AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; Strategic Prevention Framework

Action Requested: Motion

Parties to the Agreement:

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

Summary:

new SPF grant

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, will be budget amendment request if grant awarded. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 2/14/2020

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

Comments:
ok db 2/14/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 2/14/2020 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 2/14/2020

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

Agenda Date: 2/18/2020

Revised April 2015

A: Statement of Needs

Located thirty miles west of the Continental Divide and surrounded by mountains, Gunnison County is the fifth largest county by area (3,239 square miles) in the state of Colorado. The largest city in this frontier county is the City of Gunnison, which is over 65 miles and two mountain passes in any direction from any city with a population of over 25,000 people.[1] In this frontier community, the lives of residents constantly intersect. Your neighbor may be your physician, whose spouse may be your child's teacher, whose father may be your employer, whose sister may be counseling your husband for substance use disorder. The paradox of this and other sparsely populated rural communities is that while anonymity is non-existent, isolation is pervasive.

Gunnison County was established in 1877, one year after Colorado gained its statehood. The early residents were hardy mountain-men and women who trapped fur, mined, ranched and otherwise survived a harsh climate. The rocky geography and brutal winters forced early residents to adopt an independence that can still be seen in current residents. Today, Gunnison County is a tourist destination, home to Crested Butte ski area and to world-class fishing, mountain biking, and other high-risk, outdoor adventure activities. These community characteristics attract residents and tourists with lifestyles that encourage a festival culture, including the use of substances as part of the experience. Some folks believe that part of living in the high country is getting high; one of Gunnison County's biggest community risk factors. Rugged individualism, risk-taking behavior, and the isolation that results from communities and homes spread across wide swaths of land contribute to the high suicide rate found in ski towns across the Mountain West.[2] Like most ski area towns, the economy of the north end of the valley (Crested Butte) is seasonally based. When one season ends, residents must scramble to find another job to cover the high cost of living. Inconsistent income places enormous stress on individuals, families, and relationships. Due to the transient nature of the community, residents often lack intergenerational relationships and deep social connection. When life gets difficult, the social support system needed to weather the storm is not in place. Add the long, dark, exceptionally cold winters and altitude-induced low serotonin levels, and it is inevitable that the community has a high risk for substance use and mental health disorders.

This grant will serve Gunnison County; including the towns of Gunnison, Almont, Crested Butte South, Crested Butte, Mt. Crested Butte, Powderhorn, Pitkin, Ohio City and Parlin. This grant will specifically serve youth ages 9-20 and address risk and protective factors community-wide. Using 8 years of longitudinal data from the Healthy Kids Colorado Survey, CTC supplemental questions in 2017, Colorado Behavioral Risk Factor Surveillance System data, Gunnison County Community Survey from 2017 and the Community Health Needs Assessment from the Gunnison Health system, Gunnison County has prioritized the following three risk factors in the County; 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. GCSAPP utilizes upstream and primary prevention efforts, beginning with elementary school children and their parents.

According to the 2017 HKCS, over 50% of students in Gunnison County say alcohol is easy or very easy to obtain. While social hosting ordinances are in effect in Gunnison and Crested Butte, access is still occurring and more education and enforcement can occur in this area. Less than

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[1] U.S. Census Bureau, QuickFacts, 2018

[2] McMillan, Kelley, Here's Why Ski Towns Are Seeing More Suicides, National Geographic, May 2016

30% of high school youth believe that they would be caught by law enforcement if they choose to use substances (HKCS, 2017). Additionally, Gunnison County has seen higher rates of youth who report riding in a car by someone who had been drinking alcohol and our rates are also high for riding in a car with someone who has been using marijuana. Youth growing up in Gunnison County are exposed to alcohol use and abuse and experience relaxed social norms due to the ski and tourism industry and/or the ranching sub culture where alcohol advertisements and norms of casual use are very present. According to 2017 HKCS data, 64.2% of youth think it would be sort of or very easy to get alcohol. Local data shows that between 2010 and 2017 students perceived favorable parent attitudes of substance use. Youth use rates mirror a higher than state average adult binge drinking rate (adults rates Gunnison/State 26%/16%). In 2005 the Gunnison Valley Health System's Community Health Needs Assessment identified male and female heavy drinking rates and male and female binge drinking rates unfavorable county measures that are worse than the US average; in 2012 those measures have continued to increase making them the only county measures that were unfavorable and had an unfavorable change. Additionally, Gunnison Valley Hospital reports in their 2016 Community Health Needs Assessment that mental health needs, more specifically, suicide and substance abuse (combined) are one of their top three priorities. According to GCSAPP's 2017 Community Survey, adults also self-reported a 32% binge drinking rate, with 9.6% of adults reporting binge drinking on 3 or more days in the past 30 days. Additionally, the survey results reinforced the youth data that supports the risk factor of community norms favorable towards substance use, with over 90% of adults reporting alcohol being favorable. GCSAPP also keeps a pulse on mental health rates as part of substance abuse prevention. Gunnison County has seen an increase of death by suicides in the past three years. From 2010 to 2015 Gunnison County experienced 1-5 deaths by suicides per year with a total of 16 deaths over the 6 year period. In 2016 Gunnison County saw 10 deaths by suicide, 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, 36% of Gunnison County residents who ended their life by suicide had a toxicology report that indicated alcohol present at death compared to the state rate of 35%, for opioids present the rate was 32% compared to the state rate of 17%, and the rate for marijuana was 27% compared to the state rate of 12.6% . The County uses a public health lens when addressing prevention, research to identify local risk and protective factors and evidence-based practices to reduce risks and increase protective factors. The 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%; in 2010 the rate was 15%. There are also more instances of kids reporting consideration of suicide, 20 % in 2017; as compared to 2010 when the rate was 12%. 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. In the fall of 2017, Western administered the NCHA ACHA, the survey was completed by 257 Western students. 68% of respondents reported any alcohol use within the last 30 days, which is 9.2% higher than the national average (58.9%). 28.4% of respondents reported they consumed five or more drinks in a sitting on 1-2 occasions within the last two weeks, which is 7.2% higher than the national average (21.2%). Finally, only 38% of Western respondents reported having a friend let them know when they've had enough, compared to the national average of 45.8% Between 2015-17, approximately 30 students were reported to have been

