AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Acknowledgement of County Manager's Signature; Gra

Action Requested: County Manager Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

already signed grant application

Fiscal Impact:

Submitted by: Kari Commerford **Submitter's Email Address:** kcommerford@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
If grant is awarded, we'll need to request a 2018 budget amendment. No concerns with submittal of application. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 1/25/2018

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 2/6/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 2/6/2018 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 2/15/2018

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 2/20/2018

Revised April 2015

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Project Narrative

4.1 SECTION A: Questions for the Project Narrative (maximum of 100 points)

COALITION HISTORY:

4.1.1 What is the history of the coalition and how does it currently operate to prevent youth substance use in the community? (10 points)

A. Describe the history of the coalition to include information on what events led to the formation of the coalition.

In 2006, Gunnison County was identified by a SPF SIG project, the Colorado Prevention Partners (CPP) as one of 14 counties in the state at highest risk for substance abuse. In 2006, the county ranked second among all Colorado counties for Adult Alcohol-Related Arrest Rates and ranked third among the state's frontier counties for Juvenile Drug-Related Arrests Rate. In addition, there was significant "binge" drinking among underage youth in the community and Western State Colorado University students. The county has the highest number of liquor stores per capita of any county in the state. These factors led to CPP awarding the County a non-competitive grant to prevent substance abuse at the community and systems level.

The Gunnison County Substance Abuse Prevention Project (GCSAPP) coalition developed out of this SPF SIG grant and began in the summer of 2006. In 2009, we received our first Drug Free Communities Support Program grant. This grant allowed us to continue to mobilize and organize our community to prevent and reduce substance abuse.

B. Describe the organizational structure and operations of the coalition to include coalition leadership, decision making processes, by-laws, workgroups, and financial management.

GCSAPP's Program Director, Project Coordinator, and Gunnison County Juvenile Services Director are empowered to make the Coalition's day-to-day decisions as well as manage all operations. When it comes to making decisions related to our efforts to reduce youth substance use, GCSAPP involves the Executive Committee and members of the coalition. The Program Director compiles and presents community related data and youth reported data to coalition members and seeks their input. We make decisions in coalition meetings and those decisions are confirmed by the Executive Committee before moving forward on implementing strategies.

GCSAPP has developed and abides by a set of policies and procedures that guide leaders' roles in maintaining the coalition. We recognize that successful coalitions have built-in flexibility to address various issues within prevention. We promote inclusiveness (*i.e.,* everyone has a voice) and ownership among all members.

GCSAPP coalition meetings are open to all community members and our meeting schedule is posted publicly. GCSAPP strives to provide an equal opportunity for all participants, and anyone who attends meetings may vote and provide input. Finally, committees are integral to our work, and there is at least one committee in operation at any given time, working towards the implementation of the goals. Currently, we have a funding and sustainability committee, a youth outreach committee, a risk and protective factor data committee and a resources assessment committee that meet monthly. We seek out key stakeholders as needed when working on specific goals and implementation, such as the Superintendent when working towards better collaboration

with the schools, or Western State Colorado University's President when working towards reducing access to drugs and alcohol for college freshmen.

In addition to regularly scheduled coalition meetings, we host meetings with representatives from our Spanish speaking community with the help of an interpreter, and we schedule "satellite" meetings in Crested Butte for those who cannot travel the 30 miles to Gunnison. We also work closely with the faith-based community in Gunnison and Crested Butte to provide prevention education for students and support for parents when dealing with the issues of substance abuse with their kids. We see this community as an opportunity to expand the coalition and we have seen great improvement in the collaboration between the Crested Butte community and the Gunnison community in working together to reduce underage substance abuse. We are actively recruiting new members to the coalition from Crested Butte and the non-English speaking population.

GCSAPP designates the coalition's formal leadership as the Program Director, Project Coordinator and the Executive Committee. The Program Director and Project Coordinator perform duties as outlined in their job descriptions and are paid staff. The Executive Committee consists of a Chair, Vice-Chair and At-Large Representatives. The Program Director facilitates coalition meetings in conjunction with the Chair, who represents the coalition in the community as needed. The Executive Committee advises the staff and coalition on strategic planning, coalition meeting agenda setting and provides consultation and oversight to GCSAPP efforts.

Day to day financial decisions are overseen by the Program Director and guided by GCSAPP's strategic plan. Gunnison County manages the financial aspects and oversees major spending and revenue generation of GCSAPP. Each expenditure is vouchered, reviewed by Juvenile Services Director, and then processed by the county accountant. For purchases or revenue requiring contract agreements, the county's board of commissioners reviews the appropriate documents and signs accordingly. GCSAPP cannot enter into contracts without the signature of the County Manager or the board of commissioner chair person. Annually, GCSAPP Program Director works closely with Juvenile Services Director and the County's Finance Accountant to prepare budgets for the upcoming fiscal year.

COALTION MULTISECTOR REPRESENTATION:

4.1.2 What is the current makeup of the coalition? (20 points)

A. Describe the role each multisector representative currently has and how they will specifically contribute to your coalition's efforts to reduce the community's current youth opioid, prescription medications, and/or methamphetamines abuse problem.

