AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; JS

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County - CDPHE

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

Summary:

grant application

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, if approved will be added as a budget amendment request. No match requirement noted in application. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 3/13/2020

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

Comments:
ok db 3/13/20

Reveiwed by: Discharge Date: 3/13/2020 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\emense Discharge Date: 3/13/2020

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

Agenda Date: 3/17/2020

Revised April 2015

COLORADO Department of Public Health & Environment

Colorado Department of Public Health & Environment

REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE

Date:	02/04/2020	**RFA Number:**	30089
Submit Sealed Applications to:	Colorado Department of Public Health & Environment Opioid Overdose Prevention Program 4300 Cherry Creek Drive South Denver, CO 80246	**CDPHE Contact:**	andres.guerrero@state.co.us
RFA Submission Deadline:	03/20/20 5:00 p.m. (Mountain Time) Caution: Applicants are responsible to ensure timely receipt.	**Number of Copies:**	One (1) electronic copy by email as specified.

HARM REDUCTION GRANT

Per the attached specifications, terms and conditions

***F.E.I.N.: :** 84-6000770

DUNS: 133115220

Authorized Signature: _____

Original signature (in ink) acknowledges acceptance of all terms and conditions of the solicitation.

Typed/Printed Name: Matthew Birnie
Title: Gunnison County Manager
Company Name: Gunnison County
Address: 200 East Virginia Ave.
City: Gunnison **State:** CO **Zip:** 81230
Phone Number: 970-641-0248 **Fax Number:**970-641-3061
Contact for Clarifications: Kari Commerford
Title: Director of Juvenile Services
Phone Number: 970-642-7393 **Fax :**970-641-9079
Email Address: kcommerford@gunnisoncounty.org

IMPORTANT: The following information must be on the outside of the Application Packaging or referenced in the subject line if the application may be submitted electronically:

RFA 30089: FEBRUARY 4, 2020

Applicants are urged to read the solicitation document thoroughly before submitting an application.
*Applicants are required to submit Federal Employer Identification Number (F.E.I.N.) via a W-9 form prior to contracting with the State of Colorado. F.E.I.N. referenced above must match BIDS registration to be eligible to submit a response and must match the required W-9 for contracting and payment.

THIS PAGE MUST BE COMPLETED, SIGNED (in ink) AND RETURNED WITH RESPONSE

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OVERDOSE DATA TO ACTION
Request for Applications (RFA #29423)
APPLICATION CHECKLIST
(Please complete one per application.)

1. X☐ CDPHE RFA Cover Sheet and Signature Page (Attachment A)

2. X☐ Application Checklist (Attachment B)

3. X☐ Application Summary (Attachment C)

4. X☐ Application Narrative (Attachment D)

5. X☐ Statement of Work Plan (Attachment E)

6. X☐ Project Budget and Narrative (Attachment F)

7. X☐ Contact Information Form (Attachment G)

8. X☐ Pre-award Financial Risk Assessment Questionnaire (Attachment H or completed online)

Attachment C: Application Summary

Organization Information:

Applicant Organization's Legal Name: Gunnison Count

Organization's Street Address: 200 east Virginia Ave.

City: Gunnison State: CO Zip Code: 81230 FEIN: 84-6000770

Colorado Bids Number: _____

DUNS (Data Universal Numbering System): 133115220

Type of Agency: ☐ Non-Profit, 501(c)3

X Local Public Health Agency

Law Enforcement

Geographic Area Served by the Proposed Project:

County Name(s): Gunnison County

or ☐ Statewide

Geographic Target Area (community, neighborhood, school district, reservation, etc): Gunnison County

Estimates of Numbers to be Served:

Estimated number of clients to be served: 15,000

Funding Request:

Funds Requested: $ less than 12 months = 34,605 12 months = 241,795 Match Provided: $ N/A

Type of Funding: X New ☐ Continuation

Abstract (200 words or less):

Gunnison County is a frontier county, located in south central Colorado, over 100 miles from any city with a population of over 25,000 people. Gunnison County is in the state's Region 10, a group of underserved counties with higher rates of youth substance abuse, minimal prevention resources, and limited access to treatment. In the County, opioid prescriptions (2016) constituted more than half of all controlled substances prescribed (52%), according to Colorado's Prescription Drug Monitoring Program (PDMP). The county prescription rate in 2016 was 627.9 opioid prescriptions per 1,000 residents. The lives of Gunnison County residents have been negatively impacted by opioid use disorders. There are several indicators that explain the extent of opioid use and misuse in the county. These include opioid-related deaths, prescription drug misuse and access, opioid-related emergency room visits, opioid prescriptions, declining mental health of residents, positive opioid drug test results, self-reported recovery court drug use, self-reported prescription and illicit opioid use, and estimated substance use disorder prevalence. In addition to these measures, the existing substance use disorder workforce and the community identified substance abuse risk factors help to explain the risk of opioid use disorder for Gunnison County residents.

Contact Information and Signatures:

Project Director:

Name: Kari Commerford
Phone: 970-642-7393
Email: kcommerford@gunnisoncounty.org

Signature

Organization Director:

Name: Matthew Birnie
Phone: 970-641- 0248
Email: mbirnie@gunnisoncounty.org

Signature

Board Director:

Name: NA
Phone:
Email:

Signature

Chief Fiscal Officer

Name: Linda Nienhueser
Phone: 970-641-7679
Email: lnienhueser@gunnisoncounty.org

Signature

COLORADO
Prevention Services Division
Department of Public Health & Environment

Colorado Department of Public Health and Environment
Request for Applications (RFA)

HARM Reduction Grant Program
(Senate Bill 19-008)

RFA# 30089
Application Due Date: March 20,2020

Attachment D: Project Narrative Template

Attachment D- Guidance for Project Narrative Template Attachment D

1. Respond in space available under each question where designated.
2. All questions must be answered for the application to be considered complete and acceptable.
3. Use of Project Narrative Template is highly recommended for all applicants.
    a. *If this template is used, template not to exceed 13 pages when filled out,* not including letters of support or required attachments.
4. *If this template is <u>not</u> used*, the following are the page formatting requirements:
    a. Font Size: 12 point
    b. Line Spacing: single spaced
    c. Margins: 1.0" margins on all sides
    d. Page Numbering: Number all pages at the bottom right corner of the page.
    e. Page Limits: No more than 10 pages, not including letters of support or required attachments.
    f. Headings: The original headings for each section of the RFA must be included in the application.
5. Note that content beyond the specified page number will not be reviewed.
    a. Labeling Requirements - Each attachment should be labeled with the original label for the document, e.g., Application Narrative, SOW Work Plan, Project Narrative and Budget, etc.
6. Application Narrative: 70 points total

Statement of Need and Opportunities (10 points)

Geographic Area

Only the following options will be considered: several counties, a single county, a portion of a county (i.e., city).
Define the area/region to be served and why this area was selected. Clearly describe the general geographic boundaries and available demographic data (e.g., race, ethnicity, age, population density, etc.) of the selected community(ies). Include reputable data for the community(ies) in which the initiative will be implemented.

