AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; Colorado Department of Public H

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County - CDPHE

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

Summary:

GCSAPP - CTC grant

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
ok. kw

Reviewed by: GUNCOUNTY1\kweak Discharge Date: 11/20/2020

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

Comments:
ok db 11/20/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 11/20/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 11/20/2020

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

Agenda Date: 11/24/2020

Revised April 2015

COLORADO
Department of Public Health & Environment

---PROGRAM INSTRUCTIONS - REMOVE FROM THE FINAL VERSION---
Program: Remember to protect this form after you have entered the appropriate information (in highlighted areas) and before you post this document. Delete this instruction prior to posting.

REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE

Date:	October 15, 2020	**RFA Number:**	32174
Submit Electronic Applications to:	Colorado Department of Public Health & Environment Substance Misuse Prevention Grants 4300 Cherry Creek Drive South Denver, CO 80246	**CDPHE Contact:**	Marc Morgan Marc.morgan@state.co.us
RFA Submission Deadline:	November 25, 2020 5:00 p.m. (Mountain Time) Caution: Applicants are responsible to ensure timely receipt.		

A Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Per the attached specifications, terms and conditions

***F.E.I.N.:** 84-60007700
DUNS: 133115220

Authorized Signature: _____
Original or electronic signature acknowledge acceptance of all terms and conditions of the solicitation.

Typed/Printed Name:	Jonathan Houck		
Title:	Chairman - Board of County Commissioners		
Company Name:	Gunnison County		
Address:	200 East Virginia Ave.		
City:	Gunnison	**State:** CO	**Zip:** 81230
Phone Number:	970-275-9625	**Fax Number:**	970-641-3061
Contact for Clarifications:	Kari Commerford		
Title:	Director of Juvenile Services		
Phone Number:	970-642-7393	**Fax Number:**	970-641-9079
Email Address:	kcommerford@gunnisoncounty.org		

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

RFA #32174

Applicants are urged to read the solicitation document thoroughly before submitting an application. **THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED WITH RESPONSE**

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COLORADO
Department of Public Health & Environment

Attachment C: Option A Example Work Plan
Communities That Care in Colorado
Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Request for Applications (RFA)

I. Project Description:

This project serves to reduce negative health outcomes among Colorado youth, including substance misuse, violence, and suicide. CDPHE is funding this project to prevent those health outcomes by reducing risk and increasing protective factors in the lives of youth. Under this model, funded community coalitions across the state assess the specific and well-researched risk factors (factors that increase the likelihood of a problem behavior) and protective factors (factors that buffer someone from the risks of a problem behavior) among the youth in their communities. Communities then pick from a menu of proven or evidence-informed practices to address the factors most relevant among local youth. Colorado youth in each of the funded communities across the state will benefit from this project due to the increased presence of evidence-informed strategies and programs in their community as a result of organized coalition efforts to impact gaps in preventing risk or promoting protective factors.

II. Definitions:

1. **Behavioral health:** a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders, and behavioral health, and as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians, as well as nurse practitioners and physician assistants.
2. **CDE:** Colorado Department of Education
3. **CDHS:** Colorado Department of Human Services
4. **CDPHE:** Colorado Department of Public Health and Environment
5. **CMP:** Collaborative Management Programs funded by CDHS
6. **Community Action Plan:** This comprehensive and community-wide action plan defines the community engagement process and primary prevention plan of CTC. **Part one** of this plan includes the partners involved, existing primary prevention efforts within the community, the prioritization process of the data, the risk and protective factors that the community selected to address, and the selected primary prevention strategies and programs that the community, not the lead agency, has decided to prioritize to reduce those risk or improve those protective factors. The plan is ideally comprehensive when it includes strategies and practices that cross the socioecological model, including programs for individuals and families, policy improvements for organization and local governance, and efforts to shift the community norms to reflect the social development strategy. **Part two** of this plan, sometimes called the implementation and evaluation plan, ultimately specifies the steps that the community will take to implement the action plan, capacity building, funding, and outlines how those steps will be measured for success. Part two of the plan addresses gaps that exist within the community and is fluid as the coalition shifts its implementation strategies to adjust to an ever-changing environment.
7. **CTC** or **Communities That Care:** an evidence-based community engagement and prevention science model identified as a promising program by the Blueprints for Healthy Youth Development evidence-based registry. Communities that Care includes 5 Phases of implementation:
   - Phase 1: Get Started
   - Phase 2: Get Involved
   - Phase 3: Develop Community Profile

Phase 4: Create a Plan
Phase 5: Implement and Evaluate

7. **CU Anschutz**: University of Colorado Anschutz Medical Campus
8. **DCJ**: Division of Criminal Justice
9. **DfC**: Drug Free Communities Grant recipients from the Office of National Drug Control and Policy
10. **HKCS:** Healthy Kids Colorado Survey
11. **LPHA:** Local Public Health Agency
12. **MCH:** Maternal Child Health
13. **OBH**: Office of Behavioral Health at the Colorado Department of Human Services
14. **Primary Prevention**: As defined by the Centers for Disease Control's (CDC) Principles of Prevention Guide, primary prevention takes place BEFORE substance misuse (or other health behavior) initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for substance misuse or exposure. Or, they encourage the factors that protect or buffer people from substances.
15. **PYD:** Positive Youth Development is an approach that guides communities and organizations in the way that they organize services, opportunities and supports. In practice, this approach incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies, so that young people reach their full potential.
16. **SB94:** Programs funded by CDHS authorized through Senate Bill 94.
17. **Social Development Strategy (SDS):** Providing young people with opportunities, skills and recognition strengthens bonding with family, school and community. Strong bonds motivate young people to adopt healthy standards for behavior. The strategy has five key components:
    1) Opportunities: Provide developmentally appropriate opportunities to young people, for active participation and meaningful interaction with prosocial others.
    2) Skills: Teach young people the skills they need to succeed
    3) Recognition: Provide consistent specific praise and recognition for effort, improvement, and achievement.
    4) Bonding: Acknowledge a young person's effort and promote positive bonding – a sense of attachment, emotional connection and commitment to the people and groups who provide that recognition. Bonding can occur with a family member, teacher, coach, employer or neighbor.
    5) Clear Standards for Behavior: Through the process of bonding, young people become motivated to live according to the healthy standards of the person or group to whom they are bonded.
18. **Socio-ecological model:** CDC uses a four-level social-ecological model to better understand domains that influence decisions, behaviors, and outcomes and the effect of potential prevention strategies in influencing positive changes in these domains. This model considers the complex interplay between individual, relationship, community, and societal factors.
19. **State-funded prevention programs**: Examples of state-funded prevention programs include the Tony Grampsas Youth Services projects, sexual violence prevention programs, communities funded by the Office of Suicide Prevention, LPHA Maternal Child Health, CDE grantees, collaborative management programs, community substance misuse treatment programs funded by OBH, Senate Bill 94 programs, Regional Accountable Entities funded by Health Care Policy and Financing, and other Division of Criminal Justice programs.
20. **Substance misuse:** substance misuse among youth includes underage use of marijuana and alcohol and the misuse of prescription drugs/opioids. Additional substances may be included in the definition of substance misuse by a community if they have documented data of misuse or abuse among youth in their community, excluding tobacco.
21. **TGYS:** Tony Grampsas Youth Services grants for primary prevention programs in communities.
22. **UCB**: University of Colorado Boulder

IV. Work Plan:

Goal #1: Create healthy, thriving and resilient communities, free from violence and injury.

Objective #1: No later than the expiration date of this contract, reduce negative health outcomes among Colorado youth, including substance misuse, violence, and suicide by reducing risk and increasing protective factors in the lives of youth.	
Primary Activity #1	The Contractor shall mobilize a high capacity group of stakeholders through steps of the *Communities That Care* model, using data and priorities identified by each individual community.
Sub-Activities #1	1. The Contractor shall provide a *Communities That Care* Community Mobilizer that is 0.75FTE or greater. 2. The Contractor shall retain key leaders and community board members to participate in the CTC project, using guidance outlined in the CTC model. 3. The Contractor shall retain leaders of state-funded prevention and treatment projects to participate in the CTC project, as available within the communities. 4. The Contractor shall use group facilitation skills and tools provided by CTC and other organizations to help guide the stakeholders engaged in the CTC process through the CTC process. 5. The Contractor shall continuously revisit any milestones from Phases 1 and 2 needed to support coalition progress in achieving milestones from Phases 3-5. 6. The Contractor shall hold regular meetings of the stakeholders engaged in the CTC process, a minimum of one (1) meeting of the stakeholders or a workgroup per month. 7. The Contractor shall complete the CTC Milestones tool with the support of the stakeholders engaged in the CTC process. 8. The Contractor shall send community stakeholders information in advance to prepare for meetings. 9. The Contractor shall facilitate delegation of community prevention CTC project tasks, including but not limited to collecting, organizing, and analyzing data; community outreach and public relations; and leading CTC project meetings. 10. The Contractor shall train stakeholders engaged in the CTC stakeholder project to expand community outreach.
Primary Activity #2	The Contractor shall use local HKCS data and regional data from other public sources to generate a community assessment that identifies gaps in prevention to reduce risk and increase protective factors that improve youth health outcomes.

Sub-Activities #2	1. The Contractor shall summarize data about risk and protective factors in the community using a list of scales and indicators provided by CDPHE. 2. The Contractor shall coordinate data review with local public health staff who create the existing local community health assessment required in the Public Health Act of 2008. 3. The Contractor shall lead the activities outlined in the relevant phases of the Milestones with appropriate timing for effective community progress. 4. The Contractor shall complete additional assessments to develop a clear picture of gaps in resources and community assets available to address risk and protective factors through evidence-based primary prevention strategies and programs within the community, specifically related to shared risk and protective factors. 5. The Contractor shall use an equity lens to review all data for disproportionate structures and systems of oppression that may contribute to additional challenges for a subset of the local population. 6. The Contractor shall identify existing prevention programs and strategies that can be leveraged to address the strategies selected at each of the socio-ecological model levels. 7. The Contractor shall request relevant data from community stakeholders to further analyze gaps in local efforts to reduce risk and increase protective factors among youth. 8. The Contractor shall review updated local or regional data released after the completion of the community assessment to further monitor priority risk or protective factors that impact unhealthy youth outcomes, including substance misuse and violence. 9. The Contractor shall engage community members to assess risk and protective factors driving prioritized problems. 10. The Contractor shall summarize these assessment results in an updated report on risk, protective and outcome data. 11. The Contractor shall complete the relevant activities and sections of the CTC Milestones tool for Phases 2-3, with the support of the workgroups, boards, and other stakeholders engaged in CTC and with guidance from the CTC Coach. 12. The Contractor shall re-administer relevant Milestones as needed.
Primary Activity #3	The Contractor shall develop a comprehensive community action plan to prioritize primary prevention strategies and programs that reduce risk and promote protective factors, specifically addressing capacity gaps in prevention programs, practices, and policies identified in the assessment using the CTC model.
Sub-Activities #3	1. The Contractor shall use the results of the community resource assessment (in consultation with stakeholders engaged in the CTC project) to refine the population of youth that would benefit most from the interventions outlined within the community action plan. 2. The Contractor shall facilitate the CTC workgroups, community board, and key leader board through the milestones for Phases 4-5 with appropriate timing for effective community progress, with guidance from the CTC Coach. 3. The Contractor shall develop a process for setting prevention priorities based on updated assessment data from that community. 4. The Contractor shall work with CTC coalition members, members of the larger community and CDPHE to develop a comprehensive community action plan, using evidence-based or evidence-informed programs and strategies from a menu of prevention strategies to be provided by CDPHE.

	5. The Contractor shall support the coalition to develop budgets for implementation of prevention strategies identified by the stakeholders engaged in the CTC project. 6. The Contractor shall identify process and outcome evaluation measures for each strategy or program implemented within the community action plan with technical assistance from UCB. 7. The Contractor shall support the coalition to implement a minimum of one (1) prevention strategy from both the societal and community levels of the socioecological model to impact selected risk or protective factors (in consultation with stakeholders engaged in CTC). This may include building skills of the coalition to implement systems change strategies and to identify funding for the selected strategy. 8. The Contractor shall support the coalition to implement a minimum of one (1) prevention program serving youth or families to impact selected risk or protective factors, selected from the Blueprints for Healthy Youth Development or another renowned registry (in consultation with stakeholders engaged in CTC). This may include building skills of the coalition to implement programs with fidelity and to identify funding for the selected program. 9. The Contractor shall include in the community action plan activities that promote positive youth development (PYD) and social development strategy (SDS) policies, principles, and practices throughout their community. 10. The Contractor shall include in the community action plan activities that dismantle oppressive systems and prevent the implementation of the selected program or strategy from increasing disparities or unjust practices. 11. The Contractor shall use approved tools to conduct outcome-focused planning to illustrate and connect the problems the CTC coalitions and other stakeholders will address, evidence-based strategies to address those problems, and anticipated outcomes. 12. The Contractor shall complete the applicable activities and sections of the CTC Milestones tool for Phases 4-5, with the support of the workgroups, boards, and other stakeholders engaged in CTC and with guidance from the CTC Coach.
Primary Activity #4	The Contractor shall document the implementation of specific action steps and related evaluation measures from part two of the community action plan, including successes and challenges the stakeholders engaged in CTC encountered while implementing prevention strategies that address common risk or protective factor gaps within the community.
Sub-Activities #4	1. The Contractor shall be aware of implementation of any primary prevention strategies focused on risk or protective factors within the community to avoid duplication. 2. The Contractor shall document successes and challenges encountered by community coalition members while implementing prevention strategies. 3. The Contractor shall track progress toward implementation of the steps outlined in the community action plan. 4. The Contractor shall discuss prevention activity updates in the community action plan with the CDPHE CTC Coach. 5. The Contractor shall document the implementation activities and challenges in their progress reports to CDPHE. 6. The Contractor shall use data from the strategic reflection process to make continuous quality improvements to part two of the community action plan to remain aligned to the outcome-focused planning. This includes monitoring

