

Contract Amendment #1

Signature and Cover Page

State Agency

Colorado Department of Human Services
 Behavioral Health Administration

Contractor

City of Littleton for the use and benefit of the
 Littleton Police Department

Current Contract Maximum Amount

Initial Term

State Fiscal Year 2026 \$108,535.00

Extension Terms

State Fiscal Year 2027 \$115,000.00

Total for All State Fiscal Years \$223,535.00

Original Contract Number

26 IBEH 198176

Amendment Contract Number

26 IBEH 197168

Contract Performance Beginning Date

July 1, 2025

Current Contract Expiration Date

June 30, 2027

Signature page begins on next page.

The Parties Hereto Have Executed This Amendment

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

Contractor
 City of Littleton for the use and benefit of the
 Littleton Police Department

State of Colorado
 Jared S. Polis, Governor
 Colorado Department of Human Services
 Michelle Barnes, Executive Director

By: Kyle Schlachter, Mayor

By: Stephanie Beasley, Commissioner
 Behavioral Health Administration

Date: _____

Date: _____

APPROVED AS TO FORM:

 Reid Betzing, City Attorney

In accordance with §24-30-202 C.R.S., this Contract is not valid until signed and dated below by the State Controller or an authorized delegate.

State Controller
 Robert Jaros, CPA, MBA, JD

By: Telly Belton/Toni Williamson/Amanda Rios/Nina
 Douglass

Amendment Effective Date: _____

1. Parties

This Amendment (the “Amendment”) to the Original Contract shown on the Signature and Cover Page for this Amendment (the “Contract”) is entered into by and between the Contractor, and the State.

2. Terminology

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. Amendment Effective Date and Term

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown on the Signature and Cover Page for this Amendment. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after the Amendment term shown in §3.B of this Amendment.

B. Amendment Term

The Parties’ respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown on the Signature and Cover Page for this Amendment or July 1, 2026, whichever is later, and shall terminate on the termination of the Contract.

4. Purpose

Under the original contract the Contractor has implemented a Co-Responder Services Program for its community by partnering with key stakeholder partners.

The purpose of this amendment is to renew the contract for State Fiscal Year 2027. This amendment updates Exhibit A, Exhibit B, and adds \$115,000.00 in new funding for FY27

5. Modifications

The Contract and all prior amendments thereto, if any, are modified as follows:

- A. The Contract Initial Contract Expiration Date on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Expiration Date shown on the Signature and Cover Page for this Amendment.
- B. The Contract Maximum Amount table on the Contract's Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown on the Signature and Cover Page for this Amendment.
- C. REPLACE Exhibit A, Statement of Work, with Exhibit A-1, Statement of Work, attached and incorporated by reference.
- D. ADD Exhibit B-1, Budget, attached and incorporated by reference.

6. Limits Of Effect and Order of Precedence

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

Exhibit A-1- Statement of Work

Article 1

Purpose and Target Population

1.1 Purpose

The purpose of this project is to create, sustain, or expand Co-Responder Programs. Co-Responder Programs (“Programs”) create and foster partnerships between behavioral health professionals and law enforcement, in order to provide effective responses to individuals in crisis and those with behavioral health needs (mental health and/or substance use). Programs identify calls for police service where behavioral health appears to be a relevant factor and utilize the combined expertise of behavioral health and law enforcement to de-escalate situations, deflect individuals away from unnecessary criminal legal system involvement and hospitalization, and link individuals to appropriate services. The behavioral health clinician provides on-site screening and assessment, crisis intervention services, and referrals, as well as follow-up and connections to additional resources when necessary.

Taking population density and other available resources into consideration, the program and team structure vary between locations to best meet the needs of the community and the partnering agencies. There are generally two approaches: a primary or secondary response model. A primary response is when the clinician is paired with an officer for a joint response, and the officer’s time is usually dedicated to the program. A secondary response is when the clinician responds to requests from officers or dispatch and is not generally paired directly with an officer. In addition to law enforcement and behavioral health clinicians, Programs may include other components, such as additional first responder types (fire, EMS, etc.), case management, and peer support.

