AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Health Resources and Service Administration and Gunnison County

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

Summary:

this is a federal grant application that is submitted through grants.gov - no physical signature is required at this time.

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
Will be included in budget amendment request if approved. No concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 1/11/2019

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

Comments:
ok db 1/11/19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 1/11/2019 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\emense Discharge Date: 1/11/2019

( ) Consent Agenda (●) Regular Agenda ( ) Worksession Time Allotted: 5

Agenda Date: 1/15/2019

Revised April 2015

Project Abstract

Project Title: Gunnison County Substance Abuse Prevention Project

Applicant Organization Name: Gunnison County

Applicant Organization Address: 200 East Virginia Ave. Gunnison, CO 81230

Applicant Organization Facility Type: Government

Applicant Organization website: www.gunnisoncounty.org/gcsapp

Project Director Name and Title: Kari Commerford, GCSAPP Director

Project Director Contact Information: 970-642-7393 kcommerford@gunnisoncounty.org

Requested Award Amount: $200,000

Project Focus Area: Prevention and Recovery

How the applicant heard about RCORP-Planning – Colorado Department of Public Health and Environment

Counties and Census tracts served by this project: Gunnison County

Project Narrative

Introduction

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 is a significant "binge" drinking among underage youth in the community and Western Colorado University students. These factors led to CPP awarding the County a non-competitive grant to prevent substance abuse at the community and systems level. Substance abuse prevention efforts in Gunnison County have been target to the youth population. There is a need in Gunnison County for adult prevention services, treatment for all OUD individuals, and recovery services. Gunnison County has prioritized these three risk factors in the community; community norms favorable towards substance use, high availability of substance with prescription drugs being the only substance trending upward, and extreme economic deprivation with emphasis on toxic stress. Additionally, the Gunnison Valley Hospital reports in their 2016 Community Health Needs Assessment that mental health needs, suicide and substance abuse (combined) are one of their top three priorities. Two of their goals are to reduce the current suicide death rates (15.8 9per 100,000) Gunnison County's 7th leading cause of death in 2016, and to reduce the current drug overdose deaths (10.1-12.2 per 100,000). In order to help prevent the impact of substance abuse and Opioid Use Disorders, Gunnison County will create a Consortium that will conduct an analysis of existing prevention, treatment and recovery services, and create a strategic plan in order to continue the efforts of the Consortium past the first planning year. Gunnison County will provide training on Naloxone and provide 500 doses for trained community members and sites. As part of the planning year, Gunnison County will help to eliminate barriers to MAT services by assisting with transportation to Grand Junction and Denver. Gunnison County will recruit more members from the health, law enforcement, education, Latino, mental health, public health, University, and recovery community as well as the greater community to be part of the Consortium.

Need

Demographics of the target population of the rural service area:
Gunnison County is designated as a frontier county located in south central Colorado, 200 miles from Denver and over 100 miles from any city with a population of over 25,000 people. Gunnison is nestled in the West Elk Mountains, offering world class recreation opportunities to visitors and residents alike. Despite the opportunities available for pursuing a healthy lifestyle, many of the residents in the county experience higher than average substance use rates with a declining perception of risk, and high poverty. The median income in Gunnison County was $52,651 in 2017 and 14.8% of persons live in poverty, compared to 10.3% of state residents (2013-2017). The percentage of children living in poverty in Gunnison County is currently 18.9%. Using local data, the Gunnison Valley Community Health Needs Assessment identified that 23.6% of Gunnison County residents were uninsured in 2016. Also of note is Gunnison

County's child maltreatment rate of 25% which is significantly above the state average of 8.4%. (Table 1)

Table 1 Census Data

Data Element	Gunnison County	State Rate
Area (i.e., sq. miles)	3,239	-
2014 Population: Total	16,939	5,695,564
Ethnicity: White	87.2%	68.3%
Latino/Hispanic	9.2%	21.5%
All other	3.6%	10.2%
Persons under 5 years, percent	4.4%	6%
Persons under 18 years, percent	17.1%	22.5%
Persons between 18-65, percent	65.8%	57.7%
Persons 65 years and over, percent	12.7%	13.8%
Median Household Income / State MHI	$52,651	$65,458
Persons Living in Poverty: % /State Rate	14.8%	10.3%
Children Living below Poverty: %/state rate	18.9%	18.1%
Child Maltreatment Rates: % /state rate	25%	8.4%
2008-2010 % of Adults reporting binge drinking in past 30 days / state rate	25.8%	15.9%

(Sources: Colorado State Demographer; US Census Bureau 2013-2017; 2011 CDPHE Health

OUD among the population of the target service area:

According to data from the Colorado Department of Health Care Policy and Financing, in 2015 approximately one Coloradoan died every 36 hours from opioid overdoses. Colorado had the 12th highest rate of misuse and abuse of prescription opioids across all 50 states. 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 which have a greater need for prevention, treatment and recovery services, due to limited availability of services, transportation issues, stigma around accessing mental health services and high suicide rates. In our community, 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.

In Gunnison County, the Healthy Kids Colorado Survey revealed that the use of prescription for nonmedical purposes almost doubled between 2014 and 2015 in youth 6th -12th grade. While exact data about opioid abuse and overdoses are not available for Gunnison County, first responders and other authorities have reported that opioid abuse and overdoses are increasing.

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% of eighth grade students, 8.5% of ninth graders, and 5.1% of eleventh grade students reported that they had used someone else's prescription medication during the past year. Additionally, the Gunnison County Substance Abuse Prevention Project (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.

Gunnison County is in the state's Region 10, a group of underserved western Colorado counties with higher rates of youth substance abuse, minimal 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, so the shortage of treatment options appears to be statewide. In order for our community members to receive MAT treatment they need to travel to Grand Junction, Colorado or Denver once a month. Transportation and weather often become barriers.

Region 10'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 support networks 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.

According to the Center for Mental Health, Clients with an opioid use disorder represent approximately 4% of the population center wide, and approximately 3% in Gunnison.

Overview of existing OUD programs and services, as well as gaps in services.

At the state level, Colorado's response to the rising rates of opioid-related overdoses began in 2012 when the governor ordered that a plan be created 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. The Director of GCSAPP sits on a steering committee of the Colorado Consortium and the Gunnison consortium will continue to participate in trainings and utilize the research from the Colorado Consortium for Prescription Drug Abuse Prevention research center in order to implement up-to-date evidenced-based strategies and keep abreast current research.

Regarding policies contributing to the problems, the state legislature recently voted to weaken Colorado's 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.

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 Colorado Department of Public Health and Environment, the number of overdoses caused by heroin continues to increase at an alarming rate across the state. Heroin-related deaths have increased by 77 percent from 2013-2017. In total there were 881 heroin overdose deaths in Colorado within that time. There continues to be an upward trend in heroin-related deaths, in 2016 Colorado had 228 deaths compared with just 79 five years earlier.