	for any impact that may contribute to, instead of prevent, inequitable or harmful outcomes. 7. The Contractor shall complete the appropriate sections of the CTC Milestones tool for Phase 5, with the support of the workgroups, boards, and other stakeholders engaged in CTC and with guidance from the CTC Coach. 8. The Contractor shall use training and technical assistance from UCB to complete the evaluation portions of the community action plan.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall participate in all required technical assistance meetings conducted by the CDPHE CTC team. 3. The Contractor shall work with state- and federally-funded programs that exist within their community, including but not limited to other funded prevention programs from CDE, MCH, TGYS, CMPs, SB94, DfCs, OBH or DCJ. 4. The Contractor shall facilitate the implementation of the Milestones across the five (5) phases of the *Communities That Care* model with fidelity, providing additional information about any adjustments made that make the model more responsive to local needs. The five phases are described on the CTC website: http://www.communitiesthatcare.net/how-ctc-works/, incorporated and made part of this Contract by reference. 5. The Contractor shall require the CTC Community Mobilizer demonstrate the skills identified in the CTC Community Mobilizer job description and skill assessment. 6. The Contractor shall require any person supporting facilitation of the broader coalition to be cross-trained as a CTC Community Mobilizer to support effective implementation and coalition management, when needed. 7. The Contractor shall require that all Community Mobilizers using the CTC Plus system have successfully completed the Community Mobilizer Training, content mastery assignment, and working with a CTC coach in advance of launching CTC Plus in their communities. 8. The Contractor shall adhere to all CTC Plus license agreement requirements. 9. The Contractor shall facilitate the CTC Coalition toward implementation and improvement across all six of the Elements of Effective Coalitions, found at https://drive.google.com/file/d/10pk-oiLdexeUbaGEomGq6DGc5dljpGG7/view, , incorporated and made part of this Contract by reference. 10. The Contractor shall participate in monthly coaching calls, share updates and upcoming coalition or workgroup meeting agendas, and request support prior to implementation of milestones to the CTC Coach at CDPHE. 11. The Contractor shall include CTC Community Mobilizer staff on the monthly call for needed TA and coaching on upcoming CTC phases and milestones. 12. The Contractor shall provide a list of middle and high schools in their community to the CU Anschutz HKCS team to encourage focused recruitment of those schools in the HKCS. 13. The Contractor shall act as a liaison linking CU Anschutz HKCS staff to schools for recruitment for survey administration.

14. The Contractor shall enter into a report sharing agreement with local schools to receive HKCS scaled risk and protective factor reports once every two years, when possible.
15. The Contractor shall request technical assistance from UCB to interpret the results in the scaled risk and protective factor reports that use HKCS data.
16. CDPHE will provide available Healthy Kids Colorado Survey data at the regional and state level found at www.healthykidscolo.org This information is incorporated and made part of this Contract by reference.
17. The Contractor shall assist in all data collection efforts from UCB in order to help with continuous program quality improvement, as requested.
18. The Contractor shall recruit a minimum of one (1) youth advisor and one (1) family leader to participate on workgroups within the community group of stakeholders engaged in the CTC project. Family leaders may include graduates of the Family Leadership Training Institute.
19. The Contractor shall use the Office of Health Equity's Sweet Tool on Community Engagement to move through the spectrum of engagement toward Shared Leadership with coalition members. - https://drive.google.com/file/d/119lenKB-zvTeQHUjanB0MS7rkx-Wr-UJ/view This information is incorporated and made part of this Contract by reference.
20. The Contractor shall encourage participation of all community members by considering how the following may impact participation and providing ease of access to these items, when possible:
    a. convenient location,
    b. meetings held at a convenient time that does not conflict with work and school schedules,
    c. available public transportation,
    d. childcare accessibility,
    e. interpretation needs, and
    f. food.
21. The Contractor shall seek to reimburse community coalition members for their time and expertise if they participate outside of their employment or paid time.
22. The Contractor shall provide language interpretation at CTC project meetings when there are non-English speaking community members participating.
23. The Contractor shall identify the ways in which CTC community mobilizing contributes to oppression in the community, and recognize and take action to address the impact that racism and other intersectional oppression has on individual and population health.
24. The Contractor shall carefully consider potential harmful consequences on specific groups within the community through implementation of the identified strategies or programs. This may include using a racial equity impact assessment prior to implementation and monitoring process and outcome data during implementation for disproportionate impact. An example can be found here, though the Contractor can propose using a different but nationally recognized impact assessment. https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf. This information is incorporated and made part of this Contract by reference.
25. The Contractor shall use annual feedback from the key leader and community board members as well as from the coach to identify opportunities for development and quality improvement that will support program outcomes.
26. The Contractor shall develop the skills of staff working on the project by attending identified trainings, including grantee meetings, the community

	mobilizer training, effective facilitation strategies, positive youth development, accessing data resources, prevention-science, and other trainings as identified. 27. The Contractor shall use the positive youth development rubrics (adult and youth version) to build capacity and evaluate effective youth involvement aligned with HB 13-1239 - Colorado Statewide Youth Development Plan's identified strategic efforts to achieve positive outcomes for all youth. 28. CDPHE will provide a menu of primary prevention strategies across the socioecological model for implementation by communities. These community-level systems change strategies will be based on the best available research and evidence for the prevention of risk and promotion of protective factors in communities. 29. The Contractor shall select strategies for implementation in the community action plan from the menu of primary prevention strategies to be provided by CDPHE. 30. The Contractor shall select programs for implementation in the community action plan from a reputable evidence-based program clearinghouse, including the Blueprints for Healthy Youth Development. 31. The Contractor shall utilize technical assistance from UCB and from other subject matter experts on using research-informed best practices in implementation. 32. The Contractor shall utilize technical assistance from UCB on best practices in evaluation development and monitoring. 33. The Contractor shall create a proposal for any innovative strategies not currently on the menu of primary prevention strategies using the approved CDPHE proposal template. The Contractor shall provide the proposal via email to their assigned CTC Coach for review by the entire CTC team for evidence-informed approaches. 34. CDPHE will review any innovative strategy proposal submission within 15 business days of receipt and provide feedback and questions for further clarification. 35. The Contractor shall create a community action plan that meets the criteria set out in the CDPHE community action plan guidelines. 36. CDPHE will review and provide feedback on parts one and two of the community action plan within 20 business days. 37. The Contractor shall consult with their CTC Coach on feedback for parts one and two of the community action plan prior to strategy and program implementation. 38. The Contractor shall consult with their CTC Coach prior to making changes to parts one or two of the community action plan that would alter the objectives of either plan. 39. The Contractor shall review part one of the community action plan with the Key Leader Board (KLB) to highlight leveraged efforts and funding for selected strategies and programs and to receive the KLBs' advice and suggested changes prior to developing part two of the community action plan. 40. The Contractor shall comply with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) website http://www.integration.samhsa.gov/EnhancedCLASStandardsBlueprint.pdf as they relate to health communications and is incorporated and made part of this Contract by reference. 41. The Contractor shall use current social marketing campaign materials provided by CDPHE, when social norms change is selected as part of the community action plan. 42. The Contractor shall not use CTC funds to purchase ad space for existing statewide social marketing campaigns.

	43. The Contractor shall use only marijuana research or statements on the health effects outlined by the Retail Marijuana Public Health Advisory Committee. These approved health statements and factsheets are incorporated and made part of this Contract by reference and are available on the following website www.colorado.gov/marijuana. 44. The Contractor shall use the CDPHE-approved progress and final report templates, to be provided by CDPHE. Information requested will align with the statewide evaluation plan from UCB and continuous program quality improvement efforts. 45. The Contractor shall provide to CDPHE upon request written procedures related to gift card purchase and handling. At a minimum, the procedures must include the following: a. How the gift card inventory is tracked and maintained b. Gift card storage and safeguards against theft c. The primary person responsible for securing and distribution gift cards, d. A gift card distribution log that records each gift card number, dollar amount, and the printed name and signature of each gift card recipient. 46. The Contractor shall provide CDPHE with an updated staff roster of CTC Community Mobilizers and other staff within two (2) weeks of any staffing change.
Expected Results of Activity(s)	Reduce negative health outcomes among Colorado youth, including substance misuse, mental health, and violence by lowering risk and increasing protective factors in the lives of youth and implementing evidence-based policies, practices, and programs to address those factors using the *Communities That Care* model across Colorado.
Measurement of Expected Results	Final progress and outcome evaluation results, including: a. documented progress on the CTC Milestones b. community action plan identifying how the community will address the priority risk and protective factors related to improving youth health outcomes, including substance misuse prevention. c. implementation of community action plan, including evaluation activities

		Completion Date
Deliverables	1. The Contractor shall submit a progress report using a CDPHE approved template.	No later than 9/30, 12/31, 3/31, 6/30 annually
	2. The Contractor shall submit a data prioritization report which highlights the selected risk and protective factors for prioritization in the community, including any quantitative and qualitative data that relates to the selection.	No later than 18 months after funding begins
	3. The Contractor shall submit a Community Action Plan Part One that addresses the identified gaps found in the community assessment and prioritized strategies and programs to address these gaps.	No later than two years after funding begins

	4. The Contractor shall submit a Community Action Plan Part Two that includes the implementation, evaluation, and funding plans for the prioritized strategies and programs.	No later than 30 months after funding begins
	5. The Contractor shall submit a final report that provides an overview of all activities implemented in the five (5) years of funding.	No later than 6/30/2026

V. Monitoring:

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

VI. Resolution of Non-Compliance:

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

Attachment D: Option A Application Form
Communities That Care (CTC) in Colorado
Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Request for Applications (RFA)

Name of Applicant Agency: Gunnison County
Community Name (to distinguish between multiple applications from the same agency to work in a second community): Gunnison County Substance Abuse Prevention Project (GCSAPP) -CTC

Community Descriptors and Commitments
Which of the following describes your organization:

i. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care model, which may or may not be right in your community. Is your community in agreement that the Communities That Care model can be effective in your area to address youth health outcomes by organizing the community, reviewing data on risk and protective factors among youth, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes
☐ No (*this eliminates your community from eligibility for these funds. Please do not submit an application.*)

ii. Which of the following describes your community?

☐ Urban as defined by the USDA
☒ Rural as defined by the USDA
☐ Tribal

iii. County/Tribal Land drop down list
Gunnison County

Application Narrative: (375 points total)
Please respond to each question below and keep this entire document to a maximum of 17 pages (including the Community Descriptors and Commitments above). These questions are grounded in research about the 6 Elements of Effective Coalitions and provide the applicant with the opportunity to describe their level of readiness to facilitate a high functioning coalition that will generate and support the implementation of a community-wide (not agency-specific) comprehensive community action plan for primary prevention.

Community Description (65 points)

1. What are the geographic boundaries of the community that you will apply to work within and/or a specific population within that boundary? For example, LGBTQ youth across Denver County vs another intent to apply may list the SW side of Denver including X, Y, and Z neighborhoods. Please be sure to include the number of schools and districts, as well as various municipalities that fall within your boundaries. Share a bit about the intention behind setting these boundaries.

This grant will serve all Gunnison County residents with an emphasis on youth K-12, their parents and young adults 18-35. Gunnison County is a remote frontier county located in south central Colorado. The bulk of Gunnison County's residents live in Crested Butte and Gunnison, or within the 30-mile valley between the two towns. There is one school district that serves all youth in the valley, RE1-J and one charter school in Marble. Also, within the county are small towns of Pitkin, Almont, Ohio City, Sargents, Marble, and Somerset. GCSAPP defined these boundaries when it first established in 2007 and continues to work to serve the whole frontier county with emphasis on youth, parents and young adults.

2. Please describe the demographics and various types of diversity within the population listed in Question 1.

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 half of county residents are between the ages of 0 and 35 (Gunnison Valley Health, 2019). Two reasons Gunnison County has such a high population of young adults is the existence of Western Colorado University (WCU) which lies within the city limits of Gunnison, and the outdoor tourism-driven economy. According to 2019 Healthy Kids Colorado Survey (HKCS) Data, 14.3% of high school youth identify as Gay/lesbian/bisexual and 1% of adult County resident identify as Gay/lesbian/bisexual. There are limited resources and education for our LGBTQ community members. The City of Gunnison's demographics offer a measure of diversity, with a 14.7% Hispanic population versus the county measure of 9%. County Census data reports 87.1% of residents identify as White alone, 2.6% identify as American Indian/Native Alaskans, and 1.9% identify as 2 or more races. Gunnison's rate of growth in Hispanic population is in line with diversity growth across the rural United States (Census.gov). However, we continue to see a diversity gap in our local power structure that has not kept up with the change in demographics. The median household income in Gunnison County is $54, 979 compared to the state, which is $77, 127. The percentage of people 25 and older living in Gunnison County with a bachelor's degree or higher is 38.5% compared to the state, which is at 25.2%. While many residents in Gunnison County are highly educated, they get paid $22,148 less per year on average making the rural community residents vulnerable to financial insecurities. In addition, Gunnison County is growing rapidly (Census.gov). From 2010 to 2018, the overall population of the county has grown 12.5%, further increasing the demand on the existing limited resources of this rural community. The media often generalizes rural America as white, marginalizing the many rural communities of color across the US. Rural America and rural white America are not the same, and both exist in Gunnison County. Differences between the Crested Butte (North) end of the valley and the City of Gunnison (South) end are stark. A plethora of second homes, a high school listed in the US News top 100, a 9% poverty rate, and a population that is 96.7% white define the charming resort town of Crested Butte. Contrast that with the City of Gunnison's 25.6% poverty rate, and an impression of wealth distribution becomes clear. Greater wealth = better schools = higher cost of living. This fosters a commuter culture where Crested Butte's workforce lives down valley resulting in a degree of wealth and class segregation.

3. What are the issues/challenges(s) faced by the youth and families in the applicant community(ies)? Include reputable data for the community or the region in which the initiative will be implemented, which may include the Healthy Kids Colorado Survey (HKCS) and other local data sources.

