

THIRD AMENDATORY AGREEMENT

This **THIRD AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”), **DENVER DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT** (“DDPHE”), and **DENVER HEALTH AND HOSPITAL AUTHORITY**, a body corporate and political subdivision of the State of Colorado, whose address is 777 Bannock Street, MC 1925, Denver, Colorado 80204 (the “Contractor”), jointly (“the Parties”).

RECITALS:

A. The Parties entered into an Agreement dated March 6, 2024, an Amendatory Agreement dated August 8, 2024, and a Second Amendatory Agreement dated February 21, 2025 (collectively, the “Agreement”) to perform, and complete all of the services and produce all the deliverables set forth on Exhibit A, the Scope of Work and Budget, to the City’s satisfaction.

B. The Parties wish to amend the Agreement to update paragraph 18-Notices, and update scope of work and budget exhibit.

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

1. Section 18 of the Agreement entitled “**NOTICES**” is hereby deleted in its entirety and replaced with:

“**18. NOTICES**: All notices required by the terms of the Agreement must be hand delivered, sent by overnight courier service, mailed by certified mail, return receipt requested, sent via email, or mailed via United States mail, postage prepaid, if to Contractor at the address first above written, with a copy to Contractor at: P.O. Box 677920, Mail Code 0278, Dallas, Texas 75267-7920, or to SPARO@dhha.org if via email, and if to the City at:

Executive Director of Public Health and Environment or Designee
201 W. Colfax Avenue, Suite 800
Denver, Colorado 80202

With a copy of any such notice to:

Denver City Attorney’s Office
1437 Bannock St., Room 353
Denver, Colorado 80202

Notices hand delivered or sent by overnight courier are effective upon delivery. Notices sent by certified mail are effective upon receipt. Notices sent by mail are effective upon deposit with the U.S. Postal Service. The Parties may designate substitute addresses where or persons to whom notices are to be mailed or delivered. However, these substitutions will not become effective until actual receipt of written notification.”

2. **Exhibit A, Exhibit A-1, and Exhibit A-2** are hereby deleted in their entirety and replaced with **Exhibit A-3, Scope of Work and Budget**, attached and incorporated by reference herein. All references in the original Agreement to **Exhibit A, Exhibit A-1, and Exhibit A-2** are changed to **Exhibit A-3**.

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

4. This Third 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-202579321-03 | ENVHL-202370555-03
DENVER HEALTH AND HOSPITAL AUTHORITY

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: _____

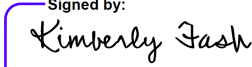
By: _____

Contract Control Number:
Contractor Name:

ENVHL-202579321-03 | ENVHL-202370555-03
DENVER HEALTH AND HOSPITAL AUTHORITY

By: _____

Signed by:


54D81C88D2514DB...

Name: _____

kimberly Fash
(please print)

Title: _____

Director, SPARO
(please print)

ATTEST: [if required]

By: _____

Name: _____

(please print)

Title: _____

(please print)



EXHIBIT A

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 Denver Health and Hospital Authority – ASK CAM (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: The Provider will expand their established Ask the Center for Addiction Medicine’s Technical Resource and Information Line (Ask CAM TRAIL) community phone line to offer live calls M-F 9-5. A strategic communications strategy will be implemented to reach the geographic areas of Denver that have the highest emergency department utilization and overdose rates. The Provider will provide individuals and healthcare professionals with education, resources, screening, and referrals to help link community members to the right level of substance treatment at Denver Health or within the community. The Provider will reduce barriers to entering care.

