

## AMENDATORY AGREEMENT

**THIS 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 (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 extend the term, increase maximum contract amount, add section 34 - Compliance With Denver Wage Laws, and amend 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. 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 **SEVEN HUNDRED FORTY-**

**THREE THOUSAND FOUR HUNDRED SEVENTY-EIGHT DOLLARS AND SEVENTY-FIVE CENTS (\$743,478.75)** (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 that 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 34 of the Agreement entitled “**PAYMENT OF CITY MINIMUM WAGE**” is hereby added:

“**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.”

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

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

6. 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.

**Exhibit List:**

**Exhibit A-1 – Scope of Work.**

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

**Contract Control Number:** ENVHL-202475901-01 / 202370663-01  
**Contractor Name:** 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:**

**REGISTERED AND COUNTERSIGNED:**

Attorney for the City and County of Denver

By:

By:

\_\_\_\_\_

\_\_\_\_\_

By:

\_\_\_\_\_

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

ENVHL-202475901-01 / 202370663-01  
DENVER HEALTH AND HOSPITAL AUTHORITY

By: Signed by:  
*Amanda Breeden*  
7AE51C980EAA403...\_\_\_\_\_

Name: Amanda Breeden  
(please print)

Title: Associate Chief, Research Ops  
(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
<p><b>INSTRUCTIONS</b></p> <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>		
<i>EXAMPLE ACTIVITY/MILESTONE 1</i>	<i>Conduct start of year survey with all participants to assess language accessibility of the program.</i>	<i>Q1</i>
<i>EXAMPLE ACTIVITY/MILESTONE 2</i>	<i>Translate 5 primary program documents into Spanish.</i>	<i>Q2</i>
<i>EXAMPLE ACTIVITY/MILESTONE 3</i>	<i>Post translated documents on program website.</i>	<i>Q3</i>
<i>EXAMPLE ACTIVITY/MILESTONE 4</i>	<i>Send monthly program newsletter in both Spanish and English.</i>	<i>On-going</i>
<i>EXAMPLE ACTIVITY/MILESTONE 5</i>	<i>Conduct end of year survey with all participants to assess language accessibility of the program.</i>	<i>Q4</i>
<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	Recruitment and onboarding of opioid stewardship clinical pharmacist specialist	Q1
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going
ACTIVITY/MILESTONE 3	Assess baseline EHR support for opioid stewardship efforts	Q2
ACTIVITY/MILESTONE 4	Prioritize EHR opportunities	Q3
ACTIVITY/MILESTONE 5	Identify physician(s) / provider (s) champion (s)	Q3
ACTIVITY/MILESTONE 6	Identify ideal rounding team and goal start date	Q4
ACTIVITY/MILESTONE 7	Complete one EHR optimization	Q4
<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	Recruitment and onboarding of opioid stewardship clinical pharmacist	Q1
ACTIVITY/MILESTONE 2	Begin education efforts for health care professionals and patients	On-going
ACTIVITY/MILESTONE 3	Initiate development of metric dashboard	Q3
ACTIVITY/MILESTONE 4	Identify key data needs	Q3
ACTIVITY/MILESTONE 5	Finalize dashboard development	Q4
ACTIVITY/MILESTONE 6	Identify key MME usage data	Q4



