ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9:00 a.m. on Friday.** Contact the Mayor's Legislative team with questions

Date of Request: 10/30/2025

Please mark one: ☐ **Bill Request** **or** ☒ **Resolution Request**

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map HERE)

☐ **Yes** ☒ **No**

1. Type of Request:

☒ **Contract/Grant Agreement** ☐ **Intergovernmental Agreement (IGA)** ☐ **Rezoning/Text Amendment**

☐ **Dedication/Vacation** ☐ **Appropriation/Supplemental** ☐ **DRMC Change**

☐ **Other:**

2. Title: (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request**,** etc.)

Amends a contract with The Colorado Coalition for the Homeless (CCH) by adding $480,040.00 for a new total of $1,680,133.00 and to add one year for a new end date of 12-31-2026 for the Respite Care Program, citywide (HOST-202368729 /HOST 202581463-02).

3. Requesting Agency: Department of Housing Stability (HOST)

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Kelsey Antun	Name: Polly Kyle
Email: Kelsey.Antun@denvergov.org	Email: Polly.Kyle@denvergov.org

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

The Respite Care Program is dedicated to serving the shelter and recovery needs of people experiencing homelessness. The Respite Care Program aims to decrease deleterious medical outcomes based on the inability for people experiencing homelessness to care for self-directed medical needs, post-surgery, or during disease recovery.

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

7. City Council District: Citywide

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____ Date Entered: _____

Key Contract Terms

Type of Contract: (e.g. Professional Services > $500K; IGA/Grant Agreement, Sale or Lease of Real Property):
Professional Services >$500,000

Vendor/Contractor Name: Colorado Coalition for the Homeless

Contract control number: HOST 202581463-02

Location: 2111 Champa Street, Denver CO, 80205

Is this a new contract? ☐ **Yes** ☒ **No Is this an Amendment?** ☒ **Yes** ☐ **No If yes, how many? _02____**

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):
HOST-202368729 7/01/2023-12/31/2024
HOST-202477217-01 7/01/2023-12/31/2025
HOST 202581463-02 7/01/2023-12/31/2026

Contract Amount (indicate existing amount, amended amount and new contract total):

Current Contract Amount (A)	*Additional Funds (B)*	*Total Contract Amount (A+B)*
$1,200,093	$480,040.00	$1,680,133

Current Contract Term	*Added Time*	*New Ending Date*
7/01/2023-12/31/2025	1 year	12/31/2026

Scope of work:

A. The Respite Care Program is dedicated to serving the shelter and recovery needs of people experiencing homelessness. Respite participants are referred by the hospital system because they are no longer eligible for hospital related care, but have continued, self-directed, medical needs that require a safe environment to ensure health and healing. Health conditions experienced by guests may include post-surgical recovery and adherence to dictated isolation and recovery guidelines due to infectious disease.
   1. CCH will provide respite care services at the Stout Street Recuperative Care Center (SSRCC) or other approved Respite sites. Services will include the following:
      a. Around the clock support with a focus on healing and supporting an acute medical need.
      b. Behavioral health support
      c. Case Management and housing readiness support
   2. SSRCC accepts referrals from hospital/hospital systems and other community partners for recuperative care beds
      a. CCH has secured fully executed contracts with local hospitals/hospital systems.
   3. At SSRCC, CCH will provide a safe dignified and quality semi-private spaces for people experiencing homelessness to heal and stabilize from medical issues.
      a. Provisions include basic necessities and furnishings, including but not limited to: bed, linens, toiletries, adequate lighting, bathing facilities, telephone access and adequate utilities.

B. CCH will dedicate 14 beds for people with acute medical and/or behavioral health conditions. Recuperative Care will be provided based on individual patient need.
   a. There will be a two-week minimum stay to allow incorporation of case management, peer support, and behavioral health services into each patient's care plan.
   b. Individual patient's discharge and length of stay plans are developed cooperatively among staff members and each patient.
   c. Maximum length of stay is up to two (2) months.
      i. CCH will provide length of stay waivers and extensions due to health care and related need.

C. CCH will work with each patient to arrange for eligible post-SSRCC supportive housing and will place eligible discharging SSRCC patients in the CCH's Housing is Healthcare project which is designed to offer permanent supportive housing to patients leaving SSRCC.

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a. CCH will ensure at least 85% of patients are discharged from recuperative care to shelter, transitional housing, stable housing, or permanent housing.

D. CCH will maintain a No-Show/Absence Policy
   a. CCH will accommodate medical or other service-related appointments.

E. Housekeeping should be available daily, and units should be cleaned at least twice per week, or more frequently as needed. Ensuring vacant beds/units are available to be turned over within twenty-four (24) hours.

F. Provide three (3) nutritionally balanced meals daily for each patient.

Was this contractor selected by competitive process? Yes/No **If not, why not?**

Has this contractor provided these services to the City before? ☒ **Yes** ☐ **No**

Source of funds: Homelessness Resolution Fund

Is this contract subject to: ☐ **W/MBE** ☐ **DBE** ☐ **SBE** ☐ **XO101** ☐ **ACDBE** ☐ **N/A**

WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A

Who are the subcontractors to this contract? N/A

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