AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Implementation Grant Application

Action Requested: Motion

Parties to the Agreement: Juvenile Services and Health Resource Administration Services

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

Summary:

It is due in the Grants.gov system on May 26th - no physical signature needed - e-signature may be needed

Fiscal Impact: 1,000,000 over 3 years

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

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, does include indirect cost reimbursement. Will require budget amendment request if approved. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/15/2020

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

Comments:
ok db 5/15/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 5/15/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\emense Discharge Date: 5/16/2020

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

Agenda Date: 5/19/2020

Revised April 2015

INTRODUCTION

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 (GCC) was formed. GCC now serves as a sub-group of Gunnison County Substance Abuse Prevention Project (GCSAPP) and uses the Communities that Care framework which is a public health lens to address prevention efforts. GCC 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 (WCU). After 6 months the GCC has grown to over 25 individuals/organizations with signed Memorandum of Understandings (MOU's) from 15 sectors across the community.

The goals of GCC are to decrease morbidity rates due to Substance Use Disorder/ Opioid Use Disorder (SUD/OUD), increase treatment services for SUD/OUD, expand current prevention efforts, and bolster and diversify the recovery options in Gunnison County.

Gunnison County is designated as a frontier county located in south central Colorado. With a population of 17,462, there are fewer than 5 people per square mile. Approximately one third of county residents are between the ages of 18 and 34 years old. Two reasons Gunnison County has such a high population of 18-34-year old's is the existence of Western Colorado University which lies within the city limits of Gunnison and the outdoor tourism driven economy. According to a recent study on opioid use disorder in rural areas, populations with the highest rates of opioid misuse include adolescents ages 12-19 and adults ages 20-29.[1] The larger-than-average number of young adults in Gunnison County increases the risks of opioid use disorder within the County. Efforts will address all Gunnison County residents with emphasis on the 12-40-year-old population. The largest city in this frontier county is the City of Gunnison, which is over 65 miles and two mountain passes from any city with a population of over 25,000 people.[2] 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

[1] Maine Rural Health Research Center Research & Policy Brief, Rural Opioid Abuse: Prevalence and User Characteristics, PB-63-1 February 2016
[2] U.S. Census Bureau, QuickFacts, 2018

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 rugged geography and brutal winters forced early residents to adopt an independence that can still be seen in the residents. Today, Gunnison County is a tourist destination, home to the world-renowned Crested Butte ski area and also to world-class fishing, mountain biking, and other outdoor adventure activities, with consequential injuries. These factors often attract residents and tourists to the community where lifestyles tend to encourage a festival culture that includes the use of substances as part of the experience. Part of living in the high country is getting high; this is one of Gunnison County's biggest community risk factors.

This rugged individualism, risk-taking behavior, and the isolation that results from communities and homes spread across wide swaths of land all contribute to the high suicide rate found in ski towns across the Mountain West.[3] Like most ski towns, the Crested Butte economy is seasonally based. When one season ends, residents must scramble to find another job to cover the high cost of living. These financial issues place enormous stress on individuals, families, and relationships. Due to the transient nature of the community, residents 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 not surprising that the community has a high risk for substance use and mental health disorders.

All prevention efforts need to address community members across the lifespan and need to be multipronged. Such efforts also need to include prescribing practices, safe storage, proper disposal, education and awareness of addiction and stigma reduction. However, high levels of OUD-related and mental health stigma exist in our rural community and threaten the prevention, treatment, and recovery potential. If stigma is not addressed, efforts to address OUD-related overdoses and deaths at the local level are likely to be ineffective. Fear of judgment and misunderstanding will continue to challenge help-seeking efforts and we will continue to experience high rates of addiction and community loss.

---

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

Our prevention goals will also include increasing evidence-based prevention programming in the school and community to serve higher risk youth, including LGBTQ and youth who have experienced trauma; provide prevention education for adults including culturally and linguistically appropriate education for community members to reduce stigma associated with SUD/OUD, continue to promote and educate about drug-take back events and continue to educate community members on overdose recognition and naloxone administration.

Treatment goals include a unified screening tool and referral process to be utilized across the community by health serving professionals and by those who interface with individuals at risk for SUD/OUD, and will screen individuals with SUD/OUD for infectious disease and refer or provide treatment. These goals also include providing Medically Assisted Treatment (MAT) for individuals with SUD/OUD, providing ongoing continuing medical education events to increase education and treatment resources for SUD/OUD and trauma related topics and interventions and treatments, strengthening collaboration with law enforcement and the criminal justice system, working with key stakeholders to collect data and align coding in order to work collaborative on diagnosing and treating SUD/OUD, and reducing barriers for treatment including financial, stigma and incarceration.

Recovery goals include helping to maintain consistent and diversified recovery options, helping individuals navigate and access community-based services including ensuring basic needs are met, and providing pathways to recovery by working with the criminal justice system and law enforcement.

The Gunnison County Consortium is housed under 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 both GCC and GCSAPP is to utilize research 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. As such, GCC and GCSAPP currently 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." GCC is working on creating a unified definition of treatment and recovery as well.

The Gunnison County Consortium has created four sub-groups in order to ensure shared responsibility (Leadership, Data, Education, and Messaging).

GCC's Leadership Committee will agree upon an effective structure for operational management of collaborative activities and efforts. Each member of the Leadership Committee will keep their organization informed of collaborative progress and actively seek feedback regarding the collaboration from within their organization. Leadership Committee members will regularly discuss the progress of the collaborative effort and regularly share feedback from their respective organizations in order to ensure clear communication, issue identification, and problem resolution.

GCC's Data Subgroup examines all current quantitative data sources, conducts focus groups, and analyzes the information, ultimately generating reports for the larger consortium. The Education Subgroup works on creating the educational sessions for prescribers, youth and families, and community members. This group identifies topics of interest and need, works with the Colorado Consortium for Prescription Drug Abuse Prevention and other professionals in order to schedule the events, and promotes and attends all events. The Messaging Subgroup works to ensure that the messages that are promoted in the community are relevant, community-informed and educational.

The subgroups meet monthly and GCC meets every other month. There are currently 25 GCC members and 15 Memorandum Of Understanding (MOU's) with committed organizations/individuals; 4 community 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 professionals, Pharmacists, Public Health, District Attorney, Gunnison Chief of Police, Juvenile Diversion program manager, parents, Tough Enough to Wear Pink- cancer non-profit, and 4 staff members. To address equity, all GCC participants are compensated to be at the table unless otherwise fully compensated by their employer.

Gunnison County has been using a multi-pronged approach to address opioid misuse and abuse since 2016. Collaboratively, GCC has been working to increase prescriber awareness of

data and trends in order to reduce the number of prescriptions given, and has been working on stigma reduction campaigns. Additionally, GCC has been working to increase awareness of overdose recognition and naloxone administration, safe storage and proper disposal. GCC is implementing evidence-based prevention efforts in the schools. Since its creation in 2019, GCC has conducted a gaps analysis and needs assessment, strategic plan, workforce plan and sustainability plan for addressing SUD/OUD in our frontier county.

NEEDS ASSESSMENT

RCORP Core Measures

#	Measure	Definition	Baseline	Data Source
1 Core	Total population people in project service area	Total number people in project service area	17,462	Datausa.com (2019)
2 Core	Number of individuals screened for SUD within consortium	Total number of individuals who have been screened for SUD in the past 6 months	Total = 296	244 = Center for Mental Health 6= Western Colorado University 46= Gunnison County Courts
3 Core	Number of non-fatal opioid overdoses in the project's service area	Number of non-fatal opioid overdose within the past 6 months	5	Gunnison Valley Hospital Emergency Room
4 Core	Number of fatal opioid overdoses in the project's service area	Number of fatal opioid overdose within the past 6 months		

5 Core	Number of healthcare providers within the project's service area who have a DATA waiver	Number of healthcare providers within the project's service area who have a DATA waiver to prescribe buprenorphine-containing products for MAT	0	Gunnison Valley Health providers

