

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

Date of Request: November 5th, 2025

Please mark one: ☐ Bill Request or ☒ Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

☐ Yes ☒ No

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.)

Approves an agreement with Mental Health Center of Denver, d/b/a WellPower, for \$2,104,859.00 with an end date of 11-30-2026 for continued Co-Responder services funded by the Caring for Denver Foundation grant, citywide (POLIC-202581732).

3. **Requesting Agency:** Denver Police Department

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Chris Richardson Emily D. Lauck	Name: Chris Richardson Emily D. Lauck
Email: Chris.Richardson@denvergov.org Emily.Lauck@denvergov.org	Email: Chris.Richardson@denvergov.org Emily.Lauck@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:(who, what, why)

Nationally, 6 to 31 percent of all police contacts are with individuals with mental illnesses, making effective responses to this population critical for community safety and well-being (Morabito et al. 2018; Watson et al. 2010; Wilson-Bates 2008). To this end, police departments have introduced specialized training, such as crisis intervention teams (CITs; Vickers 2000). CITs consist of police officers who have gone through advanced training in dealing with mental health and behavioral crises; they have been installed in 2,700 communities nationwide as of 2019, representing 15–17 percent of all police agencies (Helfgott, Hickman, and Labossiere 2016; Rogers, McNeil, and Binder 2019). Although specialized training for police officers continues to prove helpful in the US and abroad, it is not enough. Escalated interactions resulting in arrests and violence persist, and individuals remain without short- and long-term support (Boazak et al. 2020; Comartin, Swanson, and Kubiak 2019; Compton et al. 2014; Herrington and Pope 2011; Macauley 2021; Marcus and Stergiopoulos 2022; Rogers, McNeil, and Binder 2019; Skubby et al. 2012; Watson and Fulambarker 2012).

To better meet community needs, Co-Responder models are increasingly used by police departments worldwide. Originating in Los Angeles in 1993, a co-responder program typically pairs mental health professionals with police officers to respond to 911 calls involving mental health crises. However, there is significant variation in how these models have been implemented (Kridner and Huerter 2020). Denver, starting with co-response solely with the Denver Police Department (DPD), has expanded and grown to incorporate other first responder teams to better outcomes. These teams interact with Fire, Sheriff, and Parks and Recreation departments. The entirety of Denver's program is referred to as the Crisis Intervention Response Unit (CIRU).

Denver's Co-Responder program began in 2016 as a partnership between police officers and mental health clinicians. By sending mental health experts to accompany police officers, the Co-Responder program is intended to divert individuals from excessive engagement with the criminal-legal and crisis-response systems by connecting them to culturally and geographically appropriate community support and services. The program also strives to improve coordination across systems and service providers and cut down on unnecessary costs related to engaging with individuals with mental or behavioral health needs. The City also partners with the Caring for Denver Foundation, through a grant, to help with the cost of these services.

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Through these clinical partnerships, responders are generally more effective in de-escalating crises, preventing injuries, and reducing pressure on the criminal-legal and healthcare systems by linking individuals to appropriate community services (Shapiro et al. 2015). In fact, scholarly evaluations of co-responder programs have found them to be effective in reducing pressure on the criminal-legal system, resolving cases successfully, averting crisis escalation and injury, facilitating proper referrals to non-law enforcement services, increasing service use, and saving +money (Allen Consulting Group 2012; Bailey et al. 2021; Helfgott, Hickman, and Labossiere 2016; Kisely et al. 2010; Rosenbaum 2010; Shapiro et al. 2015).

Over 9 years, the impact of the collaboration between DPD and WellPower mental health clinicians has led to over 47 thousand calls for service with less than 1.5% of that total amount leading to arrest or citation. The unforeseen impact of an established co-responder program over the last 9 years extends beyond that of the direct support given to the individual in the community. The impact to police culture and lending of a lens of a trauma informed, client centered approach is now a working standard amongst the police districts.

Leaning on a philosophy and skill set not previously seen or understood prior to 2016, WellPower clinicians are now able to give in service trainings, update first responders on new resources, and problem solve larger system needs to best serve the interaction with any citizens in the community. A trust has also been established and strengthened because of the pairings, showing that the pairing is a force multiplier for support and fostering the mission of Denver as a city.

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

7. City Council District: Citywide

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

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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 (including any dba's): Mental Health Center of Denver, d/b/a WellPower

Contract control number (legacy and new): POLIC-202581732

Location: Citywide

Is this a new contract? ☒ Yes ☐ No **Is this an Amendment?** ☐ Yes ☒ No **If yes, how many?** _____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 09/01/2025 – 11/30/2026

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

<i>Current Contract Amount (A)</i>	<i>Additional Funds (B)</i>	<i>Total Contract Amount (A+B)</i>
\$2,104,859		\$2,104,859
<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
09/01/2025 – 11/30/2026		11/30/2026

Scope of work:

The Crisis Intervention Response Unit (CIRU), or co-responder unit, is designed to improve outcomes, streamline services, and create system efficiencies for persons with behavioral health issues who have come to the attention of Denver's first responders and criminal justice stakeholders to improve the lives of the community members of the City and County of Denver. Since inception in 2016, the CIRU team has expanded to:

23 Police Clinicians / 3 Fire Department Clinicians / 1 Denver Sheriff Clinician / 1 Parks and Rec Clinician
4 RTD Clinician / 1 jail-based clinician

CIRU consists of 33 licensed mental health clinicians who work in close partnership with Denver first responders, responding to calls involving individuals who suffer from mental illness and/or co-occurring substance use issues who are in crisis, to provide the most effective services for resolution. Crisis is defined uniquely by the individual in the community and treated in a Co-Response format to best decrease current stressors and replace with long term community-based supports. While trying to meet the community need it's important to note that not all crisis identified as behavioral health concerns requires a formal treatment referral but rather identifying community resources, alternative crisis options, and long-term community supports in any area identified by the individual. The most important marker to success is the immeasurable relationship forged by a collective and collaborative approach to meeting the needs of the individual. CIRU has also expanded to include a specialized group of clinicians who work with the Denver jail and court systems to provide intervention and support to those involved in the criminal justice system. The CIRU seeks to reduce the number of people who suffer from mental illness in the jail system, improve the sharing and coordinating of information across systems and service providers, and reduce overall costs relating to the use of emergency services. From our inception in April 2016 to now, we have created valuable connections and become an important support for the City and County of Denver. Engagement in crisis includes a client centered approach utilizing de-escalation techniques to assist an individual with immediate needs, as well as hand off to long term services as requested by the individual. While part of the overall Wellpower clinical support, RTD Clinicians are paid for through RTD budget

Was this contractor selected by competitive process? Yes, RFP: 29561/ Behavioral Health Co-Responder **If not, why not?**

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

Source of funds: Caring for Denver Foundation grant, POLIC-202581722

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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