REGION 2 OPIOID ABATEMENT COUNCIL
Serving Larimer County

LARIMER REGIONAL OPIOID ABATEMENT COUNCIL

1525 Blue Spruce Dr, Fort Collins, CO 80524 970.619.4642 larimer.gov/bocc/regional-opioid-abatement-council

Date: **December 3, 2026**
Time: **2:00 PM to 4:00 PM**
Location: **Hybrid** - Goldfinch/Sparrow Conference Room, 2260 W Trilby Road, Fort Collins & Zoom Livestream at https://www.youtube.com/@R2OAC/featured

AGENDA

1. **Call to Order**
2. **Public Comment**
3. **Approval of October 22, 2026 Meeting Minutes**
    - *Action Required*
4. **2027–2028 Region 2 Spending Plan**
5. **Grant Administration**
    a. Year 4 (2026-2027) 6-Month Reports (action required for each)
        i. Northern Colorado Health Network
        ii. Yarrow Collective
        iii. The Redpoint Center
        iv. Lighthouse
        v. Partners
        vi. Butler Institute
        vii. Northern Colorado Health Alliance
    b. Year 3 (2025-2026) Final Reports (action required for each)
        i. EVICs
        ii. La Familia
6. **Adjourn Meeting**

2026 Monthly Commitments

January 2026	Elections for 2026 Officers Approve Final 2025 Financial Report Approve July-December Administration Costs Approve 2025 Stipend Amounts Approve Abundance Foundation 6-Month Report Approve CSU Prevention Research Center 2024-2025 Final Report
February 2026	Approve CSU Prevention Research Center 6-Month Report Review Year 4 (2026-2027) Funding Proposals
March 2026	Review Year 4 (2026-2027) Funding Proposals Review New Applicant Funding Proposals
April 2026	Quarterly Financial Report Review Year 4 (2026-2027) Funding Proposals Harvest Farm 2025-2026 Extension Update
May 2026	Review Year 4 (2026-2027) Funding Proposals Approve EVICs 6-Month Report Approve La Familia 6-Month Report Approve Northern Colorado Health Network Final Report Approve North Colorado Health Alliance Final Report Approve Butler Institute Final Report
June 2026	Approve Yarrow Collective Final Report Approve The Red Point Center Final Report Approve Lighthouse Final Report Approve Partners Final Report Approve Fort Collins Rescue Mission Final Report Approve Rise Above Final Report
July 2026	Quarterly Financial Report Approve Administrative Reimbursement for Jan-Jun 2026 Review New Applicant Funding Proposals Approve Abundance Foundation Final Report
August 2026	Approve CSU Prevention Research Center Final Report Review Year 4 (2026-2027) Funding Proposals Review Funding Priorities & Available Funds
September 2026	2027 Year 5 Funding Priorities Discussion
October 2026	Quarterly Financial Report 2027 Year 5 Funding Priorities Discussion
November 2026	No Meeting
December 2026	***Meeting moved to 12/3 Approve Northern Colorado Health Network 6-Month Report Approve North Colorado Health Alliance 6-Month Report Approve Butler Institute 6-Month Report Approve Yarrow Collective 6-Month Report Approve The Red Point Center 6-Month Report Approve Lighthouse 6-Month Report Approve Partners 6-Month Report Approve EVICS Final Report Approve La Familia's Final Report CSU PRC 2024-2025 Extension Deadline (12/31)

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MINUTES

Date: October 22, 2026
Time: 2:00 PM to 3:30 PM
Location: Hybrid – Goldfinch/Sparrow Conf. Rm., 2260 W Trilby Road, Fort Collins & Zoom
Contacts: *Heather Gilmore* - Council Staff Support, Larimer County Department of Health and Environment

Voting Members Present:	Tom Gonzales, Chair
	Commissioner Jody Shadduck-McNally, Vice Chair
	Mayor Gary Hall, Secretary
	Jacob Castillo
	Zeke Cortez (virtual)
	Mayor Pro Tem Brian Mason (virtual)
Advisory Members Present:	Ty Gentz
	Lorrie Lopez (virtual)
	Jessica Plummer (virtual)
Subject Matter Members Present:	Dr. Lesley Brooks
	Gordon McLaughlin (virtual)

Full Recording of Meeting: https://www.youtube.com/@R2OAC/streams

Call to Order - The Council Chair called the meeting to order at 2:00 PM.

Public Comment

MJ Jorgensen, Deputy Executive Officer at North Colorado Health Alliance, reminded the Council that the 2026 RARE Conference will take place on Friday, October 30, at the Embassy Suites Hotel Conference Center in Loveland. Council members interested in attending who have not yet registered were encouraged to contact the support team for assistance with registration.

Approval of the September Minutes

> ***Action –*** Commissioner Shadduck-McNally moved to approve the September meeting minutes as written. Mayor Gary Hall seconded the motion. ***Motion was unanimously approved.***

Financials

Quarterly Financial Report

Janelle Koldos, ROAC Financial Fiscal Agent, presented the financial report for the 2025–2026 funding cycle through October 15, reporting approximately $6.6 million in revenue available for the funding cycle. Of the $6.3 million total budget, $4.16 million has been spent, approximately $1 million is scheduled for release in December, and an additional $1.2 million in restricted carryover and unspent funds will carry forward into the 2027–2028 funding period. Since the Council's inception in 2022, it has received approximately $10.9 million in settlement funds and expended $8.7 million. The report also included historical financial data from the 2023–2024 funding cycles for reference and comparison.

Lived Experience Technical Advisory Member Update

Commissioner Shadduck-McNally shared that an additional month will be needed to complete outreach to the potential candidates and that she will provide a progress update at the next meeting.

Grant Administration

2027 Year 5 Funding Priorities Discussion

Dr. Jared Olson, Senior Population Epidemiologist, revisited the Council's shared goals and guiding principles. The Council discussed whether equity should be established as a standalone goal or remain a core principle integrated throughout its work. The Council generally agreed that equity would be most effectively addressed as a central principle guiding all decision-making.

The Council also recommended adding a statement to more clearly connect the guiding principles to the achievement of specific goals.

Dr. Olson presented a circular cluster graph illustrating how grantees providing similar services are grouped along a continuum of care, including general population prevention, targeted prevention, high-intensity services, harm reduction, treatment, recovery, and recovery housing. He also outlined three potential funding scenarios to address declining settlement revenues, including gradually reducing funding over time versus implementing immediate reductions. The Council engaged in an extensive discussion regarding the allocation of limited resources across service categories, emphasizing the importance of sustaining critical services, such as harm reduction, despite anticipated funding decreases. Dr. Lesley Brooks, Chief Medical Officer and Executive Director of SummitStone Health Partners, highlighted the importance of addressing treatment needs among youth, noting that prevention efforts often receive greater attention than youth treatment services.

The presentation further emphasized the need to reassess funding priorities as available resources decline in future years. Jack Patterson, Opioid Response Operations Administrator for the Colorado Attorney General's Office, noted that although settlement revenues are projected to decrease, additional settlements, including those involving Purdue and Albertsons, could result in unexpected funding increases. The Council also discussed the potential development of a scoring rubric for future grant proposals to support a more consistent and transparent evaluation process. Such a rubric could help assess how effectively applicants incorporate the Council's established goals and guiding principles into their proposed work.

The Chair reminded the Council that its finalized funding priorities must be submitted to the Colorado Opioid Abatement Council (COAC) by November 13. The Council then reviewed the funding recommendations presented as Options A and B, which outlined proposed percentage-based funding allocations across the various service categories. The majority of Council members expressed support for Option B, while Zeke Cortez indicated a preference for Option A. Mayor Pro Tem Mason suggested supporting Option B with the modification of reallocating 4% of funding from the Recovery category to the Treatment category.

> ***Action –*** Commissioner Shadduck-McNally made a motion to approve the Option B funding allocations for Year 5, with the modification of reallocating 4% from the Recovery

category to the Treatment category. Mayor Pro Tem Brian Mason seconded the motion. ***The motion passed with five votes in favor and one vote in opposition, cast by Zeke Cortez.***

Additional Comments

Dr. Brooks highlighted the potential impacts of upcoming Medicaid changes, including re-enrollment requirements and work mandates, which could disproportionately affect vulnerable populations. The Council discussed concerns that potential losses in Medicaid coverage could increase demand for grant-funded treatment and recovery services.

The Chair reminded the Council that there will be no meeting in November and that the December 3 meeting will be extended to two hours, from 2:00–4:00 PM.

Jacob Castillo shared that the Fort Collins City Council will hold a work session on October 27 to discuss age restrictions related to tobacco and kratom.

Adjourn Meeting

Commissioner Shadduck-McNally moved to adjourn the meeting. The meeting adjourned at 3:25 PM.

2027 SPENDING PLAN

Total Budget: $3,091,488.91

AVAILABLE FOR NEW AWARDS

$2,551,474.50

RESTRICTED FOR 2026 AWARDS

$540,014.41

BUDGET ALLOCATION BY CATEGORY (2027-2028)

Total Budget: $3,091,488.91 ($2,551,474.50 New + $540,014.41 Restricted for 2026 Awards)

	Category	2027 New Allocation	Restricted for 2026 Awards	Total 2027-2028
	Recovery	$1,275,736.50 (50%)	$189,495.50	**$1,465,232.00**
	Prevention	$510,294.00 (20%)	$190,320.02	$700,614.02
	Harm Reduction	$382,722.00 (15%)	$0.00	$382,722.00
	Treatment	$178,604.00 (7%)	$160,198.89	$338,802.89
	Opioid Abatement Planning	$127,574.00 (5%)	$0.00	$127,574.00
	Administrative Costs	$76,544.50 (3%)	$0.00	$76,544.50
	Total	**$2,551,474.50 (100%)**	**$540,014.41**	**$3,091,488.91**

NORTHERN
COLORADO HEALTH NETWORK

LARIMER COUNTY
OPIATE ABATEMENT

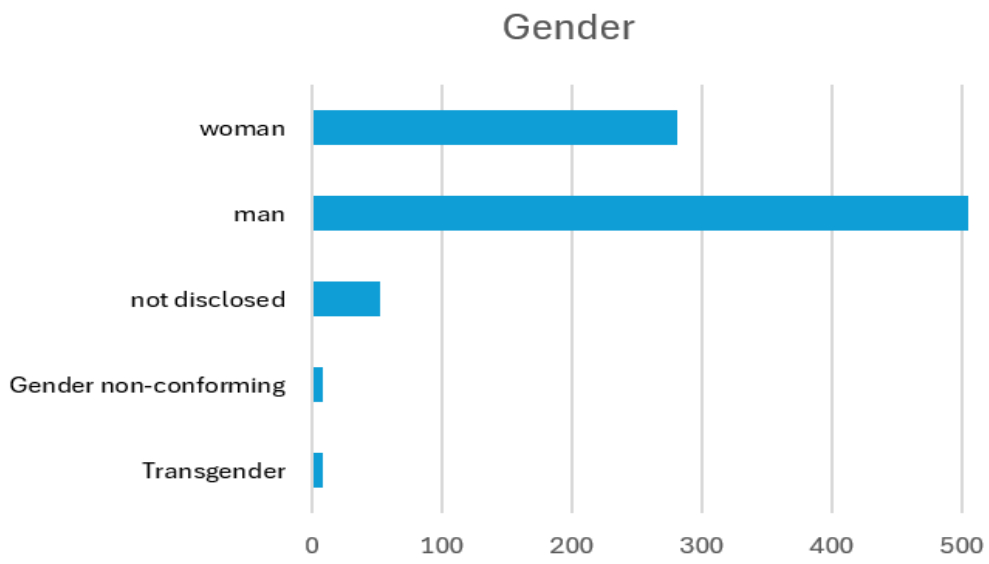
2026

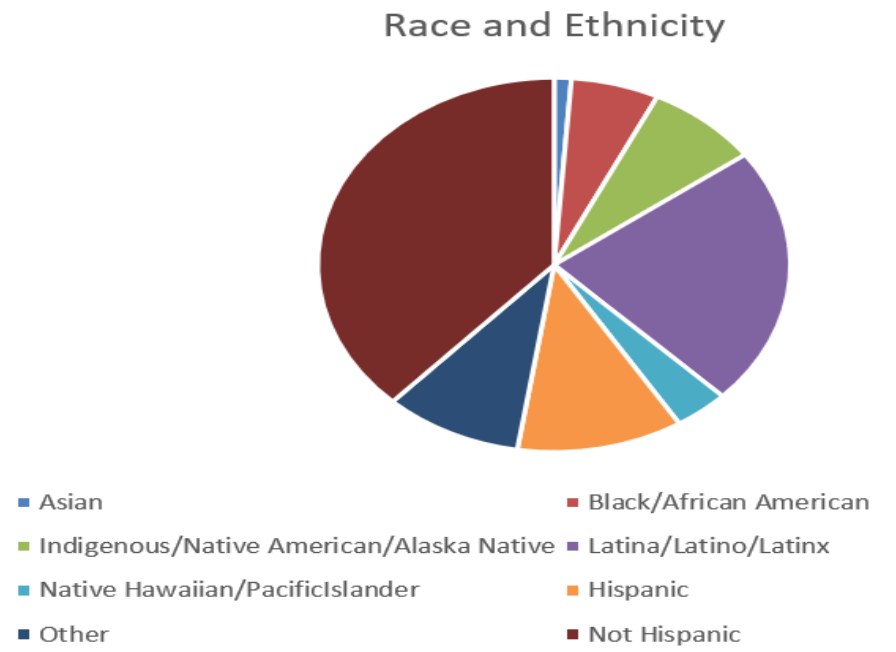
6 Month Presentation



AT 6 MONTHS, WE SERVED

853* UNIQUE PARTICIPANTS FUNDS FROM THIS GRANT





190	Disclosed living outdoors
27	Disclosed living inside, but being unstably housed
67%	Disclosed having Medicaid
20%	Disclosed being part of the LGBTQ+ community
2%	Disclosed reusing syringes in the past 12 months
75%	Disclosed they are currently injecting

Race and Ethnicity	Percentage
Asian	1%
Black/African American	6%
Indigenous/Native American/Alaska Native	7%
Latina/Latino/Latinx	22%
Native Hawaiian/Pacific Islander	3%
Hispanic	11%
Other	12%
Not Hispanic	38%



6 Month - 2026 Metrics Harm Reduction

Lives Saved at 6 Months - 157 People

VISITS

	Unique participants:	Visits via walk in location:	HIV, HCV & STI tests:
2026 Goal:	900	4500	250
6 Months:	853	3329	532
Remaining:	47	1171	*EXCEEDED*

REFERRALS

	Behavioral Health:	MAT services:	Community Partners:
2026 Goal:	120	150	300
6 Months:	243	120	545
Remaining:	*EXCEEDED*	30	*EXCEEDED*

SUPPLIES

	Nasal Narcan Boxes Distributed:	Injectable Naloxone kits Distributed:	Syringe Return Rate:
2026 Goal:	1500	500	65%
6 Months:	1137	405	66%
Remaining:	363	95	65%

PARTICIPANT EDUCATION

	Education Sessions completed:	Trained to administer Naloxone:	Trained to use fentanyl test strips:	Trained to use xylazine test strips:
2026 Goal:	500	300	300	250
6 Months:	481	253	244	229
Remaining:	19	43	180	21



Proposed 2026 Metrics Treatment /Wellness

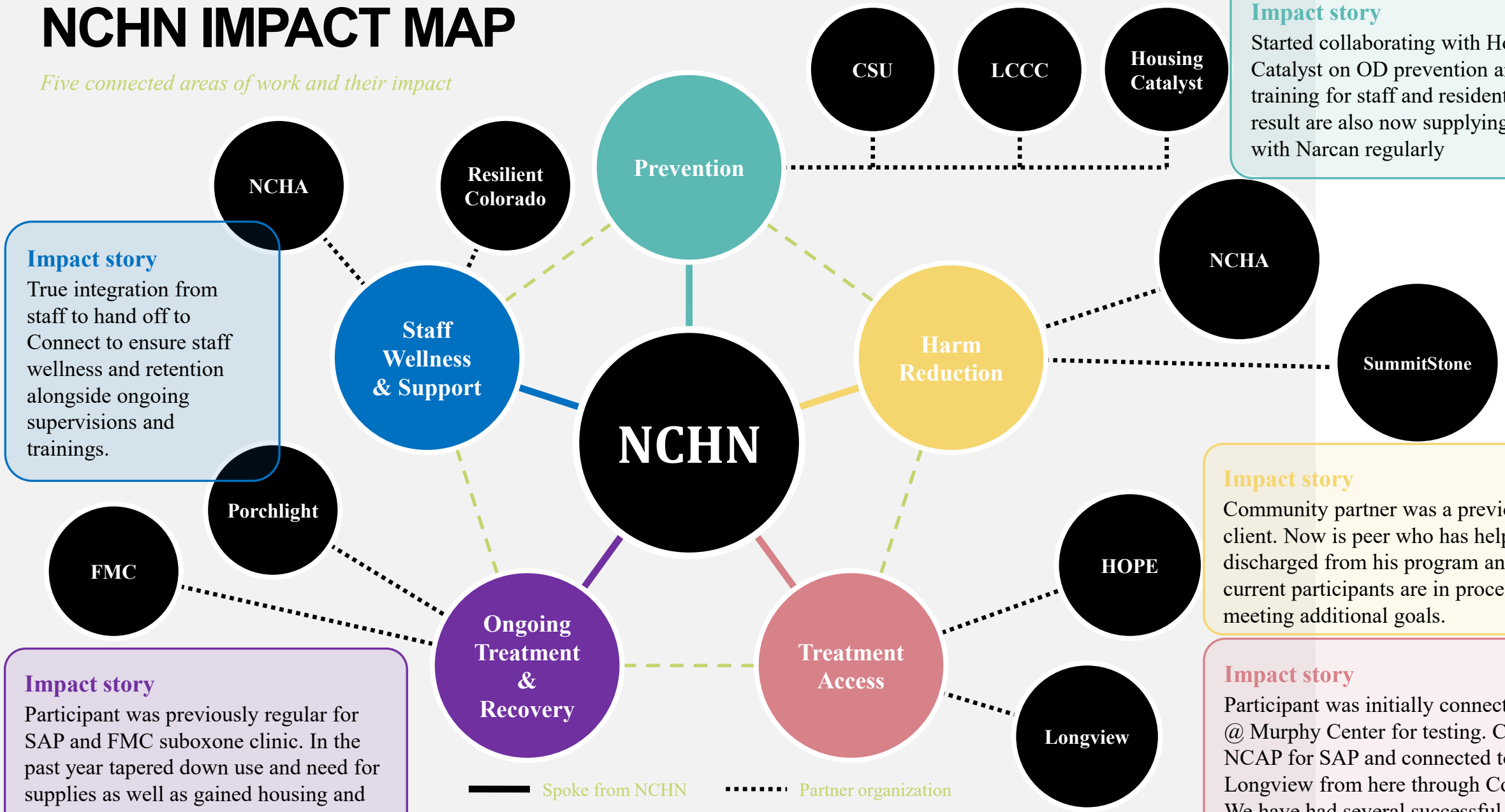
Connect Touchpoints/Encounters			
	Unique Touchpoints/Encounters:	**Tier 2-4 brief interventions completed:**	**MAT Referrals:**
2025 Goal:	250	100	25
6 Months Goal:	100	50	15
6 month actual	**110**	**145**	**120**

	Professional Development	**Wellness benefits**	**Leadership/mentorship**	**Individual and Group Supervision**
2026 Goal:	Increase scope of practice for clinicians/interns/and other staff through trainings	Increase staff capacity to navigate personal challenges and keep them in the work through additional health benefits and leave options	Increase resiliency, competency, and meaning through trainings and leadership program development	Provide monthly group supervision to all prevention staff and Bi-weekly group/individual supervision to all BH staff.
6 Months Goals	Goal: 5 Trainings Completed	Goal: Increase overall staff well-being and job satisfaction thru assessment - Complete Baseline Assessment	Goal: 4 Trainings and/or program development meetings Completed	Goal: Provided supervisions for 6 months
Completed	50 completed	2026 assessment to be completed in December 2026*	15 Completed Leadership Training and Development Meetings	Monthly supervisions for PV team and weekly group /Individual for BH team



NCHN IMPACT MAP

Five connected areas of work and their impact



Impact story

Started collaborating with Housing Catalyst on OD prevention and HR training for staff and residents. As a result are also now supplying them with Narcan regularly

Impact story

True integration from staff to hand off to Connect to ensure staff wellness and retention alongside ongoing supervisions and trainings.

Impact story

Community partner was a previous client. Now is peer who has helped 20-25 discharged from his program and 5 current participants are in process of meeting additional goals.

Impact story

Participant was previously regular for SAP and FMC suboxone clinic. In the past year tapered down use and need for supplies as well as gained housing and stayed engaged w/ Connect.

Impact story

Participant was initially connected with @ Murphy Center for testing. Came to NCAP for SAP and connected to Longview from here through Connect. We have had several successful warm handoffs to Longview.

Approved Use: C. Connections to Care: C15

Date Range 4/1/26 - 9/30/26

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Integrated Clinical Care Coordinator	LS	$66,245	75%	$49,684	$11,427	$61,111	$23,640	38.7%		
Behavioral Health Manager	RM	$76,225	5%	$3,811	$877	$4,688	$2,615	55.8%		
BH Clinician	MC						$12,939	0.0%		
SUTA/WC Adj							$54	0.0%		
								0.0%		
								0.0%		
					SUBTOTAL	**$65,799**	**$39,248**	59.6%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Gift Cards/basic needs	$10	100	Supplies	$1,000		0.0%		
Wellness Program and Staff App	$1,200	1	Other	$1,200	$123	10.2%		
						0.0%		
						0.0%		
			SUBTOTAL	**$2,200**	$123	5.6%	$0	
			TOTAL DIRECT	$67,999	$39,371	57.9%	$0	
			Indirect	$10,200	$5,906	57.9%		
			TOTAL COSTS	$78,199	$45,277	57.9%	$0	

Approved Use: Training K.2 Support infrastructure and staffing

Date Range 4/1/26 - 9/30/26

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Lead Prevention Services Coordinator	BT	$51,688	100%	$51,688	$11,888	$63,576	$34,968	55.0%		
Director of Behavioral Health & Wellness	DW	$124,596	3%	$3,738	$860	$4,598	$7,735	168.2%		
Director of Prevention	IP						$1,588	0.0%		
SUTA/WC Adj							$61	0.0%		
								0.0%		
								0.0%		
					SUBTOTAL	**$68,174**	**$44,352**	65.1%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Office Supplies	$50	12	Supplies	$600	$133	22.1%		
						0.0%		
						0.0%		
						0.0%		
			SUBTOTAL	**$600**	$133	22.1%	$0	
			TOTAL DIRECT	$68,774	$44,485	64.7%	$0	
			Indirect	$10,316	$6,673	64.7%		
			TOTAL COSTS	$79,090	$51,158	64.7%	$0	

Approved Use: H.9 Syringe service programs and other evidence-informed programs toreduce harms associated with intravenous drug use;

Date Range 4/1/26 - 9/30/26

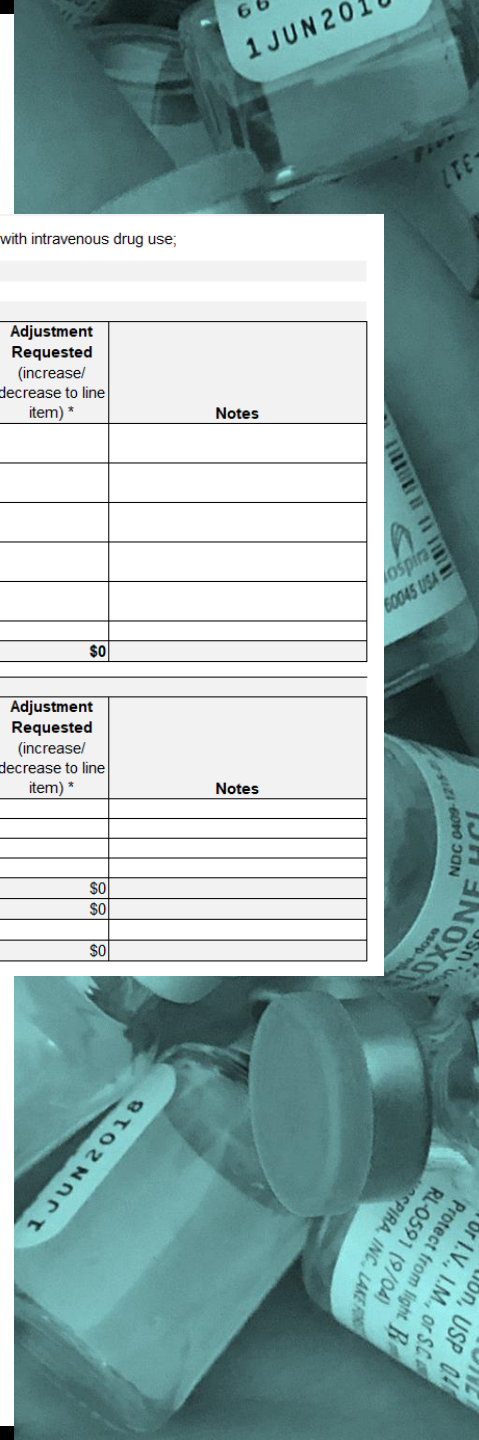
Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Prevention Services Manager	RL	$59,905	100%	$59,905	$13,778	$73,683	$41,122	55.8%		
Prevention Services Coordinator	KB	$31,624	100%	$31,624	$38,898	$38,898	$13,760	35.4%		
Prevention Services Coordinator	SW	$48,380	100%	$48,380	$59,507	$59,507	$26,215	44.1%		
Prevention Services Coordinator	CG						$6,935	0.0%		
Prevention Services Coordinator	SL						$88	0.0%		
SUTA/WC Adj							$122	0.0%		
					SUBTOTAL	**$172,088**	**$88,242**	51.3%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
e Access Supplies	$25	1737	Supplies	$43,425	$19,255	44.3%		
ard Waste Disposal	$50	120	Supplies	$6,000	$1,684	28.1%		
	$1	5140	Travel	$3,444	$1,415	41.1%		
						0.0%		
			SUBTOTAL	**$52,869**	$22,355	42.3%	$0	
			TOTAL DIRECT	$224,957	$110,597	49.2%	$0	
			Indirect	$33,747	$16,590	49.2%		
			TOTAL COSTS	$258,704	$127,186	49.2%	$0	

We are on track with our spending. We have overspent on one line item (Director of BH&W) and will work with our accounting team to remedy.



THANK YOU

Northern Colorado Health Network

Larimer County (Fort Collins)

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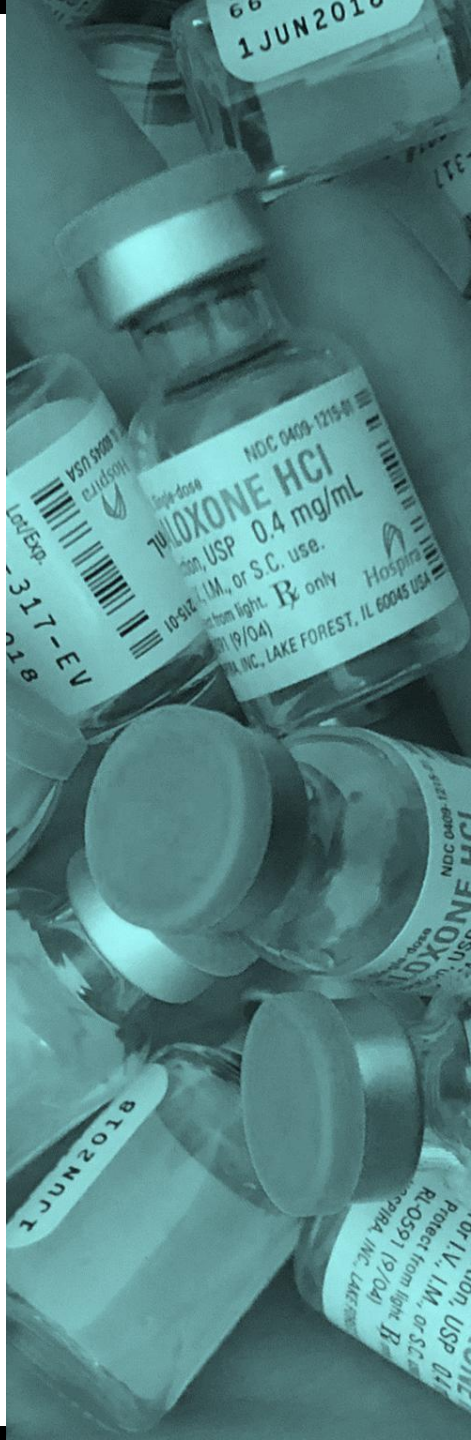


Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: Colorado Health Network
Submitter Name: Elizabeth Pike, Danielle Willis, Rebecca Lara, Rebecca McLaughlin
Submission Date: October 31st, 2026

Grant Agreement Period: April 1, 2026 – March 31, 2027
Total Agreement Amount: $415,989.17
Report for the Period: April 1, 2026 – September 30, 2026
Approved Use Category: Harm reduction, Training, and Treatment

1. **Budget to Actual Results:** *Complete the attached spreadsheet comparing the line-item budget in the grant agreement with expenditures through the first six months of the agreement. In the space below, please include any pertinent information about the budget to actual here, such as variances, anticipated budget changes, issues/ concerns, etc. that the Council should be aware of. Be sure to speak to budget line revisions, if any.*

With approval from the council, and communication with John Voss, our 6-month budget template will be completed by our accounting department by November 14th, 2026.

2. **6-Month Objective Results and Performance Metrics:** ***List*** *the objectives from the grantee agreement below, together with interim results for each objective. This information can be presented in other formats, such as tables or charts.*
    a. Harm Reduction

Performance Metric	Grant-Year Goal	6-Month Actual
# unique participants	900	853
# visits	4500	3329
Syringe return rate	70%	93% - year goal met and exceeded
# naloxone distributed	3500	1792
# trained on naloxone administration	300	253
# of lives saved from opioid overdose	180	157
# trained on fentanyl test strips	300	244
# trained on xylazine test strips	300	229
# HIV/HCV/STI tests performed	250	532 – year goal met and exceeded
# education sessions	500	481
# referrals to behavioral health	120	243 -year goal met and exceeded
# referrals to MAT	150	120*

# referrals to community partners	300	545 – year goal met and exceeded

b. *Connect (Treatment)*

Performance Metric	**Grant-Year Goal**	**6-Month Actual**
Unique individuals engaged	250	110
Tier 2-4 encounters	100	145 – year goal met and exceeded
Family Medicine Center MAT referrals	25	120* - year goal met and exceeded

*This grant period reflects a significant amount of growth in the integration of our two teams. Rather than tracking MAT referrals separately, this joint number reflects the success of effectively utilizing people with lived experience to facilitate and launch a referral to MAT services, and our behavioral health providers' capacity to strengthen the referral through pillars of support.

c. Wellness

Objective 1: Reduce Drug overdose and overdose-related deaths

One of NCHN's Access Point program's primary objectives is to prevent drug overdoses and overdose-related fatalities through the distribution of naloxone and overdose prevention education.