Gunnison County is designated as a frontier county and is located in south central Colorado, over 100 miles from any city with a population of over 25,000 people. Gunnison is situated 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 the County residents were uninsured in 2016. Gunnison County has a low unemployment rate and a well-educated population (see Table 1). However, many families lack basic necessities such as healthy, affordable housing, access to child care, job security, and access to health care. The Gunnison Valley Housing Needs Assessment found that just 1% of rentals had vacancies and the percentage of residential units in the Gunnison Valley that house local residents has been decreasing while the number of second/vacation homes has been on the rise. This has forced families to relocate further from work or settle for poor housing conditions. While an estimated 83% of children under six live in households with both parents in the workforce, there were only 368 full-time licensed child care slots for the 779 children under the age of five (2017). Finding affordable health care is also a challenge in Gunnison County. Over 10% of adults under age 65 are uninsured and Gunnison County is designated as a Health Professional Shortage Area for primary care providers and mental health providers. In addition, Gunnison County is growing rapidly. From 2010 to 2018, the overall population of the county has grown 12.5%, further increasing the demand on the existing limited resources of this rural community. With three grocery stores, two pharmacies, and one movie theatre, the lives of Gunnison County residents constantly intersect. Your neighbor is your physician, whose wife is your son's school teacher, whose daughter is dating the pharmacist, whose father is your employer, whose sister is the only psychiatrist who is treating 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.

Issue

Describe the issue to be addressed by this project. Include reputable data on the issue.

Potential data sources include but are not limited to: Colorado crime statistics found at: https://coloradocrimestats.state.co.us/tops/ **and** https://www.colorado.gov/pacific/dcj-ors/ors-data, **Fatal/non-fatal drug overdoses, and data related to prescription dispensing can be found by county at:** https://www.colorado.gov/pacific/cdphe/opioid-prevention https://cdpsdocs.state.co.us/ors/docs/reports/2019-10_FelonyFilingsRpt_2013-2018.pdf

The lives of Gunnison County residents have been negatively impacted by opioid use disorders. There are several indicators that explain the extent of opioid use and misuse in the county. These include opioid-related deaths, prescription drug misuse and access, opioid-related emergency room visits, opioid prescriptions, declining mental health of residents, positive opioid drug test results, self-reported recovery court drug use, self-reported prescription and illicit opioid use, and estimated substance use disorder prevalence. In addition to these measures, the existing substance use disorder workforce and the community identified substance abuse risk factors help to explain the risk of opioid use disorder for Gunnison County residents.

Opioid-Related Overdose Deaths

Colorado has the 12th highest rate of misuse and abuse of prescription opioids across all 50 states. Since 2014, there have been more opioid-related drug deaths than all other drug deaths combined in Colorado. The rate of both prescription opioid deaths and heroin-related deaths continues to rise in ColoradoOpioid misuse is the leading cause of drug-related death in Gunnison County. From January 2015 to September 2019 there have been a total of 14 drug-related overdose deaths. Of those, 13 have been opioid-related overdose deaths, the other was an alcohol-benzodiazepine-related death. The majority (80%) of the deaths have been accidental polydrug overdoses. Additionally, there have been 3 heroin-related overdose deaths, all occurring in 2019. The victims of the opioid related-deaths in the last five years have been non-Hispanic, 25 to 69 years old, and the majority have been male. Gunnison County is experiencing the deadly consequences of opioid use disorder. Additionally, the Gunnison Consortium understands that the impact of community violence such as death by accidental overdoses and suicide reaches beyond the individual and adversely affects the whole community. Of the 11 polydrug overdose deaths in Gunnison County from 2015 to 2019, alcohol was the most prevalent drug in addition to opioid on the toxicology report, followed by methamphetamine and marijuana. Alcohol plays a prominent role in Gunnison County's substance abuse problem: in 2018, 23% of adults reported binge drinking or heavy drinking in the last 30 days, and in 2017, 19.5% of Gunnison County high school students reported having five or more drinks in the last 30 days compared to the national average of 13.5% (see Figure 2).

Opioid-Related Emergency Department Visits

Opioid-related emergency department (ED) visits are another indicator of the overall opioid use occurring in a region. Non-fatal opioid overdoses are often transported to the hospital for treatment. In the state of Colorado the rate of ED visits increased slightly from 15.4 per 100,000 people in 2014 to 17.5 per 100,000 people in 2017. In Region 10 (Gunnison, Hinsdale, Delta, Montrose Ouray and San Miguel Counties) the rate of pharmaceutical opioid emergency department visits increased 350% from 2013 to 2017 (6.8, 2013; 24.0, 2017). In

Gunnison County, Gunnison Valley Health Hospital Emergency Department (ED), the only ED in the service area, treats opioid-related medical issues. It is difficult to get an accurate estimate of the rate of opioid-related ED visits at GVH because the primary diagnosis code may not reflect that opioid use contributed to the visit. For example, an opioid-related overdose is coded as respiratory failure. The hospital is currently working to determine how to best estimate the number of opioid-related ED visits. Of note, the Prescription Drug Monitoring Program (PDMP) is directly interfaced with the electronic medical record, providing immediate access to prescription drug history to the medical staff as they interact with patients. This integrated system will help the hospital further reduce overprescribing and identify patients in need of follow-up or additional treatment options. While many people benefit from opioids for pain management, misuse of prescription pain medication can contribute to health emergencies, polysubstance use, and on-going mental health struggles.

