AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Agreement; Colorado Department of Public Hea

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

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

Summary:

continuation grant for health and human services and juvenile services

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:

This amount is greater than previous grant. If approved we'll need to request budget amendment for additional revenue and expenditures in the 2018 budget. No concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/1/2018

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

Comments:

Reveiwed by: GUNCOUNTY1\mhoyt Discharge Date: 5/10/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 5/10/2018

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

Agenda Date: 5/15/2018

Revised April 2015

Colorado Department of Public Health & Environment
Instructions for Contract Processing

(New Contract OR Amendment used for any type of modification)

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Intergovernmental Entities/Local Health Agencies

I. Contract Document

O **Print** – 2 copies of the PDF contract document attached to the email. Double sided printing is encouraged but optional. Single sided copies will be accepted.

O **Signatures** – Each of the 2 contract documents must be signed by the ***signature authority*** for your organization. Original signatures are required. Please use blue ink if possible.

II. Signature Authority

***Attention Local Health Agencies:** Some agencies have signature authority letters on file with CDPHE. If your agency does not, please read and comply with the following instructions*

If the **individual signing your contract document is NOT listed below** as the signature authority for your entity type, you must provide 1 copy of a **Signature Authority Letter** or other regulatory document (resolution, charter, ordinance, etc) confirming the individual has the authority to enter into contracts on behalf of the organization.

- **Counties** – Board of County Commissioners Chairperson or Executive Director
- **County or District Board of Health** – Board of Health President or Executive Director
- **County or District Board of Social Services** – Board of Social Services Chairperson
- **Cities and Towns** – Mayor
- **Cities and Towns** – City Manager (if city manager structure)
- **School District** – School District Superintendent

III. Submission

O **Return** 2 original signed contract documents and the Signature Authority documentation (if applicable) to the address below.

You may hand deliver your documents, send them by mail, or use a courier or delivery service such as FedEx or UPS. The use of a delivery service allows for overnight shipping if needed and provides tracking and delivery confirmation information. Hand delivery may be made to the CDPHE Mail Room in Building B between the hours of 7:30am – 5:00pm, Monday through Friday. Deliveries outside of those times will not be accepted. You will be provided a receipt for your delivery.

Colorado Department of Public Health & Environment
PSD-FCCO-A5
Attn: *David Hood*
4300 Cherry Creek Drive South
Denver, CO 80246-1530

IV. Fully Executed Contract

You are not authorized to begin work until the contract is fully executed (signed by all parties). You will be notified of the date work can begin under this contract.

DEPARTMENT OR AGENCY NAME
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
FHLA – VIP/MJ/CtC

DEPARTMENT OR AGENCY NUMBER
FAAA

TASK ORDER AMENDMENT ROUTING NUMBER
19 FHLA 109556
To Original Task Order Routing Number
17 FHLA 89323

TASK ORDER AMENDMENT #1

This Task Order Amendment is made this **20th** day of **April, 2018**, by and between the State of Colorado, acting by and through the **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**, whose address or principal place of business is **4300 Cherry Creek Drive South, Denver, Colorado 80246**, hereinafter referred to as the "State"; and, **Board of County Commissioners of Gunnison County (a political subdivision of the state of Colorado)**,whose address or principal place of business is **200 East Virginia Avenue, Gunnison, Colorado 81230-2297** for the use and benefit of the **Gunnison County Department of Health and Human Services**, whose address or principal place of business is **225 North Pine Street, Suite E, Gunnison, Colorado 81230-2333**, hereinafter referred to as the "Contractor".

FACTUAL RECITALS

The parties entered into a Master Contract dated **January 17, 2012**, with contract routing number **13 FAA 00023.**

Pursuant to the terms and conditions of the Master Contract the parties entered into a Task Order Contract dated **April 10, 2016**, with encumbrance number **CT FAAA FHLA 201700000148**, and task order contract routing number **17 FHLA 89323**, hereafter referred to as the **"Original Task Order Contract"**, whereby the Contractor was to provide to the State the following:

> Implement the "Communities that Care" model to identify evidence-based or evidence-informed youth substance abuse prevention strategies and identify sustainable local or regional strategies for ongoing implementation of youth substance abuse prevention strategies.

Changes were required to extend for an additional three (3) year term and update Additional Provisions.

The State promises to pay the Contractor the sum of **One Hundred Seventy Five Thousand Nine Hundred Twenty Dollars**, **($175,920.00)** for a **one (1) year** renewal term beginning **July 1, 2018** through and including **June 30, 2019**, in exchange for the promise of the Contractor to perform the specifications to the work described herein.

NOW THEREFORE, in consideration of their mutual promises to each other, stated below, the parties hereto agree as follows:

1. Consideration for this Contract Amendment to the Original Task Order Contract consists of the payments and services that shall be made pursuant to this Contract Amendment, and promises and agreements herein set forth.

2. It is expressly agreed to by the parties that this Contract Amendment is supplemental to the Original Task Order Contract, contract routing number **17 FHLA 89323, as amended by Grant Funding Change Letter 1, routing number 18 FHLA 101493,collectively** referred to herein as the Original Task Order Contract, which is by this reference incorporated herein. All terms, conditions, and provisions thereof, unless specifically modified herein, are to apply to this Contract Amendment as though they were expressly rewritten, incorporated, and included herein.

