

ORDINANCE/RESOLUTION REQUEST

Date of Request: May 13, 2014

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: A contract with SIGNAL BEHAVIORAL HEALTH NETWORK, through contract control number SOCSV-2014-16373, in the amount of \$ 1,180,363.43, to provide mental health and substance abuse services to families involved with the child welfare system.

SIGNAL BEHAVIORAL HEALTH NETWORK
455 Sherman Street, Suite 455
Denver, CO 80203

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:** 720-944-29032
- **Email:** Ron. Mitchell

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

SIGNAL BEHAVIORAL HEALTH NETWORK will provide high quality clinical care, full continuum of care (Outpatient, Intensive Outpatient, Transitional Residential, Intensive Residential, Therapeutic Community, Detoxification or comparable alternatives as mutually agreed upon), and one certified substance abuse counselor for assessment and referral to treatment agencies. The Core program provides culturally competent strength-based resources and support services to children and families to protect the well-being of children/youth by supporting stable families and prevent out-of-home placement.

- a. Contract Control Number:** SOCSV-2014-16373
- b. Duration:** 6/1/2014 – 5/31/2015
- c. Location:** Denver Human Services
- d. Affected Council District:** All
- e. Benefits:** Provides services to preserve families and prevent more restrictive levels of out of home placement to children involved with Human Services' Child Welfare division.
- f. Costs:** \$ 1,180,363.43 from a State and allocation funding, a portion of which is mill levy dollars.

7. Is there any controversy surrounding this ordinance? Please explain. No

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____