Gunnison County was established in 1877, one year after Colorado gained its statehood. The early residents were hardy mountain men and women who trapped fur, mined, ranched and otherwise survived a harsh climate. The rocky geography and brutal winters forced early residents to adopt an independence that can still be seen in current residents. Today, Gunnison County is a tourist destination, home to Crested Butte ski area and to world-class fishing, mountain biking, and other high-risk, outdoor adventure activities. These community characteristics attract residents and tourists with lifestyles that encourage a festival culture, including the use of substances as part of the experience. Some folks believe that part of living in the high country is getting high: one of Gunnison County's biggest community risk factors. Rugged individualism, risk-taking behavior, and the isolation that results from communities and homes spread across wide swaths of land contribute to the high suicide rate found in ski towns across the Mountain West. [1] Like most ski area towns, the economy of the north end of the valley (Crested Butte) is seasonally based. When one season ends, residents must scramble to find another job to cover the high cost of living. Inconsistent income places enormous stress on individuals, families, and relationships. Due to the transient nature of the community, residents often lack intergenerational relationships and deep social connection. When life gets difficult, the social support system needed to weather the storm is not

in place. Add the long, dark, exceptionally cold winters and altitude-induced low serotonin levels, and it is inevitable that the community has a high risk for substance use and mental health disorders.
As with most rural, frontier regions, health disparities are prevalent. Access, availability, affordability, cultural variants, extreme poverty, and individual behavioral factors heighten healthcare challenges. Gunnison County is designated as a Health Professional Shortage Area for primary care providers and mental health providers. [2] From 2010 to 2018, the overall population of the county has grown 12.5%, further increasing the demand on existing limited resources. [3] CDPHE's Community Level Estimates (CO BRFSS data 2014-17) list Gunnison County in the highest quintile for marijuana use, heavy drinking, binge drinking. Many residents of Gunnison County experience delayed medical care due to cost resulting in a large percentage of adults who do not receive regular medical check-up. There is no doubt that high poverty rates, particularly among the Hispanic population, are a huge issue and affect access to care.
In a state with high substance use rates, Gunnison County's are among the highest. In the US, Colorado is 9th highest in drug use by state, 4th highest in number of drug users and 3rd highest in number of adults with unmet drug treatment needs. [4] The adult excessive drinking rate in Gunnison County was 25.5% between 2016 and 2018, third highest in the state. Youth growing up in Gunnison County are exposed to alcohol use and abuse and experience relaxed social norms. The ski and tourism industry, alongside the ranching sub-culture, promote alcohol through advertisements and norms of casual use. According to 2019 HKCS data, 64.2% of youth think it would be "sort of or very easy" to get alcohol. Local data shows that between 2010 and 2017 students perceived favorable parental attitudes of substance use. Youth use rates mirror a higher than state average adult binge drinking rate. According to GCSAPP's 2020 Community Survey, adults also self-reported a 24% binge drinking rate, with 8% of adults reporting binge drinking on 3 or more days in the past 30 days. Additionally, the survey results reinforced the youth data that supports the risk factor of community norms favorable towards substance use, with nearly 80% of adults reporting alcohol being favorable.
GCSAPP keeps a pulse on mental health rates as part of their substance abuse prevention efforts. Gunnison County has seen an increase of death by suicides in the past three years. From 2016 to 2019 Gunnison County experienced an average of 8 suicides per year with a total of 33 deaths over the 4-year period. In 2016 Gunnison County saw 10 deaths by suicide, in 2017 there were 8, in 2018 there were 9, and 2019 there were 6. Of those who ended their life by suicide 32% were receiving mental health treatment according to the Colorado Violent Death Reporting System, 2016-2018, Colorado Department of Public Health and Environment. Additionally, between 2016 and 2018, 32% of Gunnison County residents who ended their life by suicide had a toxicology report that indicated alcohol present at death compared to the state rate of 28%, for opioids present the rate was 20% compared to the state rate of 13.6%. GCSAPP understands that the high rate of suicide violence impacts the health of all residents. According to the 2019 HKCS, the number of youth reporting "feeling hopeless or sad" has risen to 29.6%; in 2010 the rate was 15%. There are also more instances of youth reporting consideration of suicide; 17.6% in 2019 compared to 12% in 2010.
WCU also experiences high rates of substance use and binge drinking. Gunnison High School students can attend concurrent enrollment courses on campus, elevating their exposure and access to a variety of illegal substances. In the fall of 2017, Western administered the NCHA ACHA. The survey was completed by 257 Western students. 68% of respondents reported alcohol use within the last 30 days, which is 9.2% higher than the national average (58.9%). 28.4% of respondents reported they consumed five or more drinks in a sitting on 1-2 occasions within the last two weeks, which is 7.2% higher than the national average (21.2%). Only 38% of Western respondents reported having a friend let them know when they've had enough, compared to the national average of 45.8%. Between 2015-17, approximately 30 students were reported to have been hospitalized due to substance overdose (18 alcohol related, three marijuana related and 9 over-the-counter drugs/other). Perhaps an even more troubling statistic is that, during a typical academic year, one out of every 93 of WCU's students is hospitalized for high-risk behavior. There is a gap in services for young adults in Gunnison County when it comes to addressing risk factors, specifically with community norms that favor substance use.

Gunnison Valley Hospital (GVH) completed a community health needs assessment in 2017. This assessment ranked behavioral health and substance use needs as among the highest health needs in the county: Mental Health (ranked # 1), Suicide (#4), Alcohol (#5) and Drug Abuse (#18). As a rural frontier community, one of Gunnison County's most challenging determinants of health is stigma. With three grocery stores, three pharmacies, and one (recently closed) 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 SUD. The paradox of this and other sparsely-populated rural communities is that while anonymity is non-existent, isolation is pervasive. Other identified social and structural determinants of health leading to inequities in Gunnison County include: lack of affordability and access to basic needs (including housing and food security), lack of affordable health care (primary and behavioral), shortage of culturally diverse health/behavioral health providers, lack of childcare, high rates of substance use and low perception of risk in youth and adults with no inpatient or intensive out-patient services. Fifty-eight percent of renters pay over 30% of their household income for rent each month and 26% of Gunnison County renters pay over 50% of their household income for rent. While an estimated 83% of children under age 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).[1] Local assessments through GCSAPP determine community readiness and community needs and define strategies, goals and objectives to prevent or delay substance use for youth. Using eight years of longitudinal data from the 2019 HKCS, 2017 Communities That Care (CTC) supplemental questions, Colorado Behavioral Risk Factor Surveillance System data (BRFSS), 2020 Gunnison County Community Survey and the Community Health Needs Assessment from the Gunnison Health system, GCSAPP has prioritized the following three risk factors in the County: community norms favorable towards substance use, high availability of substances, and extreme economic deprivation with emphasis on toxic stress. Through the CTC strategic framework, the GCSAPP coalition identified two strategies to strengthen protective factors in Gunnison County: promote Positive Youth Development (PYD) broadly across the community, and provide education on toxic stress. GCSAPP utilizes upstream and primary prevention efforts, beginning with elementary school children and their parents.

4. How are members of your community trying to solve these challenges?

An intersectoral approach is practiced in Gunnison County. In 2007, the risk factors listed above led to the County being awarded a non-competitive grant to prevent substance abuse at the community and systems level. The grant resulted in the creation of GCSAPP, and has allowed the County to address substance abuse prevention efforts targeted to the youth population. GCSAPP's efforts target students enrolled in the RE1-J district (the only school in Gunnison County), their parents, homeschooled youth and the community as a whole. GCSAPP collaborates with WCU and will target the University student population as part of this grant.

In 2014, a Community Builders' Task Force was formed among local government, nonprofit, and business leaders with the goal of "achieving a more prosperous and successful future for all of our Valley's communities." The Task Force created the One Valley Prosperity Project (OVPP), a one-year planning process garnering input from 1,200 community members. GCSAPP's coalition members were part of this process. The OVPP participants represented a diversity of ages, cultures, and economic strata, and articulated a community vision, values, and desired future. Data was consolidated into the comprehensive State of the Valley Report (SoTV), and One Valley Prosperity Strategy (OVPS) was produced. The SoTV identified that Gunnison County residents love their community, yet struggle with serious disparities between the costs of living here and their ability to earn enough for themselves and their families to survive and thrive. This work led to the creation of the Health Coalition of the Gunnison Valley, the umbrella coalition that most community organizations, coalitions and nonprofits that collaboratively works on issues related to the health and well-being of community members fit under.

[1] Gunnison County Early Childhood Landscape, 2017

Additionally, Gunnison County is working to reduce barriers to accessing health care, decreasing stigma, and creating a comprehensive behavioral health plan that is community-wide. GVH recently added a Behavioral Health Department and is spearheading a community-wide behavioral health strategic plan. Gunnison County is working to increase access to behavioral health services through scholarship programs, providing support for early childcare centers and families impacted by the challenges of COVID-19, and increasing access to youth mental health through the GCSAPP-led Youth Wellness Program that offers up to 4 free wellness sessions to any youth 12 and older. The Gunnison Consortium is also working to decrease stigma with the locally made "Humanizing Addiction" campaign.
WCU has been implementing the Peer Health Educators program for the past two years which is a peer-to peer education model. The Peer Health Educators provide specific risk and protective factors information to their peers about substance use, behavioral health, sexual health and suicide prevention. GCSAPP's and partnering agencies work in the community resulted in significant progress reducing the number of teens using alcohol, as measured by longitudinal HKCS survey data 2010-2019.
Prevention and early intervention program providers work together to strengthen existing networks of service. Gunnison Valley Mentors (GVM) provides a variety of evidence-informed mentoring strategies to youth referred by school, mental health and human services personnel, GCSAPP provides community mobilization through coalition work and prevention education to students in the schools and their parents. High Fidelity Wraparound receives referrals from GVM and the RE1-J School District, and RE1-J supports primary prevention services with allowable time for prevention education curriculum, youth referrals, office space for mentors, and information sharing.

5. Describe current and past primary prevention (upstream or before there are any known or diagnosable concerns) strategies being implemented by the lead or partner agencies to prevent risk factors and improve protective factors among youth and families in your community. Describe successes and challenges for those efforts.

Improve Access to Supports for Families- Building Family Friendly Workplaces - Community Outreach on Toxic Stress - Strategy Description – The goal of this strategy is to educate the community broadly about the impact of Toxic Stress and the importance of Family Friendly Workplaces. GCSAPP is working to provide education and professional development opportunities focused on raising awareness around Adverse Childhood Experiences (ACEs), the impact of toxic stress and positive childhood experiences. GCSAPP has hosted community discussion and promotes awareness around the importance of family friendly business practices. The coalition held several meetings identifying key activities, timeline, and individuals responsible for carrying out the tasks. The activities were then reviewed by the entire coalition and various individuals from the coalition signed on to lend their support with the identified activities. Many of the activities are focused around creating a shared understanding of what toxic stress is and how we see it play out in our community as well as the importance of supporting positive childhood experiences to help buffer toxic stress. The coalition felt strongly that providing information and support around family friendly business practices was a way to begin to address some of the toxic stress experienced in our community. Success of this strategy is cross-sector support and financial contributions from local government, health organizations and nonprofits. Challenges include the continued complications of COVID on community adults and youth.

Promote PYD and Social Development Strategy (SDS) Broadly Across the Community
Strategy Description –The PYD subgroup held several meetings identifying key activities, timeline, and individuals responsible for carrying out the tasks. The activities were then reviewed by the entire coalition and various individuals from the coalition signed on to lend their support with the identified activities. Many of these activities fall within the core component of enhancing community capacity, and involve furthering training opportunities for youth-serving agencies within the community. The coalition works to weave PYD into all of our efforts. One specific program that GCSAPP has been operating since 2010 that promotes the social development strategy and PYD is the Choice Pass program (CP). CP is available to all 6th-12th grade youth and their parents that support students' commitment to remain alcohol and drug free throughout the school year. Youth are offered discounts to the local ski resort, community center and

businesses as well as opportunities to engage in leadership programs, build skills and have occasions for recognition in the community for their healthy choices. The program also includes educational events for youth and parents to help educate and navigate difficult conversations that surface during adolescence. Successes include continued enrollment in the program of approximately 60% of 6th -12th grade youth in the community with over 95% success rate (no substance use), increased education for parents and community, increased trusted adults and recognition for youth making healthy choices. Challenges have been our community norms favorable towards substance use and parental enabling as well as COVID related challenges for having activities and events for youth. Youth Wellness is the newest community program that follows the SDS/PYD model. Youth Wellness was created by a group of teens who care for the health and well-being of their peers with help from Juvenile Services. We are advocating to help teens by offering up to four confidential counseling sessions with a trained mental health professional (provided within 72 hours of when the request is made) AT NO COST for youth 12-18 years of age. These two programs highlight the success with this strategy and the biggest challenge has been the lack of PYD "Train the Trainer" opportunities for staff to be trained.

Reduce promotion of and access to substances in the community – Strategy Description – Through this strategy the coalition is working on increasing awareness of local Social Hosting Ordinances. Currently the City of Gunnison and Town of Crested Butte have social hosting ordinance and the GCSAPP Coalition is working with community stakeholders to revise and align them so they are consistent across communities. GCSAPP is also working on educating parents, youth and community members about social hosting and the importance of having safe spaces for youth. Challenges we face are the community norms that are favorable toward substance use, an increase in social hosting since COVID with lack of enforcement of the ordinance. Successes include cross-sector representation on the workgroup and interest in stakeholders to align ordinances. The City of Gunnison has earmarked 50% of local marijuana excise tax for prevention and GCSAPP has worked with the City and community partners to ensure that council has a solid understanding of risk and protective factors and that upstream prevention efforts include equitable access to early childcare. The biggest success is the shared community understanding of risk and protective factors.

Safe Storage and Disposal of Prescription Drugs. Prescription related prevention efforts are taking place in primary medical offices, orthopedic offices, dental offices, pharmacies, and at GVH including the promotion of "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 Town Marshal's office participated in the nationwide Drug Take Back Day. Lock boxes were distributed to participants as an incentive to improve safe storage in the community. Successes are the number of community partners and providing education for prescribers and parents. Challenges are high availability of drugs (in part due to the number of orthopedics in the valley) and norms around keeping unused medication for future injuries.

