

## AMENDATORY AGREEMENT

This **AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) **COLORADO HEALTH NETWORK, INC.**, a Colorado nonprofit corporation, whose address is 6260 East Colfax Avenue, Denver, Colorado 80220 (the “Contractor”), jointly (“the Parties”).

### RECITALS:

**A.** The Parties entered into an Agreement dated December 12, 2023, (the “Agreement”) to perform, and complete all of the services and produce all the deliverables set forth on Exhibit A, Scope of Work and Budget, to the City’s satisfaction.

**B.** The Parties wish to amend the Agreement to amend the term, increase the maximum amount, update paragraph 7-Examination of Records and Audits, add paragraph 34-Compliance with Denver Wage Laws, update scope of work and budget exhibit, and update certificate of insurance exhibit.

**NOW THEREFORE**, in consideration of the premises and the Parties’ mutual covenants and obligations, the Parties agree as follows:

1. Section 3 of the Agreement entitled “**TERM:**” is hereby deleted in its entirety and replaced with:

“**3. TERM:** The Agreement will commence on **January 1, 2024**, and will expire on **December 31, 2026** (the “Term”). The term of this Agreement may be extended by the City under the same terms and conditions by a written amendment to this Agreement. Subject to the Executive Director’s prior written authorization, the Contractor shall complete any work in progress as of the expiration date and the Term of the Agreement will extend until the work is completed or earlier terminated by the Executive Director.”

2. Section 4 of the Agreement entitled “**COMPENSATION AND PAYMENT:**”, subsection d. (1) entitled “**Maximum Contract Amount:**” is hereby deleted in its entirety and replaced with:

“**d. Maximum Contract Amount:**

**(1)** Notwithstanding any other provision of the Agreement, the City’s maximum payment obligation will not exceed **ONE MILLION TWO HUNDRED SEVENTY-**

**TWO THOUSAND SEVEN HUNDRED FIFTY-NINE DOLLARS AND EIGHTY-FOUR CENTS (\$1,272,759.84)** (the “Maximum Contract Amount”). The City is not obligated to execute an Agreement or any amendments for any further services, including any services performed by Contractor beyond those specifically described in **Exhibit A**. Any services performed beyond those in **Exhibit A** are performed at Contractor’s risk and without authorization under the Agreement.”

3. Section 7 of the Agreement entitled “**EXAMINATION OF RECORDS AND AUDITS**” is hereby deleted in its entirety and replaced with:

“7. **EXAMINATION OF RECORDS AND AUDITS**: Any authorized agent of the City, including the City Auditor or his or her representative, has the right to access, and the right to examine, copy and retain copies, at City’s election in paper or electronic form, any pertinent books, documents, papers and records related to Contractor’s performance pursuant to this Agreement, provision of any goods or services to the City, and any other transactions related to this Agreement. Contractor shall cooperate with City representatives and City representatives shall be granted access to the foregoing documents and information during reasonable business hours and until the latter of three (3) years after the final payment under the Agreement or expiration of the applicable statute of limitations. When conducting an audit of this Agreement, the City Auditor shall be subject to government auditing standards issued by the United States Government Accountability Office by the Comptroller General of the United States, including with respect to disclosure of information acquired during the course of an audit. No examination of records and audits pursuant to this paragraph shall require Contractor to make disclosures in violation of state or federal privacy laws. Contractor shall at all times comply with D.R.M.C. 20-276.”

4. Section 34 of the Agreement entitled “**COMPLIANCE WITH DENVER WAGE LAWS**” is added to the Agreement as follows:

“34. **COMPLIANCE WITH DENVER WAGE LAWS**: To the extent applicable to the Contractor’s provision of Services hereunder, the Contractor shall comply with, and agrees to be bound by, all rules, regulations, requirements, conditions, and City determinations regarding the City’s Minimum Wage and Civil Wage Theft Ordinances, Sections 58-1 through 58-26 D.R.M.C., including, but not limited to, the requirement that every covered worker shall be paid all earned wages under applicable state, federal, and city law in accordance with the foregoing D.R.M.C. Sections. By executing this Agreement, the Contractor expressly acknowledges that the

Contractor is aware of the requirements of the City's Minimum Wage and Civil Wage Theft Ordinances and that any failure by the Contractor, or any other individual or entity acting subject to this Agreement, to strictly comply with the foregoing D.R.M.C. Sections shall result in the penalties and other remedies authorized therein.”

5. **Exhibit A** is hereby deleted in its entirety and replaced with **Exhibit A-1, Scope of Work and Budget**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit A** are changed to **Exhibit A-1**.

6. **Exhibit B** is hereby deleted in its entirety and replaced with **Exhibit B-1, Certificate of Insurance**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit B** are changed to **Exhibit B-1**.

7. As herein amended, the Agreement is affirmed and ratified in each and every particular.

8. This Amendatory Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]**

**Contract Control Number:**  
**Contractor Name:**

ENVHL-202475907-01 / 202370725-01  
COLORADO HEALTH NETWORK, INC.