hospitalized due to substance overdose (18 alcohol related, three marijuana related and 9 over-the-counter drugs/other). Perhaps an even more troubling statistic is that, during a typical academic year, one out of every 93 of Western's students is hospitalized for high-risk behavior. Since Colorado's legalization of marijuana in 2014, Western students have experienced several incidents of marijuana overconsumption which resulted in hospitalization (no less than 3 students between 2015-17). There is a gap in services for young adults in Gunnison County when it comes to addressing risk factors, specifically with community norms favorable towards substance use. This grant will allow Gunnison County to expand its substance prevention services to the young adult population and address community risk factors; specific substances that will be addressed are alcohol and marijuana.

The shared objectives for youth-serving, Gunnison Valley organizations providing primary prevention are to promote healthy youth behaviors and resiliency by reducing risk factors (i.e. perception of risk of use, social isolation, behavioral/mental health concerns), and increasing protective factors (i.e. connection to trusted adults, opportunities for prosocial involvement, prevention education).Prevention program providers work together to strengthen existing networks of service. Gunnison Valley Mentors (GVM) provides a variety of evidence-informed mentoring strategies to youth referred by school, mental health and human services personnel, Gunnison County Juvenile Services (GCJS) provides GCSAPP prevention education, social emotional skills and programing to students in the schools and education to their parents. GCJS also provides high fidelity Wraparound and receives referrals from GVM and Gunnison RE-1J School. The school supports primary prevention services with allowable time for prevention education curriculum, youth referrals, office space for mentors, and information sharing. Western Colorado University students provides Peer Health Educators to concurrent enrollment and traditionally enrolled University students and collaborates with community organizations to integrate prevention efforts When applicable, prevention partners in Gunnison County share funding to achieve objectives. It's a collaborative community by nature.

In June of 2019 Gunnison County was awarded the Health Resources Service Administration (HRSA) Rural Communities Opioid Response Planning grant (RCORP), and the Gunnison County Consortium was formed as a sub-group of GCSAPP and the CTC framework. An environmental scan and gaps analysis in fall 2019 provided in-depth understanding of the current state of substance use disorders, current prevention strategies, treatment options, and recovery programs in Gunnison County. The consortium is in the process of completing a strategic plan for substance use prevention, treatment and recovery across the lifespan.

B: Proposed Approach

Goal One: Strengthen prevention capacity and infrastructure at the community level by working collaboratively towards shared partnership and collective impact; including alignment of language, shared funding and resources and cross-agency goals.

Objective 1: *Increase capacity for prevention efforts to address underage drinking and marijuana use among persons aged 9 to 20*

Strategy 1.1 Aligning efforts within GCJS, GCSAPP, GVM, WCU and the RE1-J School District. Evidenced by shared language document, cross-agency grants written annually and signed MOU's on file.

Objective 2: *Increase volunteer/dedicated hours to prevention work*

Strategy 1.2.1*:* GCSAPP coalition members and partnering prevention organizations by 5% annually as measured by annual coalition survey; mentors as measured by monthly hours of

mentor/mentee meetings to average 400 hours per month; and peer health educators as demonstrated by number trained.

Goal Two: Decrease youth substance use by increasing protective factors across the community and within the school district that addresses social-emotional development, resiliency, toxic stress and attachment.

Objective 1: *Increase trusted adults as evidenced by: 70% of mentored youth will maintain or increase resiliency skills, 80% will maintain or increase adult-bonding and 70% will maintain or increase perception of harm on the PMSEI (youth NOMS) pre-post assessment. One-to-one Community-based and School-based mentoring for a selective population of youth identified as at highest risk for problem behaviors. GVM matches youth with mentors who are referred because of behavioral risk factors (Hawkins & Catalano, Risk & Protective Factor Paradigm) or Adverse Childhood Experiences (ACE's, Kaiser Permanente) and are between ages 6 to 18. The single greatest factor in overcoming childhood adversity is the presence of a caring adult (HGSE)[3]. 80% of youth referred to GVM experience family behavioral health issues.*

Strategy 2.1.1: Launch the Trusted Adult and Everyday Mentoring trainings and social marketing campaign for parents and community.

