



## LARIMER REGIONAL OPIOID ABATEMENT COUNCIL

1525 Blue Spruce Dr, Fort Collins, CO 80524 970.619.4642 [larimer.gov/bocc/regional-opioid-abatement-council](http://larimer.gov/bocc/regional-opioid-abatement-council)

**Date:** March 26, 2026  
**Time:** 2:00 PM to 3:30 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 February 26, 2026 Meeting Minutes
  - *Action Required*
4. Grant Administration
  - a. Follow-up on February Year 4 Proposals
  - b. Year 4 (2026-2027) Funding Proposal Approvals - *Action Required for each item*
    - i. Lighthouse
    - ii. Partners
    - iii. Fort Collins Rescue Mission
    - iv. Rise Above
  - c. New Applicant Funding Proposals - *Action Required for each item*
    - i. Willow Collective
    - ii. One Chance to Grow Up
5. Update on Larimer County Sheriff's Office's Contract Review
6. Adjourn Meeting

## 2026 Monthly Commitments

<b>January 2026</b>	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
<b>February 2026</b>	Approve CSU Prevention Research Center 6-Month Report Review Year 4 (2026-2027) Funding Proposals
<b>March 2026</b>	Review Year 4 (2026-2027) Funding Proposals Review New Applicant Funding Proposals
<b>April 2026</b>	Quarterly Financial Report Review Year 4 (2026-2027) Funding Proposals Harvest Farm 2025-2026 Extension Update
<b>May 2026</b>	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 Yarrow Collective Final Report Approve Butler Institute Final Report
<b>June 2026</b>	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
<b>July 2026</b>	Quarterly Financial Report Approve Administrative Reimbursement for Jan-Jun 2026 Approve Abundance Foundation Final Report
<b>August 2026</b>	Approve CSU Prevention Research Center Final Report
<b>September 2026</b>	Review Year 4 (2026-2027) Funding Proposals
<b>October 2026</b>	Quarterly Financial Report
<b>November 2026</b>	No Meeting
<b>December 2026</b>	***Meeting moved to 12/3 Approve EVICs Final Report Approve La Familia Final Report CSU PRC 2024-2025 Extension Deadline (12/31)



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# MINUTES

**Date:** February 26, 2026  
**Time:** 2:00 PM to 3:30 PM  
**Location:** Hybrid – Goldfinch/Sparrow Conf. Rm., 2260 W Trilby Road, Fort Collins & Zoom  
**Contacts:** *Rupa Venkatesh* - Council Secretary & Point of Public Contact, City of Fort Collins  
*Heather Gilmore* - Council Staff Support, Larimer County Department of Health and Environment

Voting Members Present: Tom Gonzales, Chair  
Commissioner Jody Shaddock-McNally, Vice Chair  
Rupa Venkatesh, Secretary  
Trustee Cindy Younglund (Virtual)  
Mayor Pro Tem Brian Mason (Virtual)  
Amy Phillips (alternate for Zeke Cortez) (Virtual)

Advisory Members Present: Vanessa Fewell  
Jessica Plummer  
Marshall Weaver

Subject Matter Members  
Present: Gordon McLaughlin

Full Recording of Meeting: <https://www.youtube.com/live/2z1Xp6adS7U>

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

**Public Comment** - No public comment was made.

### Approval of the January Minutes

**Action** - Commissioner Jody Shaddock-McNally moved to approve the January minutes as written. Rupa Venkatesh seconded the motion. **Motion was unanimously approved.**

### Grant Administration

### **Approval of the CSU Prevention Research Center 6-Month Report (Year 3: 2025-2026)**

- The CSU Prevention Research Center presented their six-month report, highlighting their progress and goals, including sustaining and growing the Blues program, the implementation of the Healthy Futures Program, the Guiding Good Choices Program, and developing new professional development for prevention practitioners.

**Action** – Commissioner Shadduck-McNally motioned to accept the CSU Prevention Research Center’s 6-month report and the release of the next portion of their funds. Rupa Venkatesh seconded the motion. **Motion was unanimously approved.**

- The Chair reminded the Council of the CSU Prevention Research Center’s January request to extend the \$14,000 allocation for the Blues Program with Poudre School District, clarifying that the extension will run through December 2026. The Council raised no concerns with this timeline.