- NCHN has distributed 1,792 doses of Naloxone to participants in the community - with intentions to distribute 3,500 by the end of the year.
- NCHN prevention coordinators have trained 253 participants with evidence-based practices on overdose prevention strategies.
- 244 individuals have been intentionally trained during the introduction of services on how to use fentanyl testing strips and 229 individuals have been trained on xylazine test strips, which is close to our shared goal of training 300 individuals by the end of the grant year.
- NCHN has assisted in preventing an estimated 157 overdose-related deaths with the goal of assisting in 180 reversals through naloxone distribution and education by the end of the grant year.

Objective 2: Expand Access to Harm reduction services and supplies

The second objective of this project is to increase access to low-barrier harm reduction services and supplies for people who use drugs

- 853 unique individuals who use drugs have made 3329 visits for harm reduction services and supplies.
- During these visits, prevention coordinators offered 481 education sessions, sterile supplies, 244 fentanyl testing strips were provided and 229 xylazine testing strips were provided, and **545** referrals to community partners were made.
    - *It is important to address the end of SAMHSA's funds for CDPHE's no-cost test strip distribution program in May of 2026. As a result, these testing strip supplies were limited during SAP interactions this grant cycle to ensure supplies last longer. Even with these unforeseen circumstances, prevention coordinators are on trajectory to surpass annual goals for distribution of drug testing supplies.*

Objective 3: Increase access to behavioral health care, treatment, and recovery services

The third objective of this grant period is to expand behavioral health, treatment, and recovery access for people impacted by the opioid epidemic within Larimer County.

- We have exceeded our grant metrics for tier 2+ encounters within the Connect program, which highlights our increased participant engagement, trust, and efficacy in our program.
- Through our Connect program, we have referred participants to many local resources including addiction treatment, crisis mental health care, MAT programs, and other forms of healthcare.

Objective 4: Strengthen staff well-being and leadership capacity

Our fourth objective of this grant period is to enhance staff mental health, resilience, and leadership capacity through targeted training and professional development. The outline below details our work on this objective over the past 6 months.

I. Professional Development, Trainings and Center for Excellence: *New Hire, All Staff continuing Education and Leadership Academy:*

During the last 6 months (April-September 2026), CHN provided a total of **50 professional development (PD) or wellness sessions** to support staff growth, resilience, and workplace wellbeing. All PD was facilitated by Danielle Willis, LCSW, LAC unless noted below

April 2026

- **4/1- CHN Center for Excellence: All Staff Meeting**
  - *CliftonStrengths Wellness Prompt- Connecting strengths to teamwork*
  - *CHN Wellness Tool- The Let Them Theory by Mel Robbins*
  - *Let them connected to boundaries and Role*
  - *Training- Colorado's updates to Mandatory Supporting*
- **4/8 -National Association Social Workers Mandatory Supporting Training**
  - *For Behavioral Health staff*
  - *Facilitated by NASW Board Member*
- **4/10- #2 New Hire Training: Client Facing Skills: Assessment and Reporting**
  - *Suicide Assessment, mandatory reporting, Active Threat Response and safety Training*
- **4/15- Leadership Team Meeting: Leadership Academy:**
  - *Traction book group for leadership team: chapter 5- Data Component*
  - *Implement the Vision component: The Vision Traction Organizer*
  - *KPI connections to Data component and accountability*
- **4/21- Professional Development: Volunteer training manual and training requirements developed**
  - *This packet mirrors new hire training required for all volunteers.*
- **4/22- All-Manager Meeting**
  - *Top 10 legal issues for supervisors and managers*
  - *Facilitated by Employers Council*
- **4/23- #3 New Hire Training: Client Facing Skills**
  - Motivational Interviewing I & 11
- **4/27- #1 New Hire Client Facing Training**
  - *Trauma Informed Care- De-escalation*
- **4/30- Professional Development for All Staff and New Hires**
  - *Safety Plan Recordings by region- Completed for the Northern Region*

May 2026

- **5/6- Professional Development for All Staff and New Hires**

- *TIC focused Colfax Safety training and Emergency Plan Review- Annual Training for all Staff at the Colfax office*
- *Reviewed Weather, Exits, ICE Response, Active Threat Response, Shelter in place and Overdose Response*

- **5/7- CliftonStengths New Hire Orientation**
  - *Provided to all New Hires to orient to Clifton Strengths facilitated by CliftonsStrengths Coach*
- **5/13- Leadership meeting- Traction- Chapter 6 Leadership Team meeting: Leadership Academy**
  - *Traction book group for Leadership team– Chap 6*
  - *Implement chapter 6: The Issues Component*
  - *Issues work group developed*
- **5/19- #5- New Hire Trainings: Client Facing Skills**
  - *Rethinking Wellness*
- **5/27- All manager- Leadership Team Meeting: CHN Center for Excellence: Leadership Academy**
  - *1 to 1 to Team impact from CliftonStrengths Coach*
  - *Leadership Tool: Anchored, Aligned and Accountable*
    - *3 channels of communication*
    - *Showing up Messy in Leadership*
    - *Strengths connection to Anchored, Aligned and Accountable*

June 2026

- **6/1- #1 New Hire Client Facing Training**
  - *Trauma Informed Care- De-escalation*
- **6/3- CHN Center for Excellence: All Staff Meeting**
  - **June Wellness Tool:** *Leadership Tool: Anchored, Aligned and Accountable*
  - **Professional Development: Utilizing our Strengths facilitated by CliftonStrengths Coach**
- **6/22- #2- New Hire Training: Client Facing Skills: Assessment and Reporting**
  - *Suicide Assessment, mandatory reporting, Active Threat Response and safety Training*
- **6/24- All Manager Meeting: Center for Excellence: Leadership Academy**
  - *Language Line training, what you need from a supervisor and provide, Emotional Intelligence leadership tool and supervisions connection to CliftonStrengths*
- **6/25- Leadership Meeting – Chapter 7 Leadership Team meeting: Leadership Academy**
  - *Traction book group for Leadership team– Chap 7*
  - *Implement chapter 7: The Process Component*
  - *SOP workgroups developed*
- **6/30-CliftonStrengths New Hire Orientation**
  - *Provided to all New Hires to orient to Clifton Strengths facilitated by CliftonsStrengths Coach*

July 2026

- **7/2- CHN Center for Excellence: #1 New Hire Client Facing Training**
- *Trauma Informed Care- De-escalation*
- ***7/3- CHN Center for Excellence:* #3 New Hire Training: Client Facing Skills**
  - Motivational Interviewing I & 11
- **7/15- Leadership Team Meeting: Leadership Academy**
  - *Traction book group for leadership team: chapter 8- Traction Component*
  - *KPI connections to Data component and accountability*
- **7/16- CHN Center for Excellence: #2 New Hire Training: Client Facing Skills: Assessment and Reporting**

- *Suicide Assessment, mandatory reporting, Active Threat Response and safety Training*

- **7/29- CHN Center for Excellence: Leadership Academy: All-Manager**
  - *Clifton Strengths with consultant Kari Ellis-*
    - *Paycom Training for Managers*
    - *Leadership Wellness Tools- Refresher*
    - *Leadership Wellness Tool- TIC Leadership- Curiosity = Care = Accountability*
    - *Anchored, Aligned and Accountable: Leading Through Friction and Change*
- ***7/29- CHN Center for Excellence:* - #4- New Hire Trainings: Client Facing Skills**
  - *Rethinking Wellness and Resilience*
- ***7/29- CHN Center for Excellence:* #2 New Hire Training: Client Facing Skills: Assessment and Reporting**
  - *Suicide Assessment, mandatory reporting, Active Threat Response and safety Training*
- **7/29- CHN Center for Excellence: #1 New Hire Client Facing Training**
  - *Trauma Informed Care- De-escalation*

***August* 2026**

- **8/12- Leadership Team Meeting: Leadership Academy:**
  - *Traction book group for leadership team: chapter 9- Traction:*
    - *Pulling it all Together: The Grand Journey.*
    - *KPI connections to Data component and accountability*
- 🕐 ***8/21*- CliftonStengths New Hire Orientation**
  - *Provided to all New Hires to orient to Clifton Strengths facilitated by CliftonsStrengths Coach*
- **8/26- All manager- Leadership Team Meeting: CHN Center for Excellence: Leadership Academy**
  - Resilient Colorado Data Review
- **8/28- CHN Center for Excellence: #1 New Hire Client Facing Training**
  Trauma Informed Care- De-escalation
- **8/28- CHN Center for Excellence: #2 New Hire Training: Client Facing Skills: Assessment and Reporting**
  - *Suicide Assessment, mandatory reporting, Active Threat Response and safety Training*

September 2026- Largest PD month of the year for CHN

- **9/11- EMT Traction (Operating System) Prep**
  - Systems implication and rolling out to full agency
- **9/14- CHN Colorado Springs Safety Training**
  - Review Emergency plans (DBHW not present) provided training material ahead
- **9/16- Leadership Meeting – Leadership Team meeting: Leadership Academy**
  - *Traction book group for Leadership team– Chap 10*
  - *Implement chapter 10: Getting Started*
- ***9/21- CHN Center for Excellence: Leadership Academy**: Daisy Row to build Trust*
- ***9/21- CHN Center for Excellence: Leadership Academy***
  - *Teambuilding lead by YMCA*
- ***9/22- CHN Center for Excellence Leadership Academy***
  - *Leadership during times of change using CliftonStrengths (Kari Ellis)*
- ***9/22- CHN Center of Excellence: Leadership Academy***
  - *All Manager: Resilient Colorado Data- Start, Stop and continue for organizational change*
- ***9/22-9/24- Team CNHL Wellness Through Connection- CHN Center for Excellence PD, staff wellness and supports (virtual option was provided)***

- *Looking back to look forward (CHN history and future)*
- *Clifton Strengths Introduction and Workshop by Kari Ellis*
- *Wellness giveaways*
- *Connect and Create: Getting to know one Another*
- *Field day for all*
- *Creative Reflection and exploring the both/and by Haley Sanner*
- *Department time*
- *Wellness activities*
- *CHN Center for Excellence Retirement Planning*
- *Adherence Challenges in HIV Treatment and Prevention: Unlocking the Science of Silence by Brennan O'Hare, PharmD ViiV*

II. Wellness Benefits and Staff Supports

CHN's Wellness Program continues to enhance staff wellbeing and retention through expanded supports and benefits, including:

- **Behavioral Health Copay and Services Program:** Up to **$300 annually** for staff behavioral health services or copays. This benefit restarted again for all staff in January 2026
- **Wellness Leave:** Available for staff experiencing secondary trauma or grief.
- **Clinical Supervision:** Ongoing weekly or monthly sessions for professional and emotional support.
- **Safety and Incident Response Support:** Wraparound care following critical incidents. Working to complete recordings from each region for new staff to watch upon hire. This will allow for a quicker policy review.
- **Professional Development:** Ongoing expansion of wellness-focused training and education opportunities.
- **Health Insurance:** Full medical insurance premiums covered for staff throughout 2026

IV. Data, Assessment Findings and outside Consultants

Baseline data collection was conducted to evaluate staff wellness and resilience across CHN. Assessments included the **Employee Wellness Self-Assessment** and **Resilience Assessment**. Data was reviewed with leadership and will inform the upcoming **Wellness Implementation Plan**, to be shared in the final annual report. CHN continues to collaborate with **Resilient Colorado** to develop targeted interventions.

Post-Assessment Data: Gathered at the end of October:

- ***Overall*** *Employee Wellness has increased from baseline 29.45 to 31.43*
- ***Strongest Area:*** *Autonomy & Leadership Style 4.28/5 up from 4.1*
- ***Strong Area:*** *Collaboration & Positive Regard 4.04/5 up from 3.7*
- ***Strong Area:*** *Meaning, productivity & Impact 4.00/5 up from 3.8 at base*
- ***Low Area:*** *Structure, Role definition & authority 3.77 up from 3.5*
- ***Lowest Area:*** *Growth, reflection & mental Health 3.73 up from 3.4*
- Throughout the last 6 months Director of Behavioral Health and Wellness implemented the intervention plan per the data from Resilient Colorado.
    - Managers and leads were trained on the wellness data

    - Start, stop and Continue was completed for all managers
- Additionally, Director of Behavioral Health and Wellness has been working with Clifton Strengths Coach to implement training opportunities over the last 6 months to develop Professional Development programming across Colorado Health Network.

V. Next Steps

- Continue the professional development for staff and continue all wellness and health benefits.
- Work with leadership team to continue Traction implementation.
- Expand **Leadership Academy** offerings to include ongoing mentorship and data-informed wellness practices. Moved from bi-monthly meetings to Monthly.
- Maintain focus on **staff engagement, professional growth, and organizational wellbeing** across all departments.
- Completed Wellness Assessments for the agency
- **Trainings in Development and Implementation for next 6 months:**
- Implicit Bias
- HIV 101 with review of Ryan White and Hep C
- Boundaries 201 training expansion
- Outreach Safety
- Contracted to provide training on bloodborne pathogens
- CPR recertification needs are being assessed
- All staff Traction operating system rollout plan

3. **Narrative questions:** *Please answer the following.*

- How are you ensuring that services are distributed throughout the Larimer region?

Connect services are available at Colorado Health Network's Fort Collins location, with additional outreach in Loveland and throughout Fort Collins. These activities create opportunities for participants to learn about Connect and access behavioral health support alongside Prevention services.

During this reporting period, Connect and Prevention staff strengthened coordination around participant identification and ZIP code collection, including during brief introductory contacts or "warm hellos." This helps us better understand the geographic reach of services and distinguish Larimer County participants from individuals accessing Prevention services from outside the county. Staff continue to verify residency for participants engaging in Tier 2–4 Connect services.

Prevention and Harm Reduction Services are accessible in Fort Collins at CHN's physical location, as well as at the multiple events we have tabled through the county such as Loveland Overdose Awareness Day, Fort Collins Overdose Awareness Day, and Estes Overdose Awareness Day. As stated above, efforts to collect ZIP codes from participants accessing safe use supplies, sexual health testing and supplies, and the suboxone clinic were implemented to capture a better understanding of regions being served in Larimer County.

- Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:
    - Any significant shortfalls anticipated?

Currently, we do not anticipate any significant shortfalls by the end of the grant period.

    - Anticipated areas where objectives may not be met by the end of the grant?

At this time, we do not anticipate any unmet objectives by the end of the grant. However, it is possible we may not meet our deliverable for number of unique individuals engaged in the Connect program; at 6 months we have engaged with 110 unique participants, which is slightly less than half of our goal of 250 unique participants by the end of the grant period.

    - Anticipated difficulty in collecting performance measures, metrics, and information for the final report?

Brief and anonymous contacts present challenges for calculating unduplicated participant totals. Inconsistent or incomplete participant identifiers also require review to avoid counting the same individual more than once. Collaboration between Connect and Prevention staff has improved data collection, although some contacts remain difficult to reconcile.

    - Any agreement modifications needed (time extension, etc.)?

None at this time, thank you.

    - Is there anything you need from us right now to help you succeed?

None at this time, thank you. We appreciate the Council's ongoing support of the work.

4. Program Highlights/Narrative

The Connect program continues to provide meaningful and supportive care to Larimer County residents. For example:

- A client, referred to here as “Jackie” (pseudonym used for confidentiality) visited Connect staff after accessing prevention services. Jackie shared about recently escalating use that was keeping her from holding down a job and was causing challenges in relationships. Jackie accessed Connect a few more times and then opted to move into outpatient behavioral health care. In outpatient care, Jackie worked through ambivalence about higher levels of care and efforts to achieve long-term sobriety. After Jackie experienced a reversed overdose, she opted to attend inpatient care. Currently, she is in sober living, accessing ongoing intensive treatment, and staying in touch with her outpatient provider in our office.
- In August, Prevention and Connect staff jointly facilitated an Overdose Awareness Day event, inviting participants to write remembrances on colorful paper that was then folded into origami flowers. The activity offered a space to honor those lost to overdose and acknowledge the impact of loss within the community. Through this shared activity, staff connected with participants, listened to their experiences, and provided emotional support.
- Connect staff recently assisted a participant in completing necessary forms to obtain resources with another local agency.

- Connect staff provided assessment, connection, and support to help a participant engage in needed medical and mental health care. Participant reported coming to NCAP specifically because the participant felt safe, affirmed, and welcomed in the space. After discharge from services, the participant has returned to NCAP to receive additional resources and community referrals.

The Prevention program also continues to see an increase in participants utilizing services in the Larimer area. Success stories vary from:

- 204 new intakes in the 1st half of the grant year
- A participant who doesn't utilize safe use supplies for personal consumption but does pick up for secondary distribution sharing 5-6 successful new overdose reversals every time she comes in for supplies.
- The Yarrow Collective released their Harm Reduction Community Needs Assessment where NCAP was named multiple times by participants and community anchors for:
    - Offering safe use supplies for people that would not have access otherwise
    - Being relationally focused boots on the ground that offered consistency in services and trust amongst PWUD
    - An example of balance for low-barrier access and community safety
- An increase in STI/HIV/Hep C testing clients showing interest in naloxone training and access to naloxone.
- A participant who, over the past year, successfully tapered down her injection drug use and recently reported she's quit injection drug use entirely and is only smoking now, with her NCAP profile data supporting her claim.
- Establishing ongoing relationships with local permanent supportive housing sites where NCAP staff regularly provide education sessions quarterly on Harm Reduction, OD reversal and after-care training, and sexual reproduction health education for residents and staff.
- Supplying nasal naloxone to local PSHs on an ongoing basis.

5. The Council would like a brief verbal presentation about the 6-month results. You may prepare PowerPoint slides if you wish.

We are looking forward to presenting our 6-month report to the council in December. Thank you for your ongoing support of our harm reduction work.

Attachment: Interim Budget to Actual Report (six month)

Grantee:	Colorado Health Network, Inc.
Approved Use:	C. Connections to Care: C15
Date Range	4/1/26 - 9/30/26

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Integrated Clinical Care Coordinator	LS	$66,245	75%	$49,684	$11,427	$61,111	$23,640	38.7%		
Behavioral Health Manager	RM	$76,225	5%	$3,811	$877	$4,688	$2,615	55.8%		
BH Clinician	MC						$12,939	0.0%		
SUTA/WC Adj							$54	0.0%		
								0.0%		
								0.0%		
				SUBTOTAL		**$65,799**	**$39,248**	59.6%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Gift Cards/basic needs	$10	100	Supplies	$1,000		0.0%		
Wellness Program and Staff Appreciti	$1,200	1	Other	$1,200	$123	10.2%		
						0.0%		
						0.0%		
			SUBTOTAL	**$2,200**	$123	5.6%	$0	
			TOTAL DIRECT	$67,999	$39,371	57.9%	$0	
			Indirect	$10,200	$5,906	57.9%		
			TOTAL COSTS	$78,199	$45,277	57.9%	$0	

* ROAC must approve budget line changes of $50,000 or more.

OPIOID ABATEMENT 6 MONTH REPORT

YARROW COLLECTIVE

Peer Support By-For-With Community

THE TEAM!

(DECEMBER 2025)



+ our amazing facilitators!

Objective 1: Increase access to recovery support services for people with SUD and/or OUD in the community or criminal-justice involved through 60 hours weekly of peer supporter availability

- **Transitions:** Dedicated the first half of the grant period to service delivery planning, hiring, and training a new peer supporter.
- **Service Availability:** Maintained 60 hours/week of peer supporter availability
- **Community Reach:** Served **65** unique participants across **254** drop-in sessions despite an abbreviated delivery window.
- **Second half of grant cycle:** Now fully staffed at 60 weekly hours, with service numbers projected to increase significantly in the next term.

"I started going to drop-in because I was feeling really lonely and wanted to build a community. Yarrow has definitely helped me feel less alone."
-drop in participant



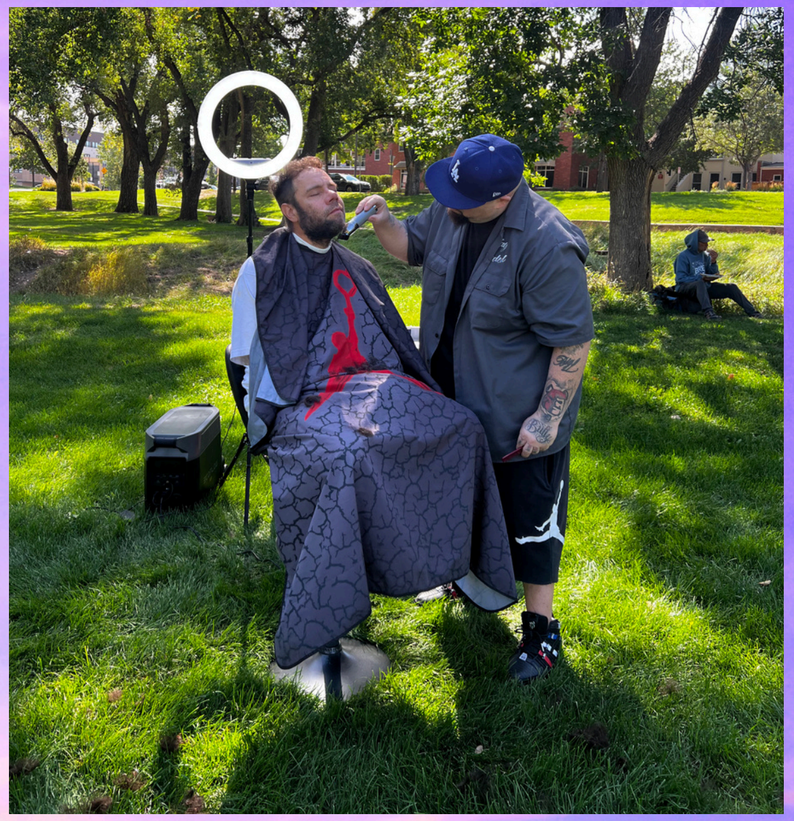
Objective 2: Coordinate and host 10 arts and outdoor pro-social events

- **Hosted 6 out of the 10 arts and outdoor pro-social events**
  - Pizza and haircuts, art events, BBQ's
  - Following a budget reduction that eliminated transport van rentals, we strategically relocated events to public parks near unhoused community members to maintain accessibility and minimize transportation barriers.

- **Reached 93 unique individuals, 243 duplicated participants**



"more than just a gathering, they create an environment of genuine togetherness."
-participant



Objective 2: Coordinate and host 10 arts and outdoor pro-social events

What we're learning

- 56% of participants have attended previous Yarrow events.
- Participants consistently report feeling welcomed, supported, and connected.
- Events are helping people build relationships and access additional Yarrow services.





Objective 3: Provide housing assistance to a minimum of 25 individuals with OUD and any co-occurring SUD/MH conditions who are re-entering the community following a period of incarceration or institutionalization

PEOPLE RECEIVING HOUSING ASSISTANCE - 31

- **Different Types of Placements**
  - **Temporary hotel placements** (While they were waiting for permanent housing) - **7**
  - **Sober living placement - 11**
  - **Permanent apartment/room leases** - **13**

The most common barriers included:

- 63.8% low or no credit.
- 61.7% lack of affordable housing.
- 59.6% unemployment.
- 55.3% criminal convictions impacting housing eligibility.



Belonging & Community

What belonging looks like, in participants' own words:

- "More than just a gathering, they create an environment of genuine togetherness."
- "Peaceful, uplifting, and filled with good-hearted people."
- "My only regret was not knowing about this place sooner."

Belonging isn't just about having somewhere to go. It's about having somewhere you feel welcomed, valued, supported, and able to be yourself.

Calendar
(In-person / Online)



Flyers / Group Info

Referral page for 1:1 support





THANK YOU!

YARROW COLLECTIVE

Peer Support By-For-With Community

Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: Yarrow Collective
Submitter Name: Geena Rupp
Submission Date: October 30, 2026

Grant Agreement Period: April 1, 2026 - March 31, 2027
Total Agreement Amount: $294,025
Report for the Period: April 1, 2025 - September 30, 2025
Approved Use Categories:

	Approved Use(s) from Exhibit E: include schedule, letter/number	Budget
1	B. Support People in Treatment and Recovery: (3) Provide counseling, peer support, recovery case management, (4) Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, (6) Support or expand peer-recovery centers, including support groups, social events, computer access, or other services, (12) Support stigma reduction efforts	$212,943.10
2	D.(4 & 5) Address Needs of Criminal Justice-involved Persons: Provide evidence-informed treatment, recovery support, and harm reduction to individuals who are incarcerated or who are leaving jail or prison or are under community corrections supervision	$41,421.85
3	H.(1) Prevent Overdose Deaths and Other Harms: Increased availability and distribution of naloxone and other drugs that treat overdoses	$39,660.05
	TOTAL	**$294,025**

1. **Budget to Actual Results:** *Complete the attached spreadsheet comparing the line-item budget in the grant agreement with expenditures through the first six months of the agreement. In the space below, please include any pertinent information about the budget to actual here, such as variances, anticipated budget changes, issues/ concerns, etc. that the Council should be aware of.*

As of September 30, 2026, approximately 41% of the direct personnel budget and 44% of the direct program budget have been expended. Personnel underspending during the first half of the grant period is primarily attributable to the time needed to recruit, interview, and hire one new staff member during the initial months of the grant. Additionally, other staffing transitions during this period temporarily impacted overall staffing capacity.

A few minor adjustments to individual budget line items are further explained in Column K of the budget worksheet. Through the strategic use of other funding sources, we have been able to reduce expenditures in select line items, resulting in available funds that we are requesting to reallocate to areas with greater-than-anticipated expenses. Specifically, Prosocial Activities and Housing Stipends have experienced higher-than-anticipated utilization due to strong program participation and demand, resulting in expenditures exceeding their original budget allocations

at the six-month mark. We are requesting to reallocate available funds from underspent line items to these areas to better align the budget with actual program needs and service utilization.

We anticipate fully expending the remaining grant funds by the end of the grant period while continuing to support program goals and meet all grant requirements.

2. **6-Month Objective Results and Performance Metrics:** ***List*** *the objectives from the grantee agreement below, together with interim results for each objective. This information can be presented in other formats, such as tables or charts.*

Objective 1: Increase access to recovery support services for people with SUD and/or OUD in the community or criminal-justice involved through 60 hours weekly of peer supporter availability for 1:1 and group peer support, drop-in peer support, harm reduction education, resource navigation, and on-site and mobile overdose reversal medication distribution.

We maintained 60 hours weekly of peer supporter availability over approximately three months of the current grant term. We had staffing transitions early in the grant period that allowed us time to plan for service delivery and to hire and train one of our new peer supporters. With the abbreviated time for direct service delivery, we served 65 unique participants in 254 sessions in our community drop-in space. We are now fully staffed for our 60 hours of weekly peer supporter availability and expect our service numbers in the second half of the grant period to increase accordingly.

In feedback surveys, participants report that the low-barrier, non-judgmental environment of our drop-in space fosters personal growth, emotional resilience, and community connection. One participant highlighted learning practical mindfulness tools, discovering healthy interpersonal relationship dynamics, and building skills to manage distress and avoid spiraling. Others mentioned that the supportive peer network provides tangible motivation for life goals, for example, inspiring participants to actively pursue job opportunities or to relocate closer to community programming.

A quote from one participant illustrates some of this impact: "I started going to drop-in because I was feeling really lonely and wanted to build a community. Yarrow has definitely helped me feel less alone, and I'm so grateful to have a space where I can explore new sides of myself and meet new people. Every single person who comes through the doors teaches me something—it's like a continuous exchange of knowledge and personal experiences, and I appreciate it more than I can even describe."

Objective 2: Coordinate and host 10 arts and outdoor pro-social events targeted for people who are unhoused and with OUD or SUD to strengthen community-based support as a protective factor

We remain on track with our pro-social programming, having completed 6 of the 10 planned arts and outdoor events for this grant term. Key activities included a community barbecue, a pizza and haircut gathering, and various food and art-centered events. Following a budget reduction that eliminated transport van rentals, we strategically relocated events to public parks near unhoused community members to maintain accessibility and minimize transportation barriers.

Across these 6 events, we estimated reaching 93 unique individuals and 243 duplicated participants. Most participants at our events (59.0%) identified as in recovery from drug or alcohol use, but much fewer reported that they actively apply harm reduction or risk reduction tools (26.2%) or currently have a manageable relationship with drugs (29.5%). Nearly one-quarter of participants reported having very little or no support network around them that they can connect to. For our event series in particular, across 61 voluntary demographic surveys, 70.5% participants are white, 13.1% Hispanic/Latinx, 3.3% Black or African American, and 4.9% multiracial; 23% identify as LGBTQIA+, and 34.4% identify as living with a disability. Additionally, approximately 84 Narcan kits were distributed throughout the events.

After more than a year of running this particular events series, we have a better understanding of how many folks are returning and how many folks are new to these spaces. We estimate that many (56%) of our event participants have been to one or more events with us. Most of these also report attending either a harm reduction peer support group, a recovery support group, or 1:1 peer support at Yarrow Collective. It is promising to see a high level of return to our pro-social events coupled with use of our other peer support spaces. We take this as a sign that we are successfully building a sense of belonging and safety among difficult to reach populations who might have very few other places to access a pro-social community.

In this grant period, we received 69 completed feedback surveys from participants attending our pro-social events series. Again, we see that the vast majority of participants agree or strongly agree they feel like they belong at our events, they can get support from the people at our events if they need it, and that our events are overall a positive experience for them.

Based on the feedback we received from participants, common themes include a sense of community, connection, belonging and support, human-centered care, and gratitude for the impact our programming has had on their lives. For example, participants consistently shared that our events offer *“more than just a gathering—they create an environment of genuine togetherness,”* describing the atmosphere as “*peaceful, uplifting, and filled with good-hearted people."* Other participants shared how through simple acts of care and shared connection, they feel *“truly comfortable,”* noting that the kindness of both peers and peer facilitators helped cultivate a strong sense of safety and belonging. When asked what could be improved, participants repeatedly expressed that the space was *“perfect as it is,”* with one attendee sharing that their only regret was *“not knowing about this place sooner.'"* Our pro-social event gatherings continue to affirm for us that for some people healing begins with dignity, comfort, and authentic human presence.