In order to address this policy change and minimize the amount of opioid prescriptions in Gunnison County the Gunnison Valley Hospital participated in the Colorado Opioid Safety Pilot program which sought to reduce opioid use by 15 percent among the participating hospitals. Gunnison Valley Hospital was one of 10 hospitals in the state of Colorado that participated in this program. The pilot program trained staff about alternatives to opioids in order to reduce the amount of opioids administered in the emergency department and prescriptions given. GVH more than doubled the expected reduction; and successfully reduced the amount of opioids administered by 31% during the first 6 months of the program. Under the new program, before prescribing opioids for pain, emergency room staff administer the first alternative suggested by the alternative handbook based on the specific medical condition. If that doesn't work, the document guides them to a suggested second step and if the patient continues to experience pain an "addiction risk assessment" is completed which is designed to judge the tendency for patients proclivity to addiction before finally administering opioids as a last resort. Gunnison Valley Emergency Services also carry naloxone on all ambulances. Continued education on substance use disorders and mental health as part of our prevention initiative is needed in order to maximize the impact at the medical professional level.

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. However, none of the new centers are located in or near Gunnison County. Gunnison County remains one of the state's 31 counties that do not have a location that provides MAT services. Due to the remote location of Gunnison County, accessing MAT services is extremely difficult for community members. According to the local health system and data from the One Valley Prosperity Project, a lack of medical services and transportation out of the county to receive medical services is an identified gap in services. This grant will help to explore the possibility of Gunnison County establishing MAT and in the interim provide a fund to assist in helping community members with transportation to current MAT sites.

In its most recent Regional Health Assessment (2011), the regional provider serving Gunnison County (West Central Public Health Partnership) noted the need for increased prevention, intervention and treatment options for substance use disorders. 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 this situation has worsened since 2011. In 2016, the region had the lowest reported success rate for finding treatment services; only 53 percent of people 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; which only offers outpatient services.

Additional challenges arise in Region 10 as a University (Western Colorado University) of 3,000 students is located within Gunnison, and Gunnison County is a 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 Colorado University has also experienced high rates of substance use and binge drinking and high school youth can attend concurrent enrollment courses on campus which elevates their exposure and access to a variety of illegal substances. Additionally, the University has seen an increase of students enrolling in classes who bring with them an identified substance use disorder or mental health need. University students have increasingly been utilizing the Center for Mental Health office on campus and within the past year a support group for University students in recovery has formed. Gunnison County has robust youth prevention services through GCSAPP, however, the Health Coalition of the Gunnison Valley has recently identified a gap in adult prevention services; with emphasis on substance abuse prevention. Gunnison County has identified "community norms favorable towards substance use" as one of the risk factors for our community. Social connectedness is a protective factor that helps prevent or mitigate the effects of adverse experiences and other negative environmental influences; young adults in the community report that it is difficult for them to engage in social activities because the amount of substances available at events. A gap in our community is substance-free events which provide opportunities for constructive social engagement and connectedness.

Gunnison County has been using a multi-pronged approach to address opioid misuse and abuse. (GCSAPP partnered with John Tarr, M. D., retired Family Physician; Carol Worrall, Director of Public Health; and Kimberly Behounek, Regional Manager for the Center for Mental Health, to attack the opioid problem at its roots. The most common "gateways" to opioid dependence are legally prescribed pain medications, usually in quantities that are more than are needed for the treatment of painful medical and surgical conditions. The "leftover" pills in the medicine cabinet are then readily available for overuse and/or use for experimentation and recreation. When prescriptions become more difficult to obtain, many abusers turn to "street" drugs, such as heroin. Collaboratively Gunnison County has been working to increase prescriber awareness of local and state data and trends in order to reduce the number of prescriptions given. Specifically, there have been short educational sessions delivered to the Gunnison Valley Medical Staff on limiting and controlling prescriptions; a town hall format meeting for the public and an educational session for professionals including physicians, PA's nurse practitioners, nurses, dentists, veterinarians, EMS, mental health providers, public health, health educators and alternative medicine providers. This educational event was held in partnership with the Colorado Consortium for Prescription Drug Abuse Prevention. The Gunnison County Consortium will use this funding for more provider education around reducing prescription misuse and abuse, pain management, and the relationship between pain, addiction, and mental health.

GCSAPP continues to utilize a prevention program called Stop, Lock, and Drop, which aligns with the Colorado state programs of Take Meds Seriously and Rise Above. The program encourages responsible medical use by limiting prescribed quantities, using only necessary amounts, securing and/or locking, and using drug takeback programs for leftover pills. Additionally, follow-up meetings are being planned with prescribers in order to decrease the likelihood of opioid abuse increasing in the community. A gap in these services is the lack of information that is available in

Spanish. Funding is limited for printed materials and translation services are lacking. The consortium will use these funds to strengthen efforts around raising awareness and educating the public on the safe use, safe storage, and safe disposal of medications, specifically for the Latino(a) population.

Recently the local Sherriff's office, Police Department, and Marshall's office have started carrying and administering naloxone. Local law enforcement state that there is a need for more education around how to obtain and administer naloxone for the general public and for individuals who are likely to come into contact with someone who has overdosed. There are a limited number of NARCAN prescriptions available. Funds would be utilized to increase the amount of naloxone in our community along with education on how to obtain and administer it.

Overview of existing OUD workforce as well as gaps in the workforce

According to the Health Resources and Services Administration Gunnison County is a medically underserved area. The Federal Government administers a process to allocate all 3,143 US counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. The counties are ranked across six health and wellness categories and divided into quartiles. The Gunnison Valley Health system reports in their 2016 needs assessment that access to primary care providers and the number of uninsured citizens are two data points that are "worse" (in the bottom quartile) as compared to its peer counties and the US average. Primary Care Provider Access is 10th worst of 12 peer counties; Emergency Room Use 8.6% above avg.
Additionally, in 2014 and 2016 the population to Primary Care Physician, to Dentist, and Mental Health Provider ratios were worse than Colorado average and US Best (Table 2)
Table 2.

	Gunnison County	Colorado	U.S Best
Uninsured Rate	24%	16%	11%
Population to Primary Care Physician	1,410:1	1,230:1	1,040:1
Population to Dentist	2,250:1	1,350:1	1,340:1
Population to Mental Health Provider	600:1	350:1	370:1
Preventable Hospital Stays (per 1,000 Medicare enrollees)	46	33	38

Currently Gunnison County has three health clinics that serve patients though none of these physicians, nurse practitioners or physician assistants have a Drug Enforcement Administration waiver to prescribe buprenorphine.

Gunnison County currently has one Behavioral Health Specialist that works collaboratively with Gunnison Valley Health and the Center for Mental Health.