Strategy 2.1.2 Community-based Mentoring: Mentoring pairs (Partnerships) meet an average of 12 hours per month for an initial commitment of one year. Currently, we are supporting 110 community-based matches with 37 youth on a wait list.

Strategy 2.1.3 School-based Mentoring: Partnerships meet weekly for 2 hours during the school day or in the After-school Mentoring program. 84 School-based mentoring matches are on track to complete the 2019.20 school year.

Strategy 2.1.4 InSpire Mentoring: InSpire Mentors work as behavioral specialists hired through GVM, each one matched with up to 12 middle and high-school aged students who are referred by school staff according to their need on the Resources To Intervention pyramid. InSpire Mentors receive office space, support and direction through the guidance office in the Gunnison, Crested Butte and Lake City middle and high schools.

Objective 2: *Increase the number of youth who receive direct social-emotional curriculum-based prevention skills-building program, in a classroom setting to a universal population of youth grades 6th through 9th, as part of the district's health curriculum. Often, lack of attendance at school is an early indicator that more services and supports are needed. The school's attendance advocate will work with GCJS to connect families with the Family Advocacy and Support Team and Wraparound services as an upstream prevention approach. These services will be offered to indicated youth in grades K– 12.*

Strategy 2.2.1: Deliver curriculum throughout Elementary and Middle School to educate on evidence-based facts and increase the student's perception of risk for substance use.

Strategy 2.2.2: Work with the RE1-J school district to provide skill-based education to youth who have identified risk factors (loss, divorce, substance abuse)

Strategy 2.2.3: Work with students in the Re1-J school district who are lacking attendance or involved in 2 or more systems to refer to the Family Advocacy and Support Team and Wraparound Services.

[3] Harvard Graduate School of Education

Strategy 2.2.4: Work with the school system to provide ongoing education to administration and staff on risk and protective factors.

Goal Three: Reduce the progression of substance abuse and the correlated behavioral health outcomes by addressing our local risk factors including; community norms favorable towards substance use, lack of substance-free spaces and events, and toxic stress.

Objective 1: *Increase the number of substance free spaces for youth in the community.*

Strategy 3.1.1: Work with local municipalities to provide support for spaces youth identify as "safe" to stay open later or offer youth incentives.

Strategy 3.1.2: Increase community supports by creating space open for youth between the hours of 8pm and 11:30pm so youth have safe places to be during evening hours.

Strategy 3.1.3: Work with youth (university, high school and middle school) to create multiple events to promote healthy activity.

Objective 2: *With combined efforts of GVM, WCU, the RE1-J School District and GCJS / GCSAPP decrease youth 30 day alcohol use rates, 30-day marijuana use rates, and prescription drug use without a prescription using a baseline of HKCS 2017.*

Strategy 3.2.1: Launch a locally created social norming campaign within University Peer Health Educators and High Schools to address perception of peer use versus actual reported use.

Strategy 3.2.2: Provide educational events for middle school and high school parents and youth and encourage them to talk to each other about alcohol and drugs.

Strategy 3.2.3: Provide educational events for community about toxic stress and adverse childhood experiences and the impact on health outcomes.

Strategy 3.2.4 Parent prevention education dinners are provided to parents K-12, with community wide Trusted Adult trainings.

5-year outcome: By June 30, 2025, with data from HKCS, the combined efforts of GVM, WCU, RE1-J school district and GCJS / GCSAPP and WCU will decrease youth 30-day alcohol use rates by 5% from a baseline of 29.3% (HKCS 2017), decrease 30-day marijuana use rates by 5% from a baseline of 19.5% (HKCS 2017), decrease prescription drug use without a prescription by 2% from a baseline of 11.3% (HKCS 2017). By June 30, 2025, 75% of mentored youth will maintain or increase resiliency skills to 5 on a 7 pt scale, 85% will maintain or increase adult-bonding to 3.5 on a 5 pt scale, and 75% will maintain or increase perception of harm to 3.3 on a 4 pt scale from pre- PMSEI to post-PMSEI assessment.

3-year outcome: By June 30, 2023, the combined efforts of GVM, GCJS / GCSAPP will decrease youth 30 day alcohol use rates by 3% from a baseline of 29.3% (HKCS 2017), decrease 30-day marijuana use rates by 3% from a baseline of 19.5% (HKCS 2017), decrease prescription drug use without a prescription by 1% from a baseline of 11.3% (HKCS 2017). By June 30, 2023, 70% of mentored youth will maintain or increase resiliency skills, 80% will maintain or increase adult-bonding and 70% will maintain or increase perception of harm on the PMSEI pre-post assessment.