1.2 Target Population

Individuals who are brought to the attention of law enforcement and appear to be experiencing a behavioral health crisis or who have other behavioral health needs, as determined by the Contractor and their Program policies. This includes individuals at risk of low-level offenses, misdemeanor crimes, or repeated contact with law enforcement. The Contractor may expand eligibility criteria to meet specific community needs.

Article 2

Definitions and Acronyms

- 2.1 **“BAA”** means Business Associate Agreement, as defined in Exhibit D - HIPAA Business Associate Agreement- Qualified Service Organization Addendum.
- 2.2 **“BHA”** means Behavioral Health Administration established in Section 27-50-102, C.R.S.
- 2.3 **“CDHS”** means Colorado Department of Human Services which is the principal department of the Colorado state government that operates the state's social services.
- 2.4 **“Co-Responder Program”** means Co-Responder Programs, which dispatch behavioral health Co-Responders along with law enforcement, or provide a joint secondary response on calls for service wherein behavioral health appears to be a relevant factor.
- 2.5 **“Contractor”** means individual or entity selected as a result of solicitation to complete the work contained in the Contract.
- 2.6 **“Critical Incident”** means a situation in which death, physical assault and/or serious injuries are sustained by Program staff or clients that occurs during a Co-Responder intervention or response.
- 2.7 **“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996.
- 2.8 **“Program”** means the Co-Responder program.
- 2.9 **“Program/Project Manager”** means the person responsible and accountable for managing the Contractor's Co-Responder Program.
- 2.10 **“Program Coordination Group”** means the group that oversees the Program's implementation and progress.
- 2.11 **“Project Director”** means the person who is employed by and has decision making authority for the Contractor, holds overall responsibility for ongoing program administration and fiscal oversight and is the point of contact for BHA for the purposes of contract management and oversight.
- 2.12 **“RNR”** means the Risk-Need-Responsivity model of assessment and treatment to determine risk of recidivism, criminogenic needs, and responsivity of interventions.
- 2.13 **“Steering Committee”** means the group responsible for guiding changes and addressing issues related to the implementation and development of the Program.

Article 3 Activities and Services

3.1 Allowable Uses of Funding

The Contractor may use funds to support, with the approval of BHA, items including but not limited to the following:

- (a) Program personnel, project management, and community engagement.
- (b) Costs for temporary services and treatments necessary to stabilize a participant's condition, including necessary housing, when other funding is unavailable.
- (c) Outreach.
- (d) Specialized program training approved by BHA.
- (e) Dedicated law enforcement resources, including overtime required for participation in operational meetings and training.
- (f) Training and technical assistance from experts in the implementation of Co-Responder Services Programs in other jurisdictions.
- (g) Collecting and maintaining the data necessary for program evaluation.

3.2 Work Plan

- (a) The Contractor shall provide BHA with an annual Work Plan, using the BHA-provided template, for review and approval.
 - i. DELIVERABLE: Annual Work Plan
 - ii. DUE DATE: Due 30 days from Contract Effective Date and annually thereafter
 - iii. DELIVERED TO: Program Manager

3.3 The Contractor shall respond to communications from the BHA within five (5) calendar days.

3.4 Start-up Period for Project Development

The Contractor shall be permitted a start-up period of up to three (3) months from the date of contract execution. At the end of this period, the Contractor is expected to have all required program partnerships and contracts finalized and to be ready to begin program operations. If the Contractor is unable to implement the program within three months, the Contractor will be placed on a performance improvement plan and shall work with BHA to draft and meet it.