GCSAPP understands the importance of each sector representative's active involvement. Each of our sector representatives brings a unique set of knowledge, skills and experiences to the work of the coalition. They will contribute to our coalition's efforts to reduce the community's youth opioid and prescription medications abuse problem in the following ways:

Youth – Taylor McDonald, Amber Flynn and Joey Prameter - Gunnison High School: Will serve as a liaison between the schools and the coalition, help with coordinating events at schools and advise the coalition on advertising to the youth population. Dylan Jessen and Christopher Doucet are our University Representatives and serve as a liaison between the University and the

coalition, helping to coordinate events for University youth and the community and advise the coalition on University Student needs and messaging.
Parent – Jennifer Oberling – Parent: Ms. Oberling will provide valuable insight from a parent's perspective, volunteer for events and activities, and serve on our Executive Committee.
Business – Christian Robertson - Director, Crested Butte Mountain Resort: Facilitate contact with the Chamber of Commerce, help obtain community donations for events, and speak at community meetings on behalf of coalition.
Media - Chris Dickey - Publisher, Gunnison Times: Mr. Dickey will print letters to the editor, cover our work/events, and collaborate on advertising strategies, while also being a parent to high school students.
School - Todd Witzel - Principal, Gunnison Middle School: Facilitate opioid prevention education to students in class and in extracurricular activities, provide the link between the coalition and teachers/ administrators/ counselors, participate in curriculum development and implementation, and partner with us to administer the Healthy Kids Colorado Survey.
Youth Serving Organization - Tina McGuinness, Exec. Dir., Gunnison Country Partners - Collaborate with us on opioid prevention education to youth and on providing healthy alternative activities to local youth.
Law Enforcement - Rob Whiting - School Resource Officer: Serve as a community/prevention liaison to implement curriculum in schools, enforcement of laws for minors and crimes related to opioid misuse.
Religious/Fraternal Organization - Steve Moorhouse - Pastor, Gunnison Community Church: Facilitate prevention education for parents and youth provided to local churches, both during services and extracurricular activities of the church, as well as collaborate with the Coalition to reach parents.
Civic or Volunteer Group – Scott Cantril, Westerns Responsible Alcohol Program Director, Western State Colorado University: Distribute information about coalition initiatives and events and facilitate the coordination of volunteers for coalition events throughout Western State Colorado University and the community. He also serves on GCSAPP's Executive Committee.
Healthcare Professional - Carol Worrall - Director, Gunnison County Public Health: Ms. Worrall will provide us with hospital data, the mental health perspective, and access and time at community health fairs.
State/Local Government - Janet Reinman - Director, Gunnison County Juvenile Services: Ms. Reinman will provide local government support with County Commissioners as a regular coalition member, county support for the grant, juvenile court data, and collaborate with the Coalition and Public Health on opioid-related prevention.
Other Organization Involved in Reducing Substance Abuse – Kimberly Behounek - Center for Mental Health – Gunnison: Volunteer at events and lend her expertise in local substance abuse, mental health and recovery trends.

B. *Describe the sectors of the community that are not yet engaged in addressing the abuse of opioids or methamphetamines and how the coalition intends to secure their involvement.*

Currently, all 12 Sectors are engaged in addressing the abuse of opioids and prescription drug misuse and abuse. However, the opioid crisis that has spread so broadly, and penetrated so deeply, it demands wide-scale, integrated solutions, with contributions from all impacted sectors of the community. In some cases, the full-diversity of each sector needs to be better examined to

identify sub-sectors within the sector. The concept of an "ecosystem" provides a metaphor for the kind of collaboration needed to take on the opioid epidemic. The opioid epidemic cuts across every sector and sub-sector of society. Much like an environmental disaster—with an ongoing release of toxic chemicals into air and water—it endangers not just one population, but an entire social ecosystem, a community of interconnected individuals and interests. Such a broad crisis requires an equally broad response, with collaboration from stakeholders in all of the ecosystem's many diverse sectors.

GCSAPP has adopted the public health-based approach called for in the 2016 Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health which aims to address the broad individual, environmental, and societal factors that influence substance misuse and its consequences, to improve the health, safety, and well-being of the entire population. It aims to understand and address the wide range of interacting factors that influence substance misuse and substance use disorders in different communities and coordinates efforts across diverse stakeholders to achieve reductions in both.

STATEMENT OF THE PROBLEM:

4.1.3 What are the current youth opioids, prescription medications, and/or methamphetamines abuse problems in your community? (25 points)

A. Describe the current youth opioids, prescription medications, and/or methamphetamines abuse problems in your community. Please include quantitative and qualitative data.

Prescription opioid related overdoses have quadrupled since 2000 in Colorado. Opioid use disorders have emerged in Gunnison County and across Colorado as a significant public health concern. Nearly 224,000 Coloradans misuse prescription drugs each year. In nearly every year for the last 15 years, Colorado's drug overdose rate was significantly higher than the national rate and opioid-related overdoses represent a large portion of those deaths. While the state's urban areas see the highest numbers of opioid overdoses, it is the rural areas including Gunnison County that have the higher opioid overdose rates. In our community, current youth opioids and prescription medications abuse problems are indicated via multiple measurements, including youth opioid use analyses, opioid prescription data, and other key indicators.

In Gunnison County, opioid prescriptions (2016) constituted more than half of all controlled substances prescribed (52%), according to Colorado's PDMP. The county prescription rate in 2016 was 627.9 opioid prescriptions per 1,000 residents. Studies show that higher prescription rates elevate the risk for opioid abuse leading to the May 2016 report from the White House that 4 in 5 heroin users started out by misusing prescription opioid pain medications. Gunnison County data points to the need for increased provider education and outreach. A 2012 study published in *Pain Medicine* indicates that increasing numbers of prescriptions per individual are also associated with increased risk of substance use disorders. Among residents aged 15-24 in Gunnison County, 24% were given 2-3 opioid prescriptions in 2016, 1% obtained 4 prescriptions that year, and 3% obtained 5 or more opioid prescriptions.

Another factor posing great risk is the misuse of prescription drugs prescribed for someone else. Students surveyed in Gunnison County (Healthy Kids Colorado Survey 2015) reported notable levels of past 30-day use of prescription drugs not prescribed for them: 4.2% among eighth grade

students, 8.5% among ninth graders, and 5.1% among eleventh grade students. Additionally, the GCSAPP coalition has seen a decrease in past 30-day use between 2009 and 2016 in all targeted substance (alcohol, marijuana and tobacco) except prescription drugs. Specifically, the percentage of middle school youth reporting past 30-day use of prescription drugs use increased at a rate of 54.9% from 2.0% to 3.1 % in 2015.

