

**PUBLIC CONTRACT FOR SERVICES BETWEEN THE BOARD OF COUNTY
COMMISSIONERS OF DOUGLAS COUNTY ON BEHALF OF THE DOUGLAS
COUNTY SHERIFF’S OFFICE AND ALLHEALTH NETWORK**

THIS AGREEMENT (“Agreement”) is made and entered into this _____ day of _____, 2025, by and between the **BOARD OF COUNTY COMMISSIONERS OF DOUGLAS COUNTY, STATE OF COLORADO**, on behalf of the **DOUGLAS COUNTY SHERIFF’S OFFICE** (the “County”), and **ALLHEALTH NETWORK** (the “Contractor”).

RECITALS

WHEREAS, the County is undertaking certain activities related to the Jail Based Behavioral Health Services (JBBHS) program funding received by Douglas County from the Colorado Department of Human Services; and

WHEREAS, the County desires to engage the Contractor as a sub-recipient of this program funding to render certain professional services and assistance in connection with such undertakings of the County; and

WHEREAS, the Contractor has the ability to assist the County through its professional expertise, knowledge, and experience and is ready, willing, and able to provide such services, subject to the conditions hereinafter set forth.

NOW, THEREFORE, for and in consideration of the premises and other good and valuable consideration, the parties agree as follows:

1. **LINE OF AUTHORITY:** Division Chief Philip Domenico is designated as Authorized Representative of the County for the purpose of administering, coordinating, and approving the work performed by the Contractor under this Agreement.

2. **SCOPE OF SERVICES:** All services described in Exhibit A and Attachment #1, attached hereto, and incorporated herein, shall be performed by Contractor.

The County may, from time to time, request changes to the scope of services to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor’s compensation, which are mutually agreed upon between the County and Contractor, shall be in writing and shall become part of this Contract upon execution.

The Contractor agrees to diligently and professionally perform all the services described herein in a manner satisfactory to the Authorized Representative. It is also understood and agreed that the Contractor shall not, in performing services hereunder, undertake any action or activity prohibited by the terms of any lease, permit, license or other agreement in effect during the term hereof between the Contractor and the County for the use and occupancy by the Contractor of any County facilities or space.

3. **COMPENSATION:** Subject to the maximum contract expenditure and all other provisions of this Agreement, the County agrees to pay to the Contractor, and the Contractor agrees to accept payment as described in Exhibit B, attached hereto, and incorporated herein, during the term hereof, in accordance with the terms set forth herein.

4. **MAXIMUM CONTRACT EXPENDITURE:** Any other provisions of this Contract notwithstanding and pursuant to Section 29-1-110, C.R.S., the amount of funds appropriated for this Contract is THREE HUNDRED FORTY-SEVEN THOUSAND ONE HUNDRED EIGHTY-EIGHT DOLLARS and ZERO CENTS (\$347,188.00) as outlined in Exhibit B-1 attached hereto. In no event shall the County be liable for payment under this Contract for any amount in excess thereof. The County is not under obligation to make any future apportionment or allocation to this Contract, nor is anything set forth herein a limitation of liability for Contractor. Any potential expenditure for this Contract outside the current fiscal year is subject to future annual appropriation of funds for any such proposed expenditure.

5. **TERM:** It is mutually agreed by the parties that the term of this Contract shall commence as of 12:01 a.m. on July 1, 2025, and terminate at 12:00 a.m. on June 30, 2026. This Contract and/or any extension of its original term shall be contingent upon annual funding being appropriated, budgeted, and otherwise made available for such purposes and subject to the County's satisfaction with all products and services received during the preceding term.

6. **INVOICING PROCEDURES:** Payments shall be made to the Contractor based upon invoices submitted by the Contractor, provided such invoices have been approved by the Authorized Representative. Payments will be made to the Contractor within thirty (30) days, or within a mutually agreed upon period after County has received complete invoices from the Contractor. The County reserves the right to require such additional documentation, including monthly activity reports detailing the Contractor's activities and services rendered, as the County deems appropriate to support the payments to the Contractor. The signature of an officer of the Contractor shall appear on all invoices certifying that the invoice has been examined and found to be correct.

7. **CONFLICT OF INTEREST:** The Contractor agrees that no official, officer, or employee of the County shall have any personal or beneficial interest whatsoever in the services or property described herein, and the Contractor further agrees not to hire, pay, or contract for services of any official, officer or employee of the County. A conflict of interest shall include transactions, activities or conduct that would affect the judgment, actions, or work of the Contractor by placing the Contractor's own interests, or the interest of any party with whom the Contractor has a contractual arrangement, in conflict with those of County.

8. **INDEMNIFICATION:** The County cannot and by this Contract does not agree to indemnify, hold harmless, exonerate, or assume the defense of the Contractor or any other person or entity whatsoever, for any purpose whatsoever. The Contractor shall defend, indemnify and hold harmless the County, its commissioners, officials, officers, directors, agents and employees from any and all claims, demands, suits, actions or proceedings of any kind or nature whatsoever, including Workers' Compensation claims, in any way resulting from or arising from the services rendered under this Contract; provided, however, that the Contractor need not indemnify or save

harmless the County, its officers, agents and employees from damages resulting from the sole negligence of the County's commissioners, officials, officers, directors, agents and employees.

9. **INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor and is free to perform services for other clients. Notwithstanding any provision of this Contract, all personnel assigned by the Contractor to perform work under this Contract shall be and remain at all times, employees of the Contractor for all purposes. **THE INDEPENDENT CONTRACTOR IS NOT ENTITLED TO WORKERS' COMPENSATION OR UNEMPLOYMENT BENEFITS THROUGH THE COUNTY AND IS OBLIGATED TO PAY FEDERAL AND STATE INCOME TAX ON ANY MONIES EARNED PURSUANT TO THE CONTRACT RELATIONSHIP.**

10. **NO WAIVER OF GOVERNMENTAL IMMUNITY ACT:** The parties hereto understand and agree that the County, its commissioners, officials, officers, directors, agents, and employees, are relying on, and do not waive or intend to waive by any provisions of this Contract, the monetary limitations or any other rights, immunities and protections provided by the Colorado Governmental Immunity Act, §§ 24-10-101 to 120, C.R.S., or otherwise available to the County.

11. **ASSIGNMENT:** The Contractor covenants and agrees that it will not assign or transfer its rights hereunder, or subcontract any work hereunder, either in whole or in part without the prior written approval of the Authorized Representative. Any attempt by the Contractor to assign or transfer its rights hereunder shall, at the option of the Authorized Representative, void the assignment or automatically terminate this Contract and all rights of the Contractor hereunder.

12. **COUNTY REVIEW OF RECORDS:** The Contractor agrees that, upon request of the Authorized Representative, at any time during the term of this Contract, or three (3) years thereafter, it will make full disclosure to the County and make available for inspection and audit upon request by the Authorized Representative, the County Director of Finance, or any of their authorized representatives, all of its records associated with work performed under this Contract for the purpose of making an audit, examination or excerpts. The Contractor shall maintain such records until the expiration of three (3) years following the end of the term of this Contract.

