psychiatric medication needs by requesting and reviewing medical and prescription history.
  - d.** Have access to psychiatric medications, as defined by the medication formulary established pursuant to section 27-70-103 or by their contracted medical provider.
  - e.** 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.
- 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. BHA 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 BHA Program Manager and Fiscal Staff, to be organized by BHA 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. This includes the JBBS Learning Community, JBBS Round Table, and the JBBS Quarterly Workgroup.
- 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/individual must be licensed and in good standing with the Department of Regulatory Agencies (DORA). The subcontracted mental health treatment

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provider(s) must adhere to all rules and regulations set forth by their license and are prohibited from practicing outside their scope of training.

#### Article 4 Deliverables

**4.1** For Deliverables under this section, please see Part 8 - JBBS Program Deliverables

### 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.

In July of 2022, the JBBS program (including Competency Enhancement Programs) moved to the Behavioral Health Administration (BHA). Because the Office of Civil and Forensic Mental Health (OCFMH) serves as a central organizing structure and responsible entity for the provision of competency restoration education services and coordination of competency restoration services ordered by the court, it was agreed that the JBBS-CEP program should return to the OCFMH.

- a. The jail competency enhancement funding is used to provide interim mental health 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 a CDHS designated inpatient restoration site.
- c. Coordination of services with the Forensic Support Team (FST) and, if assigned, 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 an in-custody competency evaluation, awaiting inpatient competency restoration services, are suspected of becoming incompetent to proceed while in jail, or are returning from a CDHS designated inpatient restoration site after receiving restoration services, and who 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 of the following ways:

- a. When a client has been ordered by the court to be evaluated for competency, found incompetent to proceed (ITP), and/or when inpatient restoration has been ordered.
- b. Upon return from a CDHS designated inpatient restoration site.
- 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.
- d. Priority should be given to individuals who have been found incompetent to proceed and are awaiting admission to the state hospital. Priority should also include individuals who are awaiting a competency evaluation and are highly acute and/or in crisis.

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**2.2 Court Ordered Treatment Level of Care Type.** Taking into consideration the court- ordered competency evaluation, current clinical presentation, any assessment or evaluation, and placement of an individual within the jail, treatment services and contact standards should be based on the following three categories:

**a. High Clinical Acuity:**

- i. Non-compliant with medication, may require the use of forced medications.
- ii. Meets 27-65 criteria (i.e., threats or attempts at suicide or seriously bodily harm to self; homicidal or violent acts, attempts, or threats towards others; incapable of making informed decisions or providing for own essential needs without supervision placing themselves at risk for substantial bodily harm, aka gravely disabled)
- iii. Placed in a special management unit due to significant medical or behavioral health concerns.
- iv. Significant behavioral concerns including verbal and physical threats or need for physical restraint or other involuntary control methods.
  1. Unable or unwilling to perform activities of daily living (i.e., catatonic, immobile, consistently not eating/drinking/bathing)
  2. Significant risk behavior (unsafe behaviors, such as those listed above, of any type more than 50% of the time)
  3. Client has little or no insight into risks
  4. Client with significant/severe cognitive or emotional problems that could be barriers to safer behavior
  5. Client who has no understanding of or control of behavior

These individuals are in need of immediate coordination of transfer to a CDHS designated inpatient restoration site or consideration for an alternative means of crisis intervention.

They should have daily contact and access to crisis intervention and stabilization services. The Contractor will work with the FST Program Coordinator to appropriately triage admission or alternative intervention.