Population Demographics

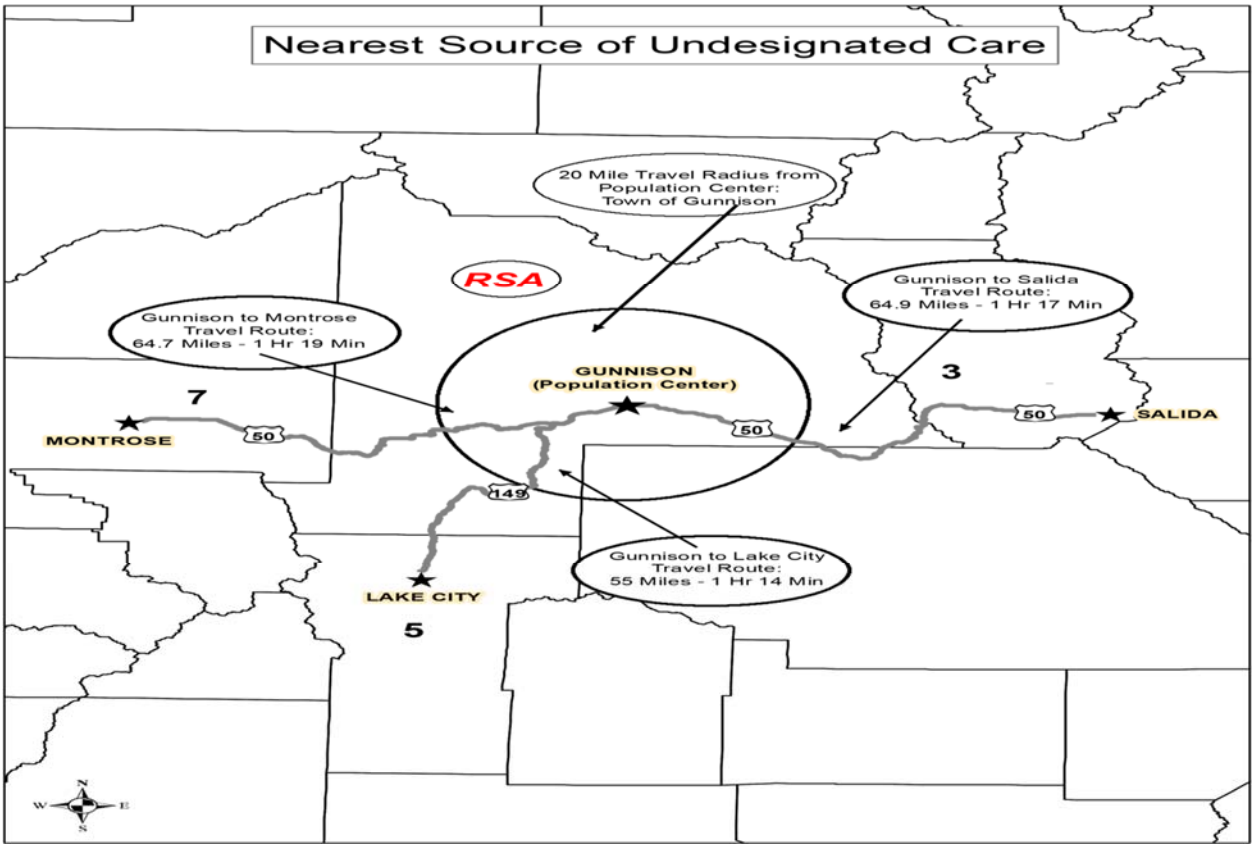
Table 1

	Gunnison County	**Colorado**	**National**	**Data Source**
Percentage of target population with health insurance	89.6%	91.4%	90%	Census.gov (v2019)
White	94%	87.1%	76.5%	Census.gov (v2019)
Hispanic or Latino	9.4%	21.7%	18.3%	Census.gov (v2019)
2 or more races	1.9%	3.1%	2.7%	Census.gov (v2019)
American Indian / Native Alaskan	2.6%	1.6%	1.3%	Census.gov (v2019)
Asian	> 1%	3.5%	5.9%	Census.gov (v2019)
Black	> 1%	4.6%	13.4%	Census.gov (v2019)

White alone, not Hispanic or Latino	87.1%	67.9%	60.4%	Census.gov (v2019)
Female	46.1%	49.6%	50.8%	Census.gov (v2019)
Male	53.9%	50.4%	49.2%	Census.gov (v2019)
Children 0-9	9%	14.1%		Census.gov (v2019)
Adolescents 10-19	13%	14.3%		Census.gov (v2019)
Adults 20-65	65%	61.8%		Census.gov (v2019)
Elderly (over 65)	13%	9.8%		Census.gov (v2019)
Unemployment Rate	2.2%	2.8%		fred.stlouisfed.org (Feb. 2020)
Poverty Rate	14.1%	11.5%		(WelfareInfo.org 2019)
Children Below Poverty	12.4%	15.6%		(city-data.com/poverty 2017)
Patients to Clinicians	1339 to 1	1243 to 1		Gunnison Valley Health 2019 survey
Adult Binge Drinking Rate	26%	16%		(2019 COHRR)
Food insecurity	14%	11%		(2019 COHRR)

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. With a population under 17,462, there are fewer than 5 people per square mile. The largest city in this frontier county is the City of Gunnison, which is over 65 miles and two mountain passes from any city with a population of over 25,000 people.[4] According to the 2017 U.S Census data; Montrose has a population under 25,000, Salida is under 6,000 and Lake City has population of less than 400.

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



Gunnison County has a low unemployment rate and a well-educated population. 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.[5] This has forced families to relocate further from work or settle for substandard 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).[6] 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.[7] In addition, Gunnison County is growing rapidly. From

[5] Gunnison Valley Housing Needs Assessment, November 2016
[6] Gunnison County Early Childhood Landscape, 2017
[7] U.S. Census Bureau, QuickFacts,2018

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.[8]

Gunnison County is in the state's Region 10, a group of under-served western Colorado counties with higher rates of youth substance abuse, minimal prevention resources, and limited access to treatment with no inpatient services and no intensive outpatient treatment options. Region 10's need for increased prevention, education, and early intervention to address youth substance abuse disorder needs was highlighted in a February 2017 report produced by the Keystone Policy Center ("Bridging the Divide: Addressing Colorado's Substance Use Disorder Needs"). Community stakeholders particularly called for more resources in schools, including School-Based Health Centers, case managers, school/provider linkages, and mental health teams in school districts. For effective prevention, stakeholders called for better social support networks and access to extracurricular activities, especially in rural areas like Gunnison County. They also discussed the importance of education to counter the normalization of substance abuse and ease of access to substances.

SUD/OUD Prevalence

#	Measure	Data for Target Population	Colorado Data	National Data	Data Source
1	Number of SUD/OUD hospitalizations and/or emergency room visits in the target rural service area in the past 6 months	72			Gunnison Valley Hospital

[8] U.S. Census Bureau QuickFacts, Population Estimates, July 1, 2018

2	Prevalence or incidence of SUD in the target rural population by type in 2019				Gunnison Valley Hospital
	Alcohol	255			
	Psychostimulants	35			
	Opioids	36			
	Other – Cannabis, sedatives, hallucinogens and polysubstance use	62			

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 estimated substance use disorder prevalence, 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, and self-reported prescription and illicit opioid use. 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.

We have already seen an impact from the COVID-19 pandemic on our community. Currently Gunnison County has over 109 community members who have tested positive, six deaths, and hundreds without work. Due to the high numbers of cases, Gunnison County's local public health orders restrict any tourists from coming into the community. These orders have been in place since March 13th and the economic impact of the pandemic is far reaching in this

tourist driven community. All revenue from Spring break has been lost and many have been out of work for months, often with kids at home who are learning online. The amount of toxic stress that community members are facing is great and compounded by isolation, anxiety, depression and lack of resources. Additionally, we have seen an increase in substance use with alcohol sales up 55%, and an increase in emergency room visits due to overdose and alcohol toxicity as well as mental health concerns. Gunnison County is likely to see a continued increase in substance use and abuse, suicide, domestic violence, child abuse and other behavioral outcomes of ongoing toxic stress.

Estimating the prevalence of substance use disorder is one way to approximate the number of residents in need of treatment. This method of extrapolation is useful for small, rural communities that do not have access to county-level prevalence data. The method below is credited to JBS International, a technical support consultant for HRSA.

1. Identify Statewide Prevalence Substance Use Disorder Rate- SAMHSA 2016-2017 State Data Tables and Reports from NSDUH https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017
2. Identify Target Population Using Census Data- United States Census Bureau Fact Finder https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
3. Multiply prevalence rate by target population

As seen in the table below, young adults 18 to 25 years old have the highest rate of substance use disorder, with approximately 568 residents affected. Overall 1,138 residents 18 years old and older need substance use disorder treatment. At first glance, these numbers may indicate that a relatively small number of individuals are impacted by substance use disorder. However, the impact of opioid and substance use disorders in a rural area resonates beyond the individual; children, family members, community, and emergency responders are all adversely impacted. To add to the complexity of treating substance use in this community, Gunnison County only offers outpatient treatment services; there are no inpatient services or intensive outpatient programs.