The Center for Mental Health serves the 10,000 square miles of Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties. The Center for Mental Health has one psychiatrist

and one nurse practitioner. Currently, the Gunnison Center provides individual therapy, group therapy, medication management, case management, peer services, and other traditional outpatient care. For group therapy, the Center has implemented MORE (mindfulness oriented recovery enhancement) since it has an evidence base for opioid use disorders. The Center has access to the following MATs – Antabuse, Campral, Naltrexone, and Vivitrol. Montrose has 1 provider who offers Suboxone but not as a new medication. Gunnison's access to Suboxone treatment is very limited – individuals drive as far as Denver to find a provider accepting patients and the treatment is expensive, as it is usually not covered or only partially covered by insurance.

In the larger County there are currently three licensed clinicians, 2 licensed Clinical Social Worker and one licensed marriage and family therapist and one licensed addictions counselor.

Again, Gunnison County is an underserved area in both physical and mental health.

Other relevant data

In 2016, the Gunnison Valley Hospital conducted their Community Needs Assessment; the top four prioritized needs from this report were 1. Mental Health Services, 2. More Physicians, 3. Cancer Treatment and Prevention and 4. Suicide Prevention. The Health system identified suicide, alcohol and drug abuse as top issues to address concurrently with Mental Health. Gunnison County has seen an increase of death by suicides in the past three years. From 2010 to 2015 Gunnison County experienced 1-5 death by suicides per year with a total of 16 deaths over the 6 year period. In 2016 Gunnison County saw 10 death by suicides, in 2017 there were 8 and in 2018 there were 9. Of those who ended their life by suicide 29% were currently receiving mental health treatment according to the Colorado Violent Death Reporting System, 2010-2016, CO Department of Public Health and Environment. Additionally, 32% of Gunnison County residents who ended their life by suicide had a toxicology report that indicated opioids present at death compared to the state rate of 16%. Gunnison County uses a public health lens when addressing prevention, uses research to identify local risk and protective factors and then uses evidence-based practices to reduce risks and increase protective factors. Gunnison County understands that the high rate of suicide violence impacts the health of all residents. According to the Healthy Kids Colorado Survey, the number of kids who report feeling hopeless or sad has risen to about 26.8 percent; in 2010 the rate was 15%. There are also more instances of kids reporting considering suicide, 20 % in 2017; as compared to 2010 the rate was 12%. While still under ten percent, more students also report instances of dating violence or forced sexual intercourse. Gunnison County understands that toxic stress can have long term damaging impacts on the local residents, especially youth who are still undergoing neurodevelopment. Toxic Stress can occur when a person experiences strong, frequent and/or prolonged adversity such as; caregiver substance abuse or mental illness, exposure to violence (including suicide), physical or emotional abuse, and accumulated burdens of family economic hardship. According to Harvard University's Center on the Developing Child (2017) the future of any society depends on its ability to foster the healthy development of the next generation. Extensive research on the biology of stress now shows that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain. Such toxic stress can have damaging effects on learning, behavior and health across the lifespan.

Methodology

Methods for fulfilling core activities

1. **MOU** - The following organizations have committed to be part of the Gunnison County Consortium for the initial planning year; Gunnison County Substance Abuse Prevention Project – lead, Gunnison County Public Health, Western Colorado University, the Center for Mental Health, the Health Coalition of the Gunnison Valley. Additionally, the Gunnison County Consortium will work with the following organizations and finalize a commitment during the first year; Multi-Cultural Resource Center, RE1-J School District, Living Journey's, Tough Enough to Wear Pink, Gunnison County Veterans Services, and Gunnison Valley Hospital, Gunnison County Sherriff's Department, Crested Butte Marshall's Department, Gunnison City Police Department, Gunnison Hinsdale Early Childhood Council, and the Recovery community (NA, AA). The Grant Director will meet with the identified contact of each of these organizations in order to create the MOU. The MOU will outline the responsibilities of the Consortium members and the responsibilities of the organization. Each organization will identify one key employee who will be the main contact for the Consortium and work on grant specific duties. The MOU will be reviewed and approved by the Gunnison County attorney. The grant Director will be the chair of the Consortium and the grant Coordinator and Prevention staff of the Health Coalition will co-chair the Consortium. The Consortium will consist of 16 Gunnison County organizations representing professionals and community members that interact with the targeted population. The Consortium will meet monthly for one hour with longer planning sessions and workgroup sessions when needed. Workgroups will include; leadership group, data group, program and strategy group, and community outreach. Consortium members will be asked to sit on one or more groups for a two year period.
2. **Analysis** – Each member of the Gunnison County Consortium will designate one key employee to work on a sub-group in order to complete the analysis. This sub-group will utilize the data that has already been complied by the Health Coalition of the Gunnison Valley as well as the GCSAPP Communities that Care community report in order start the process of identifying opportunities and gaps in OUD prevention, treatment and recovery.

   Community Assessments of the current youth opioids and prescription medication abuse problems will be utilized to engage the community in the consortiums 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 will inform 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 consortium, 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.

This sub-group will also reach out to the Colorado Consortium for Prescription Drug Abuse Prevention, Gunnison County's USDA regional contact, Colorado State Rural Health Association and State Office of Rural Health contact, Colorado Department of Public Health and Environment, CDC, SAMHSA, and other state and federal agencies as needed in order to conduct the analysis of OUD programming and treatment.

3. **Strategic Plan –** In order to create a strategic plan that addresses the gaps in the OUD prevention, treatment and recovery the Gunnison County Consortium will follow SAMHSA's Strategic Prevention Framework (SPF) model –assessment, capacity, planning, implementation, evaluation, sustainability and cultural competency. As a consortium we will create a mission statement and a three year implementation plan using SMART goals and objectives. We will incorporate evidenced-based, promising programs and innovative approaches; ensure affordability and accessibility of services to all Gunnison County residents, with specific emphasis on young adults. The Consortium will create a detailed plan to leverage existing local, state and federal OUD resources. The Consortium will build community support and provide a concrete plan with strategies for implementing the identified evidenced-based and promoting programs. Throughout the plan the Consortium will keep sustainability in mind and work to develop strategies that eliminate or reduce the costs of prevention, treatment and recovery for the community.

4. **Workforce Plan –** We will use the strategic plan in developing a comprehensive workforce that addresses the gaps identified in OUD prevention, treatment and recovery. GCSAPP will be the lead organization of the consortium and 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.

In order to recruit and integrate additional substance use disorder providers into consortium members we will continue to build community and increase member engagement by collaborating with other organizations and serve as a resource to all. We will provide consistent messaging through articles, ads, presentations, and social media promoting healthy living choices and educating about substance use disorders and risk and protective factors. The Consortium will continue to evaluate efforts with qualitative and quantitate data when possible.