3.5 Steering Committee

- (a) The Contractor shall develop and maintain a Steering Committee that meets at least biannually to oversee the implementation and ongoing development of the Program for the duration of the Contract term. The Steering Committee shall include high-level, decision-making representatives from each of the key local stakeholder disciplines listed below:
- i. Lead law enforcement agency representative.
 - ii. Behavioral health service provider representative.
 - iii. Impacted individual and/or consumer or family member.
 - iv. Local hospital representative and;
 - v. Crisis Services representative.
- (b) The Contractor shall also include other entities in the Steering Committee, which, in its determination, are integral to the success of the Program. Entities may include, but are not limited to, prosecutors, jail administrators, advocacy groups, and harm reduction agencies.
- (c) The Steering Committee shall be charged with the following:
- i. To perform an initial examination of the nature of the problem to help develop the Program's objectives and design.
 - ii. To consider how the Program relates to other local criminal justice or behavioral health partnerships that may be in place or are in the process of being established.
 - iii. To support a forum for planning decisions during the implementation phase, and to provide ongoing leadership, problem-solving, and design modifications throughout the life of the Program.
 - iv. To designate appropriate staff to make up a Program Coordination Group.
 - v. To identify and resolve or reduce the impact of any barriers to the Program's success.
 - vi. To develop procedures to ensure that essential information is shared in an appropriate and timely manner.
 - 1) DELIVERABLE: Steering Committee & Program Coordination Group Rosters
 - 2) DUE DATE: Sixty (60) days after contract execution and as updated
 - 3) DELIVERED TO: cdhs_bhadeliverables@state.co.us

3.6 Program Coordination Group

- (a) The Contractor shall develop and maintain a Program Coordination Group to guide and support the Program operations. If creating two separate groups is unrealistic due to workforce and/or resource limitations, this Program Coordination Group may be the same as the Steering Committee.
- (b) The Program Coordination Group shall:
 - i. Oversee officer and Program training implementation, as specified in Article 3.12 below.
 - ii. Measure the Program's progress toward achieving stated goals.
 - iii. Resolve ongoing challenges to the Program's effectiveness; and
 - iv. Inform agency leaders and other policymakers of Program costs, developments, and progress.
- (c) The Contractor shall designate a law enforcement Program Champion within each partnering law enforcement agency to serve as the agency's representative on the Program Coordination Group.
 - 1) DELIVERABLE: Steering Committee & Program Coordination Group Rosters
 - 2) DUE DATE: Sixty (60) days after contract execution and as updated
 - 3) DELIVERED TO: cdhs_bhadeliverables@state.co.us

3.7 Program/Project Manager

The Contractor shall select a Program/Project Manager ("Manager"), and establish the Manager's role, responsibilities, and authority, which shall include support of the Steering Committee and the Program Coordination Group. The Manager is the point person for BHA throughout the life of the contract. The Contractor shall notify BHA by email of any changes to the Manager's contact information within one business day of the change.

3.8 Project Director

If the Manager is not employed within the Contractor's agency or does not have the necessary decision making authority, the Contractor shall identify a Project Director who is employed by the Contractor and has decision making authority for the Contractor. The Project Director holds overall responsibility for ongoing program administration and fiscal oversight and is the point of contact for BHA for the purposes of contract management and oversight. The Contractor shall notify BHA via email of any changes to the Project Director's contact information within one business day of the change. If the Manager has

the necessary authority within the Contractor's agency, the Project Director role may be the same person.

3.9 Partnership Agreements

The Contractor shall develop partnership agreements with other local criminal justice agencies, behavioral health agencies, or government agencies, to address any key challenges inherent in multidisciplinary collaboration. Partnership agreements shall include a description of how partners collectively identified the need for the project, and individualized letters of support outlining each partner's level of participation and commitment in the Program, responsibilities to the Program (policy and/or operational), resources they will contribute, and processes in collecting and sharing data. The Contractor, or any other party or partnership, does not have authority to negotiate or enter into any agreements on behalf of CDHS or the BHA.

- (a) DELIVERABLE: Partnership Agreement(s)
- (b) DUE DATE: Upon execution of a partnership agreement(s)
- (c) DELIVERED TO: cdhs_bhadeliverables@state.co.us

3.10 Data Sharing Agreements

The Contractor shall ensure that a data-sharing Business Associates Agreement ("BAA") is developed and implemented between the partner agencies, as required by law. The data-sharing agreement shall ensure that each partner agency complies with the terms of the HIPAA-BAA and 42 CFR Part 2.

