

ORDINANCE/RESOLUTION REQUEST

Date of Request: May 20, 2013

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: Authorizes an amendment with Savio House, through contract number SOCSV-2012-07123(1), for \$35,000 for a total of \$1,030,000, to provide various State paid therapeutic services though the Core Services Program for child welfare clients.

Savio House  
325 King Street  
Denver, CO 80219

3. Requesting Agency:  
Denver Department of Human Services

4. Contact Person:  
▪ Name: Ron Mitchell  
▪ Phone: 720-944-2903  
▪ Email: Ron.Mitchell@denvergov.org

5. Contact Person:  
▪ Name: Ron Mitchell  
▪ Phone: 720-944-2903  
▪ Email: Ron.Mitchell@denvergov.org

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

This Ordinance will authorize a contract with Savio House for the total amount of \$1,030, 000 for June 1, 2012 through May 31, 2013 to provide Home Based Services, Multi Systemic Therapy, Functional Family Therapy, Sexual Abuse Treatment, Direct Link, Day Treatment , Mental Health services and intervention services that promote child safety and effective parenting for families who are experiencing child abuse and neglect of their children or delinquency with their adolescents.

**\*\*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: SOCSV-201207123-01
- b. Duration: June 1, 2012 – May 31, 2013
- c. Location: Denver Human Services
- d. Affected Council District: All Districts.
- e. Benefits: The Core Services Programs main objective is to provide strength-based resources and support to families when children are at imminent risk of out of home placement and/or are in need of services to maintain a least restrictive setting.
- f. Costs: \$1,030,000

7. Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) **Please explain.** No

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_