Table 3

Estimated Prevalence of Substance Use Disorder, Gunnison County					
	12 or Older Estimate	12-17 Estimate	18-25 Estimate	26 or Older Estimate	18 or Older Estimate
Colorado Substance Use Disorder Prevalence*	8.76%	5.60%	19.39%	7.39%	9.07%
Gunnison County Population	13416	872	2929	9615	12544
Estimated SUD Prevalence in Gunnison County	**1175**	**49**	**568**	**711**	**1138**

Existing SUD/OUD Services and Programs

Prevention

The GCSAPP coalition spearheads a county-wide substance abuse prevention effort which uses education, policy and programming informed by community data, needs and culture to promote protective factors and reduce risk factors. The coalition consists of key community organizations including law enforcement, health and human services, juvenile services, the school district, the Center for Mental Health, city and county policy makers, parents, youth and WCU. The unified prevention objective is to increase protective factors and decrease risk factors for community members, with a focus on youth.

Opioid specific programming includes "Take Meds Seriously", a state-level campaign advocating for safe use, storage and disposal of prescription drugs, and permanent prescription drug drop-off locations. In the 2017 Community Survey, 59% of respondents indicated that they knew where to deposit unused or unwanted prescription medications. In October of 2019, WCU and the Crested Butte Marshall's office participated in the nation-wide prescription drug take back event. Lock boxes were distributed to participants as an incentive and a way to improve safe storage in the community.

Another prevention effort in Gunnison County since 2010 is the Choice Pass Program. Choice Pass is a program that is open to all youth and parents of 6th -12th grades that supports students' commitment to remain alcohol and drug free throughout the school year. The youth commit to not using substances and to making healthy decisions and in exchange receive discounts to the local ski resort, the community center and businesses. Additionally, youth are offered opportunities to engage in leadership programs, build skills and have opportunities for recognition in the community for their healthy choices. In order to ensure youth accountability, at least 60% of youth are randomly drug tested annually. The Choice Pass

Program also ensures parent accountability by requiring parents to sign the pledge with their youth and tailor the pledge to their household and explain how they will be available to their child. The program includes parent education classes for youth and parents to help educate and navigate difficult conversations that surface during adolescence. There are four ways in which a youth may violate the Choice Pass Program; a failed drug test, interaction with law enforcement, suspension or substance violation at school, or self-report from family. When a violation occurs there is a youth-professional meeting to understand the circumstances around the violation and then a youth-parent-professional meeting to determine how to regain the pass privileges. These components allow for early intervention and provide a space to begin the conversation on addiction.

GCSAPP provides direct social-emotional education in the RE1-J school district for all 6th and 9th grade health classes in Crested Butte Community School. The RE1-J school district, with the help of GCSAPP is implementing social-emotional curriculum in the elementary and middle school population across the district. GCSAPP also facilitates the Sources of Strength program in Crested Butte middle school, Gunnison middle school, Gunnison High School and Western Colorado University. Sources of Strength is an evidenced-based suicide, bullying and sexual violence prevention program and Gunnison County is utilizing the program as an environmental strategy implementing it across the school district, University and the community as a whole.

Additional prevention efforts of GCSAPP include employing two specific strategies related to the identified risk factors; promoting positive youth development broadly across the community and educating the community about the impact of toxic stress to increase family friendly business practices. These two efforts are in the infancy stage of implementation. Educational events are starting in 2020 to help leverage these two efforts and integrate these strategies into the community wide prevention framework.

Prescription related prevention efforts are taking place in primary care offices, orthopedic offices, dentists offices, at the pharmacies, and at Gunnison Valley Hospital. Prescribers county-wide noted that they utilize the Prescription Drug Monitoring Program to prevent overprescribing opioids. One primary care physician explained that a local practice has a prescription drug contract, which involves periodic randomized drug testing to make sure people

are using prescription medications correctly. A pharmacist indicated that Walmart will not write larger than a seven-day opioid prescription at one time. At City Market, the other major pharmacist in Gunnison, a prescription for over seven-days will trigger an alert. Both pharmacies are including education materials with opioid prescriptions and Walmart is offering a free opioid disposal solution (DisposeRX) to help customers safely dispose of unwanted medications. Additionally, through the RCORP planning grant the City Market pharmacy has partnered to supply Narcan to community members free of charge and will provide education in conjunction with the GCC to individuals who are distributed the medication. Physicians were notified of this collaboration and are educating patients about the opportunity and one practice has Narcan available at their two clinics.

In 2018, Gunnison Valley Health joined the Colorado Opioid Safety Pilot, a program aimed at reducing opioid prescriptions administered in the emergency department. The pilot program was extremely successful, reducing the quantity of opioids administered by 31% compared to the same time period in 2016. The program focused on providing alternative pain medications and educating patients on the risks of opioid use. Beginning in October of 2019, Gunnison Valley Health continued its prevention of opioid use through CO's CURE project. The project ran from Oct 1, 2019 to March 31, 2020. The goal of this project was to achieve a 15% reduction in opioid use. The hospital implemented the initiative's 4 pillars to reach this goal: limiting opioid use, using alternatives to opioids (ALTOs) for the treatment of pain, implementing harm reduction strategies and improving the treatment and referral of patients with Opioid Use Disorder. The ED chief nursing officer worked with GCC to understand current preventative, harm-reduction, and treatment efforts in order to collaborate in the distribution of Narcan and referral practices.

There are alternative pain treatment options available in Gunnison County such as acupuncture, massage, meditation, energy work, and CBD. The Gunnison Valley Hospital has a newer department; Integrative Therapies, which promotes the use of alternative medicine to deal with many issues and specifically pain. This department is not well known in the community as it is relatively new. Also, these alternative options can be costly and may not initially be covered by insurance. Further education and awareness is needed, however, the program does enjoy the support of local physicians, many of whom make referrals to alternative medicine practitioners through Integrative Therapies. A naturopathic doctor and local dentist collaborated to create a

"Non-Prescription Post-Operative Instructions for Pain, Swelling and Healing" protocol for patients following certain dental surgeries. These types of collaborations could extend between practitioners and prescribers to create a community-wide non-prescription protocol. The Gunnison County health professionals report a willingness to work together to make community solutions available, affordable, and accessible to residents.

WCU utilizes the Screening, Brief Intervention, Referral to Treatment (SBIRT) tool to screen for substance use disorders. Similar screening tools are used at doctors' offices, health and human services, and counseling centers. School staff and youth serving professionals are currently being trained in motivational interviewing and future SBIRT trainings are in the planning stages.

Treatment

For residents struggling with opioid use disorder in Gunnison County, treatment services are limited. Community members identified three main types of treatment options that are offered in the county: treatment of overdose by Emergency Medical Services (EMS) and the hospital, outpatient counseling services by the Center for Mental Health and private therapists, and recovery court and probation through the judicial system.

Whenever an overdose is suspected, EMS is typically the first to respond. Law enforcement often responds to overdose calls to secure the scene and assist with treatment if necessary. EMT and law enforcement agents in the county are trained and equipped with naloxone and are able to administer the drug to revive an opioid overdose victim. If necessary, the patient is transported to Gunnison Valley Health Hospital. The hospital currently fills the role of a medical detox facility though is not designed to be a multi-day detox facility. Law enforcement is often required to wait with intoxicated patients at the hospital until they are sober enough to be released. This effectively reduces the capacity of law enforcement to respond to other calls and needs within their jurisdiction. The hospital does refer patients to the Center for Mental Health for substance abuse counseling and provides follow-up when available. The hospital also treats chronic pain patients and utilizes its integrative therapies department to advise patients about alternative treatments for pain. There is also a physiatrist at the hospital who sees patients with chronic pain. While the physiatrist is not a pain management specialist, several key informants indicated that they refer patients with chronic pain to his office for treatment.

The Center for Mental Health (CMH) is a key player in substance abuse counseling in Gunnison County. Currently, the Gunnison Center provides individual therapy, group therapy, medication management, case management, peer services, and other traditional outpatient care. For group therapy, CMH has implemented MORE (Mindfulness Oriented Recovery Enhancement) because it is an evidence-based treatment for opioid use disorders. CMH has offered a Chronic Pain Management Group though it is not currently available. CMH's regional office has access to the following MATs – Antabuse, Campral, Naltrexone, and Vivitrol. However, CMH does not currently offer MAT with Suboxone, a SAMHSA Certified Opioid Treatment Program. The Center for Mental Health in Montrose, a slightly larger city about 65 miles from Gunnison separated by a mountain pass, is able to provide MAT with Suboxone but the provider is currently unable to take new inductions at this time. There were two physicians at a practice in Gunnison that were certified to provide MAT with Suboxone but these physicians are relocating outside of the county. There is currently no Medical Assisted Treatment for Gunnison County residents without the barrier of more than 80 miles over at least one mountain pass. This adds to existing transportation barriers for residents to access mental health and physical health treatment options.