13. **OWNERSHIP OF DOCUMENTS:** Drawings, specifications, guidelines, and any other documents prepared by the Contractor in connection with this Contract shall be the property of the County.

14. **ASSIGNMENT OF COPYRIGHTS:** The Contractor assigns to the County the copyrights to all works prepared, developed, or created pursuant to this Contract, including the right to: 1) reproduce the work; 2) prepare derivative works; 3) distribute copies to the public by sale, rental, lease, or lending; 4) perform the works publicly; and 5) to display the work publicly. The Contractor waives its rights to claim authorship of the works, to prevent its name from being used wrongly in connection with the works, and to prevent distortion of the works.

15. **TERMINATION:** The County shall have the right to terminate this Contract, with or without cause, by giving written notice to the Contractor of such termination and specifying the effective date thereof, which notice shall be given at least ten (10) days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor pursuant to this Contract shall become the County's property. The

Contractor shall be entitled to receive compensation in accordance with this Contract for any satisfactory work completed pursuant to the terms of this Contract prior to the date of notice of termination. Notwithstanding the above, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Contract by the Contractor.

16. **NOTICES:** Notices concerning termination of this Contract, notices of alleged or actual violations of the terms or provisions of this Contract, and all other notices shall be made as follows:

by the Contractor to: Douglas County Sheriff's Office
ATTN: Division Chief Philip Domenico
Detentions Division
4000 Justice Way
Castle Rock, CO 80109
Telephone: (303) 814-7109
E-mail: pdomenico@dcsheriff.net

with a copy to: Douglas County Attorney's Office
100 Third Street
Castle Rock, CO 80104
Telephone: (303) 660-7414
Facsimile: (303) 688-6596

and by the County to: Dr. William Henricks, Executive Director/CEO
AllHealth Network
155 Inverness Drive West, Suite 200
Englewood, CO 80112
Telephone: 303-847-2382
E-mail: bhenricks@allhealthnetwork.org

Said notices shall be delivered personally during normal business hours to the appropriate office above, or by prepaid first-class U.S. mail, via facsimile, or other method authorized in writing by the Authorized Representative. Mailed notices shall be deemed effective upon receipt or three (3) days after the date of mailing, whichever is earlier. The parties may from time-to-time designate substitute addresses or persons where and to whom such notices are to be mailed or delivered, but such substitutions shall not be effective until actual receipt of written notification.

17. **NONDISCRIMINATION:** In connection with the performance of work under this Contract, the Contractor agrees not to refuse to hire, discharge, promote or demote, or to discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, gender, age, military status, sexual orientation, marital status, or physical or mental disability.

18. **GOVERNING LAW; VENUE:** This Contract shall be deemed to have been made in and construed in accordance with the laws of the State of Colorado. Venue for any action hereunder shall be in the District Court, County of Douglas, State of Colorado. The Contractor

expressly waives the right to bring any action in or to remove any action to any other jurisdiction, whether state or federal.

19. **COMPLIANCE WITH ALL LAWS AND REGULATIONS:** All of the work performed under this Contract by the Contractor shall comply with all applicable laws, rules, regulations and codes of the United States and the State of Colorado. The Contractor shall also comply with all applicable ordinances, regulations, and resolutions of the County and shall commit no trespass on any public or private property in the performance of any of the work embraced by this Contract.

20. **SEVERABILITY:** In the event any of the provisions of this Contract are held to be unenforceable or invalid by any court of competent jurisdiction, the validity of the remaining provisions shall not be affected. Should either party fail to enforce a specific term of this Contract it shall not be a waiver of a subsequent right of enforcement, nor shall it be deemed a modification or alteration of the terms and conditions contained herein.

21. **NO THIRD-PARTY BENEFICIARIES:** The enforcement of the terms and conditions of this Contract and all rights of action relating to such enforcement, shall be strictly reserved to the County and the Contractor, and nothing contained in this Contract shall give or allow any such claim or right of action by any other or third person under such Contract.

22. **ADVERTISING AND PUBLIC DISCLOSURE:** The Contractor shall not include any reference to this Contract or services performed pursuant to this Contract in any of Contractor's advertising or public relations materials without first obtaining the written approval of the Douglas County Public Affairs Director. Nothing herein, however, shall preclude the transmittal of any information to officials of the County, including without limitation, the County Manager, Assistant County Manager, and the Board of County Commissioners.

23. **PRIORITY OF PROVISIONS:** In the event that any terms of this Contract and any Exhibit, Attachment, or other referenced document are inconsistent, the following order of priority shall control:

- | | |
|-----------------|---|
| 1 st | This Contract, Sections 1 through 28 |
| 2 nd | Request for Proposal (if applicable) |
| 3 rd | Exhibit C- Insurance Requirements |
| 4 th | Exhibit A- Scope of Services |
| 5 th | Exhibit B- Method of Payment |
| 6 th | Response to Request for Proposal (if applicable). |

24. **HEADINGS; RECITALS:** The headings contained in this Contract are for reference purposes only and shall not in any way affect the meaning or interpretation of this Contract. The Recitals to this Contract are incorporated herein.

25. **ENTIRE AGREEMENT:** The parties acknowledge and agree that the provisions contained herein constitute the entire agreement and that all representations made by any commissioner, official, officer, director, agent, or employee of the respective parties unless included herein are null and void and of no effect. No alterations, amendments, changes, or modifications to

this Contract, except those which are expressly reserved herein to the Authorized Representative, shall be valid unless they are contained in writing and executed by all the parties with the same formality as this Contract.

26. **INSURANCE:** The Contractor shall be required to maintain the insurance requirements provided in Exhibit C, attached hereto, and incorporated herein by reference. The Contractor shall provide evidence that such requirements have been met and shall provide updated information to the County in the event any changes are made to the Contractor's insurance coverage during the term of this Contract.

27. **COUNTY EXECUTION OF AGREEMENT:** This Contract is expressly subject to and shall not be or become effective or binding on the County, until execution by all signatories of the County.

28. **FORCE MAJEURE:** No party shall be liable for failure to perform hereunder if such failure is the result of *force majeure*. Any time limit shall be extended for the period of any delay resulting from any *force majeure*, or this Contract may be terminated if such delay makes performance of the Contract impossible or impracticable. *Force majeure* shall mean causes beyond the reasonable control of a party such as, but not limited to, weather conditions, acts of God, strikes, work stoppages, unavailability of or delay in receiving labor or materials, faults by subcontractors, utility companies or third parties, fire or other casualty or action of government authorities.

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IN WITNESS WHEREOF, the County and the Contractor have executed this Agreement as of the above date.

