ORDINANCE/RESOLUTION REQUEST

Ρl	ease mark one:		or	Date of Request: December 1, 2014 Resolution Request	
		-		•	
1.	_	ubmitted this request in	i the last 1	2 months?	
	☐ Yes	⊠ No			
	If yes, please e	explain:			
2.	number SOCSV-20	14-16373-01, adding \$4:	55,393.84 f	IAL BEHAVIORAL HEALTH NETWORK, through contract control for a total of \$1,635,757.27, to provide mental health and substance abuse tem for the term of $6/1/2013 - 5/31/2015$.	
		ORAL HEALTH NETW laza Boulevard, Suite 15 c, CO 80111			
3.	. Requesting Agency: Denver Department of Human Services				
4.	Contact Person: Name: Ron M Phone: 720-94 Email: Ron.M				
5.	Contact Person: Name: Ron M Phone: 720-94 Email: Ron. M	44-29032			
6.	General descriptio	General description of proposed ordinance including contract scope of work if applicable:			
	continuum of care (Detoxification or co and referral to treati	Outpatient, Intensive Outparable alternatives as ment agencies. The Core	tpatient, To mutually a program p	LTH NETWORK has and will continue to provide clinical care, full ransitional Residential, Intensive Residential, Therapeutic Community, agreed upon), and one certified substance abuse counselor for assessment provides culturally competent strength-based resources and support services ildren/youth by supporting stable families and prevent out-of-home	
	a. Contract	Control Number: SO	CSV-2014-	-16373-01	
		6/1/2013 - 5/31/2015			
	c. Location: d. Affected (Denver Human Service Council District: All	ces and var	rious community sites	
	e. Benefits:			ies and prevent more restrictive levels of out of home placement to children	
				funding, a portion of which is mill levy dollars.	
7.	Is there any contro	oversy surrounding this	ordinance	e? Please explain. No	
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		То в	e complete	d by Mayor's Legislative Team:	
SII	SIRE Tracking Number:			Date Entered:	