Drug Testing/ Recovery Court

Another measure of opioid use is the number of positive drug screens done through the judicial system. Gunnison County is part of the 7th Judicial District along with Delta, Montrose, Hinsdale, Ouray, and San Miguel counties. Of the 5,080 drug screens conducted in 2018, 218 (4.29%) tested positive for opioids in the 7th Judicial District. This was the second lowest result in the state of Colorado. The 7th District ranked second highest in the state for positive marijuana drug tests (70.5%). Gunnison County participates in the recovery (drug) court program as part of the 7th Judicial District. This program is an option for some defendants charged with a drug-related crime that are in need of substance abuse treatment. Recovery court defers the jail sentence and requires the defendant to participate in an intensive 7-month to 2 year recovery program. From 2011 to 2019, 55% of recovery court participants in Gunnison County reported alcohol as their primary drug of choice. Marijuana is the second most cited drug of choice (19%). Over the past nine years, just under 6% of participants listed opioids as their primary drug of choice and just under 6% participants listed opioids as their secondary drug of choice. The drug testing and recovery court data confirm that Gunnison County is experiencing opioid misuse as part of its larger polysubstance use problem.

Self-Reported Substance Use

It is very difficult to get an accurate account of current opioid use at the county level. An opioid use question was included on a locally administered community survey (n=506, 2017, Appendix G). According to the 2017 community survey, 3% of respondents reported ever using heroin and 11.5% reported ever using someone else's prescription drug (see Figure 6). Self-reported opioid use may not reflect the true extent of opioid use disorder in Gunnison County. The same survey revealed that over 30% of adults report binge drinking on one or more occasions in the last 30 days. Gunnison County adults engage in high-risk substance use. Using the upstream prevention lens the Gunnison County Consortium and GCSAPP understand that the tendency to engage in high-risk behaviors and high-risk substance use are risk factors for later illicit drug use.

Substance Use Disorder Workforce

The current substance use disorder (SUD) workforce is severely under-equipped to meet the needs of the millions of Americans living with substance use disorder. According to the National Survey on Drug Use and Health, in 2017, an estimated 20.7 million Americans needed treatment for SUD, but only 4 million reported receiving any form of treatment. This

shortage is reflected in Gunnison County as well. Gunnison County is designated as a Health Professional Shortage Area (HPSA) for primary care providers and mental health providers. Additionally, Gunnison County has been identified as having the highest level of need as a HPSA for substance use disorder. As indicated in Table 4 below, Gunnison County has fewer primary care physicians, dentists, and mental health providers per resident than the state of Colorado (2019). To serve the estimated 1,175 residents in need of substance use disorder treatment, Gunnison County has one psychologist, one licensed social workers, two licensed marriage and family therapist, three licensed addictions counselor, and one licensed psychiatric mental health nurse practitioner. While there are five orthopedic surgeons, there are only six primary care physicians in the entire county. Additionally, there are no inpatient substance use disorder facilities in Gunnison County and there are no providers currently offering Medication-Assisted Treatment (MAT) with Suboxone for opioid use disorder.

Clearly describe any current local efforts being implemented by the applicant in collaboration with partner agencies to address diverting people with substance abuse issues from the criminal justice system. Based on current efforts, what are the gaps or areas of opportunity that exist? What could this funding offer in terms of next steps?

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 Communities that Care framework. The Gunnison Consortium initially consisted of 5 key organizations; GCSAPP, Gunnison County Health and Human Services, the Health Coalition of the Gunnison Valley, the Center for Mental Health, and Western Colorado University. After 6 months the Consortium has grown to over 25 individuals/organizations with signed Memorandum of Understandings (MOUS's) from 15 sectors across the community.In order to understand the current state of opioid use, current prevention strategies, treatment options, and recovery programs in Gunnison County, the Gunnison County Consortium conducted an environmental scan and gaps analysis and recently completed a strategic plan. The Consortium is following harm reduction strategies with training and distributing naloxone. The Consortium has been providing educational opportunities for community members and prescribers and is working on increasing sober activities in the community. Opportunities that exist with the consortium are the ability to convene diverse community members to facilitate communication, training on substance use disorders, trauma informed care and harm reduction strategies.
Gunnison County currently has an Adult Problem Solving Court. It is a multidisciplinary team including the probation officer, substance abuse counselor from Center for Mental Health, the peer specialist from Gunnison Valley Health, representatives from law enforcement, the district attorney , public defender, drug court coordinator (a judicial employee), the victim advocate for the police department and a representative from AA. This program is an option for some defendants charged with a drug-related crime that are in need of substance abuse treatment. Recovery court defers the jail sentence and requires the defendant to participate in an intensive 7-month to 2 year recovery program. Recently we had two mothers "graduate"

who have been reunited with their small children based on sobriety. The "gap" for this program is that the year-long program, or longer, looks less attractive as maximum sentences are reduced for certain drug related crimes. The opportunities include utilizing this program with D&N cases involving substance abuse and individuals sustaining repeat DUI's given the "felony DUI" statutory changes. An Additional opportunity is to have a recovery navigator that will help individuals in the Adult Problem Solving Court system successfully "graduate" from the program and help individuals successfully complete probation and connect individuals who are recently released from jail, inpatient treatment or others in need of services to community resources.

Gunnison Police Department (GPD) and the Center for Mental Health (CMH) work collaboratively on a co-responder program. GPD is the administrator for a Department of Local Affairs grant which provides $80,000 annually to have a behavioral health specialist to respond with law enforcement to scenes within Gunnison County. The police department contracted with The Center for Mental Health to provide 60 hours a week of coverage Saturday and Sunday noon to midnight and M-F 6 pm to 2 am. The specialist is a master's level clinician who can assist anyone having a behavioral health crisis. The crisis could be due to mental health and/or substance use issues. The goal is to support people at the scene and provide resources and services when needed. The goal is to not send people into legal systems for behavioral health only reasons. The gaps of this program is Monday through Friday 2am-6pm, ongoing training for substance use disorders and trauma informed care, and more options for treatment and ongoing support for substance use disorders. Opportunities for the program are increased training for law enforcement and helping professionals, and funding for diverse treatment options including funding to help provide access to complementary treatment. This program is in its infancy and there would be an opportunity to expand to 24-7 co-responder after a couple of years.

The Juvenile Services department provides a multi-pronged approach to youth services in order to help support youth and families. Youth and families can enter into juvenile services through upstream prevention with Gunnison County Substance Abuse Prevention Project -GCSAPP, prevention with the Family Advocacy and Support Team - FAST or intervention with Diversion. These three programs work together in order to work upstream to prevent the factors that lead to substance abuse, provide high fidelity wraparound services for youth who are already involved in 2 or more systems, and to help divert youth away from the court system and help with and systems restore harm and relationships through our restorative practice and trauma-informed lens. Through this multi-system approach Juvenile Services helps youth access mental health services, gain resilience skills, increased opportunities for prosocial activities and support families and maintain low rates of recidivism of criminal offenses. Gaps in these services are funding for increased capacity of the diversion manager to implement restorative practices with youth in the office and in the schools. Opportunities for these programs are increased funding for restorative practices implementation.