ALLHEALTH NETWORK

BY: _____

ATTEST: (if a corporation)

Printed Name: _____

Title: _____

Title: _____

DATE: _____

Signature of Notary Public Required:

STATE OF _____)
)ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 2025, by

_____ (Name of individual signing document).

Witness my hand and official seal

Notary Public

My commission expires: _____

**BOARD OF COUNTY COMMISSIONERS
DOUGLAS COUNTY
BY:**

Abe Laydon
Chair

DATE: _____

ATTEST:

Clerk to the Board

DATE: _____

APPROVED AS TO FISCAL CONTENT:

Andrew Copland
Director of Finance

DATE: _____

**DOUGLAS COUNTY SHERIFF'S OFFICE
BY:**

Darren Weekly
Sheriff

DATE: _____

APPROVED AS TO CONTENT:

Douglas J. DeBord
County Manager

DATE: _____

APPROVED AS TO LEGAL FORM:

Kelly Dunnaway
Deputy County Attorney

DATE: _____

Exhibit A

SCOPE OF SERVICES

AllHealth Network and the Douglas County Sheriff's Office's designated inmate medical provider will provide in-reach services and will coordinate to assure the inmates have seamless services available upon release, and these services will be provided by AllHealth Network or similar services if the inmate resides outside the AllHealth Network service area.

All detainees entering the Douglas County Sheriff's Office Detention Facility (DCSODF) will go through a thorough medical and classification screening process. The process includes interviewing and examination which includes self-disclosure of a prisoner's belief that he or she has a substance abuse disorder (including substance, frequency, and consequences); mental health problems (including reasons for such belief); and instances of traumatic events and experiences such as head injury and other indications of potential for traumatic brain injury (TBI).

A Steering Committee comprised of the Program Director, The Program Manager, the DCSODF Division Chief or designee, AllHealth Network directors or designees, and the evaluator will provide program oversight. The Committee meets as needed, but not less than annually, to receive reports and to act as necessary to improve the program and remove obstacles.

DCSODF Classifications and medical staff interview all inmates upon entry into the DCSODF. Based on the results of this initial screening, inmate cases will be forwarded to the Program Manager, employed by DCSO. The Program Manager, working in conjunction with mental health and classifications staff, will review the screenings, conduct any necessary follow-up, take part in referrals of inmate cases to the treatment teams, and have general oversight of the program on a day-to-day basis. Members associated with the program will be required to attend weekly Inmate Classifications Committee (ICC) meetings to review each inmate's behavior and appropriateness of the classification and housing assignment or any other needs of the inmate.

AllHealth Network will employ 4.08 FTE therapists/case managers who will work in collaboration with current mental health clinicians provided by our designated inmate medical provider to provide a comprehensive program using the following treatment interventions:

- **Brief Psychiatric Rating Scale (BPRS):**

A widely-used rating scale which a clinician or researcher may use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behavior. Each symptom is rated 1-7 and, depending on the version, between a total of 18-24 symptoms including somatic concern, anxiety, depression, suicidality, guilt, hostility, elated mood, grandiosity, suspiciousness, hallucinations, unusual thought content, bizarre behavior, self-neglect, disorientation, conceptual disorganization, blunted affect, emotional withdrawal, motor retardation, tension, uncooperativeness, excitement, distractibility, motor hyperactivity, mannerisms, and posturing are scored.

- **Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES):**

An experimental instrument designed to assess readiness for change in alcohol abusers. The instrument yields three scale scores: recognition, ambivalence, and taking steps. SOCRATES consists of two 19-item tools, one about drinking and the other about using drugs.

- **Treatment Modalities to be used in the Detention Center:**

The specific mix of treatment interventions will depend upon the needs presented by the program participants. Clinicians use a person-centered, solution focused approach in all interactions and use Strategies for Self-Improvement and Change, Moral Recognition Therapy (MRT); Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy Skills (DBT Skills) as the theoretical basis of all services. Additional treatment modalities such as, but not limited to, Helping Men Recover and Seeking Safety will continually be considered and may be incorporated at any time throughout the program.

Inmates who are referred to the program by the Program Manager will be further assessed and interviewed by the program's Therapist using screening tools described below. Acceptance into the program will be determined by this clinical interview and screening.

The Program Manager will work closely with the Case Manager and Therapists to establish a list of inmates who will attend groups or individual case management/therapy appointments using documentation in a shared file that is accessible to program staff. Case Managers and Therapists would be given instruction on connecting with staff.

AllHealth Network Clinicians will coordinate with the Program Manager for scheduling workdays/hours to facilitate scheduling inmates for full participation in therapy and case management.

The Program Manager will be responsible for ensuring that inmates are available to attend all treatment and case management sessions and ensuring that appropriate space is available for these sessions. DCSODF staff will be appointed to ensure no disruption of program services. The Program Manager will collaborate with the Case Manager and Therapists when inmates are released by helping to establish residency after release and facilitating in-jail interviews with community-based providers who will assume responsibility for treatment. This in-reach service is essential to ensure the best possible transition of the inmate into the community.

The treatment team, in conjunction with the Reintegration Program will provide evaluation of the program to the Steering Committee for purposes of managing and improving the program on an ongoing basis.

DCSODF will provide security.

Gender, race, religion, ethnicity, language, and ability can play critical roles in providing effective services. The AllHealth Network staff receives regular training to increase each staff member's ability to look for and respond to the impact of individual difference among clients related to gender, race, religion, ethnicity, language, and ability. AllHealth Network employs staff members, at a

clinical level, which are fluent in languages other than English (primarily Spanish) but also provides access to an interpreting service that with a telephone call can provide interpreters fluent at a clinical level in more than 100 languages.

Client-unique cultural factors are addressed and documented within the initial intake assessment. These cultural factors are evaluated with the client by the assigned clinician and subsequently incorporated into the client's service plan, as appropriate.

AllHealth Network will comply with the Americans with Disability Act. AllHealth Network will coordinate with the Mental Health Center of Denver to assist clients who are deaf or hearing impaired. Forms and other written materials are to be read aloud for the visually impaired.

Upon transition into the community and into the care of the appropriate mental health center, the center's standard recording procedures will be used. As required, flat files are transmitted to the state monthly. Should the state need special reports for follow-up on this program, the AllHealth Network system will allow for easy compliance. DACODS will be provided a hard copy.

The overall intent is to cooperate fully with the state in gathering the information it hopes to compile and to provide it in a manner that facilitates that process. The program manager will assure reports containing the required data are gathered from each inmate upon classifications screenings and their subsequent treatment with AllHealth Network.

DCSO's Reintegration Program and AllHealth Network JBBS Clinicians follow clients in making appropriate transition into the community. Inmates have access to the Department of Human Services and updated community resource lists which contain services provided by public and private agencies within the community. Inmates with an Axis 1 diagnosis and/or need chronic medical conditions that require medications are given a 30-day supply upon release and JBBS Recovery Support Funds are available to assist the inmate with paying for the required medication. In addition, assistance is given for follow-up care with AllHealth Network which provides benefit acquisition (SSI, SSDI, food stamps, etc.), vocational training upon release and assistance with finding temporary housing/shelter.

A target enrollment population of at least 50-60 (20% of ADP) will be enrolled over the course of the grant year. Accounting for length of sentence and other factors, a target population of approximately 24-30 (50% of enrollment population) will be actively involved at any point in time. After transition to community-based services, clients will be further screened using psychiatric medication evaluation and AllHealth Network standard clinical assessments for substance abuse and mental illness. The general clinical standard is to not repeat screening for at least six months.

Upon transition into community-based services, clients will continue with treatment models being used in the jail. The mental health center's standard intake and assessment processes will result in a new treatment plan based on the change in client status and the change in clinical setting.