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at  
Denver, Colorado as of:

**SEAL****CITY AND COUNTY OF DENVER:**

**ATTEST:**

By:  
  
\_\_\_\_\_

  
  
\_\_\_\_\_

**APPROVED AS TO FORM:**  
  
Attorney for the City and County of Denver  
  
By: \_\_\_\_\_

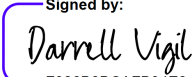
**REGISTERED AND COUNTERSIGNED:**  
  
By: \_\_\_\_\_  
  
By: \_\_\_\_\_

**Contract Control Number:**  
**Contractor Name:**

ENVHL-202475907-01 / 202370725-01  
COLORADO HEALTH NETWORK, INC.

By: \_\_\_\_\_

Signed by:



F026B8BCAFB94E3...

Name: \_\_\_\_\_

(please print)

Title: \_\_\_\_\_

Chief Executive Officer

(please print)

ATTEST: [if required]

By: \_\_\_\_\_

Name: \_\_\_\_\_

(please print)

Title: \_\_\_\_\_

(please print)



**EXHIBIT A-1**  
**SCOPE OF WORK & BUDGET**

**I. Purpose of Agreement**

The purpose of this contract is to establish an agreement and Scope of Services between the Denver Department of Public Health and Environment (the “Program”) and CO Health Network – Increasing Access to Care (the “Provider”).

The Provider shall provide the identified services for the City under the support and guidance of the Denver Department of Public Health and Environment using best practices and other methods for fostering a sense of collaboration and communication.

**II. Program Services and Descriptions**

The Provider will be granted funds to provide the following services in the city and county of Denver: CHN will address barriers to behavioral health and healthcare including substance use treatment services that people who use drugs (PWUD) are experiencing. CHN’s established harm reduction program will play an integral role in connecting PWUD successfully to care by having a Behavioral Health Clinician on-site to meet with PWUD immediately. PWUD will be referred to CHN’s medical clinic where a Clinical Care Coordinator will provide integrated care management in order to meet the complex medical, psychological and social needs of PWUD. CHN will also develop capacity of opioid crisis staff exposure to clients through staff training and compensation.

The following partners will be subcontracted:

- N/A

**III. Evaluation Plan**

The Provider will be evaluated on their fulfillment of the objectives listed below. The Program will provide technical assistance to the Provider to finalize a formal evaluation plan within the first quarter of the project period.

**IV. Workplan**

**PROJECT PERIOD:** 1/1/2024 - 12/31/2024

OBJECTIVE 1			
To provide an integrated care approach for treating and maintaining co-occurring symptoms through contingency management and best practice Medication- Assisted Treatment (MAT)			
ACTIVITY/MILESTONE 1	Recruit MAT provider	Q1 and on-going	Once posted in specific targeted places



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 2	Hire and train MAT service provider and BHCs for CHN's medical clinic	Q2	MAT provider is hired and training begins and BHC is hired
ACTIVITY/MILESTONE 2	MAT provider will be available to see PWUD being referred to CHN's medical clinic by Prevention and Behavioral Health staff; BHC will continue to provide integrated care services among clinical and behavioral health programs	Q3	Once MAT provider is hired and begin to see PWUD; BHC is currently seeing participants see objective 2
ACTIVITY/MILESTONE 3	MAT provider will continue to provide MAT navigation services to support PWUD; BHC will continue to provide integrated care services among clinical and behavioral health programs	Q3	Once MAT provider has a case load and begin to navigate the care team supports; BHC is currently seeing participants see objective 2
ACTIVITY/MILESTONE 4	Evaluate PWUD engagement in available healthcare and treatment services to inform project implementation and improve integrated care delivery	Q4	Complete evaluation survey from staff and participants on program

#### OBJECTIVE 2

Provide integrated drop in supportive services from a Behavioral Health Clinician on-site during CHN's syringe access Access Point

ACTIVITY/MILESTONE 1	BHC Team will develop program standards for brief intervention for PWUD and support SAP coverage with	Q1	SOP/ P and P will be developed, tracking system developed and coverage will be at 50%-75% of SAP hours
ACTIVITY/MILESTONE 2	Hire and train Behavioral Health Clinician (BHC)	Q2	Will hire trained interns between June and September 2024
ACTIVITY/MILESTONE 3	BHC will be available for 16 hours per week during CHN's syringe access Access Point program to make contact with and engage PWUD in brief interventions	On-going	BHC staff will be co-located in SAP 16 hours a week and completed brief interventions with PWUD
ACTIVITY/MILESTONE 4	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	Q3	BHCs to complete brief interventions with PWUD and referrals to medical clinic and MAT will occur
ACTIVITY/MILESTONE 5	Evaluate PWUD engagement with BHC	Q4	Complete evaluation survey from staff and participants on program

#### OBJECTIVE 3

Provide training to enhance the knowledge of CHN's BH providers, care coordinators and prevention staff to provide evidence

ACTIVITY/MILESTONE 1	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	Q1	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
----------------------	---	----	---



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 2	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	Q2	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC. Additionally basic motivational interviewing training will be provided to prevention staff.
ACTIVITY/MILESTONE 3	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	Q3	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC. Additionally advanced motivational interviewing training will be provided to prevention staff and BH staff.
ACTIVITY/MILESTONE 4	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	Q4	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC. Additionally advanced TIC will be provided to prevention staff and BH staff.
<b>OBJECTIVE 4</b>			
To highly function as an integrated team through technology support, a strong medical record system, legal consults as needed and liability coverage to ensure our providers needs are met.			
ACTIVITY/MILESTONE 1	CHN's medical clinic's electronic health records Athena database needs to be built out to be able to include and support information from BHC interactions/sessions with clients--This will enable BHCs and other behavioral health staff to input assessments and notes directly into Athena which will improve information exchange between behavioral health and medical clinic staff; purchase of yearly software licenses	Q3	Athena is currently being piloted for outpatient visits. Integrated care and brief interventions will begin to be piloted in the systems after training is gathered.





## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 2	provision of telehealth to support clinical services and behavioral health counseling provision to clients; purchase yearly liability coverage for Behavioral Health Clinicians and clinical staff to provide services to clients; purchase legal services to review paperwork for clinical services throughout the year	Q2	Liability policy quote has been gathered, policy to be purchased is Q2. Telehealth access will be increased. Brief Intervention paperwork is being compiled and will be set to legal services for review.
ACTIVITY/MILESTONE 3	provision of telehealth to support clinical services and behavioral health counseling provision to clients	Q1	Telehealth access has been increased and will continue to expanded telehealth options.
ACTIVITY/MILESTONE 4	Athena database build out completed by end of year one; provision of telehealth to support clinical services and behavioral health counseling provision to clients	Q2	Athena build out has begun and will continue to integrated and brief intervention services
<b>OBJECTIVE 5</b>			
Enhance administrative and staff support systems within our organization by investing in advanced training programs, implementing innovative technology solutions, and expanding our team with skilled professionals.			
ACTIVITY/MILESTONE 1	CHN leadership will develop ODS job description, role and duties and preliminary develop the wellness program structure	Q1	Develop ODS job; create wellness program committee and stucture
ACTIVITY/MILESTONE 2	hire Organizational Development Specialist (ODS) who will work with leadership to create programs that address staff burnout and turnover issues and create wellness programs	Q3	Hire ODS; create Wellness program to address staff burnout
ACTIVITY/MILESTONE 3	Scholarships for Colorado DORA accredited classes for CAT/CAS/LAC classes to BH team, care coordinator and Prevention staff in Denver; ODS will create training programs, career development opportunities, and mentoring initiatives that enhance employee engagement and retention while addressing burnout concerns.	On-going	Provide LAC classes to BH team.
ACTIVITY/MILESTONE 4	Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis. This will include access to mental health resources, stress reduction programs, workshops on resilience and self-care, and individual and group supervision with behavioral health department staff.	Q3	Implement wellness program and open pockets of access to staff
ACTIVITY/MILESTONE 5	Evaluate wellness and training programs impact on staff burnout and retention and increase in staff job satisfaction	Q4	Complete evaluation survey from staff on the program



# EXHIBIT A-1

## SCOPE OF WORK & BUDGET

**PROJECT PERIOD:** 1/1/2025 - 12/31/2025

### OBJECTIVE 1

To provide an integrated care approach for treating and maintaining co-occurring symptoms through contingency management and best practice Medication-Assisted Treatment (MAT)

ACTIVITY/MILESTONE 1	Based on evaluation, CHN clinical and behavioral health staff and MAT provider will identify ways to improve linkage-to-care and retention for PWUD	2025 Q1	Review end of year evaluation and implement new strategies or interventions for linkage or retention
ACTIVITY/MILESTONE 2	MAT provider and BHC will include lessons learned from evaluation and raise PWUD awareness and education around existing services and continue to provide integrated care services	2025 Q2	Increase tier 1 engagements to provide awareness and information to PWUD (this could be done in lobby, outreach, etc.). Tier 2,3,4 brief intervention and integrated services will continue to be implemented.
ACTIVITY/MILESTONE 3	MAT provider and BHC will continue to provide integrated care services and raise PWUD awareness and education around existing services	2025 Q3	Increase tier 1 engagements to provide awareness and information to PWUD (this could be done in lobby, outreach, etc.). Tier 2,3,4 brief intervention and integrated services will continue to be implemented.
ACTIVITY/MILESTONE 4	Evaluate PWUD engagement in available healthcare and treatment services	2025 Q4	Monitor and track PWUD access to healthcare during visits. Expand linkage to care connection.

### OBJECTIVE 2

Provide integrated drop in supportive services from a Behavioral Health Clinician on-site during CHN's syringe access Access

ACTIVITY/MILESTONE 1	Based on evaluation, BHC and Prevention staff will work to increase PWUD connection with care with BHC	2025 Q1	Review end of year evaluation and implement new strategies or interventions for linkage to care
ACTIVITY/MILESTONE 2	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	2025 Q2	Tier 2,3,4 brief intervention and integrated services will continue to be implemented with referrals provided
ACTIVITY/MILESTONE 3	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	2025 Q3	Tier 2,3,4 brief intervention and integrated services will continue to be implemented with referrals provided
ACTIVITY/MILESTONE 4	Evaluate PWUD engagement with BHC	2025 Q4	Monitor and track PWUD tier 2, 3, and 4 brief interventions and returning visits.