**b. Moderate Clinical Acuity:**

- i. Increased or decreased behaviors from either low acuity or high acuity units and/or monitoring
- ii. Generally compliant with psychotropic medication and jail based behavioral health or other resources (under some circumstances may be non-compliant with medications, actively experiencing symptoms of a mental health disorder, but not posing a significant or immediate risk of danger to self or others)
- iii. Housing in the general population or transitioning from a special management unit
- iv. In general population with psychotropic medication compliance decreasing to less than 80% of the time
- v. Temporary medical conditions
- vi. Increased ability or willingness to perform activities of daily living from the previous baseline
- vii. Moderate risk behavior (unsafe behaviors of any type more than 20-50% of the time)
  1. Client has a poor understanding of risks
  2. Client has mild/moderate cognitive or emotional problems that could be a barrier to safer behavior

These individuals should have daily contact with the jail medical and/or mental health team. Efforts shall be made to assist in the stabilization of these individuals through clinically indicated regular and frequent contact with mental health clinicians. If clinically appropriate, these individuals should be assessed for and offered treatment services.

These treatment services should include, but are not limited to, groups, individuals, medication management, crisis intervention, and / or MAT.

**c. Low Clinical Acuity:**

- i. Consistently taking psychotropic medication on their own accord (at least 80% of the time)
- ii. Ability to and willingness to perform activities of daily living.
- iii. Placed in the general population or general supervision cell (this may include individuals with cognitive disorders as opposed to severe mental illness)
- iv. Actively engaging in jail based behavioral health or other resources.
- v. Occasional risk behavior (client has a fair understanding of risks - unsafe behaviors of any type less than 20% of the time)

These individuals should have daily contact with the medical and/or mental health services team. Efforts shall be made to assist in the stabilization of these individuals through clinically indicated regular and frequent contact with mental health clinicians. If clinically appropriate, these individuals should be assessed for and offered treatment services. These services include, but are not limited to,

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groups, individuals, medication management, crisis intervention, and / or MAT. Based on clinical acuity, this population may be better suited for outpatient restoration. Competency enhancement program (CEP) should work with and/or refer these individuals to the Forensic Navigator for potential community transition planning. Contractor shall coordinate services with the assigned Forensic Navigator(s).

**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 services include, but are not limited to, groups, individuals, medication management, crisis intervention, and / or MAT. These provisional services are an attempt to 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 for additional treatment services based upon the results of the screens. The Contractor shall employ evidence-based curricula, addressing the following areas listed below. All tools are subject to approval by the Behavioral Health Administration (BHA) or Office of Civil and Forensic Mental Health (OCFMH):

- i. Substance Use Disorders
- ii. Mental Health Disorders
- 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. Further assessment details shall be shared with the assigned Forensic Navigator(s), informing the Navigators when individuals are placed on or taken off safety protocols.

**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. A jail mental health evaluation shall identify treatment needs while the individual is awaiting court proceedings or a CDHS designated inpatient restoration site bed. Mental Health Evaluations shall be shared with the assigned Forensic Navigator(s).

**2.5 Transition Plan.** The Contractor and assigned Forensic Navigator(s) shall work to ensure that a transition plan is developed with an individual upon transition to a OFCFMH designated inpatient restoration facility. The transition plan and report shall outline the following:

- a. Mental health diagnosis
- b. Level of Care type (if applicable)
- c. Current mental health presentation: Symptoms  
Medication adherence Behaviors Suicidal/homicidal ideations
- d. Prescribed psychotropic medications
- e. Any identifiable cognitive impairment(s)
- f. Treatment services received in jail
- g. Copy of the initial plan of care
- h. Placement within the jail
- i. Information related to community transition plans including emergency contacts and any pending community referrals
- j. Any known medical conditions

**2.6 Discharge Plan.** Upon the individual’s return from an CDHS designated inpatient restoration site, the Contractor shall save a copy of the individual’s discharge plan within the same day that individual returns. Once a copy is received, the Contractor shall ensure follow-up care is provided, according to that plan, within 24 hours upon return, as well as provide continual treatment services until the person is released from jail. The Contractor should make every attempt to continue the individuals on the prescribed course of treatment to include prescribed medications. Medications should not be altered solely based on cost or philosophy. Treatment courses should only be changed if medically or clinically indicated.

**2.7 Outpatient Restoration Plan.** When the Contractor becomes aware that a client’s competency and/or clinical status has improved (due to jail based behavioral health services, sobriety, or medication management), the Contractor shall work in collaboration with the Forensic Navigator to identify community supports and/or existing protective factors that would aid in a community transition/re-entry.

