ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Reque	est or	⊠ Resolution Request	Date of Request: <u>12/12/2025</u>	
Please mark one: The request directly is and impact within .5 miles of the South				
☐ Yes ⊠ No				
1. Type of Request:				
☐ Contract/Grant Agreement ☐ In	ntergovernmental	Agreement (IGA) Rez	oning/Text Amendment	
☐ Dedication/Vacation ☐ A	ppropriation/Supp	olemental	IC Change	
☐ Other:				
acceptance, contract execution, contr	act amendment, mu on for the Homeless 11-2026 to continue	s by adding \$922,718.00 for a to provide health services at	a new total of \$ \$2,098,983.00 and adding	
4. Contact Person:				
Contact Person. Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)		Contact person for co	uncil members or mayor-council	
Name: Tristan Sanders		Name: Alex Vidal	Name: Alex Vidal	
Email: Tristan.Sanders@denvergov.org	· •	Email: Alex.Vidal@d	envergov.org	
5. General description or background (who, what, why) This agreement will be in partnershi providing primary care including M psychiatry, pharmacy and other heal congregate hotel shelter locations in	ps with The Colo edication Assiste th care services a	orado Coalition for the Hord Treatment (MAT), nur	omeless (CCH) to be utilized for sing, behavioral health including	
6. City Attorney assigned to this request (if applicable): Mitch Behr				
7. City Council District: All				
8. **For all contracts, fill out and sub	omit accompanying	g Key Contract Terms work	ksheet**	
	To be completed	by Mayor's Legislative Tean	n:	
Resolution/Bill Number:			tered:	

Key Contract Terms

	ntract: (e.g. Professional Services > \$5 Services > \$500K	00K; IGA/Grant Agreement, S	Sale or Lease of Real Property):			
	ntractor Name (including any dba's): calition for the Homeless					
New: ENVH	ntrol number (legacy and new): IL-202582503-01 VHL- 202578619					
Location: ci	tywide					
Is this a new	v contract? Yes No Is this	an Amendment? 🛛 Yes 🗌	No If yes, how many?3			
Existing: 1/1 Amended: 1/	erm/Duration (for amended contracts, /2025-12/31/2025 /1/2025 - 12/31/2026 mount (indicate existing amount, ame					
	Current Contract Amount (A)	Additional Funds (B)	Total Contract Amount (A+B)			
	\$1,176,265	\$922,718	\$2,098,983			
	ψ1,176,265	φ,22,710	Ψ2,070,703			
	Current Contract Term	Added Time	New Ending Date			
	1/1/2025 - 12/31/2025	12 months	12/31/2026			
	rk: provide mental health and physical shelters and micro-communities		E \			
a.	CCH will have full-time nurse care coordinators to provide intake, assessment, and triage to the appropriate services for clients. Leveraging both the Health Outreach Program (HOP) and its Street Medicine Team, CCH will visit at least one micro-community or hotel per business day as dictated by level of client need.					
b.		Services will generally be provided at micro-community sites between the hours of 8am-4pm, as determined by level of client need. Schedules may vary based on the size and unique needs of each micro-community.				
c.	Screen and assess clients to d	Screen and assess clients to determine clients' need for primary care, behavioral health, and other health care services.				
d.		Using appropriately credentialed staff, address clients' primary medical care and behavioral health care needs providing a trauma-informed, harm reductionist, motivational approach				
e.	Build rapport and create sust treatment plans (i.e., Motivat	Build rapport and create sustainable outcomes that drive clients to engage and follow treatment plans (i.e., Motivational Interviewing; Screening, brief intervention and referral, or provision of treatment as needed).				
f.	1	Provide onsite Medication-Assisted Treatment (MAT), in compliance with all Federal, state,				
	To be co	mpleted by Mayor's Legislative	Team:			

Resolution/Bill Number: _____

Date Entered:

and local regulations and laws, in combination with counseling and behavioral health therapies specifically supporting people with opioid use disorders (OUDs). Provide psychiatric support for people living with psychiatric diagnoses including but not g. limited to depression, post-traumatic stress disorder, anxiety disorders, and other psychiatric conditions. Was this contractor selected by competitive process? Yes If not, why not? Has this contractor provided these services to the City before? \boxtimes Yes \square No Yes, this is an amendment to an existing contract. **Source of funds: General funds and Grant Funds** Is this contract subject to: \square W/MBE \square DBE \square SBE \square XO101 \square ACDBE \boxtimes N/A WBE/MBE/DBE commitments (construction, design, Airport concession contracts): N/A Who are the subcontractors to this contract? To be completed by Mayor's Legislative Team:

N/A

Resolution/Bill Number: ___

Date Entered: ____