



Legislation Text

File #: 22-0200, Version: 1

Contract Request Template (Contracts; IGAs; Leases)

Date Submitted: 2/7/22

Requesting Agency: DDPHE
Division:

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Item Title & Description:

(Do not delete the following instructions)

*These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

A resolution approving a proposed First Amendatory Agreement between the City and County of Denver and Analytics and Insights Matter LLC to reduce stigma associated with seeking behavioral health services.

Amends a contract with Analytics and Insights Matter, LLC by adding \$250,000 for a new contract total of \$798,951 to incorporate an ARPA-funded comprehensive behavioral health needs assessment into existing stigma reduction programming contract scope, citywide. No change to contract duration (ENVHL-202261909). The last regularly scheduled Council meeting within the 30-day review period is on 4-11-22. The Committee approved filing this item at its meeting on 2-16-22.

Affected Council District(s) or citywide? Citywide

Contract Control Number: ENVHL-202261909

Vendor/Contractor Name (including any "DBA"): Analytics and Insights Matter, LLC

Type and Scope of services to be performed:

The scope of work is below, split by Anti-Stigma Campaign and Behavioral Health Needs Assessment

Stigma Campaign:

During the formative assessment phase, AIM will conduct a literature review, an assessment of similar projects, develop and conduct a survey of the population with stigma-scales, and conduct focus groups and interviews with relevant stakeholders to address a variety of stigma topics that may include, but are not limited to Social Distance, Willingness to Disclose, Discriminatory Intent, and Accessing Treatment & Health Care. During the message development phase, AIM will develop messaging for diverse and disparate audiences based on existing knowledge and formative assessment activities. During the campaign phase, AIM will implement the message dissemination portion of the project based on formative assessment findings and an approved Marketing Plan and Advertising Plan. During the evaluation phase, AIM will compile and analyze data to determine campaign awareness, understanding, and effectiveness. This will include a second dissemination of the survey with stigma scales to compare knowledge, attitudes and beliefs before and after the campaign.

Needs Assessment:

The needs assessment will include the following components:

1. **Review of the literature (prior strategic plans, studies, and prior needs assessments)** conducted within the last three to five years on mental health and substance use disorder pertinent to the City and County of Denver.
2. **Review of demographics and populations** at risk or impacted by mental health and substance use disorders, including the population size and level of care needed if available, behavioral and socioeconomic characteristics, health literacy, and health-seeking behaviors.
3. **Development of methods**, sampling schemes, tools, data collection, cleaning, storage, and analysis protocols, including data security protocols to protect personally identifiable information.
4. An **assessment of needs** across the service continuum and specific subpopulations of people with mental health conditions and substance use disorder, including:
 - a. an identification of the services needed,
 - b. barriers to services, including extent to which people are denied needed services,
 - c. respondents' recommendations for how to improve service delivery so it is **available, accessible, and acceptable to them** across a variety of parameters such as culture, language, gender identity, ability, and other characteristics, and
 - d. assess the degree to which access to service is timely, the cost is affordable, and location and hours are convenient.
5. A **resource inventory** of organizations and individuals who provide services across the continuum, including the name of the organization, location of service, type and levels of services provided, the audience for services, eligibility criteria, service exclusions, service waitlist, and range/average length of time a person is on a waitlist, number of people served annually by service level, and condition.
6. Profile of **provider capacity and capability** to deliver services, including the adequacy of the behavioral health workforce to meet service delivery needs and workforce limitations (please note: workforce limitations could be insufficient staff to meet service demand, adequate education and training, or incongruence between the characteristics of the service population and those providing the services.)
7. Quantitative assessment of **unmet needs and service gaps**; comparing available services to identified needs reveals unmet needs and service gaps, analysis of unmet needs/service gaps may include a determination of overall needs, as well as the identification of service needs for subpopulations.
8. Identified **capacity development needs**; capacity development needs exist when disparities in the availability of services are identified, particularly in historically underserved communities.
9. A **discussion of needs** across the service continuum and subpopulations impacted by mental health and substance use disorders and recommendations for further study.

Existing programming: Analytics and Insights Matter, LLC will conduct a formative assessment, develop anti-stigma messages, disseminate messages via a campaign and evaluate the impact of anti-stigma messages on knowledge, attitudes and beliefs of Denver residents. The contract covers for personnel, supplies and operating, sub-contractors, and indirect costs.

Additional work: The contract amendment focuses on a comprehensive behavioral health needs assessment. The COVID-19 pandemic has had a significant impact on the behavioral health of people with reported increases in anxiety, depression, suicidal ideation, trauma or stressor-related disorder, and substance use from pre-pandemic levels. According to recent research, mental health conditions disproportionately impact specific populations, young adults, Hispanic persons, black persons, essential workers, unpaid caregivers for adults, and those receiving treatment of pre-existing psychiatric conditions. Given the significant increase in reported behavioral health conditions, it is an opportune time to identify the specific service needs of people with behavioral health conditions, barriers to services and identify the actions and system changes necessary to improve access and acceptability of the service continuum as responsive to the needs of its customers.

The Denver Department of Public Health and Environment (DDPHE) has selected **Analytics and Insights Matter (AIM)** to conduct

the Denver Comprehensive Behavioral Health Needs Assessment Across the Service Continuum: Prevention to Recovery. Comprehensive needs assessments are a well-established public health practice to identify and characterize needs, challenges, and potential solutions from the perspective of people impacted by a behavioral health condition (i.e., substance use disorder, serious mental health condition, non-serious mental health condition or suicidal ideation or action). A needs assessment highlights the current state, the future state as established in the research literature, and the gaps between them. Most needs assessments include the perspective of stakeholders and service providers to capture information on the current service delivery system and its capacity to provide services that are responsive to people in need.

The needs assessment will use quantitative and qualitative data collection methods and sampling reflective of the groups impacted by mental health conditions, substance use disorders, and suicide with oversampling of groups who may be difficult to access and under-represented in needs assessments. These may include but are not limited to, people experiencing homelessness, those with disabilities, racial and ethnic groups, non-English speaking people, youth and LGBTQ+.

Location (if applicable):

WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts): A 10% MWBE participation goal was set and could be met with a certified self-performing MWBE prime contractor or utilizing a certified MWBE subcontractor(s) for 10% of the overall contract value.

Are WBE/MBE/DBE goals met (if applicable)?

Is the contract new/a renewal/extension or amendment? Amendment

Was this contractor selected by competitive process or sole source? Competitive selection

For New contracts

Term of initial contract:

Options for Renewal:

How many renewals (i.e. up to 2 renewals)?

Term of any renewals (i.e. 1 year each):

Cost of initial contract term:

Cost of any renewals:

Total contract value council is approving if all renewals exercised:

For Amendments/Renewals Extensions:

Is this a change to cost/pricing; length of term; terms unrelated to time or price (List all that apply)? Added scope and dollars

If length changing

What was the length of the term of the original contract?

What is the length of the extension/renewal?

What is the revised total term of the contract?

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
January 1, 2021- December 31, 2022	n/a	December 31, 2022

If cost changing

What was the original value of the entire contract prior to this proposed change?

What is the value of the proposed change?

What is the new/revised total value including change?

<i>Current Contract Amount (A)</i>	<i>Additional Funds (B)</i>	<i>Total Contract Amount (A+B)</i>
\$548,951	\$250,000	\$795,951

If terms changing

Describe the change and the reason for it (i.e. compliance with state law, different way of doing business etc.)