Objective 3: Provide housing assistance to a minimum of 25 individuals with OUD and any co-occurring SUD/MH conditions who are re-entering the community following a period of incarceration or institutionalization

We are successfully exceeding our grant objectives, having delivered housing assistance to 31 participants to date. Placements include seven temporary transitional hotel stays, 11 sober living placements, and 13 permanent apartment or room leases. Three individuals required multi-instance financial support to ensure ongoing stability. To date, over 50% of allocated grant funds have been expended, leaving a remaining balance of $21,027.63.

Our housing application data highlight a critical community need, with the vast majority of participants entering the program during high-vulnerability transitions, such as exiting incarceration or medical/psychiatric treatment facilities, while actively facing compounded financial and housing barriers. During this reporting period, we received a total of 47 applications for housing support. Nearly all (91.5% or 43 individuals) self-identified as currently experiencing or being at immediate risk of experiencing housing insecurity.

More specifically, we found that most participants applying for housing support experience severe, intersecting barriers and acute financial constraints alongside systemic and institutional challenges. Barriers include low or non-existent credit scores (63.8%), a shortage of affordable housing options within the community (61.7%), unemployment, often due to recent transitions out of institutional settings (59.6%), and past criminal convictions that limit housing eligibility (55.3%).

In addition to immediate financial need for housing, housing support applicants reported a range of wrap-around service needs. The single highest-requested resource was job assistance (72.3%), highlighting participants' goal of achieving long-term independence following housing placement. The majority (70.2%) of participants requested connection to peer support groups, along with critical basic needs, including transportation assistance (68.1%), clothing support (66.0%), and food assistance (59.6%). Over half of participants requested recovery peer supports (51.1%), followed by mental health treatment (46.8%), substance use treatment (42.6%), and healthcare navigation (38.3%).

3. **Narrative questions:** *Please answer the following.*
    - **How are you ensuring that services are distributed throughout the Larimer region?**

When we receive referrals from the jail for peer support for inmates, we ensure only Larimer County residents go towards our re-entry peer supporter working under this grant. The peers we see in the jail are spread across Larimer County with participants from Fort Collins, Loveland, Estes Park, Berthoud, and Laporte. Given that the day shelter in Loveland officially closed its doors in April of 2026 outreach in Loveland has gotten a little more difficult.

- **Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:**
    - **Any significant shortfalls anticipated?**

During the reporting period, we experienced staff transitions that required dedicated time for recruitment and onboarding. While we successfully maintained continuous coverage for all scheduled drop-in services during this period, overall capacity was temporarily impacted during the hiring window. We do not anticipate any long-term service shortfalls, as full staffing has been restored and normal operations have resumed.

- **Anticipated areas where objectives may not be met by the end of the grant?**

No, we are on track and excited to keep seeing more folks coming to our drop-in space and 1:1 peer support.

- **Anticipated difficulty in collecting performance measures, metrics, and information for the final report?**

No. We are actively collecting demographic data as well as impact stories and feedback for drop-in.

- **Any agreement modifications needed (time extension, etc.)?**
- **Is there anything you need from us right now to help you succeed?**

Nope, you all are amazing. Thank you for the support!

Attachment: Interim Budget to Actual Report (six month)

Grantee:	Yarrow Collective
Approved Use:	(B: 3, 4, 6, 12) Support People in Treatment and Recovery
Date Range	04/01/2026-09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Peer Supervisor and Harm Reduction Program Director	LM	$78,000	25.00%	$19,500	$6,078	$25,578.00	$13,255	51.8%	$3,880	
Harm Reduction & Recovery Coordinator	MM	$68,640	45.00%	$30,888	$8,431	$39,319.00	$14,181	36.1%	-$8,000	Leveraged other funds. Move to Housing Support Stipends
Community Peer Support Advocate	JW	$67,600	60.00%	$40,560	$11,170	$51,730.00	$14,128	27.3%	-$12,932	Wasn't hired until June. LM & GR have stepped in to continue services. Move to LM & GR line items
Peer Supervisor and Director of Finance and Operations	GR	$95,000	5.00%	$4,750	$635	$5,385.00	$4,926	91.5%	$9,052	
								0.0%		
								0.0%		
					SUBTOTAL	**$122,012**	**$46,491**	38.1%	**-$8,000**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Harm Reduction & Recovery Events for Belonging and Prosocial Activities	$600	10	Supplies	$6,000.00	$3,502	58.4%	$2,000	
Peer Support 1:1 and Group Supplies	$2,800	1	Supplies	$2,800.00	$1,563	55.8%		
Mileage for groups and outreach	$0.73	5967	Travel	$4,355.91	$150	3.4%	-$2,000	Leveraged other funds. Move to Prosocial Activities
Housing Support Stipends	$1,000	50	Other	$50,000.00	$28,972	57.9%	$8,000	
			SUBTOTAL	**$63,156**	$34,187	54.1%	$8,000	
			TOTAL DIRECT	$185,168	$80,678	43.6%	$0	
			Indirect			0.0%		
			TOTAL COSTS	$185,168	$80,678	43.6%	$0	

* ROAC must approve budget line changes of $50,000 or more.

Attachment: Interim Budget to Actual Report (six month)

Grantee:	Yarrow Collective
Approved Use:	D.(4 & 5) Address Needs of Criminal Justice-involved Persons
Date Range	04/01/2026-09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Peer Supervisor and Harm Reduction Program Director	LM	$78,000	5.00%	$3,900	$1,216	$5,116.00	$2,651	51.8%		
1:1 Peer Support Coordinator & Group Facilitator	EK	$66,560	30.00%	$19,968	$5,550	$25,518.00	$12,795	50.1%		
Peer Supervisor and Director of Finance and Operations	GR	$95,000	5.00%	$4,750	$635	$5,385.00	$4,926	91.5%		
								0.0%		
								0.0%		
								0.0%		
					SUBTOTAL	**$36,019**	**$20,372**	56.6%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
						0.0%		
						0.0%		
						0.0%		
						0.0%		
			SUBTOTAL	**$0**	$0	0.0%	$0	
			TOTAL DIRECT	$36,019	$20,372	56.6%	$0	
			Indirect			0.0%		
			TOTAL COSTS	$36,019	$20,372	56.6%	$0	

* ROAC must approve budget line changes of $50,000 or more.

Attachment: Interim Budget to Actual Report (six month)

Grantee:	Yarrow Collective
Approved Use:	H.(1) Prevent Overdose Deaths and Other Harms: Increased availability and distribution of naloxone and other drugs that treat overdoses
Date Range	04/01/2026-09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Community Peer Support Advocate	JW	$67,600	40.00%	$27,040	$7,447	$34,487.00	$9,419	27.3%		
								0.0%		
								0.0%		
								0.0%		
								0.0%		
								0.0%		
				SUBTOTAL		**$34,487**	**$9,419**	27.3%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
						0.0%		
						0.0%		
						0.0%		
						0.0%		
			SUBTOTAL	**$0**	$0	0.0%	$0	
			TOTAL DIRECT	$34,487	$9,419	27.3%	$0	
			Indirect			0.0%		
			TOTAL COSTS	$34,487	$9,419	27.3%	$0	

* ROAC must approve budget line changes of $50,000 or more.

REDPOINT

Six-Month Report

The Redpoint Center | April – September 2026



Key metrics

APRIL – SEPTEMBER 2026

15

Larimer residents served

Across PHP, IOP, and OP levels of care

47%

Grant funds expended

$66,211 of $141,036; on pace

100%

Integrated co-occurring care

Redpoint standard of care

Who we are serving

Geographic reach

53% Fort Collins. 27% Windsor. 20% Loveland. All clients verified Larimer County residents at intake. Services delivered through our Fort Collins location and secure virtual programming to reach clients across the county.

Client Insurance Status

7 uninsured, 3 under-insured, and 6 experiencing authorization denials. These are exactly the Larimer County residents the insurance system would not otherwise cover for integrated opioid and co-occurring treatment.

This grant reaches the clients it was designed to serve across the Larimer region.

Clinical outcomes

Our clinical model drives measurable results.

01 46% successful completion of discharged clients

02 60% positive change in Holistic Hexagon assessments among successful completers

03 67% of clients engaged with psychiatric services, including MAT consultation

04 100% of clients received integrated co-occurring mental health treatment

Family at the heart of recovery

Family engagement is foundational to recovery at Redpoint. Every client family is invited into structured support.

Documented involvement

87% of clients had documented family or support system involvement during the reporting period.

Bi-weekly virtual groups

12 virtual family education and support groups held, open to all client families.

Built into care

Family engagement is a required component of treatment, not an optional add-on.

Thank you

Alix Moore, Chief of Staff

alix@theredpointcenter.com



Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: Redpoint Center
Submitter Name: Alix Moore
Submission Date: 10/30/2026

Grant Agreement Period: April 1, 2026 – March 31, 2027
Total Agreement Amount: $ 141,036.00
Report for the Period: April 1,2026 – September 30, 2026
Approved Use Category: Schedule B, Section B, Item 2 – Support people in recovery through the full continuum of care

1. **Budget to Actual Results:** *Please see the attached budget worksheet for line-item detail. Actual expenditures through the first six months total $66,211, representing 46.9% of the $141,036 agreement. The program is on pace to fully deploy grant funds by the end of the agreement period.*

Grant funds are deployed as a scholarship pool rather than pre-allocated per client. Individual scholarship amounts reflect each client's level of care, length of treatment, and insurance situation. Of the 15 clients served during this reporting period, 7 were uninsured, 3 were under-insured, and 6 had experienced authorization denials from their insurance. This distribution reflects the grant's intended purpose: subsidizing care for Larimer County residents the insurance system would not otherwise cover.

No budget line revisions are being requested at this time.

2. 6-Month Objective Results and Performance Metrics:

Objective 1: Increase Access to Treatment

Expand access to evidence-based treatment services for Larimer County residents diagnosed with Opioid Use Disorder and co-occurring Substance Use and Mental Health conditions across PHP, IOP, and OP levels of care.

Interim Results: 15 Larimer County residents were served during the reporting period. Services spanned all three levels of care: PHP (13%), IOP (80%), and OP (13%). Clients averaged 23 units of service during this period, with higher-acuity cases engaging across multiple levels of care.

Objective 2: Promote Long-Term Recovery

Provide structured therapeutic programming that equips clients with relapse prevention skills, coping strategies, and recovery planning tools to support sustained sobriety.

Interim Results: Of 13 discharged clients, 6 successfully completed treatment (46%). Two clients remained in active treatment at the end of the reporting period. Average length of stay across discharged clients was 49 days. Clients participated in structured therapeutic programming focused on relapse prevention and recovery skill development.

Objective 3: Enhance Support Systems

Strengthen family and community involvement in the recovery process through education, counseling, and engagement in structured support services.

Interim Results: 87% of clients had documented family or support system involvement during the reporting period. All client families are invited to bi-weekly virtual family education and support groups, and 12 groups were held during this reporting period.

Objective 4: Monitor and Maintain Sobriety

Implement structured sobriety monitoring and individualized relapse prevention strategies to support clients in maintaining recovery during treatment.

Interim Results: All SUD-primary clients are required to complete two toxicology screens per week, and MH-primary clients complete one per week. Of discharged clients, 54% maintained sobriety during treatment, with sobriety strongly correlated with program retention; nearly all successful completers maintained sobriety throughout their treatment episode.

Objective 5: Address Co-Occurring Disorders

Deliver integrated treatment that addresses both substance use disorders and co-occurring mental health conditions through coordinated therapeutic, psychiatric, and recovery support modalities.

Interim Results: 100% of clients received integrated co-occurring mental health treatment as part of The Redpoint Center's standard model of care. 67% of clients engaged with psychiatric services during the reporting period, including medical evaluation, medication management, and MAT consultation where clinically indicated.

Objective 6: Improve Quality of Life

Support client reintegration and stability by fostering emotional regulation, interpersonal functioning, and connection to community-based resources.

Interim Results: The Redpoint Center uses the Holistic Hexagon assessment to track client-reported progress across six life domains. Of discharged clients with completed assessments, 63% showed positive change by discharge, with an average improvement of several points across tracked domains.

3. Narrative questions:

How are you ensuring that services are distributed throughout the Larimer region?

Services during this reporting period reached clients across Fort Collins (53%), Windsor (27%), and Loveland (20%). All clients are verified Larimer County residents at the time of admission through intake documentation. The Redpoint Center continues to offer in-person treatment at our Fort Collins location

and secure virtual programming to reach clients across the county, including those facing transportation or scheduling barriers.

Please briefly explain any significant changes (either positive or negative) impacting this grant:

- **Any significant shortfalls anticipated?** No significant shortfalls are anticipated. The grant is pacing on budget, and the scholarship pool model allows the program to respond flexibly to client need.
- **Anticipated areas where objectives may not be met by the end of the grant?** The commitment under Objective 1 to add an additional afternoon IOP treatment track has not been operationalized during the first six months of the grant period. The approved budget was reduced from the original application and did not include the indirect cost allowance for facility and staff expansion or the contracted therapist support originally proposed to support capacity growth; funding was focused on direct client scholarship coverage. The Redpoint Center may still launch the afternoon track in a future period based on operational feasibility and demonstrated client need; however, that expansion would not be funded under this grant. We are requesting a scope modification to remove this commitment from the current grant agreement (see Agreement Modifications below). All other objectives are being actively met and are on pace for full reporting at the Final.
- **Anticipated difficulty in collecting performance measures, metrics, and information for the final report?** Program-level toxicology screening compliance is tracked through clinical oversight rather than system-generated reporting. Clinical leadership confirms screening policy adherence at 85% or higher based on periodic reviews. All other performance measures are being tracked through our EMR and standard reporting workflows.
- **Any agreement modifications needed (time extension, etc.)?** We request a modification to Objective 1 to remove the commitment to launch an additional afternoon IOP treatment track within this grant period. The approved funding was focused on direct client scholarship coverage, which the program is successfully deploying. The Redpoint Center remains committed to evaluating this expansion for future implementation based on feasibility and client demand, but outside the scope and funding of this grant. The remaining objectives and performance measures remain unchanged. We welcome discussion of this request at our verbal presentation or in follow-up correspondence.
- **Is there anything you need from us right now to help you succeed?** No immediate needs. We appreciate the Council's continued partnership and look forward to presenting final-period results.

4. The Council would like a brief verbal presentation about the 6-month results. You may prepare PowerPoint slides if you wish.

Attachment: Interim Budget to Actual Report (six month)

Grantee:	Redpoint Center
Approved Use:	Schedule B, Section B, Item 2 – Support people in recovery through the full continuum of care
Date Range	4/1/2026 – 3/31/2027

Direct Costs

Item(s)		Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
4/1/2026-4/30/2026	JA-80550	5	Un-Insured		$500	0.4%		
4/28/2026-7/31/2026	TS-80550	15	Un-Insured		$3,750	2.7%		
4/28/2026-9/21/2026	BH-80524	53	Un-Insured		$14,250	10.1%		
5/12/2026-8/28/2026	JS-80526	60	Under-Insured		$6,500	4.6%		
5/6/2026-5/19/2026	JG-80537	10	Auth Denial		$3,500	2.5%		
5/19/2026-8/19/2026	AT-80521	40	Under-Insured		$8,991	6.4%		
6/2/2026-6/26/2026	CC-80525	16	Auth Denial		$3,000	2.1%		
6/8/2026-6/12/2026	SC-80550	6	Auth Denial		$1,750	1.2%		
6/16/2026-7/1/2026	EF-80521	12	Auth Denial		$1,500	1.1%		
7/7/2026-8/12/2026	HD-80529	11	Un-Insured		$750	0.5%		
7/1/2026-7/17/2026	KJ-80525	15	Auth Denial		$3,500	2.5%		
7/28/2026-8/14/2026	MT-80538	9	Auth Denial		$1,500	1.1%		
8/11/2026-9/30/2026	EC-80550	37	Under-Insured		$6,420	4.6%		
8/20/2026-9/30/2026	PC-80537	24	Un-Insured		$8,400	6.0%		
8/1/2026-9/11/2026	RM-80521	11	Un-Insured		$1,900	1.3%		
			SUBTOTAL	**$0**	$66,211	46.9%		
			TOTAL DIRECT	$0	$66,211	46.9%		*Grant funds are deployed as a scholarship pool rather than pre-allocated per client. Individual scholarship amounts reflect each client's level of care, length of treatment, and insurance situation (uninsured, under-insured, or authorization denial). This approach allows the program to respond to actual client need rather than cap support artificially.*
			Indirect			0.0%		
			TOTAL COSTS	$0	$66,211	46.9%		

FY2026 6-Month Report
Region 2 Larimer County Opioid Abatement Council

Lighthouse
A BEACON OF HOPE IN RECOVERY

Presented by: Natasha Shabalin, Director of Development

December 3rd, 2026

I love this place. It changed my life!

- S.B.











Objective 1

Increase access to recovery housing for individuals impacted by opioid use disorder.

- **Currently provide 73 beds (38% increase from last year)**
- **Served 102 participants (33% increase from last year)**
- Admitted 9 women and 28 men for a total of 37 participants (11 joined Lighthouse from The Ark Sober Living house)
- 100% of new participants completed intake assessment and program orientation
    - 62% of participans coming from homelessness/incarcertaion/treatment
- 100% of new participants received MAT education, three participants requested and received referrals for MAT services.
- **Served 31 participants affected by opioid use, up from 23 last year**

Objective 2

Support recovery engagement and accountability for residents living in recovery housing.



- Five weekly meetings at the primary men's house **(attendance open to all Lighthouse participants)**
- Two weekly meetings at the women's house
- One weekly meeting at the Loveland location.



- 100% of community resource referral requests tracked during intake
- Additional referrals documented as participant needs evolve throughout the program

Objective 3

Reduce financial barriers that prevent individuals from accessing or maintaining recovery housing.

- 10 first month scholarships used out of 20 total
    - o $850 first month program participation fee
- 21.1 ongoing scholarships used out of 40 total
    - o Average scholarship amount was $510
    - o 24 participants able to remain in housing

Objective 4

Expand access to safe, supportive recovery housing for women in Larimer County.



- 9 newly admitted women and 7 active participants, for a total of **16 women served**.
- Average length of stay for women is 2.9 months.
- **Currently provide 10 beds for women**



- Lighthouse staff and/or volunteers facilitate meetings two times a week for women
- Also able to attend the in-house meetings held at main location

Budget

Date Range	04/01/2026-09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/	Notes
Intake Specialist	JB	$45,000	1	$45,000		$45,000.00	$22,653	50.3%		
Program Specialist	JS	$55,000	0.25	$13,750		$13,750.00	$6,207	45.1%		
Women's House Manager	TG / AR	$42,000	0.51	$21,575		$21,575.00	$7,964	36.9%		
								0.0%		
								0.0%		
								0.0%		
					SUBTOTAL	**$80,325**	**$36,824**	45.8%	**$0**	

Other Direct Costs

Item(s)		Rate	Units	Category		Budget	Actual Expenditures	% Expended	Adjustment Requested	Notes
First Month Scholarships		$850	20		Other	$17,000.00	$8,500	50.0%		
Scholarships		$750	40		Other	$30,000.00	$15,672	52.2%		
								0.0%		
								0.0%		
				SUBTOTAL		**$47,000**	**$24,172**	51.4%	$0	
				TOTAL DIRECT		$127,325	$60,996	47.9%	$0	
				Indirect		$19,000	$10,295	54.2%		
				TOTAL COSTS		$146,325	$71,291	48.7%	$0	

Next Steps

1. **Strengthen Recovery Housing and Achieve Licensure Compliance**
   - **Prepare all locations for Colorado's transition to Behavioral Health Administration licensure beginning in July 2027.**
     - Update policies, documentation, and reporting systems
     - Complete staff training, address property and operational requirements
     - Budget for compliance costs
2. **Continue Building Long-Term Financial Sustainability**
   - **Develop a plan to purchase residences for long-term cost-effectiveness**
   - **Expand financial support through the leadership of our newly hired Director of Development.**
3. **Invest in Staff Wellness, Benefits, and Team Unity**
   - **support the mental and emotional well-being of staff**
     - review workload and time-off coverage
     - establish a staff-care budget and evaluate costs for employer health-insurance contributions and a 401(k)

THANK YOU

QUESTIONS

Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: Lighthouse
Submitter Name: *Natasha Shabalin*
Submission Date: *10/30/26*

Grant Agreement Period: April 1, 2026 – March 31, 2027
Total Agreement Amount: $146,325.00
Report for the Period: April 1, 2026 - September 30, 2026
Approved Use Category: B.4

1. **Budget to Actual Results:** *Complete the attached spreadsheet comparing the line-item budget in the grant agreement with expenditures through the first six months of the agreement. In the space below, please include any pertinent information about the budget to actual here, such as variances, anticipated budget changes, issues/ concerns, etc. that the Council should be aware of. Be sure to speak to budget line revisions, if any.*
    - Please find the attached budget, which is currently on track for this grant cycle.

2. **6-Month Objective Results and Performance Metrics:** *List the objectives from the grantee agreement below, together with interim results for each objective. This information can be presented in other formats, such as tables or charts.*

The table below outlines the key data points, with comprehensive results detailed below.

Objective	Key Components	Metrics	Interim Results
Objective 1: Increase access to recovery housing for individuals impacted by opioid use disorder.	Admissions coordination, intake assessments	→ Track admissions → Increase number served → 100% intake assessments → Track entry from treatment, incarceration, homelessness → Provide MAT education	← 100% tracking rate ← on track for grant cycle ← 100% tracking rate ← 100% tracking rate ←100% provided
Objective 2: Support recovery engagement and accountability for residents living in recovery housing.	Structured programming, case management, and accountability	→ Track in-house recovery meetings → Document case management interactions and referrals to resources	← 100% of main house meetings tracked ← 100% of participant requests are referred to resources
Objective 3: Reduce financial barriers that prevent individuals from accessing or maintaining recovery housing.	First month / ongoing fee scholarships	→ Provide up to 20 first-month fee scholarships → Provide up to 40 ongoing fee scholarships → Track scholarship distribution	← 10 first-month scholarships provided ← 21.10 ongoing scholarships provided ← 100% tracked

		→ Track residents able to remain due to scholarships	← 24 participants
Objective 4: Expand access to safe, supportive recovery housing for women in Larimer County	Structured recovery housing and staff support for women	→ Track women residents → Facilitate weekly house meetings for women residents	← 9 incoming women participants ← 2 weekly meetings

Objective 1: Increase access to recovery housing for individuals impacted by opioid use disorder.

• Metric: Track the number of individuals admitted into Lighthouse recovery housing during the grant period.

- **Result:** For the first six months of the funding term which began on April 1, 2026, Lighthouse has admitted 9 women and 28 men into the Lighthouse program, for a total of 37 participants admitted during the first half of the grant cycle. 11 of these men joined Lighthouse as new participants following the acquisition of The Ark Sober Living house. 100% of participants have been tracked and recorded.

• **Metric:** Increase the number of individuals served through Lighthouse recovery housing compared to the previous year as a result of expanded housing capacity.

- **Result:** During the first six months of the funding term, Lighthouse has served 102 participants. This cohort includes 37 newly admitted individuals and 65 active participants who entered the program prior to April 1, 2026. This exceeds the 77 participants served during the first six months of the previous grant cycle.

• **Metric:** 100% of new residents receive an intake assessment and orientation to program expectations.

- **Result:** During the first six months of the funding term, 100% of new residents have completed their intake assessment and program orientation. This figure excludes the 11 new participants from the Ark Sober Living house, as they were already enrolled in a pre-existing, established sober living program.

• **Metric:** Track the number of residents entering the program from treatment, incarceration, or homelessness.

- **Result:** During the first six months of the funding term, Lighthouse has maintained a 100% tracking rate for all new participants entering the program from treatment, incarceration, or homelessness. 71% of new participants have come from either treatment, incarceration, homelessness, or a combination of these challenges. This percentage excludes the 11 new participants from the Ark Sober Living house, as they were already enrolled in a pre-existing program that did not track the same data as Lighthouse. The recorded metrics are as follows:
  - Entering from treatment only: 4
  - Entering from treatment and homelessness: 8
  - Entering from homelessness and incarceration: 4
  - Entering from treatment, homelessness, and incarceration: 1

• **Metric:** Provide Medication-Assisted Treatment (MAT) education during intake and track referrals to partner organizations that provide MAT services

- **Result:** During the first six months of the funding term, 100% of intakes for new participants have included MAT education. All participants were offered referrals to local MAT providers (with the option to opt out). Out of the total new participants, three participants requested and received referrals for MAT services. This figure excludes data from the 11 new participants from the Ark Sober Living house, as they were already enrolled in a pre-existing, established sober living program and had been referred to MAT services as needed.

Objective 2: Support recovery engagement and accountability for residents living in recovery housing.

• **Metric:** Track the number of in-house recovery meetings facilitated each week.

- **Result:** Lighthouse maintains updated weekly schedules for all in-house recovery meetings and currently tracks attendance at these meetings. Lighthouse currently conducts five weekly meetings at the primary men's house, with attendance open to all Lighthouse participants. Lighthouse also conducts two weekly meetings at the women's house and one weekly meeting at the Loveland location.

• **Metric:** Document case management interactions and referrals to community resources through program records.

- **Result:** Lighthouse tracks 100% of community resource referral requests during intake. Program specialists continuously document any additional referrals as participant needs evolve throughout the program.

Objective 3: Reduce financial barriers that prevent individuals from accessing or maintaining recovery housing.

• **Metric:** Provide up to 20 first-month program fee scholarships for residents entering recovery housing.

- **Result:** Within the first 6 months of the funding term, Lighthouse awarded 10 first-month program fee scholarships funded through ROAC. In addition, Lighthouse utilized three first-month scholarships from the Larimer County Behavioral Health Impact Fund, bringing the total to 13 scholarships provided during the first six months of the current grant cycle.

• **Metric:** Provide up to 40 ongoing program fee scholarships for residents experiencing financial hardship.

- **Result:** During the first six months of the funding term, Lighthouse awarded 21.10 ongoing scholarships through ROAC. Depending on each recipient's financial need, these awards consisted of a mix of full-month and partial-month scholarships. The average scholarship amount was $510.39.

• **Metric:** Track scholarship distribution through monthly financial records.

- **Result:** 100% of scholarship distributions have been tracked through monthly financial records.

• **Metric:** Track the number of residents able to remain in recovery housing due to scholarship assistance.

- **Result**: Through ongoing program fee scholarships funded by ROAC, 24 participants facing financial hardships received the critical funding needed to remain in recovery housing.

Objective 4: Expand access to safe, supportive recovery housing for women in Larimer County.

- **Metric:** Track the number of women residents served in Lighthouse's women's recovery home during the grant period.
    - **Result:** During the first six months of the funding term, Lighthouse has served 16 women. This cohort includes 9 newly admitted individuals and 7 active participants who entered the program prior to April 1, 2026. Since opening the women's house in January and as of the end of the first half of the grant cycle, the average length of stay for women is 2.9 months.
- **Metric:** Facilitate weekly house meetings and recovery programming for women residents.
    - **Result:** Lighthouse staff and/or volunteers facilitate meetings two times a week for female residents. Women are also able to attend the in-house meetings held at our other locations.

3. **Narrative questions:** *Please answer the following.*
    - How are you ensuring that services are distributed throughout the Larimer region?
        - *Lighthouse is proud to announce the acquisition of The Ark Sober Living in Loveland, Colorado, completed on August 19, 2026. With this addition, Lighthouse is now operating in more locations across Larimer County than at any point since our founding in 2010. This expansion significantly increases regional access to high-quality recovery housing, ensuring individuals throughout Larimer County can find the support they need closer to home.*
        - *Lighthouse partners with treatment centers and counselors throughout Larimer county to ensure clients are aware of the services we offer, and to provide seamless access to our services.*
    - Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:
        - **Any significant shortfalls anticipated?** *No significant shortfalls are anticipated.*
        - **Anticipated areas where objectives may not be met by the end of the grant?** *Although not listed specifically in our objectives, our overall description of work to be performed included hiring a live-in house manager for the women's recovery home. Due to lack of availability of a well-qualified live-in house manager, we have shifted the role to a nonresident program specialist/house manager, who receives support at the women's home from other staff members, as needed. This shift also freed up an entire bedroom, enabling Lighthouse to expand the capacity of the women's house by 2 participants.*
        - **Anticipated difficulty in collecting performance measures, metrics, and information for the final report?** *No anticipated difficulties in collecting data for the final report are anticipated.*
        - **Any agreement modifications needed (time extension, etc**.)? *No significant changes are anticipated.*
        - **Is there anything you need from us right now to help you succeed?** *Lighthouse is profoundly thankful for this funding, which directly strengthens our ability to support individuals recovering from addiction in Larimer County. We are confident in our ability to fulfill the terms of the current grant agreement.*

4. The Council would like a brief verbal presentation about the 6-month results. You may prepare PowerPoint slides if you wish.

Attachment: Interim Budget to Actual Report (six month)

Grantee:	Lighthouse
Approved Use:	B.4 Supportive/recovery housing and other housing assistance
Date Range	04/01/2026-09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Intake Specialist	JB	$45,000	1.00	$45,000		$45,000.00	$22,653	50.3%		
Program Specialist	JS	$55,000	0.25	$13,750		$13,750.00	$6,207	45.1%		
Women's House Manager	TG / AR	$42,000	0.51	$21,575		$21,575.00	$7,964	36.9%		
								0.0%		
								0.0%		
								0.0%		
				SUBTOTAL		**$80,325**	**$36,824**	45.8%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
First Month Scholarships	$850	20	Other	$17,000.00	$8,500	50.0%		
Scholarships	$750	40	Other	$30,000.00	$15,672	52.2%		
						0.0%		
						0.0%		
			SUBTOTAL	**$47,000**	**$24,172**	51.4%	$0	
			TOTAL DIRECT	$127,325	$60,996	47.9%	$0	
			Indirect	$19,000	$10,295	54.2%		
			TOTAL COSTS	$146,325	$71,291	48.7%	$0	

* ROAC must approve budget line changes of $50,000 or more.