### OBJECTIVE 3

Provide training to enhance the knowledge of CHN's BH providers, care coordinators and prevention staff to provide evidence based care and treatment

ACTIVITY/MILESTONE 1	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2025 Q1	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
----------------------	---	---------	---



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 2	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2025 Q2	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
ACTIVITY/MILESTONE 3	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2025 Q3	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
ACTIVITY/MILESTONE 4	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2025 Q4	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
<b>OBJECTIVE 4</b>			
To highly function as an integrated team through technology support, a strong medical record system, legal consults as needed and liability coverage to ensure our providers needs are met.			
ACTIVITY/MILESTONE 1	provision of telehealth to support clinical services and behavioral health counseling provision to clients; purchase of yearly software licenses	2025 Q1	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
ACTIVITY/MILESTONE 2	purchase yearly liability coverage for Behavioral Health Clinicians and clinical staff to provide services to clients; purchase legal services to review paperwork for clinical services throughout the year; provision of telehealth to support clinical services and behavioral health counseling provision to clients	2025 Q3	Renew liability insurance for year 2. Telehealth access will be increased. Brief Intervention paperwork to be updated and will be set to legal services for review.



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 3	provision of telehealth to support clinical services and behavioral health counseling provision to clients	2025 Q2	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
ACTIVITY/MILESTONE 4	provision of telehealth to support clinical services and behavioral health counseling provision to clients	2025 Q4	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
<b>OBJECTIVE 5</b>			
Enhance administrative and staff support systems within our organization by investing in advanced training programs, implementing innovative technology solutions, and expanding our team with skilled professionals.			
ACTIVITY/MILESTONE 1	Based on evaluation of wellness and staff training programs, DBHS will adjust programs as necessary in collaboration with leadership	2025 Q1	Review end of year evaluation and trainings, adjust programs as needed.
ACTIVITY/MILESTONE 2	Scholarships for CAT/CAS/LAC classes to BH team, care coordinator and Prevention staff in Denver; Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis.	On-going	Provide LAC classes to BH team.
ACTIVITY/MILESTONE 3	Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis.	2025 Q3	Expand wellness program and open additional wellness trainings and supports
ACTIVITY/MILESTONE 4	Evaluate wellness and training programs impact on staff burnout and retention and increase in staff job satisfaction	2025 Q4	Complete evaluation survey from staff on the program

**PROJECT PERIOD:** 1/1/2026 - 12/31/2026

<b>OBJECTIVE 1</b>			
To provide an integrated care approach for treating and maintaining co-occurring symptoms through contingency management and best practice Medication-Assisted Treatment (MAT)			
ACTIVITY/MILESTONE 1	Based on evaluation, CHN will have a better understanding about the barriers that prevent PWUD from seeking care and staff will identify ways to improve PWUD linkage-to-care and retention	2026 Q1	Review end of year evaluation and implement new strategies or interventions for linkage or retention
ACTIVITY/MILESTONE 2	MAT provider and BHC will include lessons learned from evaluation and raise PWUD awareness and education around existing services and continue to provide integrated care services	2026 Q2	Increase tier 1 engagements to provide awareness and information to PWUD (this could be done in lobby, outreach, etc.). Tier 2,3,4 brief intervention and integrated services will continue to be implemented.
ACTIVITY/MILESTONE 3	MAT provider and CCC will continue to provide integrated care services and raise PWUD awareness and education around existing services	2026 Q3	Increase tier 1 engagements to provide awareness and information to PWUD (this could be done in lobby, outreach, etc.). Tier 2,3,4 brief intervention and integrated services will continue to be implemented.



# EXHIBIT A-1

## SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 4	Evaluate PWUD engagement in available healthcare and treatment services to inform project implementation and improve integrated care delivery	2026 Q4	Monitor and track PWUD access to healthcare during visits. Expand linkage to care connection.
<b>OBJECTIVE 2</b>			
Provide integrated drop in supportive services from a Behavioral Health Clinician on-site during CHN's syringe access			
ACTIVITY/MILESTONE 1	Based on evaluation, BHC and Prevention staff will work to increase PWUD connection with care with BHC	2026 Q1	Review end of year evaluation and implement new strategies or interventions for linkage to care
ACTIVITY/MILESTONE 2	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	2026 Q2	Tier 2,3,4 brief intervention and integrated services will continue to be implemented with referrals provided
ACTIVITY/MILESTONE 3	BHC will continue to engage with PWUD and provide brief intervention support and referrals to medical clinic and/or MAT as requested	2026 Q3	Tier 2,3,4 brief intervention and integrated services will continue to be implemented with referrals provided
ACTIVITY/MILESTONE 4	Evaluate PWUD engagement with BHC	2026 Q4	Monitor and track PWUD tier 2, 3, and 4 brief interventions and returning visits.
<b>OBJECTIVE 3</b>			
Provide training to enhance the knowledge of CHN's BH providers, care coordinators and prevention staff to provide evidence based care and treatment			
ACTIVITY/MILESTONE 1	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q1	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
ACTIVITY/MILESTONE 2	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q2	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 3	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q3	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.
ACTIVITY/MILESTONE 4	CHN's Director of Behavioral Health Services (DBHS) will provide four hours a month group supervision for Prevention and Behavioral Health staff and six hours one-on-one supervision for Behavioral Health Staff; DBHS will also provide bi-monthly staff training to clinical and prevention staff including trauma-informed care, motivational interviewing, de-escalation, and other trainings.	2026 Q4	Supervisions (group and/or Individual) will be completed for Prevention and BH and documented. New Hire Training will be completed for prevention and BH for all staff and new staff that covers de-escalation and TIC.