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- 2.8 Information Sharing.** The Contractor is expected to provide regular and frequent updates to the assigned Forensic Navigator(s). These updates should include clinical presentation, housing placement within the jail, medication compliance and adherence, assessment and evaluation information, information related to transition planning, medical condition information, disciplinary/conduct information, and attempted interventions to address unmanaged symptoms.
- 2.9 Critical Incidents.** The Contractor shall report any critical incidents to the assigned Forensic Navigator(s) via email or telephone immediately and no more than 24 hours after the event. Critical incidents include but are not limited to: death, suicide attempt, suicide completion, escape, injury to self or others, assault on staff, sexual assault, and significant medical emergency resulting in hospitalization.
- 2.10 Staff Coverage.** The Contractor will ensure that appropriate staff coverage is available (back up clinicians, etc.) in order to cover unplanned absences or leave.
- 2.11 Pre-Restoration Education.** The contractor will work with the FST to identify individuals who may be eligible for pre-restoration education. Pre-restoration education will be reserved for individuals who have been found incompetent to proceed, are awaiting admission to inpatient competency restoration, are deemed by the FST and JBBS as having moderate to low clinical acuity, are involved and engaged in jail-based treatment, and have barriers to bond.

## PART FIVE - PRE-SENTENCE REENTRY COORDINATOR SERVICES

### Article 1

#### Purpose & Target Population

- 1.1 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.
- 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.
- 1.2 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.

### Article 2 Activities & Services

- 2.1 JBBS Pre-Sentence Reentry Coordinator Services.** The Contractor 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 Contractor shall provide:
- a. Behavioral Health Screening:** The Contractor 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 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. BHA recommends using the Risk Need Responsivity Model [https://tools.gmuace.org/files/RNR\\_Practitioner\\_Pub\\_FINAL\\_2.12.13.pdf](https://tools.gmuace.org/files/RNR_Practitioner_Pub_FINAL_2.12.13.pdf)
  - 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 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.** The Contractor shall offer brief intervention and/or therapy to inmates as necessary.
  - f. Coordinate Referral Information.** The Contractor 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. This position will also partner with

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Bridges Court Liaisons and Forensic Navigators, if applicable, to identify the competency population and link individuals to the necessary programming and services.

## 2.2 Service Provision

- a. A list of high jail utilizers should be run every five to seven days. Based on this list, review those who wouldn't qualify for pre-sentence reentry coordination services. This could include Department of Corrections holds, out of county warrants, high profile murder charges.
  - b. Once that list is reviewed, the PSC should meet with those individuals to identify their needs. We suggest using the Risk-Need Responsivity Simulation Tool.  
[https://tools.gmuace.org/files/RNR\\_Practitioner\\_Pub\\_FINAL\\_2.12.13.pdf](https://tools.gmuace.org/files/RNR_Practitioner_Pub_FINAL_2.12.13.pdf)
  - c. Based on the information gathered through this tool (and other information where applicable), the PSC should be creating a discharge packet that goes into the inmates property that should be given to them 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 an individual will be fully engaging in JBBS services, additional screens for Mental Health, Substance Use Disorder, Trauma and TBI should be completed.
  - f. If the inmate wants their discharge plan shared with any of the referral community agencies, they will need to sign an ROI. If they don't want it shared, there is no need for an ROI.
  - g. If an individual is sentenced, it is expected that the PSC 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.
  - h. Seek partnerships with the Regional Accountable Entity (RAE) to ensure referrals are made in a timely manner with community treatment providers.
- 2.3 Data Accessibility. The Pre-Sentence Reentry Coordinator position shall be given access to, 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.
- 2.4 Data Entry. All discharge plans/notes are entered under the services tab as "Community Resources and Access". Any additional follow up should be entered under the services tab utilizing the drop down option that most closely represents what you're working with them on.