PARTNERS

CHANGING LIVES
SHAPING FUTURES

Budget

- **Category:** Prevent Misuse of Opioids

- **Funded amount: $148,688.38**
  - **$114,294.24** = Support high-quality mentoring and prevention staff engaged in Larimer County programming.
  - **$10,000**= Direct costs to increase marketing and outreach of prevention efforts in Larimer County.
  - **$5,000** = Professional Development/Training.
  - **$19,394.14** = Indirect costs

- We are on track with our budgeted spending **$72,180 as of 9/30/26** and do not anticipate any budget changes.

Objectives

- **Objective 1:** Partners will serve 700 Larimer County youth (81 CBM, 244 SBM and 375 PEP), aged 7-17 years old who are facing significant risk or needing additional prevention support.

- **Progress:** From April 1, 2026 – September 30, 2026, we have served **421** youth in Larimer County. This includes:
  - **74** Community-Based Mentoring Youth
  - **234** School-Based Mentoring Youth
  - **113** Prevention Education Youth

☐ Objective in progress

Objectives (continued)

- **Objective 2:** Partners will provide, at minimum, 18 group activities to enhance pro-social opportunities and life skills.

- **Progress:** During this reporting period, we have offered 20 group activities, which have exposed youth in our program to new experience and has given them the opportunity to work on a variety of life skills. Some of these activities have included: laser tag, rock climbing, family nights (including a night at the art museum and an ice cream social), teen nights, and community service opportunities.

☑ Objective fully met

Objectives (continued)

- **Objective 2:** Our surveys will show increase/maintenance in the following areas: Decision-Making Skills; Adult Bonding; Perceived Risk of Alcohol, Tobacco, and Other Drugs; Attitudes Against Alcohol, Tobacco, and Other Drugs
- **Progress:** The majority of youth in our mentoring programs have shown an increase/maintenance in these measures:
    - 64% of youth in our mentoring programs showed maintenance or increase in Decision-Making skills
    - 62% of youth in our mentoring programs showed maintenance or increase in their bonding to adults
    - 66% of youth in our mentoring programs and 72% of youth in our prevention education program showed maintenance or increase in their perception of risk of alcohol, tobacco, and other drugs
    - 65% of youth in our mentoring programs and 76% of youth in our prevention education program showed maintenance or increase in their attitudes against alcohol, tobacco, and other drugs



Objective fully met

Thank you!

PARTNERS
CHANGING LIVES
SHAPING FUTURES

Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: *Larimer County Partners, Inc. (dba: Partners)*
Submitter Name: *Shayna Kefalas*
Submission Date: *10/30/2026*

Grant Agreement Period: *4/1/2026 – 3/31/2027*
Total Agreement Amount: *$148,688.38*
Report for the Period: *4/1/2026 to 9/30/2026*
Approved Use Category: *G.11 Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.*

1. **Budget to Actual Results:** *Complete the attached spreadsheet comparing the line-item budget in the grant agreement with expenditures through the first six months of the agreement. In the space below, please include any pertinent information about the budget to actual here, such as variances, anticipated budget changes, issues/ concerns, etc. that the Council should be aware of. Be sure to speak to budget line revisions, if any.*
    - We are on track with our budgeted spending and do not anticipate any budget changes.

2. **6-Month Objective Results and Performance Metrics:** ***List*** *the objectives from the grantee agreement below, together with interim results for each objective. This information can be presented in other formats, such as tables or charts.*
    - Objective 1: For this project, Partners will serve 700 Larimer County youth (81 CBM, 244 SBM, 375 PEP), aged 7-17 who are facing significant risk or needing additional prevention support
        - Progress: From April 1, 2026 – September 30, 2026, we have served **421** youth in Larimer County. This includes:
            - **74** Community-Based Mentoring Youth
            - **234** School-Based Mentoring Youth
            - **113** Prevention Education Youth
            - Given the numbers above, we are on track to meet our goals within the mentoring programs. The majority of our mentoring youth have been enrolled, with 10 left to meet our goal for School-Based, and 7 left to meet our goal for Community-Based. Both of these numbers are achievable and in alignment with timing of enrollments for our program structure. Our largest Prevention Education groups start in the fall, so those numbers will drastically increase over the next 2 months.
    - Through our surveys, show at least 60% increase/maintenance in: Decision-Making Skills; Adult Bonding; Perceived Risk of Alcohol, Tobacco, and Other Drugs; Attitudes Against Alcohol, Tobacco, and Other Drugs

- Progress: To date, we have achieved our goal of the majority of youth showing increase/maintenance in these measures. As noted in our application, in the field of prevention, success is defined not only by improvement, but by maintenance of positive attitudes and behaviors because we know that youth facing risk factors are more likely to experiment with substances as they develop. Maintenance of positive scores, in addition to any increase in that risk, helps prove program success. Achieving these measures positively impacts Larimer County youth by providing assets and protective factors to help them make better choices in their lives, with the aim of preventing substance use disorders, including opioid use disorder.
    - 64% of youth in our mentoring programs showed maintenance or increase in Decision-Making skills
    - 62% of youth in our mentoring programs showed maintenance or increase in their bonding to adults
    - 66% of youth in our mentoring programs and 72% of youth in our prevention education program showed maintenance or increase in their perception of risk of alcohol, tobacco, and other drugs
    - 65% of youth in our mentoring programs and 76% of youth in our prevention education program showed maintenance or increase in their attitudes against alcohol, tobacco, and other drugs
- Provide, at minimum, 18 group activities to enhance pro-social opportunities and life skills
    - Progress: During this reporting period, we have offered 20 group activities, which have exposed youth in our program to new experience and has given them the opportunity to work on a variety of life skills. Some of these activities have included: laser tag, rock climbing, family nights (including a night at the art museum and an ice cream social), teen nights, and community service opportunities.

3. **Narrative questions:** *Please answer the following.*
    - How are you ensuring that services are distributed throughout the Larimer region?
        - Our organization has physical offices in Fort Collins and Estes Park. Through these offices, we serve youth throughout Larimer County in city hubs and outlying towns. Additionally, we work with all 3 major school districts to provide our School-Based Mentoring program.
    - Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:
        - Any significant shortfalls anticipated?
            - None anticipated
        - Anticipated areas where objectives may not be met by the end of the grant?
            - None anticipated

- Anticipated difficulty in collecting performance measures, metrics, and information for the final report?
    - None anticipated
- Any agreement modifications needed (time extension, etc.)?
    - None anticipated
- Is there anything you need from us right now to help you succeed?
    - Not at this time

4. The Council would like a brief verbal presentation about the 6-month results. You may prepare PowerPoint slides if you wish.

Attachment: Interim Budget to Actual Report (six month)

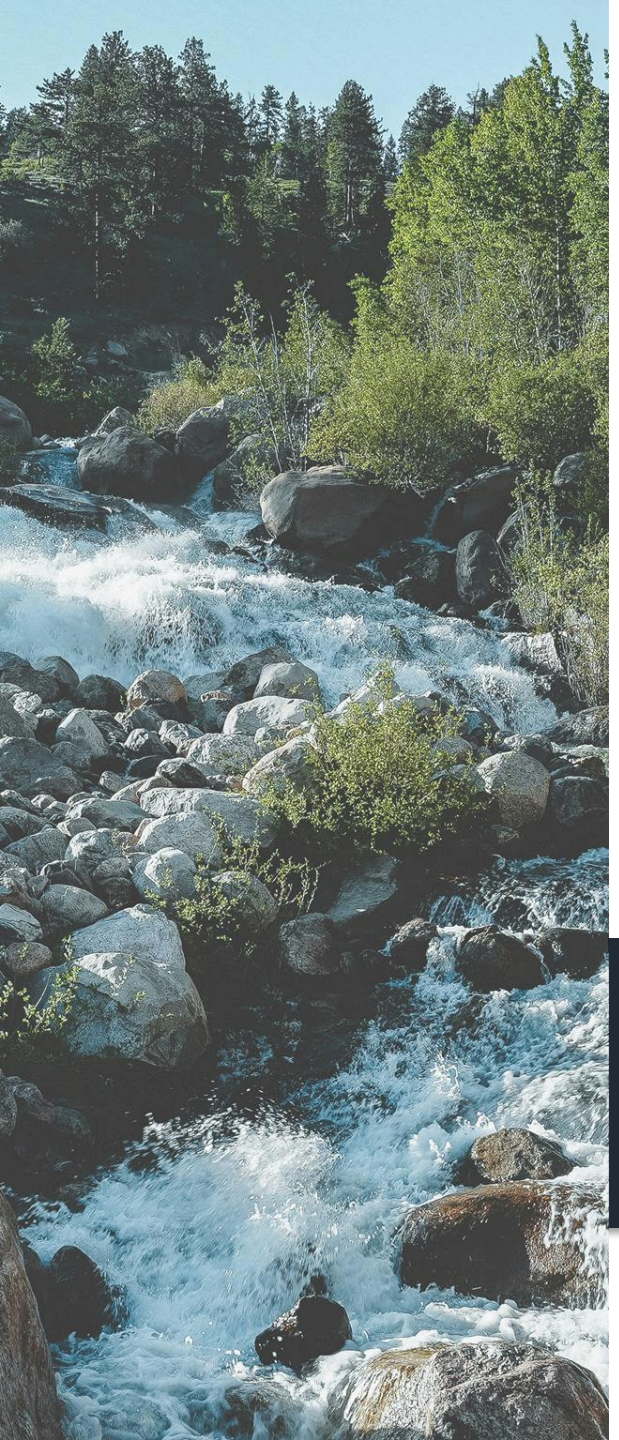
Grantee:	Larimer County Partners, Inc.
Approved Use:	Prevention Education and One-to-One Mentoring programs
Date Range	04/01/2026 - 09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Prevention Education Program Manager	AK	$53,840	10%	$5,384	$1,077	$6,461	$3,230	50.0%		
Marketing and Engagement Coordinator	AC	$42,125	50%	$21,063	$4,213	$25,275	$12,638	50.0%		
School-Based Program Coordinator	AM	$41,820	50%	$20,910	$4,182	$25,092	$12,546	50.0%		
School-Based Program Coordinator	DSM	$42,835	10%	$4,284	$857	$5,140	$2,570	50.0%		
Executive Director	HV	$97,440	8%	$7,795	$1,559	$9,354	$4,677	50.0%		
Program Coordinator	KW	$44,660	10%	$4,466	$893	$5,359	$2,680	50.0%		
Prevention Education Program Coordinator	MT	$41,820	40%	$16,728	$3,346	$20,074	$10,037	50.0%		
Program Director	SK	$73,080	10%	$7,308	$1,462	$8,770	$4,385	50.0%		
Resource Development Director	VL	$73,080	10%	$7,308	$1,462	$8,770	$4,385	50.0%		
					SUBTOTAL	**$114,294**	**$57,147**	50.0%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Marketing costs for campaigns and materials			Other	$10,000.00	$ 2,799.66	28.0%		
Professional development trainings, conferences, and other as needed			Professional Development	$5,000.00	$ 203.09	4.1%		
						0.0%		
						0.0%		
			SUBTOTAL	**$15,000**	$3,003	20.0%	$0	
			TOTAL DIRECT	$129,294	$60,150	46.5%	$0	
			Indirect	$ 19,394.14	$12,030	62.0%		
			TOTAL COSTS	$148,688	$72,180	48.5%	$0	



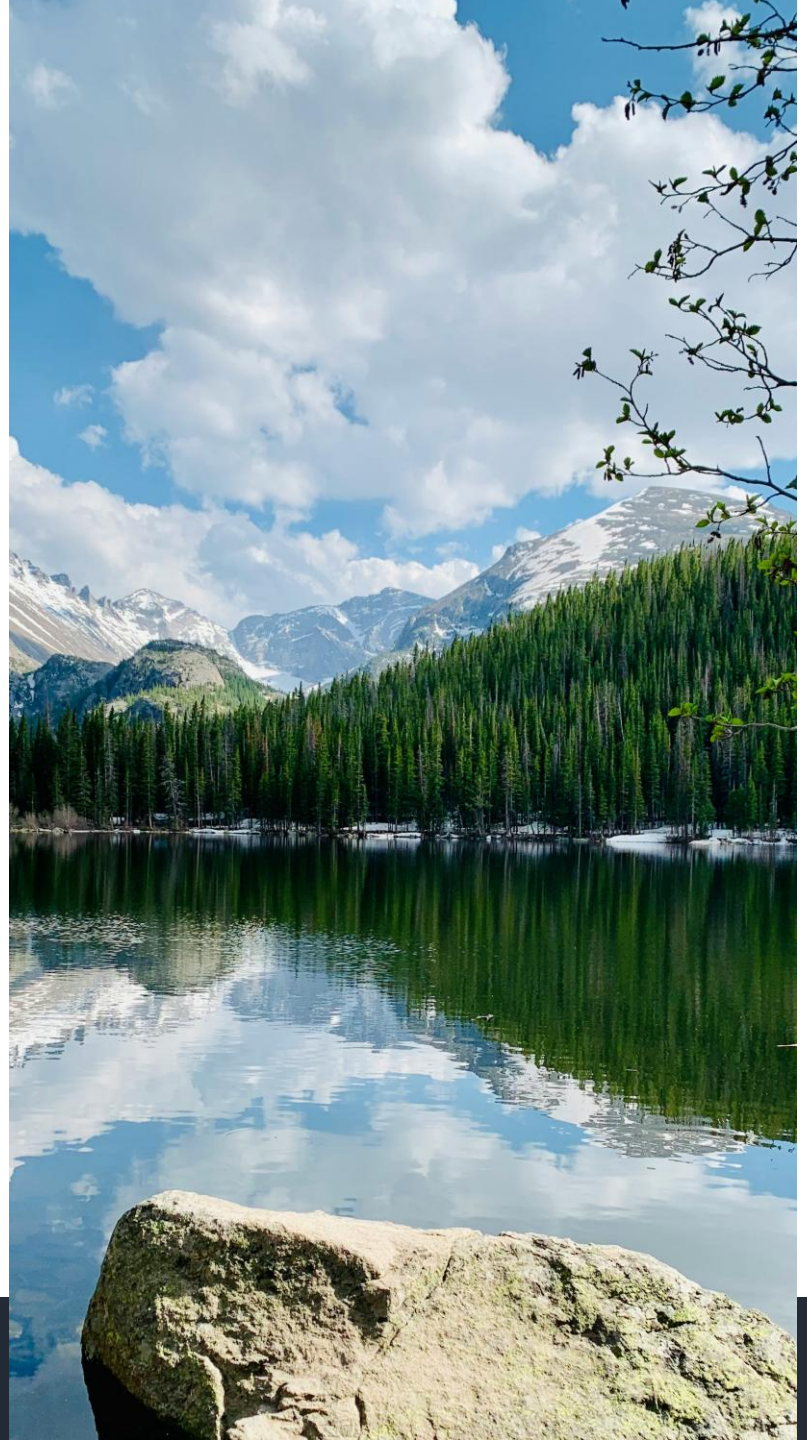
Butler Institute for Families

Developing the ROAC Grantee Cross Site Evaluation Plan

Butler Institute for Families
UNIVERSITY OF DENVER

DEVELOPING THE PLAN

- Cross-walked 2026 grantees' stated objectives and metrics with ROAC's long-term outcomes
- Facilitated a Pathway to Change [theory of change] session to connect grantee activities to desired outcomes and ways of measuring them
- Held 1:1 meetings with 5 grantees to better understand grantees' current evaluation practices
- Facilitate monthly Opioid Abatement Advisory Workgroup meetings to gather feedback on Pathway to Change elements
- Facilitated Ripple Effects Mapping Workshop, RARE conference October 30, 2026



SHORT TERM OUTCOMES

Reach & Access

- People reached through outreach and education
- Individuals receiving services
- Referrals and successful connections
- Reduced barriers to care

Engagement & Retention

- Ongoing participation in services
- Treatment and recovery retention
- Family/support person engagement

Harm Reduction & Education

- Naloxone and supply distribution
- Overdose reversals/interventions
- Training participation
- Increased knowledge and awareness

Recovery & Well-Being

- Peer recovery engagement
- Social support and connectedness
- Behavioral health improvements
- Housing, employment, and recovery stability

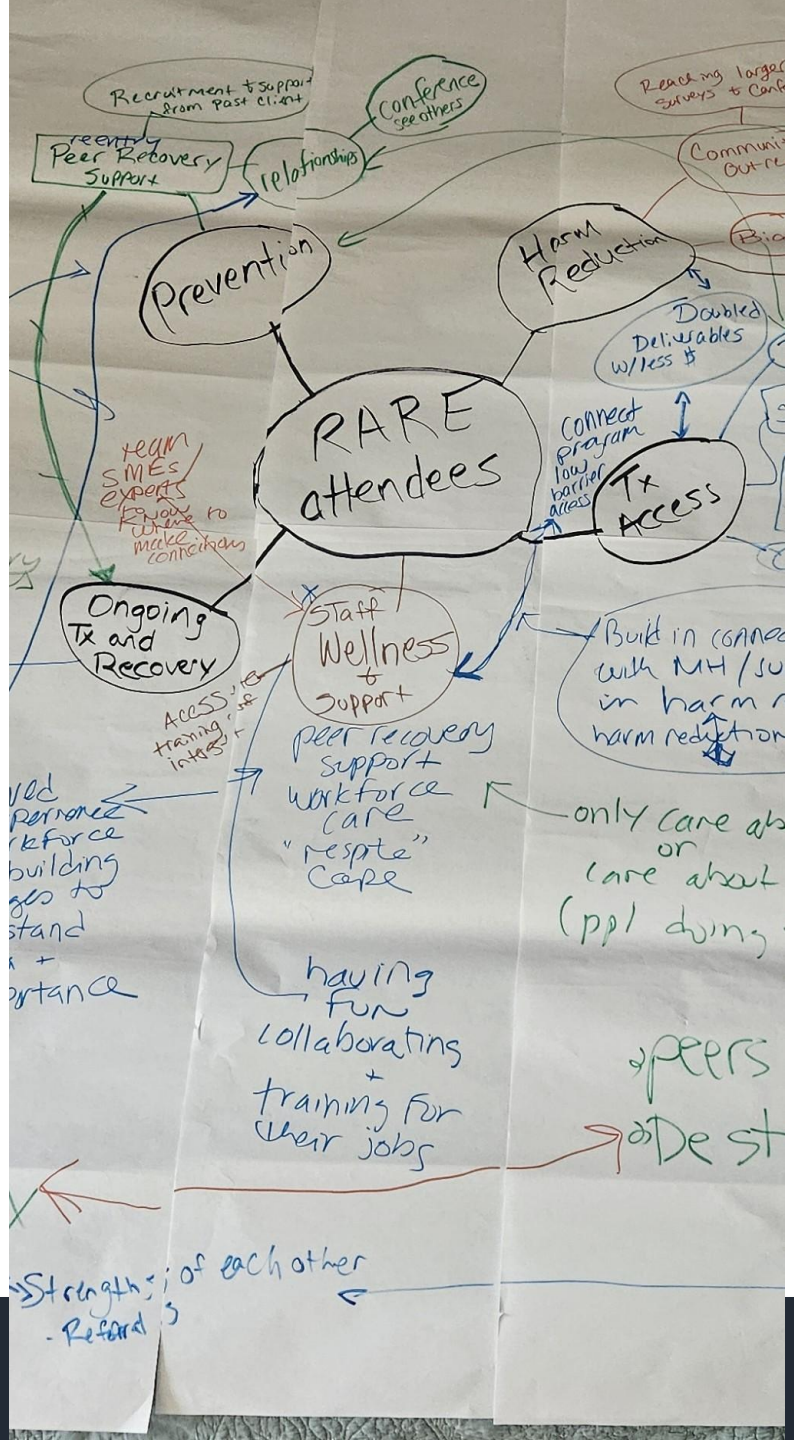
Community Capacity

- Partner engagement
- Strengthened referral pathways
- Improved collaboration and coordination

RIPPLE EFFECTS MAPPING

Preliminary key themes

1. **Connection matters**
   - Interpersonal connections with clients support access to care; interpersonal connections with colleagues support resource sharing and collaboration
2. **Peers are the common thread**
   - Recovery support services are embedded across the community and continuum of care
   - Help reduce stigma
3. **Harm reduction is fundamental**
   - Opens to door to treatment and recovery
4. **Workforce Wellbeing**
   - Needs investment
   - Foundational to the behavioral health ecosystem



Working together



Evaluation plan input and direction from the ROAC

- Evaluation Advisory Group?
- Standing agenda item?

Plan implementation impacts

- ROAC's current practices
- Grantee reporting requirements

Data use

- How will evaluation findings be used by the ROAC?
- How will findings be disseminated?

Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: Butler Institute for Families, University of Denver
Submitter Name: Meredith Silverstein
Submission Date: Oct 31, 2026

Grant Agreement Period: March 1, 2026, to March 31, 2027
Total Agreement Amount: *$70,503*
Report for the Period: April 1, 2026 to Sept 30, 2026
Approved Use Category: Leadership, Planning and Coordination

1. **Budget to Actual Results:** *Complete the attached spreadsheet comparing the line-item budget in the grant agreement with expenditures through the first six months of the agreement. In the space below, please include any pertinent information about the budget to actual here, such as variances, anticipated budget changes, issues/ concerns, etc. that the Council should be aware of. Be sure to speak to budget line revisions, if any.*

Work is anticipated to continue as planned in the second half of the year across all budget categories. We do not anticipate any issues or concerns.

2. **6-Month Objective Results and Performance Metrics:** *List the objectives from the grantee agreement below, together with interim results for each objective. This information can be presented in other formats, such as tables or charts.*

Goal: Facilitate the development of an evaluation plan to support intentional decision-making, taking the community's needs into account.		
Objective	**Time Frame**	**Progress Toward Objective**
1. Plan, convene, and facilitate a Pathway to Change process for grantees in consultation with OAAG and ROAC members to identify and prioritize meaningful outcome(s) and long-term impact(s) for each funding area and the specific activities and milestones required to reach those goals.	April 2026-July 2026	A Pathway to Change Workshop was held at the Longview campus on July 31, 2026, to accommodate grantee schedules. Five grantees participated in the three hour event in which we identified factors and conditions in programs or community that might impact program implementation and outcomes; identified the people, groups, and partners that will be impacted by achieving the long term goals defined by the ROAC; identified organizational strengths; and expected short term common outcomes across

		programs. For grantees who were unable to attend the workshop, we shared a summary document to allow them to provide feedback in their preferred manner (email, call). Three grantees responded with feedback. A copy of the draft Pathway to Change is available at the end of this report.
2. Partner with each grantee to identify where existing evaluation efforts can be leveraged to support demonstration of outcomes identified in the Pathway to Change.	August 2026-October 2026	As of this report, we have met with 5 grantees. Prior to each meeting, we crosswalked grantees' outcomes from their most recent grant applications with the outcomes in the Pathway to Change and shared this information in advance to support discussion of current evaluation practices. We will continue meeting with interested grantees through January to maximize participation; however, to move the project forward, the team developed an alternative methodology described below. Findings from these meetings will inform the final Pathway to Change and the methods section of the evaluation plan.
3. Facilitate a Ripple Effects Mapping process for grantees to illustrate the impacts of their work within and across funding areas.	November 2026-December 2026	The Ripple Effects Mapping Workshop will be held on October 30, 2026, at the Rethinking Addiction and Recovery conference.
4. Collaborate closely with the OAAG and grantees to draft the cross-site evaluation plan.	January 2027-March 2027	On target. Progress towards the evaluation plan has been reviewed and feedback provided by the OAAG.
5. Update the ROAC on deliverables and gather their input and feedback on the process to ensure continuous quality improvement.	Quarterly throughout funding period	Progress towards the evaluation plan has been shared with the OAGG which has met monthly since the start of funding. The OAGG has two voting members of the ROAC in attendance.

3. **Narrative questions:** *Please answer the following.*
    - How are you ensuring that services are distributed throughout the Larimer region?

The Butler Institute's work is focused on developing a cross-site evaluation plan for the ROAC and is focused exclusively on the organizations serving Larimer County.

During this reporting period, substantial progress was made toward developing a framework for the cross-site evaluation plan. Butler's activities included facilitating a Pathway to Change workshop with current grantees, conducting individual grantee consultations related to data collection efforts, reviewing all 2026 grant applications, identifying common outcomes and activities across the portfolio, developing an initial framework for shared performance indicators, and facilitation of a monthly Opioid Abatement Advisory Workgroup (OAAG) to support communication between the ROAC, grantees, and community stakeholders. These efforts have established a strong foundation for a coordinated evaluation approach that balances local grantee priorities with the ROAC's broader strategic goals.

While grantee participation in workshops and individual meetings was lower than anticipated, sufficient information was available through direct engagement, grant applications, and previously collected stakeholder input to complete the Pathway to Change and advance the evaluation design. To minimize burden on grantees while maintaining inclusivity, the evaluation team supplemented stakeholder engagement activities with a structured review of all funded applications, resulting in a comprehensive analysis of outcomes, activities, and metrics across the portfolio. This approach is described below.

First, we reviewed all grantees' 2026 applications and identified each grantee's stated program description, objectives, and metrics. Next, we cross walked this information with the four goals or long-term outcomes identified by the ROAC and OAAG.

We then reviewed the outcomes articulated by grantees in the July Pathway to Change workshop and the objectives provided by grantees in their 2026 applications to identify common themes. Next, we synthesized these outcomes and objectives with feedback received from individual grantee meetings. This analysis resulted in the identification of the following short-term outcomes associated with the goals (or long-term outcomes) previously identified by the ROAC and OAAW:

Goal 1: Save lives through harm reduction, overdose prevention and widespread access to overdose reversal medications.
Outcome 1.1: Increased access to harm reduction, overdose prevention, and related health services.
Outcome 1.2: Improved community knowledge and skills related to overdose response and prevention.
Outcome 1.3: Strengthened community engagement and coordination around harm reduction efforts.

Goal 2: Increase access to substance use disorder (SUD) / opioid use disorder (OUD) treatment and recovery with a focus on OUD.
Outcome 2.1: Increased access to culturally responsive, person-centered recovery services and supports that promote stability in recovery.
Outcome 2.2: Increased awareness of recovery resources, services, and pathways to recovery and reduced stigma.

Goal 3: Sustain ongoing treatment and recovery supports for people with SUD and/or OUD.
Outcome 3.1: Improved access to community-based services and supports.

Outcome 3.2: Increased community capacity to support recovery.

Goal 4: Prevent SUD among youth and across the lifespan by reducing risk factors and strengthening protective factors, with a particular focus on OUD.
Outcome 4.1: Increased protective factors for youth through stronger social connections, peer support, and community engagement.
Outcome 4.2: Reduced risk factors among youth through increased knowledge of substance use prevention, reduced stigma, and improved access to community resources.

To better understand the activities associated with these outcomes, we then reviewed the program description associated with each grantee's application to identify common themes or categories of activities. The aim of this analysis was to develop a concise list of general activities which can be linked to short term outcomes. This analysis resulted in the following list of activities common across at least two or more grantees. Not all grantees offer all services.

- Treatment and recovery services
- Housing and recovery housing
- Wraparound and care navigation services
- Harm reduction and syringe services
- Overdose prevention and naloxone distribution
- Peer recovery coaching
- Youth prevention and school-based programs
- Family, parenting, and child wellness supports
- Justice-involved treatment and re-entry services
- Community capacity building, workforce development, public education, and stigma reduction

The next step in our approach was to review grantee activities and metrics to identify common indicators for shared program activities. The following broad categories of metrics emerged:

Reach and Access
- Client demographics (when appropriate)
- Number reached through outreach, communication, education, or awareness campaigns
- Number of individuals receiving prevention, harm reduction, treatment, recovery, or supportive services
- Number of referrals made and successfully connected to services
- Number of participants reporting reduced barriers to accessing services

Engagement and Retention
- Number and percentage retained or engaged in services over time
- Number of family members or support persons engaged
- Number of naloxone kits and harm reduction supplies distributed
- Number of harm reduction trainings and outreach events

Education and Awareness
- Number of individuals participating in educational, awareness, or training activities
- Number of community members, peers, or professionals trained
- Number of attendees/trainees reporting increased knowledge

Recovery and Well-Being
- Number of clients engaged in peer recovery support or mentoring
- Number of clients reporting increased social support or community connectedness

- Number of clients reporting improvements in behavioral health, substance use, or psychosocial functioning
- Number of clients maintaining housing, employment, or recovery-related goals

Community Capacity

- Number of formal partnerships/referral pathways established or strengthened
- Number of partners reporting improved coordination and collaboration

To ensure these short-term outcomes are accurate, valid, reliable, and complete, we will explore efficient ways to gather grantee feedback in the second half of the funding period.

In sum, we found substantial alignment across the ROAC portfolio despite differences in target populations and service models. Common themes emerged across prevention, harm reduction, treatment, recovery, and systems-level strategies, suggesting that it is feasible of develop a shared evaluation framework capable of capturing both grantee-specific and portfolio-wide outcomes.

- **Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:**
    - Any significant shortfalls anticipated?
    - Anticipated areas where objectives may not be met by the end of the grant?
    - Anticipated difficulty in collecting performance measures, metrics, and information for the final report?
    - Any agreement modifications needed (time extension, etc.)?
    - Is there anything you need from us right now to help you succeed?

Overall, **we do not anticipate any significant shortfalls or difficulty** in meeting our stated objectives. The primary aim of the evaluation plan, informed by a Pathway to Change and Ripple Effects Mapping, is to help ensure the ROAC's grantmaking activities are equitable and responsive to the diverse needs of the community. Through these activities, we believe grantees will develop a shared understanding of how different strategies across prevention, harm reduction, treatment, and recovery collectively reduce opioid-related harm. The secondary aim is to support the ROAC's transparent decision-making by providing a plan to develop a set of key outcomes and consistent data collection.

To help us succeed and produce an effective evaluation plan for the ROAC, we respectfully request time on an upcoming ROAC meeting agenda to review the Pathway to Change and proposed methodology for the evaluation plan.

We would also like to bring to the ROAC's attention that during this reporting period, OMNI Institute and the University of Colorado Anschutz Medical Campus received Round 4 Infrastructure Funding from the Colorado Opioid Abatement Council to support the development of a statewide opioid abatement evaluation framework. As the scope and implementation of this statewide effort continues to evolve, opportunities may emerge to align the Larimer County ROAC evaluation framework with broader statewide reporting and learning initiatives. We will continue to monitor these developments and support the ROAC in identifying opportunities for alignment while ensuring local priorities remain central to the evaluation approach.