AllHealth Network will also offer the following services to participants in the program:

Psychiatric services, including medication evaluations and medication management Medications, including medication assisted therapy, to include anti-craving medications Anabuse monitoring,

breathalyzer and toxicology testing.

AllHealth Network will make referrals (as appropriate) to community-based support groups, e.g. Alcoholics Anonymous, Marijuana Anonymous, Cocaine Anonymous, Narcotics Anonymous, Alanon or Alateen.

AllHealth Network Case Managers will establish and maintain a therapeutic relationship with the client on a continuing basis. They will provide aid that will help clients to adapt and live successfully within the community with a focus on community safety, acquiring basic needs, and continuing with mental health, substance abuse treatment, medication compliance, and benefit acquisition.

Referrals will be made to the Metro Community Provider Network and/or to the Veterans Administration for health and dental services, linkage to AllHealth Network works for job training and placement, linkage to GED providers, community colleges and vocational programs and linkage to housing providers placement services.

Monitoring and Data Collection

- ❑ Basic demographic information about the persons receiving services with these funds
- ❑ Numbers of clients served
- ❑ The types and quantities of services delivered
- ❑ Number and percentage who successfully transition to community-based services upon release
- ❑ Program termination outcomes
- ❑ Prevalence data gathered from administering mental health, substance use disorder, trauma and traumatic brain injury screens

Office of Behavioral Health (OBH) requires all programs to submit the above data on a web-based database. The data must be submitted and maintained on a quarterly basis. Detailed information regarding this requirement shall be provided upon contract implementation.

- ❑ Licensed SUD treatment providers will submit DACODS and when appropriate, CCAR data to the Office of Behavioral Health.

The Douglas County Sheriff's Office Detention Facility's Reintegration Program, in conjunction with the Sheriff's Office Information Technology, will generate reports containing the above required data that is gathered from an inmate upon classification and his/her subsequent treatment with the treatment team. The Project Manager will be responsible for ensuring the data is reported and for coordinating data collection.

Information gathered in the DCSODF by DCSO personnel and by AllHealth Network staff will be entered into the appropriate DCSO electronic record system. The information will be provided to OBH in the manner prescribed for this program. Information needed to facilitate transition into community care will be incorporated into electronic medical records systems maintained by AllHealth Network.

DCSODF will generate reports containing the required data gathered from each inmate upon classification screenings and their subsequent treatment. A licensed substance abuse treatment provider will submit Drug/Alcohol Coordinated Data System (DACODS) for services provided in the DCSODF.

Evaluation will continue at the community level for inmates residing within the network and will be provided by AllHealth Network. AllHealth Network staff will maintain close coordination of administration of the program and of ensuring all required reporting is completed properly and in a timely manner. This includes routine reporting and reporting that may be directly related to the program.

Exhibit B
METHOD OF PAYMENT

A monthly invoice is due from the Contractor within fifteen (15) days following the end of each month and will be accompanied by appropriate supporting documentation including, but not limited to, timesheets, telephone bills, invoices, itemized receipts, or any other documents substantiating expenditures claimed. The Contractor's monthly invoice will then be included in the County's request for payment from the Colorado Department of Human Services for expenditures pertaining to the JBBHS Program as stated in Exhibit B-1 and Attachment #1, Section B.I.-B.V. attached hereto and incorporated herein. Upon the County's receipt of such payment, the Contractor's invoice will then be paid within thirty (30) days subject to the maximum contract liability as stated in Section 4 of this Agreement.

Exhibit B-1
Douglas County Sheriff's Office
Jail Based Behavioral Health Services (JBBHS) FY 2025-2026

Position Title/Category	Staff	Description of Work	Wages	Benefit	Sign on Bonus	Estimated Annual Bonus	FTE	Total Funding Requested
Team Lead/Licensed Clinician	Jennifer Cordova	Masters level clinician provides services, screenings, assessments, intakes, and holds group and individual therapy sessions. FTE.	\$ 87,198	\$ 21,800			100%	108,998
Clinical Director	Meli Reumann	Provides clinical supervision for Team Lead and administrative support . 6%.	\$ 130,560	\$ 32,640			6%	9,792
Presentence Navigator	Damien Sutherland	Bachelors level case manager provides release planning and coordination of services for clients who frequently experience detention. FTE.	\$ 54,631	\$ 13,658			100%	68,289
JMAT Case Manager	Gai Green	Masters level case manager provides case management services, release planning, coordination of services and holds skills groups and psychoeducational groups. FTE.	\$ 65,688	\$ 16,422			100%	82,110
SUD Clinician	Bre Doran	Masters level clinician provides services, screenings, assessments, intakes, and holds group and individual therapy sessions. FTE.	\$ 62,400	\$ 15,600			100%	78,000
							Total	347,188

Exhibit C INSURANCE REQUIREMENTS

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury (including coverage for contractual and employee acts) with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit. \$2,000,000.
2. **Automobile Liability:** Insurance Services Office Form covering, Code 1 (any auto), or if Contractor has no owned autos, Code 8 (hired) and 9 (non-owned), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers’ Compensation** insurance as required by the State of Colorado, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease
4. **Professional Liability** (Errors and Omissions) Insurance appropriate to the Contractor’s profession, with limit no less than **\$1,000,000** per occurrence or claim, \$2,000,000 aggregate.

The insurance obligations under this agreement shall be the minimum insurance coverage requirements and/or limits shown in this agreement; whichever is greater. Any insurance proceeds in excess of or broader than the minimum required coverage and/or minimum required limits, which are applicable to a given loss, shall be available to the COUNTY. No representation is made that the minimum Insurance requirements of this agreement are sufficient to cover the obligations of the Contractor under this agreement.

OTHER INSURANCE PROVISIONS:

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status. Douglas County, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 forms if later revisions used).

Primary Coverage. For any claims related to this contract, the **Contractor’s insurance coverage shall be primary insurance.** Any insurance or self-insurance maintained by Douglas County, its

officers, officials, employees, or volunteers shall be excess and non-contributory to the Contractor's insurance.

Notice of Cancellation. Where possible, insurance policy required above shall state that **coverage shall not be canceled, except with notice to Douglas County.**

Waiver of Subrogation. Contractor hereby grants to Douglas County a waiver of any right to subrogation which any insurer of said Contractor may acquire against Douglas County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not Douglas County has received a waiver of subrogation endorsement from the insurer.

Self-Insured Retentions, Deductibles and Coinsurance. The Contractor agrees to be fully and solely responsible for any costs or expenses as a result of a coverage deductible, coinsurance penalty, or self-insured retention. Douglas County may require the Contractor to provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or Douglas County. The Contractor will indemnify Douglas County, in full, for any amounts related to the above.

Acceptability of Insurers. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to Douglas County.

Claims Made Policies. If any of the required policies provide coverage on a claims-made basis:

1. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
2. Insurance must be maintained and evidence of insurance must be provided *for at least three (3) years after completion of the contract of work.*
3. If coverage is canceled or non-renewed, and not *replaced with another claims-made policy form with a Retroactive Date* prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of *three (3) years* after completion of contract work.