## Article 3 Deliverables

**3.1** For Deliverables under this section, please see Part 8 - JBBS Program Deliverables

## PART SIX - JAIL MEDICATION ASSISTED TREATMENT

### Article 1

#### Purpose & Target Population

- 1.1** 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/Carfentanyl 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.
- 1.2** Target Population. 18 years of age and older, residing in county jail(s), SB 19-008 enacts policies related to the involvement of persons with substance use disorders in the criminal justice system.

#### Article 2 Activities & Services

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- 2.1** Provision of Medication-Assisted Treatment. Contractor 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 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 Contractor 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 BHA/JBBS Program Manager, before MAT services are provided. See Part Eight, Article 1.5 for more details on how this needs to be submitted.
- b. Identify program appropriate individuals via screening.
- c. Link persons with SUD 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).

- 2.2** 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. For a full list of allowable medications, please see the “medications” section in Exhibit B-3

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

## Article 3 Standards and Requirements

### 3.1 Program Policies and Plans.

- a. Contractor shall adhere to the policy or plan for its jail submitted to satisfy the deliverable described in Part Eight, Article 1.5.
- b. A Sheriff who is the custodian of a county jail or city and county jail may enter into agreements with community agencies, behavioral health organizations, and substance use disorder treatment organizations to assist in the development and administration of medication-assisted treatment in the jail.

### 3.2 License Requirements.

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- a. Providers licensed as an opioid medication assisted treatment (OMAT) program shall adhere to 2 CCR 502-1 Behavioral Health Rules regarding 21.320: Opioid Medication Assisted Treatment (OMAT).
- b. Providers handling controlled substances 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.

**3.3** Level of Program/Care. OMAT provider facilities shall meet ASAM Level 1 Outpatient Treatment or 2.1 Intensive Outpatient level of care.

#### Article 4 Deliverables

**4.1** For Deliverables under this section, please see Part 8 - JBBS Program Deliverables

### PART SEVEN - JBBS TECHNICAL ASSISTANCE (HB 22-1326)

#### Article 1

##### Purpose & Target Population

- 1.1** Purpose. For those county jails who choose to accept SLFRF funds as it pertains to HB22-1326, the State of Colorado, Behavioral Health Administration (BHA) in cooperation with JBBS (Jail Based Behavioral Health Services) program, will assist county jails in meeting the requirements set forth by this legislation as it pertains to Medication Assisted Treatment (MAT) technical assistance provided to jails. County jails may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.
- This technical assistance is a menu of options for different technical assistance elements needed for jails including but not limited to: consulting related to staffing necessary to provide MAT services, including jail operations staff, medical staff, and behavioral health staff. This technical assistance should also include options as to what services are available to offenders upon their release from custody.

Those who will be assisted by the technical assistance are local county detention facilities (jails) throughout the state of Colorado. The state of Colorado has 64 counties, however, not all 64 counties have jails. The JBBS program is currently being offered in 49 county jails. Jail population sizes vary by county, with the largest populations being housed in the seven county Denver metro area jails.

- 1.2** Target Population. Colorado County Jails participating in the Jail Based Behavioral Health Services program with the Behavioral Health Administration annually contracting with the state of Colorado to receive these funds for the provision of jail based behavioral health services have access to these funds through their contracts.

#### Article 2 Definitions and Acronyms

Behavioral Health Administration (BHA) represents one of Colorado's many steps towards strategic investments in improving the behavioral health system. The BHA is a new cabinet member-led agency, housed within the Department of Human Services, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.

Drug Enforcement Agency (DEA) enforces the controlled substances laws and regulations of the United States and brings to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

Jail Based Behavioral Health Services (JBBS) The Jail Based Behavioral Health Services (JBBS) Program has been operational since October 2011 with funding from the Correctional Treatment Cash Fund pursuant to C.R.S.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.

Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.

