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: 6/27/19 Please mark one: | Resolution Request |
|--|--|
| 1. Type of Request: | • |
| Contract/Grant Agreement | ement (IGA) Rezoning/Text Amendment |
| ☐ Dedication/Vacation ☐ Appropriation/Supplement | <u> </u> |
| Other: Revenue Contract | |
| | |
| 2. Title: (Start with <i>approves, amends, dedicates</i> , etc., include <u>nar</u> acceptance, contract execution, contract amendment, municipal | me of company or contractor and indicate the type of request: grant al code change, supplemental request, etc.) |
| Amend revenue contract with the State of Colorado Office of health and substance abuse treatment at the County Jail. | Behavioral Health for State FY 2020 to provide funding for mental |
| 3. Requesting Agency: | |
| SHERF – Denver Sheriff Department | |
| - | |
| 4. Contact Person: Contact person with knowledge of proposed | Contact person to present item at Mayor-Council and |
| ordinance/resolution | Council |
| Name: Carrie Stanley | Name: Carrie Stanley |
| Email: carrie.stanley@denvergov.org | Email: carrie.stanley@denvergov.org |
| understand and agree that the goal of the Jail Based Behavioral He | d co-occurring substance use and mental health disorders as well as ices while they are in jails. Through funds authorized by the |
| Jason Moore | |
| | |
| 7. City Council District: | |
| District 8 | |
| 8. **For all contracts, fill out and submit accompanying Key | Contract Terms worksheet** |
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| To be completed by M. | ayor's Legislative Team: |
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Resolution/Bill Number: BR19 0677

Revised 03/02/18

Date Entered: _____

Key Contract Terms

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

Vendor/Contractor Name:

State of Colorado Office of Behavioral Health

Contract control number:

Alfresco: 201627831 / Jaggaer SHERF-201950501

Location: County Jail

Is this a new contract? ☐ Yes ☒ No Is this an Amendment? ☒ Yes ☐ No If yes, how many? 03

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

Original: State FY 2017, 07/01/2016 - 06/30/2017

Amendment 01: State FY 2018, 07/01/2017 – 06/30/2018 Amendment 02: State FY 2019, 07/01/2018 – 06/30/2019

Amendment 03 (THIS ONE): State FY 2020, 07/01/2019 – 06/30/2020

Contract Amount (indicate existing amount, amended amount and new contract total): \$1,054,985.10

| Current Contract Amount | Additional Funds | Total Contract Amount |
|-------------------------|------------------|-----------------------|
| (A) | (B) | (A+B) |
| \$821,252 | \$260,176 | \$1,081,428 |
| Current Contract Term | Added Time | New Ending Date |

| Current Contract Term | Added Time | New Ending Date |
|-------------------------|------------|-----------------|
| 07/01/2016 - 06/30/2019 | 1 year | 06/30/2020 |

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

It is the intent of the Parties hereto to use and apply the Contractor's "proposals" to State requirements (as set forth in the original Contract Exhibit A, Statement of Work) as affirmative work requirements of the Contractor. In that regard, the Parties understand and agree that the following interpretations and applications to the Contract shall be made in applying the said State requirements and Contractor's Proposals as affirmative work requirements of the Contractor.

1. Informational statements and representations therein about the Contractor shall be interpreted as material representations of fact by the Contractor relied upon by the State in entering into the Contract.

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- 2. Goals and objectives statements therein shall be interpreted as being material contractual performance requirements, outcomes, measures, and contract deliverables of the Contractor.
- 3. Proposed "action/active verb" statements therein shall be interpreted as material contractual required duties of the Contractor.
- 4. Proposed budget and pricing statements/information therein for the proposed work shall be interpreted and applied as contractual not-to-exceed pricing and cost-reimbursement budget requirements and obligations.
- 5. Proposed time statements for accomplishing the proposed work therein shall be interpreted and applied as required contractual time performance standards.

Activities/Services

The Contractor shall submit an Annual Work Plan and budget via email for approval by the Offender Mental Health Services Program Manager by 5:00pm MST, April 1 each year, for the following state fiscal year contract period. No budget modifications may be submitted after May 1 each year. The Parties acknowledge that the Contractor has submitted to the State such Annual Work Plan for SFY18.

The work plan, once approved by OBH, shall be incorporated into this Contract by reference as work requirements of the Contractor supplemental to Contractor work requirements under the then current Contract Exhibit A, Statement of Work, as amended.

The Annual Work Plan shall specify the information in the following Sections IV.1 and IV.2.