#### OBJECTIVE 4

To highly function as an integrated team through technology support, a strong medical record system, legal consults as needed and liability coverage to ensure our providers needs are met.

ACTIVITY/MILESTONE 1	provision of telehealth to support clinical services and behavioral health counseling provision to clients; purchase of yearly software licenses	2026 Q1	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
ACTIVITY/MILESTONE 2	purchase yearly liability coverage for Behavioral Health Clinicians and clinical staff to provide services to clients; purchase legal services to review paperwork for clinical services throughout the year	2026 Q2	Renew liability insurance for year 3. Telehealth access will be increased. Brief Intervention paperwork to be updated and will be set to legal services for review.
ACTIVITY/MILESTONE 3	provision of telehealth to support clinical services and behavioral health counseling provision to clients	2026 Q3	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased
ACTIVITY/MILESTONE 4	provision of telehealth to support clinical services and behavioral health counseling provision to clients	2026 Q4	Telehealth access has been increased and will continue to expanded telehealth options. Yearly software to be purchased

#### OBJECTIVE 5

Enhance administrative and staff support systems within our organization by investing in advanced training programs, implementing innovative technology solutions, and expanding our team with skilled professionals.

ACTIVITY/MILESTONE 1	Based on evaluation of wellness and staff training programs, DBHS will adjust programs as necessary in collaboration with leadership	2026 Q1	Review end of year evaluation and trainings, adjust programs as needed.
----------------------	--	---------	---



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

ACTIVITY/MILESTONE 2	Scholarships for CAT/CAS/LAC classes to BH team, care coordinator and Prevention staff in Denver; Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis.	2026 Q2	Provide LAC classes to BH team.
ACTIVITY/MILESTONE 3	Scholarships for CAT/CAS/LAC classes to BH team, care coordinator and Prevention staff in Denver; Implement comprehensive wellness programs specifically tailored to address the needs of staff working in the opioid crisis.	2026 Q3	Expand wellness program and open additional wellness trainings and supports
ACTIVITY/MILESTONE 4	Evaluate wellness and training programs impact on staff burnout and retention and increase in staff job satisfaction	2026 Q4	Complete evaluation survey from staff on the program

#### V. Performance Management and Reporting

The Provider is required to report on activities, program outputs, and outcomes as outlined in this section and work in partnership with the Program staff for shared learning to aid Denver's ongoing opioid abatement efforts. Monitoring will be performed by Denver Department of Public Health and Environment (DDPHE) staff and/or designee. The Provider should expect to share all data and evaluation products with DDPHE.

Performance management and reporting may include:

1. **Program Monitoring/Evaluation-Related Activities:** Review and analysis of current program information to determine the extent to which the Provider is achieving agreed upon goals. This may include the review and analysis of evaluation dashboards, primary provider data, provider aggregate reports, client and partner feedback, the Provider's evaluation plan referenced in Section III, reporting forms, and annual reports. As needed, the Program may attend evaluation site visits or check-ins to understand progress towards agreed-upon goals in this agreement.
2. **Fiscal Monitoring:** Review financial systems and billings to ensure that contract funds are allocated and expended in accordance with the terms of the agreement.
3. **Administrative Monitoring:** Monitoring to ensure that the requirements of the contract document, Federal, State and City and County regulations, and DDPHE policies are being met.



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

The table below summarizes required reporting activities and due dates. The Program may require additional measures to be reported or change the frequency of reporting throughout the period of performance given the evolving nature of the drug overdose epidemic.

Activity	Description	Due Date	Submit to
Report 1	Performance Measure and Data Monitoring	Monthly	OAF Program
Evaluation Plan	The Provider will submit a plan outlining how they will measure fulfillment of objectives within the first quarter of the project period	End of Q1	OAF Program
Report 2	Evaluation Monitoring	Quarterly	OAF Program
Report 3	Final Report	Annually	OAF Program
Annual Site Visit	Onsite evaluation of project outcomes and fiscal monitoring	Annually	OAF Program
Other reports and data sharing as requested	To be determined (TBD)	TBD	TBD
Program Meetings	Attendance and participation at regularly scheduled community of practice meetings, grantee check-ins, office hours, and collaborative partner meetings	Monthly	N/A

#### VI. Budget

The budget for this agreement is outlined below.

Term	1/1/2025 - 12/31/2025				
Budget Categories					
Supplies					
Item	Description of Item	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OD2A Grant
Basic Needs Supplies	Basic Needs Supplies including hygiene supplies, food, water, and survival tools	yes	500	20	\$10,000.00
Total Food and Supplies					\$10,000.00