3. It is expressly agreed to by the parties that the Original Task Order Contract is and shall be modified, altered, and changed in the following respects only:

   A. This Contract Amendment is issued pursuant to paragraph **5** of the Original Task Order Contract. This Contract Amendment is for the **renewal** term of **July 1, 2018**, through and including **June 30, 2021**. The **maximum amount payable** by the State for the work to be performed by the Contractor during the Fiscal Year 2019 term of **July 1, 2018** through and including **June 30, 2019** is **One Hundred Seventy Five Thousand Nine Hundred Twenty Dollars, ($175,920.00)** for an **amended total contract financial obligation** of the State of **Four Hundred Thirty Four Thousand Nine Hundred Ninety Five Dollars, ($434,995.00)**.

      1. For the fiscal year 2019 renewal term the **maximum amount payable** attributable to a State of Colorado funding source is **One Hundred Seventy Five Thousand Nine Hundred Twenty Dollars, ($175,920.00)**, and the **amended total contract financial obligation** attributable to a State of Colorado funding source is **Four Hundred Thirty Four Thousand Nine Hundred Ninety Five Dollars, ($434,995.00)**.

   B. Exhibit A, Additional Provisions, are hereby changed in the following respects for this renewal term:

      1. Paragraph 6, correct dates from March 31 to February 28.

      The modified specifications to the original **Statement of Work, Budget and Additional Provisions** are incorporated herein by this reference and identified as "**Exhibit G, Exhibit H, Exhibit I**".

   The Original Task Order Contract is modified accordingly. All other terms and conditions of the Original Task Order Contract are reaffirmed.

4. The Effective Date of this Contract Amendment is **July 1, 2018**, or upon approval of the State Controller, or authorized delegate thereof, whichever is later.

5. Except for the General Provisions and Special Provisions of the Original Task Order Contract, in the event of any conflict, inconsistency, variance, or contradiction between the terms and provisions of this Contract Amendment and any of the terms and provisions of the Original Task Order Contract, the terms and provisions of this Contract Amendment shall in all respects supersede, govern, and control. The Special Provisions shall always control over other provisions of the Original Task Order Contract or any subsequent amendments thereto. The representations in the Special Provisions to the Original Task Order Contract concerning the absence of personal interest of state of Colorado employees are presently reaffirmed.

6. FINANCIAL OBLIGATIONS OF THE STATE PAYABLE AFTER THE CURRENT FISCAL YEAR ARE CONTINGENT UPON FUNDS FOR THAT PURPOSE BEING APPROPRIATED, BUDGETED, AND OTHERWISE MADE AVAILABLE.

SIGNATURE PAGE
Contract Routing Number: 19 FHLA 109556

THE PARTIES HERETO HAVE EXECUTED THIS TASK ORDER AMENDMENT

Each person signing this Task Order Amendment represents and warrants that he or she is duly authorized to execute this Task Order Amendment and to bind the party authorizing his or her signature.

CONTRACTOR
Board of County Commissioners of Gunnison County for the use and benefit of the Gunnison County Department of Health and Human Services

(a political subdivision of the state of Colorado)

_____
Print Name of Authorized Individual

_____
Print Title of Authorized Individual

_____
Signature of Authorized Individual

_____
Date

STATE OF COLORADO
John W. Hickenlooper, Governor

Colorado Department of Public Health and Environment
Larry Wolk, MD, MSPH, Executive Director and Chief Medical Officer

By: _____
Lisa McGovern
Purchasing and Contracting Section Director, CDPHE

_____
Date

PROGRAM APPROVAL
Colorado Department of Public Health and Environment

By: _____
Signature of Authorized CDPHE Program Approver

_____
Date

LEGAL REVIEW

Cynthia H. Coffman, Attorney General

By: _____
Signature – Senior Assistant Attorney General

_____
Date

In accordance with §24-30-202 C.R.S., this Task Order Amendment is not valid until signed and dated below by the State Controller or an authorized delegate.

STATE CONTROLLER

Robert Jaros, CPA, MBA, JD

By: _____

Effective Date: _____

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STATEMENT OF WORK
To Original Task Order Contract Routing Number 17 FHLA 89323
Task Order Contract Amendment 1-Routing Number 19 FHLA 109556

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. **Entity Name:** Gunnison Department of Health & Human Services
Term: July 1, 2018 - June 30, 2021

II. **Project Description:**
This project serves to implement the *Communities That Care* model, with fidelity, in order to identify evidence-based or evidence-informed youth substance abuse prevention strategies in communities across Colorado. Additionally, this funding supports communities to identify sustainable local or regional strategies and funding for the ongoing implementation of youth substance abuse prevention strategies within each locality.