Gunnison county residents who are charged with a drug-related crime may be offered the option of participating in recovery court (commonly referred to as drug court) in lieu of serving jail time. Recovery court is a seven-month to 2-year program that focuses on supporting the defendant in their recovery from substance abuse. A team including a probation officer, a substance abuse counselor from CMH, the District Attorney, Public Defender, Judge, Alcoholic Anonymous (AA) representative, the Police Department, the Sheriff's Department, Public Service, and the Problem-Solving Court Coordinator work with the defendants throughout the program. All defendants appear in court together twice a month and are randomly drug tested 2-5 times per week. Part of this process is Moral Reconation Therapy (MRT) where each defendant's peers decide if they pass each step. Recovery court has approximately a 75% success rate overall. A very recent change in the drug laws, makes most felony drug possession cases misdemeanors, this is predicted to decrease the number of recovery court participants, and make it easier for residents to avoid the threat of a jail sentence or recovery court. This may have an unintended consequence of decreasing the number of individuals who choose this method of treatment/recovery.

Recovery

As with all types of addictions and substance use disorders, the key to recovery is connection. Community members in recovery from opioid use disorder noted that Alcoholics Anonymous (AA) meetings are crucial to their daily sobriety. Going with a friend or companion to the initial AA meeting was helpful, and attending with someone also helped continued attendance at the meetings. However, Gunnison County is home to many small communities and anonymity is difficult to navigate in the close-knit communities. SMART Recovery (Self-Management and Recovery Training) and Celebrate Recovery, a faith-based recovery group, are also offered in Gunnison County. Celebrate Recovery is currently being offered at a local church in the City of Gunnison though community members in recovery noted that not everyone is open to faith-based options, and there is little data to support Celebrate Recovery's effectiveness. Key informants and community members with lived experience noted that Narcotics Anonymous (NA) groups are occasionally available though most informants did not know if the group was currently available or who to contact to find out it if was available. Respondents suggested that a consistent NA group could help people in recovery feel a part of a community and less isolated. More WCU students indicated that they knew of recovery efforts in Gunnison County compared to campus-based recovery efforts.

Gaps and Unmet Needs

Gaps in Prevention

While Gunnison County has a robust substance abuse prevention program for youth, there are three main areas of prevention that could be improved to reduce opioid use disorder in Gunnison County. These include community substance use education and awareness, prescriber-patient communication, and improved mental health services. Additionally, adult specific prevention efforts are non-existent in the county.

Community-wide Substance Use Education and Awareness

- Lack of Education on the Extent of Substance Use Disorders
- Lack of Adult Specific Substance Use Prevention Education
- Need for a more targeted substance abuse prevention approach for elementary school students and their parents
- Need for Improved Social Norming Education

- Need for more engagement of LGBTQ and trauma-impacted youth
- Lack of Community-wide Addiction Education
- Need for Improved Substance Use and Mental Health Stigma Reduction
- Need For Improved Awareness of Existing Prevention Efforts
    - Prescription Take Back Events
    - Permanent Take Back Locations
    - Take Meds Seriously campaign
    - Walmart Dispose RX
    - Education on Toxic Stress
- Need for increased awareness of fentanyl-laced counterfeit prescriptions

Improve Provider-Patient Communication

While prescribers are using the PDMP and have a high awareness of opioid use disorder, there is a disconnect between this knowledge and the information community members feel that they are receiving from their doctors. There is a sense that prescribers are not having important conversations with their patients about the dangers of opioid use and about the advantages of alternative treatment options for pain.

- Lack of provider knowledge of mental health services
- Lack of referral protocol to existing mental health services
- Need for unified messaging between primary care physicians, orthopedic surgeons, pharmacists, dentists, and psychiatrists on opioid use and expectation of pain
- Lack of communication by providers on realistic pain expectations
- Lack of referral to alternative treatment for pain
- Lack of provider addiction risk assessment tool

Mental Health Services

- Shortage of mental health workforce
- Barriers to access existing mental health providers
    - Rural Stigma
    - Cost
    - Timeliness of available appointment

    - Lack of knowledge of treatment modality options
- Lack of promotion of how to stay mentally healthy
- Lack of diversified Helpers for diversified populations (children, youth, young adults, adults)
    - Need for additional Peer Support Specialist
- Need for increased capacity for education for medical and mental health providers who interface with youth and individuals experiencing toxic stress

Gaps in Treatment

Gunnison County is experiencing the struggles that are regularly cited in Rural Behavioral Health literature: stigma, lack of access to mental health services, and lack of communication of available resources. There is a portion of community members who are unlikely to seek out mental health services upon referral of their primary care physician and an independent attitude of community members who are not open to receiving mental health services. Community professionals identified a lack of knowledge of services offered by specific providers as a barrier and only having two integrated behavioral health specialists in the community to help bridge that gap. Outside of traditional therapy and counseling, health professionals identified the need for diversified substance use disorder "helpers" for client referral. This could also reduce the barrier of seeking traditional mental health services.

The current 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.[9] 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.[10] As indicated in Table 4 below, Gunnison County has fewer primary care physicians, dentists, and

---

[9] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality Rockville, Maryland 20857, September 7, 2018

[10] Substance Abuse and Mental Health Services Administration, 2019 https://cdphe.maps.arcgis.com/apps/SimpleViewer/index.html?appid=9f17f6155cde42aab58b0ccf65a179d5

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 worker, two licensed marriage and family therapists, three licensed addictions counselors, 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.[11] 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. Currently community members must travel outside of Gunnison County to the nearby cities of Salida, Montrose, Grand Junction, or make the 4-hour trek to Denver to receive these treatment options.

Table 4

County Health Rankings, 2019	Gunnison County	Colorado	U.S Best
Population to Primary Care Physician	1,260:1	1,230:1	1,050:1
Population to Dentist	2,420:1	1,260:1	1,260:1
Population to Mental Health Provider	460:1	300:1	310:1
Preventable Hospital Stays per 100,000 Medicare enrollees.	1863	2,900	2,765

The Center for Mental Health (CMH) is the largest mental health care provider in Gunnison County. Three clinics serve the county: one in Gunnison, one on the WCU campus, and a new center in Crested Butte. From January 2016 through September of 2019, CMH has served approximately 5,300 clients county wide. Approximately 4% of clients served during that time received substance abuse related services. This does not capture co-occurring substance abuse diagnosis, only primary diagnosis of substance use disorders.

At WCU, there are two full-time and one part-time counselors to serve over 3,000 degree seeking students. During the 2019 school year, these counselors saw an average of 79 unique

[11] Colorado Health Institute, Workforce Data, 2017; https://www.coloradohealthinstitute.org/data

clients per month and over 1,100 appointments from January 2019 to October 2019. After recent events on campus including 2 student deaths by suicide and opioid overdose, students indicated a need for additional counseling support.

At the 2019 continuing medical education dinner, 15 prescribers attended the event and discussed current workforce shortages. Needs that were identified were an increase in mental health professionals, crisis services, a short screening tool for medical providers to assess addiction potential, a mental health referral protocol, and increased knowledge about which current therapists provide Cognitive Behavioral Therapy. Additionally, there is an identified need for diversifying what "help" looks like. In rural areas, there is an increased barrier of community members seeking out mental health services and the stigma around mental health is disabling.

Gunnison County has been utilizing the peer support specialist and family support model in the hospital, the Center for Mental Health, and Juvenile Services. Gunnison County currently has three peer support/family support specialists and has a need to increase those services. The hospital's peer support specialist has seen 109 unique clients since February of 2019. Currently the RE1-J school district does not have any mental health professionals on staff. There are 7 school counselors for the PK-12th grade youth in Gunnison and Crested Butte serving just over 2,000 students; less than 20% of their time is dedicated to mental health counseling. In recent focus groups, high school youth have voiced a need for more mental health services as well.

Gaps in Recovery

Gunnison County residents would benefit from improved recovery services for opioid use disorder and substance use disorder. While there are sporadic recovery meetings, the biggest gap cited was a consistent recovery program, such as NA, and support for families affected by addiction. In addition, basic necessities such as affordable housing, child care, employment support, and transportation options are necessary to support residents' long-term recovery.

Recovery Services for Individuals

- Need to Increase and Diversify Recovery Efforts
- Increase Sober Activities that Increase Connectedness and Belonging

Recovery Services for Family

- Need for Family Support Services

- Need for Family Recovery Education
- Need for Family-friendly and Sober Events

Community Focused Efforts

- Need to Address Community Norms Favorable Towards Substance Use
- Need for Outreach To Recovery Community To Continue To Learn Of Needs
- Need to Reduce stigma associated with addiction and recovery

Basic Needs

- Severe lack of affordable housing
- Need for additional child care slots and tuition assistance
- Need for extended Food Pantry hours
- Need for out-of-county transportation services

METHODOLOGY

Methods for Fulfilling Core and Additional Activities

Methods for Fulfilling Prevention Core Activities:

1.Provide Culturally and Linguistically appropriate education.