# 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 insitution	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

INSTRUCTIONS	ACTIVITY/MILESTONE DESCRIPTION	TIMELINE FOR COMPLETION	MEASURABLE OUTCOMES/DELIVERABLES
	<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>			
<i>EXAMPLE ACTIVITY/MILESTONE 1</i>	<i>Conduct start of year survey with all participants to assess language accessibility of the program.</i>	<i>2025 Q1</i>	<i>Start of year survey results</i>
<i>EXAMPLE ACTIVITY/MILESTONE 2</i>	<i>Translate 5 primary program documents into Spanish.</i>	<i>2025 Q2</i>	<i>Five translated documents</i>
<i>EXAMPLE ACTIVITY/MILESTONE 3</i>	<i>Post translated documents on program website.</i>	<i>2025 Q3</i>	<i>Translated documents are available on the program website.</i>
<i>EXAMPLE ACTIVITY/MILESTONE 4</i>	<i>Send monthly program newsletter in both Spanish and English.</i>	<i>On-going</i>	<i>12 monthly newsletters in 2024 distributed in Spanish and English.</i>
<i>EXAMPLE ACTIVITY/MILESTONE 5</i>	<i>Conduct end of year survey with all participants to assess language accessibility of the program.</i>	<i>2025 Q4</i>	<i>End of year survey results</i>
<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	2025 Q1	EHR Optimization Ticket #
ACTIVITY/MILESTONE 7	Complete one EHR optimization	2025 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	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
<b>INSTRUCTIONS</b>  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 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>
<b>EXAMPLE OBJECTIVE</b>		
<i>Ensure the program is accessible to both Spanish and English speakers.</i>		
<i>EXAMPLE ACTIVITY/MILESTONE 1</i>	<i>Conduct start of year survey with all participants to assess language accessibility of the program.</i>	<i>2026 Q1</i>
<i>EXAMPLE ACTIVITY/MILESTONE 2</i>	<i>Translate 5 primary program documents into Spanish.</i>	<i>2026 Q2</i>
<i>EXAMPLE ACTIVITY/MILESTONE 3</i>	<i>Post translated documents on program website.</i>	<i>2026 Q3</i>
<i>EXAMPLE ACTIVITY/MILESTONE 4</i>	<i>Send monthly program newsletter in both Spanish and English.</i>	<i>On-going</i>
<i>EXAMPLE ACTIVITY/MILESTONE 5</i>	<i>Conduct end of year survey with all participants to assess language accessibility of the program.</i>	<i>2026 Q4</i>
<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
ACTIVITY/MILESTONE 2	Round with appropriate multidisciplinary team	On-going
ACTIVITY/MILESTONE 3	Provide consultations ad hoc to other providers as needed	On-going
ACTIVITY/MILESTONE 4	Provider treatment plan recommendations	On-going
ACTIVITY/MILESTONE 5	Support any ToC needs	On-going
ACTIVITY/MILESTONE 6	Complete one EHR optimization	2026 Q1
ACTIVITY/MILESTONE 7	Best practice sharing through CAM academy	On-going
ACTIVITY/MILESTONE 8	Complete one EHR optimization	2026 Q3
<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
ACTIVITY/MILESTONE 2	Maintain dashboard metrics	On-going
ACTIVITY/MILESTONE 3	Develop project plan for daily MME usage decrease (as appropriate) - 2025 Q4	2026 Q1
ACTIVITY/MILESTONE 4	Best practice sharing through the CAM Academy - 2026 Q1-3	On-going



## 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

The budget for this agreement is outlined below.



# EXHIBIT A-1

## SCOPE OF WORK

<b>Term</b>	1/1/24 - 12/31/24				
<b>Request for Proposal Name</b>	<u>Opioid Stewardship Clinical Pharmacist Specialist Program</u>				
<b>Budget Categories</b>					
<b>Supplies</b>					
Item	Description of Item	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from Denver Opioid Abatement Funds Grant
DELL Laptop	DELL laptop for Clinical Pharmacist	Yes	1	1180	\$1,180.00
DELL Docking Station	Thunderbolt 4 Dock WD22TB4	Yes	1	209.14	\$209.14
Two DELL Monitors	UltraSharp 24 Monitor U2422H	Yes	2	204.04	\$408.08
Overdose Emergency Kit	Narcan Emergency Kits	Yes	52	67.3	\$2,704.60
<b>Total Food and Supplies</b>					<b>\$4,501.82</b>
<b>Program Operating Expenses</b>					
Item	Description of Item	Does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from Denver Opioid Abatement Funds Grant
N/A					\$0.00
<b>Total Operating Expenses</b>					<b>\$0.00</b>
<b>Personnel and Administrative Services</b>					
<b>Salary Employees</b>					
Position Title	Description of Work	Does this budget item support the Scope of Work?	Percent of Time	Salary + Fringe Benefits	Total Amount Requested from Denver Opioid Abatement Funds Grant
Project Manager/Evaluator	The Project Manager/Evaluator will oversee all aspects of the grant and will have direct responsibility for completion of the project. This position is responsible for overseeing and supervising Acute Care Pharmacy Department personnel on the project, advising and participating in planning and evaluation activities, managing budget development and project expenditure, reviewing contract deliverables, and ensuring alignment and coordination with other institutional initiatives. Additionally, this role will oversee the development and deployment of evaluation tools and data collection, maintenance, and analysis and will be responsible for reporting project results to DDPHE and other program partners.	Yes	5%	249750	\$12,487.50



