ORDINANCE/RESOLUTION REQUEST

					Date of Request: 5/22/2015
Please mark one:		k one:	⊠ Bill Request	or	☐ Resolution Request
1.	Has you	ur agency s	ubmitted this request in	the last 1	12 months?
		Yes	⊠ No		
	If y	es, please e	explain:		
2.	Title: A contract with SIGNAL BEHAVIORAL HEALTH NETWORK, through contract control number SOCSV-2015-22476, in the amount of \$725,000.00, to provide substance abuse services to families involved with the child welfare system.				
	SIGNAL BEHAVIORAL HEALTH NETWORK 6130 Greenwood Plaza Boulevard, Suite 150 Greenwood Village, CO 80111				
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:				
	care, ful Commu assessm support	Through this contract, SIGNAL BEHAVIORAL HEALTH NETWORK has and will continue to 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: SOC	CSV-2015	-22476
	b.	Duration:	6/1/2015 - 5/31/2016		
	c.	Location:	Denver Human Service	ees	
	d.		Council District: All		
	e.		Provides services to pres vith Human Services' Ch		lies and prevent more restrictive levels of out of home placement to children re division.
	f.	Costs: \$	725,000.00 from a State a	and allocat	tion funding.
7.	Is there any controversy surrounding this ordinance? Please explain. No				
			To be	e complete	ed by Mayor's Legislative Team:
SIF	RE Tracki	ing Number	:		Date Entered: