

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 5/30/2024

Please mark one: ☒ Bill Request or ☐ Resolution Request

### 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 intergovernmental agreement with Denver Health and Hospital Authority for \$500,000 and through 09-30-2026 to provide behavioral health services for people living with HIV, citywide (ENVHL-202472982).

### 3. Requesting Agency:

DDPHE/Behavioral Health Services.

### 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: Robert George	Name: William Fenton
Email: <a href="mailto:Robert.George2@DenverGov.org">Robert.George2@DenverGov.org</a>	Email: <a href="mailto:william.fenton@denvergov.org">william.fenton@denvergov.org</a>

### 5. General description or background of proposed request. Attach executive summary if more space needed:

The funding will support behavioral health services for People Living with HIV and who are experiences gaps and barriers to HIV medical care. Denver Health recently developed a HIV specific clinic that makes access to medical services barrier free. This clinic addresses all parts of the client experience and supports services that address individual barriers and challenges related to maintaining regular involvement in medical care including behavioral health support needs. This contract will be funded through city approved American Rescue Plan Act (ARPA) allocation.

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

Brenna Meng | [brenna.meng@denvergov.org](mailto:brenna.meng@denvergov.org)

### 7. City Council District:

Citywide

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

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: \_\_\_\_\_

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

## Key Contract Terms

**Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):**

**Vendor/Contractor Name (including any dba's):**

Denver Health and Hospital Authority

**Contract control number (legacy and new):**

ENVHL-202472982

**Location:**

777 Bannock St. Denver, CO 80204

**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):**

March 1, 2024- September 30, 2026

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

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$500,000	0	\$500,000

  

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
03/01/2024		09/30/2026

**Scope of work:**

The Provider will be granted funds to provide the following services: The funds will be used to

- enhance the behavioral health of people with HIV in Denver.
- hire a part time therapist (LCSW for 3 days/wk),
- sustain a low-barrier drop in care program (DACE) for people who have difficulty with traditional methods of care engagement, have the most need, and have behavioral health co-morbidities, implement a mini-curriculum around substance use treatment for providers,
- purchase simultaneous interpretation equipment to aid inclusivity for the Denver Health ID Clinic patient advisory council,
- perform a qualitative review of the low-barrier program (DACE) from the patient perspective.

**Was this contractor selected by competitive process?** Yes **If not, why not?**

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

**Source of funds:**

ARPA

**Is this contract subject to:** ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☐ N/A

**WBE/MBE/DBE commitments (construction, design, Airport concession contracts):**

**Who are the subcontractors to this contract?** N/A

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