The Consortium will provide at least 4 community education events to improve the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OUD. The Consortium will work with the Colorado Consortium for Prescription Drug Abuse in order to provide trained professionals for presentations and to stay up-to-date on the newest evidence-based programs. The Consortium will work with the school district and GCSAPP's Choice Pass program to market events to youth and their parents. The Choice Pass program has 615 youth and their parents in the program and all parents must attend one education event per year. The Consortium will provide translation and interpretation for Spanish speaking community members. The Consortium will work with the Multicultural Resource Center in order to understand the need for other languages that are spoken in the community to assess if the Consortium will need to access language link service or other interpreting resources. The Consortium's education and media subgroups will work with multiple stakeholders across the community to promote the events, including the recovery community, hospital, and churches.

One event will also be held on Western Colorado University's campus and information will be tailored to the young adult population. The Youth Prevention Coordinator for this grant will work with the Peer Health Educators to deliver the presentation and recruit participants for Western. The Consortium will continue to disseminate the "Humanizing Addiction" documentary that was created locally as part of the RCORP 2019 Planning grant. This film is a 30-minute documentary aimed at decreasing stigma around addiction and mental health. In addition to the 30-minute documentary the consortium also has 8 interviews with community professionals and individuals with lived experience that will be housed on Gunnison County's website and linked from other Consortium members' webpages. The Consortium's Education subgroup will lead this effort with direction from the Project Director.

2.Increase Access to naloxone and training on overdose prevention and naloxone administration. The Consortium will provide 4 Naloxone trainings to further the education of our health providers, law enforcement, and community members and train participants to administer Naloxone if needed. Participants will leave with the knowledge and Naloxone in hand to help the greater community. Naloxone will be available at designated sites across the community that employ individuals who have been trained. The City Market Pharmacist is part of the consortium and will have Naloxone available for free for any community member who comes to the pharmacy and receives training at the pharmacy. As part of this effort the Consortium will also ensure that education and materials about safe storage, disposal, and overdose are translated for the Latino community. In order to inform the community about the efforts and success the Consortium is addressing there will be two published newsletters that will be distributed throughout Gunnison County. The newsletter will also be shared at the state level through the Colorado Department of Public Health and Environment (CDPHE). In order to disseminate information throughout the community information will be available via multiple medias; radio, paper, electronic, and informational cards. The Consortium will identify key locations and organizations to help disseminate information using focus groups with youth, the recovery community and University students. The Community Health Worker and Adult Prevention Coordinator will lead this effort.

3.Implement year-round drug take-back programs. Gunnison County currently has ongoing drug take-back drop sites in Gunnison, Crested Butte and Mt. Crested Butte. Efforts will be targeted at increasing the community's knowledge of where the drop off sites are and why it is

important to dispose of unused medications. As part of this effort the Consortium will also ensure that education and materials about safe storage, disposal, and overdose are disseminated across the community in hard copy as well as online and are translated for the Latino community. Additionally, the GCC is working with City Market pharmacy to distribute Dispose Rx packets with opioid prescriptions so that community members can safely dispose at home. The Adult Prevention Coordinator will coordinate efforts with local law enforcement and media outlets with support of the Media sub-group.

4.Increase and support the use of school-and community-based prevention programs that are evidence-based. GCC's lead organization, GCSAPP, has a 12-year history of working with the RE1-J School District to provide direct service in the school through prevention education curriculum that is evidence-based and youth facing. The Youth Prevention Coordinator will work with the RE1-J School District nurse to evaluate current curriculum and ensure that prevention programming is evidence-based and delivered to fidelity. The Youth Programming Coordinator will also directly work with the middle school, high school and University's LGBTQ groups to increase programming and prevention efforts. According to the CDPHE, youth who identify as LGBTQ are at a higher risk for substance use, misuse and suicidal behaviors (CDPHE, 2019). This is substantiated locally using the data from Health Kids Colorado Survey (2019). Additionally, the GCC will educate athletic coaches, teachers and other trusted adults about addiction and mental illness in order to have continuous conversations with youth about healthy behaviors and risk and protective factors. The Peer Health Educators and Youth Programming Coordinator will work together to create talking points and provide training to the target audience.

5.Identify and screen individuals at risk for SUD/OUD and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services. GCC will work with the RE1-J school district, healthcare providers, juvenile services and the criminal justice system to agree upon an assessment to screen for addiction potential. Assessments will be given as part of the screening process at the schools, as part of health check-up, before prescribing medications, as part of intervention programs and pre-sentencing. Assessments will be for the purpose of providing referrals to prevention, harm reduction, early intervention, treatment and other supportive services. The Consortium will use a Public Health lens when choosing an assessment tool that is informed by the Social Determinants of Health and

Toxic Stress lens. According to Nadine Burk Harris, California's Surgeon General, all prevention programs that aim to reduce substance abuse need to address toxic stress. This is substantiated by Dr. Vincent Felitti's Adverse Childhood Experience (ACE) study at Kaiser Permanente's Department of Preventive Medicine in San Diego. The ACE study, which included 17,000 participants, demonstrated that compulsive use of nicotine, alcohol and injected street drugs increase proportionally in a strong, graded, dose-response manner that closely parallels the intensity of adverse life experiences during childhood (Felitti, 2004). According to Dr. Nadine Burk Harris, a person with four or more ACE's is five and a half times as likely to be dependent on alcohol, and ten times as likely to use intravenous drugs as a person with zero ACE's; so, anyone looking to prevent youth from developing dependencies to substances needs to understand the impact of exposure to early adversity. The Project Director and all Consortium members whom represent health, education, recovery and criminal justice system will be the lead on this activity.

Methods for Fulfilling Treatment Core Activities:

1.Screen and provide (or refer) patients with SUD/OUD who have infectious complications. GCC will work with Gunnison County Public Health, the Gunnison Valley Healthcare and the Criminal Justice system to screen individuals who are at risk of having an infectious disease from SUD/OUD and refer or provide treatment. As part of this effort the Gunnison County Public Health nurse will provide education to identified organizations on signs, symptoms and screening as well as education on types of infectious disease and potential complications. Currently, GVH is conducting screening and treatment for individuals who self-report having a SUD/OUD and those that indicate a potential for a SUD/OUD at the emergency room or family medicine clinics. The Community Health Worker and Leadership sub-group will take the lead on this effort.

2.Recruit, train and mentor interdisciplinary teams of SUD/OUD providers – including Medical Assisted Treatment (MAT), Cognitive Behavioral Therapy, Trauma Informed Therapy, and other evidence-based approaches. As part of the RCORP 2019 Planning grant the GCC has been working with Gunnison Valley Family Physicians and the Gunnison Valley Hospital; both organizations have expressed interest in the potential of providing MAT services with support from other community partners. GCC will continue to work with these two

organizations to provide education, financial support and collaboration to help secure MAT services for Gunnison County residents. GCC will work with health professionals to create a multidisciplinary team – MAT certified service provider(s), mental/behavioral health therapist, physiatrist, physical therapist, integrated therapy, peer support specialist, and community health worker in order to help support the health professionals and individuals receiving services. As part of this effort the GCC will provide Motivational Interviewing trainings, Cognitive Behavioral Therapy and trauma informed training for all peer support specialists, community health workers, individuals with lived experience and behavioral health providers. GCC will also work with health professionals and appropriate leaderships to create an incentive-based program to increase training in SUD, trauma therapies and Eye Movement Desensitization and Reprocessing (EMDR) for community professionals. The Project Director and Education sub-group will take the lead on this effort.

3.Provide ongoing professional development opportunities. GCC will continue to work with the Colorado Consortium for Prescription Drug Abuse and CDPHE to identify evidence-based MAT curriculum for healthcare providers, coordinate continuing education events for participating healthcare providers and prescribers to enhance participants' understanding of addiction, reduce participants' bias toward persons with OUD and MAT services and create a community of support amongst participants. GCC will hold two events annually that will provide professionals with continuing medical education credits and COPIC credits as incentives for participation. The Leadership and Education sub-groups will lead this effort.

4.Reduce barriers to treatment including supporting integrated treatment and recovery. GCC will work with the GVH Integrated Therapies department and practitioners to create a comprehensive list of complementary service providers. The GCC and Education sub-group will educate the community on the complementary service providers through written text and online platforms. The GCC and Education sub-group will provide education to complementary service providers on addiction and mental health through professional development opportunities, continuing medical education events and community events in order to reduce bias toward persons with SUD/OUD. The GCC will explore funding sources that provide financial assistance to help reduce barriers to accessing OUD treatment services – creating a voucher system. Foundation grants through the Community Foundation of the Gunnison Valley, Colorado Health Foundation, Rocky Mountain Health Foundation, state and federal grants will be reviewed

quarterly by the Project Director and Leadership sub-group. Locally, GCC will recruit a provider group who are willing to participate in a multi-disciplinary treatment approach at a reduced-cost to SUD/OUD individuals and who are willing to participate in a voucher system once funding is in place. The GCC will educate those providers on addiction and mental health through professional development opportunities, continuing medical education events and community events in order to reduce bias toward persons with SUD/OUD.