Verification of Coverage. Contractor shall furnish Douglas County with original certificates and amendatory endorsements, or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by Douglas County before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. Douglas County reserves the right, but not the obligation, to review and revise any insurance requirement, not limited to limits, coverage, and endorsements. Additionally, Douglas County reserves the right, but not the obligation, to review and reject any insurance policies failing to meet the criteria stated herein. Failure on the part of the Contractor to provide insurance policies within ten (10) working days of receipt of the written request will constitute a material breach of contract upon which Douglas County may immediately terminate this contract.

The completed certificates of insurance with additional insured endorsements and waivers of subrogation and any notices, within 20 days of cancellation, termination, or material change will be sent via mail or e-mail to:

Douglas County Government
ATTN: Risk Management
100 Third Street
Castle Rock, Colorado 80104
risk@douglas.co.us

Subcontractors. Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure Douglas County is an additional insured on insurance required from subcontractors.

Failure to Procure or Maintain Insurance. The Contractor will not be relieved of any liability, claims, demands, or other obligations assumed by its failure to procure or maintain insurance, or its failure to procure or maintain insurance in sufficient amounts, durations, or types. Failure on the part of the Contractor to procure or maintain policies providing the required coverage, conditions and minimum limits will constitute a material breach of contract upon which Douglas County may immediately terminate this contract.

Governmental Immunity. The parties hereto understand and agree that Douglas County is relying on, and does not waive or intend to waive by any provision of this Agreement, the monetary limitations or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §§ 24-10-101 *et seq.* as from time to time amended, or otherwise available to Douglas County, its officers, or its employees.

Special Risks or Circumstances. Douglas County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Approved by: _____
Megan Datwyler
Risk Manager

Attachment #1

STATEMENT OF WORK

A. Ability

I. Sheriff's Department Requirements

1. Propose an organizational structure designed to facilitate and promote effective administration of the program:

A Steering Committee comprised of the Project Director, the Douglas County Sheriff's Office Detention Facility (DCSODF) Division Chief or designee, mental health center directors or designees and the program manager will provide program oversight. The Committee meets as needed, but not less than quarterly to receive reports and to act as necessary to improve the program and remove obstacles.

The Douglas County Sheriff's Office (DCSO) has assigned a staff member as the program manager. This position also coordinates the facility's newly developed Reintegration program which includes the JBBS program, the Re-entry program, Arapahoe/Douglas Works! Employment Workforce Center, and partnerships with the Department of Human Services, Probation, Courts, Public Defender's Office, Community Justice Services, DC Cares and Douglas County Housing Authority.

The Douglas County Sheriff's Office (DCSO) will facilitate the program. Classifications and medical staff interview all inmates upon entry into the facility. Based on the results of this initial screening, inmate cases will be forwarded to the program manager, employed by DCSO. The program manager will review the screenings, conduct any necessary follow-up, take part in referrals of inmate cases to the treatment teams and will oversee the operations of the treatment contractor. All members associated with the program will be required to attend weekly Inmate Classifications Committee (ICC) meetings to review the inmate's behavior when appropriate and any other needs of the inmate.

ALLHEALTH NETWORK employs 4.08 FTE therapists/case managers who work in collaboration with the facility's current mental health clinicians (2.0 FTE) that are employed by the Medical/Mental health contract provider to deliver a comprehensive treatment program.

Inmates who are referred to the program by the Program Manager will be further screened and interviewed by the program's therapist using screening tools described below in section IV.4. Acceptance into the program will be determined by this clinical interview and screening.

The Program Manager will work closely with the therapists/case managers to establish a list of inmates who will attend groups or individual case management/therapy appointment, using documentation in a shared file that is accessible to program staff.

ALLHEALTH NETWORK therapists/case managers will coordinate with the program manager for scheduling workdays/hours to facilitate scheduling inmates for full participation in therapy and case management.

The Program Manager will be responsible for ensuring that inmates are available to attend all treatment and case management sessions and ensuring that appropriate space is available for these sessions and to ensure no disruption of program services. The Program Manager will collaborate with the therapist/case managers when inmates are released by helping to establish residency after release and facilitating in-jail interviews with community-based providers who will assume responsibility for treatment. This in-reach service will be essential to ensure that there is the best possible transition of the inmate into community services.

The treatment team, in conjunction with the Reintegration team, will provide evaluation of the program to the Steering Committee for purposes of managing and improving the program during implementation and on an ongoing basis.

Douglas County Sheriff's Office Detention Facility will provide security.

2. Demonstrate financial resources and fiscal management skills to perform the work proposed:

Douglas County is the seventh most populous of the 64 counties in the State of Colorado. The County is located midway between Colorado's two largest cities: Denver and Colorado Springs.

With a financial management philosophy that emphasizes ownership and accountability, Budget and Logistics provides guidance and assistance to each cost center manager in monitoring and evaluating their revenue and expenditure budgets throughout the year. Financial management responsibilities include the direction and coordination of the Sheriff's Office annual budget process, accounts payable processing, purchasing, accounting, revenue and expenditure forecasting, and contract administration. The financial structure within the Sheriff's Office coincides with the organizational structure and enables functional budgeting of both revenues and expenditures.

The Sheriff's Office utilizes the County's financial system and separately tracks grant related revenue and expenditures in separate cost centers.

3. Demonstrate capacity or efforts to screen all individuals booked into the jail facility for mental health, suicidality and substance use histories and needs:

All persons entering the DCSODF immediately receive an initial medical screening which includes screening for suicidality. A preliminary classification screening is conducted at the time of booking to determine immediate risk which is then followed up with an extensive classification interview that enables self-disclosure of a prisoner's belief that he or she has a substance abuse disorder (including substance, frequency and consequences); mental health problems (including reasons for belief); instances of traumatic events and experiences such as head injury and other indications of potential

for traumatic brain injury (TBI).

4. **Demonstrate capacity and resources to pay for psychotropic medications by the individuals in the facility. These funds are not intended to offset for the jail's psychotropic medication costs:**

DCSODF's current Medical/Mental Health contract provider provides 24/7 medical care, (2) full-time mental health clinicians (Sunday-Saturday) and a psychiatric care provider to ensure that individuals receive the appropriate medical/mental healthcare and medications.

5. **Demonstrate the ability to offer medication assisted treatment (MAT) if indicated to the individuals in the jail facility:**

Jail Medication Assisted Treatment Induction/Continuation (JMAT) Program to address the opioid crisis by increasing access to medication-assisted treatment using the 2/3 FDA approved medications used to treat opiate use disorders, which includes buprenorphine and naltrexone during incarceration or upon day-of release. The program intends to reduce unmet treatment needs, opioid overdose related deaths through the provision of prevention, and treatment and recovery activities for opioid use disorder (OUD) for individuals in jails.

6. **Exhibit the ability to meet the needs of individuals who are physically challenged, deaf or hearing impaired, or blind.**

Sheriff's Office Detention Facility:

DCDODF is cognizant of the needs of inmates who are physically and sensory challenged. A facility administrator has been appointed as the ADA Coordinator. Inmates have access to ADA cells and showers as well as a TTY system for the hearing impaired. Each housing unit informs inmates on how to address ADA concerns with a facility administrator.

