

## **SECOND AMENDATORY AGREEMENT**

This **SECOND 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 February 29, 2024, and an 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**, to the City’s satisfaction.

**B.** The Parties wish to amend the Agreement to update the scope of work exhibit.

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

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

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

3. This Second 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.

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

ENVHL-202579246-02 | ENVHL-202370663-02  
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: \_\_\_\_\_

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

ENVHL-202579246-02 | ENVHL-202370663-02  
DENVER HEALTH AND HOSPITAL AUTHORITY

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

Signed by:

  
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Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)

ATTEST: [if required]

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

Name: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_  
(please print)



## **EXHIBIT A-1**

### **SCOPE OF WORK**

#### **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 – Opioid Stewardship Clinical Pharmacist (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:

Opioid stewardship is an emerging specialty and an opportunity for Denver Health. Modeled after antimicrobial stewardship programs, the opioid stewardship program will ensure pain management is an organization priority with goals of combatting the opioid epidemic and ensuring regulatory compliance. Integrated into a multidisciplinary team, the opioid stewardship clinical pharmacist specialist (CPS) is uniquely positioned to have significant impacts on patient care and recommended therapy practices. The CPS will support opioid stewardship efforts by providing current, evidence-based education to the healthcare team and patients in addition to creating pain management plans, coordinating care, and managing opioid related adverse drug events.

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**



# EXHIBIT A-1

## SCOPE OF WORK

PROJECT PERIOD:

1/1/2024 - 12/31/2024

	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 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.</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>
<b>EXAMPLE OBJECTIVE</b>			
<i>Ensure the program is accessible to both Spanish and English speakers.</i>			
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
<b>OBJECTIVE 1</b>			
The opioid stewardship clinical pharmacist specialist will enhance the Provider's EHR by completing the following (at a minimum):			
1. developed one order set 2. revised three order sets 3. developed or revised one best practice advisory (BPA) alert			
ACTIVITY/MILESTONE 1	Recruitment and onboarding of opioid stewardship clinical pharmacist specialist	Q1	Addition of opioid stewardship clinical pharmacist specialist role (1.0 FTE)
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going	Incorporation of opioid stewardship into the pharmacy department. Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 3	Assess baseline EHR support for opioid stewardship efforts	Q2	Identify dashboard builder
ACTIVITY/MILESTONE 4	Prioritize EHR opportunities	Q3	Identify 1-3 priority opportunities
ACTIVITY/MILESTONE 5	Identify physician(s) / provider (s) champion (s)	Q3	Identify individual(s) with strong interest in opioid stewardship
ACTIVITY/MILESTONE 6	Identify ideal rounding team and goal start date	Q4	Rounding team standard work
ACTIVITY/MILESTONE 7	Complete one EHR optimization	Q4	EHR optimization completion
<b>OBJECTIVE 2</b>			
The opioid stewardship clinical pharmacist specialist will obtain the baseline daily inpatient milligram morphine equivalence (MME) usage, compared to national best-practice guidelines, and develop a recommended goal decrease (as appropriate).			
ACTIVITY/MILESTONE 1	Recruitment and onboarding of opioid stewardship clinical pharmacist	Q1	Addition of opioid stewardship clinical pharmacist specialist role (1.0 FTE)
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going	Incorporation of opioid stewardship into the pharmacy department. Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 3	Initiate development of metric dashboard	Q3	Gap analysis of recommended metrics for opioid stewardship programs
ACTIVITY/MILESTONE 4	Identify key data needs	Q3	Gap analysis of existing Denver Health metrics and meaningful metrics
ACTIVITY/MILESTONE 5	Finalize dashboard development	Q4	Built and validated opioid stewardship dashboard
ACTIVITY/MILESTONE 6	Identify key MME usage data	Q4	Opioid stewardship dashboard with at least quarterly monitoring and multidisciplinary review