Project Design and Approach (20 points)
Description of Strategies and Activities

Identify strategies and activities to be implemented as a part of this project and describe briefly why they were chosen . For a full list of activities refer to Section 1, Project Design and Approach in the Request For Application.
The first goal of the Gunnison Consortium is to facilitate communication and training among law enforcement agencies, public health agencies, and community-based organizations including harm reduction agencies. Gunnison Consortium will use a multipronged approach to education to expand the capacity of law enforcement, criminal justice system, helping professionals and the larger community to understand and prevent substance use disorders. Education will include trauma and toxic stress and the impact on health outcomes, vicarious trauma and self-care, mental health awareness and harm reduction strategies. We will host a series of information sessions and discussion through film and professional presentations. This will provide education and an opportunity for question and answers so that organizations and individuals have a deeper understanding of addiction and the complexity of substance abuse. **Strategy 1.1:**Continue monthly Consortium meetings and every other month subgroup meetings to continue to engage diverse community partners and to support community mobilization on harm reduction, prevention, treatment and recovery efforts. **Strategy 1.2**: Training on substance use disorders, trauma informed care, vicarious trauma and harm reduction strategies. The second goal of the Gunnison Consortium is to provide direct services to persons who have come into contact with or who are at risk of coming into contact with the criminal justice system, which may include accessing treatment and health care services, overdose prevention activities, and recovery support services. The Consortium will work with GVH's Integrative Therapies (IT) department in order to provide individuals who are at risk for abusing opioids (as referred by the Peer Support Specialist) 6 weeks of educational programming as a way to increase protective factors for the first 6 weeks in recovery; which is the time period in which relapse is greatest. These educational services will help to increase connectedness, provide weekly human interaction, serve as a check-in opportunity and help to identify when individuals may need more behavioral health services and a warm hand off to those services. **Strategy 2.1**: Hire a Recover Navigator to work with individuals in the Adult Problem Solving Court system who have been successful in "graduating" from the program and help connect individuals who are recently released from jail, inpatient treatment or others in need of services to community resources. **Strategy 2.2:** Hire Community Health Worker to work with the hospital, legal system and mental health system in order to align prevention efforts and coordinate the referral process and collect and analyze data across agencies. Work with Public Health, Gunnison Consortium and the Judicial System in order to work with at risk individuals and families to ensure basic needs are met, to increase access to resources and track community level outcomes. **Strategy 2.3** Work with GVH's Integrative Therapies (IT) department in order to provide individuals who are currently or at risk for abusing substance (as referred by the Peer Support Specialists, Community Health Worker or Recovery Navigator) 6 weeks of educational programming and services.

Strategy 2.4 GVH will train 3 professionals in auricular acudetox training and provide services.

The third goal is to increase the prevention and early intervention efforts of Juvenile Services to work upstream to reduce substance abuse disorders and divert youth from the criminal justice system.
Strategy 3.1 Early Intervention Program Manager will attend required Restorative Practices training and secure a MOU with the school district.
Strategy 3.2 Provide direct services to youth in the diversion program using restorative practices in partnership with the RE1-J school district.

Community Engagement

Describe the organization's experience working with local law enforcement, local public health agencies and local community-based organizations and its capacity to continue and expand that work on this project.
In 2006, Gunnison County was awarded a non-competitive grant to prevent substance abuse at the community and systems level. The grant resulted in the creation of the GCSAPP Coalition in 2007, and has allowed the County to address substance abuse prevention efforts targeted to the youth population. The Gunnison County Consortium is housed under the Gunnison County Substance Abuse Prevention Project (GCSAPP) which is the lead organization for this grant. Although the coalition has not directly addressed opioid prevention, it has addressed prevention of 4 targeted substances (alcohol, marijuana, nicotine/tobacco, and prescription drug use without a prescription) and has seen a decrease in youth use rates over the past 12 years. During this time 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 direct collaboration with law enforcement and public health are the Law Enforcement Assistance Program (LEAF) and a Colorado Department of Transportation (CDOT) grant to reduce excessive drinking. Law enforcement at both ends of the valle, the 7th Judicial court judge, director of Health and Human Services, the Center for Mental Health, Gunnison Valley Health system and youth serving organizations are GCSAPP and Gunnison Consortium members. Many of these organizations are also key leaders in our Communities that Care board. The Gunnison Community values these relationships and continues to work toward sustaining relationships and this grant will help to continue to build community capacity to address substance use disorders and increase health outcomes for community members.

Describe plan on how the project will address marginalized communities that may include but are not limited to: reentry populations, minority populations, populations that are on probation or parole, and people who inject drugs.

Using data from the environmental scan and gaps analysis the goals of this grant is to help address education and awareness of law enforcement, the criminal justice system and helping professionals in order to better understand substance abuse, trauma and health outcomes. Strategies in this grant are aimed at (1) increasing peer support services for the criminal justice system; (2) a recovery navigator and services for community members who are recently released from jail, inpatient facilities and others who need support; (3) increase Juvenile services capacity to implement prevention to youth and families who are system involved.

Evaluation (10 points)

NOTE: *a portion of project time should be dedicated to evaluation activities, such as participating in the evaluation planning process, collecting data, participating in regular phone calls with CDPHE staff, completing progress and annual reports, attending webinars or in-person training, and participating in periodic surveys on technical assistance received. CDPHE will provide additional evaluation support for the Harm Reduction Grant Program.*

Provide a description of the applying organization's capacity to develop and implement a process and outcome evaluation planned for the project.
How project activities will be monitored and used to improve project implementation (process evaluation).

