

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto: MileHighOrdinance@DenverGov.org) by **9 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 4/26/2024

Please mark one: Bill Request or Resolution Request

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 parent agreement SAFTY-201840168 with Second Chance Center, Inc. SAFTY-202473591-07 will extend the term and increase the contract maximum amount of the agreement.

3. Requesting Agency:

Department of Safety

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Greg Mauro Emily Lauck	Name: Greg Mauro Emily Lauck
Email: greg.mauro@denvergov.org emily.lauck@denvergov.org	Email: greg.mauro@denvergov.org emily.lauck@denvergov.org

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

This agreement provides recovery support services for participants placed in community corrections as authorized by the community corrections agreement with the State of Colorado. The source of funds is the Correctional Treatment Fund and limits the use of funds to only eligible participants who are placed in a community corrections program

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

McKenzie Brandon

7. City Council District:

City-Wide

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

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 > \$500K

Vendor/Contractor Name:

Second Chance Center, Inc.

Contract control number:

SAFTY-201840168

Location:

City-wide

Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? 07

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

SAFTY-201840168-00; Term 02/01/2018 - 06/30/2019; executed 03/13/2018;
 SAFTY-201840168-01; Term 02/01/2018 - 06/30/2019; executed 01/08/2019;
 SAFTY-201950530-02; Term 02/01/2018 - 06/30/2020; executed 07/07/2019;
 SAFTY-202054770-03; Term 02/01/2018 - 06/30/2021; executed 08/07/2020;
 SAFTY-202159166-04; Term 02/01/2018 - 06/30/2022; executed 09/27/2021;
 SAFTY-202263190-05; Term 02/01/2018 - 06/30/2023; executed 06/07/2022;
 SAFTY-202367948-06; Term 02/01/2018 - 06/30/2024; executed 05/31/2023;
 SAFTY-202473591-07; Term 02/01/2018 - 6/30/2025; This amendment

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

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$464,000	\$200,000	\$664,000

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
02/01/2018 - 6/30/2024	1 Year	06/30/2025

Scope of work:

Pursuant to C.R.S. 18-19-103, the outpatient Correctional Treatment Funds (CTF) for the Division of Criminal Justice (DCJ), Office of Community Corrections (OCC) are intended to be directed towards substance use and dual diagnosis treatment for clients placed in community corrections. Specifically, this plan allows for the use of CTF for outpatient substance use therapy, mental health evaluations, psychiatric care, mental health therapy, dual diagnosis therapy, psychotropic medication, and addiction medication in both residential and non-residential placement. The funds will be used to reimburse providers for qualifying treatment modalities for specific and qualifying clients. This also includes Recovery Support Services which exist to remove barriers that interfere with attaining or maintaining sobriety or long-term recovery as well as to support or reinforce gains made in mental health and/or substance abuse treatment. This agreement authorizes the continuation for this vendor to provider Recovery Support Services for community corrections participants.

Was this contractor selected by competitive process? No

If not, why not? Sole source due to zoning restrictions.

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Date Entered: _____

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

Source of funds:

Community Corrections Funding by Colorado Division of Criminal Justice, SAFTY-202368560

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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