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



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EXHIBIT A
SCOPE OF WORK & Budget

| | | | |
|--|---|--|--|
| PROJECT PERIOD: | 1/1/2024 - 12/31/2024 | | |
| | | | |
| | ACTIVITY/MILESTONE DESCRIPTION | TIMELINE FOR COMPLETION | MEASURABLE OUTCOMES/DELIVERABLES |
| INSTRUCTIONS | These are the specific activities/milestones you will complete to work toward your objectives. Each objective must have a minimum of one activity. You may add or remove activity/milestone rows to this spreadsheet, as needed. Think about the question: <i>What steps do we need to take to achieve our objectives?</i> | This is the 2024 quarter in which you expect to complete each activity. Indicate "On-going" if the activity will be conducted throughout the entire year without an end date. Quarterly reports will request the % of completion for each activity. Think about the question: <i>What is a realistic timeline for us to complete this activity?</i> | This is how you will determine that this activity/milestone has been achieved. This can be an outcome that your program can measure or a deliverable (materials, trainings, dashboards, policies, etc.). Quarterly reports will request the submission of deliverables. Think about the question: <i>How can we show that we completed this activity?</i> |
| EXAMPLE OBJECTIVE | | | |
| Ensure the program is accessible to both Spanish and English speakers. | | | |
| EXAMPLE ACTIVITY/MILESTONE 1 | Conduct start of year survey with all participants to assess language accessibility of the program. | Q1 | Start of year survey results |
| EXAMPLE ACTIVITY/MILESTONE 2 | Translate 5 primary program documents into Spanish. | Q2 | Five translated documents |
| EXAMPLE ACTIVITY/MILESTONE 3 | Post translated documents on program website. | Q3 | Translated documents are available on the program website. |
| EXAMPLE ACTIVITY/MILESTONE 4 | Send monthly program newsletter in both Spanish and English. | On-going | 12 monthly newsletters in 2024 distributed in Spanish and English. |
| EXAMPLE ACTIVITY/MILESTONE 5 | Conduct end of year survey with all participants to assess language accessibility of the program. | Q4 | End of year survey results |



