

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

****All fields must be completed.****
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: June 30, 2011

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

The Department of Safety is requesting an ordinance approving and providing for the execution of an agreement for \$854,799 from the federal Substance Abuse Mental Health Services Administration (SAMHSA) for DARTT services to Drug Court clients co-occurring substance abuse and mental health issues.

3. **Requesting Agency:**

Department of Safety

4. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution.)*

- **Name:** Mel Thompson
- **Phone:** 720-913-6445
- **Email:** Melvin.Thompson@denvergov.org

5. **Contact Person:** *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)*

- **Name:** Regina Huerter
- **Phone:** 720-913-6606
- **Email:** Regina.Huerter@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

The Crime Prevention and Control Commission received a SAMHSA grant to provide high fidelity wrap around treatment services to persons with co-occurring mental health and substance abuse issues enrolled in Denver Drug Court. The grant time frame is three years, FY 10/1/2009 –9/29/2012; \$284,933 annually and \$854,799 over the life time of the grant.

*****Please complete the following fields:*** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** GC93016
- b. **Duration:** 10/1/2009 through 9/29/2012
- c. **Location:** n/a
- d. **Affected Council District:** All
- e. **Benefits:**
- f. **Costs:** Funding is provided by the Federal Government

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

We do not believe there are any issues surrounding this agreement.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

Fund 12210	Org 3501101	Project: S1109SAMHSA9-12	
Fund	Org	Project	
Account Number: 437700			
High Intensity wrap around services for Drug Court clients with mental illness			
Prior Amount	\$284,933	2-Year Ext	Prior council action none
Amendment Amount	\$ 569,866		
Total Amount	\$854,799		
Term: FY 10/1/2009 –9/29/2012;		Contract # : GC93016	

- Contract extension through September 29, 2012
- Provision by the contractor to provide the following by entity:

Funds are to be used for operational costs and intervention/treatment services. All costs are based on 12 months.

Contract is sub contracted to MHCD and CCH staff to provide High Intensity treatment services.

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