### **Year 4 (2026-2027) Funding Proposal Approvals**

#### **Approval of the Butler Institute Year 4 Funding Proposal**

- The Butler Institute presented its Year 4 funding proposal, focused on developing an evaluation plan to support intentional, community-informed decision-making. Key next steps include collaborating with individual grantees to assess existing evaluation efforts and data in order to minimize administrative burden. Planned deliverables include a Pathway to Change, Ripple Effects Mapping, and a final evaluation plan, with progress reviewed quarterly by ROAC.
- The Butler Institute is requesting a total of \$74,983.51 from approved uses category J.4 – Leadership, Planning & Coordination.
- **Action** – Trustee Cindy Younglund moved to table a decision regarding the Butler Institute until the Council receives feedback from the other presenting grantees on their willingness to participate in the Butler Institute evaluation process. Commissioner Shadduck-McNally seconded the motion. **Motion was unanimously approved.**

#### **Approval of the Northern Colorado Health Network Year 4 Funding Proposal**

- The Northern Colorado Health Network presented its Year 4 funding proposal, highlighting both the successes and challenges of its harm reduction services, including expanded treatment offerings through its partnership with FMC and the impact of federal constraints. Key outcomes included 177 lives saved in 2025.
- The Northern Colorado Health Network is requesting a total of \$415,989.17 from approved uses category H.9 – Harm Reduction (\$258,700.40), C.15 – Connections to Care (\$78,198.86), and K.2 – Training (\$79,089.91).
- The Council and the grantee discussed the proposed budget allocation, with the Council expressing concerns about the division of funds into the various approved uses categories, specifically the harm reduction category.
- In response to a question about participation in the Butler Institute evaluation process, the Northern Colorado Health Network confirmed its willingness to engage in the three remaining evaluation touchpoints.

#### **Approval of the Yarrow Collective Year 4 Funding Proposal**

- The Yarrow Collective presented its Year 4 funding proposal, highlighting its impact on marginalized communities and success in serving 7,500 participants. The proposal focuses on sustaining peer support, expanding pro-social programming, supporting individuals in treatment and recovery, and increasing awareness of peer support services.
- The Yarrow Collective is requesting a total of \$360,926.81 from approved uses category B.6 – Treatment & Recovery (\$256,269.91), D.4 – Address Needs of Criminal Justice (\$47,614.60), H.1 – Prevent Overdose Deaths & Other Harms (\$46,560.05) and K.1 – Training (\$10,482.25).
- The Council and the grantee discussed the proposed budget allocation, with the Council expressing concerns about the large budget gap in their request and the division of funds into the various approved uses categories. Yarrow Collective indicated a willingness to reduce requests for professional development and housing stipends to align with the target amount.
- In response to a question about participation in the Butler Institute evaluation process, the Yarrow Collective confirmed its willingness to engage in the three remaining evaluation touchpoints.

#### **Approval of the North Colorado Health Alliance Year 4 Funding Proposal**

The Chair recused himself and left the meeting room in order to avoid any potential conflicts of interest as he is associated with the North Colorado Health Alliance.

- The North Colorado Health Alliance presented its Year 4 funding proposal, highlighting the success of its care coordination program and its positive impact on quality of life and substance use outcomes. The proposal also emphasizes goals related to stigma reduction, peer recovery support, and community and provider education, including the continued success of the Changing Minds Campaign.
- The North Colorado Health Alliance is requesting a total of \$450,000.00 from approved uses category B.1 – Support People in Treatment & Recovery (\$256,778.50), C.10 – Connections to Care (\$82,412.00), G.2 – Prevent Misuse of Opioids (\$10,000.00) and K.1 – Training (\$1000,809.50).
- The Council and the grantee discussed the proposed budget allocation, with the Council expressing concerns about the large budget gap in their request and the division of funds into the various approved uses categories. The North Colorado Health Alliance agreed to reduce its request to meet the target amount.
- In response to a question about participation in the Butler Institute evaluation process, the North Colorado Health Alliance confirmed its willingness to engage in the three remaining evaluation touchpoints.

The Chair returned to the meeting.

#### **Approval of The RedPoint Center Year 4 Funding Proposal**

- The RedPoint Center presented its Year 4 funding proposal, outlining its continued efforts to strengthen recovery services in Larimer County. The proposal expands access to substance use and mental health treatment—including PHP, IOP, and outpatient care—with a focus on serving uninsured and underinsured individuals, particularly those with opioid use disorder. Funding is expected to support approximately 38 high-acuity clients at an average cost of \$4,000 per client, alongside a range of insurance and payment options.
- The RedPoint Center is requesting a total of \$150,000.00 from approved uses category B.2 – Support People in Treatment & Recovery.

- The Council and the grantee discussed the proposed budget allocation, with the Council expressing concerns about the slight budget gap in their request. The RedPoint Center confirmed it could adjust its budget to meet the target amount.
- In response to a question about participation in the Butler Institute evaluation process, The RedPoint Center confirmed its willingness to engage in the three remaining evaluation touchpoints.