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EXHIBIT A

SCOPE OF WORK & Budget

| OBJECTIVE 1 | | | |
|---|---|----------|---|
| Expand the awareness, use, and utility of the Ask CAM TRAIL consult service to provide education, resources, screening, and referrals to individuals and families impacted by substance use disorders (SUD) across priority geographic areas in Denver. | | | |
| ACTIVITY/MILESTONE 1 | Identify priority geographic areas for communication/outreach to individuals and healthcare professionals utilizing overdose data | Q1 | Geographic areas identified based on overdose data |
| ACTIVITY/MILESTONE 2 | Develop and implement a comprehensive database to track individual consults | Q1 | RedCAP database is developed and implemented |
| ACTIVITY/MILESTONE 3 | Develop individual consult satisfaction survey and implementation plan | Q1 | Satisfaction Survey is created in RedCAP |
| ACTIVITY/MILESTONE 4 | Recruit and hire two behavioral health educators | Q2 | Two Behavioral Health Educators hired |
| ACTIVITY/MILESTONE 5 | Draft initial communications strategy for individuals in the priority geographic areas | Q2 | Draft communications strategy and fidelity checklist Meetings with Marketing Staff notes Communication plan documents are created |
| ACTIVITY/MILESTONE 6 | Train new behavioral health educators how to provide information, navigation services, create appointments, how to document, etc. for individuals | Q2 | New staff onboarding and training for Behavioral Health Educators is completed |
| ACTIVITY/MILESTONE 7 | Share communications strategy at CAM Community Advisory Meeting to incorporate input from people with lived experience | Q2 | Attendance at CAM Community Advisory Meeting Key opportunities for marketing and communication identified |
| ACTIVITY/MILESTONE 8 | Incorporate CAM CAM input and finalize communication strategy | Q2 | CAM CAM feedback incorporated into communication strategy Communication strategy finalized |
| ACTIVITY/MILESTONE 9 | New behavioral health educators start supporting ASK CAM TRAIL consult line for individuals | Q2 | Call data and documentation in REDCap Database shows new staff beginning to answer calls |
| ACTIVITY/MILESTONE 10 | Implement automated individual consult satisfaction survey | Q2 | Survey tool is live collecting responses |
| ACTIVITY/MILESTONE 11 | Implement final communications strategy for individuals | Q3 | Communications strategy implemented via distribution tracking form; Marketing fidelity checklist; Individuals in priority areas receive communication materials |
| ACTIVITY/MILESTONE 12 | Mid-year evaluation analysis and quality improvement meeting for rapid PDSA cycle | Q3 | Meetings scheduled; Mid-Year Satisfaction Survey and Call Data Results Reviewed; Improvements identified and incorporated |
| ACTIVITY/MILESTONE 13 | Behavioral Health Educators answer live individual calls 9-5pm M-F providing education, resources, screening and referral support to individuals within priority geographic areas in Denver | On-going | Call data and documentation in the REDCap Call Database (reviewed monthly and summarized quarterly) |
| ACTIVITY/MILESTONE 14 | Ongoing satisfaction survey shows ASK CAM TRAIL consultation as eligible resource for education, resources, screening, and effective linkage for SUD care and recovery support for individuals and families impacted by SUD | On-going | Satisfaction Survey Results (Reviewed Monthly and summarized Quarterly) |
| ACTIVITY/MILESTONE 15 | Gift Cards Mailed to individuals that complete the satisfaction survey | On-going | Count of gift cards mailed/picked-up at 601 (monthly) |
| ACTIVITY/MILESTONE 16 | Develop dashboards for tracking consult calls from individuals | Q4 | Dashboard developed |
| ACTIVITY/MILESTONE 17 | Implement dashboards for tracking consult calls from individuals | Q4 | Dashboard live tracking call volume, # of calls from geographic priority areas, completed consultations, SUD Referrals/ Linkage to care |
| OBJECTIVE 2 | | | |
| Expand awareness, use, and utility of the Ask CAM TRAIL consult service for education, resources, screening, and referrals to include healthcare professionals at healthcare organizations in priority geographic areas in Denver. | | | |
| ACTIVITY/MILESTONE 1 | Identify priority geographic areas and healthcare organizations within the areas for communication/outreach to healthcare professionals using overdose data | Q1 | Priority Geographic areas identified based on overdose data |
| ACTIVITY/MILESTONE 2 | Healthcare organizations within Priority areas are identified for communication and outreach to healthcare professionals | Q1 | Healthcare organizations within geographic areas are identified |
| ACTIVITY/MILESTONE 4 | Develop and implement a comprehensive database to track professional consults | Q1 | RedCAP database is created |