4. **The Council would like a brief verbal presentation about the 6-month results. You may prepare PowerPoint slides if you wish.**

LARIMER COUNTY

Butler Institute for Families
UNIVERSITY OF DENVER

PATHWAY TO CHANGE:
Region 2 Larimer County ROAC

How We Know (Metrics):

- **Reach & Access**: Number and demographics (when appropriate) of individuals reached through outreach, education, awareness, prevention, harm reduction, treatment, recovery, and supportive service activities.
- **Engagement & Retention:** Number participants retained or engaged in services over time; number of family members or support persons engaged; Number naloxone kits, harm reduction supplies distributed, trainings conducted.
- **Education & Awareness**: Number of individuals participating in educational, awareness, or training activities; number of individuals trained; number of attendees reporting increased knowledge
- **Recovery & Wellbeing**: Number engaged in peer recovery support; number reporting increased recovery capital; number reporting improvements in behavioral health, substance use, or psychosocial functioning; number of clients maintaining housing, employment, or other goals
- **Community Capacity:** number formal partnerships/referral pathways established or strengthened; number of partners reporting improved coordination and collaboration

What We Know:

System Capacity and Service Gaps

- Service demand exceeds system capacity.
- More data is needed to understand youth substance use and county level trends.

Emerging Substance Use Concerns

- Kratom use and overdoses are rising.

OUD Treatment, MAT Access and Stigma

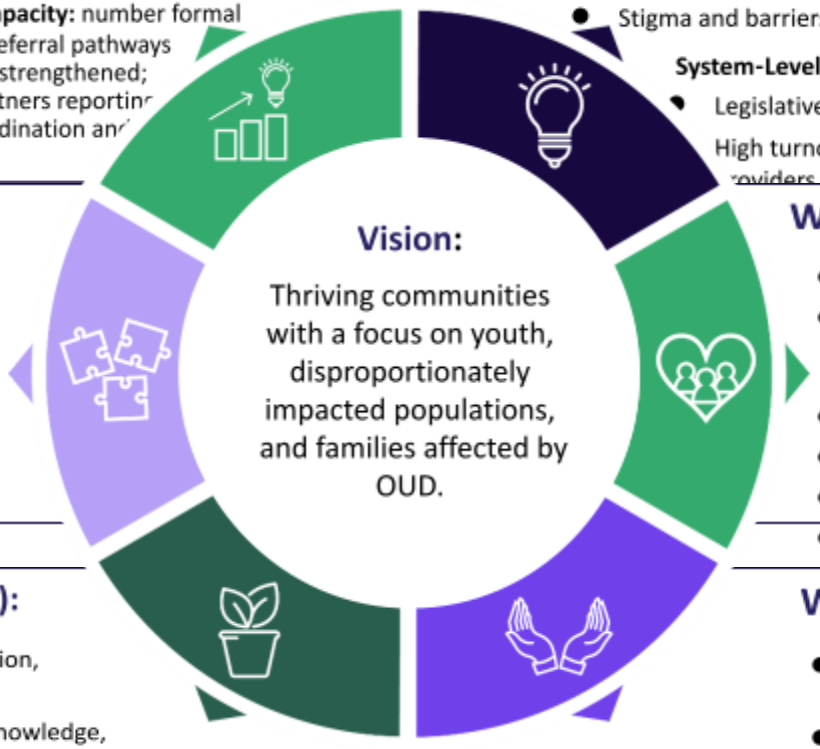
- Stigma and barriers to MAT lead to more relapse and overdose.

System-Level Pressures Affecting Access to Care

- Legislative and policy changes reduce access to care.
- High turnover due to burnout and secondary trauma for providers

What We Do (Activities):

Treatment and Recovery Services • Housing and Recovery Housing • Wraparound and Care Navigation Services • Harm Reduction and Syringe Services • Overdose Prevention and Naloxone Distribution • Peer Recovery Coaching • Youth Prevention and School-Based Programs • Family, Parenting, and Child Wellness Supports • Justice-Involved Treatment and Re-entry Services • Community Capacity Workforce Development, Public Education, and Stigma Reduction



Vision:

Thriving communities with a focus on youth, disproportionately impacted populations, and families affected by OUD.

Who We Impact:

- People and families of people with SUD/OUD
- Low-income, people with disabilities, undocumented people, and those with fewer supports
- Medical system/Emergency Departments
- Criminal Justice systems
- Human Services workforce
- Non-profit sector

What We Change (Short-Term Outcomes):

- Individuals increase access to prevention, harm reduction, recovery, and supportive services.
- Individuals and communities demonstrate increased knowledge, awareness, and engagement related to substance use prevention, harm reduction, and recovery.
- Individuals strengthen protective factors that support recovery, wellness, and resilience.
- Communities strengthen their capacity and collaboration to prevent substance use and support recovery.

What We Bring:

- Collaboration between the county and other partners and willingness to work together.
- Expertise and endurance of existing workforce.
- Access to various data sources.

Long-Term Outcomes

- Save lives through harm reduction, overdose prevention and widespread access to overdose reversal medications.
- Increase access to substance use disorder (SUD) / opioid use disorder (OUD) treatment and recovery with a focus on OUD.
- Sustain ongoing treatment and recovery supports for people with SUD and/or OUD.
- Prevent SUD among youth and across the lifespan by reducing risk factors and strengthening protective factors, with a particular focus on OUD.

Attachment: Interim Budget to Actual Report (six month)

Grantee:	**University of Denver, Butler Institute for Families**
Approved Use:	Leadership, Planning, and Coordination. Provide resources to staff government oversight and management of opioid abatement programs.
As of [Date]	**03/01/2026 - 09/30/2026**

Direct Personnel

Position	Name	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)	Notes
Lead	M.S.		0.100	$13,596	$3,698	$17,294	$4,724	27.3%		A busy spring and summer meant that Butler staff couldn't charge all hours worked. This will shift beginning in October.
Project Manager	K.J.		0.200	$17,353	$4,720	$22,073	$6,502	29.5%		
Project Coordinator	M.H.		0.116	$8,746	$2,379	$11,125	$2,771	24.9%		
Facilitator	S.R.		0.030	$4,079	$1,109	$5,188	$2,562	49.4%		
Quality Assurance	various staff		0.030	$2,546	$692	$3,238	$2,914	90.0%		A lot of this effort is in start up and it will come down.
								0.0%		
								0.0%		
					SUBTOTAL	**$58,918**	**$19,472**	33.0%	**$0**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)	Notes
			Equipment	$0		0.0%		
Program Supplies	$505	47.6%	Supplies	$240	$189	78.5%		
Annual Meeting/Pathways to Chan	$800	1	Supplies	$800	$611	76.4%		
Professional Development	$0	47.6%	Professional Development	$0		0.0%		
Mileage	$0.72	1872	Travel	$1,348	$292	21.6%		
			Consultants	$0		0.0%		
			SUBTOTAL	**$2,388**	$1,092	45.7%	$0	
			TOTAL DIRECT	$61,307	$20,564	33.5%	$0	
			INDIRECT (15%)	$9,196	$3,085	33.5%	$0	
			TOTAL COSTS	$70,503	$23,649	33.5%	$0	

Region 2 Larimer County Opioid Abatement Council

North Colorado Health Alliance FY26 Grant Interim Report

Approved Use Areas & Scope of Work

1

B1. Provide comprehensive wrap-around services to individuals with OUD and any co occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

Care Coordination to Treatment & Recovery: Improved treatment access through Care Coordination for individuals with substance use disorders

2

C10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

Peer Recovery Support: Improved access to lived and living experience coaching and support for individuals with substance use disorders.

3

K1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis

Community & Provider Education: County-wide community and provider education, staff training and networking to improve county's capability to abate the opioid crisis with best practice modalities, increased awareness, and resources.

4

G2. Corrective advertising or affirmative public education campaigns based on evidence.

Community Public Awareness: Community-wide stigma reduction campaign regarding treatment and support for persons with OUD, including the brain science of addiction and reducing the stigma on effective treatment.

PURPOSE AREA	GOAL	OBJECTIVE	INTERIM STATUS	INTERIM PROGRESS
B1. SUPPORT PEOPLE IN TREATMENT AND RECOVERY. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.	Improve treatment engagement and long-term recovery outcomes for individuals with OUD and co-occurring SUD/MH conditions in Larimer County through coordinated, person-centered wrap-around services that address clinical, behavioral health, and social stabilization needs.	Objective 1: Through its enhanced network of care, NCHA's ART will engage a minimum of 300 unique, newly engaged persons with OUD/SUD in Larimer County in 2026 to improve access to MAT, Peer Recovery Support, Individual and Group Support, treatment, and connection to social needs.	NCHA is on track for completion of the objective.	562 unique ART participants newly engaged
		Objective 2: Increase awareness of available support and treatment options in Larimer County to a minimum of 300 unique individuals in 2026.	NCHA is on track for completion of the objective.	191 recorded individuals
C10. CONNECTIONS TO CARE. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.	Improve recovery and continuity of care for individuals with OUD and co-occurring SUD/MH conditions through lived-experience peer support, motivational engagement, and warm handoffs to treatment and community-based recovery services	Objective 3: By February 28, 2026, Peer Recovery Specialists will provide recovery support services to at least 250 individuals in Larimer County.	NCHA is on track for completion of the objective.	205 (82%)
		Objective 4: By February 28, 2026, 70% of individuals engaged by Peer Recovery Specialists will receive at least one referral to ongoing treatment or recovery services, as documented in service records.	NCHA is on track for completion of the objective.	143 of 205 (69.8%)

PURPOSE AREA	GOAL	OBJECTIVE	INTERIM STATUS	INTERIM PROGRESS
K1. TRAINING. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.	Increase knowledge and awareness of best practices for providers at the intersection of behavioral health (mental health and substance use providers, educators, human services providers, criminal justice partners, community based organizations) to bolster the existing workforce and build the future workforce for substance use serving organizations in the region.	Objective 6: Plan and implement the 2026 Rethinking Addiction & Recovery Conference for 400+ attendees. After the conference, participants will demonstrate a minimum 25% increase in knowledge and at least 60% will report intent to implement one new practice change within their organization or region.	NCHA is on track for completion of the objective.	600+ registered at interim
		Objective 7: Conduct two peer workforce training cohorts for 20 individuals with lived experience.	NCHA is on track for completion of the objective.	2 cohorts, 20 individuals 1 cohort; 14 attendees
		Objective 8: Provide community substance use support education and awareness, and overdose prevention tools including overdose prevention education training, overdose awareness and recovery events and Naloxone opioid antagonists to a minimum of 4000 unique individuals in 2026.	NCHA is on track for completion of the objective.	6,360 individual doses of naloxone 7,059 fentanyl testing strips
G2. PREVENT MISUSE OF OPIOIDS. Corrective advertising or affirmative public education campaigns based on evidence.	Increase community wide stigma reduction regarding effective treatment and support through community education, learning sessions and social media campaigns.	Objective 5: Reach a minimum of 2,000 individuals through the Changing Minds public education campaign in 2026.	NCHA is requesting support and revisions for this Objective	No outcomes; revision requested

Interim Progress Report - NCHA is requesting revisions for objective.

G2. PREVENT MISUSE OF OPIOIDS. Corrective advertising or affirmative public education campaigns based on evidence.
Goal - Increase community wide stigma reduction regarding effective treatment and support through community education, learning sessions and social media campaigns.

Objective 5: Reach a minimum of 2,000 individuals through the Changing Minds public education campaign in 2026.

NCHA is unable to pursue Objective 5 as originally written. The Health District of Northern Larimer County has paused its Changing Minds campaign as part of a broader shift in community partnership investments and will not pursue the anticipated subaward for this funding cycle.

SUGGESTED REVISIONS

STRATEGY

Amplified Echoes, a community-centered storytelling and public education initiative that elevates lived and living experiences to strengthen understanding, reduce stigma, and encourage individuals and families to seek support for substance use disorders and recovery.

OBJECTIVE

Establish and launch the opioid-focused component of Amplified Echoes through professional video production and coordinated public education activities. Develop a minimum of 4 original storytelling features highlighting lived and living experiences related to opioid use disorder, treatment, harm reduction, and recovery, supported by educational messaging and community dissemination to achieve a documented audience reach of at least 500 individuals, with a target of 750.

BUDGET USE

Utilize the existing $10,000 G2 allocation to contract with a qualified video production team through a competitive procurement process to capture and produce authentic stories from individuals impacted by substance use and recovery.

MAINTAIN ORIGINAL APPROVED PURPOSE, GOAL, AND INTENTION OF THE FUNDS.

QUESTIONS?

MJ Jorgensen, MPH, CHES, CDP
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NCHA
NORTH COLORADO HEALTH ALLIANCE

Amplified Echoes: Recovery Storytelling & Public Education Initiative

G2 Objective Revision and Project Proposal
North Colorado Health Alliance (NCHA)

Revised Project Overview

NCHA proposes launching **Amplified Echoes**, a community-centered storytelling and public education initiative that elevates lived and living experiences to strengthen understanding, reduce stigma, and encourage individuals and families to seek support for substance use disorders and recovery. Through authentic stories of hope, resilience, treatment, harm reduction, and successful connections to care, Amplified Echoes will challenge misconceptions about opioid use disorder while increasing awareness of evidence-based treatment and community resources and the multitude of pathways to recovery.

NCHA proposes utilizing the existing **$10,000 G2 allocation to contract with a qualified video production team through a competitive procurement process** to capture and produce authentic stories from individuals impacted by substance use and recovery. NCHA will leverage internal communications personnel, organizational funding, and established community partnerships to support campaign development, advertising, public awareness, and dissemination of the completed materials.

The initiative will focus on opioid-related stigma reduction and recovery education, consistent with the approved G2 purpose, while establishing a foundation for elevating the voices and experiences of our community. Through the power of storytelling, Amplified Echoes seeks to move beyond awareness alone - to challenge stigma, foster empathy and understanding, strengthen community connections, and inspire meaningful action. By centering the voices of those directly impacted, we can humanize the challenges individuals and families face, highlight the hope and possibility of recovery, and remind our communities that behind every statistic is a person, a story, and an opportunity to make a difference.

To support this vision, NCHA is proposing a revision to the existing G2 objective that maintains the original intent of opioid misuse prevention and stigma reduction while shifting toward a more community-centered, sustainable approach to public education. The table below outlines the approved G2 purpose and goal, the original objective, and the proposed revision to support the development and launch of Amplified Echoes.

Approved G2 Purpose Area, Goal & Proposed Objective Revision	
Component	**Description**
G2: Prevent Misuse of Opioids - *Unchanged*	Corrective advertising or affirmative public education campaigns based on evidence.
Approved Goal – *Unchanged*	Increase community-wide stigma reduction regarding effective treatment and support through community education, learning sessions, and social media campaigns.
Existing Objective – *Proposed for Replacement*	Reach a minimum of 2,000 individuals through the Changing Minds public education campaign in 2026.
Proposed Revised Objective	Establish and launch the opioid-focused component of Amplified Echoes through professional video production and coordinated public education activities. Develop a minimum of four original storytelling features highlighting lived and living experiences related to opioid use disorder, treatment, harm reduction, and recovery, supported by educational messaging and community dissemination to achieve a documented audience reach of at least 500 individuals, with a target of 750.

Revised Project Funding and Organizational Investment

Initial G2 Investment: $10,000
NCHA requests approval to redirect the existing $10,000 G2 allocation, originally designated for the Changing Minds campaign, toward a professional video production contract. Through a competitive procurement process, NCHA will select a qualified vendor to support storyteller engagement, interviews, filming, editing, and production of original storytelling features. The vendor will be expected to demonstrate trauma-informed practices, informed consent procedures, and experience capturing sensitive community experiences with dignity and respect.

NCHA Organizational Investment – Advertising and Awareness
NCHA will leverage its internal communications personnel, organizational funding, and existing communications infrastructure to support the broader public education campaign, including:

- Paid advertising and social media promotion.
- Development of supporting educational messaging and materials.
- Distribution through organizational and partner communications channels.
- Community outreach and engagement opportunities.
- Monitoring of campaign reach and engagement.

The amount of additional organizational funding will be determined through internal budgeting. This approach ensures the Council's investment is directed toward professional storytelling production while NCHA supports the promotion and sustained reach of the initiative. NCHA also intends to support the continued development of Amplified Echoes as a regional initiative capable of elevating community experiences beyond the initial grant period, including experiences related to health and behavioral healthcare access and changes associated with HR1.

Community Collaboration and Storyteller Engagement
NCHA intends to collaborate with the Larimer Regional Opioid Abatement Council, fellow abatement-funded grantees, community partners, and NCHA members and staff to identify individuals interested in sharing their experiences.

Storytelling will be grounded in dignity, informed consent, and trauma-informed practices, ensuring participants maintain meaningful choice and agency over how their experiences are shared.

Implementation Timeline	
December '26 – January 2027:	**Project Development, Vendor Selection & Marketing Strategy Development**
Finalize project scope, complete competitive procurement, select a video production vendor, and begin engaging community partners and potential storytellers. Initiate development of the marketing and communications strategy, including identification of target audiences, key messaging, promotional channels, and opportunities for community partner engagement.	
February – March 2027:	**Story Capture, Production & Marketing Strategy Finalization**
Conduct interviews, capture community stories, and develop a minimum of two original storytelling features, subject to the final contracted scope.	
March – April 2027:	**Campaign Launch, Dissemination & Evaluation**
Launch and promote completed storytelling content through NCHA's communications channels and community partnerships, leveraging organizational funding and internal communications personnel for advertising, public awareness, and engagement. Implement the marketing strategy, monitor initial audience reach and engagement, and evaluate early campaign performance to inform ongoing dissemination and future storytelling efforts.	
Implementation will be coordinated with the approved grant period, with continued organizationally funded dissemination beyond the grant period as appropriate.	

Performance Measurement and Evaluation

NCHA will monitor project implementation and initial public education outcomes through the following measures:

Performance Measure	Proposed Target
Video production vendor	One executed contract
Original storytelling features	Minimum of 4
Storytelling framework	Trauma-informed consent and participant review procedures established
Public education campaign	Initial campaign launched
Audience engagement	Initial reach and engagement documented through available analytics

Sustainability

Amplified Echoes is intended to establish a longer-term platform for community storytelling, stigma reduction, and public education.

The $10,000 G2 allocation will support the development of professionally produced storytelling content, while NCHA's organizational investment will support advertising, dissemination, and continued engagement. Completed materials will remain available for ongoing public education and community awareness efforts.

Future expansion may include additional stories addressing healthcare access, behavioral health, and evolving community needs, supported through separate organizational or other appropriate funding sources.

Council Review and Consideration

NCHA welcomes the Larimer Regional Opioid Abatement Council's review, feedback, and consideration of the proposed revisions to Purpose Area G2, including:

- The proposed revised objective, transitioning from the Changing Minds campaign to the opioid-focused component of Amplified Echoes.
- The updated implementation timeline and performance measures to reflect professional video production, campaign development, and community engagement.
- The proposed reallocation of the existing $10,000 G2 allocation from the Changing Minds Marketing Campaign to a Video Production Contract.

The approved G2 purpose area and overarching goal will remain unchanged, and **no additional opioid abatement funding is being requested.**

NCHA appreciates the Council's continued partnership and consideration of this alternative approach. Through Amplified Echoes, we hope to build upon the Council's investment by leveraging our organizational resources and community partnerships to elevate lived and living experiences, challenge stigma, strengthen understanding, and inspire meaningful connections to treatment and recovery supports. We welcome the opportunity to collaborate with the Council in shaping an initiative that reflects the voices, experiences, and needs of the communities we collectively serve.

Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: North Colorado Health Alliance
Submitter Name: *MJ Jorgensen*
Submission Date: 10/31/2026

Grant Agreement Period: April 1, 2026 – March 31, 2027
Total Agreement Amount: 432,090.00
Report for the Period: 4/1/2026 to 10/1/2026

Approved Use Categories:

- **B1:** Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare
- **C10:** Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose
- **G2:** Corrective advertising or affirmative public education campaigns based on evidence
- **K1:** Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

1. Budget to Actual Results

The accompanying budget-to-actual spreadsheet compares the originally approved line-item budget with expenditures incurred during the first six months of the grant agreement. NCHA is requesting several small budget changes to better align resources with implementation needs while maintaining the intended outcomes and allowable purposes of the original award. NCHA is requesting a change in strategy for approved use G2 that maintains alignment with its original approved purpose and intended impact. ***See attached G2 Project Proposal.***

B1. Support People in Treatment and Recovery & C10. Connections to Care – Supplies, Equipment, Mileage, and Member Assistance Increases

NCHA is requesting budget adjustments within Purpose Areas B1 and C10 to increase funding for supplies, equipment, mileage, and member assistance. These increases will be offset by reductions in personnel costs resulting from staff retention challenges and medical leaves of absence during the reporting period.

The proposed adjustments will allow NCHA to redirect available resources toward direct service delivery, strengthening comprehensive wraparound supports, peer-based engagement, recovery navigation, and connections to treatment and recovery services for individuals with opioid use disorder and co-occurring substance use or mental health conditions.

Increased funding in these categories will help address immediate member needs, reduce practical barriers to accessing and remaining engaged in care, and support individuals navigating transitions between treatment settings and community-based recovery supports. These adjustments reflect NCHA's commitment to maximizing available resources, maintaining service continuity, and responding to the evolving needs of individuals served across both purpose areas.

The proposed revisions remain within the allowable budget adjustment threshold and do not increase the overall funding requested.

G2. Prevent Misuse of Opioids – Public Education and Stigma Reduction

NCHA is requesting a scope and budget revision associated with Objective 5, originally intended to support expansion of the Changing Minds public education campaign. The Health District of Northern Larimer County has

informed NCHA of its decision to pause the campaign as part of a broader shift in community partnership investments and will not pursue the anticipated subaward.

In response, NCHA proposes to redirect the $10,000 originally allocated for Changing Minds expansion toward a locally developed, community-centered storytelling and public education campaign. The revised approach will elevate experiences related to substance use, treatment, harm reduction, and recovery to reduce stigma, increase understanding, and promote awareness of available supports.

NCHA envisions this initiative as a collaborative effort with the Larimer County Opioid Abatement Council, fellow abatement-funded grantees, and NCHA members and staff. This partnership would support identification of community storytellers, development of locally relevant educational messaging, and dissemination of campaign materials throughout Larimer County.

The proposed revision preserves the original prevention and public education purpose while creating opportunities for sustained community engagement and regional collaboration.

K1. Potential Future Budget Adjustments
NCHA is requesting budget adjustments within Purpose Area K1 to reflect actual and anticipated costs associated with the 2026 RARE Conference and community overdose awareness activities. A substantial portion of K1 expenditures are associated with the RARE Conference held on October 30, 2026, outside the current six-month reporting period. As a result, several budget categories reflect limited expenditures at the interim reporting point, with final invoices and reconciliation still pending.

The proposed adjustments primarily address increased conference facility rental costs, an increase in venue service charges from 22% to 26%, and anticipated event activity material expenses exceeding initial projections. These increases will be offset by available funding resulting from lower-than-anticipated expenditures for Overdose Awareness Day event food, marketing, and venue rental, as well as meeting space and printed materials.

No revisions are currently requested for conference attendee food or printed materials, pending final reconciliation. Speaker fees, associated travel expenses, and training consultant costs are also awaiting final invoices, with the training consultant allocation anticipated to be fully expended.

These adjustments will allow NCHA to align the K1 budget with actual implementation costs while maintaining the planned scope of provider education, community awareness, and engagement activities. Following receipt of outstanding invoices and completion of conference expense reconciliation, NCHA will assess whether any additional line-item adjustments are necessary and submit revisions requiring Council approval.

Overall Budget Status
The proposed adjustments are intended to maximize the impact of awarded funds while maintaining alignment with approved opioid abatement purposes and program objectives. NCHA remains committed to responsible fiscal stewardship and transparent reporting. Aside from the proposed revisions and potential future adjustments noted above, no additional significant budget concerns have been identified at this time.

2. 6-Month Objective Results and Performance Metrics

In the following tables, NCHA's Annual Goals, associated objectives, and interim progress are outlined to achieve ***Improve Access to Care Coordination, Peer Recovery Support and education surrounding and access to best practices in substance use harm reduction, treatment, and recovery. Expanding Community Stigma Reduction***

& Substance Use Awareness and Access to Provider Education and Workforce Development in best and emerging practices in substance use.

B1. SUPPORT PEOPLE IN TREATMENT AND RECOVERY. *Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.*	
Goal	Improve treatment engagement and long-term recovery outcomes for individuals with OUD and co-occurring SUD/MH conditions in Larimer County through coordinated, person-centered wrap-around services that address clinical, behavioral health, and social stabilization needs.

Objectives & Impact Summaries

B1. SUPPORT PEOPLE IN TREATMENT AND RECOVERY. **Objective 1:** Through its enhanced network of care, NCHA's ART will engage a minimum of 300 unique, newly engaged persons with OUD/SUD in Larimer County in 2026 to improve access to MAT, Peer Recovery Support, Individual and Group Support, treatment, and connection to social needs.

Interim Report Results: NCHA has met and exceeded this objective.

Impact Summary - Participant Demographics, Geographic Distribution, and Community Context

From April through September 2026, North Colorado Health Alliance's (NCHA) Addiction Response Team (ART) engaged **562 unique individuals** in Larimer County through **1,880 documented contacts and outreach activities**, including 1,658 successful contacts and 222 outreach attempts. These efforts reflect ART's continued role in providing accessible, individualized care coordination, peer recovery support, treatment navigation, and connections to community-based resources for individuals experiencing substance use-related challenges.

Participant Demographics and Community Context

Participant demographics reflect both the diversity of individuals accessing ART services and the significant complexity of their treatment, recovery, and social support needs. Among participants with matched demographic records, 239 (43.8%) identified as not Hispanic or Latino, while 106 (19.4%) identified as Hispanic or Latino. Ethnicity information was missing, not asked, or declined for the remaining participants.

For comparison, approximately 13.9% of Larimer County's overall population identifies as Hispanic or Latino, according to U.S. Census Bureau estimates. Among ART participants with a documented ethnicity response, approximately 30.7% identified as Hispanic or Latino. Although incomplete demographic reporting limits direct comparisons, these findings suggest ART is engaging a proportionally larger Hispanic or Latino population than is represented countywide.

Housing and criminal legal system involvement further illustrate the complex needs of the population served. Among matched participants, 193 (35.3%) were recorded as living in an institution, 133 (24.4%) were housed, and 61 (11.2%) were unhoused. Additionally, 315 participants (57.7%) were documented as currently involved with the criminal legal system or incarcerated.

These findings are particularly meaningful within the broader context of housing instability in Larimer County. The county's Regional Homelessness Strategy estimated that 6,816 individuals experienced homelessness in 2024, including those temporarily staying with friends or family. While these data represent different populations and reporting periods, they provide important context for the housing-related barriers experienced by ART participants.

Geographic Distribution and Cross-County Service Utilization

ART participants were represented across 49 ZIP codes, demonstrating the program's geographic reach throughout Larimer County and surrounding communities. The highest concentrations were in Fort Collins ZIP codes 80525 (35.8%), 80524 (13.9%), 80526 (5.5%), and 80521 (4.1%), followed by Loveland ZIP codes 80537 (11.4%) and 80538 (6.0%). Additional Larimer County representation included Wellington, Berthoud, Windsor (Larimer County), Estes Park, and

Johnstown (Larimer County), collectively accounting for approximately 7% of participants based on the geographic distribution summary.

Participants also accessed ART services from outside Larimer County, including Greeley in Weld County, with ZIP code 80631 representing 5.5% of participants. Additional representation from other ZIP codes outside Larimer County further demonstrates the cross-county nature of service utilization. Approximately 1.4% of participants had missing or invalid ZIP code information. While the available data demonstrate a concentration of participants within Larimer County, they also highlight the regional reach of ART's services and the movement of individuals between communities to access treatment and recovery support.

A comparison with geographic data reported to the Weld Regional Opioid Abatement Council reflects similar patterns of cross-county service utilization. Within the Weld reporting sample, approximately 9% of participants had ZIP codes associated with Larimer County, while an additional 8% had ZIP codes associated with Denver and surrounding communities. These findings highlight the interconnected nature of substance use treatment and recovery services across Northern Colorado, where individuals frequently cross county boundaries to access treatment, recovery housing, and other supportive resources.
It is important to recognize that participant ZIP codes reflect residential information available at the time of documentation and are updated as individuals disclose changes in residence. ART provides extensive care coordination to help individuals identify and transition to treatment providers, recovery residences, and supportive communities aligned with their individual needs and recovery goals. These transitions frequently involve relocation across communities or county boundaries, particularly for individuals navigating reentry, housing instability, or changes in treatment and recovery settings.

As a result, documented ZIP codes may not always reflect an individual's current residence or the community where services were ultimately accessed. Some participants may relocate without immediately disclosing an updated address, while others may have their ZIP code updated following a transition to a new treatment setting, recovery residence, or community. Geographic data should therefore be understood as an indicator of the communities represented among participants rather than a definitive measure of where services were delivered or where individuals ultimately established connections to care.

Overall Impact and Implications
Collectively, these demographic and geographic findings underscore the importance of a flexible, regionally coordinated approach to substance use treatment and recovery support. ART serves individuals experiencing overlapping barriers related to housing instability, criminal legal system involvement, treatment access, and transitions between care settings. The team's work extends beyond connecting individuals to immediate services. Through individualized care coordination, peer recovery support, and collaboration with community partners, ART helps participants navigate complex systems, maintain continuity of care during critical transitions, and establish sustainable connections to treatment, housing, recovery supports, and community.

The geographic mobility and complexity of the population served reinforces the importance of continued collaboration across county boundaries, recognizing that recovery pathways do not necessarily follow jurisdictional lines. ART's ability to support individuals across these transitions remains essential to reducing gaps in care, strengthening community connections, and supporting long-term recovery.

Impacting Access to Care & Support
ART's person-centered approach focuses on building meaningful relationships, maintaining consistent engagement, and providing individualized recovery support that reflects each participant's needs, strengths, and personal goals.

During the reporting period, 278 participants (49.5%) had two or more documented contacts. Of these, 157 participants had two to four contacts, 78 had five to nine contacts, and 43 had ten or more contacts. These continued interactions

demonstrate ART's commitment to maintaining connections with participants, addressing emerging needs, and providing ongoing support throughout their recovery journeys.

ART incorporates a Recovery Domain assessment to better understand the different areas of a participant's life that may influence their recovery and overall well-being. Through collaborative conversations, staff and participants identify strengths, challenges, and priorities across areas such as substance use recovery, transportation, housing, mental and physical wellness, employment, relationships, financial stability, legal needs, and healthcare access.