5-year Timeline

Activity	When	Who's Responsible
Meet with coalition members bi-annually to review the strategic plan for youth prevention education specifically related to alcohol and marijuana.	Q1, Q3 2021 - 2023	GCJS, GCSAPP, GVM, WCU, RE1-J School district, SPF-PFS staff

Hold monthly subgroup meetings for youth-serving organizations in order to create a strategic plan for attaining collective impact – create operating agreement.	Q1,Q2,Q3,Q4 (4 meetings monthly) 2020-2025	GCJS, GCSAPP, GVM, WCU, RE1-J School district, SPF-PFS staff
Identify at least three new contacts for interested individuals and organizations to join the collaborative efforts annually	Q1, Q2, Q3 = 1 contact each 3 total contacts by Q4 per year 2020 - 2025	GCSAPP and SPF-PFS Staff and youth serving organization staff
Collaborate with subgroup to develop communication tools effective information sharing and data collection.	Q 4 each year 2020-2025	GCSAPP and SPF-PFS Staff and youth serving organization staff
Continue to conduct coalition assessment in the 4th quarter of each year to identify needs of coalition members, collect volunteered/dedicated hours and measure training & development outcomes.	Q4 2020, 2021, 2022, 2023	GCSAPP Staff
Coordinate Annual recognition celebration to honor members who serve as a role model in prevention programming and community building.	Q1 2020, 2021, 2022, 2023	GCJS, GCSAPP, GVM, WCU, RE1-J School district, SPF-PFS staff
40 new One-to-one CBM matches made with a 90% completion rate after one year (number of new matches varies per Q)	Q3 2020- 2021	GVM Director/ Case Manager
70 continuing One-to-one CBM matches receive program services (number of continuing matches consistent at 70 per Q)	Q3 2020- 2021	GVM Case Manager
81 One-to-one SBM matches are made with a 90% completion rate after one school-year	Q1, 2020 through Q2 2021	GVM Case Manager
35 referred youth who have completed intake and are on a wait-list will attend after-school programming	Q1, Q2, Q4 2020- 2021	GVM Case Manager
180 volunteer inquiries from 18 planned recruitment activities will be contacted	Q1, Q2, Q3, Q4 2020- 2023	GVM Case Manager
75 new volunteer mentors will complete all process and training requirements	Q1, Q2, Q3, Q4 2020- 2024	GVM Case Manager
30 new Trusted Adults are recruited and trained	Q1, Q2, Q3, Q4 2020- 2021	GVM Case Manager
175 mentors will be provided four advanced mentor trainings	Q1, Q2, Q3, Q4 2020-2022	GVM Case Manager/SPF program director
25 parents/guardians, 25 mentors & 25 youth will complete MEI training	Q1, Q2, Q3, Q4 2020-2024	GVM Case Manager/SPF program director

125 parents /guardians and families will be provided four (annually) stress-reduction, stress-management workshops and receive newsletter& trusted adult information.	Q1, Q2, Q3, Q4 2020-2025	GVM Case Manager/SPF program director
Work with the school to identify and implement curriculum and programs that address social emotional, resiliency, toxic stress and attachment in RE1-J Schools	Q3 2020-2021	Program Director, Education Specialist, School Admin.
Train select staff at School as needed	Q3 2021 - 2025	Program Director, Education Specialist
Provide professional development training to School as needed	Q3 2021-2025	Program Director, Education Specialist Epidemiologist
320 middle and high school youth (80 per quarter) receive 50 minutes / week for 12 weeks of Owning Up during in-school Health class	Q1, Q2, Q4 2020-2025	Education Specialist Trained School Staff
14 families (annually) referred due to youth involvement in 2 systems receive 1 hr / wk for 24 - 52 weeks of Wraparound service support.	Q1, Q2, Q3, Q4 2020-2025	Wraparound Facilitator / Family Advocate/ RE1-J Attendance Advocate
Identify at least 3 businesses (annually) that will offer their space for youth to have a safe place to be. Separate events by middle school, high school and young adults.	Q3, Q4 2020- July 2025	WCUPC, Education Specialist, GVM
Hold at least 4 events annually for each age group and the community	Q3, Q4 2020 – August 2025	WCUPC, Education Specialist, GVM
Use school and coalition databases to distribute invitations to parents to attend Parent Education event. Use mail, email, and send information home with students	Q3 2020-2025	GCSAPP Staff/GVM/RE1-J School District
8 parent dinners for 400 participants (50 at each) in the RE-1J Elementary, Middle & High schools that address upstream prevention topics aimed at increasing protective factors and decreasing risk factors.	Q1 2021 – Q3 2021	Education Specialist / Wraparound Facilitator / Family Advocate
Distribute satisfaction survey to solicit feedback on event and evaluate survey responses to determine lessons learned	Q3 2020-2025	Education Specialist / Wraparound Facilitator / Family Advocate & School
Identify students to participate in WCU Peer Health Educator program to bring University students into contact with HS students to teach prevention messaging.	Q3 2020-2025	WCU and Education Specialist
Develop and print and disseminate 900 talking tip pamphlets to youth serving organizations and adults	Q4 2020 – Q1 2021	Education Specialist / Wraparound Facilitator / Family Advocate