5.Strengthening collaboration with the criminal justice system and law enforcement. GCC will use a multi-pronged approach to provide education on mental illness, toxic stress, and addiction to law enforcement, judicial employees, probation, the detention center, District Attorney, public defenders, and others as identified. The GCC will continue to work with Consortium partners to help support current efforts of Adult Problem-Solving Court. Adult Problem-Solving Court is a multidisciplinary team including the probation officer, substance abuse counselor from the Center for Mental Health, the peer support specialist from the Gunnison Valley Health system, representative from law enforcement, the district attorney, public defender, drug court coordinator (a judicial employee), the victims 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 need 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. The GCC will help to strengthen collaboration with the criminal justice system and law enforcement by addressing the identified opportunities for expansion of the program – D&N cases involving substance abuse and individuals sustain repeat DUI's. The GCC will also help to promote the Co-responder program that is a collaboration between the Center for Mental Health and the local law enforcement agencies. Gunnison Police Department is the administrator for a Department of Local Affairs grant which provides a behavioral health specialist to respond with law enforcement to scenes within Gunnison County. The GCC will assist with identified opportunities to strengthen this program by providing training for law enforcement and assistance from the Community Health Worker to provide information on treatment and recovery options for individuals who come into contact with law enforcement for SUD/OUD issues. Additionally, the GCC will work with the detention center to distribute Naloxone to inmates upon release, as indicated/needed. The Adult Prevention Coordinator and Community Health Worker will be the leads on this effort.

6.Identify and train providers and administrative staff on proper coding SUD/OUD. GCC will work with GVH, CMH, and other practices to identify appropriate medical diagnosis and treatment codes for OUD and educate providers and administrative assistants on appropriate codes for reimbursement and data collection purposes. The Leadership subgroup will take the lead on this effort.

7.Help community members and families navigate treatment options. GCC will work with GVH, CMH, primary care offices, individuals with lived experience and community partners to increase the utilization of current services and increase outpatient services that fit the need/culture of the community. These partners will work together to disseminate information across the community and have targeted messaging to those at risk for SUD/OUD. The GCC will also provide training/education for HHS, Case workers, probation officers, public defenders, district attorney and others as identified on treatment and recovery options in the community. The Community Health Worker will be the lead on this effort.

Methods for Fulfilling Recovery Core Activities:

1. Enhance discharge coordination to increase linkages to home and community-based services and social supports (basic needs, transportation, medical and behavioral health, etc.) The Community Health Worker will collaborate with peer support specialists and those with lived experience to help connect community members to resources and provide ongoing connection. The GCC will work with the Community Health Coalition of the Gunnison Valley Basic Needs sub-group to disseminate information of community services for accessing food, housing, childcare and parenting supports, job services and other basic needs. The GCC will work with the detention center to provide connections to peer support specialist with inmates with SUD/OUD upon release to help coordinate treatment, recovery and other supports such as information/access to food, housing and other basic needs resources to inmates upon release. The Community Health Worker will be the lead on this effort.

2.Expand peer workforce and programming. As part of this grant the GCC will hire a Community Health Worker that will specialize in recovery and as part of the qualifications for the position will have lived experience with SUD/OUD. The GCC will support the peer support specialist positions as Consortium members and will financially contribute to GVH and CMH.

3.Support the development of recovery communities, recovery coaches and support services. GCC will work with Western Colorado University and Gunnison County to advocate for a housing complex for sober living; enhance participants' understanding of addiction; and reduce participants' bias toward persons with SUD/OUD. GCC will explore additional ongoing support programs for recovery that are not faith-based and abstinence-based. GCC will provide frequent, consistent sober community events to change the social norm and expand on youth safe-spaces for substance-free events. GCC will give presentations to city municipalities, key stakeholders and policy makers about addiction, the risk factor of community norms favorable towards substance use, and protective factor of safe spaces for all community members – youth and adults. GCC will advocate for and provide family-friendly community events that are substance-free. The Project Director, all staff on the grant and all Consortium members will lead this effort.

Methods for Sustaining Project Beyond Period of Performance.

The Consortium used the SAMHSA's Strategic Prevention Framework (SPF) model in formulating our sustainability plan during the planning period and will work on building capacity. According to (SPF), capacity refers to the "various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs." While this definition focuses on resources, the SPF goes on to state that capacity also depends on the readiness of both the organization and the broader community to actually commit their resources to addressing the identified problem(s). During the planning period the GCC was able to increase consortium representation from 5 organizations to over 20 organizations/individuals. All consortium members have regularly attended consortium meetings, volunteered to work on sub-groups and have pooled resources when necessary to leverage messaging and efforts. The GCC has found that consortium members appreciate the opportunity to carry out initiatives and look for ways to bring others into this work. As one member said "I found myself talking to various community members about the work this consortium is involved in at all of the Holiday parties I went to". In order to sustain the consortium membership and support the GCC will continue to have sub-groups and provide meaningful ways for consortium members to participate and drive the work. The GCC will work to engage the target population and enhance support by continuing to compensate consortium

members to be at the table as experts, by working with the county's peer support specialists, and by collaborating with the recovery community. Another strategy that will ensure our target population is engaged is working with Western's Peer Health Educators. The GCC's Youth Prevention Coordinator will work with Western students on campus to help with prevention messaging, programming and to help understand and address the needs of our young adult population who attend University. These students also hold jobs in the community at local restaurants, construction companies, resorts, shops and other tourist-driven industries that employ a large number of our target population. Students will be asked to "pass the knowledge" that they receive from the GCC's efforts in order to disseminate information across the community and build connectedness. The Community Health Worker will also work to ensure engagement and support of the target population by working the with Adult Problem-solving Court. By having someone with lived experience available to support community members through the court and treatment process the GCC will learn invaluable qualitative data that will help our community members. The Community Health Worker will let individuals know that the mission and goals of the GCC and extend invitations to be part of the consortium in whatever ways they are comfortable with – just to inform, to give feedback, as an ongoing member.

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

Financial Sustainability

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

the GCC to develop and utilize quantifiable metrics to assess impact that foster collaboration and data sharing across organizations to support local needs. The Consortium will continue to work with our state and local government agencies and key stakeholders to keep informed on current funding potentials and keep them informed on community issues. A complete sustainability plan has been completed by the Consortium and will be reviewed annually to ensure that we can maintain the affordability and accessibility of OUD prevention, treatment and recovery services. With the current pandemic, the GCC is starting the process of reviewing our sustainability plan already. The GCC is meeting with local stakeholders and community programs that also address prevention, treatment, and recovery in order to leverage efforts, funding and ensure programs and efforts that are essential to the prosperity of our community continue through these difficult public health and budgetary times.

One of the efforts that the GCC will fulfill as part of this grant is identifying coding for SUD/OUD that will optimize billing and reimbursement across insurance types. The GCC will work to ensure that those with insurance are receiving all of the services needed to treat that individual across modalities and that those services are coded appropriately by the organization to maximize coverage and maintain affordability. The GCC will also work with Gunnison County Department of Health and Human Services in order to assist those who are under-insured on un-insured. The Eligibility team at HHS work collaboratively with GCC and will continue to be a strong support for community members. The Eligibility team helps with messaging and to assist individual's enrolling in Medicaid, Medicare and CHP+ (a health insurance for children and expecting mothers). Recently, with workgroups addressing COVID-19 impacts HHS has worked with the GCC to create a resource guide for those needing financial, basic needs, health and mental health supports. The GCC will ensure that services will be accessible and affordable to those in need. The voucher program as part of the core activities of the treatment plan will help individuals receive affordable care. The GCC will work to ensure that no individual will be denied services due to an inability to pay. As part of this work we will also collaborate with Crested Butte State of Mind, a non-profit whose mission is to provide free mental health services to community members.

The GCC has MOU's with the 7th Judicial Court Judge, Juvenile Services, and the Center for Mental health. Each of these members are assisting in looking for resource, grants and community specific ways in which Gunnison County can leverage funding streams to cover the

costs of prevention, treatment and recovery services. One example of this the collaboration of Probation and Juvenile Services. These two departments work together on the Juvenile team to problem solve and staff youth who enter into or are at risk of entering into the court system. Funding is often pooled in order to provide mental health services to youth.

WORK PLAN

See Attachment 1

RESOLUTION OF CHALLENGES

Convening community organizations can be a challenging task. Gunnison County has a very engaged professional community; this is a strength and a challenge. The GCC has been able to engage organizations, professionals, and community members who are diverse and representative of Gunnison County. Being a rural community the number of professionals, community members and parents who participate in community-initiated efforts are limited. Engagement of GCC members is strong at present and the Consortium will continue to work to keep engagement high.