| ACTIVITY/MILESTONE 5 | Develop professional consult satisfaction survey and implementation plan | Q1 | Satisfaction survey is created in RedCAP |
| ACTIVITY/MILESTONE 6 | Recruit and hire two behavioral health educators to answer calls from professionals | Q2 | Two Behavioral Health Educators hired |
| ACTIVITY/MILESTONE 7 | Draft initial communications strategy for professionals in the priority geographic areas | Q2 | Draft communications strategy and fidelity checklist created Meetings with Marketing Staff Notes Communication plan documents are created |
| ACTIVITY/MILESTONE 8 | Train new behavioral health educators on how to provide information, navigation services, create appointments, how to document, etc. for professionals | Q2 | New behavioral health educators onboarding and training is completed |
| ACTIVITY/MILESTONE 9 | Share communications strategy for professionals at a CAM Community Advisory Meeting to incorporate input from people with lived experience | Q2 | Attendance at CAM Community Advisory Meeting Notes from meeting List of key opportunities for marketing and communication identified |
| ACTIVITY/MILESTONE 10 | Incorporate CAM CAM input and finalize communication strategy | Q2 | CAM CAM feedback incorporated Communication strategy and documents finalized |
| ACTIVITY/MILESTONE 11 | New behavioral health educators start supporting ASK CAM TRAIL consult line for professionals | Q2 | Call data and documentation in REDCap Database shows new staff beginning to answer calls |
| ACTIVITY/MILESTONE 12 | Implement automated professional consult satisfaction survey | Q2 | Survey tool is live collecting responses (Report on initial responses received within first month to demonstrate this) |
| ACTIVITY/MILESTONE 3 | Partnerships are formed with Healthcare organizations in priority areas via meetings with leadership and key providers | Q3 | Partnerships established with identified healthcare organizations in priority areas |
| ACTIVITY/MILESTONE 13 | Implement final communication strategy for professionals | Q3 | Detailed communications implementation plan, Communications strategy implemented via distribution tracking form; Marketing fidelity checklist; Providers within priority demographic areas receive communications |
| ACTIVITY/MILESTONE 14 | Mid-year evaluation analysis and quality improvement meeting for rapid PDSA cycle | Q3 | Meetings scheduled; Mid-Year Satisfaction Survey and Call Data Results Reviewed; Improvements identified and incorporated |
| ACTIVITY/MILESTONE 15 | Behavioral Health Educators answer live professional calls 9-5pm M-F providing education, resources, screening and referral support to healthcare individuals across all identified healthcare organizations within priority geographic areas in Denver including major hospital systems, urgent care clinics, and primary care clinics | On-going | Call data and documentation in the REDCap Call Database (reviewed monthly and summarized quarterly) |
| ACTIVITY/MILESTONE 16 | Ongoing professional consult satisfaction survey shows ASK CAM TRAIL consultation as reliable and useful resource for providing information on education, resources, screening, and referrals related to SUD treatment and recovery for healthcare professionals | On-going | Satisfaction Survey Results (Reviewed Monthly and Summarized Quarterly) |
| ACTIVITY/MILESTONE 17 | Gift Cards Mailed to individuals that complete the satisfaction survey | On-going | Count of gift cards mailed/picked-up at 601 (monthly) |
| ACTIVITY/MILESTONE 18 | Develop dashboards for tracking consult calls from individuals | Q4 | Dashboard developed |
| ACTIVITY/MILESTONE 19 | Implement dashboards for tracking consult calls from individuals | Q4 | Dashboard live tracking call volume, # of calls from geographic priority areas, completed consultations, SUD Referrals/ Linkage to care |
| OBJECTIVE 3 | | | |
| Establish and maintain a comprehensive resource inventory for substance use treatment and recovery support services across Denver to facilitate consultation services. | | | |
| ACTIVITY/MILESTONE 1 | Assess current resource inventory gaps for expanded geographic areas and external treatment programs | Q2 | Assessment completed; Gaps identified |
| ACTIVITY/MILESTONE 2 | Outreach external treatment programs to include in inventory | Q3 | Outreach completed to external treatment programs; external programs added to resource inventory |
| ACTIVITY/MILESTONE 3 | Develop and implement a quality assurance process for ensuring the resource inventory is up-to-date and refresh the resource inventory at determined periodicity | Q3 | Quality assurance process established; completed at determined intervals |
| ACTIVITY/MILESTONE 4 | Continued quality assurance process to ensure resources are comprehensive and up to date to support consultation needs | On-going | Inventory updated and shared at determined intervals |