III. **Definitions:**

1. **Behavioral health:** a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders, and behavioral health, and as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians, as well as nurse practitioners and physician assistants.
2. **CDE:** Colorado Department of Education
3. **CDHS:** Colorado Department of Human Services
4. **CDPHE:** Colorado Department of Public Health and Environment
5. **CMP:** Collaborative Management Programs funded by CDHS
6. **CTC** or **Communities That Care:** an evidence-based community engagement model identified as a promising program by the Blueprints for Healthy Youth Development evidence-based registry. Communities that Care includes 5 Phases of implementation:
   Phase 1: Get Started
   Phase 2: Get Involved
   Phase 3: Develop Community Profile
   Phase 4: Create a Plan
   Phase 5: Implement and Evaluate
5. **DCJ**: Division of Criminal Justice
6. **DfC**: Drug Free Communities Grant recipients from the Office of National Drug Control and Policy
7. **HKCS:** Healthy Kids Colorado Survey
8. **LPHA:** Local Public Health Agency
9. **MCH:** Maternal Child Health
10. **OBH**: Office of Behavioral Health at the Colorado Department of Human Services
11. **Primary Prevention**: As defined by the Centers for Disease Control's Principles of Prevention Guide, primary prevention takes place BEFORE substance abuse initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for substance abuse or exposure. Or, they encourage the factors that protect or buffer people from substances.
12. **PYD:** Positive Youth Development is an approach that guides communities and organizations in the way that they organize services, opportunities and supports. In practice, this approach incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies, so that young people reach their full potential.
13. **SB94:** Programs funded by CDHS authorized through Senate Bill 94.
14. **Socio-ecological model:** CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors.
15. **State-funded prevention programs**: Examples of state-funded prevention programs include the Tony Grampsas Youth Services projects, sexual violence prevention programs, communities funded by the Office of Suicide Prevention, LPHA Maternal Child Health, CDE grantees, collaborative management programs, community substance abuse treatment programs funded by OBH, Senate Bill 94 programs, Regional

Accountable Entities funded by Health Care Policy and Financing, and other Division of Criminal Justice programs.

16. **Substance abuse:** substance abuse among youth includes underage use of marijuana and alcohol and the misuse of prescription drugs/opioids. Additional substances may be included in the definition of substance abuse by a community if they have documented data of misuse or abuse among youth in their community, excluding tobacco.
17. **TGYS:** Tony Grampsas Youth Services grants for primary prevention programs in communities.
18. **UCB**: University of Colorado at Boulder
19. **UCD**: University of Colorado at Denver

II. Work Plan:

Goal #1: Prevent substance abuse among youth within the community by addressing common risk factors and improving protective factors outlined in the CTC model across the socioecological model within Colorado.	
Objective #1: No later than June 30, 2021, maintain a fully-functioning key leader board and community board that implement the *Communities That Care* (CTC) model to identify youth substance abuse prevention evidence-based strategies that address identified risk or protective factors within the community.	
Primary Activity #1	The Contractor shall recruit, mobilize and build capacity among a group of stakeholders through steps of the *Communities That Care* model, using data and priorities identified by each individual community.
Sub-Activities #1	1. The Contractor shall provide a full time *Communities That Care* facilitator. 2. The Contractor shall recruit key leaders and potential community board members to participate in the CTC project, using guidance outlined in the CTC model. 3. The Contractor shall recruit leaders of state-funded prevention and treatment projects to participate in the CTC project, as available within the communities. 4. The Contractor shall use group facilitation skills and tools provided by CTC to help guide the stakeholders engaged in the CTC process through the CTC process. 5. The Contractor shall revisit any milestones and benchmarks from Phases 1 and 2 needed to facilitate coalition progress in achieving milestones from Phases 3-5. 6. The Contractor shall hold regular meetings of the stakeholders engaged in the CTC process, a minimum of one (1) meeting of the stakeholders or a workgroup per month. 7. The Contractor shall complete the CTC Milestones & Benchmarks evaluation tool with the support of the stakeholders engaged in the CTC process. 8. The Contractor shall ensure preparation and follow-up for meetings of community stakeholders is completed. 9. The Contractor shall facilitate delegation of community prevention CTC project tasks, including but not limited to collecting, organizing, and analyzing data; community outreach and public relations; and CTC project meetings. 10. The Contractor shall train stakeholders engaged in the CTC stakeholder project to expand community outreach. 11. The Contractor shall ensure that language interpretation is provided at CTC project meetings, as needed.
Objective #2: No later than September 30, 2018 and September 30, 2020, incorporate newly released local risk and protective factor data into their local assessment and gap analysis of youth substance abuse prevention concerns within the community.	

Primary Activity #1	The Contractor shall use local HKCS data and regional public data to identify gaps in prevention for youth substance use or abuse.
Sub-Activities #1	1. The Contractor shall report on data about substance abuse and mental health risk and protective factors in the community using a list provided by CDPHE of recommended indicators. 2. The Contractor shall coordinate data review with local public health staff creating the existing local community health assessment required in the Public Health Act of 2008, regarding youth substance abuse and mental health with stakeholders engaged in the CTC process. 3. The Contractor shall prepare for and lead the CTC workshops and other activities outlined in the relevant phases of the Milestones and Benchmarks with appropriate timing for effective community progress, 4. The Contractor shall complete additional assessments/data analysis to develop a clear picture of gaps and resources in youth substance abuse prevention within the community, specifically related to shared risk and protective factors that prevent substance use. 5. The Contractor shall identify existing prevention programs that can be leveraged to address the strategies selected at each of the socio-ecological model levels, including but not limited to other funded prevention programs from CDE, MCH, TGYS, CMPs, SB94, DfCs, OBH or DCJ. 6. The Contractor shall request data from relevant community stakeholders to further analyze gaps in local youth substance abuse prevention. 7. The Contractor shall review local or regional data released after the completion of the existing community health assessment to further monitor priority risk or protective factors related to youth substance use, abuse, and prevention. 8. The Contractor shall engage community members to assess risk and protective factors driving prioritized problems based on selected prevention priorities. 9. The Contractor shall analyze and summarize these assessment results in an updated community health assessment report using a CDPHE-approved template for the substance abuse-related risk, protective and outcome data. 10. The Contractor shall complete the relevant activities and sections of the CTC Milestones & Benchmarks evaluation tool for Phases 2-5, with the support of the workgroups, boards, and other stakeholders engaged in the CTC project and with guidance from the CTC Coach. 11. The Contractor shall re-administer relevant Milestones and Benchmarks, including relevant workshops for the boards, at a minimum of once every three (3) years.
Objective #3: No later than June 30, 2019, develop a community action plan to implement primary prevention strategies to reduce risk and promote protective factors addressing gaps in youth substance abuse prevention identified in the assessment using the CTC model.	
Primary Activity #1	The Contractor shall develop a community action plan to address gaps in youth substance abuse prevention identified in the assessment, to be implemented in years three through five of this Contract, using evidence-based or evidence-informed strategies from a list approved by CDPHE.
Sub-Activities #1	1. The Contractor shall build capacity among stakeholders engaged in the CTC project to address alcohol, prescription drug, and marijuana use/abuse among youth by providing a minimum of two (2) trainings designed for project members: substances and impacts of their use on young people and positive youth development principles and practices.