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- 3.1** Expanded Provision of Medication-Assisted Treatment Through Technical Assistance. Contractors engaging JBBS funding shall access technical assistance to expand access to care for persons who are incarcerated with substance use disorder (SUD) through the following activities:
- a.** Contractor shall utilize technical assistance for the Development and Implementation of Medication-Assisted Treatment (MAT)
  - b.** Contractor shall hire technical assistance (“TA”) providers to support MAT programs in their facility to address:
    - i. Medication availability within the community.
    - ii. Identifying bulk purchasing options for MAT related services.
    - iii. DEA licensing services.
    - iv. Temporary or Permanent staffing services for positions related to the implementation of MAT services. These could be either sworn and civilian positions.
    - v. Training services for jail staff as it relates to MAT.
    - vi. Consultation services for jail staff and community providers as it relates to MAT.
    - vii. Advertising, Marketing or Public Relations services regarding MAT services.
    - viii. Human Services collaboration as it pertains to Medicaid enrollment prior to release from custody.
    - ix. Translation services when needed as it pertains to MAT.
    - x. Delivery of MAT medications.
    - xi. Community re-entry services for offender transition
  - c.** Contractor shall provide a work plan outlining the jail’s intended use for the TA funding no later than 30 days from the date this amendment is executed.
  - d.** Contractor shall submit a policy of the Jail’s MAT protocols and procedures for the facility outlining the services and medications offered no later than 30 days from the date this amendment is executed to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us). A copy of this policy will be provided to BHA before MAT services are provided. The policies will also include guidelines for nonmedical evaluations, including timelines for performing a subsequent medical evaluation.
  - e.** Contractor shall provide appropriate and best-practice withdrawal management care to incarcerated individuals as necessary
  - f.** Contractor shall develop community partnerships with necessary providers to link persons with SUD with an approved community-based clinical care provider.
  - g.** Contractor shall provide patient education surrounding SUD/MAT/ODU and the types of treatment available in their community.
- 3.2** Allowable Expenses. The following are allowable expenses in the provision of the services above specific to this Part, reimbursable in accordance with the BHA-approved rate schedule.
- a.** Purchase technical assistance services identified in 3.1(b) above.
  - b.** Provide staff development and training regarding Medication-Assisted Treatment, Substance Use Disorder, and Opioid Use Disorder to fulfill requirements of HB 22-1326.
  - c.** Fee for service agreements with contractors for treatment, medical staff, and medications.
  - d.** Required medications, handled subject to Controlled Substance / Medication Assisted Treatment licensing requirements, including medications for overdose reversal such as Naloxone.
  - e.** Jail payroll expenses for interventions, medical staff, and medications.

## PART EIGHT - JBBS PROGRAM DELIVERABLES

### Article 1

#### **1.1** Deliverables for All JBBS Programs

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- a. JBBS Work Plan. Using the JBBS Statement of Work, the Contractor is required to design a work plan based on the five criteria listed below. The Annual Work Plan should specify the following information for each service in which the Contractor will participate in. See JBBS Work Plan Template at the end of this document.
- b. Annual Report. The Contractor shall submit to the State the previous year's Annual Report by EOB July 31, utilizing the JBBS Reporting Template provided by BHA. The Contractor shall submit this report via email to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us)
- c. JBBS Database Reporting.
  - i. The Contractor or designated subcontractor shall complete all applicable data fields in the JBBS (Civicore) Database using the following URL: <https://fw.civicore.com/jbbhs> or another data system as prescribed by BHA. All data entry shall be updated on an ongoing basis, and must reflect current individual enrollment and services provided by the 15th of each month following the month when the service was provided.
  - ii. Data Entry shall include:
    - a. Basic individual demographic and working diagnosis information.
    - b. Booking date (date that the individual was booked into jail).
    - c. Screening date and results (Mental Health, Substance Use, Traumatic Brain Injury, Trauma, and Suicidality) for all individuals who screen "positive" for a mental health disorder or substance use disorder.
    - d. Admission date (date that individual began receiving JBBS services).
    - e. If applicable, results of Level of Supervision Inventory (LSI/LSI-R) risk assessment (recommended for individuals admitted to the JBBS program who are in jail more than 30 days).
    - f. Individual-level services provided (date of service, type of service, duration of service, and any additional applicable 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).
    - g. Date, duration, and participants who attended for treatment or case management group sessions.
    - h. 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.
    - i. Date tracked and treatment status in the community, tracked at month 1, month 2, month 6, and month 12 after discharge.
    - j. The Contractor or Contractor's designated subcontractor shall complete Drug Alcohol Coordinated Data System (DACODS), Colorado Client Assessment Records (CCAR), and Encounters - or other BHA prescribed data system records, according to the following schedule:
      - a. Encounters are due by the last business day of each month for all services provided during the previous month.
      - b. CCARs are due by the last business day of the month following the admission, annual update, or discharge of a client.
      - c. DACODS are due by the 15th of the following month for admissions into, and discharges from, JBBS services. See the latest version of the Finance & Data Protocol Protocol #1 Special Studies Codes and Eligibility for more details.
- d. Workgroup Attendance. BHA facilitates JBBS Program Meetings every other month. The Contractor shall ensure that a representative from each jail participates in the meetings. The representative(s) who attends the meetings shall be responsible for relaying the information discussed during the meetings to the rest of the Contractor's program organizational structure.
- e. Critical Incidents. The Contractor shall ensure any critical incident involving a JBBS client that occurs within the jail, is documented and shared with the Behavioral Health Administration via an encrypted email to [cdhs\\_ci\\_bha@state.co.us](mailto:cdhs_ci_bha@state.co.us), within 24 hours of the time the incident occurs. It is recommended that the Contractor include this reporting requirement in all subcontractor agreements. The documentation should include the following:
  - i. Date and time of incident.
  - ii. Location of the incident.
  - iii. The nature of the incident.
  - iv. How the incident was resolved.

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- v. Name[s] of staff present.
- vi. Whether the incident resulted in any physical harm to the participant or any staff.
- f. Copy of Proposed Subcontract. The Contractor shall provide to BHA a copy of any proposed subcontract between the Contractor and any potential provider of services to fulfill any requirements of this Contract, to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us) within 30 days of subcontract execution. The subcontract will be evaluated to ensure it is in compliance with the maximum rates established in the Annual Budget document provided by BHA.
- g. Site Visits. The JBBS Program Manager(s) may conduct site visits for the purpose of providing technical assistance support and quality assurance monitoring of the program on a periodic/as needed basis.
- h. Monthly Contract Monitoring Tool. The Contractor shall submit a completed contract monitoring tool to their assigned JBBS program manager no later than the 20th of the month with the prior months information. JBBS program managers will update this internally.
- i. Plan of Action. Contractors who do not meet the deliverables above, or any additional deliverables listed below, for which they have been provided funding, shall be asked to submit a plan of action to improve program performance for the current or next fiscal year.
- j. Monthly BHA Invoice. Invoices will be submitted to [cdhs\\_bhpayment@state.co.us](mailto:cdhs_bhpayment@state.co.us) by the 20th of the following month. Only one month's expenses are allowed per invoice. Supporting documentation will only be required in the event of an audit, but these records should be maintained by the Contractor.
- k. Spending Projection Plan. If a contractor is underspent by greater than 40% of their budget by mid fiscal year (Nov 30), Contractor shall submit a spending projection plan. Failure to submit the spending plan and failure to effectively utilize funding could result in reduction in the current year budget.
- l. Behavioral Health Screenings:
  - i. Individuals involved in the JBBS program are required to complete an evidence based behavioral health screen for each of the following five categories: Substance Use Disorder, Mental Health, Suicide, Trauma and Traumatic Brain Injury. This information should be used to formulate a comprehensive treatment plan to include appropriate referrals.
  - ii. For individuals who are admitted to the JBBS program and are in custody more than 30 days, it is *recommended* that a Level of Supervision Inventory (LSI/LSI-R) risk assessment be completed.