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EXHIBIT A

SCOPE OF WORK & Budget

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

| | ACTIVITY/MILESTONE DESCRIPTION | TIMELINE FOR COMPLETION | MEASURABLE OUTCOMES/DELIVERABLES |
|--|--|--|---|
| INSTRUCTIONS | <p>These are the specific activities/milestones you will complete to work toward your objectives. Each objective must have a minimum of one activity. You may add or remove activity/milestone rows to this spreadsheet, as needed.</p> <p>Think about the question: <i>What steps do we need to take to achieve our objectives?</i></p> | <p>This is the quarter in which you expect to complete each activity. Indicate "On-going" if the activity will be conducted throughout the entire year without an end date. Quarterly reports will request the % of completion for each activity.</p> <p>Think about the question: <i>What is a realistic timeline for us to complete this activity?</i></p> | <p>This is how you will determine that this activity/milestone has been achieved. This can be an outcome that your program can measure or a deliverable (materials, trainings, dashboards, policies, etc.). Quarterly reports will request the submission of deliverables.</p> <p>Think about the question: <i>How can we show that we completed this activity?</i></p> |
| OBJECTIVE 1 | | | |
| Expand the awareness, use, and utility of the Ask CAM TRAIL consult service to provide education, resources, screening, and referrals to individuals | | | |
| ACTIVITY/MILESTONE 1 | Mid-year evaluation analysis and quality improvement meeting for rapid PDSA cycle | 2025 Q2 | Meetings scheduled; Mid-Year Satisfaction Survey and Call Data Results Reviewed; Improvements identified and incorporated |
| ACTIVITY/MILESTONE 2 | Behavioral Health Educators continue to answer live individual calls 9-5pm M-F providing education, resources, screening and referral support to individuals within priority geographic areas in Denver | On-going | Call data and documentation in the REDCap Call Database (reviewed monthly and summarized quarterly) |
| ACTIVITY/MILESTONE 3 | Ongoing satisfaction survey shows ASK CAM TRAIL consultation as reliable resource for education, resources, screening, and effective linkage for SUD care and recovery support for individuals and families impacted | On-going | Satisfaction Survey Results (Reviewed Monthly and summarized Quarterly) |
| ACTIVITY/MILESTONE 4 | Gift cards continuously mailed to | On-going | Count of gift cards mailed/picked-up at 601 |
| ACTIVITY/MILESTONE 5 | Maintain dashboards for tracking consult calls from individuals | On-going | Dashboard live tracking call volume, # of calls from geographic priority areas, completed consultations, SUD Referrals/ Linkage to care |
| ACTIVITY/MILESTONE 6 | Continue to implement communications strategy | On-going | Communications strategy implemented via distribution tracking form; Marketing fidelity checklist; Individuals in priority areas receive communication materials |
| OBJECTIVE 2 | | | |
| Expand awareness, use, and utility of the Ask CAM TRAIL consult service for education, resources, screening, and referrals to include healthcare | | | |
| ACTIVITY/MILESTONE 1 | Mid-year evaluation analysis and quality improvement meeting for rapid PDSA cycle | 2025 Q2 | Meetings scheduled; Mid-Year Satisfaction Survey and Call Data Results Reviewed; Improvements identified and incorporated |



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| ACTIVITY/MILESTONE 2 | Behavioral Health Educators continue to answer live professional calls 9-5pm M-F providing education, resources, screening and referral support to healthcare individuals across all identified healthcare organizations within priority geographic areas in Denver including major hospital systems, urgent care clinics, and primary care clinics | On-going | Call data and documentation in the REDCap Call Database (reviewed monthly and summarized quarterly) |
| ACTIVITY/MILESTONE 3 | Ongoing professional consult satisfaction survey shows ASK CAM TRAIL consultation as reliable and useful resource for providing information on education, resources, screening, and referrals related to SUD treatment and recovery for healthcare professionals | On-going | Satisfaction Survey Results (Reviewed Monthly and summarized Quarterly) |
| ACTIVITY/MILESTONE 4 | Gift cards continuously mailed to individuals that complete the satisfaction survey | On-going | Count of gift cards mailed/picked-up at 601 (monthly) |
| ACTIVITY/MILESTONE 5 | Maintain dashboards for tracking consult calls from healthcare professionals | On-going | Dashboard live tracking call volume, # of calls from geographic priority areas, completed consultations, SUD Referrals/ Linkage to care |
| ACTIVITY/MILESTONE 6 | Continue to implement communications strategy | On-going | Communications strategy implemented via distribution tracking form; Marketing fidelity checklist; Healthcare professionals in priority areas receive communication materials |
| OBJECTIVE 3 | | | |
| Establish and maintain a comprehensive resource inventory for substance use treatment and recovery support services across Denver to facilitate | | | |
| ACTIVITY/MILESTONE 1 | Continued quality assurance process to ensure resources are comprehensive and up to date to support consultation needs | On-going | Inventory updated and shared at determined intervals |