Direct Education -SEL - GCSAPP provides direct social-emotional education in the RE1-J school district for all 6th and 9th grade health classes in one of the area's schools. 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. Skills for building resiliency and developing self-efficacy are cornerstones of these curriculums. Education is also provided on the biopsychosocial aspects of addiction and substance use and GCSAPP addresses the effects of substance abuse on families and communities. The biggest successes are the ongoing partnership and support of the school district and the relationships between the Education Specialist (trusted adult) and youth. Challenges are the complexity of the school schedule to deliver curriculum to fidelity across all grades.

Youth led Suicide Prevention programming – Environmental Strategy -GCSAPP works with the RE1-J School District and WCU to facilitate the Sources of Strength (SOS) program in local schools and WCU. SOS is an evidenced-based suicide, bullying and sexual violence prevention program that utilizes an environmental strategy and is implemented across four schools and community-wide. The success is

the implementation across schools to employ this as an environmental strategy and the challenge is continued school and administration buy-in to provide adequate time.

6. Dismantling racism and other intersecting oppressive systems is vital to creating a space for authentic community engagement in CTC coalitions, and imperative to create lasting change in communities. Describe the applicant agency's approach (or planned approach) to addressing systemic oppression, including racism or other types of oppression prevalent in your community. This webinar from the American Public Health Association may be useful to think of the mechanisms of oppression and how you might address those.

Gunnison County responded to the current racially charged events that occurred this summer throughout the United States. Recently, a community group initiated a Black Lives Matter (BLM) subcommittee in Crested Butte to try to understand how privilege and inequities show up and impact our community residents. The GCSAPP Education Specialist is part of this subgroup as a representation of the coalition and is supporting the Education Subgroup of BLM Subcommittee. The Education Specialist also helps to ensure that there are youth voices at the table. Additionally, the Education Specialist's position was modified this year in order to better utilize her skills as a LCSW, increase compensation and meet the needs of our community youth. In the new job description her role is responsible for "Proactively addressing the racial disparities and other biases that exist across systems in which youth interface and recommend strategies to address."

GCSAPP is housed under Juvenile Services and the department is contracting with an outside entity to provide an equity lab for all staff that will start in 2021. The goal is to begin to dedicate time for self-reflection and understanding to be advocates for change in local systems. Gunnison County's department of Health and Human Services began their equity lab in 2020. Both departments are leading the County departments in understanding racism and other intersecting oppressive systems and intend to be the catalyst for change across other County departments. Additionally, the RE1-J School District is addressing racism, inequity and oppressive systems as part of the new district wide SEL programming with which GCSAPP is assisting.

Implementation of a Model Grounded in Prevention Science (94 points)

7. Describe why the applicant believes that sharing power with community members to lead prevention decisions will be the most effective process to move forward. Specifically, share what the Communities That Care model will create lasting change by identifying and implementing prevention strategies in the selected community.

GCSAPP believes that sharing power with community members to lead prevention decisions is essential to the success of prevention work in Gunnison County. As stated earlier the GCSAPP, coalition has representation from across all 12-sectors of the community as recommended by CDPHE and SAMSHA. GCSAPP understands the importance of each sector representative's active involvement. Each of our sector representatives brings a unique set of knowledge, skills and experiences to the work of the coalition. They contribute to our coalition's efforts to reduce youth risk factors and increase protective factors. Two key stakeholder groups that participate in this shared power are parents and youth. The CTC framework has allowed for greater participation of youth voice and using an upstream approach to prevention has helped to engage parents in community conversations about difficult topics. One example is having community discussions about alcohol use/misuse using a mental health and suicide prevention lens. Historically, this has been a topic that illicit resistance but using the CTC lens the community members hear the information differently and are more receptive to discussing.

The CTC framework has solidified the language we use to talk about prevention; the public health approach to prevention and the risk and protective factors model has been a seamless transition. This framework allows us to work on substance abuse prevention, suicide prevention and mental health concurrently with the same strategies. This is integral to our coalition and community work as we have seen that those three issues are interconnected. This has also allowed us to have a holistic lens of prevention and the ability to secure funding from diverse sources.

Other ways that CTC has made lasting change in our community is by increasing support and buy-in from the local newspapers, hospital system and other community partners who have not been at the table for prevention efforts in the past. Our ability and dedication to engaging youth and having them as partners at the table is another success that is directly related to our CTC efforts. We have established relationships with key faculty at WCU and have had nine youth work for our coalition in the past four years.

8. Describe the applicant or defined community's current and past successes to use data to inform decisions and priorities, and use evidence-based or scientific best practices to implement programs or policies in the community.

Research and evaluation results are used to inform program changes that will improve outcomes. GCSAPP staff are exceedingly experienced at monitoring and tracking programs for fidelity, dedicate staff time to weekly tracking tasks and are committed to the highest levels of professionalism in program administration. GCSAPP has facilitated the administration of the HKCS in Gunnison Watershed School District for the last 12 years and information is locally available annually. This survey is administered to over 840 youth and CU Denver evaluates and creates local, health statistic region and state reports that we receive annually. HKCS data will be used to collect past 30-day use rates for alcohol, marijuana and prescription drugs, binge drinking rates, perception of harm for marijuana and alcohol, and protective factors.

GCSAPP has also administered community surveys, rotating every 3 years since 2010. This provides us information about parental and community member's perception of both their own children's use and other youth in the community. It also asks about perception of harm and community norms. GCSAPP will also use local and regional health data from community partners; GVH, CMH, GVM, and WCPHP.

During the past 12 years GCSAPP has successfully implemented prevention programming with the assistance of community collaboration and state and federal grants. Two of the grants that have been implemented with measured success are Tony Grampsas Youth Services (TGYS) and Drug Free Communities (DFC). TGYS helped with the CP and with the Pass the Knowledge social norming campaign.

CP started as a pilot program in 2012 in order to provide alternative activities for youth. In 2012, the program started with 95 youth, with hard work from the coalition and the support of funding it has grown to 648 youth in 6th – 12th grade. Through this program, parent-youth education dinners grew from an average of 15 attendees to an average of 40 attendees per presentation. The GCSAPP coalition has seen a decrease in past 30-day use between 2009 and 2016 in three targeted substances; alcohol, marijuana and tobacco (HKCS). Additionally, the number of youth who reported riding in a car with someone who was drinking decreased from 25% in 2010 to 16% in 2015 (HKCS, 2010/2015).

With funding from DFC and the integration of the CTC model, GCSAPP has been able to successfully grow the community coalition, create and maintain a youth voice, educate parents using a parenting handbook (English and Spanish) and ensure that GCSAPP is a household name in the community. The coalition has representation from all 12 sectors and actively engages in strategic planning and implementation. The mission of GCSAPP is to utilize evidence-based strategies and community mobilization to reduce substance use by youth in Gunnison so youth can become healthy, stable and productively involved in their communities. GCSAPP has a unified definition of prevention: "Prevention is a process that promotes healthy youth, parents and communities. The GCSAPP coalition uses education, policy and programming informed by community data, needs and culture to promote protective factors and reduce risk factors." The coalition lets data tell the story (quantitative and qualitative), and is committed to addressing all community risk factors and protective factors using evidence-based and culturally relevant programming that fits our community. Data also allows GCSAPP to embrace change and as a mobilized coalition we can address additional risk and protective factors as applicable.

9. Describe the applicant's current and past successes to implement community-driven system changes that improve the lives of all citizens, specifically benefitting those that had previously been systematically disenfranchised by oppressive policies. Be sure to include any limitations

your agency may have in supporting this type of local policy, systems, and environmental changes.

Community Health and Equity was one of four pillars the OVPP identified as a source of prosperity for all community members. The OVPP gave authority for the formation of the Gunnison Valley Health Coalition (GVHC) to carry out three goals around this pillar: 1) meet the Basic Needs of the community (food, shelter, and safety/security); 2) enhance and improve positive Healthy Youth Development opportunities for ages 0-20 years; and 3) meet the Health and Wellness (physical, mental, dental, and spiritual) needs of all residents. As indicated above, community leaders and champions in the community support the CTC and community prevention efforts. During the past 5 years, the community has been working collaboratively with the Health Coalition of the Gunnison Valley (HCGV). The Leadership Team consisting of the Director of Gunnison County Department of Health and Human Services (HHS), the County Health Officer, the Director of Community Impact of the Community Foundation of the Gunnison Valley, the Director of the GVH Foundation, Director of Juvenile Services/CTC facilitator, Adult Protective Services Manager, and Gunnison Valley Family Physicians (GVFP) manager.
The Basic Needs group focuses on housing, food security, and safety. Its 20+ members include representation from nonprofits like the local food pantry, Hispanic Affairs Project of Western Colorado, Inmigrantes Unidos, the local public library, and faith communities. The Health and Wellness group focuses on access to health care services and social determinants of health. Members include Gunnison HHS, the GVH System (EMS, Hospital, Long-Term Care, Primary Care, and Health Foundation), CMH, GVFP, GCSAPP, Six Points, Tri County Health regional contact, Red Cross, private behavioral health providers, CBSOM, Project Hope, and Veteran Services. The Youth Development group focuses on healthy behaviors and development of our youth and includes representatives from GCJS, RE1-J School District, Gunnison Hinsdale Early Childhood Council, Gunnison Valley Mentors, Social Services, CBSOM and WCU. The work the HCGV and all of the partners are doing are aimed at addressing and implementing community-driven system change that benefits the lives of all of our community members. Successes of the HCGV include strategic planning and shared knowledge across community partners.
GCSAPP works with youth and families in the community to better understand cultural needs and barriers. GCSAPP has facilitated focus groups with youth, parents, the immigrant community, school and businesses. GCSAPP is also part of the rural resort community of practice statewide to understand the complexity of rural resort culture and how to provide programming that is inclusive of youth needs and interests and understand how extreme economic deprivation and privilege show up in our communities. These efforts allow us to draw on community-based values and understand the cultural context of the community to plan, implement and evaluate prevention programming.
Identified limitations in supporting policy, systems and environmental changes to improve the lives of citizens that have been disenfranchised due to the lack of bilingual professionals, limited resources that support culturally diverse community members, and lack of affordable housing.

10. Please review the example Work Plan, linked here. This format is typical for contracts generated by CDPHE. Describe any concerns or changes you would suggest to this work plan prior to agreeing to implementing the CTC model following this guidance. Please do not resubmit a work plan with your application.

No foreseen need for change.

11. Describe how you will identify needed skills or learning opportunities for coalition members and your agency's plan to help develop the skills and knowledge of those community members.

GCSAPP uses the SAMHSA's Strategic Prevention Framework (SPF) model in sustainability planning and 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). Prevention partners throughout the valley are dedicated

to developing competencies for volunteers and personnel. GCSAPP Coalition members attend the Shared Risk & Protective Factor conference, the CMP holds monthly training sessions, all partners collaborate to organize and attend conferences and workshops about trauma-informed care, ACEs, PYD, Strengthening Families, 2Gen, inclusion, equity, providing safer spaces for LGTBQ+ students, suicide prevention, and other related topics. GCSAPP solicits feedback from coalition members and parents on an ongoing basis and annually at the December Coalition meeting to inform which skills and learning opportunities are needed.

12. Funding from this application can only be used for the backbone agency to build the knowledge and skills of coalition members to lead upstream prevention efforts outline in the Community Action Plan. Funds cannot be used on implementation of programs and strategies identified within the plan. Describe the applicant's approach to building the knowledge and skills of partner organizations within the community to apply for funding and lead the implementation of programs and strategies prioritized by the coalition in the Community Action Plan to ensure sustainability of key prevention efforts. For a definition of the Community Action Plan, please refer to the definitions found within the RFA or SOW.

GCSAPP has been the backbone agency of the CTC grant for the past 5 years and will continue to serve as the backbone agency for this grant. GCSAPP has a successful past of building the knowledge and skills of coalition members and community partners for the past 13 years. The coalition is a trusted organization in Gunnison County and is often looked to as authorities in the prevention and behavioral health fields. The GCSAPP/CTC Community Action Plan that was created by the coalition prioritizes two strategies that the community has been working on; building support for Family Friendly Business Practices (FFBP) through education on toxic stress and promoting PYD broadly across the community. During the past two years GCSAPP has worked to increase capacity of staff to provide the PYD and ACEs training locally in order to sustain efforts. Two coalition members are trained as ACE Master trainers and two coalition/staff members will be trained as PYD trainers in 2021. This will help to ensure that GCSAPP can continue to build the knowledge and skills of coalition members and the community with foundational education of the two strategies. GCSAPP has worked towards sustainability of strategies for the past two years and uses braided funding from grants and partner agencies to leverage all prevention work. As stated previously GCSAPP has cross-sector representation which provides valuable insight and collaboration in upstream prevention efforts and helps to ensure sustainability. The following is a description of what GCSAPP has done to build knowledge, skills and capacity for each sector and ways in which each sector can contribute or lead the implementation of strategies and programs identified by the coalition.

Youth –University Representatives serve liaisons between WCU and the coalition, helping to coordinate prevention events and messaging for university youth and to advise the coalition on university student needs. University youth are trained in the risk and protective factors model, focus groups facilitation, and SOS. They help to engage high school and middle school youth.

Parent – Our parents provide valuable insight from a parental perspective, volunteer for events, spread prevention messaging across their peer groups, and serve on our Executive Committee. Parent coalition members connect with other parents and provide education from parent to parent. We seek feedback directly from parents about education/training topics of need and deliver 8-10 educational presentations.

Business – We work with the Chamber of Commerce to disseminate information to businesses. Local businesses contribute community donations for events, and they support and recognize youth in the community for making healthy choices following SDS.

Media – Media representation in the coalition ensures there is coverage of prevention work/events in the paper using a positive norming framework when appropriate, and collaboration on advertising strategies. This ensures that prevention messaging is shared broadly in the community which builds education/awareness of efforts across the community.