C: Staff Management, and Relevant Experience

1. During the past 12 years GCSAPP has successfully implemented prevention programming with the assistance of community collaboration and state and federal grants. Two of the grants that have been implemented with measured success are Tony Grampsas Youth Services and Drug Free Communities. The Tony Grampsas Youth Services grant has helped with the Choice Pass program and with the Pass the Knowledge social norming campaign. The Choice Pass program started as a pilot program in 2012 in order to provide alternatives activities for youth. In 2012, the program started with 95 youth, with hard work from the coalition and the support of funding it has grown to 648 youth in 6th – 12th grade. Additionally, through this program, parent-youth education dinners grew from an average of 15 attendees to an average of 40 attendees per presentation. The GCSAPP coalition has seen a decrease in past 30-day use between 2009 and 2016 in three targeted substances; alcohol, marijuana and tobacco according to the Healthy Kids Colorado Survey and as reported to Drug Free Communities. There has been a reduction in past 30 day alcohol youth rates in the past 7 years from 38% in 2010 to 29% in 2017 (HKCS, 2010/2017). Additionally, the number of youth who reported riding in a car with someone who was drinking decrease from 25% in 2010 to 16% in 2015. (HKCS, 2010/2015). With funding from Drug Free Communities and Communities that Care GCSAPP has been able to successfully grow the community coalition, create and maintain a youth council, educate parents using a parenting handbook (English and Spanish) and ensure that GCSAPP is a household name in the community. The coalition has representation from all 12 sectors and actively engage in strategic planning and implementation.

2. **Program Director - Kari Commerford, Director, October 2014 – present**
MA, Clinical Psychology, University of the Rockies, 2006

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. She has been a community and state presenter for several organizations 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. Level of effort 100%

Prevention Education Specialist – Level II - Betty Sue Gurk, LCSW, August 2018 – present
Master of Science in Social Work; University of Louisville, Louisville, KY, May 2015

Betty Sue has experience with facilitating an evidence-based, high-fidelity, team-based service and support planning process; integrating care for youth experiencing a Serious Emotional Disability and involved in 2 or more systems. She has also been delivering social emotional education in the RE1-J school district to middle and high school students, and facilitating data driven work groups to address community risk factors and enhance protective factors. The Education Specialist will be housed under GCSAPP and will directly serve the RE1-J School district. The Education Specialist will assist the school with the implementation of social emotional curriculum and professional development for staff. The Education Specialist will serve on the GCSAPP coalition and at least one subgroup. Level of effort 50%

Director, Gunnison Hinsdale Youth Services-Tina McGuinness August 2006 -present.
Master of Public Administration, Ball State University, Muncie, IN; May 1988.

Tina is responsible for all operational aspects of Gunnison Valley Mentors, a 501(c) 3 youth mentoring organization, as directed by the GVM Board of Directors, including staff hiring and supervision, program development, grant writing, grants management, fund raising,

organizational finances and accounting, and GVM representative on community collaborations. The Executive Director of Mentors of oversee the Case Manager and will oversee the community presentations on protective factors and everyday mentors. This Director will also serve on the executive committee for this grant and help with decision making. Level of effort 10%

Lead Epidemiologist - TBD

The Lead Epidemiologist will perform epidemiology, biostatistics, health planning and program evaluation work in order to understand the distribution and determinants of disease in populations for the purpose of generating knowledge used to guide decision-making and prioritization surrounding efforts to improve population health. The Epidemiologist will sit on the GCSAPP coalition and serve on one subcommittee. Requires a Master's Degree from an accredited college or university with major coursework in public health, epidemiology, biostatistics, health planning, or a related field and three years relevant work experience. Level of effort 100%

The Case Manager- Carson Wagner June 2014 – present, Bachelor of Science Psychology & Sociology Western Colorado University, May 2013

GVM will supervise and direct recruitment, screening, and training of Everyday and Formal mentors; manage mentoring partnerships; provide InSpire mentoring Services in the schools. The Case Manager will also sit on the GCSAPP coalition and help guide the work and assist in evaluation. Level of effort 100%

D: Data Collection and Performance Assessment

GCSAPP and GVM staff are exceedingly experienced at monitoring and tracking programs for fidelity. GVM and GCSAPP dedicate staff time to weekly tracking tasks and are committed to the highest levels of professionalism in program administration. To evaluate this project we will utilize the Healthy Kids Colorado Survey (HKCS), National Campus Health Association (NCHA) campus survey, the Partners Mentoring Survey Effectiveness Index (PMSEI), an empirically designed pre-post assessment administered with fidelity that includes Youth NOMS and pre-post surveys/evaluations for parent/community educational events and trainings. GCSAPP has facilitated the administration of the HKCS in Gunnison Watershed School District for the last 12 years and information is locally available annually. This survey is administered to over 840 youth and CU Denver evaluates and creates local, health statistic region and state reports that we receive annually. HKCS data will be used to collect past 30-day use rates for alcohol, marijuana and prescription drugs, binge drinking rates, perception of harm for marijuana and alcohol, and protective factors. GCSAPP has also administered community surveys, rotating every 3 years since 2010. This provides us information about parent and community member's perception of both their own children's use and other youth in the community. It also asks about perception of harm and community norms. GCSAPP will work with Western Colorado University to utilize the National Campus Health Association (NCHA) campus survey administered every other year to collect past 30-day use rates, binge drinking rates and peer support and other protective factors as identified. The PMSEI will be used to collect data specific to mentoring, self-esteem, resiliency and trusted adults. The data will be analyzed, summarized, and a community health assessment report will be written and the results will be presented at least twice per year to the coalition and community. This will allow the coalition to be guided by data and evidence-based practices. Research and evaluation results are used to inform program changes that will improve outcomes. The data tells a story. For example, GVM can see that