3.11 Program, Policies, and Procedures

- (a) The Contractor shall develop and maintain Program policies and procedures, subject to BHA review and approval.
- (b) The Contractor shall submit a draft copy of each of the policies and procedures required under this Article 3.11, to BHA for review and comment. The Contractor shall work with BHA to resolve all comments from BHA and incorporate any agreed-upon revisions in the final policies and procedures.
 - i. DELIVERABLE: Program Policies and Procedures Document
 - ii. DUE DATE: Draft document due to BHA ninety (90) days from initial Contract Effective Date. Final document due to BHA thirty (30) days from reviewed draft sent from BHA to Contractor. Subsequent updates to policies and procedures due to BHA within ten (10) days of changes
 - iii. DELIVERED TO: BHA Program Manager shall provide email address during contract execution process.

(c) The Contractor shall ensure that specific policies and procedures are developed and implemented for the following aspects of the Program.

i. Target Population and Eligibility Criteria

The Contractor shall identify the target population, develop eligibility criteria, and develop Program policies to identify individuals who will be referred to and contacted by the Program, including the types of calls for service and the general circumstances that warrant a co-response engagement. The Contractor shall include the Target Population criteria outlined in Article 1.2 in the Program target population and eligibility criteria.

ii. Call Taker and Dispatcher

The Contractor shall develop, or ensure the development of, policies and procedures for call takers and dispatchers. These shall include, but are not limited to:

- 1) The specific information call takers must gather from calls.
- 2) Policies specifying the means by which dispatchers are informed of staffing patterns, including up to date information during shifts.
- 3) Clear definitions of the geographic coverage areas designated and eligible for law enforcement and behavioral health Co-Responder calls.
- 4) Call types that Co-Responder Teams will respond to and the process by which dispatchers request deployment of the Co-Responder team to active calls for service.

(d) Stabilization, Observation, and Disposition

The Contractor shall develop policies and procedures to help guide law enforcement officers and behavioral health Co-Responders to resolve encounters with the least restrictive environment appropriate for the circumstances.

(e) Transportation and Custodial Transfer

The Contractor shall develop policies and procedures to help guide effective and efficient transportation and custodial transfers. The policies shall at a minimum:

- i. Identify facilities capable of assuming custodial responsibility, which are available at all times, have personnel qualified to conduct a behavioral health evaluation, and do not turn away people brought by law enforcement without specific reasons.

- ii. Establish resources to connect individuals with, including friends, family members, peer support groups, or crisis centers, when available in non-custodial situations.
- iii. Engage the services of the individual’s current behavioral health provider or a crisis team.

(f) Critical Incident Policy

Contractor shall develop and maintain a policy for review of critical incidents (including death, physical assault and/or serious injuries sustained by Program staff or clients) (“Critical Incidents”) that occur during a Program intervention or response and adhere to Critical Incident Reporting in Article 3.19.

(g) Information Exchange and Confidentiality

The Steering Committee shall develop procedures to ensure that essential information is shared in an appropriate manner. Information shall be shared in a way that protects individuals’ confidentiality rights as treatment consumers and constitutional rights as possible defendants. Individuals with behavioral health disorders who have been in contact with a behavioral health agency should be offered an opportunity to provide consent in advance for behavioral health providers to share specified information with law enforcement authorities if an incident occurs (sometimes called an advance directive).

3.12 Program Training and Cross-Training

(a) State Program Meeting Requirements.

The Contractor shall attend an orientation session (mandatory only in the Contractor’s first year under the Program), monthly Program progress status meetings with the BHA Program Manager, and other required Program meetings and training throughout the term of the Program.