GCSAPP and many of the Gunnison Consortium members are exceedingly experienced at monitoring and tracking programs for fidelity. GCSAPP has dedicated staff time to weekly tracking tasks and are committed to the highest levels of professionalism in program administration and this grant will allow for 1 FTE for a data coordinator in order to collect and report on process and outcome measures for Gunnison County prevention and harm reduction efforts. Data will be collected and shared when appropriate from the criminal justice system, juvenile services, law enforcement, peer support specialist, health navigator, health and human services, RE1-J school district and the Gunnison Valley Health system. 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. We will use the Communities that Care framework for project implementation and process evaluation - Phase 1 getting started - access readiness and identify key and diverse stakeholders; 2 - get organized - continue consortium work and provide data and education to consortium members; 3 - develop a community profile using risk and protective factors model; 4-create a strategic plan every 3 years based on data; 5 - Implement and evaluate annually. The Consortium has already gone through these phases in our RCORP planning grant and will use this strategic plan in year one and continue to use this 5 phase framework for evaluation.

How the success of the project will be determined and which indicators will be measured to show success (outcome evaluation).

Strategy 1.1: Continue monthly Consortium meetings and every other month subgroup meetings to continue to engage diverse community partners and to support community mobilization on harm reduction, prevention, treatment and recovery efforts.
Measured By: Mou's on file for all indivdual's organization with 75% average attendance/
Strategy 1.2: Training on substance use disorders, trauma informed care, vicarious trauma and harm reduction strategies.
Measured By: Sign-in sheets to track participants with at least 50 people trained per year.
Strategy 2.1: Hire a Recover Navigator to work with individuals in the Adult Problem Solving Court system who have been successful in "graduating" from the program and help connect individuals who are recently released from jail, inpatient treatment or others in need of services to community resources.
Measured By: Data compiled indicating number of individuals "graduating", probation data of completion and qualitative data from Recovery Navigator documenting services and resources accessed.
Strategy 2.2: Hire Community Health Worker to work with the hospital, legal system and mental health system in order to align prevention efforts and coordinate the referral process and collect and analyze data across agencies. Work with Public Health, Gunnison Consortium and the Judicial System in order to work with at risk individuals and families to ensure basic needs are met, to increase access to resources and track community level outcomes.
Measured By: Documentation of alignment of prevention efforts in community report, referral process in place and reports of utilizations, and data spreadsheet of identified community level outcomes.
Strategy 2.3 Work with GVH's Integrative Therapies (IT) department in order to provide individuals who are currently or at risk for abusing substances (as referred by the Peer Support Specialists, Community Health Worker or Recovery Navigator) 6 weeks of educational programming and services.
Measured By: 10 individuals received services with documentation of attendance and pre-post program results.
Strategy 2.4 GVH will train 3 professionals in auricular acudetox training and provide services.
Measured By: training completed with 3 individuals being certified.
Strategy 3.1 Early Intervention Program Manager will attend required Restorative Practices training and secure a MOU with the school district.
Measured By: MOU's on file
Strategy 3.2 Provide direct services to youth in the diversion program using restorative practices in partnership with the RE1-J school district.
Measured By: All youth served who are appropriate will be engaged in restorative practice for diversion program and program will be evaluated and tracked using an in-house evaluation tool created by the Community Health Worker -Data Analyst.

3 year outcome goal - By June 2023, Gunnison County Consortium will increase the coordinated efforts of public health, our criminal justice system and community organizations as evidenced by MOU's and attendance of 75% or more of consortium members; decreased recidivism of youth and diversion from the court system with less

than 5% of youth re-entering services in the 3 year period; 20% increase in utilization of treatment and recovery services of those who involved in or at risk of being involved in the criminal justice system using 2021 baseline data.

How the project results and outcomes will be disseminated and communicated to partners, including law enforcement agencies, local public health agencies, community-based organizations and back to the community at large (dissemination of evaluation findings).
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.

Capacity/Program Infrastructure (15 points)

Describe your organization's mission and how it aligns with the goal of this RFA. Provide a brief overview of the qualifications of key staff or the plan for recruiting qualified staff.
The Gunnison County Consortium is housed under the Gunnison County Substance Abuse Prevention Project (GCSAPP) which is the lead organization for this grant. The vision of GCSAPP is to provide youth and family engagement, education, healthy activities and multi-systems implementation services to youth and their families to support their connections with their families and community, to help them make healthy choices, to enable them to resiliently respond to stress in healthy ways and delay the use of alcohol and other drugs. The mission of the Gunnison County Consortium and GCSAPP is to utilize data, evidence-based strategies, and community mobilization to reduce the impact of substance use/abuse on youth and community members, so that Gunnison County residents will be able to be healthy, stable and productively involved in their community. Currently, the Gunnison County Consortium and GCSAPP have a unified definition of prevention. "Prevention is a process that promotes healthy youth, parents and communities. The GCSAPP coalition uses education, policy and programming informed by community data, needs and culture to promote protective factors and reduce risk factors." The Gunnison County Consortium is working on creating a unified definition of treatment and recovery as well. **Program Director - Kari Commerford, MA, Director of Juvenile Services/GCSAPP, October 2014 – present**

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.

Early Intervention Program Manager -Clay Curtis. Clay is responsible for the leadership and management of the early intervention services to include the Juvenile Diversion program and the Colorado Youth Detention Continuum (CYDC)/SB94 services. He previously worked for the Gunnison County Sheriff's Office for eight years and finished his time there as the Detention Center Captain.

Adult Prevention Coordinator: **Kyle Tibbett** has a background in education and prevention work, and graduated from Lewis & Clark College with a BA in Environmental Studies in 2015. His most recent professional experience included working as a tobacco health educator for Gunnison County Health and Human Services. As an Adult Prevention Specialist, his primary duties consist of ensuring RCORP (Rural Communities Opioid Response Program) grant deliverables are met, including: necessary data collection, engaging and recruiting community members and organizations to be a part of the consortium, coordinating consortium meetings, actively participating as part of the leadership team, and overseeing the messaging subcommittee to ensure that messaging materials align with project goals.

Adult Prevention Specialist- Eric Barker- This role is currently focused on Western Colorado University's campus working with the Peer Health Educators and the Student Health and Wellness office on campus to conduct a campus-wide survey and focus groups to help establish a baseline for attitudes and use rates for substances by WCU students. In this work a 3 year prevention, treatment and recovery plan was created. There has also been regular crossover work off campus with the broader Gunnison County community to help move towards building a network of agencies who are involved in supporting residents who are or may be vulnerable to substance use disorders.

Describe any past efforts of the community to divert those with substance abuse issues from the criminal justice system, including successes and challenges. If no past efforts have been made, describe the readiness of the lead agency and partner agencies in the community to take a public health approach to substance abuse issues.

