

**Statement of Work and Budget—Denver Health and Hospital Authority
Health Impacts of Marijuana Data Collection**

1.1 Data Collection and Other Services Relating to Health Impacts of Marijuana

a. The Authority shall provide the following services related to monitoring the health impacts of marijuana use in the City and County of Denver. This includes, but is not limited to, the following functions:

- Monitor the use and change in trends for marijuana use in Denver’s children and youth;
- Monitor the use of marijuana among pregnant women and the potential for intrauterine exposure;
- Work in concert with Denver Human Services’ Office of Drug Strategy to align data systems;
- Work to develop an electronic Business Intelligence Tool to collect, analyze, monitor and compare data from a variety of sources concerning marijuana use and abuse;
- Contract with vendors as needed to develop the Business Intelligence Tool;
- Enter into HIPAA Business Associate Agreements and other Data Use Agreements with required entities to permit the sharing of data related to marijuana use and abuse;
- Provide Progress Reports to the City and County of Denver by December 31, 2014 and throughout 2015 regarding the development of agreements, data transfer and analysis regarding marijuana use and abuse in the City and County of Denver; and,
- Work in concert with the Mayor’s Office of Marijuana Policy to inform marijuana policy and education and to provide regular updates regarding marijuana-related information received from the Colorado Department of Public Health and Environment (CDPHE) and other Authority partners.

b. The parties agree that marijuana health impact data collection services should be provided in a collaborative and coordinated manner and expect the City and the Authority to work together to serve the best interest of the residents of the City in an efficient and cost effective manner. Data and results will be shared with the City as a method to inform all of the prevention and education campaigns in which the City is involved or considering. Development and distribution of marijuana-related education materials shall be reviewed and are subject to approval by the City.

c. The scope of marijuana health data collection services to be provided by the Authority includes services to all residents of the City.

1.2 Specific Time Frame for Performance.

- a. The initial term of services shall commence on July 1, 2014 and shall be completed on or before December 31, 2015.
- b. By November 30, 2014 the Authority shall identify the first three data sources to be incorporated into the data warehouse and will refine the Business Intelligence requirements for a dashboard for marijuana health data.

- c. By January 31, 2015 the Authority shall establish governance rules, load the first three data sources into the data warehouse, develop the Business Intelligence dashboard for marijuana health data c, and develop a Business Intelligence requirements document defining future dashboards for these new data sources.
- d. By December 31, 2015, the Authority shall load the final four data sources into the data warehouse and incorporate them into the Business Intelligence dashboard for marijuana health data, and develop a Business Intelligence requirements document defining the maintenance of the dashboard.
- e. The City recognizes that issues related to the establishment of these governance rules and associated agreements may impede the acquisition of all data elements and alter the proposed time frame in which analysis can be completed.
- f. The Authority shall submit to the City quarterly reports on progress in acquisition of the data elements and establishment of the monitoring systems in October, 2014 and January, April, July and October 2015.

1.3 Performance Criteria

- a. Using the emerging Business Intelligence infrastructure, the Authority will develop a comprehensive monitoring system in concert with the Office of Drug Strategy and the Mayor's Office of Marijuana Policy that includes data from a myriad of data sources (e.g., electronic health records, hospital and emergency department visits, school observations, traditional monitoring systems, and Rocky Mountain Poison and Drug Center accidental ingestion data) to provide confidential and secure levels of detail depending on the purpose for which the data will be used. Prior to achieving access to and analysis of each data source, significant efforts will be required regarding development of governance rules and business associates agreements. Operational and technical processes to extract, transform, and load the data into a monitoring system will be required. Meetings with key stakeholders will define the requirements for analysis and reporting and help design the dashboards or reporting tools needed. A thorough quality assessment of the data will be undertaken with several cycles of data cleaning to assure valid and reliable results.
- b. Reports will be generated that describe patterns of usage for all defined groups. These may be stratified by age, socioeconomic status, race/ethnicity, gender, neighborhood and school. Focus groups will be conducted with those stakeholders (including the City) to assure the reports are meeting their specific needs.
- c. Data sources that will be used include:
 - Denver Public Schools "Healthy Kids Colorado Survey";
 - Denver Public Schools data on marijuana-related counseling and treatment referrals and disciplinary reports;
 - Colorado Hospital Association data on youth hospital admissions related to marijuana intoxication compared to other substances;

- Rocky Mountain Poison and Drug Center data on accidental ingestions of marijuana;
- Pregnancy Risk Assessment Monitoring System data; and,
- Comparative monitoring data for Colorado and US using Youth Risk Behavioral Survey, Pregnancy Risk Assessment Monitoring System, the National Survey of Drug Use and Health, and the Behavioral Risk Factor Surveillance System.

d. Sample performance measures will include, but are not limited to:

- Percent of Denver children and youth reporting utilization of marijuana products;
- Percent of Denver children and youth reporting perceived risk around marijuana use;
- Percent of pregnant women reporting the utilization of marijuana products;
- Data on preferred consumption method;
- Data on unintended consumption, including the number or percent of marijuana-related calls to the Rocky Mountain Poison and Drug Center;
- Marijuana related deaths;
- MJ health indicator data;
- Comparison chart comparing Denver to Colorado and national statistics where possible; and,
- Percent of youth entering state funded treatment centers.

e. The Authority will provide quarterly reports to the City which indicate the amount of year-to-date expenses and revenues for the Health Impacts of Marijuana Data Collection services, no later than 45 days after the end of each reporting period.

1.4 2014 Budget

07/01/14-12/31/14						
Denver Public Health (DPH)	Position	Salary	Effort	Cost	# Months	Fringe
TBD (DZZC3190)	Epidemiologist	\$78,033	100%	\$39,017	6	\$11,354
Total Salaries and Fringe				\$39,017.00		\$11,354.00
SUBCONTRACT		Quantity	Unit Cost	Total		
DPS DOTS work-discipline - transfer of data				\$3,750.00		
Total Subcontracts				\$3,750.00		
VENDOR		Quantity	Unit Cost	Total		
EMC (\$30k per data element, plus \$2k for project planning)				\$92,000.00		
Media/Marketing Group				\$2,000.00		
Total Vendor				\$94,000.00		
Operating Expenses		Quantity	Unit Cost	Total		
Office Supplies				\$1,400		
Conference/meeting expenses				\$479		
Minor Furniture (computers/laptops)				\$0		
Minor Furniture (desk/chairs)				\$0		
Total Operating Expenses				\$1,879		

TOTAL DIRECT COSTS	\$150,000
Indirect Costs (35.5% of MTDC waived)	\$0
TOTAL COSTS	\$150,000

1.5 2015 Budget

01/01/15-12/31/15						
Denver Public Health (DPH)	Position	Salary	Effort	Cost	# Months	Fringe
TBD (DZZC3190)	Epidemiologist	\$78,033	100%	\$78,125	12	\$21,484
Total Salaries and Fringe				\$78,125.00		\$21,484
VENDOR		Quantity	Unit Cost	Total		
EMC (\$2330k per data element)				\$120,000.00		
Total Vendor				\$120,000.00		
Operating Expenses		Quantity	Unit Cost	Total		
Office Supplies				\$1,400		
Conference/meeting expenses				\$500		
Printing costs to share with stakeholders				\$1991		
Total Operating Expenses				\$3,891		
TOTAL DIRECT COSTS				\$223,500		
Indirect Costs (35.5% of MTDC waived)				\$0		
TOTAL COSTS				\$223,500		

1.6 All Funds

a. The Authority shall reasonably coordinate its efforts with other federal, state and local agencies, as well as private sources, to ensure that duplication of services and funding is avoided.