The facility has undergone a \$25 million expansion and construction project which has addressed the following areas:

- Building of a specific unit to house and treat special populations, medical, mental health and intake, as well as make room for more females and segregation of female special populations.
- Reconfiguration and repurposing of existing housing areas to provide for ADA requirements, plumbing issues and other internal space remodel needs.

AllHealth Network:

ALLHEALTH NETWORK is compliant with the Americans with Disability Act. ALLHEALTH NETWORK assists clients that are disabled and hearing impaired. The forms and other written materials are read aloud for the visually impaired.

7. Demonstrate an ability to provide services in a manner that respects and protects client rights:

A listing of Inmate Rights is included in the inmate informational handbook and posted within the housing units. Inmates have the on-going ability to communicate concerns/grievances through electronic and written means. All staff are trained and encouraged to view the inmate as a fellow human beings and citizens who, while they may have broken the law, are nonetheless worthy of respect and fair treatment. Direct supervision by deputies in the housing units provides on-going contact with the inmate, ensuring that his/her basic rights are being provided. Any inmate grievance is first directed to the housing deputy and can be escalated to a shift supervisor and ultimately to a watch commander.

ALLHEALTH NETWORK follows strict codes of client's rights required by the centers and by state and federal law. ALLHEALTH NETWORK has a formal process for accepting and responding to complaints and appeals of decisions. The processes begin with the clinician and if necessary, move onto client advocates, to the state and if necessary, into court. Every client is informed of these rights and the complaint/appeal process in writing.

8. The funds associated with this RFA may increase or decrease depending upon state appropriations. As a result of this, the State may require the Contractor to increase or decrease services and budgets.

II. Licensed Substance Use Disorder Treatment Requirements

1. Provide the OBH-License information for substance use disorder treatment provider(s) to deliver appropriate behavioral health care to inmates:

ALLHEALTH NETWORK License # 1136-04

2. Exhibit ability to identify inmates with active duty or veteran military status:

Douglas County Sheriff's Office Detention Facility has partnered with the Denver Veterans Administration to identify all current and former veterans that enter the facility and to make aware them aware of potential services offered by the VA. All inmates are screened for current or former military service.

3. Exhibit the ability to provide culturally competent and appropriate services: Sheriff's Office Detentions Facility:

The Douglas County Sheriff's Office Detention Facility has obtained accreditation from the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) and all Detentions and contract staff are required to annually complete a minimum a 40-hours of ACA accredited courses in cultural awareness, safe management of gay, lesbian, bisexual transgender and intersex individuals in corrections, ethics, sexual harassment/hostile work environment and supervision of inmates.

ALLHEALTH Network:

Gender, race, religion, ethnicity, language, and ability can play critical roles in providing effective services. ALLHEALTH NETWORK staff receives regular training to increase staff member ability to look for and respond to the impact of individual difference among clients relate to gender, race, religion, ethnicity, language, and ability. The Network employs staff members, at a clinical level, which are fluent in languages other than English (primarily Spanish) but also provides access to an interpreting service that with a telephone call can provide interpreters fluent at a clinical level in more than 100 languages.

Client unique cultural factors are addressed and documented within the initial intake assessment. These cultural factors are evaluated with the client by the assigned clinician and subsequently incorporated into the client's service plan, as appropriate.

ALLHEALTH NETWORK established a Cultural Inclusiveness Committee in 2005. With an outside consultant, the committee conducted a comprehensive agency audit and prepared an action plan to increase cultural competency. All employees received training provided by a consultant, and mandatory cultural competency training was incorporated into new employee orientation.

- 4. Demonstrate the ability to provide treatment based on an individualized treatment and/or transition plan based on an assessment completed for the client within the past 6-months. The transition/treatment plan should incorporate the client's natural communities and pro-social supports:**

In the past, ALLHEALTH NETWORK JBBS clinicians/case managers have utilized our electronic health record's treatment plan to transition clients from jail based to outpatient services. The Douglas County Detention Center Jail Based Behavioral Services Transition worksheet is utilized to identify and plan for transition back to community. The identified needs in the following areas result in service planning, connection to outside resources, identification of emergency shelters, food, and clothing, etc. Identified areas of concern: Documentation (identification); Housing; Financial; Transportation; Employment; Education; Legal/Civil; Medical; Mental Health and Substance Use needs. Based on identified needs as well as available natural and pro-social supports JBBS clinicians create and work a plan that starts before discharge whenever possible and will be followed up on at JBBS required check in window.

- 5. Demonstrate 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 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:**

Existing: ALLHEALTH NETWORK has provided evidence-based substance abuse and dual diagnosis services for decades. Clinical services are one part of an array that includes case management, vocational support, psycho-social rehabilitation, life skills

training, psycho-therapy, psychiatric medication and nurse case management services. Linkages are firmly established with virtually every support service available in the community including Douglas County Department of Human Services, food banks, Arapahoe/Douglas Works and Vocational Rehab, Colorado Coalition for the homeless and local housing agencies. Relationships are established with new services very soon after they come online.

ALLHEALTH NETWORK has a diverse funding base and makes every effort to take full advantage of new funding and support resources. Funding and support for community-based services includes, but is not limited to, Medicaid and Medicare for those individuals that qualify, SSA, private insurance, subsequent related awards from grant makers, Signal funding for medically indigent clients with substance abuse problems and self-pay.

6. Demonstrate the ability to transition individuals from jail-based services to appropriate behavioral health and other needed community services upon release from incarceration:

DCSODF and the ALLHEALTH NETWORK therapists/case managers assist inmates in making an appropriate transition into the community. Inmates have access to updated community resource lists which contain services provided by public and private agencies within the community. The DCSODF Reintegration team and ALLHEALTH NETWORK coordinate access to services and programs in the jail with community-based services such as treatment; benefit acquisition (SSI, SSDI etc.) vocational training upon release and assistance with finding temporary housing/shelter.

7. Demonstrate an ability to provide OBH with the required data submissions as defined below under Section III – Monitoring and Data Collection:

Our current Medical/Mental Health provider and ALLHEALTH NETWORK use electronic medical records systems. ALLHEALTH NETWORK has been providing required information for decades and are experts in state systems. Referring to the information required and listed in **Section III – Monitoring and Data Collection**, information gathered in the jail by DCSO personnel and by mental health center staff will be entered into the appropriate DCSO electronic recording system. The information will be provided to OBH in the manner prescribed for this program. Information needed to facilitate transition into community care will be incorporated into electronic medical records systems maintained by the ALLHEALTH NETWORK.

DCSODF will generate reports containing the required data gathered from each inmate upon classification screenings and their subsequent treatment. A licensed substance abuse treatment provider will submit Drug/Alcohol Coordinated Data System (DACODS) for services provided in the detention facility.

Upon transition into the community and into the care of the appropriate mental health center, the center's standard recording procedures will be used. As required, flat files are transmitted to the state monthly. Should the state need special reports for follow-up on

this program, the Network's system will allow for easy compliance. DACODS will be provided in hard copy.