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

| | ACTIVITY/MILESTONE DESCRIPTION | TIMELINE FOR COMPLETION | MEASURABLE OUTCOMES/DELIVERABLES |
|--|--|--|---|
| INSTRUCTIONS | <p>These are the specific activities/milestones you will complete to work toward your objectives. Each objective must have a minimum of one activity. You may add or remove activity/milestone rows to this spreadsheet, as needed.</p> <p>Think about the question: <i>What steps do we need to take to achieve our objectives?</i></p> | <p>This is the quarter in which you expect to complete each activity. Indicate "On-going" if the activity will be conducted throughout the entire year without an end date. Quarterly reports will request the % of completion for each activity.</p> <p>Think about the question: <i>What is a realistic timeline for us to complete this activity?</i></p> | <p>This is how you will determine that this activity/milestone has been achieved. This can be an outcome that your program can measure or a deliverable (materials, trainings, dashboards, policies, etc.). Quarterly reports will request the submission of deliverables.</p> <p>Think about the question: <i>How can we show that we completed this activity?</i></p> |
| OBJECTIVE 1 | | | |
| Expand the awareness, use, and utility of the Ask CAM TRAIL consult service to provide education, resources, screening, and referrals to individuals | | | |



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|--|--|----------|--|
| ACTIVITY/MILESTONE 1 | Mid-year evaluation analysis and quality improvement meeting for rapid PDSA cycle | 2026 Q2 | Meetings scheduled; Mid-Year Satisfaction Survey and Call Data Results Reviewed; Improvements identified and incorporated |
| ACTIVITY/MILESTONE 2 | Behavioral Health Educators continue | On-going | Call data and documentation in the REDCap |
| ACTIVITY/MILESTONE 3 | Ongoing professional consult satisfaction survey shows ASK CAM TRAIL consultation as reliable and useful resource for providing information on education, resources, screening, and referrals related to SUD treatment and recovery for healthcare professionals | On-going | Satisfaction Survey Results (Reviewed Monthly and summarized Quarterly) |
| ACTIVITY/MILESTONE 4 | Gift cards continuously mailed to individuals that complete the satisfaction survey | On-going | Count of gift cards mailed/picked-up at 601 (monthly) |
| ACTIVITY/MILESTONE 5 | Maintain dashboards for tracking consult calls from individuals | On-going | Dashboard live tracking call volume, # of calls from geographic priority areas, completed consultations, SUD Referrals/ Linkage to care |
| ACTIVITY/MILESTONE 6 | Continue to implement communications strategy | On-going | Communications strategy implemented via distribution tracking form; Marketing fidelity checklist; Individuals in priority areas receive communication materials |
| OBJECTIVE 2 | | | |
| Expand awareness, use, and utility of the Ask CAM TRAIL consult service for education, resources, screening, and referrals to include healthcare | | | |
| ACTIVITY/MILESTONE 1 | Mid-year evaluation analysis and quality improvement meeting for rapid PDSA cycle | 2026 Q2 | Meetings scheduled; Mid-Year Satisfaction Survey and Call Data Results Reviewed; Improvements identified and incorporated |
| ACTIVITY/MILESTONE 2 | Behavioral Health Educators continue answer live professional calls 9-5pm M-F providing education, resources, screening and referral support to healthcare individuals across all identified healthcare organizations within priority geographic areas in Denver including major hospital systems, urgent care clinics, and primary care clinics | On-going | Call data and documentation in the REDCap Call Database (reviewed monthly and summarized quarterly) |
| ACTIVITY/MILESTONE 3 | Ongoing professional consult satisfaction survey shows ASK CAM TRAIL consultation as reliable and useful resource for providing information on education, resources, screening, and referrals related to SUD treatment and recovery for healthcare professionals | On-going | Satisfaction Survey Results (Reviewed Monthly and summarized Quarterly) |
| ACTIVITY/MILESTONE 4 | Gift cards continuously mailed to individuals that complete the satisfaction survey | On-going | Count of gift cards mailed/picked-up at 601 (monthly) |
| ACTIVITY/MILESTONE 5 | Maintain dashboards for tracking consult calls from healthcare professionals | On-going | Dashboard live tracking call volume, # of calls from geographic priority areas, completed consultations, SUD Referrals/ Linkage to care |
| ACTIVITY/MILESTONE 6 | Continue to implement communications strategy | On-going | Communications strategy implemented via distribution tracking form; Marketing fidelity checklist; Healthcare professionals in priority areas receive communication materials |
| OBJECTIVE 3 | | | |
| Establish and maintain a comprehensive resource inventory for substance use treatment and recovery support services across Denver to facilitate | | | |
| ACTIVITY/MILESTONE 1 | Continued quality assurance process to ensure resources are comprehensive and up to date to support consultation needs | On-going | Inventory updated and shared at determined intervals |



