

ORDINANCE/RESOLUTION REQUEST

Date of Request: August 20, 2015

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 Excelsior Youth Centers, Inc., RCCF through contract number 2015-21829-01 for \$0.00 for a total amount of \$2,937,157 to provide placements and case management services to children in out-of-home care. This amendment increases the reimbursement rate for the contractor.

Excelsior Youth Centers, Inc.,
15001 E. Oxford Avenue
Aurora, CO 80014

3. Requesting Agency: Denver Department of Human Services

4. Contact Person:

- **Name:** Ron Mitchell
- **Phone:** 720-944-2903
- **Email:** Ron.Mitchell@denvergov.org

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- **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 request will authorize an amendment with Excelsior Youth Centers, Inc. RCCF through contract number 2015-21829-01 for \$0.00 for a total amount of \$2,937,157 to provide placements and case management services to children in out-of-home care. This amendment increases the reimbursement rate for the contractor.

The purpose of this contract is to improve outcomes for children and youth in placement and treatment services, improve matching of children with foster/group homes, decrease likelihood of children re-entering same or higher level of care, and children returned to home or placed with relatives more quickly.

- a. Contract Control Number:** 2015-21829-01
- b. Duration:** 7/1/2015 – 6/30/2018
- c. Location:** Denver Department of Human Services
- d. Affected Council District:** All Districts
- e. Benefits:** Improved continuum of care for children and cost savings to department
- f. Costs:** \$2,937,157

7. Is there any controversy surrounding this ordinance? Please explain.

No

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____