# EXHIBIT A-1

## SCOPE OF WORK & BUDGET

Program Operating Expenses					
Item	Description of Item	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OD2A Grant
Software licenses	CHN is requesting \$990 which is a quote from Microsoft for 365 Business Premium for Nonprofit's at a cost of 15 clinical staff x \$66 license cost per year/user). Upgraded software will include message encryption so clinical staff will be able to communicate directly with each other and be HIPPA compliant to ensure patient confidentiality when collaborating on individual patient cases;	yes	15	66	\$990.00
Software licenses	CHN is also requesting \$2,200 per year which is a quote from DocuSign for nonprofit pricing for DocuSign HIPPA compliant license so CHN's Chief Clinical Officer will be able to sign contracts/ grant agreements, MOUs and other documents electronically for any collaborating partnerships with primary care and behavioral health providers;	yes	1	2200	\$2,200.00
Staff Mileage	Mileage for staff travel	Yes	4663.091	0.7	\$3,264.16
Paycom monthly fees	Monthly fees for staff training portal buildout in Paycom software	yes	12	600	\$7,200.00
Hardware	Computers and/or tablets for Bevorial health staff	yes	3	2800	\$8,400.00
Total Operating Expenses					\$22,054.16
Personnel and Administrative Services					
Salary Employees					
Position Title	Description of Work	Does this budget item support the Scope of Work?	Percent of Time	Salary + Fringe Benefits	Total Amount Requested from OD2A Grant
Chief Clinical Officer	Oversees clinical programs including medical clinic and behavioral health counseling	Yes	10%	171,000.00	\$17,100.00



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

Director of Behavioral Health Services	will provide trauma-informed care and harm reduction training to clinical and prevention staff and provide tiered level support including one-on-one and group counseling sessions and focuses on improving organizational effectiveness and employee well-being with the spectrum of retention through wellness.	Yes	45%	131,270.00	\$59,071.50
Behavioral Health Clinician	provides individual counseling to PWUD during Access Point office hours	Yes	80%	87,360.00	\$69,888.00
Behavioral Health Clinician	provides individual counseling to PWUD during Access Point office hours	Yes	80%	85,120.00	\$68,096.00
Associate Director of Behavioral Health	provides individual counseling to PWUD during Access Point office hours	Yes	50%	98,560.00	\$49,280.00
<b>Total Personnel Services</b>					<b>\$263,435.50</b>
<b>Other / Miscellaneous</b>					
Item	Description	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OD2A Grant
Contracted Psychiatrist	receive referrals from Denver-based medical clinic for PWUD physical and mental health evaluation	yes	40	250	\$10,000.00
Behavioral Health Interns (3 interns at 16 hours each)	provide care management including coordination of mental health, health care needs for PWUD accessing Denver-based medical clinic, and provide individuals counseling to PWUD during access point office hours	Yes	1400	26.1	\$36,540.00
Medication Assisted Treatment Provider	Conducts assessment of patient interest in and appropriateness for the MAT program; manages MAT patient registries to promote patient care plan adherence, follow up and appointment scheduling;	Yes	60	500	\$30,000.00
Staff Recruitment/Advertising	Funding for advertising for staff recruitment	yes	2500	3	\$7,500.00



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

scholarships	scholarships for DORA accredited classes through Odyssey or Colorado Counseling Classes for 12 staff members to take 7 courses (12 x 7 x \$190 = \$15,960); 7 X the 190 rate to be safe. exams \$235 x 12 = \$2820, licensure application \$120 x 12 staff = \$1440	yes	8	1685	\$13,480.00
telehealth	Internet service, which should ideally be business-grade, high-speed, and secure, may cost about \$1,440 per year (or \$120 per month). The kiosk software might come with a separate subscription fee of approximately \$600 per year (or \$50 per month). Additionally, one should budget for maintenance and repairs, which could come up to around \$500 annually. Training staff to operate the kiosk is another significant expense. Software updates occur, ongoing training may require an annual budget of around \$500. Administrative costs, such as insurance for liability and damage, could be around \$500 per year. Licensing or subscription fees for telehealth software or platforms might add	yes	1	4340	\$4,340.00
Contingency Management Incentives	gift cards to promote PWUD completion of clinical appointments and engagement in counseling sessions	yes	500	20	\$10,000.00



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

	sustainability and wellness support for staff including stress reduction programs, workshops on resilience and self-care, and mental health sessions reimbursement for out of network providers. Additionally, consider providing flexible work schedules, opportunities for self-care practices to promote staff well-being, and a staff wellness PTO bank and also for staff appreciation				
Wellness Incentives/Trainings		yes	200	120	\$24,000.00
Utilities	Monthly cost of utilities for SAP location	yes	12	1000	\$12,000.00
<b>Total Other</b>					<b>\$147,860.00</b>
<b>TOTAL DIRECT COSTS (Supplies &amp; Operating, Personnel, Other)</b>					<b>\$443,349.66</b>
<b>Indirect</b>					
<b>Item</b>	<b>Description</b>	<b>Total Amount Requested from OD2A Grant</b>			
Indirect rate (if applicable):	Indirect Costs: DDPHE policy places a ten percent (10%) cap on reimbursement for indirect costs, based on the total contract budget.	\$44,334.97			
<b>TOTAL INDIRECT COSTS</b>					<b>\$44,334.97</b>
<b>TOTAL AMOUNT REQUESTED FROM OAF</b>					<b>\$487,684.63</b>

**Total Contract term: 1/1/2024-12/31/2026**

**Maximum Contract Amount including any indirect costs: \$1,272,759.84.**

**\$71,549.35 of unspent Y1 funds rolled over to Y2.**

**Indirect Cost Limit:** The Provider's total indirect costs cannot exceed 10% of the Maximum Grant Amount as listed in the Budget. Indirect costs are defined as the administrative costs that are incurred for common or joint activities that cannot be identified specifically with a particular project or program. Administrative costs can be included in indirect costs and defined as the costs incurred for usual and recognized overhead, including management and oversight of specific programs funded under this contract; and other types of program support such as quality assurance, quality control, and related activities. Direct costs are costs that can be directly charged to the program, and which are incurred in the provision of direct services.

