



## Legislation Text

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File #: 18-0179, Version: 1

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**Date Submitted:** 02-13-18

**Requesting Agency:** Denver Sheriff Department  
**Division:**

- **Name:** Chief Connie Coyle
- **Phone:** 720.337.0183
- **Email:** Connie.Coyle@denvergov.org

**Item Title & Description:**

*(Do not delete the following instructions)*

*These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

**A bill for an ordinance approving a proposed Agreement between the City and County of Denver and Denver Health and Hospital Authority for additional mental health providers at the Downtown Detention Center and the Denver County Jail.**

Approves a 10-month intergovernmental agreement with Denver Health and Hospital Authority in the amount of \$814,527 for two additional on-site mental health providers at the Downtown Detention Center and the Denver County Jail (SHERF201840183). The last regularly scheduled Council meeting within the 30-day review period is on 3-27-18. The Committee approved filing this bill by consent on 2-21-18.

**Affected Council District(s) or citywide?**

**Contract Control Number:** SHERF201840183

**Vendor/Contractor Name (including any "DBA"):** Denver Health and Hospital Authority

**Type and Scope of services to be performed:**

This MOU will allow Denver Health to provide two additional full-time positions for on-site mental health providers at both the DDC and the County for 24 hours per day, seven days a week (one position per facility).

This MOU was developed as a part of the Marshall settlement.

**Location (if applicable):**

**WBE/MBE/DBE goals that were applied, if applicable (construction, design, Airport concession contracts):**

**Are WBE/MBE/DBE goals met (if applicable)?**

**Is the contract new/a renewal/extension or amendment?**

**Was this contractor selected by competitive process or sole source?**

**For New contracts**

**Term of initial contract:** Ten months

**Options for Renewal:**

**How many renewals (i.e. up to 2 renewals)?**

**Term of any renewals (i.e. 1 year each):**

**Cost of initial contract term:**

\$814,527

**Cost of any renewals:**

**Total contract value council is approving if all renewals exercised:**

**For Amendments/Renewals Extensions:**

**Is this a change to cost/pricing; length of term; terms unrelated to time or price (List all that apply)?**

***If length changing***

**What was the length of the term of the original contract?**

**What is the length of the extension/renewal?**

**What is the revised total term of the contract?**

***If cost changing***

**What was the original value of the entire contract prior to this proposed change?**

**What is the value of the proposed change?**

**What is the new/revised total value including change?**

***If terms changing***

**Describe the change and the reason for it (i.e. compliance with state law, different way of doing business etc.)**