Sheriff Office Requirements:

- 1.1. Determine and provide an organizational structure designed to facilitate and promote effective administration of the program. Contractor shall assign a staff person from the Sheriff's Department to the role of a Program Manager to oversee the operations of the treatment subcontractors and should be well versed in the program's contractual requirements and participate in the JBBS Quarterly Meetings.
- 1.2. Indicate the counties to be served and the Sheriff's Department contacts for each jail if there are multiple jails receiving services.
- 1.3. Describe the capacity or efforts to screen all individuals booked into the jail facility for mental health, suicidality and substance use histories and needs.
- 1.4. Provide culturally competent and appropriate services.
- 1.5. Describe the jail's ability to meet the needs of individuals who are physically challenged, deaf or hearing impaired, or blind.
- 1.6. Provide policies that reflect an ability to provide services in a manner that respects and protects client rights. This requirement includes providing the subcontractor with the required space to offer individual and group treatment services detailed under the Treatment Provision subsection.
- 1.7. Maintain support relationship with local probation departments.
- 1.8. Detail security protocol and reporting requirements expected from the subcontracted treatment provider. This includes determining the limits of confidentiality for information disclosed by individuals during the course of treatment as it applies to a jail setting and the safety of the jail.

Licensed Substance Use Disorder Treatment Requirements

- 2.1. Services must be rendered by OBH-licensed agencies. Describe the provider's OBH Substance Use Treatment Provider number for the agency location under which the JBBS program will operate.
- 2.2. Document existing policies and procedures on how the treatment provider manages and maintains clinical records for the clients served at the outpatient community location. The provider must follow the same protocols and policies for record management for services offered in the jail, as the program is being authorized to operate under the provider's OBH outpatient services license.
- 2.3. Describe the ability to provide treatment based on an individualized treatment and/or transition plan based on screening, clinical and risk (LSI-R) assessments completed for the client within the past six months. The treatment / transition plan should incorporate the client's natural communities and pro-social supports.

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2.4. Provide details on either available capacity for community based treatment through other funding streams to continue with the same provider in the community following release; or demonstrate an ability to interface with other agencies serving persons with substance use disorders or co-occurring mental illnesses, i.e., community mental health centers, substance use disorder treatment programs, service programs for Veterans and other community service agencies to meet the client's treatment needs.

Note: Treatment services in the community will not be funded by JBBS.

- 2.5. Describe the planning process to transition individuals from jail based services to appropriate behavioral health and other needed community services upon release from incarceration.
- 2.6. Describe the services to be provided by your program including:
- a) Additional Program Admission Criteria. 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) Screening process and screening tools to be utilized from the OBH approved screening tool options (see Data Reporting) to screen for mental health disorders, substance use disorders, trauma and traumatic brain injuries.
- c) Summary of the continuum of services offered.
- d) List of the modality of services and evidence based curricula utilized.
- e) Process of incorporating of criminogenic risk factors in service and transitional case planning as determined from the Level of Supervision Inventory- Revised
- f) Frequency and duration of services offered.
- g) Availability of services during the week and hours of operation.
- h) Breakdown of staff time (FTE) allocated to the program, credentials and general duties of each position. For example Case Manager BA level 0.5 FTE and clinician licensed or CAC III 1.0 FTE.
- i) In jails where more than one treatment subcontractor is providing services, describe how client caseloads are assigned amongst the providers. Programs in this scenario will require a Business Associates Agreement or a Confidentiality Agreement to share assessments and screening. Describe the plan for making these agreements.
- j) Describe the service array available within the community to program participants upon their release from jail, including behavioral health services. The work plan must detail existing programs available to the clients upon release at the provider's agency locations in the community. The agency's programs available should be able to take on clients who are awaiting Medicaid approval or other funds to pay for initial treatment services.
- k) Describe which Recovery Support Services (approved list is attached) are most needed in the catchment area and how the provider or Sheriff's Department will use a portion of their budget to meet these needs.

Data Reporting:

- I. Subcontracted treatment providers are continually required to report the following information in the OBH Jail Based Behavioral Health Services Civicore database. Data must reflect current client enrollment and services provided at the end of each calendar month to allow OBH staff to access data. The following data elements will be captured from the Civicore JBBS database:
- a) Basic demographic information
- b) Numbers of clients served
- c) The types and quantities of services delivered
- d) Number and percentage who successfully transition to community based services upon release
- e) Program discharge outcomes
- f) Prevalence data gathered from administering mental health, substance use disorder, risk assessment, trauma and traumatic brain injury screens

Contractor shall utilize one of the following screening tools from each of the five categories listed below for all individuals referred to JBBS.

| Substance Use Disorder Screening | Mental Health Disorder Screening | Trauma Screening | Traumatic Brain Injury Screening | Risk Assessment |
|---|--|---------------------|--|-----------------------------------|
| Standardized Offender Assessment-Revised | Colorado Criminal Justice Mental Health Screen – Adult | PTSD Checklist | HELPS Brain Injury Screening Tool | Level of Supervision Inventory |

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| Was this contractor selected by competitive process? N/A - revenue | If not, why not? | | |
|--|------------------|--|--|
| Has this contractor provided these services to the City before? X Yes \(\square \) No | | | |
| Source of funds: State of Colorado | | | |
| Is this contract subject to: \[\begin{array}{cccccccccccccccccccccccccccccccccccc | | | |
| WBE/MBE/DBE commitments (construction, design, Airport concession contracts): | | | |
| Who are the subcontractors to this contract? BI Incorporated The Empowerment Program Mile High Behavioral Healthcare | | | |
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