- i. DELIVERABLE: Monthly Program Progress Status meetings
- ii. DUE DATE: Monthly (day and time shall be mutually agreed upon after contract execution)
- iii. DELIVERED TO: BHA Program Manager shall provide virtual meeting link upon identifying mutually agreed upon day and time

(b) Contractor Training

The Contractor shall provide necessary training for Contractor’s Program to include:

i. Officer Training

The Contractor shall provide officer training to improve officers' responses to people with behavioral health needs and to educate officers on the Program. The Contractor shall determine the amount of training necessary to ensure, at a minimum, that there is a group of officers who have received training about the Program that is sufficient to cover all time shifts and geographic districts.

ii. Cross-Training

The Contractor shall provide opportunities to behavioral health personnel and other internal and external stakeholders to help improve cross-system understanding of agencies' roles and responsibilities, law enforcement issues, Program policies and procedures, information sharing, safety, and other opportunities to see policies translated into action.

3.13 Service Area

The Contractor shall define the service area that best meets the community's needs and submit to BHA for approval.

3.14 Individualized Service Provision

The Contractor's Program shall link individuals referred to or contacted by the Program to community-based behavioral health supports and services, as appropriate.

3.15 The Non-Displacement of Resources

The Contractor shall ensure Program participants do not receive preferential access to resources if it would prevent others on waitlists, or who had previously secured a resource, from being served.

3.16 Evidence-Based Practices

The Contractor shall use evidence-based and promising practices within the screening and service delivery structure, as appropriate, to support effective outcomes. The use of a risk/need/responsivity (RNR) model is encouraged to assess various factors such as substance use disorders, mental illness, cognitive or physical impairments, financial issues, family dynamics, housing instability, developmental disabilities, low literacy levels, and lack of reliable transportation, all of which may need to be addressed to support success.

3.17 Staff Time Tracking and Invoicing

The Contractor shall ensure expenses and staff time are tracked and invoiced separately for each Program or funding stream.

3.18 Subcontractor or Partnership Contract Execution and Termination

The Contractor shall submit copies of all their subcontracts related to this project within thirty (30) days of subcontract execution. In the event of the termination of a partnership with a subcontractor related to service provision of this project, the Contractor shall transition to a new partnership or hire personnel within the Contractor's agency no later than thirty (30) days from termination to ensure continuity of service for participants of the Program. The Contractor shall communicate any subcontractor termination via email to the BHA Program Manager within one (1) business day.

(a) DELIVERABLE: Subcontractor Executed Copies

(b) DUE DATE: Upon execution of subcontracts

(c) DELIVERED TO: cdhs_bhadeliverables@state.co.us

3.19 Critical Incident Reporting

If a Critical Incident (including death, physical assault and/or serious injuries sustained by Program staff or clients) occurs during a Co-Responder intervention or response, the Contractor shall make the appropriate selection on the BHA data collection form and inform the BHA Program Manager within three (3) days to determine any additional actions.

3.20 Data Collections and Program Outcomes

The Contractor shall collect data, measure outcomes, and report Program outcomes to the State, using the BHA data collection form, to assist in determining the effectiveness of the Program. The Contractor shall provide the BHA Program Manager with the email(s) of the Program personnel who are responsible for the monthly data submission for inclusion on the Secure Uploader whitelist. The URL for the Secure Uploader is listed on the data collection form and may be requested from the BHA Program Manager

(a) Deliverable Report Title: Monthly data reporting

(b) Deadline: Fifteen (15) days after the end of the reporting month

(c) Deliverable Submission: Upload completed data template monthly via the BHA Secure Uploader

Article 4
Deliverables

4.1 Deliverables Table

The Contractor shall provide the deliverables in accordance with the dates outlined in the table below to cdhs_bhadeliverables@state.co.us, unless otherwise specified.

Deliverable deadlines occurring after contract end date are contingent upon contract renewal. Deadlines may be altered administratively.