# EXHIBIT A-1

## SCOPE OF WORK

OBJECTIVE 3			
The opioid stewardship clinical pharmacist specialist will have decreased discharge opioid prescriptions by 5% for patients that have not received opioids in the previous 24 hours.			
ACTIVITY/MILESTONE 1	Recruitment and onboarding of opioid stewardship clinical pharmacist	Q1	Addition of opioid stewardship clinical pharmacist specialist role (1.0 FTE)
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going	Incorporation of opioid stewardship into the pharmacy department. Ongoing education
ACTIVITY/MILESTONE 3	Explore existing data on opioid discharge prescriptions	Q3	Discharge prescribing dashboard build and validation
ACTIVITY/MILESTONE 4	Identify key prescribing groups with the most impact for change	Q4	Multidisciplinary review of meaningful dashboard metric(s). Identify one quality improvement project from dashboard data.
OBJECTIVE 4			
The opioid stewardship clinical pharmacist specialist will be the pharmacy naloxone coordinator and facilitate at least one program to enhance			
ACTIVITY/MILESTONE 1	Recruitment and onboarding of opioid stewardship clinical pharmacist specialist	Q1	Addition of opioid stewardship clinical pharmacist specialist role (1.0 FTE)
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going	Incorporation of opioid stewardship into the pharmacy department. Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 3	Assess current naloxone programs and resources available to institution	Q2	Meet and greet with existing naloxone coordinator
ACTIVITY/MILESTONE 4	Begin assisting with naloxone efforts	On-going	Process map for existing avenues for naloxone distribution
ACTIVITY/MILESTONE 5	Identify key metrics for tracking naloxone efforts	Q3	Gap analysis of recommended metrics and existing metrics at Denver Health
ACTIVITY/MILESTONE 6	Coordinate institutional naloxone efforts	On-going	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator
OBJECTIVE 5			
The opioid stewardship clinical pharmacist specialist will have developed a documentation process for provider prescription monitoring to ensure regulatory compliance in collaboration with organization quality efforts.			
ACTIVITY/MILESTONE 1	Recruitment and onboarding of opioid stewardship clinical pharmacist specialist	Q1	Addition of opioid stewardship clinical pharmacist specialist role (1.0 FTE)
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going	Incorporation of opioid stewardship into the pharmacy department. Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 3	Multidisciplinary provider prescribing monitoring team	Q3	Identify key stakeholders for continuous monitoring
ACTIVITY/MILESTONE 4	Begin meeting routinely with key stakeholders and identify current regulatory documentation efforts	Q4	Gap analysis of current regulatory documentation efforts



# EXHIBIT A-1

## SCOPE OF WORK

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>
<b>EXAMPLE OBJECTIVE</b>			
<i>Ensure the program is accessible to both Spanish and English speakers.</i>			
EXAMPLE ACTIVITY/MILESTONE 1	Conduct start of year survey with all participants to assess language accessibility of the program.	2025 Q1	Start of year survey results
EXAMPLE ACTIVITY/MILESTONE 2	Translate 5 primary program documents into Spanish.	2025 Q2	Five translated documents
EXAMPLE ACTIVITY/MILESTONE 3	Post translated documents on program website.	2025 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.	2025 Q4	End of year survey results
<b>OBJECTIVE 1</b>			
The opioid stewardship clinical pharmacist specialist will enhance the Provider's EHR by completing the following (at a minimum):			
1. developed one order set			
2. revised three order sets			
3. developed or revised one best practice advisory (BPA) alert			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Round with appropriate multidisciplinary team	On-going	Rounding standard work
ACTIVITY/MILESTONE 3	Provide consultations ad hoc to other providers as needed	On-going	i-Vent tracking
ACTIVITY/MILESTONE 4	Provider treatment plan recommendations	On-going	i-Vent tracking
ACTIVITY/MILESTONE 5	Support any ToC needs	On-going	Drug information question tracker vs i-Vent tracking
ACTIVITY/MILESTONE 6	Complete one EHR optimization	2025 Q1	EHR Optimization Ticket #
ACTIVITY/MILESTONE 7	Complete one EHR optimization	2025 Q3	EHR Optimization Ticket #
<b>OBJECTIVE 2</b>			
The opioid stewardship clinical pharmacist specialist will obtain the baseline daily inpatient milligram morphine equivalence (MME) usage, compared to national best-practice guidelines, and develop a recommended goal decrease (as appropriate).			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Maintain dashboard metrics	On-going	Dashboard surveillance standard work
ACTIVITY/MILESTONE 3	Compare institutional MME usage to best practice - 2024 Q4	On-going	Define internal metric and benchmark
ACTIVITY/MILESTONE 4	Recommend goal MME usage decrease (as appropriate)	2025 Q2	Evidence of quality improvement project progress/completion



# EXHIBIT A-1

## SCOPE OF WORK

### OBJECTIVE 3

The opioid stewardship clinical pharmacist specialist will have decreased discharge opioid prescriptions by 5% for patients that have not received opioids in the previous 24 hours.

ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Engage key prescribing group to identify opportunity for prescription decrease	2025 Q1	Evidence of quality improvement project progress
ACTIVITY/MILESTONE 3	Implement opportunity initiative	2025 Q3	Evidence of quality improvement project completion

### OBJECTIVE 4

The opioid stewardship clinical pharmacist specialist will be the pharmacy naloxone coordinator and facilitate at least one program to enhance distribution of naloxone to Denver Health patients and the community.

ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Coordinate institutional naloxone efforts	On-going	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator
ACTIVITY/MILESTONE 3	Identify one additional naloxone program initiative	2025 Q2	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator
ACTIVITY/MILESTONE 4	Begin additional naloxone program	2025 Q3	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator
ACTIVITY/MILESTONE 5	Sustain additional naloxone program	On-going	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator

### OBJECTIVE 5

The opioid stewardship clinical pharmacist specialist will have developed a documentation process for provider prescription monitoring to ensure regulatory compliance in collaboration with organization quality efforts.

ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Develop documentation process in collaboration with existing institutional	2025 Q1	Provider prescription monitoring standard work
ACTIVITY/MILESTONE 3	Refine documentation efforts with key stakeholders	2025 Q1	Multidisciplinary review of standard work (IPOM)
ACTIVITY/MILESTONE 4	Implement documentation process	2025 Q2	Evidence of provider-to-provider feedback process
ACTIVITY/MILESTONE 5	Sustain/support documentation process	On-going	Evidence of provider-to-provider feedback process





# EXHIBIT A-1

## SCOPE OF WORK

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>
<b>EXAMPLE OBJECTIVE</b>			
<i>Ensure the program is accessible to both Spanish and English speakers.</i>			
EXAMPLE ACTIVITY/MILESTONE 1	Conduct start of year survey with all participants to assess language accessibility of the program.	2026 Q1	Start of year survey results
EXAMPLE ACTIVITY/MILESTONE 2	Translate 5 primary program documents into Spanish.	2026 Q2	Five translated documents
EXAMPLE ACTIVITY/MILESTONE 3	Post translated documents on program website.	2026 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.	2026 Q4	End of year survey results
<b>OBJECTIVE 1</b>			
<p>The opioid stewardship clinical pharmacist specialist will enhance the Provider's EHR by completing the following (at a minimum):</p> <ol style="list-style-type: none"> <li>1. developed one order set</li> <li>2. revised three order sets</li> <li>3. developed or revised one best practice advisory (BPA) alert</li> </ol>			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Round with appropriate multidisciplinary team	On-going	Rounding standard work
ACTIVITY/MILESTONE 3	Provide consultations ad hoc to other providers as needed	On-going	i-Vent tracking
ACTIVITY/MILESTONE 4	Provider treatment plan recommendations	On-going	i-Vent tracking
ACTIVITY/MILESTONE 5	Support any ToC needs	On-going	Drug information question tracker vs i-Vent tracking
ACTIVITY/MILESTONE 6	Complete one EHR optimization	2026 Q1	EHR Optimization Ticket #
ACTIVITY/MILESTONE 7	Best practice sharing through CAM academy	On-going	Best practice education collaborative efforts with CAM
ACTIVITY/MILESTONE 8	Complete one EHR optimization	2026 Q3	EHR Optimization Ticket #
<b>OBJECTIVE 2</b>			
<p>The opioid stewardship clinical pharmacist specialist will obtain the baseline daily inpatient milligram morphine equivalence (MME) usage, compared to national best-practice guidelines, and develop a recommended goal decrease (as appropriate).</p>			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Maintain dashboard metrics	On-going	Dashboard surveillance standard work
ACTIVITY/MILESTONE 3	Develop project plan for daily MME usage decrease (as appropriate) - 2025 Q4	2026 Q1	Evidence of quality improvement project completion
ACTIVITY/MILESTONE 4	Best practice sharing through the CAM Academy - 2026 Q1-3	On-going	Best practice education collaborative efforts with CAM