Three main efforts have been used in Gunnison County in order to divert individuals with substance abuse issues from the criminal justice system; Adult Problem Solving Court, Diversion and SB94 including plus mentoring, and juvenile team. All three of these strategies have been successful in creating collaborative partnerships and opening lines of communication across organizations. Challenges have been consistent funding and policy change around funding sources and allowable programs for implementation.

What forms of diversity (e.g., gender, racial, cultural, religious, immigrant/refugee background, linguistic, etc.) do you think are important for strengthening the quality of the work proposed?
Gunnison County is working in order to be more equitable in our services. We believe that it is important to have diverse participation and voice in all that we do as well as work to break down inequities in programming and policies when appropriate. We strive to have a diverse range of Consortium members across age, gender, culture and experience. We believe that it is important to have professionals in the field, parents, community members and individuals with lived experience. We believe that everyone at the table needs to have an equal voice and equal power. All consortium members are compensated for their time either through their work or through the consortium.

Evidence of Collaboration (Letters of Support/Collaboration) (15 points)

Explain the role of the agency applying for funding under this RFA to coordinate and support the implementation of aligned activities, and to ensure collaborative leadership and efforts of key partners for the proposed project. Describe the organization's experience relevant to the project, including history and successes with the following: working in partnership with law enforcement, local public health agencies and/or community-based organizations and implementing strategies that reduce health risks associated with drug use and improve coordination between law enforcement agencies, public health agencies and community-based organizations.
In 2006, Gunnison County was awarded a non-competitive grant to prevent substance abuse at the community and systems level. The grant resulted in the creation of the GCSAPP Coalition in 2007, and has allowed the County to address substance abuse prevention efforts targeted to the youth population. Although the coalition has not directly addressed opioid prevention, it has addressed prevention of 4 targeted substance (alcohol, marijuana, nicotine/tobacco, and prescription drug use without a prescription) and has seen a decrease in youth use rates over the past 12 years. During this time GCSAPP has successfully implemented prevention programming with the assistance of community collaboration and state and federal grants. 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.

Describe the organization's capacity to convene a multidisciplinary coalition that will include at minimum, a local law enforcement agency, a local public health agency and local community-based organization(s). Applicants are also encouraged to reach out to and include groups related to: treatment providers, recovery support organizations, faith-based organizations and harm reduction agencies
Gunnison County's GCSAPP will be the lead agency and will employee the grant Director. The Director will continue to ensure all requirements of the grant are adhered to. The Consortium will meet monthly for one hour with longer planning sessions and workgroup sessions when needed. Workgroups will include; leadership group, data group, and community outreach/messaging. Consortium members will sit on one or more groups for a two-year period. The grant Director will make the Consortium's day-to-day decisions and manage all operations. The Leadership group of the Consortium will be involved in decisions related to the Consortium efforts. 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 publicly posted. The Consortium will provide equal opportunity for all participants, and anyone who attends meetings may provide input. All significant decisions regarding the collaboration will require agreement by all collaborative partners. GCSAPP, WCU, The Gunnison Valley Health System, The Center for Mental Health, Gunnison County Health and Human Services, and the Health Coalition of the Gunnison Valley. Each of these organizations will identify one key person within their own organization to serve on the Leadership Committee for the Consortium. In addition to this leadership team there are currently 25 consortium members and 15 MOU's with committed organizations/individuals; 4 members with lived experience, Gunnison Valley Health, Coroner's office, Project Hope, Peer Services, Early Childhood Council, Chief Medical Officer for the County, District Court Judge, Physicians, Mental Health professional, Pharmacists, Public Health, District Attorney, Gunnison Chief of Police, Juvenile Diversion program manager, parent, Tough Enough to Wear Pink- cancer non-profit, and 4 staff members.

This template not to exceed 13 pages when filled out.

COLORADO
Department of Public Health & Environment

PREVENTION SERVICES DIVISION – LESS THAN 12 MONTH BUDGET WITH JUSTIFICATION FORM

Contract Routing #

Contractor Name	Gunnison County	**Program Contact Name, Title, Phone and Email**	Kari Commerford, Director of Juvenile Services 970-642-7393 kcommerford@gunnisoncounty.org
Budget Period	May 1, 2020 - June 30th, 2020	**Fiscal Contact Name, Title, Phone and Email**	Matthew Birnie, County Manager 970-641-0248 mbirnie@gunnisoncounty.org
Project Name	Gunnison Consortium	**Contract (CT or PO) Number**	N/A

Expenditure Categories

Personal Services Salaried Employees

Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Number of Months	Total Amount Requested from CDPHE
Director of Juvenile Services	grant director - completes all grant required tracking and reporting activities	$ 78,500.00		20.0%	1.0	$ 1,308.33
Early Intervention Program Manager	implements diversion and restorative practices with youth and school	$ 73,500.00		30.0%	1.0	$ 1,837.50
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -

Personal Services Hourly Employees

Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
Adult Prevention Specialist - Coordinator	Leads the Gunnison Consortium meetings and subgroup meetings, lead for adult substance prevention and treatment initaitives.	$ 24.00	9.0	170.0	$ 5,610.00
Adult Prevention Specialist - Recovery Navigator	Works with Adult Problem Solving Court, Gunnison County Detention Center, Probation, Gunnison Consortium and other community partners to help individuals with criminal drug offenses to successfully complete probaiton and seek recovery support.	$ 24.00	9.0	170.0	$ 5,610.00
Community Health Worker - Data Analyst	Will work with the hospital, legal system and mental health system in order to align prevention efforts and corrdinate the referral process and collect and analyze data across agencies. Works with Public Health, Gunnison Consortium and the Judicial System in order to work with at risk individuals and families to ensure basic needs are met, to increase access to resources and track community level outcomes.	$ 25.00	5.0	320.0	$ 9,600.00
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total Personal Services (including fringe benefits)	**$ 23,965.83**

Supplies & Operating Expenses

Item	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE

Advertisements	Advertisment and messaging in local newspapers monthly $175 x2 newspapers		$ 350.00	1.0	$ 350.00
Printing and copies	printing and copies for Gunnison Consortium meetings and resources		$ 300.00	1.00	$ 300.00
printing of referral guide	referral guide creation and printing of 200		$ 1,500.00	1.00	$ 1,500.00
Rental Space	$700 monthly for rental space for ongoing meetings and education events		$ 500.00	1.00	$ 700.00
Meals for Consortium and Subgroup	25 people x $10pp x 4 meetgins		$ 250.00	4.00	$ 1,000.00
Restorative Justice training matierals	$500 for training materials and resources		$ 500.00	1.00	$ 500.00
				Total Supplies & Operating	**$ 4,350.00**