mentoring relationships show statistically significant positive impact in Adult-bonding across the age range of youth with mentors (6 – 18); however, our data also indicates that mentoring relationships positively impact Decision-making outcomes for youth 11 & younger with greater consistency than for 12 & older. With this in mind, mentors who are matched with 12 & older youth receive advanced mentor trainings specific to resiliency-building and decision-making for mentee's in that age range. We also use the data to embrace change. In 2017, GVM data showed a considerable increase in the percentage of participants referred due to family behavioral health and substance use issues (from 48% in 2016 to 80% in 2017) and GCSAPP HKCS data showed an increase of youth reporting feeling hopeless or sad (26.8%) and considering suicide (20%) This led GVM and GCSAPP to work to increase mental health support to youth and families and prioritize education on toxic stress and the correlation of ACE's to chronic illnesses over time.

Key Objective	**Source**	**Frequency**	**Staff**
Increase volunteer/dedicated hours provided by GCSAPP coalition members and partnering prevention organizations by 5% annually	HKCS	annually	Program Director
Decrease youth 30-day alcohol use rates by 5% from a baseline of 29.3% (HKCS 2017) and 68% (NCHA 2017)	HKCS/ NCHA	annually	Epidemiologist Program Director
Decrease 30-day marijuana use rates by 5% from a baseline of 19.5% (HKCS 2017)	HKCS NCHA	2020,2022	Epidemiologist Program Director
Decrease 30-day marijuana use rates by 5% from a baseline of 19.5% (HKCS 2017)	HKCS NCHA	2020,2022	Epidemiologist Program Director,
Decrease prescription drug use without a prescription by 2% from a baseline of 11.3% (HKCS 2017).	HKCS	2020,2022	Epidemiologist Program Director
Increase community supports by creating space open for youth between the hours of 8pm and 11:30pm so youth have safe places to be during evening hours.	HKCS NCHA PMSEI	2020,2022	Epidemiologist Program Director, GVM Case Manager
75% of mentored youth will maintain or increase resiliency skills to 5 on a 7 pt scale, 85% will maintain or increase adult-bonding to 3.5 on a 5 pt scale, and 75% will maintain or increase perception of harm to 3.3 on a 4 pt scale from pre- PMSEI to post-PMSEI assessment.	PMSEI	2020,2022	Epidemiologist Program Director, GVM Case Manager

FY2019-2020 Budget Narrative and Justification

A. Personnel:

TABLE 7: FEDERAL REQUEST

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Cost (6)
(1) Project Director – Gunnison County	Kari Commerford	Yes	77,500	100%	$31,000
(2) Lead Epidemiologist	Vacant, to be hired within 60 days of anticipated award date.	Yes	30hr. week x 52 weeks x $29/hr.	100%	$45,240
(5) Executive Director of Mentors	Tina McGuiness	No	80,000	10%	$8,099
(6) Case Manager - Mentors	Carson Wagner	Yes	52,000	100%	$52,000
(7) Education Specialist-Level II Skill-based	Betty Sue Gurk	No	35hr. week x 52 x $29/hr.	50%	$26,390
				TOTAL	$162,729

NARRATIVE JUSTIFICATION:

1. The Project Director will be a fulltime county staff and will ensure all requirements of the grant are carried out and be the direct contact for all grant communications. The Project Director will oversee all aspects of the grant including financial and programmatic reporting and tracking progress towards all deliverables. The Project Director will lead the GCSAPP coalition.
2. The Lead Epidemiologist will perform epidemiology, biostatistics, health planning and program evaluation work in order to understand the distribution and determinants of disease in populations for the purpose of generating knowledge used to guide decision-making and prioritization surrounding efforts to improve population health. This includes providing current research, data management, and statistical analyses for evidence-based decision-making, conducting community health assessments, using data for program planning and evaluation, grant applications and policy development. The Epidemiologist will sit on the GCSAPP coalition and serve on one subcommittee.
3. The Executive Director of Mentors of oversee all deliverables from Gunnison Valley Mentors and assist in formal and every day mentoring training. The executive Director will serve on the GCSAPP coalition. This Director will also serve on the executive committee for this grant and help with decision making.
4. The Case Manager – Mentors will be directly in charge of recruitment, screening and

training for new mentors, provide case management for formal mentoring matches, provide follow-up for Everyday Mentor presentations and develop and implement Mountaineer Mentoring Program with WCU Master's of Behavioral Health program.

