

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 | |
| Amendment Amount | \$ 569,866 | 2-Year Ext |
| Total Amount | \$854,799 | Prior council action none |
| 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.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____