Travel				
Item	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
local travel	Staff to travel across Gunnison County for meetings and direct service	$ 0.56	800.0	$ 448.00
state travel	staff to travel to required kick off meeting lodging $200 lodging x3people ($600);$62 per diem x 2days x 3 people ($372); .56 mileage x 400 ($224)	$ 1,196.00	1.00	$ 1,196.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Travel	**$ 1,644.00**

Contractual				
Subcontractor Name	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
Gunnison Valley Hospital Integrative Therapies	GVH Integrative Therapies will complete a comprehensive list of complemenatary service providers and services and educate health professionals and community about services.	$ 1,500.00	1.0	$ 1,500.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Contractual	**$ 1,500.00**
			SUB-TOTAL OF DIRECT COSTS	**$ 31,459.83**

Indirect		
Item	**Description of Item**	**Total Amount Requested from CDPHE**
Federally-Negotiated Indirect Cost Rate		
CDPHE-Negotiated Indirect Cost Rate		
De minimis Indirect Cost Rate	10%	$ 3,146.00
	Total Indirect	**$ 3,146.00**
	TOTAL	**$ 34,605.83**

COLORADO
Department of Public Health & Environment

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM

Contract Routing #

Contractor Name	Gunnison County	**Program Contact Name, Title, Phone and Email**	Kari Commerford, Director of Juvenile Services 970-642-7393 kcommerford@gunnisoncounty.org
Budget Period	July 1, 2020 - June 30, 2021	**Fiscal Contact Name, Title, Phone and Email**	Matthew Birnie, County Manager 970-641-0248 mbirnie@gunnisoncounty.org
Project Name	Gunnison Consortium	**Contract (CT or PO) Number**	New Contract

Expenditure Categories

Personal Services Salaried Employees

Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE
Director of Juvenile Services	grant director - completes all grant required tracking and reporting activities	$ 78,500.00		20.0%	$ 15,700.00
Early Intervention Program Manager	implements diversion and restorative practices with youth and school	$ 73,500.00		30.0%	$ 22,050.00
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -

Personal Services Hourly Employees

Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
Adult Prevention Specialist - Coordinator	Leads the Gunnison Consortium meetings and subgroup meetings, lead for adult substance prevention and treatment initaitives.	$ 24.00	$ 9.00	1040.0	$ 34,320.00
Adult Prevention Specialist - Recovery Navigator	Works with Adult Problem Solving Court, Gunnison County Detention Center, Probation, Gunnison Consortium and other community partners to help individuals with criminal drug offenses to successfully complete probaiton and seek recovery support.	$ 24.00	$ 9.00	1040.0	$ 34,320.00
Community Health Worker - Data Analyst	Will work with the hospital, legal system and mental health system in order to align prevention efforts and corrdinate the referral process and collect and analyze data across agencies. Works with Public Health, Gunnison Consortium and the Judicial System in order to work with at risk individuals and families to ensure basic needs are met, to increase access to resources and track community level outcomes.	$ 25.00	$ 5.00	1820.0	$ 54,600.00
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total Personal Services (Including fringe benefits)	**$ 160,990.00**

Supplies & Operating Expenses				
Item	**Description of Item**	Rate	**Quantity**	**Total Amount Requested from CDPHE**
Advertisements	Advertisment and messaging in local newspapers monthly $175 x2 newspapers.	$ 350.00	12.0	$ 4,200.00
Sober events	movie theater rental $200 and movie liscensing fee $300 for moive and discussion to promote education and substance free events.	$ 500.00	6.00	$ 3,000.00
Restorative Practices materials	booklets and materials	$ 500.00	1.00	$ 500.00
Education Series	educational series for law enforcement, public health, Gunnison Consoritum and mental health providers 2 x $800 (training) $15 pp x 30 x 2 events	$ 1,250.00	2.00	$ 2,500.00
Computer	$1,200 annual for 2 computers - 50% of cost	$ 600.00	2.00	$ 1,200.00
Recovery/treatment Initative	$140 for integrative therapies for 10 individuals in recovery or at risk of OUD/SUD weekly for 6 week.	$ 840.00	10.00	$ 8,400.00
Rental Space	$500 monthly for rental space for ongoing meetings and education events	$ 500.00	12.00	$ 6,000.00
Cell phone	$35 for phone for 2 employees x 12	$ 70.00	12.00	$ 840.00
Meals - Consortium and Subgroup meeting meals.	monthly meetings for consortium/subgroups 25 people @ $10pp	$ 250.00	12.00	$ 3,000.00
			Total Supplies & Operating	**$ 29,640.00**

Travel

Item	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE
County wide travel	To and from meetings and trainings	$ 0.56	1500.0	$ 840.00
State or National Training	State or National Training on Harm Reduction or Opioid Prevention for 3 staff members; $200 hotel x 3 nights, $200 registration, $62 per diem x 4 days, $400 flight/ground travel	$ 1,448.00	3.00	$ 4,344.00
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Travel	**$ 5,184.00**

Contractual

Subcontractor Name	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE
Gunnison Valley Hospital Integrative Therapies	GVH Integrative Therapies will complete a comprehensive list of complemenatary service providers and services and educate health professionals and community about services. GVH will train 3 staff in Auricular Acudetox training and provide services to self-identified individuals. GVH Integrative Therapies will provide 10 individuals with 6 weeks of complementary services as a transitional recovery option.	$ 1,500.00	12.0	$ 18,000.00
Stipends for Individuals with lived experience	$50 per meeting for individuals to attend and have compensation for their time to inform the consoritum and subgroup. Up to 10 people	$ 500.00	12.0	$ 6,000.00
				$ -
				$ -
				$ -
				$ -
				$ -
			Total Contractual	**$ 24,000.00**
			SUB-TOTAL OF DIRECT COSTS	**$ 219,814.00**

Indirect

Item	Description of Item	Total Amount Requested from CDPHE
Federally-Negotiated Indirect Cost Rate		
CDPHE-Negotiated Indirect Cost Rate		
De minimis Indirect Cost Rate	10%	$ 21,981.00
	Total Indirect	**$ 21,981.00**
	TOTAL	**$ 241,795.00**