	2. The Contractor shall use the results of the community resource assessment (in consultation with stakeholders engaged in the CTC project) to refine the geographic areas/community(ies) appropriate for intervention within the community action plan. 3. The Contractor shall prepare for and lead the CTC workgroups, community board, and key leader board through the workshops and milestones for Phases 4-5 with appropriate timing for effective community progress, with coaching from CDPHE. 4. The Contractor shall develop a process for setting prevention priorities based on updated assessment data from that community. 5. The Contractor shall identify and plan to implement (in consultation with stakeholders engaged in the Communities that Care project) a minimum of one (1) prevention strategy from both the societal and community levels of the socioecological model to implement to improve social norms, life skills and resilience, and community connectedness. These strategies may not be implemented during this funding cycle due to current initiatives or timelines within the community, but it is required to identify and plan to include community and societal level strategies. Strategies shall be selected from a menu of prevention strategies to be provided by CDPHE. 6. The Contractor shall include in the action plan activities that promote positive youth development (PYD) and/or social development strategy policies, principles, and/or practices throughout their community. 7. The Contractor shall identify (in consultation with stakeholders engaged in the CTC project) action steps to improve implementation of evidence-based prevention strategies from the menu of prevention strategies at the individual and relationship levels of the socioecological model, also known as Blueprints for Healthy Youth Development. 8. The Contractor shall use approved tools to conduct outcome-focused planning to illustrate and connect the problems the CTC Coalitions and other stakeholders will address, evidence-based strategies to address those problems, and anticipated outcomes. 9. The Contractor shall work with CTC project members, members of the larger community and CDPHE to develop a comprehensive community action plan, using evidence-based or evidence-informed strategies from the menu of prevention strategies to be provided by CDPHE. 10. The Contractor shall develop budgets for implementation of prevention strategies identified by the stakeholders engaged in the CTC project. 11. The Contractor shall identify process and outcome evaluation measures for each action step and strategy implemented within the community action plan in partnership with UCB. 12. The Contractor shall complete the relevant activities and sections of the CTC Milestones & Benchmarks evaluation tool for Phases 4-5, with the support of the workgroups, boards, and other stakeholders engaged in the CTC project and with guidance from the CTC Coach.
Objective #4: No later than June 30, 2021, implement relevant action steps within the approved community action plan to implement substance abuse prevention strategies within the community.	
Primary Activity #1	The Contractor shall document the implementation of specific action steps and related evaluation measures from the community action plan, including successes and challenges the stakeholders engaged in the CTC project encountered while implementing substance abuse prevention strategies within the community.

Sub-Activities #1	1. The Contractor shall be aware of and involved in the implementation of any substance abuse prevention strategies within the community to avoid duplication. 2. The Contractor shall document successes or challenges encountered by community coalition members while implementing prevention strategies. 3. The Contractor shall track progress toward implementation of the steps outlined in the community prevention action plan. 4. The Contractor shall discuss edits and updates to prevention activities in the community action plan with the CDPHE contract monitor. 5. The Contractor shall complete the relevant sections of the CTC Milestones & Benchmarks evaluation tool for Phases 4 and 5, with the support of the coalition. 6. The Contractor shall utilize training and technical assistance from UCB to complete the evaluation portions of the community action plan and to support the collection and dissemination of relevant data.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall participate in all required technical assistance meetings conducted by the CDPHE CTC team. 3. The Contractor shall collaborate with state- and/or federally-funded programs that exist within their community. 4. The Contractor shall facilitate and document the implementation of the five phases of the *Communities That Care* model with fidelity, providing justification for necessary adaptations. The five phases are described on the CTC website: http://www.communitiesthatcare.net/how-ctc-works/, incorporated and made part of this Contract by reference. 5. The Contractor shall ensure that the CTC Facilitator will demonstrate the skills identified in the CTC Facilitator job description provided by the University of Washington. 6. The Contractor shall send a second staff person to be cross-trained as a CTC Facilitator to support effective implementation and coalition management, when needed. 7. The Contractor shall adhere to all eCTC license agreement requirements. 8. The Contractor shall ensure all community facilitators using the eCTC system must successfully complete the Facilitator Training and content mastery assignment in advance of launching eCTC in their communities. a. To ensure high quality implementation of eCTC, this license assumes that community facilitators have successfully completed a Facilitator Training and content mastery assignment, and their communities are working with a certified CTC coach. 9. The Contractor will include CTC Facilitator staff on the monthly call for needed TA and coaching on upcoming CTC milestones and benchmarks. 10. The Contractor shall provide a list of schools in their community to the UCD HKCS team to encourage focused recruitment of those schools in the HKCS. 11. The Contractor shall act as a liaison linking UCD HKCS staff to schools for recruitment for survey administration. 12. The Contractor shall request technical assistance from UCB to interpret the results in the scaled risk and protective factor reports that use HKCS data. 13. The Contractor shall enter into a report sharing agreement with local schools to receive HKCS scaled risk and protective factor reports once every two years. 14. The Contractor shall assist in all data collection efforts from UCB, as requested. 15. CDPHE will provide a menu of approved primary prevention strategies across the socioecological model for implementation by communities. These strategies will be