B. *Describe the unique local conditions that contribute to these identified problems, such as environmental conditions, policies and practices, community norms, geographic variables, etc.*

At the state level, Colorado's response to the rising rates of opioid-related overdoses began in 2012 when the governor ordered a plan to combat prescription drug abuse and later formalized the state's effort with the Colorado Consortium for Prescription Drug Abuse Prevention. Now, five years later, the state is spending $1 million to create a drug-abuse research center at the University of Colorado Anschutz Medical Campus in Aurora that will focus on expanding prevention, treatment and recovery initiatives.

Regarding policies contributing to the problems, the state legislature recently voted to weaken our prescription monitoring system. The Colorado PDMP is a secure database that collects information on schedule 2-5 controlled substance prescriptions dispensed by Colorado pharmacies. In November 2017, Colorado lawmakers gave early approval of a more lenient PDMP approach. The proposed seven-day limit would only apply to patients who are new to opioids and it gives doctors the ability to bypass the rule, a situation that doctors acknowledged will create an arbitrary system. The limit also would be repealed after three years. CDC research shows that a person is significantly more likely to misuse prescription opioids if they are given more than three days' supply on the first prescription.

The PDMP compiles information on patients, prescribers, pharmacies, and the medications prescribed and dispensed. Prescribers and pharmacists registered with the Drug Enforcement Administration (DEA) and the PDMP can access patient information to make informed decisions and ensure appropriate prescribing and dispensing practices. The PDMP is available to the following Colorado licensed individuals: pharmacists, physicians, physician assistants, advanced practice nurses, dentists, podiatrists, optometrists and veterinarians.

Gunnison County is in the state's Region 10, a group of underserved western counties with higher rates of youth substance abuse, deficient prevention resources, and limited access to intervention and treatment options. According to Colorado's Office of Behavioral Health in a July 2017 report to SAMHSA, an estimated 128,000 Coloradans abused or became dependent on illicit drugs in 2014, and only 19,000 received treatment.

Our region's need for increased prevention, education, and early intervention to address youth substance abuse disorder needs was highlighted in a February 2017 report produced by the Keystone Policy Center ("Bridging the Divide: Addressing Colorado's Substance Use Disorder Needs"). Community stakeholders particularly called for more resources in schools, including School-Based Health Centers, case managers, school/provider linkages, and mental health teams in school districts. Stakeholders also discussed the importance of identifying high-risk youth, such as individuals in the child welfare system, the children of parents with substance use

disorders, individuals with a history of juvenile delinquency, victims of human trafficking, adolescents who have dropped out of high school, and pregnant teens. For effective prevention, stakeholders called for better social supports and access to extracurricular activities, especially in rural areas like Gunnison County. They also discussed the importance of education to counter the normalization of substance abuse and ease of access to substances.

In its most recent Regional Health Assessment (2011), the regional provider serving Gunnison County (West Central Public Health Partnership) also noted the need for increased prevention, intervention and treatment options. Prevention resources for youth were especially noted, as well as a recognized need for acute intensive services, including crisis stabilization and detox centers. At that time, "the capacity for treatment services did not match the need in the region," and it has only gotten worse. In 2016, the region had the lowest reported success rate for finding treatment services; only 53 percent who sought services could successfully find them, compared to a 65 percent success rate statewide. Only 11 counties in Colorado have access to all four types of substance abuse treatment, and most areas only offer one option, including Gunnison County.

In May 2017, the Colorado Health Institute updated its "Miles Away From Help" report with news that the state's Department of Human Services contracted with 10 additional MAT centers to increase access. MAT, or medication-assisted treatment, is a clinically proven treatment option that combines medication and social support services. None of the new centers are in Gunnison County. Gunnison County remains one of the state's 31 counties that do not have a location that provides MAT services.

While many people benefit from opioids for pain management, increased use of prescription pain relievers has led to increases in associated morbidities and mortalities, including opioid use disorder and overdose. As a result, opioid overdose related emergency department (ED) visits, hospitalizations and fatal overdoses have increased in Colorado. According to the Denver Post (11/5/2017), the number of overdoses caused by heroin continues to skyrocket across the state, contributing to 228 deaths in 2016 compared with just 79 five years earlier.

Additional challenges arise from the region as a college town and tourist destination. Gunnison is a rural tourist/mountain community and the home to the world-renowned Crested Butte ski area and world-class fishing. High tourism rates create a festival culture that is not aligned with the community's values and may be focused on using substances as part of their tourist experience, not considering or caring about the impact on youth in the community. In addition, Western State Colorado University is located in Gunnison and high school youth can attend concurrent enrollment courses on campus which again elevates the prevalence of substance use disorders, including increased rates of opioid overdoses and other health events.

12 MONTH ACTION PLAN:

4.1.4 What is the coalition's 12-Month Action Plan for preventing and reducing the abuse of opioids, prescription medications and/or methamphetamines among youth? (30 points)

Table 3: 12-Month Action Plan

Goal 1: Prevent and reduce the abuse of opioids and prescription medications among youth ages 12-18

Objective 1: *Prevent the abuse of opioids and prescription medications through a 10% reduction in initiation of use among youth ages 12-18 by June 14, 2021 as indicated by the Youth Survey Administered through local schools.*

Strategy 1: *Educate the community about the risks associated with the abuse of opioids and prescription medications*