**Examples of indirect costs include:** Salaries and related fringe benefits for accounting, secretarial, and management staff, including those individuals who produce, review and sign monthly program and fiscal reports; Consultants who perform administrative, non-service delivery functions; General office supplies; Travel costs for administrative and management staff; General office printing and photocopying; General liability insurance; Audit fees, rent, utilities, general office supplies and equipment/technology



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

#### VII. Invoice

An invoice template will be provided by the Program.

#### VIII. Payments

Invoices, spending reports, and backup documentation, if required, shall be completed and emailed to [OAFInvoices@denvergov.org](mailto:OAFInvoices@denvergov.org) on or before the 15th of each month following the month of services rendered 100% of the time.

All non-personnel purchases of \$1,000 or more must have back up documentation submitted with the invoice and report each month to DDPHE. The Provider is required to keep on file all documentation of purchase of items and/or payment less than \$1,000 but does not need to submit those back up documents with invoice and report unless the Program specifically requests it.

The Provider shall use the DDPHE invoice template in Section VII unless the Program gives approval for the Provider to use their own template. In the event of extenuating circumstances, invoices can be processed with immediate payment terms.

#### IX. Gift Card Use Policy

This policy outlines the requirements and guidelines for the use of gift cards by external contracted providers on behalf of the Denver Department of Public Health & Environment (DDPHE). It aims to ensure compliance with City regulations and to mitigate risks associated with fraud, misuse, and reporting obligations.

##### Scope

This policy applies to all external contracted providers engaged by DDPHE that distribute gift cards as part of their services.

##### Policy

##### 1. Program Justification

- Gift cards may only be used as part of narrowly tailored programs addressing urgent community needs.
- Providers must document and justify the necessity of using gift cards, including the target population, and expected outcomes.

##### 2. Restricted Use

- Providers are required to use restricted gift cards whenever possible to prevent purchases of items that violate City policies (e.g., alcohol, firearms, tobacco).
- Providers must clearly specify the intended use of the gift cards in their program proposals.

##### 3. Eligibility Criteria



## **EXHIBIT A-1**

### **SCOPE OF WORK & BUDGET**

- Providers must define and document eligibility criteria for recipients based on program goals.
- Eligibility criteria must be vetted and approved by DDPHE Program Staff.

#### **4. Distribution Procedures**

- Providers must establish secure distribution methods for gift cards, ensuring safe storage and handling.
- Detailed records must be maintained for each gift card distributed, including:
  - Vendor name
  - Amount of the gift card
  - Serial or tracking number
  - Date purchased and distributed
  - Recipient's full name and signature
  - Signature of the provider's employee distributing the card
- Providers must ensure program information is translated into participant's preferred language or format such as braille.

#### **5. Tax Implications**

- Providers must inform recipients that gift cards are considered taxable income and that they may be subject to IRS reporting if thresholds are met.
- Providers must verify the IRS threshold for income reporting and collect and transmit applicable information to the IRS.

#### **6. Reporting and Monitoring**

- Providers must submit regular reports to DDPHE detailing:
  - The number of gift cards purchased
  - The number of gift cards distributed
  - Total value distributed
  - Eligibility confirmations for recipients
- DDPHE will monitor compliance with this policy through periodic audits and reviews of distribution records.

#### **7. Compliance with City Regulations**

- Providers must comply with all applicable federal, state, and local laws regarding gift card distribution and reporting.



## EXHIBIT A-1

### SCOPE OF WORK & BUDGET

- Contracts with providers must include clauses requiring adherence to this policy.

#### **8. Training and Support**

- DDPHE will provide training resources to external providers regarding the proper management of gift card programs and compliance requirements.

#### **9. Compliance Monitoring**

- DDPHE will conduct regular assessments of external providers to ensure adherence to this policy, including:
  - Review of purchase / distribution logs and records
  - Verification of eligibility criteria and documentation
  - Evaluation of program effectiveness and community impact
- Any fraud or abuse will be immediately reported to DDPHE upon discovery by the Provider.

#### **10. Documentation**

- All records related to gift card distribution must be organized and preserved for potential audits by DDPHE or external authorities.

#### **11. Approval and Amendments**

- This policy will be reviewed annually and amended as necessary to align with changes in regulations or organizational goals.

### **X. General Requirements**

This award is funded through DDPHE's Opioid Abatement Funds (OAF) Program. The City and County of Denver, along with other local governments throughout Colorado and the United States, filed a lawsuit against opioid manufacturers, distributors and pharmacies seeking to hold them responsible for their contributions to the opioid epidemic. Those lawsuits resulted in certain litigation settlements and the availability of funds to address and abate the impacts of opioid misuse. DDPHE created the OAF Program to support the Denver Opioid Abatement Council (DOAC) in overseeing the equitable and effective disbursement of settlement funds throughout the city and county of Denver. The DOAC and other regional opioid abatement councils in Colorado are working in partnership with the Colorado Office of the Attorney General to ensure settlement funds are utilized in accordance with the terms of the [Colorado Opioids Settlement Memorandum of Understanding \(MOU\)](#). Awardees must also comply with the terms of the MOU.