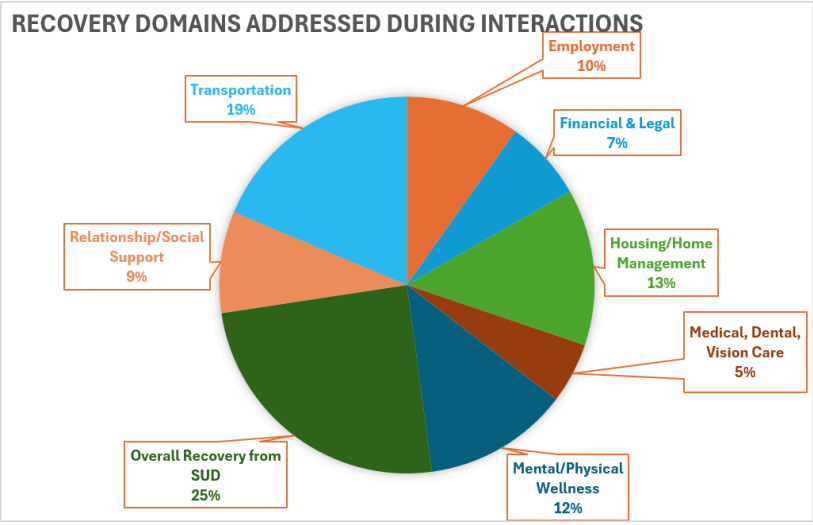
The assessment helps guide the development of individualized SMART goals, allowing participants to establish meaningful, achievable steps toward greater stability and recovery. Staff then provide ongoing peer recovery support, care coordination, and connections to community resources to help participants work toward these goals.

To further capture the scope of services provided, ART staff can identify and document the specific Recovery Domains addressed during each participant interaction**.** This allows ART to track not only the needs identified during assessments but also the areas in which participants receive ongoing support. As participants' needs and priorities evolve, staff can document how their engagements address different aspects of recovery, providing a more complete picture of the individualized services delivered over time.
Tracking Recovery Domains throughout participant interactions also helps ART recognize common barriers to recovery, identify emerging service needs, and demonstrate how peer recovery support and care coordination address the broader factors that contribute to long-term recovery and stability.

The most frequently documented Recovery Domains during the reporting period included:

- **Overall recovery from substance use:** 204 selections
- **Transportation:** 154 selections
- **Housing and home management:** 111 selections
- **Mental and physical wellness:** 103 selections
- **Employment:** 81 selections

These figures reflect documented Recovery Domain selections rather than unduplicated participants, as more than one domain may be identified or addressed throughout a participant's engagement. Together, these data highlight the diverse needs of individuals served and the importance of providing comprehensive, individualized recovery support that extends beyond substance use treatment alone. While domain selections do not directly measure the resolution of identified needs, they provide valuable insight into the areas of recovery ART is addressing and help inform ongoing service delivery and program improvement.



B1. SUPPORT PEOPLE IN TREATMENT AND RECOVERY. **Objective 2:** Increase awareness of available support and treatment options in Larimer County to a minimum of 300 unique individuals in 2026.
***Interim Report Results:* NCHA is on track for completing this objective.**

Impact Summary: NCHA offers many spaces to engage this objective area including SAFEHR, CRAFT, community engagement and education strategies and one on one discussions with community members and organizational partners.

From April 1 through September 30, 2026, North Colorado Health Alliance's (NCHA) Addiction Response Team (ART) continued expanding awareness of available substance use treatment, recovery support, harm reduction services, and community resources throughout Larimer County. Through community-based education, peer recovery support groups, overdose prevention training, and collaborative outreach, ART engaged with 191 unique individuals, demonstrating continued progress toward reaching 300 unique individuals in 2026. These entries include individuals recorded as new to activities and may contain duplication across programs.

ART's community-based approach focuses on reducing barriers to accessing services, strengthening connections to recovery support, and ensuring individuals and families have information about available treatment and recovery resources.

Community Mutual Aid and Peer Recovery Support Spaces:
During the reporting period, ART documented 68 recovery group sessions, with 508 total participant attendances. These attendances represent session visits, so individuals who attended more than one session are counted each time. Across all sessions, 92 unique individuals participated. Groups averaged approximately 7 participants per session.

These groups provide welcoming, supportive environments where individuals and families can connect with peers, strengthen recovery skills, learn about available treatment and recovery resources, and build supportive relationships. Programming includes peer recovery support, family education, and specialized groups serving individuals involved in the justice system.

Community Recovery and Peer Support Groups:

- Family Treatment Court - After Group (Fort Collins Courthouse) – Average of 16 people
- Family Treatment Court - Before Group(Fort Collins Courthouse) – Average of 16 people
- CRAFT (Family Training) – Average of 2 people
- DUI After Group (Fort Collins Courthouse) – Average of 8 people
- Drug Court After Group (Fort Collins Courthouse) – Average of 18 people
- Live Out Loud (LOL) Group (St. Valentines PSH)– Average of 5 people
- SEED Group (Larimer County Jail) – Average of 6 people
- Seeking Safety SHP Group (Larimer County Jail) – Average of 5 people
- TEA Group – Average of 1 person

These group-based activities provide ongoing opportunities for individuals to connect with recovery support, gain information about available services, reduce isolation, and strengthen their recovery networks. By offering support in accessible community and justice-system settings, ART continues to expand awareness of treatment and recovery resources throughout Larimer County.

Community Substance Use and Overdose Prevention Education Training:
From April through September 2026, NCHA continued increasing awareness of substance use treatment, harm reduction, and overdose prevention through community education and collaborative outreach.

During the reporting period, staff documented 10 naloxone and overdose prevention training sessions reaching 79 attendees. These activities included trainings conducted in partnership with community organizations such as Front Range Community College, Turning Point, Dignity Memorial, Fort Collins Parking Services, Old Town Library, and Disabled Resource Services. These educational opportunities equip community members and organizational partners with information about recognizing and responding to overdoses, accessing and administering naloxone, understanding harm reduction practices, and connecting individuals with available treatment and recovery resources. By increasing community

knowledge and preparedness, these efforts help strengthen overdose prevention responses and promote awareness of available services for individuals impacted by substance use.

Community Engagement and Outreach Activities:
In addition to formal training opportunities, ART participated in community outreach and awareness activities throughout Larimer County, including Overdose Awareness Day events in Fort Collins, Loveland, and Estes Park. During the reporting period, ART also participated in a Community Health Fair in Loveland reaching 36 attendees, including 35 recorded as new attendees, and the Warrant Clearance Event reaching 38 individuals.

These activities provide opportunities to engage community members, share information about substance use treatment and recovery services, distribute educational resources, and increase awareness of available harm reduction and overdose prevention supports.

Participant Impact Stories:
The **SEED (Support, Empower, Encourage, and Develop) Women's Group** at Larimer County Jail reaches new women each week, providing a safe space to explore healthy boundaries, build self-worth, develop positive coping skills, and strengthen relationships. Through group discussions and peer support, participants gain practical tools to navigate challenges during incarceration and prepare for a successful transition back into the community.
The following statements were shared directly by participants at Larimer County Jail Groups:

"I know I need to set boundaries.. with family and people I'm with… thanks for this group."
"Thank you for wanting to be here… I am learning to care for myself."
"Group was awesome, I learned a lot, I'm still learning about myself."

These reflections highlight the meaningful connections and personal growth taking place through SEED.

From NCHA Larimer County Care Coordinator: *Throughout the past year, participants involved in Community Reinforcement and Family Training (CRAFT) have shared how learning to establish and maintain healthy boundaries has positively impacted their relationships with loved ones experiencing substance use challenges. Participants have reported feeling less overwhelmed, more confident in their decisions, and better equipped to offer support without enabling harmful behaviors. By maintaining meaningful connections while establishing clear limits, families are creating opportunities for more productive conversations about treatment, recovery, and harm reduction. These experiences highlight how strengthening relationships and providing support beyond the individual can contribute to a more supportive environment for recovery and long-term stability.*

C10. CONNECTIONS TO CARE. *Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.*	
Goal	Improve recovery initiation and continuity of care for individuals with OUD and co-occurring SUD/MH conditions through lived-experience peer support, motivational engagement, and warm handoffs to treatment and community-based recovery services
Objectives & Impact Summaries	
C10. CONNECTIONS TO CARE. Objective 3: *By February 28, 2026, Peer Recovery Specialists will provide recovery support services to at least 250 individuals in Larimer County.* ***Interim Report Results:*** ***NCHA is on track for completing this objective.*** **Impact Summary:** From April 1 through September 30, 2026, NCHA documented peer recovery support engagement with 205 unduplicated individuals participating in the ROAC program, representing 82% of the goal of serving at least 250 individuals. Staff provided or coordinated recovery support through direct peer engagement, referrals to peer support,	

and follow-up documented by Peer Recovery Specialists. In total, these efforts included 528 recorded engagements, reflecting continued connection and support for participants working toward their recovery goals. Among the 205 unique participants engaged by Peer Recovery Specialists from April–September 2026, the profile was:

- **Age:** 35–44 (31.9%); 45–54 (22.5%); 25–34 (21.5%); other ages or not recorded (24.1%).
- **Gender:** Male (51.3%); female (41.4%); other, combined, refused, or not recorded (7.3%).
- **Race:** White (77.5%); multiple races selected (5.2%); other (4.2%); other race responses, refused, or not recorded (13.1%).
- **Ethnicity:** Not Hispanic or Latino (44.5%); Hispanic or Latino (19.4%); refused, not asked, or not recorded (36.1%).
- **Housing:** Housed (28.3%); unhoused (9.9%); institutional, other, or temporary settings, or refused (30.9%); not recorded (30.9%).
- **Criminal-legal involvement:** Current (38.7%); previous (5.8%); never (2.1%); unknown or not recorded (53.4%).
- **ZIP code:** 80525 (19.4%); 80537 (16.8%); 80631 (12.0%); 80524 (11.5%); 80538 (6.8%); 80526 (6.3%); 80521 (5.2%); other valid ZIP codes (19.4%); unknown or invalid (2.6%).

Participant Impact Summary: Through NCHA's embedded peer recovery support services within Family Treatment Court, a doula-trained Peer Recovery Specialist supported a mother navigating substance use recovery, parenting responsibilities, and involvement with the court system.

During a court hearing, the Peer Recovery Specialist shared her own lived experience and encouraged the mother to recognize that it was not too late to engage with the court and work toward reunification with her children.

Beyond the courtroom, the Peer Recovery Specialist provided individualized, hands-on support to help the mother navigate the demands of recovery and everyday life. This included regular recovery coaching, coordination with her case manager to support communication and accountability, reminders for required drug screenings and treatment groups, and ongoing encouragement to remain engaged with Family Treatment Court expectations.

The specialist also provided emotional support while the mother balanced pregnancy-related needs, employment, parenting, and recovery responsibilities. Recognizing that stability involves more than treatment participation, the specialist offered practical assistance following a move into a new home, maintained contact after court appearances, and remained available to help connect the mother with additional resources.

With continued peer support and participation in Family Treatment Court services, the mother achieved sobriety, maintained consistent engagement in individual and group counseling, and progressed through the court's phase system. She also continued working toward greater stability while balancing her recovery, employment, and parenting responsibilities. One of the most significant outcomes was the successful reunification of the mother with her children, who have now returned to her full-time care.

C10. CONNECTIONS TO CARE. Objective 4: *By February 28, 2026, 70% of individuals engaged by Peer Recovery Specialists will receive at least one referral to ongoing treatment or recovery services, as documented in service records.* ***Interim Report Results:*** ***NCHA is on track for completing this objective.***

Impact Summary: During April–September 2026, Peer Recovery Specialists engaged 205 unique individuals and documented 528 peer support engagements, including direct support, referral coordination, and follow-up. Of the 205 individuals, 143 unique participants received at least one referral to ongoing treatment or recovery services (69.8%), just below the 70% objective target. Peer staff recorded 290 referral entries, as individuals could receive more than one referral. Through ongoing, individualized support, peers helped participants identify recovery goals, explore service options, address barriers, and follow through on connections to care.

Peer Recovery Specialists provide ongoing, individualized support to help participants identify recovery goals, explore treatment options, address barriers, and connect with services. Rather than stopping at a referral, peers help participants

schedule appointments, coordinate with providers, access transportation, navigate challenges, and stay engaged in care. They also support needs related to housing, employment, family relationships, and community stability that can affect long-term recovery.

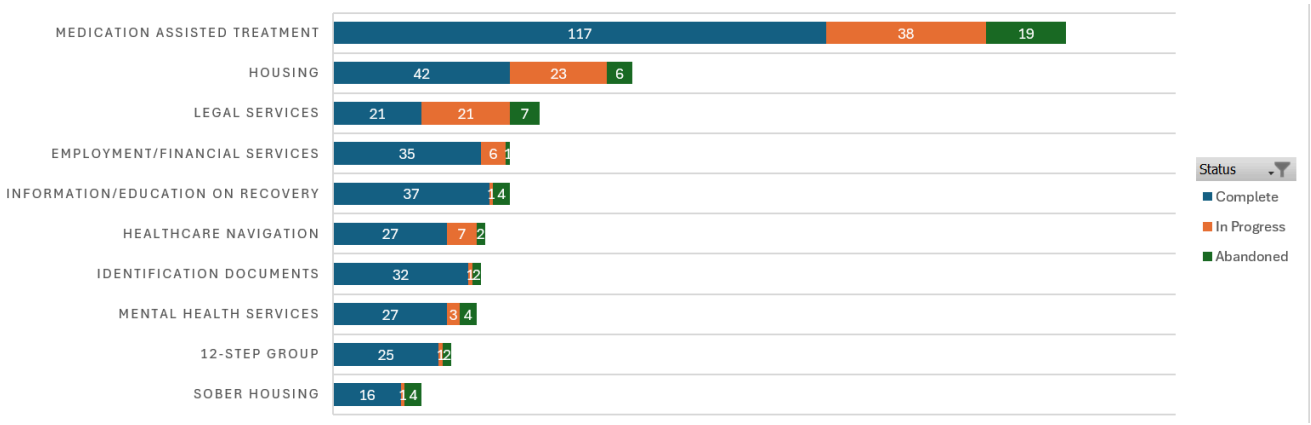
Across Larimer County, peers are embedded in hospital emergency departments, MAT clinics, harm reduction centers, problem-solving courts, and public supportive housing. They also collaborate with jail teams and community corrections to reach individuals across systems and at different stages of recovery. Using their lived experience, peers build trust, reduce stigma, advocate for individual needs, and connect participants to treatment, MAT, residential and outpatient services, behavioral health care, sober living, and community recovery resources. When individuals are not ready for treatment, peers provide harm reduction education and Naloxone to promote safety.

Within Family Treatment Court, peers help parents whose children have been removed from the home establish goals, address barriers, and access treatment, housing, benefits, and recovery resources. This support has contributed to successful family reunification. In DUI and Adult Treatment Courts, peers assist justice-involved individuals with treatment connections, reentry, and building recovery capital. They also facilitate life skills and prosocial groups, provide transportation to services, and accompany participants to appointments and recovery meetings to strengthen community connections.

Continued engagement is central to this work. Peers maintain contact, monitor progress, help participants navigate setbacks, and support re-engagement when barriers arise. This consistent support is especially valuable for individuals transitioning from incarceration, experiencing housing instability, or managing multiple treatment and recovery needs. By bridging gaps between healthcare, the justice system, treatment providers, and community resources, peers help individuals build stability, strengthen families, reduce harm, and pursue lasting recovery.

Referral Outcomes
Across the Addiction Response Team (ART), 654 referral records were tracked from April through September 2026. Of these, 447 (68%) were completed, 138 (21%) remained in progress, 66 (10%) were discontinued, 2 were on hold, and 1 had an unknown status.

These figures represent referral-record outcomes and may include multiple referrals for the same participant. Together, they demonstrate how peer recovery support combines individualized guidance, continued engagement, and practical assistance to help participants access care, overcome barriers, and build a foundation for recovery and long-term stability.



Participant Impact Story: After struggling with substance use, experiencing homelessness, and losing custody of her children, one member began working with a peer who helped her take steps toward rebuilding her life. Over the course of this year our peer supported her in navigating the process of getting into a domestic violence shelter and connected her with Project Self-Sufficiency through a referral. She successfully completed the program, regained custody of her

children, as well as earning her bookkeeping certificate, and finally gaining housing for her and her children. She was making real progress toward stability and independence.

A few months later, a new peer reached out to check in and learned that the member was facing another difficult situation. Her daughter had been sexually assaulted, and she didn't know where to turn for help. The peer connected her with SAVA for support and advocacy. While trying to navigate this situation, the member briefly returned to substance use. Rather than stepping away, her peer continued to show up for her, offering support and helping her work through everything she was facing.

With that continued support, the member was able to get her daughter connected to the help she needed, return to work, and get back on track with her recovery. She attributed her success to the support she received from her peer and shared that the support she received made a huge difference during one of the hardest times in her life.

Collective Addiction Response Team Impact: Connecting Interim Achievements to Long-Term Recovery Outcomes

The six-month achievements reported under B2 and C10 demonstrate the complementary roles of Care Coordination and Peer Recovery Services in advancing North Colorado Health Alliance's (NCHA) Addiction Response Team's (ART) broader goals of improving treatment engagement, strengthening continuity of care, and supporting long-term recovery for individuals with opioid use disorder (OUD), co-occurring substance use disorders (SUD), and mental health conditions.

While each funding area maintains distinct objectives and performance measures, both contribute to ART's integrated, person-centered approach to recovery support. Care Coordination helps individuals navigate treatment systems, access medication-assisted treatment (MAT), address barriers to care, and connect with resources that support health and social stabilization. Peer Recovery Services strengthen these efforts through lived-experience support, motivational engagement, recovery coaching, warm handoffs, and ongoing relationships that help individuals initiate and remain connected to treatment and community-based recovery supports.

Together, these services recognize that recovery extends beyond treatment access alone. Individuals often face overlapping challenges involving housing, transportation, employment, mental and physical wellness, criminal legal system involvement, and transitions between care settings. By addressing these needs through individualized recovery planning, continued engagement, and coordinated community partnerships, ART helps create the conditions that support sustained recovery and improved quality of life.

Connecting Six-Month Achievements to Longer-Term Program Outcomes

The interim B2 and C10 findings demonstrate how ART's integrated services support the broader continuum of recovery. Care Coordination emphasizes individualized assessment, recovery planning, treatment navigation, and assistance with social stabilization needs, while Peer Recovery Services provide ongoing encouragement, practical support, and connections to treatment and recovery resources.

These activities align with the areas of improved outcomes identified through ART's historical annual program evaluations.

An annual evaluation conducted by the Butler Institute for Families at the University of Denver examined a sample of **individuals served by ART between in 2025**, comparing participant-reported outcomes at intake and six months later. The findings provide a historical program impact snapshot and demonstrate encouraging improvements across multiple dimensions of recovery and well-being.

Housing Stability, Employment, and Quality of Life

- Participants reporting being housed increased from **61% to 81%**, a 20-percentage-point improvement.
- Participants reporting part-time or full-time employment increased from **25% to 41%**, a 16-percentage-point improvement.
- Participants reporting a good quality of life increased from **50% to 70%**, a 20-percentage-point improvement.

Substance Use and Recovery Engagement

- Participants reporting methamphetamine use decreased from **31% to 19%**, a 12-percentage-point reduction.
- Participants reporting fentanyl use decreased from **16% to 9%**, a 7-percentage-point reduction.

Mental Health and Overall Well-Being

- Participants reporting serious depression decreased from **77% to 62%**, a 15-percentage-point reduction.
- Participants reporting difficulty understanding, remembering, or concentrating decreased from **50% to 36%**, a 14-percentage-point reduction.

The Importance of Relationship-Centered Support

Beyond measurable changes in participant outcomes, the evaluation also highlighted the value of consistent, individualized relationships. Ninety-three percent of surveyed individuals strongly agreed that their NCHA care coordinator had a positive impact on their treatment and recovery.

This finding is particularly meaningful when considered alongside the continued engagement, individualized recovery planning, and referral follow-through demonstrated during the current reporting period. It reinforces the importance of building trust, maintaining connections, and supporting individuals through challenges and transitions rather than limiting services to a single interaction or referral.

Looking Ahead: 2026 Annual Programmatic Outcomes

NCHA continues to collect and evaluate programmatic outcomes across ART's Care Coordination and Peer Recovery Services throughout 2026. **Annual programmatic outcomes for calendar year 2026 will be finalized by the close of the year**, providing an updated assessment of participant progress and changes in recovery-related indicators. These findings will build upon the current six-month service engagement and recovery support data, allowing NCHA to further examine how participants experience changes in housing stability, employment, substance use, mental health, quality of life, and other recovery-related domains over time. The completed 2026 outcomes will provide additional insight into ART's collective program impact and help inform ongoing quality improvement, service delivery, and regional coordination efforts.

Collective Impact and Implications for B2 and C10

The interim achievements under B2 and C10, together with ART's historical evaluation findings, provide a broader picture of how coordinated Care Coordination and Peer Recovery Services contribute to positive change across multiple dimensions of an individual's life.

The six-month results demonstrate the reach, intensity, and individualized nature of services being delivered, while the historical evaluation provides evidence of positive changes observed among ART participants in housing stability, employment, quality of life, substance use, and mental health.

Although these findings reflect different reporting periods, they align with the intended outcomes of both funding areas. B2's emphasis on treatment engagement and wrap-around stabilization services and C10's emphasis on peer support, recovery initiation, and continuity of care contribute to a shared approach that recognizes recovery as an ongoing process requiring sustained relationships, responsive services, and coordinated community support.

Through the complementary work across B2 and C10, NCHA continues to strengthen the regional continuum of care, supporting individuals across systems, reducing barriers to treatment and recovery, and helping create pathways toward sustained recovery and long-term well-being.

Evaluation note: Historical program outcomes reflect a sample of ART participants served, with participant-reported measures compared at intake and six months later. These findings are distinct from the April–September 2026 B2 and C10 interim reporting populations. Calendar-year 2026 programmatic outcomes are pending finalization at year-end.

G2. PREVENT MISUSE OF OPIOIDS. *Corrective advertising or affirmative public education campaigns based on evidence.*

Goal	Increase community wide stigma reduction regarding effective treatment and support through community education, learning sessions and social media campaigns.

Objectives & Impact Summaries

G2. PREVENT MISUSE OF OPIOIDS. Objective 5: Reach a minimum of 2,000 individuals through the Changing Minds public education campaign in 2026.

Interim Report Results: NCHA is requesting support with this objective.

Impact Summary: NCHA is unable to pursue Objective 5 as originally written. The Health District of Northern Larimer County has paused its Changing Minds campaign as part of a broader shift in community partnership investments and will not pursue the anticipated subaward for this funding cycle.

While the original campaign will not move forward, NCHA remains committed to the objective of reducing stigma and increasing community awareness of substance use, treatment, and recovery. NCHA is requesting Council approval to redirect the existing $10,000 allocation toward a locally developed, community-centered storytelling and public education initiative. The proposed revision would preserve the original funding purpose while creating opportunities to collaborate with fellow grantees, community partners, and individuals with lived and living experience. No outcomes have been achieved under this objective during the interim reporting period. Implementation of the revised approach is contingent upon Council approval.

K1. TRAINING. *Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.*

Goal	Increase knowledge and awareness of best practices for providers at the intersection of behavioral health (mental health and substance use providers, educators, human services providers, criminal justice partners, community based organizations) to bolster the existing workforce and build the future workforce for substance use serving organizations in the region.

Objectives & Impact Summaries

K1. TRAINING. Objective 6: Plan and implement the 2026 Rethinking Addiction & Recovery Conference for 400+ attendees. After the conference, participants will demonstrate a minimum 25% increase in knowledge and at least 60% will report intent to implement one new practice change within their organization or region.

Interim Report Results: NCHA is on track for completing this objective.

Impact Summary: NCHA is on track to successfully achieve this objective, with the 2026 Rethinking Addiction & Recovery (RARE) Conference scheduled for October 30, 2026. As of this reporting period, more than 600 individuals have registered for the 2026 Rethinking Addiction & Recovery (RARE) Conference, representing registration exceeding the original goal of 400 attendees by more than 50%. Actual attendance and participant learning outcomes will be assessed following the October 30 event. However, this strong registration reflects the continued demand for opportunities to connect, learn, and collaborate around substance use, recovery, and behavioral health across our region.

The 2026 RARE Conference will feature a robust agenda of educational sessions, keynote presentations, and collaborative learning opportunities led by speakers representing local, state, and national expertise and best practices. Conference topics will address emerging trends, innovative approaches, evidence-informed practices, and evolving challenges across the substance use and recovery continuum. The event is designed to bring together professionals, individuals with lived and living experience, community organizations, healthcare providers, policymakers, and cross-sector partners to strengthen shared understanding and advance coordinated approaches to addressing substance use and supporting recovery.

Beyond knowledge sharing, the conference emphasizes translating learning into meaningful action. Through exposure to diverse perspectives, promising practices, and opportunities for cross-sector collaboration, participants will be encouraged to identify strategies they can apply within their organizations and communities. This focus directly supports the objective of increasing participant knowledge by at least 25% and ensuring that at least 60% of attendees report an intention to implement one new practice change within their organization or region.

Because the conference has not yet occurred, outcomes related to knowledge gains and intended practice changes are not yet available. NCHA will assess these measures through participant evaluation activities following the event to determine progress toward the established learning and implementation targets.

The continued growth of the RARE Conference demonstrates the importance of creating accessible, collaborative spaces that connect regional efforts with broader state and national innovations. Through this investment, NCHA is strengthening opportunities for professional development, elevating lived experience, fostering partnerships, and supporting the translation of emerging knowledge into practices that can improve substance use prevention, treatment, harm reduction, and recovery outcomes throughout our communities.

K1. TRAINING. Objective 7: Conduct two peer workforce training cohorts for 20 individuals with lived experience.
***Interim Report Results:* NCHA is on track for completing this objective.**
Impact Summary: NCHA continues to make progress toward achieving this objective through the delivery of peer workforce training opportunities designed to strengthen the skills, knowledge, and professional development of individuals with lived experience.

In August 2026, NCHA conducted a virtual peer workforce training cohort with 25 individuals registered and 14 participants attending. An additional two individuals participated in ethics training, further expanding access to professional development opportunities for the peer workforce.

These training opportunities are particularly important in supporting individuals pursuing the Certified Peer and Family Specialist (CPFS) credential. Achieving this credential requires completion of **60 hours of qualifying education and training, in addition to required supervision and work experience hours**. The educational component is a critical requirement for credential attainment and can present a significant financial barrier for individuals seeking to enter or advance within the peer workforce. The costs associated with accessing qualifying training, combined with the time commitment required to complete these hours, can limit opportunities for individuals with lived experience to pursue professional credentialing.

By expanding access to peer workforce education and training, NCHA is helping reduce these barriers and creating more equitable pathways to credential attainment. These opportunities support participants in completing required educational hours while developing the foundational knowledge, practical skills, and professional competencies necessary to provide effective, recovery-oriented peer support services.

To build on this progress, additional training cohorts are scheduled for November 2026 and January 2027. These upcoming opportunities will support continued progress toward the objective of conducting two training cohorts and reaching at least 20 individuals with lived experience. Offering training across multiple dates also increases accessibility for participants balancing employment, personal responsibilities, and other commitments.

These efforts reflect NCHA's ongoing commitment to strengthening the regional peer workforce by expanding access to credentialing pathways, reducing financial barriers to professional development, and building capacity for individuals with lived experience to provide effective, recovery-oriented services throughout the community. **Accessible peer workforce education is essential not only to increasing the number of credentialed peer professionals, but also to ensuring that lived experience remains a valued and integral component of the behavioral health system.**

K1. TRAINING. Objective 8: Provide community substance use support education and awareness, and overdose prevention tools including overdose prevention education training, overdose awareness and recovery events and Naloxone opioid antagonists to a minimum of 4000 unique individuals in 2026.

***Interim Report Results:* NCHA is on track for completing this objective.**

Impact Summary: NCHA continues to make progress toward this objective through a comprehensive approach to community substance use education, overdose prevention training, harm reduction outreach, and distribution of life-saving overdose reversal medications. These efforts emphasize reducing barriers to accessing overdose prevention tools, increasing community knowledge and preparedness, and strengthening connections to substance use treatment and recovery support services.

NCHA's approach recognizes that effective overdose prevention requires multiple strategies, including direct engagement with individuals at risk, education for community members and organizations, and accessible distribution methods that allow individuals to obtain life-saving resources when and where they need them.

1. Community Awareness and Overdose Prevention Events

A significant accomplishment during this reporting period was the successful implementation of regional Overdose Awareness Day (OAD) events, held between August 15 and September 2, 2026, in Loveland, Fort Collins, and Estes Park.

Collectively, these events engaged **more than 500 community members** and brought together 25 community partners providing resources, education, and connections to behavioral health, substance use treatment, harm reduction, and recovery support services. Events included overdose prevention education, naloxone administration demonstrations, remembrance activities, and opportunities for community connection and healing.

Evaluation results from participants demonstrated strong community engagement and overdose prevention knowledge:

- **89%** reported familiarity with Narcan/naloxone.
- **79%** reported knowing how to administer naloxone.
- **83%** believed they could identify the signs of an overdose.
- **86%** reported feeling comfortable calling 911 during a suspected overdose.
- **100%** indicated they would recommend the events to others, attend future events, and found the community resources helpful.

The evaluation also identified opportunities for continued education, particularly regarding naloxone safety, over-the-counter availability, and administration. These findings will inform future community education and outreach efforts.

Importantly, these events extended beyond traditional public health education by creating compassionate, trauma-informed spaces for individuals and families impacted by substance use and overdose. Through remembrance ceremonies, recovery celebrations, community resources, and wellness activities, NCHA and its partners worked to reduce stigma, strengthen community connections, and reinforce that recovery and support are available.

An additional outcome was the development of a comprehensive regional Overdose Awareness Day planning toolkit, capturing event logistics, communications, evaluation tools, and partnership resources to support future implementation and sustainability.

2. Overdose Prevention Education and Training

NCHA continues to provide community-based opioid overdose prevention education and response training to increase knowledge, preparedness, and confidence in recognizing and responding to an overdose. Training content emphasizes

overdose risk factors, recognition of overdose symptoms, naloxone safety and administration, and appropriate emergency response.