based on the best available research and evidence for the prevention of substance abuse.

16. The Contractor shall select strategies for implementation in the community prevention action plan from the menu of primary prevention strategies to be provided by CDPHE. The Contractor shall employ a minimum of two (2) strategies at the community and/or societal levels of the socioecological model.
17. The Contractor shall submit a submission proposal for any innovative strategies not currently on the menu of primary prevention strategies utilizing the approved CDPHE proposal template. The Contractor shall send the proposal via email to their assigned CTC Coach for review by the entire CTC team to ensure the innovative strategy is evidence-informed.
18. The Contractor shall use the CDPHE-approved template for the community action plan.
19. CDPHE will review any innovative strategy proposal submission within ten (10) business days of receipt and provide feedback and questions for further clarification.
20. CDPHE will review and provide feedback on community action plan within 15 business days.
21. The Contractor shall receive CDPHE approval for the community action plan prior to strategy implementation.
22. The Contractor shall review the community action plan with the Key Leader Board to highlight leveraged efforts and funding for selected strategies and to receive the KLBs advice and suggested changes prior to developing the community implementation and evaluation plan.
23. The Contractor shall invite UCB staff, the CTC Coach, and a relevant subject matter expert to participate at least electronically in the implementation and evaluation planning meetings.
24. CDPHE will review and provide feedback on the draft community implementation and evaluation plan within 15 business days.
25. The Contractor shall receive CDPHE approval for the community implementation and evaluation plan prior to implementing activities and strategies.
26. The Contractor shall submit any edits to the community action plan to CDPHE for approval.
27. The Contractor shall comply with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) website http://www.integration.samhsa.gov/EnhancedCLASStandardsBlueprint.pdf as they relate to health communications and is incorporated and made part of this Contract by reference.
28. The Contractor shall utilize current substance abuse social marketing campaign materials provided by CDPHE.
29. The Contractor shall not use CTC funds to purchase ad space for existing statewide social marketing campaigns.
30. The Contractor shall use only marijuana research or statements on the health effects outlined by the Retail Marijuana Public Health Advisory Committee. These approved health statements and factsheets are incorporated and made part of this Contract by reference and are available on the following website www.colorado.gov/marijuana.
31. The Contractor shall attend identified trainings, including grantee orientation, the *Communities That Care* model, effective facilitation strategies, positive youth development, accessing data resources, prevention-science, and others as identified.
32. The Contractor shall utilize the positive youth development rubrics (adult and youth version) to build capacity and evaluate effective youth involvement aligned with HB 13-1239 - Colorado Statewide Youth Development Plan and CO9to25's identified strategic efforts to achieve positive outcomes for all youth.
33. The Contractor shall use annual facilitator feedback from the key leader and community board members as well as from the coach to identify opportunities for development and improve performance of the local facilitator.

	34. The Contractor shall use the CDPHE-approved progress, annual and final report template, to be provided by CDPHE, which includes the following requirements: a. Updates to the Milestones and Benchmarks process tracking document, b. Updates on work to implement PYD within the community and/or community board. c. Number and description of community partners engaged in the coalition and workgroups, d. Evaluations of workshops, workgroups and coalition meetings, e. Updates, progress, and outcome reporting on any prevention action plan steps and related evaluation activities within the community prevention action plan, f. Opportunities and next steps for the program, and g. document a minimum of one (1) documented success story from the project 35. The Contractor shall provide to CDPHE upon request written procedures related to gift card purchase and handling. At a minimum, the procedures must include the following: a. How the gift card inventory is tracked and maintained b. Gift card storage and safeguards against theft c. The primary person responsible for securing and distribution gift cards, d. A gift card distribution log that records each gift card number, dollar amount, and the printed name and signature of each gift card recipient. 36. The Contractor shall provide CDPHE with an updated staff roster of CTC Facilitators within two (2) weeks of any staffing change. 37. CDPHE will provide Healthy Kids Colorado Survey data at the regional level, where available. www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data. This information is incorporated and made part of this Contract by reference. 38. The formal agreement among CTC stakeholders can include a letter of agreement, MOU or other mutually acceptable instrument.	
Expected Results of Activity(s)	Reduce youth substance use and abuse through the implementation of the *Communities That Care* model and identified evidence-informed primary prevention strategies in communities across Colorado.	
Measurement of Expected Results	Final progress and outcome evaluation results, including: a. documented CTC Milestones & Benchmarks b. community action plan identifying how the community will address the priority risk and protective factors related to youth substance use. c. implementation of community action plan, including evaluation activities	
		Completion Date
Deliverables	1. The Contractor shall receive monthly coaching, share updates, and request support prior to implementation of milestones via phone to the CTC Coach at CDPHE on the progress of the activities and deliverables in the statement of work.	No later than the first day of each month
	2. The Contractor shall submit a CDPHE approved quarterly progress reports (including Milestones and Benchmarks) via email to the CTC Coordinator.	No later than September 30, December 31,