EXHIBIT A

SCOPE OF WORK & Budget

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.

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 |


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|---|---|----------|-------------|
| 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 |
| Paper - packs of 2 reams | Printing of resource lists, evaluation results, and other documents that will be helpful to the project team and project implementation. | | 8 | 20 | \$160.00 |
| Total Food and Supplies | | | | | \$160.00 |
| 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 |
| Translation Services | Translation services for non-english speakers | | 5 | 200 | \$1,000.00 |
| Marketing | Impelement communication plan for reaching identified population: enhancing brand awareness, pay for click advertising, digital communications targeting specific zip codes | | 1 | 40000 | \$40,000.00 |
| Professional Development | The Behavioral Health Education team would benefit from ongoing training/professional development opportunities to support continued growth in the field of behavioral health to best serve the community members who call for support. Some examples may be: brief intervention skills, crisis support, making level of care recommendations, treatment adjustments for specific populations (adolescents, pregnant patients, etc.), among others. | | 1 | 15000 | \$15,000.00 |
| Participant Incentives | Callers who complete the satisfaction survey will receive a \$20 gift card. | | 500 | 20 | \$10,000.00 |
| Total Operating Expenses | | | | | \$66,000.00 |



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EXHIBIT A

SCOPE OF WORK & Budget

| 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 |
| Behavioral Health Edu | Behavioral Health Educators will answer warmline calls M-F 9-5 to provide consultation and document outcomes, develop partnerships with external substance treatment providers to include external program information in the resource inventory, establish quality assurance process for resource inventory, and support all communication, evaluation, and quality improvement efforts. | Yes | 2 | 78755.5 | \$157,511.00 |
| Project Coordinator | Supervise Behavioral Health Educators, coordinate meetings for communications plan and evaluation efforts, help develop communications materials, help establish quality assurance process for resource inventory, lead project team, ensure milestones are met and deliverables are implemented/shared, communicate with funder. | Yes | 0.8 | 102316 | \$81,852.80 |
| Data Scientist | Pull data from syndromic surveillance system to identify priority geographic areas based on overdose rates, develop Ask CAM TRAIL Consult Database, track patients linked to Denver Health via electronic health records, build Ask CAM TRAIL Individual and Healthcare Professional Satisfaction Surveys collaboratively with project team, build data dashboards to routinely monitor and analyze data, participate in quality improvement efforts. | Yes | 0.04754 | 113430 | \$5,392.46 |
| Evaluator | Implement overall project evaluation, including developing data collection requirements for the Ask CAM TRAIL Consult Database, developing satisfaction survey content for the Individual and Healthcare Professional survey tools to be built, analyze data from satisfaction surveys to guide quality improvement efforts, set requirements for the data dashboards to ensure we are tracking the right information that aligns with the evaluation plan, and will lead all reporting requirements for the grant and dissemination of learnings. | Yes | 0.07 | 115645 | \$8,095.15 |
| Total Personnel Services | | | | | \$252,851.41 |
| TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other) | | | | | \$319,011.41 |
| Indirect | | | | | |
| Item | Description | | | | Total Amount Requested from OD2A Grant |
| 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. | | | | \$31,900.97 |
| TOTAL INDIRECT COSTS | | | | | \$31,900.97 |
| TOTAL AMOUNT REQUESTED FROM OAF | | | | | \$350,912.38 |