An analysis of 2026 pre- and post-training assessments included 141 pre-training responses and 116 post-training responses. Results demonstrated meaningful improvements in overdose prevention knowledge across all five evaluated knowledge indicators.

The most significant improvement was in understanding the safety of administering naloxone when an individual is not experiencing an opioid overdose, with correct responses increasing from 61.4% before training to 97.4% following training, a 36-percentage-point increase. Knowledge that active breathing is not required for nasal naloxone administration increased from 76.4% to 99.1%, while correct identification of all listed overdose risk factors increased from 64.0% to 85.3%. Additional improvements were observed in knowledge of naloxone accessibility and the timing of additional naloxone administration, with post-training correct response rates of 97.4% and 100%, respectively.

These findings demonstrate the value of accessible, community-based overdose prevention education in addressing knowledge gaps and strengthening preparedness to respond to overdose emergencies. The improvements are particularly meaningful in areas related to naloxone safety and administration, where misconceptions may create hesitation or delays during an overdose response.

Knowledge outcomes

Knowledge indicator	Pre-training	Post-training	Change
Naloxone safety when an overdose is not opioid-related	61.4%	97.4%	+36.0 pp
Naloxone available without a prescription	91.4%	97.4%	+6.0 pp
Active breathing not required for nasal naloxone	76.4%	99.1%	+22.7 pp
Timing of a second naloxone dose, per assessment	83.6%	100%	+16.4 pp
Identifying all listed overdose risk factors	64.0%	85.3%	+21.2 pp

pp = percentage points.

By expanding access to practical, evidence-informed education, NCHA is helping equip community members with the knowledge and skills necessary to recognize overdose risks, respond appropriately, and support life-saving interventions. These training efforts are an important component of NCHA's broader harm reduction strategy and contribute to strengthening community capacity to prevent overdose deaths across Northern Colorado.



3. Naloxone Distribution and Access

Expanding access to naloxone remains a central component of NCHA's overdose prevention and harm reduction efforts. NCHA's distribution approach incorporates multiple pathways to reach individuals at risk of overdose, their families and support networks, and community members who may be positioned to respond during an overdose emergency.

These distribution strategies are particularly important because barriers related to transportation, cost, stigma, and limited access to traditional healthcare settings can prevent individuals from obtaining life-saving overdose reversal medication.

Staff-to-Member Distribution
Direct distribution through NCHA staff provides an opportunity to connect individuals receiving services with naloxone and overdose prevention resources. Integrating distribution into existing care coordination, peer support, and community-based engagement creates opportunities to address overdose risk while strengthening connections to additional services and supports.

This approach is particularly valuable for individuals navigating substance use challenges, recovery, and transitions between systems of care, including individuals returning to the community following incarceration.

Naloxone Kiosk and Vending Distribution
NCHA continues to expand anonymous, low-barrier access to naloxone and drug testing supplies through an extensive regional network of **45 operational distribution points, including 43 naloxone kiosks and two harm reduction vending machines**, across Larimer County. These access points span seven municipalities and communities, with the largest concentrations in Fort Collins (22), Loveland (13), and Windsor (4), alongside locations serving Estes Park (3), Wellington (1), Red Feather Lakes (1), and the Bellvue/Poudre Canyon area (1).

This geographically distributed network reflects NCHA's commitment to ensuring life-saving overdose prevention tools are accessible in both urban and rural communities. Access points are located in diverse community settings, including healthcare and behavioral health facilities, educational institutions, housing communities, local businesses, community resource centers, and other public-facing locations. This approach helps reduce barriers associated with stigma, transportation, cost, and access to traditional healthcare services.

Naloxone & Fentanyl Test Strip Distribution
During the reporting period, NCHA documented **2,847 naloxone kits, representing 5,694 individual doses, made available through community-based kiosks in Larimer County**. These figures demonstrate the substantial volume of life-saving medication supplied through the network and the ongoing operational investment required to maintain accessible overdose prevention resources.

Separately, distribution records documented 125 naloxone kits, representing 250 individual doses, distributed through vending machines in Fort Collins and Loveland.

Combined, these two distinct distribution channels account for 2,736 naloxone kits, representing 5,472 individual doses, stocked or distributed during the documented reporting periods, without duplication between kiosk and vending machine distribution.

These resources complement NCHA's direct distribution activities, including 108 naloxone kits distributed through community trainings, 56 kits through the Loveland Health Fair and Warrant Clearance Event, and kits through regional Overdose Awareness Day events.

NCHA also distributed **7,059 fentanyl testing strips through community-based kiosks in Larimer County during the reporting period**.

Fentanyl testing strips provide individuals with an opportunity to identify the potential presence of fentanyl in substances, supporting informed decision-making and reducing risks associated with an increasingly unpredictable drug supply. These tools are particularly important given the prevalence of fentanyl contamination and the risks associated with unintentional opioid exposure.

The distribution of fentanyl testing strips complements naloxone availability by supporting prevention efforts before an overdose occurs, while naloxone provides a life-saving intervention when an opioid overdose is suspected. Together, these

strategies represent a comprehensive harm reduction approach that meets individuals where they are and provides practical, accessible resources without judgment or requiring engagement in formal treatment services.

Impact of Anonymous, Low-Barrier Distribution
The anonymous nature of kiosk and vending distribution is particularly important for reaching individuals who may not be connected to formal healthcare or behavioral health services, as well as those who may be hesitant to request overdose prevention supplies directly. By allowing individuals to access resources privately and without requiring direct engagement with a service provider, these distribution methods help normalize harm reduction, reduce stigma, and increase opportunities for overdose prevention and timely intervention.

Maintaining this network requires ongoing inventory monitoring, restocking, coordination with host organizations, and responsiveness to community utilization patterns. These activities help ensure that naloxone and other harm reduction resources remain available in locations where community members can readily access them, including rural and underserved areas where traditional distribution opportunities may be limited.

Through this investment, NCHA has strengthened the regional infrastructure necessary to sustain overdose prevention efforts and expand community access to life-saving resources. **With 6,360 individual doses of naloxone distributed and 7,059 fentanyl testing strips distributed through kiosks, NCHA has supported access to more than 13,419 overdose prevention supplies.** This low-barrier distribution model complements direct staff-to-member distribution, community training, and overdose awareness activities, creating multiple pathways for individuals and families to obtain essential harm reduction tools.

Distribution Method Reporting Period: April 1–Sept 30	**Naloxone Kits**	**Naloxone Doses**	**Fentanyl Testing Strips**
Naloxone kiosks	2847	5694	
Vending machines	125	250	
Community trainings	108	216	
Community events – Loveland Health Fair, Warrant Clearance Event, Overdose Awareness Days	100	200	
Fentanyl Testing Strips Across Methods	-	-	7059
Documented total	**3180**	**6360**	**7059**

Overall Impact and Continued Progress

Together, these efforts reflect NCHA's commitment to advancing accessible, community-centered overdose prevention and substance use education across Northern Colorado. By combining community awareness events, practical overdose response training, direct engagement with individuals, and multiple naloxone distribution pathways, NCHA is working to strengthen regional capacity to prevent overdose deaths and reduce barriers to life-saving resources.

3. Narrative questions

How are you ensuring that services are distributed throughout the Larimer region?

NCHA utilizes a collaborative, regional approach to promote equitable access to opioid abatement-funded services and resources throughout Larimer County. Across each funded purpose area, NCHA leverages established partnerships with healthcare systems, behavioral health and recovery organizations, syringe access programs, criminal justice partners, local government, and community-based service providers to extend the reach of services across geographic and organizational boundaries.

Rather than relying on a single location or service delivery model, NCHA builds upon existing community infrastructure to bring services and resources into settings where individuals already seek care, support, and connection. This includes integrating care coordination and peer recovery support within healthcare, justice, and community-based settings while expanding low-barrier access to overdose prevention resources through strategically located distribution points.

Particular attention is given to rural and geographically dispersed communities, individuals experiencing transportation or financial barriers, and populations who may not otherwise engage with traditional service systems. NCHA also incorporates perspectives from individuals with lived and living experience and regional partners to identify emerging needs, strengthen referral pathways, and inform service delivery.

Community education, overdose awareness activities, and workforce development opportunities further support regional access by increasing awareness of available resources and strengthening the capacity of community organizations to respond to substance use and recovery needs.

The impact summaries provided for each funded purpose area detail the geographic distribution of activities, service locations, participation, and resources made available during the reporting period. Collectively, these efforts reflect NCHA's commitment to a coordinated, geographically responsive continuum of prevention, harm reduction, treatment engagement, and recovery support throughout Larimer County.

Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:

- ***Any significant shortfalls anticipated?***
- ***Anticipated areas where objectives may not be met by the end of the grant?***
- ***Anticipated difficulty in collecting performance measures, metrics, and information for the final report?***
- ***Any agreement modifications needed (time extension, etc.)?***
- ***Is there anything you need from us right now to help you succeed?***

Positive Progress and Regional Impact

NCHA continues to experience strong community demand for care coordination, peer recovery support, overdose prevention education, and harm reduction resources. As detailed in the purpose-area impact summaries above, several direct-service objectives have exceeded anticipated participation levels, overdose prevention infrastructure continues to expand access to resources, and community education and workforce development activities have demonstrated strong engagement.

Partnerships across healthcare, housing, behavioral health, criminal justice, and community organizations continue to strengthen referral pathways, coordinated service delivery, and continuity of care. These relationships are particularly important in reaching individuals with complex needs and supporting connections across otherwise fragmented service systems.

Implementation Challenges and Anticipated Shortfalls

NCHA has not identified significant funding or programmatic shortfalls currently expected to prevent implementation of the grant's overall objectives. However, several factors require continued attention.

Regional funding instability, workforce recruitment and retention challenges, and increasing demand for services continue to affect the broader service environment. NCHA is addressing these challenges through collaborative partnerships, workforce development, and diversified funding strategies.

The most significant grant-specific change involves **Purpose Area G2**, as the Health District of Northern Larimer County has paused its Changing Minds campaign and will not pursue the anticipated $10,000 subaward. This requires a revision to the originally planned implementation strategy, as described below.

NCHA is also monitoring the remaining objective activities and expenditures under **Purpose Area K1**, particularly those associated with the October 30 RARE Conference and remaining peer workforce training cohorts. These activities and their associated outcomes will be reflected in subsequent reporting.

Objectives Requiring Additional Attention

The primary objective requiring modification is **Objective 5 under Purpose Area G2**, originally intended to reach at least 2,000 individuals through the Changing Minds campaign. While the original delivery strategy is no longer feasible, NCHA

proposes preserving the intended stigma-reduction purpose through a locally developed storytelling and public education initiative. No other objectives have been identified as definitively unlikely to be achieved at this time.

Performance Measurement and Reporting

NCHA does not anticipate significant barriers to collecting required performance measures for the final report. Existing program documentation, service tracking, and financial reporting processes support ongoing monitoring of implementation and outcomes.

Requested Agreement Modification: Purpose Area G2

NCHA requests Council support to revise the implementation strategy and associated objective under Purpose Area G2, **retaining the existing $10,000 allocation without requesting additional funding**.

Rather than supporting expansion of the Changing Minds campaign through an external subaward, NCHA proposes developing a locally driven, community-centered storytelling initiative.

The proposed campaign would elevate local experiences of substance use, treatment, harm reduction, and recovery, pairing personal narratives with evidence-informed education to challenge misconceptions, reduce stigma, and increase awareness of available services and supports.

This revised approach preserves the original funding purpose while supporting broader community collaboration, locally relevant messaging, and educational resources that can continue to be used beyond the grant period. ***Please see the attached Project Proposal with the revised Objective & Strategies.***

Additional Budget Adjustments

NCHA is adjusting supplies allocations within Purpose Areas B1 and C10 to better align available resources with direct service delivery, wraparound supports, peer engagement, and connections to care. These adjustments remain within the allowable budget revision threshold and are disclosed for transparency. No time extension or additional funding is currently requested.

Support Requested from the Council

NCHA would appreciate the Council's timely review of the proposed Purpose Area G2 revision to support implementation within the remaining grant period.

We would also welcome collaboration with the Council and fellow abatement-funded grantees to identify voluntary storytellers, expand community distribution of educational materials, and highlight the collective impact of opioid abatement investments throughout Larimer County.

NCHA is deeply appreciative of the support, partnership, and investment we have received from the Council to date. These investments have been instrumental in strengthening our ability to respond to community needs, expand access to treatment and recovery supports, and advance our shared commitment to reducing the impacts of opioid use across Larimer County.

As we navigate the challenges and uncertainties of the current and future funding landscape, NCHA remains committed to working alongside the Council and our community partners to identify opportunities, address emerging challenges, and sustain the services and partnerships that are critical to the individuals and communities we collectively serve.

We recognize that the evolving funding environment will require continued collaboration, flexibility, and thoughtful decision-making. NCHA remains committed to adapting our approach as circumstances change while maintaining accountability, responsible stewardship of resources, and alignment with the Council's opioid abatement priorities. We value the partnership we have built and look forward to continuing this work together to strengthen our collective impact and support for individuals across Larimer County.

Attachment: Interim Budget to Actual Report (six month)

Grantee: North Colorado Health Alliance

Approved Use: Provide comprehensive wrap-around services to individuals with OUD and any co-occuring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare

Date Range 4/1/26 - 9/30/26

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Larimer County Care Coordinator	SW	$49,920	100%	$49,920	$12,480	$62,400	$29,813	47.8%	-$1,200	Proposed reduction reflects personnel cost savings associated with staffing changes and medical leaves of absence. Funds redirected to direct service needs.
Larimer County Care Coordinator	MZ	$47,840	100%	$47,840	$11,960	$59,800	$21,915	36.6%	-$7,985	Proposed reduction reflects personnel cost savings; funds reallocated to offset increased supervisor benefit costs and direct service expenses.
Supervisor	TG	$58,350	100%	$58,350	$14,587	$72,937	$38,751	53.1%	$4,564	Proposed increase reflects higher-than-budgeted fringe benefit costs resulting from increased employer health insurance premiums.
								0.0%		
								0.0%		
								0.0%		
				SUBTOTAL		**$195,137**	**$90,479**	46.4%	**-$4,620**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item) *	Notes
Professional Development	$6,000	1	Professional Development	$6,000	$365	6.1%	-$4,385	Lower-than-anticipated expenditures; proposed reduction to redirect available funds toward direct member services and program implementation needs.
NCHA Care Coordination & Peer Recovery Coach Client Assistance	$100	35	Other	$3,500	$3,487	99.6%	$987	Proposed increase to support direct member assistance, address immediate needs, and reduce barriers to treatment and recovery engagement.
Mileage	$0.70	7560	Travel	$5,292	$3,079	58.2%	$866	Proposed increase reflects transportation and travel costs associated with community-based care coordination, outreach, and member engagement.
Program Supplies	$150	12	Supplies	$1,800	$1,800	100.0%	$1,500	Original allocation fully expended; proposed increase to maintain essential supplies supporting direct services and member engagement.
Equipment	$4,000	3	Equipment	$12,000	$7,778	64.8%	$5,653	Proposed increase to support equipment needs associated with care coordination, peer recovery services, and ongoing program implementation including Electronic Health Record Licenses, Program Mapping Software, Cell Phone Monthly Service Fees
			SUBTOTAL	**$28,592**	$16,508	57.7%	$4,620	
			TOTAL DIRECT	$223,729	$106,987	47.8%	$0	
			Indirect	$22,310	$11,155	50.0%	$0	
			TOTAL COSTS	$246,039	$118,142	48.0%	$0	

EVICS FAMILY RESOURCE CENTER | BRIDGES TO WELLNESS

EVICS
FAMILY RESOURCE CENTER
Centro de Recursos Familiares

Peer Support Program
Final Accomplishments Report

Larimer Regional Opioid Abatement Council • Region 2

Grant period: October 1, 2025 – September 30, 2026

Presented by Cassie Bartlett and Julieth Parra

Approved use B.2: Support People in Treatment and Recovery

A strong first year of peer support

3

Certified specialists

Target: 2 • 150% achieved

35

Unduplicated participants

Target: 30 • 117% achieved

10

Therapist referrals

New referral pathway

October 2025 – September 2026 | Award: $28,792

Built local capacity through recruitment, certification, trauma-informed program design, and attendance/referral tracking.

Culturally responsive support and outreach

WEEKLY PEER SUPPORT

Spanish-language group established

100% of direct participants identified as Hispanic

Facilitated connection, wellness education, and access to community resources.

ESTES PARK WORLD CUP

100+ attendees weekly

Community soccer, recreation, belonging, and wellness outreach.

Outreach attendance tracked separately from 35 direct participants.

Lessons learned and next steps

01

Build on what worked

Maintain weekly Spanish-language peer support and trained local specialists.

02

Expand access

Launch the planned English-language group in the next grant cycle.

03

Strengthen measurement

Improve referral follow-up, retention, feedback, and participant outcome tracking.

First-cycle challenge: startup required more time; one of two planned groups was implemented.

Final Accomplishments Report

Larimer Regional Opioid Abatement Council — Region 2

Grantee: EVICS Family Resource Center
Submitter Name: Rut Miller, Executive Director
Submission Date: 10/28/2026
Grant Agreement Period: October 1, 2025 – September 30, 2026
Grant Agreement ID: LR2-2025-13
Total Agreement Amount: $28,792
Approved Use: B.2 — Support People in Treatment and Recovery

1. Objective Results

During the 2025–2026 grant period, EVICS Family Resource Center successfully established and implemented a culturally responsive, community-based Peer Support Program designed to strengthen recovery support, promote emotional wellness, and reduce barriers to behavioral health services for individuals and families in the Estes Valley.

The program focused on expanding access to nonclinical, trauma-informed peer support, particularly among Spanish-speaking and Hispanic residents who experience geographic isolation, language barriers, stigma, and limited access to culturally responsive recovery resources.

The first six months of the grant period were dedicated to program development, recruitment, training, partnership coordination, and establishing a structured framework for implementation. As reported in the approved six-month interim report, the program's launch was adjusted to May 2026 to ensure appropriate preparation and capacity building.

Following implementation, EVICS successfully established weekly peer support programming, strengthened referral partnerships, and expanded community engagement through wellness and recreational activities.

Objective 1: Certification of Peer Support Specialists

Original Objective: Support two bilingual community members in completing certification as Peer Support Specialists.

Status: Exceeded

EVICS successfully recruited and supported three community members who completed Peer Support Specialist certification, exceeding the original target of two.

This accomplishment increased local capacity to provide culturally responsive, trauma-informed recovery support and strengthened the availability of trained peer support personnel in the Estes Valley.

The recruitment and certification of three specialists established an important foundation for ongoing peer support programming and future expansion into both Spanish- and English-language services.

Results:

- Target: 2 certified Peer Support Specialists
- Actual: 3 certified Peer Support Specialists
- Achievement: 150% of target

Objective 2: Launch of Bilingual Peer Support Groups

Original Objective: Launch two bilingual peer-led support groups focused on opioid prevention, recovery awareness, and community resilience.

Status: Partially Achieved

EVICS successfully established weekly Spanish-language peer support groups following the program's implementation phase.

These groups provided a welcoming, confidential, culturally responsive environment where participants could build relationships, discuss challenges, strengthen emotional wellness, and access community resources.

The program incorporated structured discussions, educational activities, refreshments, and opportunities for meaningful social connection.

Julieth Parra provided consistent program oversight, supporting coordination, program continuity, and participant engagement.

During this initial grant cycle, 100% of direct participants identified as Hispanic, demonstrating the importance of culturally and linguistically responsive programming for underserved residents.

Although an English-language group was developed during the planning phase, regular English-language group implementation remains a priority for the second grant cycle.

Results:

- Weekly Spanish-language peer support groups implemented
- Consistent program oversight provided
- Culturally responsive educational activities and refreshments incorporated
- English-language expansion planned for the next grant cycle

Objective 3: Data Collection and Referral Tracking

Original Objective: Implement a data collection and referral tracking system to support program evaluation, cross-agency collaboration, and future program design.

Status: Achieved

During the initial program development phase, EVICS established attendance logs, referral tracking tools, and participant feedback instruments to support program implementation and performance monitoring.

These systems provided a foundation for documenting participation, tracking referrals, and monitoring program activities.

EVICS also strengthened its collaboration with behavioral health therapists and community partners, establishing pathways to connect individuals receiving clinical services with nonclinical peer support.

During the grant period, the program received 10 referrals from therapists.

These referral relationships helped strengthen coordination between clinical behavioral health services and community-based recovery support.

Results:

- Attendance tracking tools developed
- Referral tracking system established
- Participant feedback instruments developed
- 10 therapist referrals received
- Referral partnerships strengthened

Objective 4: Participant Engagement

Original Objective: Engage and serve a minimum of 30 unduplicated participants through peer support groups, referral connections, and community-based activities.

Status: Exceeded

EVICS successfully served **35 unduplicated participants** through its Peer Support Program, exceeding the original goal of 30 individuals.

This represents 116.7% achievement of the contractual participant engagement target.

Participants benefited from culturally responsive peer support, opportunities for relationship building, wellness education, and connections to community resources.

The program's initial focus on Spanish-language services addressed an important gap in the Estes Valley, where Hispanic and Spanish-speaking residents may experience additional barriers to accessing behavioral health and recovery services.

In addition to direct peer support programming, EVICS supported the Estes Park World Cup, a recurring community soccer and wellness initiative developed by a contracted Peer Support Specialist in collaboration with community volunteers.

The event attracted more than 100 community members weekly and created opportunities to promote healthy recreation, social connection, community belonging, and awareness of available wellness and peer support resources.

The World Cup demonstrated the value of incorporating culturally relevant recreational activities into community wellness and outreach strategies.

World Cup attendance is reported separately from the 35 unduplicated participants receiving direct peer support services.

Results:

- Target: 30 unduplicated participants
- Actual: 35 unduplicated participants
- Achievement: 116.7% of target
- 100% Hispanic participation in direct peer support programming
- More than 100 weekly attendees at the Estes Park World Cup outreach initiative

2. Performance Measures and Results

Performance Measure	Original Target	Final Result
Peer Support Specialist certification	2 specialists	3 certified
Peer-led support groups	2 groups	1 Spanish-language group implemented; English-language group planned
Data and referral tracking	System implemented	Completed
Unduplicated participants	30 individuals	35 individuals

Therapist referrals	Track referrals	10 received
Peer support group frequency	Recurring sessions	Weekly
Community outreach	Outreach and engagement	Estes Park World Cup, 100+ weekly attendees
Participant demographics	Track demographics	100% Hispanic participants

The results demonstrate that EVICS exceeded its certification and participant engagement targets while establishing the operational infrastructure necessary to sustain and expand peer support services.

Although the implementation of a second language group remains an area for continued development, the first grant cycle successfully established a consistent Spanish-language peer support program and strengthened connections between behavioral health providers and community-based support services.

3. Metrics and Program Impact

Peer Support Workforce Development

Three community members successfully completed Peer Support Specialist certification, increasing the availability of trained individuals capable of providing culturally responsive, nonclinical recovery support.

Direct Participant Engagement

Thirty-five unduplicated participants received peer support services during the grant period, exceeding the original contractual goal.

Referral Coordination

EVICS received 10 referrals from behavioral health therapists, demonstrating collaboration between clinical services and peer support programming.

Cultural and Linguistic Accessibility

All direct participants in the first grant cycle identified as Hispanic. The program provided culturally responsive Spanish-language support, reducing language-related barriers and creating opportunities for community connection.

Community Wellness and Outreach

The Estes Park World Cup engaged more than 100 attendees weekly through recreation, wellness promotion, and community connection.

This initiative provided an opportunity to increase visibility of peer support resources and engage residents through an accessible, culturally relevant community activity.

Program Infrastructure

EVICS established program materials, attendance tracking tools, referral procedures, and participant feedback instruments to support ongoing evaluation and program improvement.

4. Budget to Actual Expenditures

Total Grant Award: $28,792

A completed budget-to-actual spreadsheet will be submitted with this report, reflecting actual expenditures and any approved budget adjustments.

5. Financial System Reports

EVICS will provide the following supporting financial documentation:

1. A financial system-generated Profit and Loss Statement reflecting only expenditures and revenue associated with the Opioid Abatement grant.
2. A grant-specific general ledger detailing transactions during October 1, 2025, through September 30, 2026.
3. A completed budget-to-actual spreadsheet reconciling approved budget categories with actual expenditures.

Any differences between the accounting reports and budget-to-actual worksheet will be explained in the final financial reconciliation.

6. Narrative Questions

A. What went well?

The first grant cycle successfully established a culturally responsive Peer Support Program in the Estes Valley, addressing a significant gap in locally available recovery-oriented and behavioral health support.

One of the program's greatest accomplishments was recruiting and certifying three Peer Support Specialists, exceeding the original goal of two and strengthening EVICS's capacity to provide ongoing community-based services.

EVICS also exceeded its direct participant engagement goal by serving 35 unduplicated individuals.

The weekly Spanish-language peer support groups created opportunities for participants to develop supportive relationships, discuss challenges, and connect with community resources in a culturally familiar environment.

Strong collaboration with behavioral health therapists resulted in 10 referrals and established a foundation for continued coordination between clinical and nonclinical services.

Additionally, the Estes Park World Cup demonstrated how recreation and culturally relevant community activities can promote wellness, strengthen social connections, and increase awareness of support resources.

These accomplishments represent important progress toward building a sustainable, accessible peer support network in a rural community.

B. How could your program be improved?

The first grant cycle provided valuable lessons regarding the time and resources required to establish a new peer support initiative.

The initial implementation timeline was adjusted to allow additional time for recruitment, certification, program development, and partnership coordination.

Moving forward, EVICS will focus on strengthening participant recruitment and retention, improving referral follow-up, and enhancing documentation of participant outcomes.

A significant priority is expanding the program to include a regularly scheduled English-language peer support group while maintaining the Spanish-language services established during the first grant cycle.

EVICS also intends to strengthen participant feedback and evaluation practices to better measure changes in recovery knowledge, social connection, access to resources, and perceived support.

These improvements will help ensure that services remain responsive to community needs while supporting long-term program effectiveness.

C. What is the future of your program? How will it be sustained?

EVICS is committed to continuing and expanding its Peer Support Program as part of its broader Bridges to Wellness initiative.

The program complements EVICS's behavioral health services by providing nonclinical support, strengthening community relationships, and helping individuals connect with appropriate resources.

During the second grant cycle, EVICS plans to maintain weekly Spanish-language peer support groups while introducing an English-language group to increase accessibility for a broader population.

The three certified Peer Support Specialists represent an important investment in local workforce capacity and provide a foundation for continued service delivery.

EVICS will continue strengthening partnerships with behavioral health therapists, community organizations, recovery providers, and other regional resources.

Sustainability efforts will include continued grant funding, integration with existing EVICS programs, collaborative partnerships, and opportunities to incorporate peer support into community wellness initiatives.

EVICS's long-term vision is to establish a sustainable, bilingual peer support network that reduces isolation, strengthens recovery connections, and increases access to supportive services for individuals and families throughout the Estes Valley.

D. What could the Council improve?

EVICS sincerely appreciates the Larimer Regional Opioid Abatement Council's investment in expanding access to recovery support services, particularly in rural communities where resources are limited.

Continued recognition of the unique challenges facing geographically isolated communities would be especially valuable.

Programs serving rural and culturally diverse populations often require additional time for relationship building, workforce development, recruitment, and community engagement before reaching full implementation.

Providing flexibility for these capacity-building activities, encouraging collaboration among grantees, and offering opportunities to share effective practices would further strengthen regional opioid abatement efforts.

EVICS values the Council's partnership and looks forward to continuing this work to strengthen recovery support and community wellness throughout Larimer County.

Conclusion

The 2025–2026 grant period marked an important milestone in EVICS Family Resource Center's efforts to expand culturally responsive, community-based recovery support in the Estes Valley.

Through the recruitment and certification of three Peer Support Specialists, engagement of 35 unduplicated participants, implementation of weekly Spanish-language peer support groups, development of referral partnerships, and community outreach through the Estes Park World Cup, EVICS established a strong foundation for continued program growth.

These accomplishments demonstrate the value of investing in trusted, community-based organizations that understand the cultural, linguistic, and geographic needs of the populations they serve.

EVICS is grateful for the Larimer Regional Opioid Abatement Council's support and remains committed to strengthening recovery resources, reducing barriers to care, and fostering healthier, more connected communities.

Respectfully submitted,

Rut Miller
Executive Director
EVICS Family Resource Center
director@evics.org
970-586-3055

Attachment: Interim Budget to Actual Report (six month)

Grantee:	EVICS Family Resource Center
Approved Use:	Opioid Abatement
As of [Date]	10/01/2025 - 03/31/2026

Direct Personnel

Position	Name	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	10/01/2025 - 03/31/2026 Actual Expenditures	04/01/2026 - 09/30/2026 Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)	Notes
Supervisor	Kirkpatrick, Angelina		10%	$16,380	$1,393	$1,777	$1,777		100.0%		
Supervisor	Bartlett, Cassie		10%	$7,692	$725	$842	$842		100.0%		
Supervisor	Bartlett, Cassie		10%	$23,077	$2,021	$1,671		$2,510	150.2%	$951	
									0.0%		
					SUBTOTAL	**$4,290**	**$2,619**	**$2,510**	119.6%	**$951**	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)	Notes
Training materials	$100	3	Supplies	$100	$300		300.0%	$200	
Training tuition	$600	2	Professional Development	$1,200	$0	$1,253	104.4%	$53	
Travel expenses	$131	2	Travel	$262	$187		71.3%	-$187	
Snacks - weekly meetings			Supplies	$1,440	$164	$317	33.4%	-$959	
Bilingual Support facililator	$10,000	2	Consultants	$20,000		$19,995	100.0%	-$5	
Care Kits			Supplies	$1,500		$1,447	96.5%	-$53	
							0.0%		
			SUBTOTAL	**$24,502**	$651	$23,012	96.6%	-$951	
			TOTAL DIRECT	$28,792	$3,270	$25,522	100.0%	$0	
			TOTAL COSTS	$28,792	$3,270	$25,522	100.0%	$0	

$28,792

THE FAMILY CENTER/LA FAMILIA

B6 SUPPORT PEOPLE IN TREATMENT AND RECOVERY

- ✔ 1.1 Trained 16 individuals representing Fort Collins, Loveland, Wellington and Estes Park in intentional peer support to offer social connections and resource navigation.
- ✔ 2.1 Partnered with the Health District to facilitate social connection opportunities through the Changing Minds program, helping participants learn about prescription medication disposal and how substances and opioids affect the brain. 61 classroom participants
- ✔ 2.2 Facilitated two guided tours of the Longview Facility for center staff, peers and residents of the mobile home communities including a men's group to raise resource awareness and gather feedback through focus groups. 31 participants

Destigmatize substance misuse and mental health among the Spanish speaking community.