## EXHIBIT A-1

### SCOPE OF WORK

OBJECTIVE 3			
The opioid stewardship clinical pharmacist specialist will have decreased discharge opioid prescriptions by 5% for patients that have not received opioids in the previous 24 hours.			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Engage key prescribing group to identify opportunity for prescription decrease - 2025 Q1	2026 Q1	Evidence of quality improvement project draft
ACTIVITY/MILESTONE 3	Best practice sharing through the CAM Academy - 2026 Q1-3	On-going	Best practice education collaborative efforts with CAM
ACTIVITY/MILESTONE 4	Implement opportunity initiative	2026 Q3	Evidence of quality improvement project implementation
ACTIVITY/MILESTONE 5	Maintain prescription reduction 2026 Q2-3	On-going	Evidence of quality improvement project surveillance
OBJECTIVE 4			
The opioid stewardship clinical pharmacist specialist will be the pharmacy naloxone coordinator and facilitate at least one program to enhance distribution of naloxone to Denver Health patients and the community.			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Coordinate institutional naloxone efforts	On-going	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator
ACTIVITY/MILESTONE 3	Sustain additional naloxone program(s) as applicable	On-going	Identify and outline role of opioid stewardship clinical pharmacist specialist in this space in collaboration with existing coordinator
ACTIVITY/MILESTONE 4	Explore harm-reduction program as applicable	On-going	Assessment of current harm-reduction efforts and program proposal as applicable
ACTIVITY/MILESTONE 5	Best practice sharing through the CAM Academy - 2026 Q1-3	On-going	Best practice education collaborative efforts with CAM
OBJECTIVE 5			
The opioid stewardship clinical pharmacist specialist will have developed a documentation process for provider prescription monitoring to ensure regulatory compliance in collaboration with organization quality efforts.			
ACTIVITY/MILESTONE 1	Continue educations efforts	On-going	Ongoing education with learners and teams as needs / opportunities arise.
ACTIVITY/MILESTONE 2	Sustain/support documentation process	On-going	i-Vent tracking & report out to Acute Care Clinical Team Meeting
ACTIVITY/MILESTONE 3	Best practice sharing through the CAM Academy - 2026 Q1-3	On-going	Best practice education collaborative efforts with CAM

#### 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:



## EXHIBIT A-1

### SCOPE OF WORK

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
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



# EXHIBIT A-1

## SCOPE OF WORK

The budget for this agreement is outlined below.

Term	1/1/2025 - 12/31/2025				
Budget Categories					
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
Program Manager/Evaluator	The Project Manager/Evaluator will ov	yes	5%	250,014.00	\$12,501.00
Clinical Pharmacist	The Clinical Pharmacist Specialist will s	yes	100%	180,784.00	\$180,784.00
Total Personnel Services					\$193,285.00
Other / Miscellaneous					
Item	Description	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OD2A Grant
Conference 1	ASAM 4/24/-4/27		1	1415	\$1,415.00
Conference 2	Mayo Opioid 09/11 -9/13		1	895	\$895.00
Air	Mayo Registration to Nashville		1	700	\$700.00
M&IE	M&IE to Mayo Conference		1	301	\$301.00
Transportation	To hotel, airport, and conference.		1	500	\$500.00
Naloxone	Supplies-Pharmacy/Drugs Naloxone		1	85,376.76	\$85,376.76
Lodging	Mayo Registration to Nashville		4	248	\$992.00
Total Other					\$90,179.76
TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)					\$283,464.76
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.				\$28,346.00
TOTAL INDIRECT COSTS					\$28,346.00
TOTAL AMOUNT REQUESTED FROM OAF					\$311,810.76



## EXHIBIT A-1

### SCOPE OF WORK

Term	1/1/2026 - 12/31/2026				
Budget Categories					
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
Program Manager/Evaluator	The Project Manager/Evaluator	yes	5%	269,593.00	\$13,480.00
Clinical Pharmacist	The Clinical Pharmacist Specialist	yes	100%	194,940.00	\$194,940.00
Total Personnel Services					\$208,420.00
TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)					\$208,420.00
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.				\$20,842.00
TOTAL INDIRECT COSTS					\$20,842.00
TOTAL AMOUNT REQUESTED FROM OAF					\$229,262.00

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

**Maximum Contract Amount including any indirect costs: \$743,478.75.**

**\$99,196.76 of unspent Y1 funding has been 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 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. Invoice**



## EXHIBIT A-1

### SCOPE OF WORK

This is a sample invoice. This template is subject to change.

#### **VIII. Payments**

Invoices, spending reports, and backup documentation, if required, shall be completed and emailed to [OAFInvoices@denvergov.org](mailto: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.

#### **IX. 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.

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.



## **EXHIBIT A-1**

### **SCOPE OF WORK**

#### **X. 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