Contract amendments to include additional years of service will be dependent on funds received, program strategy and goals, and approval by the DOAC. The Program may require the Provider to submit updated budgets and scopes of work to be considered for continued funding.



## **EXHIBIT A-1**

### **SCOPE OF WORK & BUDGET**

The Provider shall follow the OAF Program Communication Guidelines, including displaying signage and/or online banners noting that the program receives funding from DDPHE and the OAF Program. The OAF Program will provide electronic files (e.g., logos) and guidelines for printing and/or displaying on websites, social media accounts, and other materials.

#### **XI. Other**

Additional document and activity requirements that may be requested for this contract:

- Organizational Chart, Financial Reports, etc.
- Updated Certificate of Insurance
- Presenting progress and outcomes to the Denver Opioid Abatement Council
- Collaborating with the OAF Program on data analysis and needs assessments
- Reports and information for Program Evaluation, as required
- The Provider shall submit updated documents which are directly related to the delivery of services





# EXHIBIT B-1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/5/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> CCIg 155 Inverness Drive West Englewood CO 80112	<b>CONTACT</b> NAME: Choua Thao PHONE (A/C, No, Ext): 720-330-7923 E-MAIL ADDRESS: choua.thao@thinkccig.com FAX (A/C, No): 720-330-7923														
<b>INSURED</b> Colorado Health Network, Inc. 6260 E. Colfax Denver CO 80220	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Houston Specialty Insurance Co</td> <td>12936</td> </tr> <tr> <td>INSURER B : Selective Insurance Company of</td> <td>12572</td> </tr> <tr> <td>INSURER C : Pinnacol Assurance</td> <td>41190</td> </tr> <tr> <td>INSURER D : Continental Casualty Co</td> <td>20443</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER	NAIC #	INSURER A : Houston Specialty Insurance Co	12936	INSURER B : Selective Insurance Company of	12572	INSURER C : Pinnacol Assurance	41190	INSURER D : Continental Casualty Co	20443	INSURER E :		INSURER F :	
INSURER	NAIC #														
INSURER A : Houston Specialty Insurance Co	12936														
INSURER B : Selective Insurance Company of	12572														
INSURER C : Pinnacol Assurance	41190														
INSURER D : Continental Casualty Co	20443														
INSURER E :															
INSURER F :															

 License#: 45339  
 COLOAID-01
**COVERAGES****CERTIFICATE NUMBER:** 306632665**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE  <input checked="" type="checkbox"/> OCCUR            GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC  <input type="checkbox"/> OTHER:         </div> <div> <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY         </div> </div>	Y		AHHSP000082600	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY  <input checked="" type="checkbox"/> HIRED AUTOS ONLY         </div> <div> <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY         </div> </div>			S250376401	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0			AHHSCX000005200	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	1761322	8/1/2024	8/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			AHHSP000082600	8/1/2024	8/1/2025	Limit / Retention \$1M / \$3M
D	Cyber Liability			6052290826	8/1/2024	8/1/2025	Limit / Retention \$1M / \$10M
A	Abuse & Molestation			AHHSP000082600	8/1/2024	8/1/2025	Limit \$500K

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Workers Compensation (OSC) | WC298318805 | 8/1/2024 to 8/1/2025 | Each Accident, Disease Each Employee, Disease Policy Limit \$1,000,000  
 Employee Benefits Liability | AHHSP000082600 | 8/1/2024 to 8/1/2025 | Limit \$1,000,000  
 E&O for Dental Services | MKLV2PSM002089 | 8/1/2024 to 8/1/2025 | Limit \$1,000,000 - Aggregate \$3,000,000  
 As required by written contract or written agreement, the City and County of Denver, Department of Public Health and Environment, its elected and appointed officials, employees and volunteers, are named as additional insured under the General Liability policy. Sexual Misconduct Sublimit (sublimit of the General Liability) with C N A insurance - \$500,000 ea claim, \$500,000 Aggregate with defense cost within the sublimit. Cyber with CNA Insurance - Privacy Regulation Proceeding \$1M; Network Security & Privacy \$1M; Privacy Event Response \$1M; Aggregate limit \$1M; Retention \$10K. Coverage for Professional Liability is for professional services described as the rendering to others of Healthcare services, Good Samaritan services, proctoring services or administrative services See Attached...

**CERTIFICATE HOLDER****CANCELLATION**
 City and County of Denver  
 Department of Public Health & Environment  
 4300 Cherry Creek S Dr,  
 Denver CO 80246  
 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY CCIG		NAMED INSURED Colorado Health Network, Inc. 6260 E. Colfax Denver CO 80220	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

on a CLAIMS MADE basis with a limit of \$1M each claim, \$3M in Aggregate. Professional liability covers employees but solely with respect to professional services rendered on behalf of Employees: Rebecca Mclaughlin, Amelia Stoll, Garrett Levi, Sam Harrison, Victoria Cervi (Tori), and Danielle Willis (clinical supervisor)