		and March 31 of each year.
	3. The Contractor shall submit a draft community action plan via email to the CTC Coordinator for implementation from 2018 to 2021 that addresses the identified gaps found in the community health assessment.	No later than June 30, 2019
	4. The Contractor shall submit an annual report via email to the CTC Coordinator that provides an overview of all activities implemented in each fiscal year.	No later than June 30, 2019 and June 30, 2020
	5. The Contractor shall submit a final community action plan via email to the CTC Coordinator for implementation from 2018 to 2021 that addresses the identified gaps found in the community health assessment.	No later than August 30, 2019
	6. The Contractor shall submit a draft community implementation and evaluation plan via email to the CTC Coordinator for implementation from 2019 to 2021 that addresses the identified gaps found in the community health assessment.	No later than October 31, 2019
	7. The Contractor shall submit a final community implementation and evaluation plan via email to the CTC Coordinator for implementation from 2019 to 2021 that addresses the identified gaps found in the community health assessment.	No later than January 31, 2020
	8. The Contractor shall submit a final report via email to the CTC Coordinator that provides an overview of all activities implemented in the five years of funding.	No later than June 30, 2021

III. Monitoring:

CDPHE's monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the CTC Coordinator. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

IV. Resolution of Non-Compliance:

The Contractor will be notified in writing within **15** calendar days of discovery of a compliance issue. Within **30** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the CTC Coordinator and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.

COLORADO
Department of Public Health & Environment

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM
Contract Routing Number: 19 FHLA 109566

Contractor Name	Gunnison County	**Program Contact Name, Title, Phone and Email**	Kari Commerford, GCSAPP Director (970) 642-7393 kcommerford@gunnisoncounty.org
Budget Period	7/1/2018-6/30/2019	**Fiscal Contact Name, Title, Phone and Email**	Matthew Birnie, Gunnison County Manager (970) 641-7602 mbirnie@gunnisoncounty.org
Project Name	Communities that Care	**Contract (CT or PO) Number**	CT-201700000148

Expenditure Categories

Personal Services - Salaried Employees

Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE

Personal Services - Hourly Employees

Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
CTC Facilitator	CTC facilitator will be required to attend all trainings and the lead for implementing the CTC model into the GCSAPP coalition and community. The CTC facilitator will be in charge of publishing and presenting data and coalition work to community.	$ 28.00	$ 7.00	1183.0	$ 41,405.00
Coalition/Community facilitator - Public Health	Workgroup/domains of CTC representative (executive committee, community outreach and risk and protective data group, and resources assessment group). Help with engagement of new community members. 5hrs. Week	$ 24.00	$ 5.00	260.0	$ 7,540.00
Coalition/Community facilitator - Juvenile Services	Workgroup/domains of CTC representative (executive committee, youth outreach, and funding and sustainability). Help with outreach and engagement of new community members. 5hrs. Week	$ 21.00	$ 8.00	260.0	$ 7,540.00
Youth Programming Coordinator	The youth programming coordinator help with in implementing the Sources of Strength program in the RE1-J school district and Western State Colorado Univesrity The youth programming coordinator will also help in creating Positive Youth Development opportunities and community education events. 10 hours a week	$ 22.00	$ 10.00	520.0	$ 16,640.00
Youth Education Coordinator	The Youth education coordinator and youth programming coordinator will be in charge of implementation of the Sources of Strength (SOS) program in the RE1-J school district, as well as keeping our online presence up-to-date. 10 hours a week	$ 21.00	$ 2.00	520.0	$ 11,960.00

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM
Contract Routing Number: 19 FHLA 109566

Contractor Name	Gunnison County	**Program Contact Name, Title, Phone and Email**	Kari Commerford, GCSAPP Director (970) 642-7393 kcommerford@gunnisoncounty.org
Budget Period	7/1/2018-6/30/2019	**Fiscal Contact Name, Title, Phone and Email**	Matthew Birnie, Gunnison County Manager (970) 641-7602 mbirnie@gunnisoncounty.org
Project Name	Communities that Care	**Contract (CT or PO) Number**	CT-201700000148

Community Health Assessment Data	Analysis and create a report on 2016 HKCS data and CTC risk and protective factors, and other available data to better understand current substance use trends, perception and level of acceptance of substance use in our community. 5 hours per week	$ 22.00	$ 2.00	260.0	$ 6,240.00
Multicultural Resource Center - Translation services	Multicultural Resource Services - Translator will serve on the GCSAPP coalition, one sub-committee and help with translating coalition documents, education power points and will deliver the presentation in Spanish. 10 hours a week.	$ 19.44	$ 4.50	520.0	$ 12,448.80
				Total Personal Services (including fringe benefits)	**$ 103,773.80**