Activity	Who is responsible?	By when?
Host a community forum to educate the community about medication security in homes and safe medication disposal	Project Coordinator, Program Director, Youth, Youth Serving	06/14/21
Educate pharmacies of the risks & consequences of prescription diversion within the community	Project Coordinator, Program Director, Youth, Youth Serving	06/14/21
Increase the accessibility of information and resources for all levels of government, interested stakeholders, as well as members of the general public.	Project Coordinator, Program Director, Youth, Youth Serving	06/14/21
Provide prescribing guidelines to all community prescribers which is associated with reduced opioid overdose deaths and misuse. Educating prescribers about opioids and prescribing guidelines can save lives.	Project Coordinator, Program Director, Health, Treatment, Youth Serving	06/14/21
Ongoing Prescription Drug take backs with local law enforcement as part of our state program	Project Coordinator, Program Director	06/14/21
Partner with youth leadership groups to conduct Operation Medicine Cabinet in collaboration with local pharmacies.	Project Coordinator, Program Director, Youth, Youth Serving	06/14/21
Research the launch of an evidence-based opioid and heroin prevention and intervention program for youth ages 12-18 to expand best practices locally.	Project Coordinator, Program Director, Health, Youth Serving	06/14/21

Strategy 2: *Advocate for treatment and recovery programs for the abuse of opioids and prescription medications for youth ages 12-18*

Activity	Who is responsible?	By when?
Advocate for additional treatment for SUD in the justice-involved population. Prison-based treatment followed by aftercare in the community can reduce recidivism and save money over time.	Project Coordinator, Program Director, Health, Treatment, Youth Serving	06/14/21
Advocate for increasing access to MAT, behavioral therapy, and recovery services in appropriate partner organizations.	Project Coordinator, Program Director, Health, Treatment	06/14/21

Strategy 3: *Advocate for Law Enforcement Efforts toward the prevention of the abuse of opioids and prescription medications for youth ages 12-18.*

Activity	Who is responsible?	By when?
Partner with Law Enforcement and other providers to provide training on the use of Narcan and incorporate overdose risk factors, recognition and response strategies.	Project Coordinator, Program Director, Law Enforcement, Health, Key Leaders	06/14/21

Advocate with Law Enforcement and key leaders for increased access to treatment for justice involved youth including approaches such as deflection models, ensuring that MAT is available during and after jail, and post-arrest diversion initiatives.	Project Coordinator, Program Director, Law Enforcement, Health, Key Leaders	06/14/21
Advocate to strengthen local participation in prescription drug monitoring programs to monitor and track prescription drug diversion and to help at-risk individuals access services.	Project Coordinator, Program Director, Law Enforcement, PDM, Key Leaders	06/14/21
Work with Law Enforcement and Key Leaders to expand education on disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.	Project Coordinator, Program Director, Law Enforcement, Key Leaders	06/14/21

Goal 2: Increase community collaboration related to the abuse of opioids and prescription medications among youth ages 12-18

Objective 2: *Increase the size and scope of the Coalition concerning the abuse of opioids and prescription medications among youth ages 12-18 as evidenced by a 10% increase in the number of new members as measured by coalition meeting attendance forms.*

Strategy 4: *Encourage and facilitate collaboration centered on the abuse of opioids and prescription medications among youth ages 12-18 among faith-based organizations, parents, healthcare (Prescribers, treatment providers, etc.), business (Pharmacies, MAT Providers, etc), and law enforcement/1st Responders to increase collaboration and attract coalition membership.*

Activity	Who is responsible?	By when?
Actively identify TWENTY (20) potential members representing faith-based organizations, parents, healthcare (Treatment, prescribers, etc), business (pharmacies), and law enforcement.	Project Coordinator, Program Director, All Sectors	06/14/21
Present information on the Coalition mission through TEN (10) presentations to community groups, organizations, and agencies that target the above-named sectors.	Project Coordinator, Program Director, All Sectors	06/14/21
Attract and engage new and existing members to build leadership, active participation, and resources and support.	Project Coordinator, Program Director, All Sectors	06/14/21

Objective 3: *Increase the knowledge and understanding of Coalition stakeholders concerning the abuse of opioids and prescription medications among youth ages 12-18 as evidenced by a 10% increase in participation in Coalition events and advocacy efforts as measured by coalition meeting attendance forms.*

Strategy 5: *Provide Coalition education, resources, and information to increase the capacity of Coalition partners to recognize environmental risk factors related to the abuse of opioids and prescription medications among youth ages 12-18 and respond accordingly.*

Activity	Who is responsible?	By when?
Strengthen the capacity to collect, analyze, and share opioid-related data to allow for more timely and targeted	Project Coordinator, Program Director, All	06/14/21

interventions and reduce fatalities.	Sectors	
Training for community healthcare providers, social service providers, first responders and others who come into contact with those at a high-risk of overdose.	Project Coordinator, Program Director, All Sectors	06/14/21
Develop provider education about the risks of sharing medication, clinical guidelines, and safe prescribing practices.	Project Coordinator, Program Director, All Sectors	06/14/21
Educate stakeholders about events or incidents in the community that may encourage negative behavior among youth and how to respond as necessary.	Project Coordinator, Program Director, All Sectors	06/14/21

ENGAGING THE LOCAL COMMUNITY:

4.1.5 How does the coalition plan to engage the entire community to support the coalition's efforts to reduce the current youth opioids, prescription medications, and/or methamphetamines abuse problems? (15 points)

Community Assessments of the current youth opioids and prescription medication abuse problems will be utilized to engage the community in the coalitions prevention efforts as a process of gathering and analyzing information related to needs and resources and to help better understand the context of community issues. While data exists, as reported in our needs section, it lacks the specificity we would prefer, and the data is not always directly related to the unique issues, problems, and concerns that accompany the Opioid Abuse Epidemic.

Additional Community Assessment data will be gleaned from community forums, focus groups, surveys at community events, online community surveys, key leader interviews, and pre-post surveys from trainings and classes. Specific recruitment efforts will be undertaken to target doctors, pharmacists, MAT providers, therapists and others more connected to the Opioid issue. We believe this Community Assessment data will create a unique picture of what is happening in the community to support and/or prevent opioid use and abuse, the particular strengths and barriers that exist and how ready the community is to embrace prevention efforts.