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Contact Information

COLORADO
Department of Public Health & Environment

Institution/Organization

Name	Gunnison County
Legal Address	200 East Virginia Ave. Gunnison, CO 81230
Performance Site Address (if different)	
Phone	970-642-7393
Email	mbirnie@gunnisoncounty.org
EIN	84-6000770

Contract Administrator

Name	Matthew Birnie
Physical Address	200 East Virginia Ave. Gunnison, CO 81230
Mailing Address	
Phone	970-641-0248
Email	mbirnie@gunnisoncounty.org

Program Contact/Principal Investigator

Name	Kari Commerford
Mailing Address	200 East Virginia Ave. Gunnison, CO 81230
Phone	970-642-7393
Email	kcommerford@gunnisoncounty.org

Financial Contact

Name	Jody Wise
Mailing Address	200 East Virginia Ave. Gunnison, CO 81230
Phone	970-641-7679
Email	jwise@gunnisoncounty.org

Name of Signature Authority (Signature not needed on this form)

Name	Matthew Birnie
Title	County Manager
Mailing Address	200 East Virginia Ave. Gunnison, CO 81230
Phone	970-641-0248
Email	mbirnie@gunnisoncounty.org

ATTACHMENT F

FINANCIAL RISK ASSESSMENT QUESTIONNAIRE
(For use with subrecipient/recipients only)

A. *Local Public Health Agencies do not need to complete this form since their risk is determined by the Financial Risk Management System (FRMS).*

B. *This form should be completed and reviewed by Agency staff with the most knowledge of the accounting system and fiscal internal control structure.*

C. *Any questions that remain unanswered including requested explanations, or the answer does not address the question asked will be assessed the highest risk rating for that question. If each question is not answered or the required explanation is not provided, the Agency's overall financial risk may increase.*

D. *Reference the Frequently Asked Questions document for questions or additional guidance for completing the Financial Risk Assessment Questionnaire.*

E. ***If you have completed this form in the past twelve months, please submit your previously completed form with any updated information. If responding to a posted RFA, the form should be uploaded or sent with the application.***

Name of organization: Gunnison County

Name and title of person completing this form: Kari Commerford, Director of Juvenile Ser

General Agency Information

1) Provide the total annual operating budget for the agency. $ 53,616,506.00

2) Provide the total number of grants received in the applying agency's current fiscal year? (State, Federal, Private Foundation) 46

3) How many years has the agency been in existence? 142 years

4) How many total FTE are there in the agency? 202.52

5) Has the agency had any significant changes in key personnel or accounting systems in the last year? (e.g. Controller, Executive Director, Accounting Manager, Program Manager, etc.)

☐ Yes ☑ No

Explain.

No significant changes

6) When is the agency's fiscal year end? 12/31

7) Does the agency have employee fidelity bond/insurance coverage for all its employees?

☑ Yes ☐ No If so, what is the coverage amount? $ 1,000,000.00

Programmatic Performance

8) Not including the contract you are seeking, provide the total dollar amount of CDPHE only contracts that the agency is receiving in the current fiscal year. $ 627,670

9) Has the agency administered programs similar to its current proposal?

☑ Yes ☐ No

Explain.

We administer multiple, many multi-million dollar grants depending on the type projects undertaken any given year.

10) Has the agency previously met all deliverables of its contracts on time and as described in its statement of work?

☑ Yes ☐ No ☐ N/A

Explain.

Deliverables always met on time.

11) Is the agency serving as a fiscal agent for another agency that will complete the actual work on the contract?

☐ Yes ☑ No

Explain.

NA

12) Is the agency sub-awarding any portion of this contract to complete the deliverables?

☐ Yes ☑ No

Explain.

NA

Fiscal System

13) How many total FTE perform accounting functions within the agency? 6

14) Does the agency receive an annual financial statement audit under Generally Accepted Auditing Standards (GAAS)?

☑ Yes ☐ No

If yes, provide a link or electronic copy of your most recent audit report.

15) Does the agency receive an audit under the Single Audit Act/Uniform Administrative Requirements, 2 CFR 200, subpart F (Government Auditing Standards)

☑ Yes ☐ No ☐ N/A - We are not subject to the requirements of 2 CFR 200, subpart F

If yes, provide a link or electronic copy of your most recent audit report.

16) Are agency accounting records kept in accordance with Generally Accepted Accounting Principles (GAAP)? ☑ Yes ☐ No

Explain.

Please see number 17 below and detail in the 2018 audited financial report.

17) Does the agency accounting system allow segregation of all assets, liabilities, revenue and expenditures by funding source, and the ability to produce a self-balancing report by each fund?

☑ Yes ☐ No

Explain.

We utilize Tyler Munis accounting software, designed to accommodate governmental accounting requirements.

18) Are accounting records and all incurred costs supported by documentation?

☑ Yes ☐ No

Explain.

All expenses have documentation backup stating costs. Original invoices with department head signature on all payment requests.

19) Does the agency have a documented allocation methodology to ensure that common costs (e.g., phone, rent, utilities) not contained in its indirect calculation are allocated equitably to all funding sources?

☑ Yes ☐ No

Explain.

Cost Allocation Plan completed annually.

20) Does the agency have a review process for all expenditures?

☑ Yes ☐ No

Explain.

Dept heads approve expenditures, turned into finance and reviewed again before payment.

21) Does the agency have internal controls in place to ensure that the accounting records are free from errors?

☑ Yes ☐ No Provide a copy of the agency documented internal controls.

Explain.

See copy of segregation of duties, internal controls included.

22) Does the agency have an adequate cash flow that will enable it to manage finances between the time costs are incurred and reimbursed?

☑ Yes ☐ No

Explain.

We maintain at lease a 26% ending available resources balance in the General Fund where this grant will be tracked.

23) Does the agency have a time and effort reporting system in place to account for 100% of each employees actual time spent on each project?

☑ Yes ☐ No

Explain.

Each employee fills out time sheets documenting their daily time.

24) Does the agency have an active oversight committee/board and is the committee/board provided financial reports and information on a regular basis?

☑ Yes ☐ No

** Retain this completed form in your records for any additional funding applications within a twelve month period**

Any questions that remain unanswered including explanations, or the answer does not address the question asked will be assessed the highest risk rating for that question.

Please Sign and Date Below:
Note: 2 signatures are required from the agency

_____ _____
Agency Preparer Signature and Title (required) Date

_____ _____
Agency Reviewer Signature and Title (required) Date