Supplies & Operating Expenses

Item	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE
Stipends for 2 youth Advisors	Youth advisors will serve as liaisons between GCSAPP coalition, WSCU students, and high school students. Youth will be paid $16/hr. and work 4 hrs per week with a stipend of $200 month per student September - May	$ 400.00	9.0	$ 3,600.00
Coalition Meeting Meals	Meals for attendance at coalition meetings for 30 people x $15/pp x 6	$ 450.00	6.00	$ 2,700.00
Workgroup Meeting Meals	Food for 8 people x $8pp x 5 groups x 12 meetings (once a month) workgroup meetings per month starting September 2018.	$ 320.00	12.00	$ 3,840.00
Community Forums/Education	Two community fourms/educational events (one in Gunnison and one in Crested Butte) in order to inform the community about the Communities that Care model, risk and protective factors and the coalition work. This will also include a professional presentation on risk protective factors. Rental $400, food $15pp x 100, supplies (notebooks, pens) $150, speaker fee $500	$ 2,550.00	2.00	$ 5,100.00
Sources of Strength train the trainer	One GCSAPP staff and one WSCU staff will be trained in the train the trainer Sources of Strength program in order to allow for sustainability of the program over time. Travel 800 miles x .54 ($432), $172 n/ lodging x 4 nights ($1376), $52/day per diem x 5 days ($520), registration = $2000 x2 ($4,000)	$ 8,328.00	1.00	$ 8,328.00
Sources of Strength Training	Support for Sources of Strength implementation in RE1J school district and WSCU - continuation of upstream prevention - universal strategy	$ 5,000.00	2.00	$ 10,000.00
Meals for sources of strength training	Food for two day training for 60 people @ $9pp x 2 days x 2 events	$ 1,080.00	2.00	$ 2,160.00
Advertising to report local survey data	Data/Survey results sharing with community through local newspapers.	$ 150.00	2.00	$ 300.00
General office supplies and copies	Office supplies for coalition meetings and materials and copies - $200 month during coalition meetings months.	$ 200.00	6.00	$ 1,200.00

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM
Contract Routing Number: 19 FHLA 109566

Contractor Name	Gunnison County	**Program Contact Name, Title, Phone and Email**	Kari Commerford, GCSAPP Director (970) 642-7393 kcommerford@gunnisoncounty.org
Budget Period	7/1/2018-6/30/2019	**Fiscal Contact Name, Title, Phone and Email**	Matthew Birnie, Gunnison County Manager (970) 641-7602 mbirnie@gunnisoncounty.org
Project Name	Communities that Care	**Contract (CT or PO) Number**	CT-201700000148

2 computers	$300/mo. For desktop computer x 12 months x 2 Costs estimated at $300/month x 1 for GCSAPP. (For desktop computer x 12 months x 3 staff). We pay computer costs to the county monthly - this covers a portion of the cost for the GCSAPP facilitator, educator and youth programming coordinator and $100mo for a portion of Public Health for the two coalition representatives and the data analysts	$ 600.00	12.00	$ 7,200.00
			Total Supplies & Operating	**$ 44,428.00**
	Travel			
Item	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
Mileage	Training for 5 coaltion members to keep up to date on Prevention Education material. Mileage 800m x .545	$ 0.55	800.0	$ 436.00
Lodging	Hotel for 5 people for 3 nights	$ 172.00	15.00	$ 2,580.00
Per diem	Per diem (meals and incidentals for 5 staff members for 3 days)	$ 52.00	15.00	$ 780.00
Staff Mileage	County wide travel for CTC facilitator and GCSAPP/Public Health Staff	$ 0.55	1000.00	$ 545.00
			Total Travel	**$ 4,341.00**
	Contractual			
Subcontractor Name	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
TBD	Environmental strategies that addresses extreme economic deprivation, favorable attitudes towards alcohol and marijuana use, and to continue to increase the protective factors of youth reporting an adult to help with a serious problem and youth reporting talking to their parent about the dangers of substance use.	$ 15,000.00	1.0	$ 15,000.00
			Total Contractual	**$ 15,000.00**
			SUB-TOTAL OF DIRECT COSTS	**$ 167,542.80**
	Indirect			
Item	**Description of Item**			**Total Amount Requested from CDPHE**
Federally-Negotiated Indirect Cost Rate				
CDPHE-Negotiated Indirect Cost Rate	5% - Not claiming full indirect rate			$ 8,377.14
De minimis Indirect Cost Rate				
			Total Indirect	**$ 8,377.14**
			TOTAL	**$ 175,920.00**

ADDITIONAL PROVISIONS
To Original Task Order Contract Dated 04/10/2016 - Task Order Routing Number 17 FHLA 89323
Task Order Amendment #1 – 19 FHLA 109556

These provisions are to be read and interpreted in conjunction with the provisions of the Task Order Contract specified above.

1. This Task Order Contract contains state funds.

2. To receive compensation under the Contract, the Contractor shall submit a signed Monthly CDPHE Reimbursement Invoice Form. This form is accessible from the CDPHE internet website https://www.colorado.gov/pacific/cdphe/standardized-invoice-form-and-links and is incorporated and made part of this Contract by reference. CDPHE will provide technical assistance in accessing and completing the form. The CDPHE Reimbursement Invoice Form and Expenditure Details page must be submitted no later than **forty-five (45)** calendar days after the end of the billing period for which services were rendered. Expenditures shall be in accordance with this Statement of Work and Budget.