The community assessment informs prevention programming decisions and forms the basis for making modifications to the action plan, selecting programs, and modifying practices or policies. This is an ongoing process throughout the life of the coalition, rather than a single event, and results from the efforts and input of multiple community stakeholders, parents, youth, and everyday citizens. This collaborative approach encourages community involvement in our prevention efforts.

A. Describe the tools and approaches the coalition intends to use to ensure key stakeholders will promote and advance the action plan.

Key Leaders have a tremendous stake in ensuring the health and safety of the communities in which they serve and live. The opioid crisis is both a public health and a criminal justice issue, two major issues for the public at large. The Action Plan has the support of key leaders and will continue to enlist additional support. The efforts listed in the Action Plan are designed to save lives. In alignment with the CARA Act, our State Opioid Action Plan, and SAMHSA guidance, we have developed an Action Plan that targets prevention, education, treatment/recovery, and law enforcement and focuses on preventing the initiation of use, reducing existing use, and

increasing capacity across multiple community agencies to address the drug crises.

Preventing adolescent opioid use is critical to resolving the opioid crisis and should be a community effort. Prevention efforts should be directed at all age groups; however, priority must be given to efforts that affect youth at or shortly before the times they are most likely to begin to use drugs and alcohol. This crucial time is during the pre-adolescent and adolescent years, ages 10–17. Educating youth about the dangers of opioids before they are confronted with decisions about whether to use opioids is ideal. Prevention programs that increase awareness of high-risk situations for substance use and abuse, provide information to change teens' inaccurate beliefs about opioids (e.g., you won't get addicted to heroin if you just snort it), and teach teens resilience skills to resist pressure to use opioids can reduce teen opioid misuse. Prevention efforts should engage with families, schools, and communities such that the environments in which adolescents live and learn are ones that support growth rather than substance use.

The Action Plan is the consensus of key leaders and coalition members which is the best chance of ensuring long-term engagement from all sectors. Preventing the initiation of use, reducing existing use, and increasing capacity across multiple community agencies to address the drug crises will save lives in our community.

B. *Describe how youth will be specifically integrated to engage the community in helping to implement the action plan.*

Our key to engage youth in implementing the Action Plan is to utilize them as expert advisors on the current trends amongst young people and to enlist them in implementing cutting edge strategies that reach youth and transcend into young adult populations.

The incredible pace of the opioid epidemic is a stark reminder of how quickly trends can change and how rapidly not-in-tune with the culture can become out-of-touch. Five years ago, heroin was the leading cause of overdose deaths. Now, the chief driver of the tragic rise in opioid-related deaths is fentanyl, even more than heroin. "We've known for a while that fentanyls were behind the growing count of drug deaths in some states and counties," Josh Katz wrote in The Times. Deaths involving synthetic opioids have risen to more than 20,000 from 3,000 in just three years.

Working directly with teens keeps us in the loop as trends change. We have established a Youth Coalition to keep in active and continuous communication with our target audience and we have 5 youth who serve as youth advisors to help bridge the school district, University and the GCSAPP coalition. Each year the Coalition attempts to identify specific trendsetter students who are more likely to have others join efforts and movements they support and are more likely to be on the leading edge of new trends and popular movements.

When working to reach youth, we always try to think mobile. Smartphone user growth has been massive and will continue to grow among teens for the foreseeable future. We have therefore ensured our website was revamped to be a mobile-friendly website. We also utilize the social sites that youth more commonly use for communication rather than expecting them to visit a static website. Lastly, SMS text messaging has become popular to deliver meeting reminders, event updates, and event occasional media messages. Teens send and receive over 100 messages daily making this an acceptable means for effective communications.

FY2018 Budget Narrative and Justification

A. Personnel: an employee of the applying agency whose work is tied to the application

TABLE 7: FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Program Director		65,000	15%	$9,750
Project Coordinator		35,000	25%	$8,750
			TOTAL	$18,500

NARRATIVE JUSTIFICATION: Funds are requested for the Program Director and Project Coordinator. They will direct all aspects of the coalition's activities as outlined in the strategic plan. They will oversee all aspects of the grant including financial and programmatic reporting and tracking progress towards all deliverables. They will oversee the work of all other program staff including the media specialist, Evaluator, Accountant, and website consultant. The compensation rates are in keeping with local compensation for professionals performing these functions.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$18,500**
2% of the Directors total salary is considered administrative expenses for the purpose of this funding ($2,000).

B. Fringe Benefits:

TABLE 9: FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.95%	18,500	$1,471
		TOTAL	$1,471

NARRATIVE JUSTIFICATION: Any and all fringe are required for employees.
FEDERAL REQUEST (enter in Section B column 1-line 6b of form SF424A) **$1,471**

C. Travel:

TABLE 11: FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Regional Training	Western States Region	Airfare (2 people)	$350	$700
		Lodging (2 people, 3 nights each)	$200/person/night	$1,200
		Per diem (2 people, 3 days each)	$60/person/day	$360
		Ground transportation for 2 people	$150	$300
Local Travel	Gunnison County	1,720 miles	.54/mile	$
			Total	$3,489

NARRATIVE JUSTIFICATION: As required by the grant application, funds are requested to send two coalition representatives to a regional training. Costs are based on estimates of airfare, lodging, per diem, ground transportation, and for the two additional trainings, registration fees.