5. The Education Specialist Level II – Skills-based position will be housed under GCSAPP and will directly serve the RE1-J School district. The Education Specialist will assist the school with the implementation of social emotional curriculum, professional development for staff, and facilitate skill-based groups. The Education Specialist will serve on the GCSAPP coalition and at least one subgroup.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$162,729**

B. Fringe Benefits:

TABLE 9: FEDERAL REQUEST

Position (1)	**Name (2)**	**Rate (3)**	**Total Salary Charged to Award (4)**	**Total Fringe Charged to Award (5)**
(1) Program Director – Gunnison County	Kari Commerford	20.64%	$31,000	$6,398
(2) Lead Epidemiologist	Vacant, to be hired within 60 days of anticipated award date.	20.64%	$45,240	$9,338
(5) Executive Director of Mentors	Tina McGunessis	20.64%	$8,099	$1,672
(6) Case Manager - Mentors	Vacant, to be hired within 60 days of anticipated award date.	20.64%	$52,000	$10,733
(7) Education Specialist	Betty Sue Gurk.	20.64%	$26,390	$5,447
Total				$33,588

NARRATIVE JUSTIFICATION: Any and all fringe are required for employees. Fringe benefits are comprised of:

Fringe Category	Rate
FICA	7.9%
Workers Compensation	1.54%
Unemployment	0.15%

Insurance	11%
Total	20.64%

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **$33,588**

C. Travel:

TABLE 11: FEDERAL REQUEST

Purpose of Travel (1)	**Destination (2)**	**Item (3)**	**Calculation (4)**	**Travel Cost Charged to the Award (5)**
National Substance Prevention Conference/Mentoring Conference	Washington DC	Airfare	$600/flight x 4	$2,400
		Hotel	$225/night x 3 x 4	$2,700
		Per Diem (meals and incidentals)	$65 x 3x4	$780
		Registration	$300 x 4	$1200
Local Travel		Mileage	1500 miles x.58	$870
			Total	$7,950

NARRATIVE JUSTIFICATION:

Funds are requested to send two staff to the National Mentoring Conference and three staff to a National Substance Prevention training in order to stay updated on the most recent research and evidenced-based practices. 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.

FEDERAL REQUEST(enter in Section B column 1 line 6c of form SF424A) **$7,950**

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**
General office supplies	$50/mo. X 12 mo.	$600
Recruitment materials –mentoring	$$50/mo. X 12	$600
Postage	$20/mo. X 12 mo.	$240
Copies	$200/mo. X 12 mo.	$2,40
Desktop Computer	$1200 annual x 3	$3,600
	Total	$7,440

NARRATIVE JUSTIFICATION: Office supplies, general postage and general copies are needed to implement our strategies, develop our coalition, and maintain the sustainability. Recruitment materials for Mentors will assist with providing community members with education on how to become a mentor and other printing costs. Computer costs will allow us to have three in-office computers for staff and one laptop to use when traveling or doing work in the community.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A)**$7,440**

F. Contract:
TABLE 17: FEDERAL REQUEST

Name (1)	**Service (2)**	**Rate (3)**	**Other**	**Cost (4)**
WCU Peer Health Educator/Mentoring		$20,000		$20,000
RE1-J School District – Attendance Advocate		$2,000		$2,000
External evaluator	Evaluation services for PMESI and Healthy Kids Colorado Survey	$2,000 annually		$2,000
Wraparound Services	Funding for Wraparound services for identified youth and families up to 10 annually ($2,500 per family)	$25,000		$25,000
		TOTAL		$49,000

NARRATIVE JUSTIFICATION:

Funds are requested for WCU peer health educator to implement prevention programming and messaging across Western's campus and to collaborate with the county-wide prevention initiatives.
Funds are requested to contract with an external evaluator for evaluation services for the administration, data analysis and support for the PMESI and HKCS.
Funds are requested for Wraparound Services. Funds will support the overall implementation of Community of Excellence, specifically supporting the daily functions of the High-Fidelity Wraparound facilitator and Family Advocate serving youth and their families in need of early intervention services.

FEDERAL REQUEST-- (enter in Section B column 1 line 6f of form SF424A) $49,000

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

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

TABLE 19: FEDERAL REQUEST

Item	Rate	Cost
Telephone/Fax (land line)	$26/month x 12 x 3	$936
Monthly fee for hand held email devise	$45/mo. X 2 employee $35/mo. X 1 employee	$1,500
PSA production with youth	Youth development of PSA production of 4 PSA @ $250psa's, $200 incentive per PSA	$1,800
Media Space for PSA's	$200 per month online and newspaper ads in each community x 12 months	$2,400
Sober activities for youth	Up to 4events $1500 per event	$6,000
Everyday Mentors and Trusted Adult informational pamphlets	1500 x .45	$675
Data sharing software for community organizations part of the coalition	$1500 x1	$1,500
Training and parent education – alcohol and marijuana	75 participants (at highest risk) $30 pp at 50%	$1,125
Safe Space for youth – identified parents/safe homes and create a rotating safe space for youth that can alternate schools.	$5,000	$5,000
Total		$20,936

NARRATIVE JUSTIFICATION:
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.

Funds are requested for Alternative activities for youth ages 9-20 to ensure safe and substance free events and spaces are offered in our community.
Funds are requested for the implementation costs of Everyday Mentors including informational pamphlets for those trained as well as the larger community and incentives for adults to be trained as Everyday Mentors.
Funds are requested for data sharing software to make tracking output and outcome measures for efficiently across organizations
Funds are requested to help provide safe spaces for youth, including recognizing parents who are identified as having safe and trusted spaces that youth already hang out at.