**Action** – Commissioner Jody Shadduck-McNally motioned to extend the meeting by 15 minutes to 3:45 PM. Rupa Venkatesh seconded the motion. **Motion was unanimously approved.**

**Action** – Mayor Pro Tem Mason approve all grantees that we met with today at the same reduction as the overall budget for 2026 compared to 2025, applying the percentage drop to the contracts from the prior year.

- o Butler Institute approved amount - \$70,503.00
- o Northern Colorado Health Network - \$416,399.00
- o Yarrow Collective - \$294,025.00
- o North Colorado Health Alliance - \$423,109.00
- o The RedPoint Center - \$141,036.00

Commissioner Shadduck-McNally seconded the motion. Motion was unanimously approved. **Motion was unanimously approved.**

- The Council directed all grantees to revise their budget spreadsheets to address funding gaps and update approved use allocations, with revisions to be presented at the March meeting.

#### **Update on Larimer County Sheriff's Office's Contract Review**

- Rupa Venkatesh provided a brief update on the attorney's review of the Sheriff's Office contract, noting that the process has not yet fully begun. The Sheriff's Office has requested legal representation during the review, and Ms. Venkatesh anticipates sharing a more substantive update in March.

#### **Lived Experience Recruitment Process**

- Commissioner Shadduck-McNally introduced an updated Lived Experience Application, largely consistent with the previous version, and confirmed a two-year term limit for members. Current members will need to reapply, and prior interview questions have been retained and may be reused. The application will be further refined and shared in March, with interviews anticipated in April or May. Feedback was also shared emphasizing the value of recruiting individuals newer to recovery to provide current perspectives.

**Action** – Trustee Cindy Younglund motioned to accept the application and to move forward with the recruitment process. Mayor Pro Tem Mason seconded the motion.

**Motion was unanimously approved.**

#### **Additional Comments**

- Trustee Cindy Younglund announced that this would be her final meeting, expressing her appreciation for serving on the Council and her hope to remain connected moving forward.

#### **Adjourn Meeting**

- Trustee Cindy Younglund moved to adjourn the meeting. The meeting adjourned at 3:47 PM.

# Region 2 Opioid Agreement Budget Worksheet

**Grantee Name:**

University of Denver - Butler Institute for Families

**Approved Use:**

J. Leadership, Planning and Coordination; 4. Provide resources to staff government oversight and management of opioid abatement programs.

## Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Lead	M.S.		0.100	\$13,596	\$3,698	\$17,294	Requesting 0.1 FTE for the Lead who will be responsible for oversight of the team and deliverables and will facilitate advisory workgroup, provide subject matter expertise, lead program evaluation consulting, and provide technical assistance to grantees. Fringe is 27.2% and negotiated annually.
Project Manager	K.J.		0.200	\$17,353	\$4,720	\$22,073	Requesting 0.2 FTE for the Project Manager who will manage day-to-day implementation of the scope of work; coordinate monthly advisory workgroup meetings; manage development of individual grantee evaluation workplans; provide program evaluation consultation and technical assistance; and contribute to reporting and dissemination products.. Fringe is 27.2% and negotiated annually.
Project Coordinator	M.H.		0.116	\$8,746	\$2,379	\$11,125	Requesting 0.116 FTE for the Project Coordinator who will provide support and coordination for Pathway to Change and Ripple Effects Mapping; support project manager in development of individual grantee evaluation workplans; contribute to reporting and dissemination products. Fringe is 27.2% and negotiated annually.
Facilitator	S.R.		0.030	\$4,079	\$1,109	\$5,188	Requesting 0.03 FTE for the Facilitator who will lead the Pathway to Change and Ripple Effects Mapping efforts; lead development of final related products for dissemination. Fringe is 27.2% and negotiated annually.
Quality Assurance	various staff		0.030	\$2,546	\$692	\$3,238	Requesting 0.03 FTE for the Quality Assurance who will support high quality and accessible deliverables through editing, design, and project management. These services are a direct benefit to the project and are not provided from indirect costs.. Fringe is 27.2% and negotiated annually.
				\$0	\$0	\$0	
				\$0	\$0	\$0	
<b>SUBTOTAL</b>						<b>\$58,918</b>	