School – School partners provide the link between the coalition and teachers/ administrators/ counselors, and participate in SEL curriculum development and implementation. The school has been partnering with GCSAPP since 2006 to administer the Healthy Kids Colorado Survey and use the data to drive our work.

The school collaborates with GCSAPP on grant writing efforts in order to find funding to sustain the SEL and prevention work for youth. The School is also part of the rural resort community network and attends professional development training as part of the coalition, including annually attending the Shared Risk and Protective Factors Conference.
Youth Serving Organization – GVM is a key partner that collaborate with us on prevention education to youth and provides healthy alternative activities to youth. Staff members attend professional development trainings as part of the coalition, including annually attending the Shared Risk and Protective Factors Conference. GVM collaborates with GCSAPP on grant writing efforts to find funding to sustain prevention work for youth including direct service in the schools and PYD. They are the lead for PYD trusted adult efforts and we will work with them as they implement that strategy and help build the skills and knowledge of community members.
Law Enforcement – Police officers serve as a community/prevention liaison to implement SEL curriculum in schools, enforce the laws for minors, and are key stakeholders in the community. Law enforcement agencies have partnered with GCSAPP on educating the community on Narcan administration and distribution, mental health and suicide prevention and one representative sits on our Executive Committee and attends the Shared Risk and Protective Factors Conference annually. Law enforcement helps GCSAPP secure city funding and bring policy changes to city council.
Religious/Fraternal Organization – We have not engaged a member of this community in 2020. Past partnerships include promotion of prevention education events and supporting youth through PYD.
Civic or Volunteer Group – WCU distributes information about coalition initiatives and events and facilitates the coordination of volunteers for coalition events throughout WCU and the community. GCSAPP provides suicide prevention efforts and education across the University and young adult population and provides education on alcohol, consent, and other topics identified as a need in collaboration with the University's Health office.
Healthcare Professional – The Gunnison County Chief Medical Officer, Gunnison Valley Health, local public health department, the Center for Mental Health, and Gunnison's Naturopathic Doctor all sit on the coalition and provide us with hospital data, behavioral health perspectives, and share their time at community health fairs. We help to provide education and skills to our healthcare professionals through prescriber education, trauma informed care and the impact of ACE's on health outcomes. In addition, GCSAPP provides opportunities for training in Motivational Interviewing and Screening and Brief Intervention and Referral to Treatment training.
State/Local Government – The GCSAPP Coalition includes the Judicial District Judge, Early Intervention Program Manager, County Commissioner, and Director of Health and Human Services. They provide local government support, county support for the grants, juvenile court data, and collaboration with their partnering agencies. These key stakeholders receive annual presentations from the coalition members and education on risk and protective factors.
Other Organization Involved in Reducing Substance Abuse – Other partners include the Early Childhood Council who leads our Family Friendly Business Practices strategy and with whom we partner to secure local funding for the effort; the Multicultural Resource office helps to ensure we are equitable in messaging and programming and works with us to provide cultural humility education for coalition. We also have individuals with lived experience serving in our coalition and GCSAPP provides all education and training opportunities listed above to all of our partner agencies.
Parent and Youth – Parents and youth are two of the most influential coalition members. Parents take knowledge, skills and resources back to other parents and youth and help bridge the coalition to the broader community. They are also strong advocates for change in the community and their expertise is valued at all community meetings.

13. Describe how you will staff this project and recruit/retain a mobilizer with community organizing experience (this position operates as the facilitator of the coalition, but prioritizes community-led decision-making. They should not be the sole champion for the work, but instead they work to identify and support champions that live, work, play and pray throughout the community). This is

not an entry level position and requires significant skills to build the knowledge and skills of community members to identify community challenges and select solutions that will have the greatest impact. This also requires significant experience in organizational development. High levels of staff turnover impede the progress and skill of the coalition members to create change. Include in your response the average length of service of employees within the organization.

GCSAPP has been fortunate to have a highly educated and sustainable staff at the helm of the coalition. The CTC mobilizer/Director of GCSAPP, Kari Commerford, has been leading the coalition for the past 6 years and has overseen the seamless integration of the CTC framework. She holds a Master's degree in Clinical Psychology and has held the position of Lecturer of Psychology at Western State Colorado University since 2006. She has been a community and state presenter for several organizations on topics such as adolescent development, early childhood development, neurobiological changes in adolescence, communication with youth, and substance prevention in youth. Mrs. Commerford is a trusted partner in the community and serves on other community boards such as the IOG, Health Coalition of the Gunnison Valley and Early Childhood Council. Because of these relationships, GCSAPP is a trusted resource in the community and is viewed as an authority on prevention and behavioral efforts by the school, local municipalities and key stakeholders.

The risk factor lead, Lana Athey, holds a BS in Human Services and is an ACE Master Trainer. Lana has served the community in various capacities over the last 10 years working for Gunnison County Health and Human Services. She currently serves as the Co-Coordinator of the Gunnison-Hinsdale Early Childhood Council and is working to improve the early childhood system at a local level to better support young children and families. Lana is also a Certified Lactation Counselor and previously served as the Nurturing Parenting Program Coordinator from 2010-2016. Lana has served as a coalition member of GCSAPP and worked on the CTC grant for the past 5 years.

The protective factors lead, Betty Sue Gurk, has worked in Juvenile Services for the past 5 years as well, first as the High-Fidelity Wraparound facilitator and for the past 3 years as the SEL lead implementing Sources of Strength, SEL curriculum, and spearheading PYD work throughout the school and community. Betty Sue is a Licensed Clinical Social Worker and is being trained as a PYD trainer this coming winter.

Emily Mirza, our Youth Engagement Manager, holds a bachelor's of Science in Community Health and is in her second year of a Public Health Master's program for Maternal and Child Health. Emily has worked for Gunnison County as the Health Coordinator since 2015 and in 2018 joined the GCSAPP staff as our Youth Programming Coordinator, which has developed into a Youth Engagement Manager position. As an employee of Gunnison County, Emily has worked on the following programs and initiatives; Worksite Wellness Program, Tobacco Prevention Program, Suicide Prevention, and Regional Health Planning.

Lastly, our Communications Coordinator, John Powell, started working for GCSAPP in 2014 as our Education Specialist and then took two years off to obtain his teaching degree and work within the RE1-J school. John continued to be engaged in the coalition work and engage with youth through the SOS program. John rejoined GCSAPP's staff in the Fall of 2020. He holds a BS in Math and BA in Sociology and holds a secondary education teaching license.

14. If the community for which you are applying was previously funded to implement CTC, describe the progress your community has made in moving through the phases (whether or not the applicant was the lead for the work in the past). Describe any challenges your community has faced in making it this far through the model. If you have If you have not implemented CTC in your community, please mark this with N/A.

CTC in and of itself is a benefit to our community. CTC allows us to put a strategic framework to our coalition work, which we have not had in the past. The CTC framework has allowed us to unify our community in language, education and goals around healthy development and risk and protective factors. By following the CTC framework, GCSAPP has been able to bring key leaders to the table and increase collaboration amongst multiple organizations and to keep those key leaders engaged over the past 4 years. This was the first step in mobilizing through the CTC phases; the next step was creating subgroups to

provide opportunities for shared leadership and engagement across the coalition. Once our subgroups were created each group was able to work together as a whole and specifically on sustainability, youth engagement, research and data, and communication/outreach. The research and data group created our community risk and protective factors report that was first published in 2017 and has been updated and shared annually with stakeholders and community members. The youth engagement group was able to take the lead of the HCGV youth subgroup and infuse the PYD lens into the youth work. The sustainability subgroup has continued to work on strategic planning and grant writing as well as educating the coalition on the diverse ways to be sustainable such as training and education. The Coalition as a whole created a shared definition of prevention, a vision for the coalition, and identified our community risk and protective factors and strategies for implementation. For the past two years the coalition has been working on building skills, knowledge and support for ongoing implementation of our identified strategies through workgroups and outreach to the community. The coalition has been successful in engaging diverse partners in this work and braiding funding to provide resources for current and further implementation. The coalition has created and approved our Community Action Plan and is committed to continue upstream prevention and has shared language and power across diverse community members. I would like to highlight a couple of successes and a challenge that the coalition identifies.

One of our first successes was when one of the key leaders, our Chief of Police, informed our city government about GCSAPP's use of the CTC framework. He was so impressed with our vision, our mission, and our evidenced-based approach that he was able to initiate a meeting between GCSAPP and the City Manager. From that meeting we were able to secure over $60,000 in local marijuana tax fund dollars and continued fiscal support for the past 4 years. Subsequently, the Town of Crested Butte reached out to support our efforts, and most recently, the Town of Mt. Crested Butte has lent their support. The integration of the CTC framework into our coalition has allowed us to effectively collaborate; GCSAPP is a county entity that is now working with all three local governments for one common goal. Another success is using data from HKCS, the CO BRFSS data, and other local data sources, including GCSAPP Community Survey (modeled off of HKCS) for the adult population to create our Community Risk and Protective Factors Report which is updated annually. This report is given to key stakeholders in the community and has led GCSAPP to be a trusted authority on prevention and behavioral health topics. This report has driven the coalition work and helped in the process of identifying our risk and protective factors, identifying specific factors of concern, choosing one risk and one protective factor to address, and identifying the most applicable strategies that the coalition has been working to implement for the past two years. The Coalition has created a Community Action Plan and is working to build capacity and fiscal sustainability to continue to implement the two strategies in collaboration with community partners. Another success is the increased participation of youth in GCSAPP's work and the increase of youth-driven initiatives supported by GCSAPP, the most recent being Youth Wellness. Youth Wellness emerged out of focus groups with youth on vaping to understand their concerns, perceptions and use rates. From that focus group, GCSAPP learned that youth were using substances to cope with stress and that there was a qualitative report of increased need for behavioral health services which is quantitatively supported by longitudinal data from HKCS. In the Spring of 2020, Youth Wellness was created by a group of teens who care for the health and well-being of their peers. GCSAPP is helping to support teens who are advocating to help peers by offering up to four confidential counseling sessions with a trained mental health professional for youth 12 and older. The goal is to provide access to trusted adults to help with stress, anxiety, addiction, relationships, family conflicts, stress from the coronavirus, emotional abuse, depression, suicide, school, or anything else that is affecting their mental wellness. They are also working to decrease stigma around help-seeking behaviors. Funding to support the effort is all provided locally by municipalities and the CFGV. There isn't enough space to truly illuminate the successes we have seen in the past five years. It can be summarized by the following sentence: The CTC framework is the best fit for our community and has led to partnerships and measured success.

Challenges we have experienced are ongoing grant funding insecurities, COVID-19 impacts on the community, and the pervasiveness of our toughest risk factor – Community Norms Favorable Towards Substance Use. The GCSAPP Coalition is 100% grant funded although some of our programming and

direct services are locally supported. Grant funding creates ongoing uncertainty and dictates that staff members spend significant time researching and writing for future funding. GCSAPP has an amazing coalition that assists with these efforts and understands that sustainability also means building education and skills to have the capacity to continue through times of low/no funding. COVID-19 has been a challenge for everyone. We haven't seen much impact on the coalition itself, but it is having an impact of the health and wellness of our community members. The last challenge, our community norm, is difficult to address. Difficulty means it will take time to build support for substance-free events and understand the long-term health impacts of norms favorable towards substance use. This norm is tied not only to the culture and climate of our community but also to the tourism-based economy. GCSAPP understands it will take time to see movement in this norm and are dedicated to putting in the work.

Authentic Community Engagement (116 points)

15. Describe how the applicant will incorporate a Positive Youth Development approach when working with youth on the CTC community or a youth advisory board (or something similar).

When the coalition decided to move forward with the PYD strategy, they agreed that reaching 100% capacity would mean a few things: "Everyone understands the importance of PYD as a larger concept; really understands the 'why', and that the concept is bigger than a one-time training" and "All youth-serving organizations have been trained in PYD, and are sufficiently staffed to carry out the work." GCSAPP has been working to train more adults in the SDS and PYD frameworks and will continue to work with GVM to further implement PYD. A SDS training was held in the fall of 2019 with 20 community member attendees, and a full-day PYD training with over 30 attendees. Many agencies and community members expressed interest in further PYD training for themselves or their organizations as a result of these initial trainings, which is something that GCSAPP plans on offering as a capacity-building effort. One of GCSAPP's larger goals for authentic youth engagement is to create a summit for youth-serving organizations to work on a shared agreement for how to interact with youth, and then to incorporate that shared agreement in existing MOU's. This plan has been shared across organizations and we are moving towards this goal. To ensure that youth needs are being adequately captured in our coalition work, GCSAPP holds a number of focus groups annually on a variety of prevention topics; alcohol use/impaired driving, youth mental health, and sex, consent and healthy relationships. These focus groups are held both inside and outside of the school. They allow youth to drive prevention work and have given the coalition a better understanding of youth needs and a greater sense of the importance of youth voices. These focus groups have also given youth opportunities to build relationships with adults, to speak freely about their experiences, and to be further involved in work that is being done in the community. For example, Youth Wellness was developed out of this process and led to local municipalities funding the Youth Wellness Program. Youth are currently rolling out program specifics, and being compensated for their time.

16. Explain how young people, parents, and community residents will be engaged and/or lead portions of this project and how this initiative will build their knowledge and skills and use their voice. This approach is grounded in the "shared leadership" section outlined in the Authentic Community Engagement tool from the Office of Health Equity.

GCSAPP coalition meetings are open to all community members and our meeting schedule is posted publicly. GCSAPP strives to provide an equal opportunity for all participants, and anyone who attends meetings may vote and provide input. Committees are integral to our work and ensure shared responsibility. There is at least one committee in operation at any given time, working towards the implementation of its goals. Currently, we have an executive committee, funding and sustainability committee, a youth outreach committee, a risk and protective factor data committee, and a resources assessment committee, PYD and Toxic Stress strategy committees, and a social hosting committee. We seek out key stakeholders as needed when working on specific goals and implementation, such as the Superintendent when working towards better collaboration with the schools. As stated earlier, community stakeholders and Coalition members help to inform all of our prevention work. They assist in examining

quantitative data, providing and obtaining qualitative data, creating reports, strategic planning, capacity building, and educating the community. The community-driven process has informed our current programming and strategies and is essential to the successful outcomes of the coalition work. The Coalition will continue to oversee this work, assuring shared accountability, equitable participation of community members, and continue support for a data-driven and community-informed process.