These trainings will provide valuable information, skills, and networking opportunities to assist the coalition in achieving the stated goals and objectives. Funds are also requested to cover the cost of the in-county mileage to attend meetings and events that support work of the coalition.
FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **$3,489**

D. Equipment:
TABLE 13: FEDERAL REQUEST

Item(s)	Rate	Cost
None		
	Total	$0

NARRATIVE JUSTIFICATION: NONE
FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **$ 0**

E. Supplies: Materials costing less than $5,000 per unit and often having one-time use
TABLE 15; FEDERAL REQUEST

Item(s)	Rate	Cost
Supplies for School-Based Prevention Strategies	Paper	$650
	Markers	$125
	Craft supplies	$805
Supplies for trainings for Take Back campaign		$1,000
PSA poster 5 campaigns @ $300		$1,500
Coalition Newsletter 4 newsletters @ $ 1000		$4,000
	Total	$ 8,080

NARRATIVE JUSTIFICATION:
Supplies for the school-based prevention strategies will include prevention publications, paper, craft supplies for school wide awareness activities, and other supplies needed to accomplish the work as outlined in the strategic plan. We are also requesting funds to purchase supplies for our proposed trainings and 2 Identification campaign. The coalition newsletter will publish timely articles that are informative on the harms of opioids and prescription drug use. Awards, electronic message board, coalition newspaper, and community flyers display the stores names who participate.
FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **$8,080**

F. Contract:
TABLE 17: FEDERAL REQUEST

Name		Cost
WSCU faculty/student group	2 hours week @ $50 hour $400 month x 10 months	$4,000
Translator – translation services so we can have materials in Spanish – This would be our multicultural resource center	Translation – 80 hours @ $50 per hour	$4,000

Funds are requested for two trainers to conduct the training for mental health and law enforcement professionals and for physicians.	Trainers – 10 hours @ $50 per hour X 2 Trainers	$1,000
Law Enforcement Campaign	20 hours @ $100 per hour	$2,000
	TOTAL	$11,000

NARRATIVE JUSTIFICATION:
Funds are requested to contract with WSCU faculty/student group to assist in carrying out the responsibilities outlined in the strategic plan including assistance with the implementation of positive alternative activities, school-wide prevention activities, trainings for faculty and parents, and advising student leadership groups. The funds requested represent the estimated costs of the position and are in keeping with the local compensation for professionals performing these activities.

Funds are requested to contract for the translation services for the project. The funds requested are in keeping with local compensation for professionals performing these functions.

Funds are requested to pay overtime costs for the Police Department for their implementation of additional enforcement efforts at school, campaigns, and sporting events that have become magnets for underage drinking and marijuana use and subsequent fighting. Costs are based on information provided by the Police Department. This is a key component of the strategic plan that focuses on altering the environments in which young people drink and use other drugs.

Funds are requested for two trainers to conduct the training for mental health and law enforcement professionals and for physicians as outlined in the project narrative.

FEDERAL REQUEST-- (enter in Section B column 1 line 6f of form SF424A) $11,000
The Accountant expense is considered administrative expenses for the purpose of this funding ($1,000).
10% of the budget is considered data collection, performance measurement, and performance assessment expenses for the purposes of this grant ($5,000).

G. Construction: **NOT ALLOWED** – NONE

H. Other: expenses not covered in any of the previous budget categories

TABLE 19: FEDERAL REQUEST

Item	Rate	Cost
Web Hosting	Annual fee - $100	$100
CADCA membership	Annual fee + publications $360	$360
PSA production with youth	Youth development of PSA production of 4 PSA @ $250psa	$1000
Public Awareness Campaign via Billboard space, radio, online or newspaper	$500 per month x 12 months	$6,000

advertisements for PSA messaging.		
	Total	$7,460

NARRATIVE JUSTIFICATION: Explain the need for each item and how their use will support the purpose and goals of this proposal. Be sure to break down costs into cost/unit: i.e. cost/square foot and explain the use of each item requested.

Funds are requested to continue CADCA membership which is an integral part of the coalition's plan to strengthen collaboration. Funds are also requested to pay for the positive alternative activities that the program director will carry out. These funds may include costs for locations, speakers, refreshments, or other costs as needed to ensure that the events are attractive to youth. Costs are based on past experiences of hosting positive alternative activities for youth. Funds are requested to pay for hosting of the website.

FEDERAL REQUEST-- (enter in Section B column 1 line 6h of form SF424A) $7,460

TOTAL DIRECT COSTS:
FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A) **$50,000**
6% of the budget is considered administrative expenses for the purposes of this grant ($3,000).
10% of the budget is considered data collection, performance measurement, and performance assessment expenses for the purposes of this grant ($2,500).

TOTAL INDIRECT COSTS:
FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A) **$0**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs
FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$50,000**

TABLE 21: BUDGET SUMMARY

Category	Federal Request	Non-Federal Match	Total
Personnel	$18,500	$0	$18,500
Fringe	$1,471	$0	$1,471
Travel	$3,489	$0	$3,489
Equipment	$0	$0	$0
Supplies	$8,080	$0	$8,080
Contractual	$11,000	$0	$11,000
Other	$7,460	$0	$7,460
Total Direct Costs*	$50,000	$0	$50,000
Indirect Costs	$0	$0	$0
Total Project Costs	$50,000	$0	$50,000

Attachment 1: Memorandum of Understanding between Grant Award Recipient/Legal Applicant and Coalition

This agreement between **Gunnison County** and **Gunnison County Substance Abuse Prevention Project (GCSAPP)** shall be from October 1, 2017, until terminated by mutual agreement:

RESPONSIBILITIES OF THE COALITION:

a. Set policy for and oversee its own programs including goals and objectives in alignment with the DFC Support Program's Terms and Conditions.
b. Participate, advise, and/or direct staff and volunteers, set goals and objectives for contract employees, and negotiate and make recommendations for contracts in collaboration with the grant recipient/legal applicant.
c. Create, approve, and partner in the management of the DFC budget in compliance with grant requirements.
d. Provide copies of all required documentation to the grant recipient/legal applicant as requested.
e. Reimburse grant recipient/legal applicant for any indirect or direct expenses incurred by the coalition with prior approval.
f. Be solely responsible for liabilities arising out of its program and its interaction with program participants.