FEDERAL REQUEST-- (enter in Section B column 1 line 6h of form SF424A) $20,936

TOTAL DIRECT COSTS:
FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A) **$281,643**

TOTAL INDIRECT COSTS:

Calculations (1)	Indirect Cost Charged to the Award (2)
Organization's indirect cost rate of 5%	$13,932

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A) **$14,082**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs
FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$295,725**

TABLE 21: BUDGET SUMMARY

Category	**Federal Request**	**Non-Federal Match**	**Total**
Personnel	$162,729	$0	$162,729
Fringe	$33,588	$0	$33,588
Travel	$7,950	$0	$7,950
Equipment	$0	$0	$0
Supplies	$7,440	$0	$7,440
Contractual	$24,000	$0	$24,000
Other	$45,936	$0	$45,936
Total Direct Costs*	$281,643	$0	$281,643
Indirect Costs	$14,082	$0	$14,082
Total Project Costs	$295,725	$0	$295,725

HEALTH AND HUMAN SERVICES DEPARTMENT
Phone: (970) 641-3244 Fax: (970) 641-3738
220 N Spruce, Gunnison, CO 81230
Website: www.GunnisonCounty.org

Health & Human Services
Substance Abuse and Mental Health Services Administration

February 12, 2020

To Whom It May Concern,

I am writing to express my immense support for the Gunnison County grant application for the Strategic Prevention Framework – Partnership for Success (SPF_PFS). As a partner agency within Gunnison County we work closely with the Gunnison County Substance Abuse & Prevention Project (GCSAPP) on health projects including several community initiatives and coalition activities.

The Department of Health and Human Services (DHHS) has worked collaboratively with GCSAPP on many health initiatives and have pooled resources and funding to meet the needs of our rural, frontier community. If funded, DHHS will provide epidemiology, health planning and program evaluation with an Epidemiologist for the grant initiatives.

Our community has identified several goals for this grant including Strengthen prevention capacity and infrastructure at the community level by working collaboratively towards shared partnership and collective impact; Decrease youth substance use by increasing protective factors across the community and within the school district; Reduce the progression of substance abuse and the correlated behavioral health outcomes by addressing local risk.

I would be glad to provide additional information if needed. Thank you for your consideration of our community grant application.

In Health,

Joni Reynolds

Joni Reynolds, RN/CNS, MSN
Director

2/12/2020

To: DHHS and MHSA

RE: SPF_PFS Letter of Commitment

Greetings Grant Reviewers:

Thank you for this grant opportunity. Gunnison Valley Mentors is so very pleased and excited to stand with the Gunnison County Substance Abuse Prevention Project and our other partners in working collaboratively on community-driven efforts to advance substance abuse prevention. We encourage you to support GCSAPP's request to strengthen prevention capacity, decrease youth substance use and improve behavioral health outcomes for all community members.

In a community where high substance abuse rates, high poverty rates and high child maltreatment rates prevail, our collaborative efforts are imperative for the well-being of our young people. GCSAPP has exhibited extraordinary leadership, especially in the last 10 years, in collaborating with other youth serving agencies to address those issues that prevent our young people from reaching their full potential. The creation of a sustainable infrastructure around social, emotional and behavioral health is especially important in a community that lacks sufficient providers across the continuum of health care professions.

Your consideration of this request reinforces our collective district-wide values around keeping our young people safe and healthy in the present while preparing them for the future.

Graciously,

Tina McGuinness

Tina McGuinness, Executive Director

Gunnison Valley Mentors, 101 N 8th St, Gunnison, CO 81230, www.gunnisonmentors.com, 970-641-5513

GUNNISON WATERSHED SCHOOL DISTRICT

Ensure all students are successful.

February 12, 2020

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
RE: The Strategic Prevention Framework - Partnership for Success (SPF-PFS)

To Whom It May Concern:

Gunnison County Substance Abuse Prevention Program (GCSAPP) is a proven partner with the School District in increasing protective factors for the youth in our community. We collaborate heavily with GCSAPP to bring health education to students, training for teachers, suicide prevention activities, and more to reduce substance use in our resort community.

Recent collaboration has included support from GCSAPP for implementing Sources of Strength suicide prevention programming at both of our middle schools; presentations for parents, teachers, and coaches on conversing with kids about vaping and how to be a trusted adult; and close communication back and forth about our community's Choice Pass which provides options including a low-cost ski pass to students who pledge to remain substance free.

GCSAPP's work through the SPF-PFS grant will continue to meet the goals to:

- Strengthen prevention capacity and infrastructure at the community level by working collaboratively towards shared partnership and collective impact
- Decrease youth substance use by increasing protective factors across the community and within the school district
- Reduce the progression of substance abuse and the correlated behavioral health outcomes by addressing local risk.

Please fund this grant request. Your dollars will be exceptionally well spent and will see results because GCSAPP is data-driven, uses evidence-based practices, and collaborates broadly with community partners like us.

Thank you for your consideration,

Leslie Nichols

Leslie Nichols, Ed.D.
Superintendent

800 North Boulevard | Gunnison | Colorado | 81230 | 970.641.7760 | www.gunnisonschools.net