In order to train and retrain substance use disorder providers and those who work with individuals who are at risk for developing a substance use disorder the Consortium will utilize state resources such as the Colorado Consortium for Prescription Drug Abuse Prevention, Colorado Department of Public Health and Environment, Rise Above, the Office of Behavioral Health and Peer Assistance Services, Inc. The consortium will host training events that are prescriber specific that offer continuing medical education credits, events that are specific to our counselors, social workers, and educators that provide continuing education credits, and events are specific to law enforcement and fireman and events that educate stakeholders and the larger community.

5. **Sustainability** – The Consortium will use SAMHSA's Strategic Prevention Framework (SPF) model in formulating our sustainability plan and will work on building capacity. According to (SPF), capacity refers to the "various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs." While this definition focuses on resources, the SPF goes on to state that capacity also depends on the readiness of both the organization and the broader community to actually commit their resources to addressing the identified problem(s).

   Although the planning process itself can strengthen capacity, intentional capacity building at all levels helps ensure that successful programs are sustained within a larger community context, and therefore less vulnerable to local budgetary and political fluctuations. Effective capacity building also increases an organization's or community's ability to respond to changing issues with innovative solutions. The Consortium will work on building capacity through training and education events as well as media

strategies and develop and utilize quantifiable metrics to assess impact. The Consortium will continue to work with our state and local government agencies and key stakeholders to keep informed on current funding potentials and keep them informed on community issues. A complete sustainability plan will be completed by the Consortium to ensure that we can maintain the affordability and accessibility of OUD prevention, treatment and recovery services.

In order to ensure commitment from Consortium members and organizations the Consortium will develop and abide by a set of policies and procedures that guide leaders' roles in maintaining the Consortium; including built-in flexibility to address various issues within prevention. The Consortium will promote inclusiveness (*i.e.,* everyone has a voice) and ownership among all members. The day to day financial decisions will be overseen by the Program Director and guided by the Consortium's strategic plan. Gunnison County manages the financial aspects and oversees major spending and revenue generation.

6. **Training** – The Consortium will provide 4 Naloxone trainings to further the education of our health providers, law enforcement, and community members and train participants to administer Naloxone if needed. Participants will leave with the knowledge and Naloxone to help the greater community. Naloxone will be available at designated sites across the community that employ individuals who have been trained. As part of this effort the Consortium will also ensure that education and materials about safe storage, disposal, and overdose are translated for the Latino community. In order to inform the community about the efforts and success the Consortium is addressing there will be two published newsletters that will be distributed throughout Gunnison County and Health Region 10. The newsletter will also be shared at the state level through the Colorado Department of Education and Environment. In order to disseminate information throughout the community information will be available via multiple medias; radio, paper, electronic, and informational cards. The Consortium will identify key locations and organizations to help disseminate information using focus groups with youth, the recovery community and University students.

7. **Building Workforce Capacity** – Funds will be used to hire a half time Prevention Coordinator at Western Colorado University under the Health and Wellness Department and a half time staff for the Health Coalition of Gunnison Valley – Adult Prevention staff. These two positions will serve as co-chairs for the Consortium and will research evidenced based, promising and innovative programs in adult prevention and recovery efforts for substance abuse, with emphasis on Opioid Use Disorders in rural areas; the Western staff will focus on the University specific population. Adult prevention and recovery services are a gap in Gunnison County. These two staff time allocations will help to explore programming and structures for sustainable adult prevention and recovery services to be continued after the planning year. Additionally, funds will be allocated to the Center for Mental health for one staff member to assist the Consortium in ensuring

that community members have awareness of their treatment options and assist clients in navigating the transportation services to receive MAT treatment in Grand Junction and Denver. This will help ensure that Gunnison Community members have increased access to treatment for Opioid Use Disorders during this planning year.

Work Plan

See Attachment

Resolution of Challenges

Convening community organizations can be a challenging task. Gunnison County has a very engaged professional community; this is a strength and a challenge. The Health Coalition of the Gunnison Valley is a community Coalition whose mission is to build and maintain a culture that enables a sustainable healthy community for everyone in the Gunnison Valley. There is representation from each of the 12 community sectors that are vital to the success of any community-level prevention effort. The Gunnison County Substance Abuse Prevention Project's (GCSAPP) purpose is to provide youth and family engagement, education, healthy activities and multi-systems implementation services to youth and their families so they can stay connected with their family and community, make healthy choices, resiliently respond to stress in healthy ways and delay the use of alcohol, tobacco and other drugs. The mission of GCSAPP is to utilize evidence-based strategies and community mobilization to reduce substance use by youth in Gunnison so youth can become healthy, stable and productively involved in their communities. There is representation from each of the 12 community sectors in this coalition as well. These two coalitions are regularly attended by over 20 community members monthly. Being a small rural community many of the members of these coalitions overlap. This is a potential intra-consortium challenge for the creation of the Consortium. Being a rural community the number of professionals, community members and parents who participate in community initiated efforts are limited. For the past four years, at both of these Coalition meetings, adult prevention services has been identified as a gap. Adult prevention services and focusing on Opioid treatment and recovery is an area that has not been addressed by either of these Coalitions. The target population for this grant and the activities identified broaden the scope of community members and professionals that will participate in the Consortium. This will allow the Consortium to outreach and engage community professionals, community members and parents who are not currently involved in community level work as well as those who sit on the existing Coalitions in Gunnison County. Opioid Use Disorder and Addiction can be a controversial topic. One external challenge that was present in the first five years of the GCSAPP Coalition was the perception of Coalition members about why people abuse substances and how to approach prevention. During the past four years our community has implemented the Communities that Care strategic framework to the GCSAPP coalition and that frames prevention in a public health lens, addressing risk and protective factors. In order to

minimize the external challenge of stigma the Consortium will use the risk and protective factors lens in its efforts. Another external challenge that the Consortium may encounter is in regards to accessing treatment and the barrier that is created by our geographic location. Transportation barriers have been identified as a challenge in the community in the health field when community members need to receive treatment by specialty professionals; such as pediatric services. Mental Health treatment and recovery options for community members is limited. In order to address this challenge the Consortium will work with community organizations that provide transportation services out of Gunnison County for medical care in order to create an MOU to extend their services to OUD patients. The Consortium will also explore the potential of having MAT services in Gunnison County.

Evaluation and Technical Support Capacity

Activities	Process Indicator	Outcome Indicator
Obtain MOU's from the 4 key members of the Consortium and expand Consortium to 8 additional key organizations.	Signed MOU's	Consortium is created, meets regularly and has 12-16 organizations represented/members.
Work with Consortium to complete an analysis of current prevention, treatment and recovery programs to identify gaps and areas of potential.	Data collected from CTC, focus groups with key leaders and organizations, Data collected from local and state agencies.	Report summarizing the analysis
Work with Consortium to create a strategic plan and workforce plan for prevention, treatment and recovery of opioid use disorders in Gunnison County.	The Consortium will use SAMHSA's Strategic Prevention Framework (SPF) model –assessment, capacity, planning, implementation, evaluation, sustainability and cultural competency. As a consortium we will create a mission statement and a three year implementation plan using SMART goals and objectives.	Document created.
Work with Consortium in order to maintain investment in Consortium work and expand Consortium representation for sustainability and to ensure future continuation and	Regular meetings with attendance taken	Complied document of MOU's and attendance report.

funding.		
Strengthen the capacity to collect, analyze, and share opioid-related data to allow for more timely and targeted prevention programs, interventions, and reduce fatalities.	As part of the Strategic plan the consortium will address data collection and sharing and include in the programming.	Strategic plan document.

Hire Health Coalition adult prevention staff	Post position and hire	Hired position
Hire WSCU Prevention Coordinator	Post position and hire	Hired position
Increase the accessibility of information and resources for all levels of government, interested stakeholders, as well as members of the general public. Information and resources will be multi-media and locations will be determined by focus groups	Using local, state and federal Rx drug and opioid messaging – distribute information at 20 locations in Gunnison County, place newspaper ads and PSA's 6 x a year, daily news radio ads and website information with links to state and federal resources.	Add a question to GCSAPP's community survey that asks about knowledge of resources.
Expand the Take Meds Seriously campaign in the community in order to educate on medication security in homes and safe medication disposal by translating documents into Spanish and disseminating in culturally relevant locations.	Create Spanish materials and distribute to sites identified by the Multi-Cultural Resource Center and focus groups.	Resources have been distributed in 5 locations and the Multi-cultural Resource Center reports an awareness of the disposal sites and safe storage.
Ongoing Prescription Drug take back events with local law enforcement as part of the state program	Take back information advertised and distributed across community and distribute information at 20 locations in Gunnison County, place newspaper ads and PSA's 6 x a year, daily news radio ads and website information with links to state and federal resources.	Local law enforcement report an increase of disposal boxes.
Research evidence-based, promising, and innovative programs for adult substance	Research conducted in order to identify evidence-based, promising, and innovative	Report written summarizing programs.

prevention with emphasis on opioids and on the University population. Select program that best fits the needs of the population.	programs for adult substance prevention with emphasis on opioids	
Work with youth ages 12-25 to create and expand prevention messaging specific to youth.	Using currently existing youth groups and working in the schools, create youth messaging	Messaging created

Partner with Law Enforcement and other providers to provide 4 trainings on the use of Narcan and incorporate overdose risk factors, recognition and response strategies.	Secure location, advertise event, hold the event with sign-in sheet.	Sign-in sheet documented
Provide 500 doses of Naloxone to community members, Law Enforcement and medical professionals throughout the community to reduce overdose deaths.	Distribute Naloxone to attendees of training and to local medical and law enforcement agencies.	Naloxone distributed
Strategically place Naloxone across the community at locations where there is an employee who is trained in administration.	Distribute Naloxone to attendees of training and to local medical and law enforcement agencies.	Naloxone distributed
Work with Law Enforcement and Key Leaders to expand education on disposal sites for unwanted prescription medications to keep them secure from children and adolescents.	Take back information advertised and distributed across community and distribute information at 20 locations in Gunnison County, place newspaper ads and PSA's 6 x a year, daily news radio ads and website information with links to state and federal resources.	Local law enforcement report an increase of disposal boxes.
Education through the Consortium for community healthcare providers, social service providers, first responders and others, including those who come into contact with those at a	Ongoing consortium meetings and create 2 Consortium newsletter to publish and post on all Consortium member's websites	2 Consortium newsletters created and published.

high-risk of overdose.		
Create MOU's with local organizations that provide transportation services to Grand Junction and Denver to serve individuals needing MAT services.	Identify organizations that provide transportation services to Grand Junction and Denver and create a MOU to extend services to OUD patients.	MOU's created
Educate community members about current treatment and transportation services for MAT.	Produce materials and disseminate materials across multiple medias	Center for Mental Health reports an increase of clients/patients receiving MAT services.
Explore the potential of MAT services in Gunnison County.	Consortium will address this in the gaps analysis and strategic plan.	Documented in strategic plan.

Organizational Information

The grant Director will be the chair of the Consortium and the grant Coordinator and Prevention staff of the Health Coalition will co-chair the Consortium. The Consortium will consist of 16 Gunnison County organizations representing professionals and community members that interact with the targeted population. The Consortium will meet monthly for one hour with longer planning sessions and workgroup sessions when needed. Workgroups will include; leadership group, data group, program and strategy group, and community outreach. Consortium members will be asked to sit on one or more groups for a two year period. The grant Director will make the Consortium's day-to-day decisions as well as manage all operations. When it comes to making decisions related to our efforts, the Leadership group of the Consortium will be involved. The Consortium will develop and abide by a set of policies and procedures that guide leaders' roles in maintaining the Consortium. The Consortium will be open to all community members and meeting times and dates will be publically posted. The Consortium will provide equal opportunity for all participants, and anyone who attends meetings may provide input.

12-Month Work Plan

Goal 1: Increase community collaboration related to the abuse of opioids and prescription medications by creating Gunnison County Consortium.

Objective 1: *Increase the collaboration across community organizations invested in substance prevention, treatment and recovery programming for substance abuse, with specific emphasis on opioid use disorders, in Gunnison County.*

Strategy 1: *Create the Gunnison County Consortium that will work towards preventing opioid use disorders and explore treatment and recovery programs.*

Activity	Who is responsible?	By when?
Obtain MOU's from the 4 key members of the Consortium and expand Consortium to 8 additional key organizations.	Program Director	08/20/19
Work with Consortium to complete an analysis of current prevention, treatment and recovery programs to identify gaps and areas of potential.	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition prevention staff, Consortium	12/15/19
Work with Consortium to create a strategic plan and workforce plan for prevention, treatment and recovery of opioid use disorders in Gunnison County.	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition prevention staff, Consortium	04/01/20
Work with Consortium in order to maintain investment in Consortium work and expand Consortium representation for sustainability and to ensure future continuation and funding.	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition prevention staff, Consortium	05/15/20
Strengthen the capacity to collect, analyze, and share opioid-related data to allow for more timely and targeted prevention programs, interventions, and reduce fatalities.	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition prevention staff, Consortium	06/19-05/20

Goal 2: Increase community collaboration on substance prevention programming of Opioid Use Disorders in Gunnison County.