## EXHIBIT A-1 SCOPE OF WORK

Clinical Pharmacist	The Clinical Pharmacist Specialist will spend a majority of their time participating in daily patient care activities such as providing treatment plan recommendations and education to patients and health-care professionals. This position will design, organize and implement targeted initiatives with support from the Program Manager. They will also serve as the primary point of contact for naloxone coordination efforts and other programs related to opioid stewardship. Further, this position will develop and deploy evaluation tools and data collection, maintenance, and analysis that will be utilized to evaluate the program and associated initiatives.	Yes	100%	256400	\$256,400.00
<b>Hourly Employees</b>					
<b>Position Title</b>	<b>Description of Work</b>	<b>Does this budget item support the Scope of Work?</b>	<b>Hours</b>	<b>Hourly Rate</b>	<b>Total Amount Requested from Denver Opioid Abatement Funds Grant</b>
N/A					\$0.00
<b>Total Personnel Services</b>					<b>\$268,887.50</b>
<b>Other / Miscellaneous</b>					
Travel	Clinical Pharmacist to virtually attend the Mayo Clinic Opioid Conference (livestream) September 19-21, 2024	Does this budget item support the Scope of Work? yes	1	795	795
N/A					
<b>Total Other</b>					<b>\$795.00</b>
<b>TOTAL DIRECT COSTS (Supplies &amp; Operating, Personnel, Other)</b>					<b>\$274,184.32</b>
<b>Indirect</b>					
<b>Item</b>	<b>Description</b>				<b>Total Amount Requested from Denver Opioid Abatement Funds 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.				\$27,418.43
<b>TOTAL INDIRECT COSTS</b>					<b>\$27,418.43</b>
<b>TOTAL AMOUNT REQUESTED FROM OPIOID ABATEMENT FUNDS GRANT</b>					<b>\$301,602.75</b>



## EXHIBIT A-1 SCOPE OF WORK

Term	1/1/2025 - 12/31/2025				
<b>Budget Categories</b>					
<b>Personnel and Administrative Services</b>					
<b>Salary Employees</b>					
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%	250,014.00	\$12,501.00
Clinical Pharmacist	The Clinical Pharmacist Specialist	yes	100%	180,784.00	\$180,784.00
					\$0.00
<b>Total Personnel Services</b>					<b>\$193,285.00</b>
<b>TOTAL DIRECT COSTS (Supplies &amp; Operating, Personnel, Other)</b>					<b>\$193,285.00</b>
<b>Indirect</b>					
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.				\$19,329.00
<b>TOTAL INDIRECT COSTS</b>					<b>\$19,329.00</b>
<b>TOTAL AMOUNT REQUESTED FROM OAF</b>					<b>\$212,614.00</b>
Term	1/1/2026 - 12/31/2026				
<b>Budget Categories</b>					
<b>Personnel and Administrative Services</b>					
<b>Salary Employees</b>					
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
<b>Total Personnel Services</b>					<b>\$208,420.00</b>
<b>TOTAL DIRECT COSTS (Supplies &amp; Operating, Personnel, Other)</b>					<b>\$208,420.00</b>
<b>Indirect</b>					
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
<b>TOTAL INDIRECT COSTS</b>					<b>\$20,842.00</b>
<b>TOTAL AMOUNT REQUESTED FROM OAF</b>					<b>\$229,262.00</b>





## EXHIBIT A-1 SCOPE OF WORK

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

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

**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

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) 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. 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



## EXHIBIT A-1

### SCOPE OF WORK

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.

#### 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