RESPONSIBILITIES OF THE LEGAL APPLICANT/GRANT RECIPIENT:

a. Provide the coalition staff with office space.
b. Compile financial reports on a mutually agreed upon schedule and provide to coalition.
c. Provide accounting services to prepare and distribute payroll, pay invoices, prepare and submit the appropriate forms for employment, wages and payroll taxes on behalf of the coalition.
d. Negotiate and/or bid and approve contracts in collaboration with the coalition.
e. Maintain all records pertaining to costs and expenses to reflect costs of labor, materials, equipment, supplies, services, and other costs and expenses when reimbursement is claimed or payment is made and share such information with the coalition.
f. Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to ONDCP or HHS in the case of a sub-recipient. ONDCP and HHS does not impose any other record retention requirements upon non-Federal entities. The only exceptions are the following:
   (a) If any litigation, claim, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.
   (b) When the non-Federal entity is notified in writing by HHS for audit, ONDCP for audit, ONDCP for indirect costs, or HHS to extend the retention period.
   (c) Records for real property and equipment acquired with Federal funds must be retained for 3 years after final disposition.

(d) When records are transferred to or maintained by ONDCP or HHS, the 3-year retention requirement is not applicable to the non-Federal entity.
(e) Records for program income transactions after the period of performance. In some cases, recipients must report program income after the period of performance. Where there is such a requirement, the retention period for the records pertaining to the earning of the program income starts from the end of the non-Federal entity's fiscal year in which the program income is earned.
(f) Indirect cost rate proposals and cost allocations plans. This paragraph applies to the following types of documents and their supporting records: Indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage chargeback rates or composite fringe benefit rates).
(g) Obtain Workman's Compensation Insurance and liability coverage for the coalition's employees.

Gunnison County and **Gunnison County Substance Abuse Prevention Project (GCSAPP)** mutually agree to abide by all applicable federal and state anti-discrimination statutes, regulations, policies, and procedures. This agreement shall be subject to all applicable provisions of state and federal law and regulations related to the delivery and funding of grant activities.

Kari Commerford	Matthew Birnie
Official Coalition Representative's Name	Grant Award Recipient/Legal Applicant's Name
Official Coalition Representative's Signature	Grant Award Recipient/Legal Applicant's Signature
Director 1/24/18	County Manager 1/24/18
Title Date	Title Date

NOTE: All forms cannot be more than 12 months old (November 2016 – November 2017) at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

Attachment 2: Disclosure of DFC Support Program Funding

Please identify the category that represents the applicant coalition:

☐ Former DFC Grant Award Recipient
☒ Current DFC Grant Award Recipient

Please complete the table below. This information will be used to verify the eligibility of the applicant coalition. The applicant may add as many rows as needed to include all required information:

Former or Current DFC Grant Award Number	Legal Applicant/Grant Award Recipient Name	Coalition Name	Years of Funding
SP015650	Gunnison County	Gunnison County Substance Abuse Prevention Project	2009-2019

By signing below, I attest that **Gunnison County Substance Abuse Prevention Project** is either a current or former DFC grant award recipient and therefore eligible to apply for the FY 2018 CARA Local Drug Crises Grants. I also attest the information provided in the table is true and correct.

Kari Commerford
Official Coalition Representative's Name (Print)

Kari Commerford
Official Coalition Representative's Signature

1/24/18
Date

Attachment 3: Statement of Rates of Abuse of Opioids and Methamphetamines

An authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Statement of Assurance.

All applicant organizations must provide documentation, using local data, rates of abuse of opioids or methamphetamines at levels that are higher than the national average.

The national average for rates of opioids or methamphetamines can be found at:

NIDA – Monitoring the Future: https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2016-survey-results

SAMHSA: National Survey on Drug Use and Health: https://www.samhsa.gov/data/population-data-nsduh

The following information documents that the local rate of abuse of opioids or methamphetamines is higher than the national average.

National rates of abuse for ☒ opioids or ☐ methamphetamines (check appropriate box)	**Source of Data**
Past 30-day misuse of "any prescription drug" among 12th grade students was 5.9% (2015)	Monitoring the Future Study: Trends in Prevalence of Various Drugs (2017)
Local rates of abuse for ☒ opioids or ☐ methamphetamines (check appropriate box)	**Source of Data**
Past 30-day misuse of prescription drugs among 11th grade students was 7.0% (2015)	2015 Healthy Kids Colorado Survey Results – Gunnison High School and Crested Butte High School

This form must be signed and dated by an authorized representative of the applicant organization certifying that the aforementioned information is accurate.

Kari Commerford

Type or Print Name and Title
Gunnison County Substance Abuse Prevention Project (GCSAPP)

Signature of Individual Certifying Validity of All Information Contained in this Document

1/24/18
Date of Signature

Attachment 4: Meeting Minutes

GCSAPP Coalition

November 2, 2016 3-5pm Town Hall Meeting/Community Discussion

Rx Drug Misuse and Abuse- In our community, 14% of High School youth report having taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life (Healthy Kids Colorado Survey, 2015).

This meeting was held to address Prescription Drug Misuse and Abuse in our community. The purpose of a "Town Hall Meeting" is to bring members of this community together to discuss an issue of common concern. We provided information to the community about the current issues surrounding Prescription Drug Misuses, Abuse and the correlation to opioid drug abuse from the Federal, State and local levels. These issues were addressed by a panel of professionals which include physicians from around the state as well as locals working in related fields. We then discussed the local level issues as a group and collected feedback about how to move forward as a community in order to reduce Prescription Drug Misuse/Abuse and Opioid Drug use. Information will be but into qualitative data format and subgroup will meet to make community messages with local information and Take Meds Seriously Campaign. GCSAPP collaborated with the following organizations to hold this meeting: Western State Colorado University, Gunnison County Public Health, The Center for Mental Health, Gunnison Valley Health Foundation, and the Community Crisis Coalition. An evening event will be held tonight for prescribers – Colorado Consortium CUE medical dinner.