17. Most likely, your community has a Collaborative Management Program (CMP) coalition that engages similar key leaders in the community on their Interagency Oversight Group. Additionally, this group, focused mostly on early intervention with system-involved youth works on community-wide changes to improve outcomes for youth. How will your CTC coalition which is more focused on early and upstream prevention collaborate and connect with the CMP?

Juvenile Services houses both GCSAPP and Family Advocacy and Support Team (FAST which is our local Collaborative Management Program), for Gunnison County. This provides a unique opportunity to work across a spectrum of youth services from upstream prevention to early intervention. The CMP Coordinator and IOG Chair and Co-Chair sit on the GCSAPP coalition and the GCSAPP Director/CTC Mobilizer sits on the IOG. This cross-systems collaboration allows for shared understanding of programs and services provided and an opportunity for shared understanding of community risk, protection, and needs. This has allowed for greater community understanding of services and programs and implementation of when/how to utilize services. It has allowed for a less siloed approach to serving youth as organizations provide the foundation for our community to work towards collective impact on youth initiatives.

18. How will you provide accommodations to increase participation for all community members and residents? Include ideas around timing of meetings, location, meals, transportation, interpretation, ADA accommodations, and childcare.

GCSAPP strives to have equitable representation across the community. We have spent years learning and reflecting on engagement of diverse community representation on the coalition and continue to be open to learning from our community members. We have historically held meetings over the lunch hour and provided food in order to incentivize participation. This tactic ensures the basic need of food is met and sharing a meal with coalition members intentionally sets a familial atmosphere. We will continue in that format, even with COVID-virtual meetings in partnership with local restaurants and following county and state guidelines. The GCSAPP coalition learned from the RCORP Consortium the importance of providing financial compensation for community members' participation and expertise, especially for those whose duties did not include attending meetings. Compensation will be offered to all coalition members this year. We have had childcare options in the past with low utilization. We have moved to being child-friendly at the meetings and working with the Early Childhood Council to help provide childcare providers who have passed a background check when needed. The Coalition has moved to all virtual meetings and has open office space for coalition members who choose to attend in person or who may have technology access challenges. In person meetings are held on Western Colorado University's campus or Gunnison County buildings which are all ADA compliant.

19. What forms of diversity (e.g., gender, racial, cultural, religious, immigrant/refugee background, linguistic, etc.) do you think are important for strengthening the quality of the work proposed and why? Describe how you will recruit a community mobilizer and coalition members to reflect this diversity.

The GCSAPP Coalition is a representation of Gunnison County and its diverse backgrounds that exist within the county is important to be represented in the coalition. The Coalition does an excellent job of having representation across the recommended sectors for community prevention work and is trying to identify more equitable and culturally informed ways of engaging diverse community partners. Specifically, the coalition is working to increase the participation of our immigrant community, the

majority of whom are Spanish and Cora. We have one young community coalition member and a representative from Inmigrantes Unido who participate regularly in our work as well as the Director of the Multicultural Resource Center. We understand that having three community members is not representative of the total immigrant population and are working to be equitable in getting information to all community members. Another community group that is not represented is our ranching community. The GCSAPP mobilizer is also working on culturally informed ways to increase representation and views from our ranching community. Recently the coalition began working with the CSU 4-H extension and has had cross-representation at meetings. Our LGBTQ community is another missing link in representation. The coalition has started to outreach more with the University and youth "GSAs" in order to provide resources and to educate about our coalition work. The coalition has built representation of youth in the past 4 years who are diverse in gender, culture, and religion.

20. Sometimes other initiatives may use up significant resources (time, attention of key leaders, and funds) that would prevent work like CTC from being successful in a community if there isn't strong coordination of efforts. If such an initiative exists within your community, describe the existing community-wide initiatives and your plan to coordinate effectively across the two.

Gunnison County is a collaborative community by nature. When applicable, prevention partners in Gunnison County share funding to achieve objectives and prevention partners throughout the valley and are dedicated to developing competencies for volunteers and personnel. As stated earlier, the Health Coalition of the Gunnison Valley is a large coalition that is the umbrella for almost all of the community organizations, coalitions and nonprofits. The GCSAPP mobilizer is on the leadership team of the Health Coalition and organizations, including the GCSAPP Coalition, and has been coordinating efforts effectively across the community. The Coalition will continue to serve on this leadership as well as on the IOG for greater community collaboration and movement towards collective impact

21. In what ways were members of your community (partner organizations and/or coalition members outside of the lead applicant agency) given the opportunity to review and provide input on the application and budget prior to submission?

The GCSAPP mobilizer embraces transparency and has ongoing communication with the coalition about grant opportunities, potential initiatives, and funding streams and allows for open dialogue and shared decision making. The Coalition is offered the opportunity to help with grant writing and reviewing of grants: this is a laborious ask. There are 5-8 coalition members who almost always make themselves available to assist and recently we have had some youth who want to learn about the process. The Coalition Collaboration survey was sent out to the coalition and the invitation for video submission was sent to 10 members. GCSAPP is transparent in its budget and we are housed within Gunnison County so all information is open to the public.

22. Describe your existing relationships with community stakeholders that represent the diversity of your selected population as described in question 2.

GCSAPP Community stakeholders include the 7th District Judicial Court Judge, Chief of Police, Crested Butte Marshal, Mt. Crested Butte Marshal, City of Gunnison, Town of Crested Butte, Town of Mt. Crested Butte, Gunnison Valley Health, Center for Mental Health, Community Foundation of the Gunnison Valley, Western Colorado University, Project Hope, Multicultural Resource Center, Early Childhood Council and parent, youth and community representative.

23. How will you provide compensation for community member time and expertise on the coalition (those for whom participation is not part of their professional role, or those representing agencies so financially or time strapped where participation in another collaborative effort is a burden)?

To address equity, all GCSAPP participants are compensated to be at the table unless otherwise fully compensated by their employer. Funds are written into the grant application for this purpose.

Additionally, meetings will be held over lunch hour with food provided to incentivize participation and to make sure the basic need of food is met.

Community Support for this Application (100 points)

Authentic community engagement with youth and residents of the community as well as effective professional collaboration across agencies are both an expectation of all funded organizations. Collaboration Questionnaires will be scored in conjunction with the information provided in the Community Engagement section of the narrative. Applicants are encouraged to collaborate with the entities listed in the RFA.

24. Please provide a list of the names of the agency(ies) or organization(s) for which you are submitting completed Collaboration Questionnaires.
    Center for Mental Health – Kimberly Behounek
    Early Childhood Council/HHS – Margaret Wacker
    Gunnison Police Department – Robert Whiting
    Project Hope of Gunnison Valley – Jessica Wurtz
    Community Foundation of the Gunnison Valley – Maryo Ewell
    Colorado Judicial Department – Judge Steven Patrick
    Gunnison County Health and Human Services – Joni Reynolds
    Gunnison Valley Mentors – Tina McGuinness
    CB State of Mind – Meghan Dougherty
    Community Health Coalition of the Gunnison Valley – Dr. John Tarr
    Western Colorado University – Scott Cantril
    Gunnison Valley Health – Jenny Birnie
    FAST/CMP Coordinator – Dawn Seitz
    RE1-J School District – Leslie Nichols
    a. Attach a Collaboration Questionnaire from a minimum of five (5) and a maximum of 15 key collaborators and subcontractors. Link for Collaboration Questionnaire with instructions for partner agencies. These must be submitted in written form for fairness of scoring across all Questionnaires. Completed questionnaires are not counted toward your page limit.

25. Please provide a list of the names of parents, youth, and residents of the community who are not associated with an agency or organization that is submitting a Collaboration Questionnaire but for whom you are submitting a brief video.
    Greg Haase – Community Member
    Jonathan Houck – Gunnison Parent
    Ali Jeppe – Crested Butte Parent
    Naiyabingi Budler – Western Student/Youth
    Alyssa Ware - Youth
    a. Attach a brief video submission from each person (youth, parent, resident that are representative of the diversity of the community you described in Question 2) outlining why they are excited to be a part of the CTC planning process in your community. (Maximum six [6] minutes total across all video submissions). These must all be submitted in video form for fairness of scoring across all applicants.

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Department of Public Health & Environment

Attachment D1: Option A Collaboration Questionnaire
Communities That Care in Colorado
Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Request for Applications (RFA)

Authentic community engagement with youth and residents of the community as well as effective professional collaboration across agencies are expectations of all organizations funded to implement Communities That Care (CTC). CDPHE would like to hear from partner organizations within the applicant's community about their support for this collective impact work.

We recognize that letters of support are often burdensome, so we sought to use this brief questionnaire instead. Please limit your responses to no more than three (3) pages total.

1. Type of organization/sector represented (check all that apply)
   - ☐ youth-serving organization, such as mentoring and after school programs
   - ☐ local education authority
   - ☐ community-based organization addressing prevention
   - ☐ local housing and human services
   - ☐ local public health
   - ☐ local community health and/or health care organization
   - ☐ local law enforcement
   - ☒ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Dawn Sietz - dsietz@gunnisoncounty.org

3. Name of organization

FAST - Family Advocacy and Support Team, Gunnison county's Collaborative Management Program

4. Lead agency whose application you support:

Gunnison County HHS/GCSAPP - Gunnison County Substance Abuse Prevention Program

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

The organization has already established strong relationships and partnerships with other stakeholders in the community, bringing together many of the different systems to the same table. I think this keeps the community invested in the work. They also provide the space for those who are engaged to be creative and innovative, something that is required of rural communities working on upstream prevention. They also hold a strong focus on intervening with youth and children, a time in development that can be a defining period for social determinants of health.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

I think in bringing awareness to their partners and agencies of how bias and prejudice may exist in their systems. Beginning and calling people into that conversation initiates the slow and hard work of addressing injustice for discriminated groups. That internal work and external dialogue for a community that is largely white is going to be imperative. Naming how certain identities are affected by the dominant culture and recognizing that in the preventative work will be important as well.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

I anticipate that our CMP, FAST, will provide insight on families who are multisystem involved. As a community-based program with a team-based approach I think we can help our partners begin to think about ways they can add or shift their work to be preventative. Hopefully working with families before they enter systems, helping them build connections with the community (helping them identify their natural supports) and supporting youth and family's self-determination will complement CTC's work.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider

sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

Click or tap here to enter text.

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

I think our CMP can do a better job of being involved in the CTC prevention planning process, finding how we fit into that, and finding how we can align our work to the shared community vision. We already complement each other in encouraging collaboration across systems and from families themselves who utilize community services. And while CMP is more intervention focused, who and how we intervene should also inform CTC's preventative approach. I can see though CTC taking on more universal prevention efforts while CMP takes on more specialized and individualized prevention.

I envision for our CMP to be a conduit for CTC to put plans into action since we have organizational partners that might be difficult to get involved as they are mandated to participate. Hopefully, we have normalized the cost-sharing approach among service providers so that CTC efforts are not just programmatically collaborative but financially as well, and maybe this is something our CMP can facilitate. I would like to see our CMP and it's IOG truly utilizing the information gathered through CTC of the community's shared risk and protective factors to inform what outcomes to measure. Hopefully beginning to build shared language in our work together.

COLORADO
Department of Public Health & Environment

Attachment D1: Option A Collaboration Questionnaire
Communities That Care in Colorado
Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Request for Applications (RFA)

Authentic community engagement with youth and residents of the community as well as effective professional collaboration across agencies are expectations of all organizations funded to implement Communities That Care (CTC). CDPHE would like to hear from partner organizations within the applicant's community about their support for this collective impact work.

We recognize that letters of support are often burdensome, so we sought to use this brief questionnaire instead. Please limit your responses to no more than three (3) pages total.

1. Type of organization/sector represented (check all that apply)
   - ☐ youth-serving organization, such as mentoring and after school programs
   - ☐ local education authority
   - ☐ community-based organization addressing prevention
   - ☐ local housing and human services
   - ☐ local public health
   - ☒ local community health and/or health care organization
   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Jennifer Birnie

3. Name of organization

Gunnison Valley Health

4. Lead agency whose application you support:

Gunnison County HHS/GCSAPP

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

Gunnison County Substance Abuse Prevention Program (GCSAPP) is the authority in our community for all things related to youth, prevention and behavioral health. They have a tremendous amount of credibility because of their long-term success in building and sustaining many community coalition efforts throughout the years. The staff bring a high level of experience and expertise—they are a solid team with demonstrated success that will deliver results on any effort they undertake. GCSAPP is a trusted resource that frequently serves as the convener of our community organizations resulting in comprehensive plans that meet a wide variety of needs spanning across prevention to intervention. They have successfully implemented evidence based practices that have built resiliency and connection, reduced stigma and instill health coping mechanisms. Their overall commitment to address the social determinants of health and utilize a data driven process to inform decision making is remarkable.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

Advancing health equity, eliminating disparities and working to improve the health of all community members has been a primary goal of GCSAPP since the inception of their work. They consistently work closely with partner organizations and community members to identify and address social determinants of health and have seen success toward improving these conditions through targeted environmental changes. GCSAPP has consistently demonstrated their commitment to advancing health equity by making it a strategic priority and cultural context has been considered in all plan development. I believe they will meaningfully involve key organizations including the Hispanic Affairs Project of Western Colorado, Immigrantes Unidoes and the faith community as well as dedicate resources to develop processes that support meaningful change in health equity and systemic injustices.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Gunnison Valley Health will be actively involved with the Community Health Coalition (supporting implementation of the action plan) and provide leadership toward the development and implementation of a new behavioral health plan for Gunnison. We are currently in the process of initiating a new department of behavioral health within our health system and plan to

launch an integrated care model for all patients in early 2021. We will provide administrative support to the CTC initiates as needed and will work to engage our physicians and other healthcare professionals to participate in educational opportunities to support the advancements of our efforts.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

N/A

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

Click or tap here to enter text.

