

ORDINANCE/RESOLUTION REQUEST

Date of Request: 11/19/2012

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: Adds \$850,000 to the Mental Health Center of Denver contract, through contract number SOCSV-CE01060-03, for a total of \$3,374,412.38 to provide housing and treatment services to 75 chronically homeless individuals.

Mental Health Center of Denver
4455 E. 12TH Ave
Denver, CO 80220

3. Requesting Agency: DDHS

4. Contact Person:

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

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

The contract funds housing and treatment services to single homeless individuals with a focus on addressing the most severe symptoms of mental illness and recovery from substance abuse.

a. Contract Control Number: SOCSV-CE1060-03

b. Duration: 1/1/2013-12/31/2013

c. Location: Mental Health Center of Denver

4455 E. 12th Ave

Denver, CO 80220

d. Affected Council District: ALL

e. Benefits: Assist chronically homeless individuals to obtain permanent housing and with a goal of significantly reducing client visits into detoxification settings, jail, and emergency room setting.

f. Costs: \$850,292 funded through mill levy

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

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____