*\*All fields in grey should auto-calculate*

## Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
			Equipment	\$0	
Program Supplies	\$505	47.6%	Supplies	\$240	Budgeted at \$505 per FTE (reduced from \$1000). Program supplies like meeting supplies for meetings other than the annual meeting (flipchart paper, post-its, printed materials, table materials); software (for analysis, project management, materials production); and staff computing and supplies. These costs are project and staff specific and they are not provided from indirect costs.
Annual Meeting/Pathways to Change	\$800	1	Supplies	\$800	Estimate room rental (\$250); meeting supplies (\$100 for flipchart paper, post-its, printed materials, table materials); lunch & snacks at annual meeting (\$15 per person x 3 people x 10 organizations (incl. ROAC & Butler))
Professional Development	\$0	47.6%	Professional Development	\$0	<del>Budgeted at \$500 per FTE based on historical costs, this line includes reasonable and necessary professional development and coaching accreditation/licensure. Professional development is billed as a percentage of FTE across relevant projects to appropriately allocate benefit.</del>
Mileage	\$0.72	1872	Travel	\$1,348	Mileage at the IRS rate from DU (208 miles round trip x 9 trips) for meetings, the Pathway to Change (PTC), the Ripple Effects Mapping (REM), Presentations, troubleshooting, and relationship building.
			Consultants	\$0	
				\$0	
				\$0	
				\$0	
			<b>SUBTOTAL</b>	<b>\$2,388</b>	

<b>TOTAL DIRECT</b>	\$61,307	
<b>TOTAL INDIRECT 1</b>	\$9,196	
<b>TOTAL COSTS</b>	\$70,503	

1 Region 2 ROAC indirect maximum allowed is 15%

## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** Yarrow Collective, 501c3  
409 Mason Court Unit 129  
Fort Collins, CO 80524

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
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
	<b>TOTAL</b>	<b>\$294,025</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

The Yarrow Collective, 501(c)3 is an independent Lived Experience Organization that builds non-carceral, consent-based alternatives to mental health and substance use services through peer support and harm reduction. The Yarrow Collective not only offers, but *prioritizes*, support and education that is peer-to-peer in nature. Our communities are centered “by, for, and with” people who have lived/living experience with psychiatric diagnosis, trauma, extreme states, houselessness, disabilities or chronic illness, problematic substance use, incarceration, criminalization, and other

life-interrupting challenges.

This proposal will increase Yarrow Collective's capacity to provide recovery peer support and harm reduction education and supplies to persons in the community and criminal-justice involved individuals with OUD. Through this funding, Yarrow Collective will provide individual, group, and drop-in peer support, continue our social connection event series for people with OUD or SUD, expand housing support services for people with OUD or SUD, conduct mobile outreach with harm reduction supplies, and increase educational and awareness efforts related to OUD and recovery options.

Specifically, this proposal provides 60 hours of peer supporter availability for groups, 1:1 support, drop-in support, on-site and mobile harm reduction education and supplies distribution, and peer supervision. Our Harm Reduction and Recovery peer supporters work with individuals in the community with OUD or SUD and individuals who are incarcerated, leaving incarceration, or are under community corrections supervision. Within our physical drop-in location, this funding will support our team in operating acu-detox services for persons with OUD, providing a safe space for individuals needing extra recovery support outside of formal treatment systems, and providing access to life-saving harm reduction and overdose reversal supplies and educational materials. Our peer support team also conducts mobile harm reduction outreach and peer support groups. In 2025, for example, we supplied 706 Naloxone kits and 1,400 fentanyl testing strips to people who use drugs. More than 750 people who used drugs attended a harm reduction peer support group with us last year.

Funds in this proposal will also be used to continue hosting monthly social connectedness events for people with OUD or SUD, with particular focus on persons who are unhoused. In the last three years as part of this social connectedness series, Yarrow Collective has hosted film screenings, a kickball barbeque, a 5k run, story-telling workshops, art-making nights, bowling nights, and group excursions to community or cultural events. In 2025, 420 people with OUD or SUD attended one or more of our social connectedness events, with an average attendance of 20 people at any given event.

We further propose with these funds to continue our successful housing assistance program that we piloted last year. In 2025, we supported 42 people with re-entry housing stipends and peer support following their incarceration at Larimer County jail. Fourteen of 42 participants (33.3%) graduated from the program, found employment, and started paying for their own housing before their year of eligibility was over. Very few (3 of 42) dropped out of the program, relapsed, or returned to substance use during their time working with us. The remaining 59.5% remained on our 1:1 peer caseload throughout the prior year and were offered additional resources and referrals to bridge the jump between our re-entry housing assistance and financially supporting their own housing. We propose to continue providing housing support in 2026 for a minimum of 25 people with OUD or SUD who are re-entering the community following psychiatric or criminal institutionalization.