Adult prevention services and focusing on Opioid treatment and recovery are areas that have just recently been addressed as part of the 2019RCORP planning grant. The target population for this grant and the activities identified will continue to broaden the scope of community members and professionals that will participate in the Consortium. This will allow the Consortium to outreach and engage community professionals, community members and parents who are not currently involved in community level work as well as those who sit on the existing Coalitions in Gunnison County. Opioid Use Disorder and Addiction can be a controversial topic. One external challenge that continues to be present is the perception of community members about why people abuse substances and how to approach prevention. During the past four years our community has implemented the Communities that Care strategic framework to the GCSAPP coalition and that frames prevention in a public health lens, addressing risk and protective factors. In order to minimize the external challenge of stigma the Consortium will use the risk and protective factors lens in its efforts. In order to address this challenge, the GCC is looking at harm reduction strategies and educating the community on this framework. One example of this

is the stigma reduction film "Humanizing Addiction" to help community members understand the complexity of addiction. One other example is the education, trainings and distribution of naloxone.

Another external challenge that the Consortium may encounter is in regards to accessing treatment and the barrier that is created by our geographic location. The current treatment options for opioid use disorder in Gunnison County do not meet the current need. The major gaps in treatment include MAT, Pain Management, mental health services, intensive outpatient program, and an inpatient rehabilitation/detox facility. There is also a need for education and outreach on existing treatment options and how to reduce the stigma associated with substance use disorder. According to the Gunnison Valley Health Systems 2019 Community Survey the top 2 prioritizes are 1. Behavioral Health, including substance use and suicide and 2. Access to Health Services. Finding affordable health care is 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. 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, two practicing licensed clinical social worker, two licensed marriage and family therapist, three licensed addictions counselor, and one licensed psychiatric mental health nurse practitioner and a psychiatrist that serves our community one day a week. Additionally, there are private practice therapist in Gunnison County, not all of which accept insurance or Medicaid. While there are five orthopedic surgeons, there are only five primary care physicians and one pediatrician in the entire county.[12] Additionally, the only behavioral health treatment option is outpatient. There is no intensive outpatient option and there are no inpatient substance use disorder facilities in Gunnison County. There are no accessible providers currently offering Medication-Assisted Treatment (MAT) with Suboxone for opioid use disorder and the closest service area that has ongoing treatment openings for new clients is 135 miles away. Transportation barriers have also been identified as a challenge in the community in the health field when community members need to receive treatment by specialty professionals; such as the services listed above and pediatric and other specialized services. In

[12] Colorado Health Institute, Workforce Data, 2017; https://www.coloradohealthinstitute.org/data

order to address this challenge, the Consortium s working to increase MAT services in Gunnison County and increase SUD/OUD workforce numbers to include one FTE adult prevention and recovery specialist, multiple peer health educators for Western Colorado University, one FTE community health worker to support the recovery community, provide trainings to support the educational path for two CAC II and one integrated behavioral health specialist; increases skillset of peer support specialists and diversified helpers, and increase affordability with voucher program.

The last area of challenge that our consortium is likely to encounter is the landscape of the community and impact from COVID-19. In the past month (April 2020) we have seen an increase of community members overdose; 4 opioid overdoses in the past 30 days and 11 total overdoses. We have seen an increase is crisis services and mental health needs as well. We anticipate an increase need in treatment and recovery services and prevention efforts will be more important than ever in order to increases protective factors to minimize toxic stress.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

Activities	Process Indicator	Outcome Indicator

ORGANIZATIONAL INFORMATION

The grant Project Director will be the chair of the Consortium and the grant Adult Prevention Coordinator will co-chair the Consortium. The Consortium will consist of 20 + Gunnison County organizations representing professionals and community members that interact with the targeted population. The larger Consortium will meet monthly for one hour with longer planning sessions and workgroup sessions when needed. 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.

The GCC has four sub-groups in order to ensure shared responsibility (leadership, data, education, and messaging/sober activity).

The Leadership Committee has an agreed upon structure for operational management of collaborative activities and efforts. Each member of the Leadership Committee keeps their organization informed of collaborative progress and actively seek feedback regarding the collaboration from within their organization. Leadership Committee members regularly discuss the progress of the collaborative effort and regularly share feedback from their respective organizations in order to ensure clear communication, issue identification, and problem resolution.

The subgroups meet monthly and is optional for all Consortium members. To address equity, all Consortium participants are compensated to be at the table unless otherwise fully compensated by their employer.

FY2020-2021 Budget Narrative and Justification

A. Personnel:
TABLE 7: FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director		80,176	50%	$40,088
Data Coordinator		47,411	50%	$23,706
Prevention - Coordinator - Adult		49,307	50%	$24,654
Community Health Worker – Recovery		40,186	100%	$40,186
Prevention Coordinator - Youth		57,487	25%	$14,372
			TOTAL	$143,006

NARRATIVE JUSTIFICATION: Funds will be used for 50% of the Program Director's time. The Program Director is the point person on the award and will make staffing, financial, and other decisions to align project activities with project outcomes. The Program Director will carry out all required duties of the grant including monthly calls with HRSA/Technical Assistance team and monthly meetings with Consortium members. Funds will be used for 100% of the Data Coordinator's time which will be a 20/hour a week position. The Data Coordinator is responsible for tracking, collecting, aggregating and reporting quantitative and qualitative data and information from consortium members regularly for quarterly and biannual reporting requirements. Funds will be used for an Adult Prevention Coordinator, 50%. The Adult Prevention Coordinator will facilitate Consortium sub-group meetings, organize naloxone trainings, promote take-backs, and assist the Community Health Worker. Funds will be used for a full time Community Health Worker to carryout recovery activities. The Community Health Worker will provide mentorship to community members as they reintegrate into the community from treatment or the criminal justice system and help them navigate resources for basic needs and recovery. The Community Health worker and Adult Prevention Coordinator will work with Gunnison Valley Health System, The Center for Mental Health and the criminal justice system to expand peer workforce opportunities. Funds will be used for the Youth Prevention Coordinator, 25%. The Youth Prevention Coordinator will work with the RE1-J school district to increases and support the use of evidence-based school and community prevention programs. The Youth Prevention Coordinator will work with universally with youth in the school and targeted with youth who are at higher risk for experiencing substance use disorders; LGBTQ youth and those with identified trauma. The Youth Prevention Coordinator will work with Western Colorado University Peer Health Advisors to provide programs and services to University students. The Youth Prevention Coordinator and Adult Prevention Coordinator will assist the Program Director with organizing and implementing core treatment activities. The compensation rates are determined by the County and reflective of local compensation for professionals performing these functions.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$143,006**

B. Fringe Benefits:
TABLE 9: FEDERAL REQUEST

Gunnison County

Component	Rate	Wage	Cost
FICA	7.95%	143.006	$11,369
		TOTAL	$11,369

NARRATIVE JUSTIFICATION: Any and all fringe are required for employees.
FEDERAL REQUEST(enter in Section B column 1 line 6b of form SF424A) **$11,369**

C. Travel:
TABLE 11: FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Required Training	Washington DC	Airfare (2 people)	$500	$1,000
		Lodging (2 people, 4 nights each)	$225/person/night	$1,800
		Per diem (2 people, 4 days each)	$65/person/day	$520
		Ground transportation for 2 people	$100	$100
Local Travel	Gunnison County	1,000 miles	.575/mile	$575
State Travel	Colorado Front Range	500 miles for training	.575/mile	$288
State Training	Colorado Front Range	Lodging (2 people, 2 nights each)	$150/per night	$600
State Training	Colorado Front Range	Per diem (2 people, 2 days each)	$65/person/day	$260
State Training	Colorado Front Range	Registration	$50 pp x 2	$100
			Total	$5,243

NARRATIVE JUSTIFICATION:
Funds are requested to send three consortium representatives to a required training as required by the grant application. Costs are based on estimates of airfare, lodging, per diem, ground transportation. These trainings will provide valuable information, skills, and networking opportunities to assist the coalition in achieving the stated goals and objectives. Funds are also requested to cover the cost of the in-county mileage to attend meetings and events that support work of the coalition. Funds are requested for travel for two consortium members to attend a substance abuse prevention conference to keep informed of current trends, data, and programs.