Objective 1: *Increase prevention programming to include adult substance abuse and use disorders and education about opioid use, misuse and overdose.*

Strategy 2: *Educate the community about the risks associated with the abuse of opioids and prescription medications.*

Activity	Who is responsible?	By when?
Hire Health Coalition adult prevention staff	Program Director, Public Health Director	06/30/19

Hire WSCU Prevention Coordinator	Program Director, WSCU Health and Wellness Director	06/30/19
Increase the accessibility of information and resources for all levels of government, interested stakeholders, as well as members of the general public. Information and resources will be multi-media and locations will be determined by focus groups	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition prevention staff	12/15/19
Expand the Take Meds Seriously campaign in the community in order to educate on medication security in homes and safe medication disposal by translating documents into Spanish and disseminating in culturally relevant locations.	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition prevention staff	11/15/19
Ongoing Prescription Drug take back events with local law enforcement as part of the state program	Program Director WSCU Coordinator Law Enforcement, Health Coalition Prevention staff	06/19 – 05/20
Research evidence-based, promising, and innovative programs for adult substance prevention with emphasis on opioids and on the University population. Select program that best fits the needs of the population.	Program Director, WSCU Coordinator, Health Coalition prevention staff	04/01/20
Work with youth ages 12-25 to create and expand prevention messaging specific to youth.	Program Director, WSCU Coordinator, Center for Mental Health staff, Health Coalition Prevention staff	11/15/19

Strategy 3: *Provide education for Law enforcement, medical professionals and the general community about the prevention of the abuse of opioids and prescription medication and overdoses.*

Activity	Who is responsible?	By when?
Partner with Law Enforcement and other providers to provide 4 trainings on the use of Narcan and incorporate overdose risk factors, recognition and response strategies.	Program Director, Center for Mental Health staff	09/19-05/20
Provide 500 doses of Naloxone to community members, Law Enforcement and medical professionals throughout the community to reduce overdose deaths.	Program Director, Center for Mental Health staff	09/19-05/20
Strategically place Naloxone across the community at locations where there is an employee who is trained in administration.	Program Director, Center for Mental Health staff	09/19-05/20

Work with Law Enforcement and Key Leaders to expand education on disposal sites for unwanted prescription medications to keep them secure from children and adolescents.	WSCU Coordinator, Program Director, Law Enforcement, Health Coalition prevention staff, Consortium,	06/19-05/20

Objective 3: Increase the knowledge, understanding and accessibility of current treatment and recovery options for Opioid Use Disorders in Gunnison County

Strategy 5: *Provide Consortium and community education, resources, and information about current treatment and recovery options in order to increase accessibility of resources.*

Activity	Who is responsible?	By when?
Education through the Consortium for community healthcare providers, social service providers, first responders and others, including those who come into contact with those at a high-risk of overdose.	Program Director, Center for Mental Health staff	10/15/19
Create MOU's with local organizations that provide transportation services to Grand Junction and Denver to serve individuals needing MAT services.	Program Director, Center for Mental Health staff, WSCU Coordinator	09/20/19
Educate community members about current treatment and transportation services for MAT.	Program Director, Center for Mental Health staff, WSCU Coordinator	06/14/21
Explore the potential of MAT services in Gunnison County.	Program Director, Center for Mental Health staff, Gunnison Valley Hospital, Public Health Director	09/19-05/20

Attachment 2: Staffing Plan and Job Description for Key Personnel

Kari Commerford
Director
Gunnison County Substance Abuse Prevention Project Director
40%
The Grant Director of this grant and will ensure all requirements of the grant are carried out and be the direct contact for all grant communications. The Grant Director will oversee all aspects of the grant including financial and programmatic reporting and tracking progress towards all deliverables. The Grant Director will meet with the identified contact of each of the organizations in order to create the MOU. The MOU will outline the responsibilities of the Consortium members and the responsibilities of the organization. Each organization will identify one key employee who will be the main contact for the Consortium and work on grant specific duties. The Grant Director currently serves as the Project Director for Drug Free Communities at 30%.Mrs. Commerford has been the Director of Gunnison County Substance Abuse Prevention Project (GCSAPP) since October, 2014. She holds a Master's degree in Clinical Psychology and has held the position of Lecturer of Psychology at Western State Colorado University since 2006. As a Lecturer of Psychology Mrs. Commerford has been trained in and taught course on lifespan development, child psychopathology, family systems theory, eating disorders, abnormal psychology, psychological testing, and clinical psychology. She has been a community presenter for several organizations in Gunnison County on topics such as adolescent development, early childhood development, and neurobiological changes in adolescence, communication with youth, and substance prevention in youth. Mrs. Commerford will be responsible for managing, reporting and overseeing the grant

Open Position
Prevention Coordinator
Western Colorado University
50%
The WSCU Prevention Coordinator will serve as the grant Coordinator and will work with the Adult Prevention staff of the Health Coalition of the Gunnison Valley in researching evidenced based, promising and innovated programs in adult prevention and recovery efforts for substance abuse, with emphasis on OUD in rural areas; the Grant Coordinator will focus on the University specific population. The Grant Coordinator will co-lead the consortium and assist the Grant Director as needed with the Consortium meetings and projects. Details on work plan.

Open Position
Adult Prevention
Health Coalition of the Gunnison Valley
The Adult Prevention staff will assist in researching evidenced based, promising and innovated programs in adult prevention and recovery efforts for substance abuse, with emphasis on OUD in rural areas. The Adult Prevention staff will co-lead the consortium and assist the Grant Director as needed with the Consortium meetings and projects. Details on work plan.

THE CENTER for mental health

providing help, hope, and healing

From: Sarah Kramer, LCSW, LAC
Assistant Regional Director, Gunnison/Hinsdale Counties
Center for Mental Health
710 N. Taylor St.
Gunnison, CO 81224
970-641-0229

To Whom it May Concern:

This is a letter of commitment in relation to the Opioid Treatment and Prevention Grant submitted by Gunnison County Substance Abuse Prevention Program (GCSAPP) for the RCORP-Planning Award. As the primary outpatient substance use treatment option in the community, Center for Mental Health (CMH) is committed to supporting this project for the duration of any grant funding, as well as finding sustainable resources for the community beyond the grant, so that Gunnison County has adequate prevention and recovery resources for individuals with opioid use disorders.

As a consortium member, Center for Mental Health will contribute to the gap analysis and development of the work plan. CMH will provide content expertise about current prevention and recovery gaps and help to plan for appropriate resources, so that services are not duplicated.

The proposed work plan will directly benefit CMH. Forming a consortium and taking steps to explore gaps and plan for resources will directly benefit clients that we serve. Creating a work plan for improving prevention and recovery services will enhance work that we are already doing, decrease fragmentation of limited resources, and increase partnership in our efforts to support those with opioid use disorders.

The project funds will clearly support the entire rural community and not any one consortium member, as the project brings resources to other members of the health care and human services field who also encounter individuals struggling with opioid addiction.

Thank you for your consideration. If you have further questions about CMH and our relationship with this project and support of GCSAPP's initiatives, please call me at 970-641-0229.

Sincerely,

Sarah Kramer, LCSW, LAC

WESTERN
COLORADO UNIVERSITY

This is a letter of commitment in relation to the Opioid Treatment and Prevention Grant submitted by Gunnison County Substance Abuse Prevention Program (GCSAPP) for the RCORP-Planning Award. As the higher learning institution in Gunnison, Western Colorado University is invested as a key partner and committed to supporting this project for the duration of any grant funding, as well as finding sustainable resources for the community beyond the grant, so that individuals with opioid use disorder can receive appropriate prevention, intervention and recovery support and the community at large can reduce incidents of the disorder.

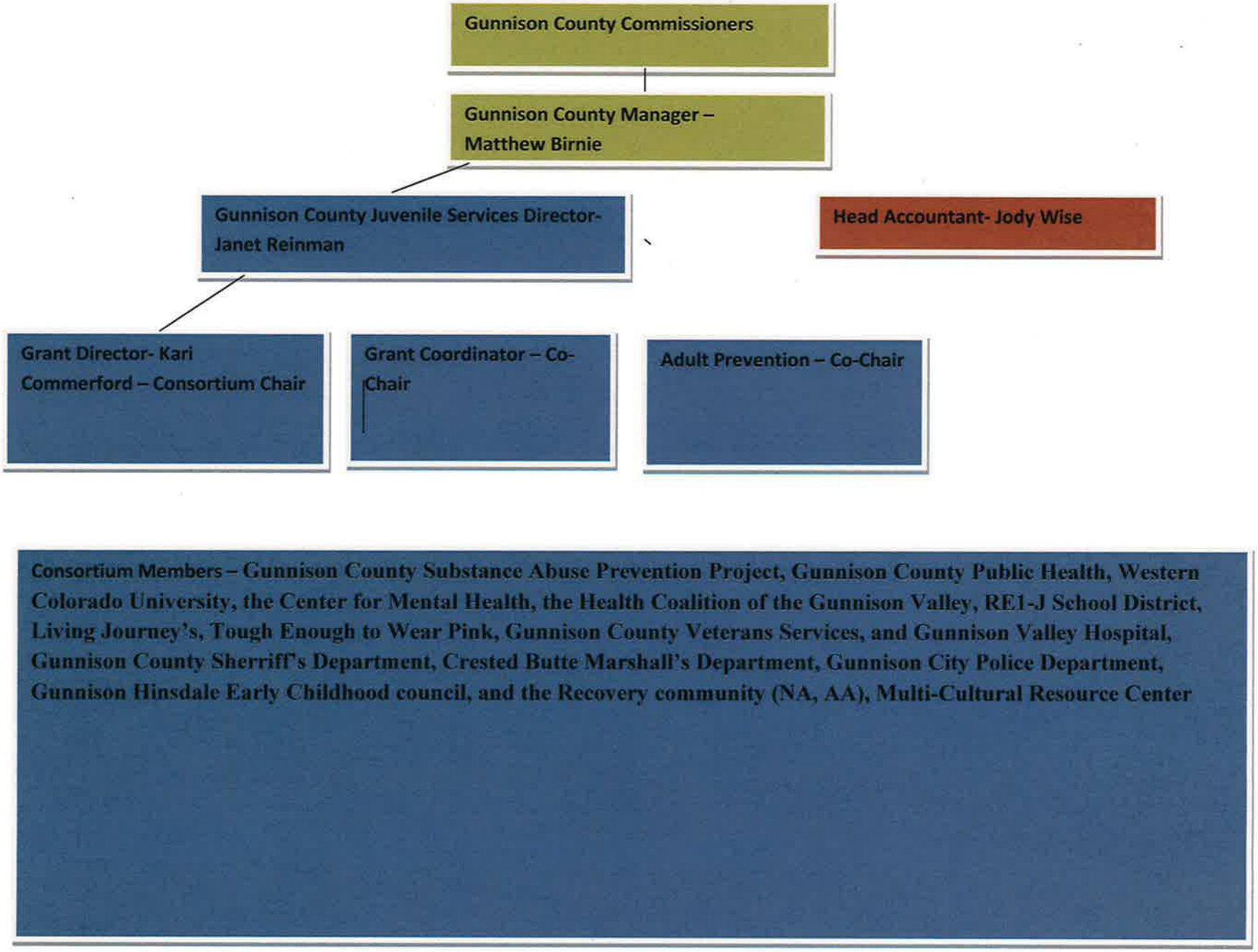
As a consortium member, Western Colorado University's Health and Wellness Department will contribute to the project by designated a half time staff person to be part of the consortium, fulfill the gaps analysis and strategic plan and research evidenced-based and promising programs for young adult prevention services and recovery support. We will also help to refer faculty, staff and students members to the proposed training sessions to learn about Narcan and other MAT options for treating Opioid Use Disorders. During the planning stages of this grant, Western Colorado University's Health and Wellness Department will help to disseminate prevention information, ensure our young adults voices are included and inform students about how to use existing resources.

The proposed work plan will directly benefit Western Colorado University. As the primary higher education institution with an enrollment of over 2,000 young adults, we have directly observed the impact of having very limited resources for individuals seeking treatment for opioid use disorders. The knowledge provided by the proposed trainings will help our staff and students better understand treatment options and will also enhance participation in treatment by informing the public about the treatment options and providing assistance with transportation. The project may also help to reduce stigma around help-seeking behaviors and may increase the number of students who are seeking opioid use disorder treatment. This grant will also help us to determine evidenced-based and promising programs that could be implemented on our campus for prevention and recovery support for substance use disorders.

The project funds would greatly help our community reduce risk factors around opioid use disorders and help provide much needed treatment and recovery options.

Scott Cantril, Director of Student Health and Wellness,

Attachment #1 Organizational Chart



Attachment 6: List of Consortium Members

Center for Mental Health
710 N Taylor St. Gunnison CO 81224
Kimberly Behounek, LPC CAC III, Regional Director
Member Employer Identification Number (EIN) -84-0561224
Community Mental Health Center
Health Care/Mental Health
Outpatient Mental Health and Substance Use Disorder Treatment
YES

Western Colorado University
1 Western Way, Gunnison, CO 81231
Scott Cantril, Director of Student Health and Wellness
Member Employer Identification Number (EIN) 724819
Institution of Higher Education
Connecting Western and the Gunnison Community
YEs

Pitkin County
Aspen
Leadville
Lake County
133
82
24
Marble
Maroon Bells-Snowmass Wilderness
Schofield Pass
Delta County
Somerset
Mt. Crested Butte
Crested Butte
Kebler Pass
Ohio Pass
135
Taylor Park Reservoir
Chaffee County
Gunnison National Forest
Almont
Pitkin
Montrose County
92
Gunnison
Ohio
Blue Mesa Reservoir
Hartman Rocks Recreation Area
Gunnison River
50
Black Canyon of the Gunnison National Park
Curecanti National Recreation Area
0 5 10 mi.
Powderhorn
149
Powderhorn Wilderness
Saguache County
114
Big Blue Wilderness