With growing collaborations among jail-based populations and systems, funding will also be used for peer staff training in community and restorative justice models. Funds further support program evaluation efforts for our harm reduction and recovery programming through our PhD-level program evaluation and program improvement support person. Finally, Yarrow Collective will continue its strong social media engagement, along with other digital channels of communication, for recovery and harm reduction educational initiatives to reduce stigma and increase awareness of community-based recovery spaces and treatment options.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.

**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.

**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.

**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.

3. **Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

An overarching goal of all of Yarrow's peer support programming is to foster connection and belonging, particularly for persons who are unable or apprehensive about seeking care in traditional behavioral healthcare settings for any variety of reasons such as cost, structural barriers, oppressive systems, stigmatization, or past unhelpful experiences in clinical or criminal justice settings.

**Objective 1:** Process and outcome objectives for Yarrow's peer support programming will be measured through voluntary demographic surveys, attendance tracking, quantitative surveys that assess knowledge and use of harm reduction tools, social connectedness, stigma reduction, satisfaction with peer support programming, and twice annual collection of qualitative stories of impact.

Specific to collecting process and outcomes data, we honor the fact that some folks attending our groups and events will wish to remain anonymous until trust and a sense of belonging is established. Therefore, Yarrow Collective does not require intakes or pre/post assessments. Instead, we offer multiple ongoing opportunities to collect demographic and outcomes data from participants through surveys and interviews with gift card incentives. Anonymous surveys for participant feedback and anonymous demographic forms are provided via a QR code posted at all groups and events we offer. At least quarterly throughout the year, the Yarrow evaluation team specifically solicits more thorough feedback and outcomes data from peer participants through invitations to complete surveys and focus groups with gift card incentives. Short-term outcomes assessed via surveys for our peer support

programming include reduced isolation, increased sense of community, increased social support, increased willingness to engage harm reduction practices, and increased personal understanding and clarity of individualized, sustainable harm reduction tools and pathways.

We also track the number of overdose reversal medications and other harm reduction supplies distributed at our drop-in center and through our mobile outreach program.

**Objective 2:** Attendance rates and anonymous feedback surveys are provided at every social connectedness event. Event surveys are designed to assess feelings of belonging and connection, feelings of safety as it relates to marginalized identity, and satisfaction with the quality of the social gathering.

**Objective 3:** For housing support services, Yarrow Collective will track the number of individuals served, the housing placement type, barriers to independent living, and a summary of other resources or wraparound referrals made.

4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC's principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

a). **What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

Yarrow Collective is committed to a vision for all Coloradans, and particularly those with multiple-marginalized identities, to feel connected to community, have access to diverse behavioral health and harm reduction supports that extend beyond clinical settings, and feel empowered in finding culturally relevant pathways to their self-defined recovery and healing.

An urgent need exists to support the flourishing of community-based peer support options in our area, particularly for persons who use drugs and who are unable or apprehensive about seeking care in traditional substance use treatment or behavioral health settings. Yarrow Collective's harm reduction and recovery peer programming serves people who are actively using drugs, have SUD or OUD, or have a history of using drugs and are seeking their own path to recovery. Yarrow Collective currently operates four liberatory harm reduction spaces for people who use drugs including: Risk Less Live More hosted at the Murphy Center, Risk Less Live More Greeley group at the Housing Navigation Center, a group at Longview Behavioral Health Center, and New Sight in the Larimer County Jail on

both the women's and men's side. Yarrow Collective also operates a Self-Discovery & Recovery peer support space designed to provide opportunities for connection, culturally relevant exploration, and permission to define what healing and recovery means to each person.

Among Yarrow Collective peer support group participants who shared their demographic data with us in the past year, for example, 94% of our group participants hold at least one marginalized identity, and/or were actively experiencing houselessness or incarceration. In our community-based harm reduction peer support groups, specifically, over the past year, our peer supporters have served over 750 people who use drugs or who have a history of substance use. The year prior, we served over 400 people who used drugs, which demonstrates high increased demand in our programming. Among those served in 2025, 43% are BIPOC and 32% are unhoused. We delivered 45 harm reduction peer support group sessions specific to incarcerated populations last year. Our mobile harm reduction outreach connects primarily with unhoused individuals, and it is here where we have passed out the majority of our naloxone and fentanyl testing strip supplies. Geographically, Yarrow Collective primarily focuses its programs in Larimer and Weld Counties, in the towns of Fort Collins, Loveland, and Greeley with participants also joining from Laporte, Windsor, Aurora, Sterling, Wellington, Berthoud, Estes Park, Erie, Timnath, Mead, Severance, Longmont, Aurora, and Denver.