COLORADO
Department of Public Health & Environment

Attachment D1: Option A Collaboration Questionnaire
Communities That Care in Colorado
Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Request for Applications (RFA)

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We recognize that letters of support are often burdensome, so we sought to use this brief questionnaire instead. Please limit your responses to no more than three (3) pages total.

1. Type of organization/sector represented (check all that apply)
   - ☐ youth-serving organization, such as mentoring and after school programs
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   - ☐ community-based organization addressing prevention
   - ☐ local housing and human services
   - ☐ local public health
   - ☒ local community health and/or health care organization
   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Kimberly Behounek LPC CAC III ACS; kbehounek@centermh.org

3. Name of organization

The Center for Mental Health DBA Colorado Midwestern Center for Mental Health

4. Lead agency whose application you support:

Gunnison County - Gunnison County Substance Abuse Prevention Project (GCSAPP) and Juvenile Services

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

- ☒ Yes
- ☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

- ☒ Yes
- ☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP and Gunnison Count Juvenile Services have operated CTC for at least a decade in our community. They have a qualified team dedicated to prevention/intervention services. We have data supporting outcomes for CTC.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

GCSAPP and Gunnison Juvenile Services assure everyone who qualifies receives assistance as needed. If CTC is not appropriate, the team makes referrals and suggestions for other services which would meet the individual/family members' needs.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

The Center for Mental Health participates in weekly team meetings and quarterly CTC groups. We engage in the community efforts for prevention and are referred to when participants need therapeutic support.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

N/A

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

The two teams have worked together before and it has been seamless. I do not foresee any problems.

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   - ☐ local law enforcement
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   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Margaret Wacker mwacker@gunnisoncounty.org

3. Name of organization

Gunnison County Early Childhood Council

4. Lead agency whose application you support:

Gunnison County Substance Abuse Prevention Project (GCSAPP)

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP staff has excellent leadership, fiscal management, as well as a long history of hosting a community coalition with good relationships with community agencies, organizations and individuals.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

I believe GCSAPP will continue to be inclusive of and promote youth voice, educate the community and professionals about how best to include LGTBQ friendly policies, address concerns of the challenges of local non-English speakers, as well as look upstream to implement approaches that are two-generational which address equity from the get go.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Our organization will be active partners in the CTC work, not only being at the table, but also sharing staff and aligning strategies.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

NA

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

The goals of CTC and Collaborative Management are complementary, addressing root causes for the problems that youth and families face.

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   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Robert Whiting

3. Name of organization

Gunnison Police Department

4. Lead agency whose application you support:

Gunnison County HHS/GCSAPP

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

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☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

Excellent leadership, with a wide variety of collaborative supporters/members from across our community. We have been looking at upstream and universal prevention as a way to effect positive youth development in our community for several years.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

GCSAPP works to identify and include all members of the Gunnison community.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

The police department has been an active partner in our communities' prevention efforts for 30 years; I see our continued, active involvement as an important part of our mission to the Gunnison community.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

N/A

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

N/A

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   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Jessica Wurtz, info@hope4gv.org

3. Name of organization

Project Hope of Gunnison Valley

4. Lead agency whose application you support:

Gunnison County Health & Human Services/GCSAPP

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

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☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP has long led the charge in our community regarding preventive measures for youth , substance use and mental health. They are well known and respected in the community as the authority on the subject area. In conjunction with the health department, no one is better suited to serve as the backbone for this effort.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

GCSAPP and the health department are both committed to advance equity and reducing systemic injustices. Because both agencies use a public health lens to address the issues of concern, they approach them from an equity standpoint as well. Public health tools and programs are designed to take their lead from the communities they serve to find out what the needs are. In this way, GCSAPP is able to focus their efforts towards eliminating injustices because they listen to the people they serve.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Project Hope will be an engaged and supportive partner for the CTC process. We are happy to collaborate with GCSAPP in preventing risk and promoting well being in our community. As related to prevention education, our area of expertise is educating young people on what healthy relationships are, how to be practice cyber safety, consent, etc. We would participate in implementing any plans particularly where any of these issues intersect with the GCSAPP programming and the CTC process.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

N/A

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

N/A

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   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - XXX☐ Other (please describe) Community Foundation

2. Name and email of person completing this form

Maryo Ewell, maryo@cfgv.org

3. Name of organization

Community Foundation of the Gunnison Valley

4. Lead agency whose application you support:

Gunnison County Juvenile Services

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☐XXX Yes

☐ No

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XXX☐ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

Juvenile Services is highly respected; its director has significant history building a great internal team, and participating in community coalitions. A current endeavor, in which she is key, is the Health Leadership Coalition, that includes county Health & Human Services, the County Health Officer, the Community Foundation, a medical clinic and the hospital. She also co-chairs its very broadly constituted sub-committee that includes these people as well as our local state university, the school district, our local "big brothers/big sisters" organization (Mentors) and others.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

They are credible and totally connected to all of the providers, caregivers, connectors and policy makers in the county, well aware of the needs of people in poverty, our 10-12% immigrant population, and more.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Our Foundation has supported Gunnison County Juvenile Services for many years both financially, by having its recently retired Director on our Advisory Board, and by serving with them on several committees.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

n/a

If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

n/a

COLORADO
Department of Public Health & Environment

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   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☒ Other (please describe) District Judge

2. Name and email of person completing this form

Steven Patrick, steven.patrick@judicial.state.co.us

3. Name of organization
   a. Colorado Judicial Department

4. Lead agency whose application you support:

Gunnison Department of Health and Human Services/GCSAP

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

This applicant has developed an effective model bringing many organizations and individuals into a collorabtive discussion of key issues confronting all of the entities and individuals regarding youth mental health, substance abuse suicide ideation, academic challenges, poverty and delinquency

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

There have been a number of meetings with stakeholders, community outreach and buy in by a number of entities and members of the community.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

In addition to my involvement, there has been involvement from the district attorney office, probation, attorneys for respondent parents, attorneys working as guardians ad litem, mental health providers all involved in the juvenile justice system.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

Click or tap here to enter text.

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

Click or tap here to enter text.

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2. Name and email of person completing this form

Joni Reynolds, Director

3. Name of organization

Gunnison County Health & Human Services

4. Lead agency whose application you support:

Gunnison County Health & Human Services(HHS)/Gunnison County Substance Abuse Prevention Program (GCSAPP)

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☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

Extensive experience with community lead efforts focused on prevention across the spectrum with a public health approach focusing on all levels of prevention. Primary prevention and collective impact have been cornerstones for the GCSAPP work.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

HHS and Juvenile Services/GCSAPP are committed to advancing equity in Gunnison County. Both of our departments will be participating in equity labs (HHS is currently doing so). GCSAPP incorporates youth voice into the coalition work and promotes equitable participation across the community work.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

HHS has been the lead organization of CTC with GCSAPP spearheading the efforts. We will continue to have this collaborative working relationship and ensure that all efforts are completed with the public health lens.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

na

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

Na

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   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Tina McGuinness, gunnisonmentors@gmail.com

3. Name of organization

Gunnison Hinsdale Youth Services, dba Gunnison Valley Mentors (GVM)

4. Lead agency whose application you support:

Gunnison County Dept of Human Services/GCSAPP

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☒ Yes

☐ No

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☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP has proven their capability in leading Gunnison County prevention efforts for many years. GCSAPP is uniquely positioned as the backbone agency, with a long track record of leading a variety of successful, upstream prevention efforts that include: Parent Education of risk and protective factors, Choice pass, leadership roles in youth mental health, One Valley Prosperity Project, Health Coalition of the Gunnison Valley, and more. Additionally, GCSAPP is dedicated to the application of evidence-based public health practices in determining which prevention strategies are applicable to the Gunnison community based on data.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

GCSAPP's primary focus is to ensure the diversity of voices on the decision-making bench are representative of the community, then identify and remove barriers to access through targeted program and policy initiatives.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Gunnison Valley Mentors has participated in the GCSAPP / CTC process since it's initiation. GVM works with a selective population of youth identified at highest risk for behavioral health issues. GCSAPP provides prevention education programming to a universal population of youth and families. The CTC process allows us to determine shared risk and protective factors and address them with a community-wide, consistent message that is layered and targeted to the needs of our specific service populations - a collective impact approach.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

n/a

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

n/a

COLORADO
Department of Public Health & Environment

Attachment D1: Option A Collaboration Questionnaire
Communities That Care in Colorado
Shared Risk and Protective Factor Approach to Substance Misuse Prevention
Request for Applications (RFA)

Authentic community engagement with youth and residents of the community as well as effective professional collaboration across agencies are expectations of all organizations funded to implement Communities That Care (CTC). CDPHE would like to hear from partner organizations within the applicant's community about their support for this collective impact work.

We recognize that letters of support are often burdensome, so we sought to use this brief questionnaire instead. Please limit your responses to no more than three (3) pages total.

1. Type of organization/sector represented (check all that apply)
   - ☐ youth-serving organization, such as mentoring and after school programs
   - ☐ local education authority
   - ☒ community-based organization addressing prevention
   - ☐ local housing and human services
   - ☐ local public health
   - ☒ local community health and/or health care organization
   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

Meghan Dougherty
mdougherty@cbstateofmind.org

3. Name of organization

CB State of Mind

4. Lead agency whose application you support:

Gunnison County Health and Human Services/GCSAPP.

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can

be effective in your community to address risk and protective factors among youth by organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP has been a leading force in primary prevention within Gunnison County since 2006. The coalition is a strong group representing varied interests in the community with many of its initial members still engaged today. Together with Gunnison County Health and Human Services they have the proven ability to be an effective backbone for collective impact in our community. Some of the strengths include the ability to align community efforts specific to our communities' risk and protective factors, developing mutually reinforcing activities and ensuring continuous communication exists across local human service organizations.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

Gunnison County takes an upstream-environmental approach to prevention, we use a social ecological model lens to identify and implement strategies and interventions that decrease risk factors and increase protective factors at varying points along this social ecology. We use a multi-tiered approach in identifying and implementing interventions at the societal and community level. This multi-tiered approach was designed to address the specific culture and needs of our rural/frontier community and is informed by data.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Crested Butte State of Mind is pleased to be a partnering organization in this collaborative request to continue implementing the Communities that Care Model in our community. The efforts detailed in this request directly align with our mission to connect our community to resources, education, and free counseling scholarships to improve mental wellness, eliminate stigma and lower the rate of suicide in the Gunnison Valley. CB State of Mind is committed to collaborating and not competing with community partners to create an effective mental health system that includes a comprehensive plan to include an upstream prevention strategy such as stigma reduction and social norming messaging. As a collaborating organization, CB State of Mind is committed to being part of this

collaborative effort to meet the needs of our most vulnerable populations and we have ability to carry out the activities as outlined in the application.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

N/A

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

N/A

COLORADO
Department of Public Health & Environment

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   - ☐ local business
   - ☐ elected official
   - ☐ Other (please describe) Click or tap here to enter text.

2. Name and email of person completing this form

John S. Tarr Jr., M. D.

3. Name of organization

Community Health Coalition of the Gunnison Valley

4. Lead agency whose application you support:

Gunnison County HHS/Gunnison County Substance Abuse Prevention Program

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

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☒ Yes

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☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP has a multi-year track record of success in bringing together multiple elements of the community, including, but not limited to the School District, Health Care System, Mental Health Center, students, parents, and local businesses to promote and offer incentives to heathy attitudes and behaviors.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

GCSAPP has been active (and successful) in involving all elements of the communty, regardless of cultural and socioeconomic factors, breaking down barriers that would otherwise exist enabling disadvantaged populations to participate fully in its programs.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

The Community Health Coalition of the Gunnison Valley's membership includes virtually all organizations devoted to improving the wellbeing of the residents of the area. It provides a venue for active communication and collaboration to enhance collective action to improve the risk/protection proportion for all community members.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

The CHCGV is not an education agency itself, but the Gunnison RE1J school district is a member.

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

Through its educational and "toolkit" offerings, CTC provides the conceptual framework and action roadmap to accomplish the goal of healthy youth development via the collaborative activities of the Community Health Coalition.

COLORADO
Department of Public Health & Environment

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   - ☐ local housing and human services
   - ☐ local public health
   - ☐ local community health and/or health care organization
   - ☐ local law enforcement
   - ☐ representative of another coalition, such as the Collaborative Management Program
   - ☐ local business
   - ☐ elected official
   - ☒ Other (please describe) Higher Education

2. Name and email of person completing this form

Scott Cantril, scantril@western.edu

3. Name of organization

Western Colorado University (Western)

4. Lead agency whose application you support:

Gunnison County HHS/Gunnison County Substance Abuse Prevention Project (GCSAPP)

5. There are many ways to organize a community effectively to create change. This funding is specifically for the Communities That Care prevention science model, which may or may not be right in your community. Is your agency in agreement that the CTC model can be effective in your community to address risk and protective factors among youth by

organizing the community, assessing local data, and drafting and implementing a comprehensive community-wide prevention plan?

☒ Yes

☐ No

6. I support this application for the applicant listed in Question 4 to be the lead agency to facilitate the CTC process and create a shared and comprehensive plan to prevent risk and promote protective factors in the lives of youth in our community. I recognize this plan is intended to capture our community's comprehensive prevention decisions and not just be a recommendation to or from that agency.

☒ Yes

☐ No

7. Please describe the strengths of this applicant organization to serve as a backbone agency to lead a collective impact process focused on upstream prevention. To learn more about upstream (or primary) prevention, please see this video.

GCSAPP has a strong reputation in the Gunnison Valley. Specifically, the reputations spans it's previous maintenance and delivery of CTC grant objectives. GCSAPP utilizes a data and evidence-based approach to all youth serving efforts. GCSAPP is committed to understanding risk and protective factors which looking at different health topics such as chronic stress, substance use and abuse, all mental health illnesses, violence prevention and much more. This approach directly supports the upstream prevention approach.

8. In what ways do you think the applicant organization will advance equity and address systemic injustices through this work?