FY2019-2020 Budget Narrative and Justification

A. Personnel:

TABLE 7: FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
GCSAPP Director		72,000	40%	$28,800
WSCU Prevention Coordinator		42,666	50%	$21,333
Center for Mental Health Peer Specialist		10,000	100%	$10,000
Health Coalition of the Gunnison Valley – Adult Prevention		36,000	50%	$18,000
			TOTAL	$78,133

NARRATIVE JUSTIFICATION: Funds will be used for 40% of the GCSAPP Director's time and 50% WSCU Prevention Coordinator's time. The GCSAPP Director will serve as the Grant Director of this grant and will ensure all requirements of the grant are carried out and be the direct contact for all grant communications. The Grant Director will oversee all aspects of the grant including financial and programmatic reporting and tracking progress towards all deliverables. The WSCU Prevention Coordinator will serve as the grant Coordinator and will work with the Adult Prevention staff of the Health Coalition of the Gunnison Valley in researching evidenced based, promising and innovated programs in adult prevention and recovery efforts for substance abuse, with emphasis on OUD in rural areas; the Grant Coordinator will focus on the University specific population. Both positions will co-lead the consortium and assist the Grant Director as needed with the Consortium meetings and projects. The Center for Mental Health Peer Specialist will help with current treatment and recovery work and help community members navigate care and ensure that their voices are represented in this work. 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) **$78,133**

B. Fringe Benefits:

TABLE 9: FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.95%	78,133	$6,212
		TOTAL	$6,212

NARRATIVE JUSTIFICATION: Any and all fringe are required for employees.
FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **$6,212**

C. Travel:

TABLE 11: FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Required Training	Maryland	Airfare (3 people)	$600	$1,800
		Lodging (2 people, 3 nights each)	$250/person/night	$2,250
		Per diem (2 people, 3 days each)	$60/person/day	$540
		Ground transportation for 2 people	$150	$300
Local Travel	Gunnison County	1,720 miles	.56/mile	$963
Regional Travel for MAT services	Grand Junction/Denver	Bus ticket/gas	$40 bus ticket/gas for 50 people 1x mo. X 12	$24,000
Training for Substance Prevention Conference	Western States Region	Airfare (3 consortium members)	$500	$1500
		Per diem (3 people, 3 days each)	$60/person/day	$540
		Registration fee	$450 x 3	$1,350
		Ground transportation 3 people	$150	$150
			Total	$33,393

NARRATIVE JUSTIFICATION:
Funds are requested to send three consortium representatives to a required training as required by the grant application. Costs are based on estimates of airfare, lodging, per diem, ground transportation. 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. Currently we have no capacity for MAT services to meet the need of our community. In order for our community members to receive MAT services they either need to drive to Grand Junction, Colorado or take a bus to Denver, CO once a month. Transportation costs are a barrier to treatment and these funds will help reduce that barrier. Funds are requested for travel for three consortium members to attend a substance abuse prevention conference to keep informed of current trends, data, and programs.
FEDERAL REQUEST(enter in Section B column 1 line 6c of form SF424A) **$33,393**

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:
TABLE 15; FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
Naloxone trainings 4 events	Rental Space 4 x $250	$1,000
	Naloxone 500 x $40	$20,000
	Materials for 500 x $4.00	$2,000
Take Back campaign materials		$3,500
PSA poster 5 campaigns @ $300		$1,500
Consortium Newsletter 2 newsletters @ $ 1500		$3,000
	Total	$ 31,000

NARRATIVE JUSTIFICATION:
Funds are requested to hold 4 Naloxone trainings to further the education of our health providers and community members and to train participants to administer Naloxone if needed. Participants will leave with knowledge about administering Naloxone to help the greater community and will be provided with 500 doses of Naloxone. Naloxone will be available at designated sites across the community where individuals are trained. Funds will be used to continue our Take Back campaign and produce materials in Spanish. The consortium newsletter will publish timely articles that are informative on the harms of opioids and prescription drug abuse.
FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A)**$31,000**

F. Contract:
TABLE 17: FEDERAL REQUEST

Name		**Cost**
Translation services for Gunnison County Multicultural Resource Center for translating documents and campaign materials.	$38/hr. x 10 hr. mo. x 12 months	$4,560
Gunnison Valley Hospital, Tough Enough to Wear Pink, Living Journeys, Gunnison County Public Health and Veterans Services for ongoing transportation services to MAT service areas and collaboration with Consortium efforts	5 organizations x $500 per month for designated staff/services x 12	$30,000
Law Enforcement Campaign	2 hours mo. X 12 x 3 @ $100 per hour	$7,200
	TOTAL	$41,760

NARRATIVE JUSTIFICATION:

Funds are requested to contract with Gunnison County Multicultural Resource Center in order to continue our Take Back program and have materials translated into Spanish and delivered in places and medias that engage the Latino community.
Funds are requested to help with staffing and service costs of having the Gunnison Valley Hospital, Tough Enough to Wear Pink, Living Journeys, Gunnison County Public Health and Gunnison Valley Veterans services for the first year of the Consortium. Funds will help to cover staffing costs for meetings and projects for one year in order to increase buy-in for organizations. Funds will also help to cover costs of transportation services of organizations that have a vehicle to transport community members to MAT services in Grand Junction.

Funds are requested to pay overtime costs for the Police Department for their implementation of additional enforcement efforts at school, take backs, consortium trainings and campaigns. Costs are based on information provided by the Police Department.

FEDERAL REQUEST-- (enter in Section B column 1 line 6f of form SF424A) $41,760

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

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

TABLE 19: FEDERAL REQUEST

Item	Rate	Cost
CADCA membership	Annual fee + publications $360	$360
PSA production with youth	Youth development of PSA production of 4 PSA @ $250psa's, $200 incentive per PSA	$1800
Media Space for PSA's	$600 per month online and newspaper ads in each community x 12 months	$7,200
	Total	$9,360

NARRATIVE JUSTIFICATION:
Funds are requested to continue CADCA membership which will help the consortium to continue to be updated and connected to federal prevention efforts and coalitions across the United States. Additionally, as a community, we value youth voice and want to ensure that youth have the ability to create youth specific PSA's and media that will help expand prevention efforts to all members of the community

FEDERAL REQUEST-- (enter in Section B column 1 line 6h of form SF424A) $9,360

TOTAL DIRECT COSTS:
FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A) **$199,858**

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) **$199,858**

TABLE 21: BUDGET SUMMARY

Category	Federal Request	Non-Federal Match	Total
Personnel	$78,133	$0	$78,133
Fringe	$6,212	$0	$6,212
Travel	$33,393	$0	$33,393
Equipment	$0	$0	$0
Supplies	$31,000	$0	$31,000
Contractual	$41,760	$0	$41,760
Other	$9,360	$0	$9,360
Total Direct Costs*	$199,858	$0	$199,858
Indirect Costs	$0	$0	$0
Total Project Costs	$199,858	$0	$199,858