We regularly host listening sessions with people who use drugs and recently completed a comprehensive needs assessment of the local recovery ecosystem (final report forthcoming). We regularly hear from people with OUD or SUD that they want non-coercive "no strings attached" spaces where people who use drugs can receive support without feeling pressured or required to access certain types of care. Yarrow Collective prioritizes non-coercive and consent-based interactions with anyone who engages a relationship with us. In our 1:1 harm reduction peer support and peer support groups, for example, we aim to walk side by side with people who use drugs in their self-defined journey of healing, recovery (i.e., any positive change that impacts one's life), crisis, transition, or growth. Successes we have seen in implementing such an individualized approach to recovery into our group and 1:1 peer support spaces include reduced stigma related to using drugs, trust in our peer team, and adopting a more hopeful outlook towards the future. Yarrow Collective provides effective services to those in the community we serve because our peers are part of those communities, they listen to the individual needs of the person they are supporting, and help each person build recovery pathways and community connections that are meaningful and sustainable for them.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

A 2022 Larimer County environmental scan conducted by the Northern Colorado Harm Reduction Alliance and Mental Health and Substance Use Alliance concluded that persons identifying as queer, BIPOC, and those with disabilities reported having remarkably few, if any, culturally relevant substance use and recovery support service options. The Alliance identified peer-to-peer support services as a key gap in the substance use and recovery ecosystem of our region. Based on 16 interviews across 14

organizations, participants broadly agreed that there are not enough programs created specifically “by and for” marginalized communities, particularly those that expand beyond 12-step programs that dominate the local recovery support service environment.

Certain community members, such as BIPOC, those who are unhoused, or those who are criminal justice-involved, may be unable or apprehensive about seeking care in traditional substance use treatment or behavioral healthcare settings. Some of the historical roots of systemic oppression have made access to conventional systems difficult, and sometimes, traumatic for people of marginalized identities. Others may feel like they do not belong in more conventional mutual support spaces for any variety of reasons (e.g., mistrust, past negative experiences, feeling judged, dislike of rigid rules around sobriety, lack of cultural relevance, etc). By centering community-based programming by/for/with people with lived experience, we are advancing equity in the behavioral health realm to offer alternative spaces where people can learn, connect, and be further supported in recovery and harm reduction education, supplies, and non-judgmental connection.

Cost effective, lived experience-based, community-centered programs like ours provide a crucial entry point into care for underserved populations experiencing high rates of mortality and overdose. Yarrow Collective has been building its Liberatory Harm Reduction Peer Support program over the last two years and recently launched new Peer Recovery programming. We have built the necessary trust and rapport within the communities we serve to uniquely connect with and engage people who hold multiple marginalized identities and are actively using drugs or have a history of problematic substance use. Our four harm reduction peer support groups and 1:1 peer support offerings reach unhoused individuals, incarcerated and formerly incarcerated individuals, BIPOC, and LGBTQ+ individuals. Our unique strengths include peer support staff with lived experience and diverse identities, including bilingual peer supporters. We take care to ensure that our hiring practices encourage a diverse team that includes people of color and from indigenous groups, people who are LGBTQ+ identified, people who have a history of incarceration, people who are disabled, and so on. Our peer teams and Board of Directors are composed primarily of people who identify in these ways.

Yarrow Collective’s drop-in space, specifically, is accessible to anyone who seeks education, supplies, or support without lengthy intakes, without conditions, and with no financial barriers that would get in the way of access. While we will continue to conduct mobile outreach, we have found that many of our participants – such as persons reentering the community after a period of incarceration – need a steady place to land where they know they will be well-received within a non-judgmental, non-carceral, and non-coercive space to get the support, connection, education, and supplies they need. Other communities we serve, such as BIPOC and LGBTQ+, need supportive spaces they can drop-in to where they will find others who share their identities and are able to explore culturally relevant harm reduction philosophies and practices. Yarrow’s programs reflect a community-engaged way to disrupt the isolation of drug use and build meaningful connections with others having shared lived experiences, creating an opportunity for sustained support and a harm reduction lifestyle for the people we serve.

Finally, Yarrow educational events and workshops are offered for free or on a generous sliding scale. Our social connectedness series for people who use drugs or are in recovery are always offered at no cost and, when possible, transportation services are provided for people who need it. We also plan our educational and social events by/for/with people in recovery so that we better ensure that we are meeting the needs, requests, and priorities of the communities we aim to serve.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their “real world” or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

Yarrow Collective is explicitly peer-run and our programming is entirely driven by the voices and priorities of persons with lived experience with the challenges we aim to address. The Yarrow Collective team are people who themselves are in long term recovery and who have lost friends and loved ones to preventable overdose deaths. As a by/for/with organization, Yarrow Collective relies on the leadership of persons with lived experience, prioritizing BIPOC and LGBTQ+ community members for training and facilitating community-based peer support groups, social connectedness events, and 1:1 peer support. We believe that it is by/for/with programming that will ultimately address issues of access and equity related to bringing culturally relevant and contextualized harm reduction and wellness to more people across Colorado.