The overall intent is to cooperate fully with the state in gathering the information it hopes to compile and to provide it in a manner that facilitates that process. The program manager will assure reports containing the required data are gathered from each inmate upon classifications screenings and their subsequent treatment with ALLHEALTH NETWORK.

B. Technical Elements

I. Sheriff's Department Requirements

1. Indicate counties to be served:

Douglas.

2. Indicate the amount of jail based behavioral health funds the organization is requesting:

The total amount of the JBBHS award for the 2025-2026 funding cycle is \$575,000.

The budget portion designated to AllHealth is \$347,188.

3. The response will identify existing treatment resources available at the jail and resources the Sheriff's Department is intending to develop or enhance with the JBBS funds:

Existing: ALLHEALTH NETWORK currently delivers a specific mix of treatment interventions which will depend upon the needs presented by the program participants. Clinicians use a person-centered, solution focused approach in all interactions and use Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy Skills (DBT Skills), Strategies for Self-Improvement and Change.

In November of 2016, DCSODF and ALLHEALTH NETWORK added Moral Reconciliation Therapy (MRT) to the JBBS program. Current JBBS participants are selected by the therapist to participate in MRT once they have demonstrated a readiness to expand their treatment. The program has also added additional treatment modalities such as Helping Men Recover, Seeking Safety, and Anger Management.

4. The response will identify how the Sheriff's Department at each jail in the application is implementing the Affordable Care Act:

DCSODF has a designated Medicaid Coordinator and has partnered with Douglas County Department of Human Services to provide an Eligibility Technician that is located in the facility part-time. The Medicaid Coordinator works in conjunction with the eligibility technician to determine those individuals who are in need of assistance with Medicaid enrollment and information regarding the Affordable Care Act. The Medicaid

Coordinator is responsible for ensuring that inmates are available to meet with the eligibility technician for benefit eligibility and enrollment.

5. **The response will provide the number of incarcerated consumers with substance use disorders or Co-occurring substance use disorders and mental health disorders, and how many individuals will actually be enrolled in JBBS:**

A target enrollment population of at least 45-55 (20% of ADP) will be enrolled over the course of the grant year. Accounting for length of sentence and other factors, a target population of approximately 22-27 (50% of enrollment population) will be actively involved at any point in time. Under no circumstances will programming or funding be duplicated or supplanted.

6. **The application should detail the jail's policies on Medication Assisted Treatment:**

Existing: Jail Medication Assisted Treatment Induction/Continuation (JMAT) Program to address the opioid crisis by increasing access to medication-assisted treatment using the 2/3 FDA approved medications used to treat opiate use disorders, which includes buprenorphine and naltrexone during incarceration or upon day-of release. The program intends to reduce unmet treatment needs, opioid overdose related deaths through the provision of prevention, and treatment and recovery activities for opioid use disorder (OUD) for individuals in jails.

NARCAN is provided to inmates that enter the facility under the influence of opiates. Our medical contractor will train the inmate in the use of NARCAN. A single dose of NARCAN is then placed in the inmates' property by the booking staff. JBBS and the facility's mental health staff can refer an inmate to medical for NARCAN training if they identify the need.

II. Licensed Substance Use Disorder Treatment Requirements Epidemic

1. **The Applicant's response will explain how they will identify individuals to provide services in the jail:**

The DCSO classifications staff interviews all inmates upon entry into the Detention Facility. This interview includes in-depth questioning regarding substance abuse, evidence of mental illness, trauma, and traumatic brain injury. Based on the results of this initial screening, inmate cases will be forwarded to the program manager. The program manager will review the screenings, conduct any necessary follow-up, and make referrals of inmate cases to the treatment team.

A target enrollment population of at least 45-55 (20% of ADP) will be enrolled over the course of the grant year. Accounting for length of sentence and other factors, a target population of approximately 22-27 (50% of enrollment population) will be actively involved at any point in time. Preference will be given to clients with two (2) to six (6) months to serve upon enrollment to better accommodate the evidence-based practices to be used; however, a range of one (1) to six (6) months will be accepted. Although

preference will be given to sentenced inmates those individuals that remain in custody pending disposition will be allowed to participate in the program.

2. **The application shall detail the screening process for all inmates referred to the program for presence of substance use disorders, mental health disorders, trauma, and traumatic brain injury:**

Inmates referred will be screened and assessed by ADMH therapist/case managers. Evidence-based screening instruments may include Trauma Symptom Inventory (TSI), Standardized Offender Assessment Revised (SOAR), Brief Psychiatric Rating Scale (BPRS) and the Addiction Severity Index (ASI). The treatment team will determine appropriate interventions. Jail based interventions are described in item 4 of this section. Research shows that substance abuse treatment is most effective in a group setting; treatment will primarily happen in groups in this program. Individual therapy will be used when it is clinically indicated.

The clinicians are trained in LSI/LSI-R (Level of Supervision inventory).

3. **Services must be rendered by OBH licensed agencies; therefore, the response shall include the providers OBH Substance Use Treatment Provider number for the agency location the JBBS program will operate under:**

ALLHEALTH NETWORK License # 1136

ALLHEALTH NETWORK utilized an Electronic Health Record which is only accessible through a secure Citrix portal. This is the primary documentation forum for clinical notes. Additionally, JBBS clinicians/case managers document as needed in the State system- however much of the statistical collection and reporting is completed by the DCSO Program Manager and her staff. After discharge and upon entering outpatient services ALLHEALTH NETWORK staff maintains the same clinical record as was used while the client was incarcerated. ALLHEALTH NETWORK's record keeping is in line with requirements from state systems and retains records in accordance with a written policy which incorporates Medicare, Medicaid and all federal, state and local regulatory guidelines.

4. **Programs shall have clinician positions to offer screenings, assessment and treatment in the jail and case manager positions dedicated to transitional care and a seamless re-entry to treatment services in the community:**

ALLHEALTH NETWORK currently employs 4.08 FTE therapists/case managers. These therapists/case managers work in collaboration with current mental health clinicians (2.0 FTEs) provided by our Medical/Mental Health contractor to provide a comprehensive program.

ALLHEALTH NETWORK currently delivers Strategies for Self-Improvement and Change (SSIC), however the specific mix of treatment interventions will depend on the needs presented by the program participants. DSCODF and ALLHEALTH NETWORK have implemented the following treatment modality: Moral Reconciliation Therapy (MRT)

in the jail and continue to consider additional treatment modalities that are gender responsive such as Helping Men Recover and Seeking Safety. Additional services being considered for the program are Intensive Out-Patient treatment (IOP) which will also assist a seamless re-entry into community-based treatment.

5. **Describe how staff providing services to the target population will be sensitive to diversity issues. Indicate the extent to which staff is representative of diversity and receive periodic training in cultural competence:**

Recruiting of new employees is conducted with cultural awareness and competence in mind as it relates to all facets of service. All employees received cultural awareness training as described in Licensed Substance Use Disorder Treatment Requirements Section 3.