The agency has already demonstrated an investment in engaging in the conversation of Diversity, Equity, and Inclusivity (DEI). This very step showcases their commitment to working to be part of the solution. For example, they have brought in presenters to educate community stakeholders on equity and equality and how this information\best practices can be utilize within their organizations.

I am confident, this type of education and implementation will continue if awarded this CTC grant.

9. Please describe the role you anticipate your organization will play in the CTC process and supporting implementation of an action plan focused on preventing risk and promoting protection in your community.

Western will provide representation to be at stakeholder and leaderships meetings\discussions. Furthermore, Western students are valued members of the Gunnison community. Therefore, as an organization with a substantial population in our community, we will be actively engaged in many of the prevention efforts. Without this, we would not be demonstrating a whole community approach when it comes to prevention efforts.

10. If you are a local education agency, please share your past and future plans to participate in the Healthy Kids Colorado Survey. Please also share whether or not you would consider sharing some form of your HKCS summary reports with the coalition to use for priority-setting (even if the data are not shared publicly outside of the coalition).

We use the American College Health Association (ACHA) National Campus Health Assessment (NCHA).

11. If you are part of a Collaborative Management Program, please share your thoughts and ideas about how the Communities That Care initiative in your community will complement and/or connect with the work of your Collaborative Management Program.

N\A

https://youtu.be/o6qs7iCA3Zs

COLORADO
Department of Public Health & Environment

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM

Original Contract Routing #

Contractor Name	Gunnison County/GCSAPP	**Program Contact Name, Title, Phone and Email**	Kari Commerford, Director of Juvenile Services/GCSAPP (970)-642-7393 kcommerford@gunnisoncounty.org
Budget Period	July 1, 2021 through June 30, 2022	**Fiscal Contact Name, Title, Phone and Email**	Jody Wise, Finance, (970) 641-7679 jwise@gunnisoncounty.org
Project Name	Shared Risk and Protective Factor Approach to Substance Misuse Prevention	**Contract (CT or PO) Number**	

Expenditure Categories

Personal Services
Salaried Employees

Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE
Communities that Care Community Mobilizer/Manager	This position is responsible for coordinating the Communities That Care project with fidelity, including Community Board and Key Leader Board member engagement; communication; meetings; reporting on the project; maintaining communication with community partners and community members; and coordinating implementation of evidence-based youth substance abuse prevention strategies. This position is a minimum of 0.75 FTE	$ 80,172.00	$ 6,373.74	75.0%	$ 64,909.31

Personal Services
Hourly Employees

Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
Protective Factor Strategy Lead	This position provides support to the Community Mobilizer to manage contact lists, meeting schedules and other logistics for PYD education activities. Ensures sustainability of PYD strategy by working with community partners on securing funding and working towards collective impact.	$ 28.00	$ 8.00	520.0	$ 18,720.00
Risk Factor Strategy Lead	This position provides support to the Community Mobilizer to manage contact lists, meeting schedules, food ordering, technology, printing, and other logistics related to Toxic Stress and Family Friendly Business Practices education including ensuring sustainability by working with the Early Childhood Council, Chamber of Commerce, Gunnison Valley Health and other community stakeholders	$ 28.00	$ 8.00	416.0	$ 14,976.00
Youth Engagement Manager	Oversees all youth advisors, assists with local GSA and Latino youth groups and ensures the coalition is practicing PYD and youth engagement strategies to fidelity.	$ 28.00	$ 8.00	1040.0	$ 37,440.00

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Project Name	Shared Risk and Protective Factor Approach to Substance Misuse Prevention	**Contract (CT or PO) Number**	

Communications Coordinator	This position provides support to the Community Mobilizer to manage Coalition contact lists, communicates information to the public through media and printed materials, oversees community reports - creation and delivery.	$ 28.00	$ 8.00	832.0	$ 29,952.00
				Total Personal Services (including fringe benefits)	**$ 165,997.31**

Supplies & Operating Expenses

Item	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE
Conference Registration	Registration for Annual Shared Risk and Protective Factor (SRPF) Conference for 4 coalition members	$ 250.00	4.0	$ 1,000.00
Supplies-Office	Pens, paper, sticky notes, highlighters, tablets, file folders, presentation boards, flash drives, batteries that will be used by Community Mobilizer at meetings and trainings. Costs are estimated based on monthly averages for similar programs.	$ 20.00	12.00	$ 240.00
Meeting Costs	Beverage and snacks for 20 Youth Workgroup Meetings (estimated at $7.50 per person x 15 persons x 20 meetings = $2,250), 4 Community Board and Key Leader Meetings (estimated at $18 per person x 20 persons x 4 meetings = $1,140), 10 work group meetings (estimated at $10 per person x 10 persons x 10 meetings = $1,000), 1 year end Community Celebration (estimated at $20 per person x 40 people x 1 event= $800). It is important to provide food for these meetings in order to provide an incentive to stakeholders, because the meetings often occur over the lunch hour, after work, or on weekends.	$ 5,490.00	1.00	$ 5,490.00
Incentives	Incentives to acknowledge community member (parent, youth, or resident) time and expertise to contribute to the goals of the coalition. $30 per person x 15 persons x 12 events	$ 450.00	12.00	$ 5,400.00
Computer Costs	We pay monthly computer costs to the county $300/mo. Per computer - costs 2.5 FTE	$ 750.00	12.00	$ 9,000.00
Copy & Print Supplies	Community engagement and meeting materials, PYD training materials, flyers, promotional cards, and educational materials for surveys and events. Average is $50 per month.	$ 50.00	12.00	$ 600.00
Advertising and Promotional Costs	Costs for recruiting and educating the community about your efforts. $300/mo	$ 300.00	12.00	$ 3,600.00
Phones	$45 program manager $35 x 2	$ 115.00	12.00	$ 1,380.00
			Total Supplies & Operating	**$ 26,710.00**

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM

Original Contract Routing #

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Budget Period	July 1, 2021 through June 30, 2022	**Fiscal Contact Name, Title, Phone and Email**	Jody Wise, Finance, (970) 641-7679 jwise@gunnisoncounty.org
Project Name	Shared Risk and Protective Factor Approach to Substance Misuse Prevention	**Contract (CT or PO) Number**	

Travel

Item	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE
Mileage	Mileage, paid at the IRS mileage rate of $0.575 per mile for Community Mobilizer. This includes 2 trips to Denver to attend trainings, 1 trip to attend annual SRPF conference (2200 miles RT x .575 x 2)	$ 1,265.00	2.0	$ 2,530.00
Lodging	Lodging for Community Mobilizer and 1 coalition members to attend 2 trainings in Denver (3 nights X $195 per night x 2 rooms), at the SRPF Conference (3 nights x $144 per night x 2 rooms), 1 additional professional development and coalition skill building training in Denver (3 nights @ $195 per night x 2 rooms)	$ 1,602.00	2.00	$ 3,204.00
Meals	Meal estimate based on GSA per diem rates for most of Colorado (2 travel days at $57 + 2 full days at $76 x 4 people x3 trips	$ 532.00	3.00	$ 1,596.00
			Total Travel	**$ 7,330.00**

Contractual

Subcontractor Name	Description of Item	Rate	Quantity	Total Amount Requested from CDPHE
Gunnison Valley Mentors	Time and expertise dedicated to supporting the community members engaged in the process and leading collective change across the community for Risk and Protective factor Strategies. 8 hours a week for one staff member at $20/hr.	$ 20.00	416.0	$ 8,320.00
Community Champion	This position is responsible for building capacity for other parents or residents who are engaged in the project and who participate voluntarily and not as part of a professional role. They support action planning and implementation. $25/hr. x 20 hr. mo.	$ 25.00	260.0	$ 6,500.00
Youth Advisor	Stipend for 2 univeristy students to work with GCSAPP, attends all coalition meetings, chooses one implementation strategy to work on and helps to deliver presentations . $25/hr. x 10 hour per month per youth x 10 months. This helps ensure that we are having youth voice in all of our work.	$ 500.00	260.0	$ 5,000.00
			Total Contractual	**$ 19,820.00**
			SUB-TOTAL OF DIRECT COSTS	**$ 219,857.31**

Indirect

Item	Description of Item	Total Amount Requested from CDPHE
Federally-Negotiated Indirect Cost Rate		

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM

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CDPHE-Negotiated Indirect Cost Rate		
De minimis Indirect Cost Rate	10% if the agency has never held a negotiated indirect cost rate agreement.	$ 21,986.00
	Total Indirect	**$ 21,986.00**
	TOTAL	**$ 241,843.31**

Jody Wise

From: Google Forms <forms-receipts-noreply@google.com>
Sent: Friday, October 30, 2020 3:21 PM
To: Jody Wise
Subject: Financial Risk Assessment Questionnaire

[EXTERNAL SENDER - USE CAUTION]

Thanks for filling out Financial Risk Assessment Questionnaire

Here's what we got from you:

Financial Risk Assessment Questionnaire

A. Local Public Health Agencies do not need to complete this form since their risk is determined by the Financial Risk Management System (FRMS). B. This form should be completed and reviewed by Agency staff with the most knowledge of the accounting system and fiscal internal control structure. C. Any questions that remain unanswered including requested explanations, or the answer does not address the question asked will be assessed the highest risk rating for that question. If each question is not answered or the required explanation is not provided, the Agency's overall financial risk will increase. D. Reference the Frequently Asked Questions document for questions or additional guidance for completing the Financial Risk Assessment. E. If you have completed this form in the past twelve months, please submit your previously completed form with any updated information. If responding to a posted RFA, the form should be uploaded or sent with the application.

Email address *

jwise@gunnisoncounty.org

Important Note: Answer ALL questions

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

Name of agency: *

Gunnison County

Name and title of person completing this form: *

Jody Wise

Please enter today's date: *

MM

10

/

DD

30

/

YYYY

2020

Solicitation or contract number for which questionnaire is being submitted *

1

General Agency Information

1. Provide the total annual operating budget for the agency. *

$5,000,000 +

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

20 +

3. How many years has the agency been in existence? *

20 +

4. How many total FTE are there in the agency? *

20 +

5. Has the agency had any significant changes in key personnel or accounting systems in the last year? (e.g., Controller, Executive Director, Accounting Manager, Program Manager, etc.). Answer (Yes or No) Please explain the changes. *

no changes

6. When is the agency's fiscal year end? *

MM

12

/

DD

31

/

YYYY

2020

7. Does the agency have employee fidelity bond/insurance coverage for all its employees? Answer (Yes or No) If so, what is the coverage amount? *

yes 1,000,000

Programmatic Performance

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

$500,000 - $999,999

9. Has the agency administered programs similar to its current proposal? Answer (Yes or No) If so, please list and explain. *

yes -CTC

10. Has the agency previously met all deliverables of its contracts on time and as described in its statement of work? Answer (Yes, No, or N/A) If not, please explain why the agency was unable to meet the deliverables. *

Yes- met all deliverables

11. Is the agency serving as a fiscal agent for another agency that will complete the actual work on the contract? Answer (Yes or No) If so, please explain. *

No not serving another agency

12. Is the agency sub-awarding any portion of this contract to complete the deliverables? Answer (Yes or No) If so, please explain. *

no - not sub-awarding

Fiscal System

13. How many total FTE perform accounting functions within the agency? *

5-9

14. Does the agency receive an annual financial statement audit under Generally Accepted Auditing Standards (GAAS)? Upload or provide a link below *

Yes

15. Does the agency receive an audit under the Single Audit Act/Uniform Administrative Requirements, 2 CFR 200, subpart F (Government Auditing Standards)? Upload or provide link below *

Yes

Provide a copy of your most recent audit report.

Submitted files

Gunnison County 2019 Audited Financial Statements FINAL - Jody Wise.pdf

Provide a link to a website containing your most recent audit report.

https://www.gunnisoncounty.org/

16. Are agency accounting records kept in accordance with Generally Accepted Accounting Principles (GAAP)? *

Yes

17. Does the agency accounting system allow segregation of all assets, liabilities, revenue, and expenditures by funding source, and the ability to produce a self-balancing report by each fund? Answer (Yes or No) Please explain how you intend to account for all costs and revenues associated with each funding source. *

Yes - Munis software -designed to accommodate governmental accounting requirements - separate account codes for each grant

18. Are accounting records supported by documentation? Answer (Yes or No) If so, please list examples of the source documentation that is maintained and retained. *

Yes - all receipts are kept with vouchers and credit card expenses

19. Does the agency have a documented allocation methodology to ensure that common costs (e.g., phone, rent, utilities) not contained in its indirect calculation are allocated equitably to all funding sources? Answer (Yes or No) Please explain how you allocate your common costs. *

Yes - Cost Allocation Plan

20. Does the agency have a review process for all expenditures that will provide certainty that all costs are reasonable, allowable, and allocated correctly to each funding source? Answer (Yes or No) Please explain your current process for reviewing costs. *

Yes - Department Heads approve expenditures before paid

21. Does the agency have internal controls in place to ensure that the accounting records are free from errors? Answer (Yes or No) Please describe the overall internal fiscal controls and structure. *

Yes - Internal Control Worksheet

Provide a copy of the agency documented internal controls.

Submitted files

2020 Fiscal Internal Control Worksheet - Jody Wise.pdf

22. This contract will be a cost reimbursement basis. Does the agency have an adequate cash flow that will enable it to manage finances between the time costs are incurred and reimbursed? Answer (Yes or No) Please explain how you intend to cover costs prior to requesting the reimbursement. *

Yes - County maintains 26% ending available resources balance in the General Fund

23. Does the agency have a time and effort reporting system in place to account for 100% of each employees actual time spent on each project? Answer (Yes or No) Please explain how you intend to document actual hours worked for each employee, by funding source. *

Yes - Each employee fills out timesheets each month to document actual hours worked

24. Does the agency have an active oversight committee/board and is the committee/board provided financial reports and information on a regular basis? Answer (Yes or No) Please provide the frequency. *

Yes - BOCC meets weekly

Provide the name and title of the agency representative reviewing these responses prior to submission to CDPHE. Note this must be a different individual than the person completing the form. *

Kari Commerford- Director Juvenile Services

Create your own Google Form