The voices of persons with lived experience with mental health or substance use struggles are generally the least empowered in traditional system responses to behavioral health crises or problematic drug use, which has led to power imbalances, coercion, and treatment systems that reinforce systemic oppressions. Part of how we offer culturally responsive care is by prioritizing lived experience and leaning on the values of peer support, which include redressing power imbalances in traditional helping relationships. In all of our peer support programming, we listen to those with "boots on the ground" about how to apply peer support to their community in the most respectful and relevant ways.

For the last four years, Yarrow Collective has regularly engaged in broad community outreach to listen to the experiences and priorities of peer supporters working across the spectrum in behavioral health, homelessness, substance use, and criminal justice systems in Larimer and Weld Counties. We regularly host focus groups for peer support group participants, listening sessions for peer supporters working across our counties, and collect feedback about all of our programming via surveys. In the peer to peer model, we regularly engage participants in an environment of mutuality, where if something is not working or feels off about the group, we will have a group discussion to talk about what needs to change and how we are co-creating the space together. This helps us keep a pulse of how our groups are going in an organic way and allows us to adjust group space, times, and discussion topics in response to participant needs. This is part of how our Risk Less, Live More peer support group was created. After surveying mostly unhoused people who use drugs and engaging them in our Mobile Harm Reduction group, they reported wanting a space to meet indoors, and suggested the timing and location for Risk Less, Live More to meet.

We also have dedicated positions on our team for the purposes of collecting feedback from the people we serve, evaluating outcomes of our programs, and relaying that information back to our program directors for implementation. In 2024, for example, based on surveys with 78 peer support group participants, the most frequent request we heard was for more informal spaces to connect and increased 1:1 peer support in between our weekly group meeting times. In particular, respondents described a desire for activities and safe social spaces that are not “therapy” or “talk-oriented,” but

rather spaces where they can find new pro-social connections and build community. Respondents with a history of substance use also wanted access to spaces where they felt accepted for being exactly where they are at in their substance use journey, which for some, might include medication-assisted treatment, medicinal cannabis use, or discovering their relationship with ancestral healing paths. In response to this feedback, we applied for and were awarded a Colorado Health Foundation grant to expand 1:1 peer support and develop additional social spaces for people who use drugs to connect with each other and our peer supporters to explore culturally-relevant practices for self-defined recovery or healing. Every programmatic expansion that Yarrow Collective seeks is driven by the named priorities and requests of the communities we belong to and support through our work.

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.

See attached budget spreadsheet.

- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Grant Agreement (aka “contract”) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Nze Okoronta  
Email: nze@yarrowcollective.org  
Phone: 970-430-5812

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Lucrecia Medrano  
Email: lucrecia.medrano@yarrowcollective.org  
Phone: 970-290-2213

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Adanze Okoronta (legal name)  
Email: nze@yarrowcollective.org  
Phone: 970-430-5812

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Geena Rupp  
Email: geena.rupp@yarrowcollective.org  
Phone: 970-691-6114

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

# Region 2 Opioid Agreement Budget Worksheet

Grantee Name:

Yarrow Collective

Approved Use:

Total budget for all approved uses

## Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Peer Supervisor and Harm Reduction Program Director	LM	\$78,000	30.00%	\$23,400	\$7,294	\$30,694.00	This position oversees and manages the operation of harm reduction peer support groups with Yarrow Collective, including promoting and co-facilitating peer support groups, mentoring and supervising peer support facilitators, and managing communications related to peer support groups. This is an existing FTE (matched with other funding) with 30% time dedication to this project. Fringe includes FICA, SUI, FAML, Health/Dental/Vision Insurance, Workman's Comp, PTO, Sick Pay, and Holiday Pay and Simple IRA retirement account.
1:1 Peer Support Coordinator & Group Facilitator	EK	\$66,560	30.00%	\$19,968	\$5,550	\$25,518.00	This position coordinates harm reduction peer support activities within the community, including outreach to incarcerated folks and persons transitioning back in the community, delivering individual and group peer support, and represents Yarrow Collective's peer programming on various community and systemic committees. This is an existing FTE (matched with other funding) with 30% time dedication to this project. Fringe includes FICA, SUI, FAML, Health/Dental/Vision Insurance, Workman's Comp, PTO, Sick Pay, and Holiday Pay and Simple IRA retirement account.
Harm Reduction & Recovery Coordinator	MM	\$68,640	45.00%	\$30,888	\$8,431	\$39,319.00	This position coordinates recovery peer support activities within the community, including event planning and delivering individual and group peer support. This is an existing FTE (matched with other funding) with 45% time dedication to this project. Fringe includes FICA, SUI, FAML, Health/Dental/Vision Insurance, Workman's Comp, PTO, Sick Pay, and Holiday Pay and Simple IRA retirement account.