## **1.2 Additional Deliverables Related to Pre-Sentence Reentry Coordinator Services**

- a. Data Entry. The Contractor or designated subcontractor shall complete all applicable data fields in the JBBS (Civcore) Database or another data system as prescribed by BHA. All data entry shall be updated on an ongoing basis, and must reflect current individual enrollment and services provided by the 15th of each month following the month when the service was provided. In addition to the data reporting requirements outlined in Part 8, Article 1, Section 1.1, Subsection c, above, the following additional data related to Pre-Sentence Reentry shall be collected:
  - i. Whether the individual is pre-sentence at time of admission (checkbox in JBBS (CiviCore) Database.

## **1.3 Additional Deliverables Related to Jail Medication-Assisted Treatment**

- a. Organizational Structure. All Contractors participating in JBBS shall determine and provide an organizational structure designed to facilitate and promote effective MAT program administration. Describe the use of evidence based best practices for coordination of care for identified inmates. This report is due via email to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us) by August 1 annually.
- b. Policies. Prior to MAT services being delivered, the Contractor shall provide BHA a written policy for their intended Jail MAT service delivery method, via email to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us). Contact JBBS Program Manager for additional information on creating MAT policies.
- c. Barrier Reports. If Contractor does not deliver any part of these deliverables, Contractor shall submit a report detailing the barrier(s) Contractor is experiencing that have prevented the service delivery. Describe the capacity or efforts needed to get the jail into compliance, including but not limited to withdrawal management, screening, and coordination of care for inmates identified for MAT. The report is due via email to [cdhs\\_jbbs@state.co.us](mailto:cdhs_jbbs@state.co.us) by August 1 annually.
- d. Work Plan and Budget Submission/Approval. In order to access MAT funds, Contractor must submit a work plan selecting an MAT tier and describing how the funds will be used. If Contractor's proposed budget exceeds the soft cap described in its tier (described in Part Six, article 3.5 above), Contractor shall provide an initial budget to the BHA JBBS Program Manager with Contractor submission of the work plan. BHA JBBS Program Manager will respond with an approval, a request for more information, or a rejection with cause. Budgets in excess of the proposed soft cap must be approved in advance in writing by the BHA JBBS Program Manager. Contractors with ongoing MAT programs must submit the workplan and budget by June 1 annually for the upcoming state fiscal year (beginning July 1). Contractors beginning new MAT programs must submit the workplan and budget prior to commencing services billed to this fund. Contractor work may not commence until the work plan and budget are approved by the BHA JBBS Program Manager.

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Resolution/Bill Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

- e. Data Entry. The Contractor or designated subcontractor shall complete all applicable data fields as outlined in Part 8, Article 1, Section 1.1, Subsection c, above. Data shall be entered in the JBBS (Civicore) Database or another data system as prescribed by BHA. All data entry shall be updated on an ongoing basis, and must reflect current individual enrollment and services provided by the 15th of each month following the month when the service was provided.

**1.4 Additional Deliverables Related to JBBS TECHNICAL ASSISTANCE (HB 22-1326)**

- a. Work Plan. Contractor shall provide a work plan outlining the jail's intended use for the TA funding for no later than 30 days from the date this amendment is executed. If jails decline the funding, a written explanation will be provided by 30 days from when this amendment is executed.

**1.5 MAT Reporting Metrics Related to JBBS TECHNICAL ASSISTANCE (HB 22-1326)**

- a. Number of Individuals Served - Number of unduplicated incarcerated individuals who have received MAT services (medication or service) under the JBBS umbrella. This metric will be reported quarterly effective July 1, 2023.
- b. Medication Compliance - Number of individuals who have engaged in Jail-MAT services under the JBBS umbrella, who have successfully transitioned to a provider for further treatment or ongoing evaluation for MAT services, including community-based or Department of Corrections settings. This metric will be reported quarterly effective July 1, 2023.
- c. A template will be provided to each participating jail and will be requested on a quarterly basis by JBBS Program Manager(s).

**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

**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

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*To be completed by Mayor's Legislative Team:*

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