   Scan the completed and signed CDPHE Reimbursement Invoice Form into an electronic document. Email the scanned invoice with the Excel workbook containing the Expenditure Details page to: Ali Maffey, MSW, Policy and Communication Unit Supervisor, ali.maffey@state.co.us

   Final billings under the Contract must be received by the State within a reasonable time after the expiration or termination of the Contract; but in any event no later than **forty-five (45)** calendar days from the effective expiration or termination date of the Contract.

   Unless otherwise provided for in the Contract, "Local Match", if any, shall be included on all invoices as required by funding source.

   The Contractor shall not use federal funds to satisfy federal cost sharing and matching requirements unless approved in writing by the appropriate federal agency.

3. Time Limit for Acceptance of Deliverables.

   a. Evaluation Period. The State shall have **thirty (30)** calendar days from the date a deliverable is delivered to the State by the Contractor to evaluate that deliverable, except for those deliverables that have a different time negotiated by the State and the Contractor.

   b. Notice of Defect. If the State believes in good faith that a deliverable fails to meet the design specifications for that particular deliverable, or is otherwise deficient, then the State shall notify the Contractor of the failure or deficiencies, in writing, within **thirty (30)** calendar days of: 1) the date the deliverable is delivered to the State by the Contractor if the State is aware of the failure or deficiency at the time of delivery; or 2) the date the State becomes aware of the failure or deficiency. The above time frame shall apply to all deliverables except for those deliverables that have a different time negotiated by the State and the Contractor in writing pursuant to the State's fiscal rules.

   c. Time to Correct Defect. Upon receipt of timely written notice of an objection to a completed deliverable, the Contractor shall have a reasonable period of time, not to exceed **thirty (30)** calendar days, to correct the noted deficiencies. If the Contractor fails to correct such deficiencies within **thirty (30)** calendar days, the Contractor shall be in default of its obligations under this Task Order Contract and the State, at its option, may elect to terminate this Task Order Contract or the Master Contract and all Task Order Contracts entered into pursuant to the Master Contract.

4. Health Insurance Portability and Accountability Act (HIPAA) Business Associate Determination.

The State has determined that this Contract does not constitute a Business Associate relationship under HIPAA.

5. This award does not include funds for Research and Development.

6. If Contractor indicates full expenditure of funds under this Contract by February 28 of each grant year and the full expenditure does not occur, CDPHE has the option to reduce current or upcoming Contract by said amount or a percent deemed reasonable by CDPHE. The State will notify the Contractor of the potential need to decrease the current or upcoming budget. If the Contractor indicates at a later date than February 28 of each grant year an expectation of surplus of funds or inability to fully expend said funds for unforeseen circumstances that Contractor had not anticipated by February 28, CDPHE will reallocate unspent funds without any penalties to the Contractor.

   Upon receipt of timely written notice of an objection by the State for inability to fully expend funds, the Contractor shall have a reasonable period of time not to exceed ten (10) calendar days to respond to the action. If no dispute is received by the State within ten (10) calendar days, the State has the option to reduce the current budget for the current year and any upcoming budget for future contractual agreements.

7. Contractor shall request prior approval in writing from the State for all modifications to the Statement of Work/Work Plan or for any modification to the direct costs in excess of twenty-five percent (25%) of the total budget for direct costs. Any request for modifications to the Budget in excess of twenty-five percent (25%) of the total budget for direct costs shall be submitted to the State at least ninety (90) days prior to the end of the contract period and may require an amendment in accordance with *General Provisions,* Section 5 of this Contract.

8. The State of Colorado, specifically the Colorado Department of Public Health and Environment, shall be the owner of all equipment as defined by Federal Accounting Standards Advisory Board (FASAB) Generally Accepted Accounting Principles (GAAP) purchased under this Contract. At the end of the term of this Task Order Contract, the State shall approve the disposition of all equipment.

9. Contractor shall not use State funds provided under this Task Order Contract for the purpose of lobbying as defined in Colorado Revised Statutes (C.R.S.) 24-6-301(3.5)(a).

10. The State may increase or decrease funds available under this Task Order Contract using a Grant Funding Letter substantially equivalent to **Exhibit D**. The Grant Funding Change Letter is not valid until it has been approved by the State Controller or designee.

11. The State may require continued performance for a period of up to three (3) years at the same rates and same terms specified in the Task Order Contract. If the State exercises the option, it will provide written notice to Contractor at least 30 days prior to the end of the current contract term in a form substantially equivalent to **Exhibit E**. If exercised, the provisions of the Option Letter shall become part of and be incorporated into the original Task Order Contract. The total duration of this Task Order Contract, including the exercise of any options under this clause, shall not exceed five (5) years. (**Note:** 5 years is the maximum allowable.)

12. The State may increase or decrease the quantity of goods/services described in **Exhibit G** based upon the rates established in the Task Order Contract. If the State exercises the option, it will provide written notice to Contractor at least 1 day prior to the end of the current contract term in a form substantially equivalent to **Exhibit E**. Delivery/performance of the goods/service shall continue at the same rates and terms. If exercised, the provisions of the Option Letter shall become part of and be incorporated into the original Task Order Contract.

13. The State may require the contractor to begin performance on the next contact phase as outlined in the Statement of Work in **Exhibit G** and at the same terms and same conditions stated in the Task Order Contract. If the State exercises this option, it will provide written notice to the contractor at least 1 day prior to the end of the current phase in a form substantially equivalent to **Exhibit E**. If exercised, the provisions of the Option Letter shall become part of and be incorporated into the original Task Order Contract.