In Attendance:

Kari Commerford, GCSAPP Director
Derek See GCSAPP Coordinator
Jordan Johnson GHS Sector 9
Rob Whiting GPD Sector 6
Lana Athey ECC Sector 12
Betty Sue Gurk FAST Sector 10
Dan Battiger CB Marshall Sector 6
Callie Acre Sector 2
Carol Worrall PH Sector 5
Jessica Vogan WSCU Sector 12
Kimberly Behounek MHC Sector 12
Lisa Loughran Sector GVH Sector 12
Meghan Dougherty FAST Sector 10
Janet Reinman JS Sector 10
Patrick Robinson Sector 9
Joni Reynolds Sector 5
Greg Haase Sector 12
Emily Mirza Sector 5
Chris Doucett Sector 2
Dylan Jessen Sector 2
Jim Fitzgerald Sector 1

GCSAPP Coalition Meeting

June, 2017, WSCU University Center Ballroom – Prioritization Report

GCSAPP has integrated the Communities that Care strategic framework into the coalition. As part of this process we worked with our local public health department in order to assess longitudinal data of our youth and adults on substance abuse and mental health data. A subgroup – Risk and Protective Factors – met to evaluate the data and make recommendations to the larger coalition about our prioritization of community youth risk and protective factors. The recommendation is as follows:

GCSAPP's unified definition of prevention: "Prevention is a process that promotes healthy youth, parents and communities. The GCSAPP coalition uses education, policy and programming informed by community data, needs and culture to promote protective factors and reduce risk factors".

Community Assessment Report Overview: GCSAPP used longitudinal data (2010-2016) from the Healthy Kids Colorado Survey, the Communities that Care supplemental questions for 2016 and the Colorado Behavioral Risk Factor Surveillance System data (BRFSS) in our process to identify our community risk and protective factors in addressing youth substance abuse prevention. There are three types of data that we examined, youth health and behavior outcomes, risk factors and protective factors. These measures provide predictors of health and behavior problems (risk and protective factors) as well as health and behavioral problems themselves.

Gunnison County Risk Factors

Associated Risk Factor (predictors of health and behavior problems)–

Community – Availability of drugs
Family – favorable parental attitudes and involvement in the problem behavior
Community Laws and Norms favorable toward drug use, family history of the problem behavior. Mental Health/Coping Strategies/Social Skills (feeling bonded to caring adults). Violence

Health and behavior outcomes –

Binge Drinking (5+ drinks)
High availability of prescription drugs
Concern with mental health (high reports of depressive and suicidal symptoms).

Heavy Alcohol use (5+ drinks) – most associated with problematic substance behaviors, high violence potential, and health concerns – not statistically significant for our community, but statistically significant compared to national, state and HSR. Associated areas to address – community norms favorable towards alcohol use, favorable parental attitudes and involvement in the problem behavior, and mental health.

Percentage of youth reporting ease of availability of a substance is trending up with prescription drugs – not clear on what specific kind, but national and state trends indicating opiates. Associated areas to address – community norms favorable to drug use, perceived availability of drugs.

Declining Mental Health – Although we are below average for national, state, and HSR for youth

reporting feeling sad or hopeless, the data indicates an upward trend. That information coupled with our high adult sad/hopeless rate, community loss to suicide, and high.

Protective Factors

Associated Protective Factors Prioritized

- Community opportunities for prosocial involvement
- family attachment
- school opportunities and rewards for prosocial involvement.

Health and behavioral outcomes

- 95% of youth report feeling safe at school
- 81% have an adult to go to for help with a serious problem
- 63% talked to parents about substance dangers.
- 79.5% participation in extracurricular activities.

In Attendance:

Kari Commerford, GCSAPP Director
Derek See GCSAPP Coordinator
Jordan Johnson GHS Sector 9
Rob Whiting GPD Sector 6
Lana Athey ECC Sector 12
Betty Sue Gurk FAST Sector 10
Steven Patrick Sector 12
Carol Worrall PH Sector 5
Scott Cantril WSCU Sector 12
Jennifer Oberling Sector 1
Kimberly Behounek MHC Sector 12
Lisa Loughran Sector GVH Sector 12
Meghan Dougherty FAST Sector 10
Janet Reinman JS Sector 10
Patrick Robinson Sector 9
Joni Reynolds Sector 5
Greg Haase Sector 12
Emily Mirza Sector 5
Chris Doucett Sector 2
Dylan Jessen Sector 2
Kelly Jo Clark 1
Carl Andersen Sector 1
Kathy Nogard Sector 4

Attachment 5: CARA Local Drug Crises Program Evaluation Form

As Attachment 5, the legal applicant/grant recipient and/or official coalition representative **must** indicate the coalition's acknowledgement and understanding that it will participate in the National Cross-Site Evaluation requirements as determined by ONDCP.

The goal of this program is to prevent and reduce the abuse of opioids or methamphetamines and the abuse of prescription medications among youth ages 12-18 in communities throughout the United States.

Grant recipients are required to collect data on prescription drugs (opioids only) and/or methamphetamines. More information on specifics of this data collection will be provided at the time of award.

By signing below, I attest that the **Gunnison County Substance Abuse Prevention Project (GCSAPP)** acknowledges and understands that we will participate in the Fiscal Year 2018 Comprehensive Addiction and Recovery Act (CARA) **Community-based Coalition Enhancement Grants to Address Local Drug Crises Grants National Cross-Site Evaluation**.

Kari Commerford

Official Coalition Representative's Name (Print)

Kari Comford

Official Coalition Representative's Signature

1/24/8

Date