6. **Describe the service array available within the community to program participants upon their release from the jail, including behavioral health services:**

All treatments outlined above in Section 4 are available on an outpatient basis through ALLHEALTH NETWORK. JBBS therapist/case manager consistently facilitate transition from jail-based programs to outpatient programs. We will continue to work towards our goal of consistently facilitating a warm handoff from jail based to outpatient services. For services that are not available through ALLHEALTH NETWORK, such as Traumatic Brain Injury (TBI) Domestic Violence (DV), Sex Offender Specific Therapy, Autism and Developmentally Delayed individuals, they will be coordinated with other community partners to include but not limited to: Colorado Brain Injury Resource Network, Developmental Pathways, Aurora Mental Health, etc. ALLHEALTH NETWORK is considering the addition of Sex Offender and Domestic Violence specific therapy.

7. **The response shall indicate how services needed upon release shall be identified and detail how the offender shall be linked to the appropriate services in the community without a break in services. Responses may attach sample Transition Worksheet as an attachment to the application. Priority will be given to proposals that demonstrate an effort to combine planning for treatment and transition:**

Case management will begin immediately and will assess needs and resources available to the inmate upon release including housing and appropriate family support. A need for reintegration will be assessed in areas including housing vocational training and support, job placement, medical and dental care and establishment or re-establishment of benefits, such as Medicaid and SSI. ALLHEALTH NETWORK has well established relationships with NAMI, Douglas and Arapahoe County Human Services, Vocational Rehabilitation, Metro Community Providers Network and other safety net agencies.

In the past, ALLHEALTH NETWORK JBBS clinicians/case managers have utilized our electronic health record's treatment plan to transition clients from jail based to outpatient services. The Douglas County Detention Center Jail Based Behavioral Services Transition worksheet is utilized to identify and plan for transition back to

community. The identified needs in the following areas result in service planning, connection to outside resources, identification of emergency shelters, food, and clothing, etc. Identified areas of concern: Documentation (identification); Housing; Financial; Transportation; Employment; Education; Legal/Civil; Medical; Mental Health and Substance Use needs. Based on identified needs as well as available natural and pro-social supports JBBS clinicians create and work a plan that starts before discharge whenever possible and will be followed up on at JBBS required check in window.

In addition to DCSO standard release procedures/planning, the Program Manager will meet with the treatment team as inmates near release dates. Together they will coordinate for follow-up treatment with community-based case managers or therapists, to include assistance in getting set up with services outside the ALLHEALTH NETWORK. If needed, DCSO will provide a 30-day transitional supply of any medication, either medical or psychiatric, which will suffice until these clients can be seen by the mental health psychiatrist and enrolled in pharmaceutical patient assistance programs.

8. **The proposal should describe Recovery Support Services 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:**

Emergency housing, medications, application fees ID/birth certificates, basic hygiene, phone cards, clothing vouchers, transportation to residential treatment, food assistance, backpacks, and prepaid cell phones are the items most needed for our clients. ALLHEALTH NETWORK will coordinate with the Sheriff's Office to provide these items.

III. Monitoring and Data Collection

The response shall be written with the intent to comply with the requirement to collect, maintain and submit certain data to be reported on a quarterly basis. This information shall include:

- ☐ Basic demographic information about the persons receiving services with these funds
- ☐ Numbers of clients served
- ☐ The types and quantities of services delivered
- ☐ Number and percentage who successfully transition to community-based services upon release
- ☐ Program termination outcomes
- ☐ Prevalence data gathered from administering mental health, substance use disorder, trauma, and traumatic brain injury screens

In an effort to create similar requirements to meet program eligibility criteria across the state, one of the following screening tools for should be used for the 5 areas 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	Colorado Criminal Justice	PTSD Checklist	HELPS Brain Injury	Level of Supervision

Assessment-Revised	Mental Health Screen – Adult (CCJMHS-A)		Screening Tool	Inventory
Addiction Severity Index	Brief Behavioral Health Screen	Trauma Symptom Inventory	OSU Traumatic Brain Injury Screening	
Simple Screening Instrument -				

OBH requires all programs to submit the above data on a web-based database. The data must be submitted and maintained on a quarterly basis. Detailed information regarding this requirement shall be provided upon contract implementation.

- ❑ Licensed SUD treatment providers will submit DACODS and when appropriate, CCAR data to the Office of Behavioral Health.

The Douglas County Sheriff's Office Detention Facility's Reintegration team in conjunction with the Sheriff's Office Information Technology, will generate reports containing the above required data that is gathered from an inmate upon screening and his/her subsequent treatment with the treatment team. The project manager will be responsible for ensuring the data is reported and for coordinating data collection.

DCSODF and its behavioral partners have extensive experience in collecting required information and routinely transmit that information to the OBH. For example, ALLHEALTH NETWORK has been a primary provider of Medicaid Mental Health Services since the capitation program began as part of (and co-owners) of Behavioral Healthcare, Inc. ALLHEALTH NETWORK also has an extensive background in providing information to the Alcohol and Drug Abuse Division. Please see A. Ability, section II, question 7 for further detail.

IV. Demonstrated Experience and Capabilities

1. What is the name and mailing address of the legal entity submitting this proposal?

Douglas County Sheriff's Office, Detention Division, 4000 Justice Way, Castle Rock, CO 80109.

2. Please provide the name of the individual who will be the Project Director (or equivalent title) and his/her contact information:

San Castillo Jones, BS, CAS
Douglas County Sheriff's Office
Detention Division
4000 Justice Way
Castle Rock, CO 80109
(303) 814-7024
scastillo@dcsheriff.net

3. Provide a description of the partner provider organization(s) receiving funds including name, type of organization, services provided by the organization and region served:

ALLHEALTH NETWORK (formerly known as Arapahoe Douglas Mental Health Network) is an organization that has been providing mental health and substance use counseling since 1955. ALLHEALTH NETWORK is a mission-driven not-for-profit, private organization with a full array of clinical services available to all ages.

ALLHEALTH NETWORK is a trusted family of mental health and substance use providers. Warm, smart, compassionate clinicians (counselors, therapists, social workers, psychiatrists, case managers, nurses) offer a consistent model of clinical excellence with a focus on personalized goals for treatment. Individuals of all ages may seek care from ALLHEALTH NETWORK utilizing a variety of services such as counseling, medication Services, group and family therapy, case management and crisis services for those needing inpatient, intensive outpatient or traditional outpatient care.

V. Cost Proposal

The Cost Proposal, as suggested, shall cover all costs associated with the application:

The Douglas County Sheriff's Office JBBS program will serve approximately 50-60 clients during the fiscal year. The Sheriff's Office currently contracts with the ALLHEALTH NETWORK to provide the substance abuse and mental health treatment program for JBBS program.

ALLHEALTH NETWORK Expenses:

Direct Personnel Cost: \$347,188

The FTE costs below include salary and benefits for four (4) full time employees and one part-time employee (.08) funded through the JBBHS grant for the following categories:

SUD: \$160,110

- 1.0 FTE Licensed Therapist – salary and benefits
- 1.0 FTE Clinical Manager – salary and benefits

Mental Health Treatment: \$187,078

- 1.0 FTE Licensed Therapist – salary and benefits
- 1.0 FTE Clinical Manager – salary and benefits
- .8 FTE Case Manager – salary and benefits