FEDERAL REQUEST(enter in Section B column 1 line 6c of form SF424A) **$5,243**

D. Equipment:

TABLE 13: FEDERAL REQUEST

Item(s)	Rate	Cost
None		$0

NARRATIVE JUSTIFICATION: NONE

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **$ 0**

E. Supplies:

TABLE 15; FEDERAL REQUEST

Item(s)	Rate	Cost
Naloxone Trainings for up to 200 people	Naloxone 100 boxes x $40	$4,000
Take Back campaign materials		$500
Consortium Newsletter 2 newsletters @ $ 300		$600
	Total	$5,100

NARRATIVE JUSTIFICATION:

Funds are requested to hold Naloxone trainings to further the education of our health providers and community members and to train participants to administer Naloxone if needed. Participants will leave with knowledge about administering Naloxone to help the greater community and will be provided with 200 doses (100 boxes) of Naloxone. Naloxone will be available at designated sites across the community where individuals are trained. Funds will be used to continue our Take Back campaign and produce materials in Spanish. The consortium newsletter will publish timely articles that are informative on the harms of opioids and prescription drug abuse.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A)**$5,100**

F. Contract:

TABLE 17: FEDERAL REQUEST

Name		Cost
Gunnison Valley Family Physicians and Gunnison Valley Health System	$40,000 for each provider (2) to become MAT certified and provide services to Gunnison County residents.	$80,000
Consortium member stipends	15 organizations/individuals to attend 2x monthly meetings $100/mo.	$18,000
Center for Mental Health	$10,000 annually for collaboration on all treatment activities	$10,000
Western Colorado University – Student Health and Wellness	Funds for WCU Student Health and Wellness office to support Peer Health Educators to carry out prevention programming, education and bridge to community resources for University students	$15,000

	TOTAL	$123,000

NARRATIVE JUSTIFICATION:
Funds are requested to assist Gunnison Valley Family Physicians and the Gunnison Valley Health System each dedicate one provider to become certified and provide MAT services. Funds are requested to help to compensate Consortium members/organizations for their time on activities and efforts. Funds will help to cover staffing costs for meetings and projects. Funds are requested to provide financial compensation for The Center for Mental Health to assist with all Treatment Core activities and have a dedicated staff member participate at the leadership level of the Consortium. Western's Office of Student Health and Wellness will directly work with the Peer Health Educators to carry out prevention activities and education opportunities to Western students, staff and faculty to prevent misuse of opioids and other substances. Programs will include alternative programs, drug take back programs, and other related programming. Educational opportunities include but are not limited to dissemination of substance related information, media costs, paid speakers and presentations targeted to Western students, staff and faculty members. Supplies and related items which will support programming activities and educational opportunities.

FEDERAL REQUEST-- (enter in Section B column 1 line 6f of form SF424A) $123,000

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)	$30/month x 12 months	$360
Monthly Fee for hand held email device	$45/month x 1 employee	$540
Computer	$4000 annually – three computers for staff and all maintenance and programming for computers cost which is $10,000 annually.	$4,000
Media Space for PSA's	$350 per month online and newspaper ads in each community x 12 months	$4,200
Community Education	4 events annually to provide education on SUD/OUD 50 people per event $500 for materials and space	$2,000
Support for youth initiatives	$500 for space for youth to hold meetings, focus groups and education. $25 supplies monthly	$6,300

Medical Education Dinners	$500 per event for speaker, rental and supplies x 2	$1,000
Professional Development Training	$250 per training for x 20 participants – CBT and Trauma Informed trainings, $2000 for EMDR for 2 professionals	$7,000
Integrated Treatment	Create Comprehensive list, print, promote and educate the community.	$3,000
Voucher program	Create a pool of providers who will see patients at a discounted price 60% of normal charges – voucher will pay another 20% (20% of $125 = $25) for 100 appointments -4 appoints for 25 individuals.	$2,500
Recovery Efforts	$500 monthly to increase recovery efforts for Gunnison Residents to include programming and basic needs (food/rent/transportation)	$6,000
SUD/OUD Screening tool	Printed copies of screening tool	$1,200
	Total	$38,100

NARRATIVE JUSTIFICATION:
The Director position requires mobility in the form of a handheld email device and computer use in the office. Rates include monthly fee for service. Funds will be used in order to educate the computer on take-back programs, education opportunities and messaging through media sources. Funds will be used to help support youth initiatives in order to compensate youth for their time an increase buy-in. Funds will be used to support educational efforts for the community, helping professionals and prescribers in order to enhance understanding of addiction and treatment methods. Funds are requested to assist the integrated therapies department in making educational materials to promote complimentary services for whole person care. Funds will be used in order to help create a voucher program to help reduce barriers to care and offset the cost for providers. Funds will be used to support recovery efforts including increasing basic needs. Funds will be used to support a SUD/OUD screening tool that will be used across the community.

FEDERAL REQUEST-- (enter in Section B column 1 line 6h of form SF424A) $38,100

TOTAL DIRECT COSTS:
FEDERAL REQUEST (enter in Section B column 1 line 6i of form SF424A) **$325,818**

TOTAL INDIRECT COSTS:
FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A) **$32,582**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs
FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$358,400**

TABLE 21: BUDGET SUMMARY Year 1

Category	Federal Request	Non-Federal Match	Total

Personnel	$143,006	$0	$143,006
Fringe	$11,369	$0	$11,369
Travel	$5,243	$0	$5,243
Equipment	$0	$0	$0
Supplies	$5,100	$0	$5,100
Contractual	$123,000	$0	$123,000
Other	$38,100	$0	$38,100
Total Direct Costs*	$352,818	$0	$352,818
Indirect Costs	$32,582	$0	$32,582
Total Project Costs	$358,400	$0	$358,400

Budget Summary – Year 2

Category	Federal Request	Non-Federal Match	Total
Personnel	$136,500	$0	$136,500
Fringe	$10,852	$0	$10,852
Travel	$4,000	$0	$4,000
Equipment	$0	$0	$0
Supplies	$5,050	$0	$5,050
Contractual	$110,000	$0	$110,000
Other	$34,500	$0	$34,500
Total Direct Costs*	$300,902	$0	$300,902
Indirect Costs	$30,090	$0	$30,090
Total Project Costs	$330,992	$0	$330,992

Budget Summary – Year 3

Category	Federal Request	Non-Federal Match	Total
Personnel	$136,500	$0	$136,500
Fringe	$10,852	$0	$10,852
Travel	$4,000	$0	$4,000
Equipment	$0	$0	$0
Supplies	$5,020	$0	$5,020
Contractual	$100,000	$0	$100,000
Other	$26,000	$0	$26,000
Total Direct Costs*	$282,372	$0	$282,372
Indirect Costs	$28,236	$0	$28,236
Total Project Costs	$310,609	$0	$310,697

Budget Summary – Total 3 year period

Category	Federal Request	Non-Federal Match	Total
Personnel	$416,006	$0	$416,006
Fringe	$33,073	$0	$33,073
Travel	$13,243	$0	$13,243
Equipment	$0	$0	$0
Supplies	$15,170	$0	$15,170
Contractual	$333,000	$0	$333,000

Other	$98,600	$0	$98,600
Total Direct Costs*	$909,092	$0	$909,092
Indirect Costs	$90,908	$0	$90,908
Total Project Costs	$1,000,000	$0	$1,000,000

Project Abstract

Project Title	Gunnison County Consortium	
Requested Award Amount:	$1,000,000	
Applicant Organization Name:	Gunnison County	
Address	200 East Virginia Ave. Gunnison, CO 81230	
Applicant Organization Facility Type:	Government/Community-based Organization	
Project Director	**Name:**	Kari Commerford
	Title:	Director of the Department of Juvenile Services
	Phone number:	970-642-7393
	Email address:	kcommerford@gunnisoncounty.org
EIN/DUNS:	84-6000770	
How the Applicant First heard of the Funding Opportunity:	HRSA Project Officer	

Contributing Consortium Members and Stakeholders	Center for Mental Health, Health and Human Services, Western Colorado University, Health Coalition of the Gunnison Valley, Gunnison Valley Health Foundation, Gunnison Valley Hospital, Project Hope, GVH/CMH Peer Support Specialist, Early Childhood Council, Chief Medical Officer for the County, District Court Judge, City Market Pharmacists, District Attorney, Gunnison Chief of Police, Juvenile Diversion program manager, parents, Cattleman's Days Tough Enough to Wear Pink, recovery community,
Previous or Current grant recipient:	FY19 ROCRP-Planning Applicant Organization
Brief Description of the Target Population:	Gunnison County is designated as a frontier county located in south central Colorado. With a population under 17,000, there are fewer than 5 people per square mile. Of the 16,871 residents in the county, approximately one third are between the ages of 18 and 34 years old. According to a recent study on opioid use disorder in rural areas, populations with the highest rates of opioid misuse include adolescents ages 12-19 and adults ages 20-29.[1] The larger-than-average number of young adults in Gunnison County increases the risks of opioid use disorder within the County. Efforts will address all Gunnison County residents with emphasis on the 12-40 year old population.
Target Service Area	Gunnison County, CO

[1] Maine Rural Health Research Center Research & Policy Brief, Rural Opioid Abuse: Prevalence and User Characteristics, PB-63-1 February 2016