Deliverable	Deadline	Statement of Work Reference
Revised Work Plan (On a template provided by BHA)	Due 30 days from Contract Effective Date and annually thereafter	Article 3.2
Program Policies and Procedures Document	During implementation phase: 1. Draft document due to BHA ninety (90) days from Contract Effective Date. 2. Final document due to BHA thirty (30) days from reviewed draft sent from BHA to Contractor. Subsequent updates to policies and procedures due to BHA within ten (10) days of changes.	Article 3.11
Partnership agreement(s) copies	Upon execution of partnership agreement(s)	Article 3.9
Monthly Progress Status Meeting (Mutually agreed upon day/time via Google Meet)	Monthly	Article 3.12
Data reporting (Using BHA provided template and submitted through Secure Uploader)	Fifteen (15) days after the end of the reporting month	Article 3.20
Subcontract(s) copies	Upon execution of subcontract(s)	Article 3.18
Steering Committee and Program Coordination Group Member Rosters	Sixty (60) days after contract execution and as updated	Articles 3.5 and 3.6

Article 5

Performance Outcome Measures

5.1 Measure: Number of calls for service and referrals received and responded to by Program

Outcome Goal: Of the total number of Program calls for service and referrals, 70% or more will receive a response.

5.2 Measure: Number of calls that do not result in arrest.

Outcome Goal: Of the total number of active Co-Responder calls, 90% or more will not result in arrest when there is no cause for mandatory arrest (at the discretion of the officer).

5.3 Measure: Number of interventions, services and resource linkage provided to individuals contacted by the Program.

Outcome Goal: Of the total number of individuals contacted, 70% will receive one or more intervention, service, or linkage to resources.



COLORADO
Behavioral Health
Administration

Exhibit B-1: FY27 Annual Budget

BHA Program	Co-Responder Program		
Agency Name	Littleton Police Department	Program Contact Name, Title	Commander Hal Mandler
		Phone	303-795-3889
		Email	hmandler@littletongov.org
Budget Period	07/01/2026-06/30/2027	Fiscal Contact Name, Title	Commander Hal Mandler
		Phone	303-795-3889
		Email	hmandler@littletongov.org
Project Name	Littleton Police Department Co-Responder Program	Date Completed	4/15/2026

All budget numbers are estimates. Contract billing will be on a cost reimbursement basis for actual expenses incurred.

Expenditure Categories					
Personnel Services / Salaried Employees					Annual Budget
Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from BHA
					\$ -
Personnel Services / Hourly Employees					Annual Budget
Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from BHA
					\$ -
Total Personnel Services (including fringe benefits)					\$ -
Contractors / Consultants (payments to third parties or entities)					Annual Budget
Contractor Name	Description of Work	Rate	Quantity	Total Amount Requested from BHA	
AllHealth Network	AHN will provide programming staff including Co-Responder positions (hourly, shift differential, OT, benefits, payroll taxes), crisis case manager and program manager support (clinical supervision & administrative functions for the team). Will also include funds to support professional development (conference attendance & travel expenses, training, continuing ed, etc). Client needs and other allowable program expenses, funding permitted and with BHA approval. This is partial funding, shared with LPD)	\$ 9,583.33	12	\$ 115,000.00	
Total Contractors/Consultants					\$ 115,000.00
Travel					Annual Budget
Item	Description of Item	Rate	Quantity	Total Amount Requested from BHA	
				\$ -	
Total Travel					\$ -

Supplies & Operating Expenses				Annual Budget
Item	Description of Item	Rate	Quantity	Total Amount Requested from BHA
				\$ -
Total Supplies & Operating Expenses				\$ -
TOTAL DIRECT COSTS (TDC)				\$ 115,000.00
Exclusions from Indirect Cost Base expenses per OMB 2CFR § 196				
			Subaward in excess of \$50,000	\$ -
			Rent	\$ -
			Equipment	\$ -
			Other	\$ -
Total Expenses per OMB 2CFR § 200				\$ -
MODIFIED TOTAL DIRECT COSTS (MTDC)				\$ 115,000.00
Indirect Costs				Annual Budget
Indirect Cost	Description of Item		Percentage	Total Amount Requested from
				\$ -
Total Indirect				\$ -
TOTAL Request				\$ 115,000.00