EXHIBIT A

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| Term | 1/1/2026 - 12/31/2026 | | | | |
|--|---|--|-----------------|--------------------------|--|
| 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 |
| Paper - packs of 2 reams | Printing of resource lists, evaluation results, and other documents that will be helpful to the project team and project implementation. | | 5 | 20 | \$100.00 |
| Total Food and Supplies | | | | | \$100.00 |
| 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 |
| Translation Services | Translation services for non-english speakers | | 5 | 200 | \$1,000.00 |
| Marketing | Impelement communicationplan for reaching identified population: enhancing brand awareness, pay for click advertising, digital communications targeting specific zip codes | | 1 | 1633 | \$1,633.00 |
| Participant Incentives | Callers who complete the satisfaction survey will receive a \$20 gift card. | | 600 | 20 | \$12,000.00 |
| Total Operating Expenses | | | | | \$14,633.00 |
| 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 |
| Behavioral Health Edu | Behavioral Health Educators will answer warmline calls M-F 9-5 to provide consultation and document outcomes, develop partnerships with external substance treatment providers to include external program information in the resource inventory, establish quality assurance process for resource inventory, and support all communication, evaluation, and quality improvement efforts. | Yes | 2 | 84923.5 | \$169,847.00 |


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| | | | | | |
|--|--|---|------|--------|---------------------|
| Project Coordinator | Supervise Behavioral Health Educators, coordinate meetings for communications plan and evaluation efforts, help develop communications materials, help establish quality assurance process for resource inventory, lead project team, ensure milestones are met and deliverables are implemented/shared, communicate with funder. | Yes | 0.8 | 110329 | \$88,263.20 |
| Data Scientist | Pull data from syndromic surveillance system to identify priority geographic areas based on overdose rates, develop Ask CAM TRAIL Consult Database, track patients linked to Denver Health via electronic health records, build Ask CAM TRAIL Individual and Healthcare Professional Satisfaction Surveys collaboratively with project team, build data dashboards to routinely monitor and analyze data, participate in quality improvement efforts. | Yes | 0.02 | 107444 | \$2,148.88 |
| Evaluator | Implement overall project evaluation, including developing data collection requirements for the Ask CAM TRAIL Consult Database, developing satisfaction survey content for the Individual and Healthcare Professional survey tools to be built, analyze data from satisfaction surveys to guide quality improvement efforts, set requirements for the data dashboards to ensure we are tracking the right information that aligns with the evaluation plan, and will lead all reporting requirements for the grant and dissemination of learnings. | Yes | 0.03 | 124701 | \$3,741.03 |
| Total Personnel Services | | | | | \$264,000.11 |
| TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other) | | | | | \$278,733.11 |
| Indirect | | | | | |
| Item | Description | Total Amount Requested from OD2A Grant | | | |
| 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. | \$27,872.97 | | | |
| TOTAL INDIRECT COSTS | | | | | \$27,872.97 |
| TOTAL AMOUNT REQUESTED FROM OAF | | | | | \$306,606.08 |

Total Contract term: 1/1/2024-12/31/2026
Maximum Contract Amount including any indirect costs: \$898,364.80.
\$55,020.66 of unspent Y1 funds were rolled over into the Y2 budget.

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

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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

VII. Gift Card Use Policy

Purpose

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

- 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



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- 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.
- 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



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- 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.

VIII. Invoice

An invoice template will be provided by the Program.

IX. Payments

Invoices, spending reports, and backup documentation, if required, shall be completed and emailed to OAFInvoices@denvergov.org no later than 45 days after month end, including final invoice.

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.

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

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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.

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