Participants level of knowledge after the program above 70%

THE FAMILY CENTER/LA FAMILIA

- G0 **PREVENT MISUSE OF OPIOIDS**

✔ 3.1 Completed an environmental assessment among behavioral health providers to understand their perspective regarding barriers and access to services

✔ 3.2 Identified top 5 barriers to the provision of behavioral health services to Latinx/Hispanic population

✔ 3.3 Shared resources with community members during peer-led events in mobile home communities. 400+ contacts.

Language and Cultural Access

Complex and long intake process

Competing basic needs and stigma

Transportation/Location of Services

Lack of awareness regarding service availability

KEY FINDINGS AND ACTION AREAS

Support for Families and Peers

- Develop culturally responsive peer support and prevention programs that address multigenerational needs.
- Continue distributing harm reduction supplies.
- Encourage the men's group's participation and maintain collaboration with Longview.
- Provide guidance for families on encouraging teens to seek support when they refuse help.
- Strengthening collaboration and connection between providers and families
- One participant described a friend whose daughter lost her life due to a fentanyl overdose and requested both guidance on encouraging someone to seek help and support for the grieving mother.

KEY FINDINGS AND ACTION AREAS

Outreach Through Workplaces

- Engage employers, particularly at construction sites, in promoting mental health and substance use recovery resources. Suggested approaches included:
  - Adding a brief resource segment to required safety training videos.
  - Posting a services flyer alongside the mandatory rights flyer.
  - Presenting resources at safety meetings rather than approaching individuals.
- Encourage employers to adopt supportive practices. One participant described an employer that funds a substance use program and offers additional paid time off (PTO) for difficult days.
- Provide printed materials for employees to share with supervisors and at workplace safety meetings.

KEY FINDINGS AND ACTION AREAS

Youth Activities and School-Based Prevention

- Address boredom and the lack of accessible youth activities, which participants identified as key risk factors for substance use.
- Fund free, open recreational teams and weekend leagues as enjoyable alternatives to substance use. They suggested that organizations sponsor soccer or baseball leagues, tournaments, to promote healthy community activities.
- Extend outreach into middle and high schools. One participant described mental health support contact information on the back of student IDs at his Loveland high school and recommended that other schools adopt the practice.
- Educate parents on recognizing and responding to substance use.

Final Report Outline

Grantee Report to the Larimer Opioid Abatement Council

Grantee: The Family Center/La Familia

Submitter Name: *Gloria Kat*

Submission Date: 10/

Grant Agreement Period: 10/1/2026 – 9/30/2027
Total Agreement Amount: $159,817.98
Carryforward Amount: $0

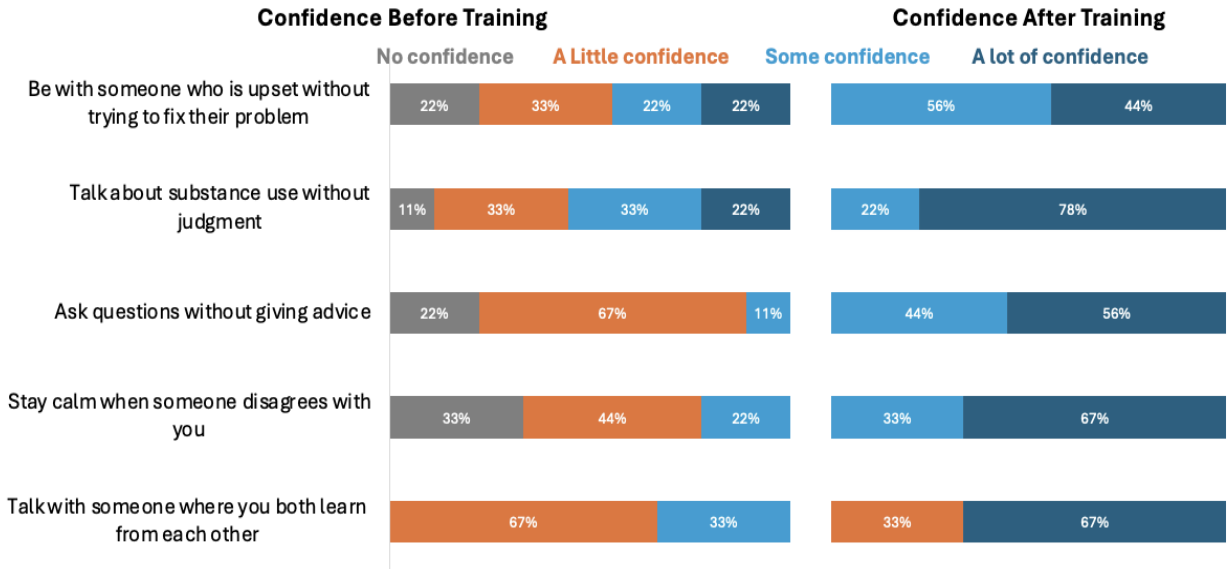
1. **Objective Results*:*** *List each of the objectives from the grant agreement and the specific outcomes achieved for each objective. The information can be presented in other formats, such as tables or charts.*

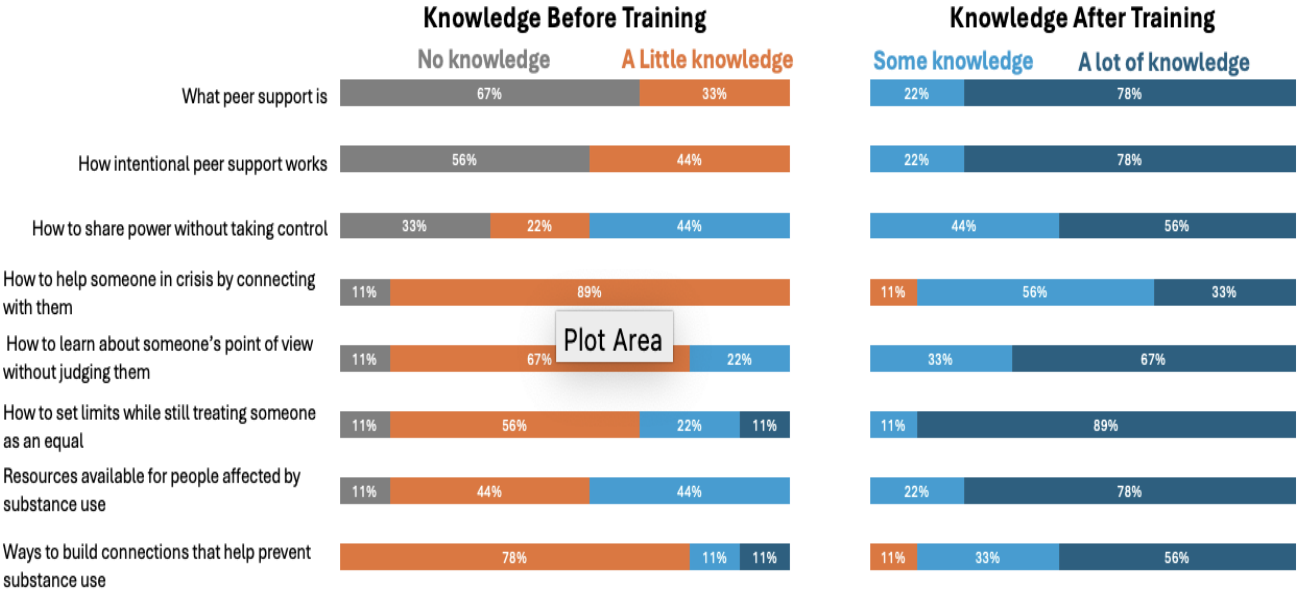
Objectives

B6 **Objective 1:** (ACCESS) Develop and implement program targeted for people who use drugs and hold marginalized identities.	1.1 Train at least 10 peer support specialists with lived experience by October 2025 to offer social connections, resource navigation and general guidance to families affected by substance use in Larimer County.	**Measure:** of participants that completed peer to peer training and increased their knowledge and confidence in providing resources and education regarding Narcan/Naxalone, safe Rx Storage and disposal.	Trained 16 individuals representing Fort Collins, Loveland, Wellington and Estes Park

Performance Measures and Results:

- The Yarrow Collective delivered 40-hour training in Intentional Peer Support across five sessions. All 16 participants stayed engaged throughout, and the course featured various role-play activities and exercises.
- The post-course survey showed participants gained both knowledge and confidence in key skills for peer support (see charts below). When asked what they will do differently because of the training, participants described applying the skills they learned and being more understanding in their approach to supporting others.
- For example, one participant said "*Don't tell someone what to do or try to fix their problems. Just be there with them."* Another said*, "Not rushing into trying to solve an issue but instead pay attention to the stories that shape our worldview."*

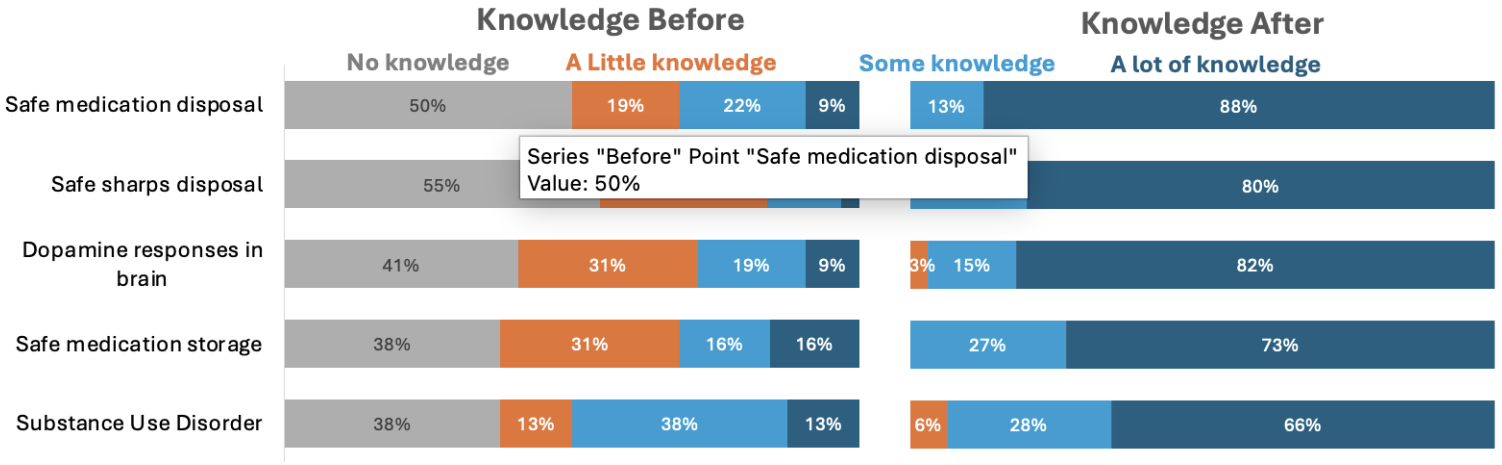

Confidence Before Training
Confidence After Training
No confidence
A Little confidence
Some confidence
A lot of confidence
Be with someone who is upset without trying to fix their problem
22%
33%
22%
22%
56%
44%
Talk about substance use without judgment
11%
33%
33%
22%
22%
78%
Ask questions without giving advice
22%
67%
11%
44%
56%
Stay calm when someone disagrees with you
33%
44%
22%
33%
67%
Talk with someone where you both learn from each other
67%
33%
33%
67%

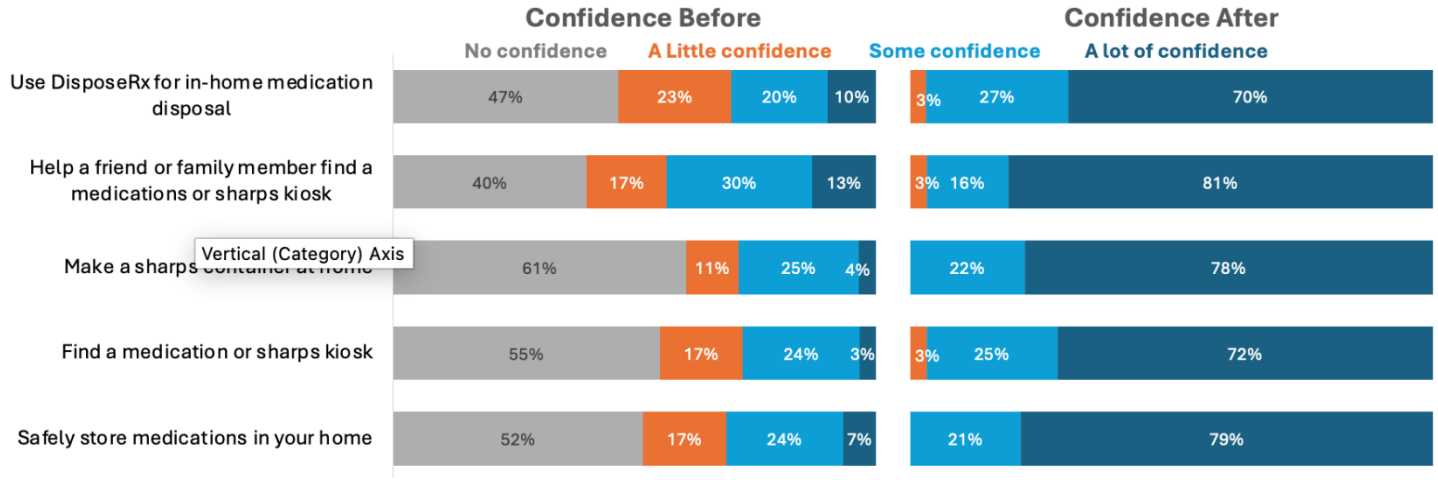

Knowledge Before Training
Knowledge After Training
No knowledge
A Little knowledge
Some knowledge
A lot of knowledge
What peer support is
67%
33%
22%
78%
How intentional peer support works
56%
44%
22%
78%
How to share power without taking control
33%
22%
44%
44%
56%
How to help someone in crisis by connecting with them
11%
89%
11%
56%
33%
How to learn about someone's point of view without judging them
11%
67%
22%
33%
67%
Plot Area
How to set limits while still treating someone as an equal
11%
56%
22%
11%
11%
89%
Resources available for people affected by substance use
11%
44%
44%
22%
78%
Ways to build connections that help prevent substance use
78%
11%
11%
11%
33%
56%

Objective 2: (SOCIAL CONNECTIONS) Coordinate community gathering and discussion for people who use drugs and hold marginalized identities.	2.1 TFC/LF and the cohort of trained peer support specialists will define the frequency and structure of community gatherings by October 2026. The goal of these gatherings is to offer families the means to access resources, benefit from peer-to-peer community support, and establish social connections.	**Measure:** Pre & Post Surveys to understand the benefit of social connections and direct progress reports from the cohort.	61 participants 2 MHP events

Performance Measures and Results:

- At our first social connections session with peers, participants learned about how substances affect the brain's function and how they can break the stigma by accessing available resources. This session was done in partnership with the Health District of Larimer County and utilizing their Changing Minds Campaign.
- Participants watched a video in Spanish about the effects of substances in the brain and learned how to safely dispose of Rx and sharp objects.
- Across all sessions, 33 participants completed a survey, which demonstrated that they gained knowledge and confidence to safely store and dispose of sharps and medicine (see charts below).
- When asked what they valued most, participants described the value of learning how and where to dispose of medications.
  For example, one participant said,
  "*It is important to properly dispose of prescription medicine to avoid them being used by someone else.*"
  Another participant said, *"I learned that there is a place to dispose sharp objects and how to dispose of medicines."*





	2.2 By June 2026 TFC/LF will coordinate and offer 2 guided tours in Spanish for Larimer County residents to the Longview Facility and understand the scope of services and resources available.	**Measure:** Progress report. Pre & Post Surveys. Share scheduled dates with ROAC members.	1st tour 25 participants 1st Focus Group 11 participants 2nd tour/presentation 6 participants from a men's group. 2nd Focus group 6 participants from a men's group

Performance Measures and Results:

- On Saturday, January 24th, a group of 25 participants from mobile home communities in Larimer County and center's staff visited the Longview Acute Care Facility for the first tour. The facility director delivered a presentation outlining the project's history, emphasized its funding through taxpayer contributions, and provided an overview of the intake process.
- 11 participants participated in a focus group following the tour.
- For the second tour, on Wednesday August 26th, a group of 6 participants from a men's support group and center staff visited the Longview Acute Care Facility for a presentation and video tour of clinical spaces. The facility deputy director delivered a presentation outlining the project's history, emphasized its funding through taxpayer contributions, and provided an overview of the intake process and services provided.
- Six participants from the men's group participated in a second focus group.
- Here is a summary of the overall recommendations across both groups:

Facility Access and Physical Environment

- Hire and schedule Spanish-speaking staff for every shift to address critical language barriers.
- Enhance the physical environment with color, murals, books in Spanish, and trauma-informed design elements to create a more welcoming atmosphere.
- Install a large, clearly worded sign at the corner by the road stating that the facility is open to all and accepts walk-ins.
- Inform physicians and clinics that care at the facility is free and does not require documentation. Participants had received incomplete and conflicting information from a provider at a previous gathering.
- Open the Longview conference spaces to community organizations so the building becomes a familiar place before it is needed as a clinical one. The deputy director of Longview confirmed that the conference rooms can be reserved by organizations and community groups.

Transportation

- Address transportation challenges through partnerships with Uber Health and other services and share existing resources.

Services, Continuity, and Treatment Options

- Establish more comprehensive follow-up care systems to ensure continuity of services.
- Create or connect to long-term residential treatment options for sustained recovery.
- Expand youth bed capacity to address the growing needs of youth affected by substance abuse and housing instability.

Family and Peer Support

- Develop family support and prevention programs that incorporate cultural competency and address multigenerational needs.

- Peer support from families who have experienced similar challenges could help families work through challenges and access care.
- Participants described how the men's group provides them support and how they want it to continue given their appreciation for its members and sense of community. Participants asked that Longview staff visit their men's group to continue the conversation.
- Participants asked how to encourage teens to get support when they refuse help. One participant described a friend whose daughter died of a fentanyl overdose and asked for more information on how to encourage someone to get support, as well as support for the mother who is grieving.

Community Outreach and Awareness

- Participants described limited community awareness of Longview services and recommended outreach to boost awareness (video tour in Spanish, how to get there, available services, etc.).
- Develop neighborhood outreach and school-based education programs to raise awareness of available services and transportation to them.
- Produce a new video featuring people, community events, and testimony from those who have received care. A participant volunteered to share his own story.
- Use word of mouth promotion. Participants described themselves as messengers, naming specific people they intended to tell.
- Have SummitStone and Longview outreach team build sustained presence in neighborhoods and take advantage of existing resident groups and gatherings.
- Invest in a media campaign, with one participant comparing the reach of vaping advertising to the limited reach of current outreach.

Workplace-Based Outreach

- Have employers and workplaces, particularly construction sites, promote mental health and substance use recovery resources and services. Participants described substance use on job sites as common and quietly tolerated out of fear. Suggested approaches included embedding a short resource segment in required safety training videos, posting a services flyer alongside the mandatory rights flyer, and presenting at safety meetings rather than to individuals.
- One participant described an employer that funds a substance use program and offers additional PTO for difficult days, framing it as something other companies should adopt.
- Another participant asked for printed materials he could bring to his supervisor and share at a workplace safety meeting. The Deputy Director shared some resources and said Longview can work to improve resources to share.

Youth and School-Based Prevention

- Boredom and lack of accessible activities for youth were identified as key risk factors for substance abuse.
- Fund free, open rec teams and leagues on the weekend as a fun alternative to substance use. Participants noted that Fort Collins sports options (youth and adult) are largely pay-to-play and suggested that SummitStone or other organizations could sponsor soccer or baseball leagues, tournaments, or jerseys to raise awareness of services and support

healthy, fun community activities. Leagues could be hosted in neighborhood parks or any parks in the county.

- Extend outreach into middle and high schools. One participant described how his high school in Loveland had mental health support contact information on the back of student IDs and recommended other schools do the same.
- Participants said parents need education to recognize and respond to substance use.

Harm Reduction

- Continue distributing harm reduction supplies. Participants described how they had Narcan from a take-home box, citing concern about potential accidental exposure among children in parks.

LONGVIEW DEMOGRAPHIC DATA

- **Spanish-speaking clients (Preferred Language)**: 87 out of 7,619 clients = **1.1%**
- **Hispanic/Latino/a or Spanish Origin clients:** 1,327 out of 7,619 clients = **17.4%**
- **Client-based repeat visits (All clients)**: 3,001/7,619 clients = **39.4%**

  (Percent of clients who had 2+ visits during the reporting period.)
- **Client-based repeat visits (Hispanic/Latino/a):** 552 out of 1,327 clients = **41.6%**

Source: Longview

G0 - PREVENT MISUSE OF OPIOIDS

G0 **Objective 3:** (KNOWLEDGE) Improve knowledge of resources.	3.1 Design and implement an environmental assessment by November 2025 to gain understanding of the barriers to accessing behavioral health care systems experienced by the Latinx/Hispanic community in Larimer County. In addition, conduct 4 to 6 interviews with behavioral health providers who aim to serve the community and understand what their perspectives of barriers are to effective service and care.	**Measure:** Progress report. Survey in English and Spanish. # of surveys completed by community members. # of interviews.	Completed 4 interviews with behavioral health providers.
	3.2 By January 2026 Identify the top 5 barriers to the provision of behavioral health services to the Latinx/Hispanic populations	**Measure:** Of the total surveys applied at least 60% of participants will	See the tables above describing changes in knowledge, awareness, and confidence to

	through an evaluation report that reflects the stories and experiences shared by community members with the purpose of producing systemic changes, such as facilitating access, implementing language justice and exercising cultural humility	report increasing their awareness regarding the opioid crisis. 70% of participants will report increasing their knowledge regarding the harmful effects of substances (harm reduction strategies) 70% of participants will report practicing safer Rx storage and disposal 70% of participants will report increasing their knowledge regarding available resources 80% of participants will report on the benefits of social connections and peer-to-peer support	practice safer Rx storage and disposal.
	3.3 By the end of the grant cycle disseminate information through community WhatsApp's, community gatherings, presentations, in Spanish to increase knowledge regarding Rx safe storage and safe Rx disposal to reach an audience of 400 households by 2026.	**Measure:** Progress report # of households reached	Ongoing Changing Minds Presentation and Safe RX Storage/Disposal across family engagement events 65 participants. Peer-led MHP community events 300+ community members

Performance Measures and Results:

See tables in section above describing changes in knowledge, awareness, and confidence to practice safer Rx storage and disposal.

Additionally, four interviews with behavioral health providers were conducted to understand their perspectives on barriers to effective service and care. Themes across the interview included:

- **Administrative and Paperwork Burden:** Behavioral health organizations' complex intake processes and digital forms options create significant drop-off among Spanish-speaking community members who initially express interest in receiving behavioral health care. One provider said, *"Our intake packet is 30 pages. That is overwhelming. If it is sent on DocuSign, then that is especially hard to navigate when people are using their phones."*
- **Limited Spanish-Speaking Provider Capacity:** Having a small number of bilingual/bi-cultural providers create bottlenecks or gaps in shifts or days without a Spanish-speaking staff member available.
- **Underrepresentation in Data and Need for More Outreach:** Spanish-speaking families are potentially undercounted in service data, and facilities may not be accessible or known to them. One provider said, *"How we ask preferred language is not representative for folks that are bilingual, or prefer Spanish, but don't say it on the form."*
- **Behavioral Health Care Facility Accessibility.** Provider noted that some of their facilities are either not accessible or are not widely known. One provider said, *"Our facility is there to serve people, but it is also not a convenient location."* They recommended bringing services and outreach efforts to neighborhoods and where people gather. Additionally, they noted that transportation is a barrier and that health transport options like Uber Health charge large fees if the client is late or doesn't show.
- **Immigration Fear and Safety Concerns:** Providers described how some clients have been reluctant to seek or continue services due to fear around immigration enforcement. One provider said, *"People have been afraid to leave their house and call for services this year. That's been a big barrier to getting care. It feels like people's lives had been on hold."*
- **Competing Basic Needs (Transportation, Work, Housing):** Providers described how clients' priorities to meet basic needs often take precedence over behavioral health engagement, which they found reasonable. One interviewee said, *"Many clients have Medicaid, especially for families with kids who are born here, but they still depend on transportation and have other major priorities like working multiple jobs to pay their bills, which makes it hard to schedule appointments for mental health care."*
- **Cultural Implications for Care:** One provider described how cultural beliefs shape whether and how families engage with care. The provider noted that some families are skeptical of psychiatric medication and diagnoses and often prefer to take medication from providers in their home countries or from friends who have had similar issues and have leftover medication.
- **Need for More Awareness of Services:** Even providers who had actively partnered with TFC/LF said they didn't know all the services and resources offered. They expressed a need for more cross-agency understanding and tours to strengthen collaborations between groups that serve the same communities. Specifically, to Longview they suggested installing a large, clearly-worded sign at the corner stating that the facility is open to all and accepts walk-ins.

During the interviews, providers noted a few areas for potential future collaboration that could improve behavioral health care, including:

- Continuing a formal partnership with Yarrow Collective to integrate more Spanish-speaking peer specialists into behavioral health system.
- Revise intake forms to more accurately capture language preference and pre-fill intake paperwork where possible and always offer hard-copy options in addition to digital forms; consider hosting intake paperwork filling workshop at TFC/LF.
- Figure out a way to use phone-based applications like WhatsApp for legal consent for care.
- Provide digital literacy support with service navigation, particularly for older adults who rely on children to complete online forms.
- Expand the use of Uber Health for transportation beyond discharge and revisit no-show penalty policies that penalize families with unreliable transportation.
- Develop a one-page Spanish-language resource guide covering what TFC/LF and key partners offer (food, rent, legal, medical) to share with providers and new caseworkers.
- Establish a provider/community organization coalition to strengthen referral networks, share knowledge of available services, and coordinate across agencies. This could include rotating facility tours so referring providers know firsthand what they are sending families to.
- Have representatives from behavioral health agencies host a community event to build awareness and trust before families are in crisis

2. **Performance Measures and Results*:*** *Unless they are included above, list each of the performance measures from the grant along with the results of the measures. The information can be presented in other formats, such as tables or charts.*

a. Included above.

3. **Metrics.** *Unless they are included above, list each of the metrics from the grant along with the resulting data. This information can be presented in other formats, such as tables or charts.*

a. Included above.

4. Budget to Actual Spreadsheet: *Please complete the attached budget worksheet and show the actual expenditures for the grant period. The budget column should agree with the original budget* ***plus*** *any adjustments from your six-month report. If there are unspent funds, please explain how they will be used in the next grant period.*

a. See attachments.

5. Financial System Reports:

a. *A financial system-generated summary Profit & Loss Statement for the grant year. The statement should include Opioid grant dollars only (not the entire organization.)*

b. *A financial system-generated general ledger for the reporting period showing detailed grant transactions. The statement should include the date, description, and amounts that are sorted and summed to match a) above.*

c. *If the above statements are not available or do not match your budget to actual spreadsheet, please explain.*

See attachments

6. Questions:

a. What went well?

The timeline for completing the objectives was manageable and did not place an additional burden on staff. Families readily participated and offered valuable feedback on a topic that many find difficult to discuss. The welcoming space encouraged meaningful, in-depth conversations. Overall, we are pleased with the qualitative data collected during the grant period, which will inform the design of future projects and interventions.

b. How could your program be improved?

It can only be improved if we see changes in the behavioral systems that are meant to support anyone in Larimer County. During this grant cycle we have shared qualitative data that has not been collected before or because the population we serve has been underrepresented across those systems. We hope that other organizations can take advantage of those findings to serve their clients in a more efficient way.

c. What is the future of your program? How will it be sustained?

This funding enabled us to train a cohort of peer support champions who can continue helping others in their communities, giving more families access to a trusted local resource that is culturally attuned. However, the program is not fully developed yet as we still need to implement best practices and strengthen relationships with partners to develop a more efficient model.

d. What could the Council improve?

Probably explore a two-year funding cycle model that will allow continuity and better data collection and outcomes.

Attachment: Budget to Actual Report (final)

Grantee:	The Family Center/La Familia
Approved Use:	G0 – Supports efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies.
Date Range	10/01/2025-09/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Notes
FSS Program Manager	NK	$59,488	13%	$7,733	$669	$8,402.68	$10,171.24	121.0%	replaced with higher paid staff member
PAT Coordinator	LM	$53,456	8%	$4,276	$254	$4,530.40	$3,533.08	78.0%	less work on project
Family Support Coordinator	HY	$53,456	8%	$4,276	$254	$4,530.40	$4,238.18	93.5%	less work on project
MV Manager	AQ	$58,968	13%	$7,666	$663	$8,329.23	$8,294.53	99.6%	
MV Specialist	SS	$39,367	9%	$3,543	$270	$3,812.93	$3,812.93	100.0%	
Promotora	RA	$44,554	8%	$3,564	$212	$3,775.92	$3,775.92	100.0%	
Executive Director	GK	$108,826	7%	$7,618	$1,083	$8,701.18	$8,701.18	100.0%	
Bilingual Programs Assistant	MD	$33,280	16%	$5,325	$551	$5,876.00	$5,910.69	100.6%	
Child Care Support (4 at each		$480	100%	$480	$48	$528.00	$0.00	0.0%	no care needed for sessions
								0.0%	
					SUBTOTAL	**$48,486.74**	**$48,437.75**	99.9%	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Notes
Office and General Supplies	$10.00	12	Supplies	$120.00	$120.00	100.0%	
Marketing Materials	$2,500.00	1	Supplies	$2,500.00	$2,549.66	102.0%	
Mileage	$0.70	200	Travel	$140.00	$139.32	99.5%	
Project Evaluation	$15,000.00	1	Consultants	$15,000.00	$15,000.00	100.0%	
						0.0%	
			SUBTOTAL	**$17,760.00**	$17,808.98	100.3%	
			TOTAL DIRECT	$66,246.74	$66,246.74	100.0%	
			Indirect 15%	$9,937.01	$9,937.01	100.0%	
			TOTAL COSTS	$76,183.75	$76,183.75	100.0%	