Community Peer Support Advocate	DD	\$67,600	100.00%	\$67,600	\$18,617	\$86,217.00	This position delivers 1:1 peer support, group peer support, and harm reduction education and supplies within the community and at Yarrow Collective's physical location during drop-in hours. Fringe is calculated at \$8.95/hr as a FTE position and includes FICA, SUI, FAMLI, Health/Dental/Vision Insurance, LIFE/AD&D/LTD, Workman's Comp, and Simple IRA retirement account.
Program Evaluator	SH	\$53,040	0.00%	\$0	\$0	\$0.00	Yarrow Collective's PhD-level academic-community partner who supports programmatic activities related to quality services in behavioral health, peer support models, program evaluation, and grant writing. Fringe is calculated at \$9/hr and includes FICA, SUI, FAMLI, LIFE/AD&D/LTD, Workman's Comp, and Sick Pay
Peer Supervisor and Director of Finance and Operations	GR	\$95,000	10.00%	\$9,500	\$1,270	\$10,770.00	This position provides peer supervision (co-reflection), as well as delivering 1:1 peer support and group peer support to incarcerated folks and persons re-entering the community. This is an existing FTE (matched with other funding) with 25% time dedication to this project. Fringe includes FICA, SUI, FAMLI, Health/Dental/Vision Insurance, Workman's Comp, PTO, Sick Pay, and Holiday Pay and Simple IRA retirement account.
<b>SUBTOTAL</b>						<b>\$192,518.00</b>	

\*All fields in grey should auto-calculate

<b>Other Direct Costs</b>						
Item(s), Description	Rate	Units	Category	Total	Explantion, Justification	
Harm Reduction & Recovery Events for Belonging and Prosocial Activities	\$600	10	Supplies	\$6,000.00	Host 10 community peer-to-peer events (arts, physical activity, or community-building) for people in recovery. Costs include food, space rental, supplies, signage, ads	
Peer Support 1:1 and Group Supplies	\$2,800	1	Supplies	\$2,800.00	Printed educational materials for groups, flyers and printed promotional materials for community events, journals, collaging materials, graduation certificates, wound care kits and basic needs supplies	
Mileage for groups and outreach	\$0.73	5967	Travel	\$4,355.91	Mileage reimbursement to staff traveling to meet participants for 1:1, groups, events, community coalition meetings, etc.	
Housing Stipends	\$1,000	50	Other	\$50,000.00	Stipends for housing for a minimum of 25 individuals; Each stipend occurrence is \$1,000 and each individual is allowed up to two occurrences	
				\$0.00		

1 Region 2 ROAC indirect maximum allowed is 15%

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<b>SUBTOTAL</b>	<b>\$63,155.91</b>	
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<b>TOTAL DIRECT</b>	\$255,673.91	
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<b>TOTAL INDIRECT 1</b>	\$38,351	15% indirect
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<b>TOTAL COSTS</b>	\$294,025.00	
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## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** North Colorado Health Alliance  
 Main Organization Location: 2930 11th Ave, Evans, CO 80620  
 Larimer County Office Location: 302 3rd St SE, Loveland, CO 80537

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s): \$450,000**

**Original Larimer Region 2 Opioid Abatement Budget Area: J.3. Leadership, Planning, and Coordination:** Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list. @\$450,000.00

**New Proposed Approved Use & Associated Budgets:**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	<p><b>Exhibit E, Schedule B - B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY:</b> Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:</p> <p><i>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.</i></p>	\$246,038.50
2	<p><b>Exhibit E, Schedule B - G. Prevent Misuse of Opioids:</b> Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:</p> <p><i>G2. Corrective advertising or affirmative public education campaigns based on evidence.</i></p>	\$10,000.00
3	<p><b>Exhibit E, Schedule B - C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE):</b> Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:</p> <p><i>C10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer</i></p>	\$77,665.50

	<i>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.</i>	
4	<b>Exhibit E, Schedule B - K. TRAINING:</b> <i>In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:</i>  <i>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.</i>	\$89,386.00
	<b>TOTAL</b>	<b>\$423,090.00</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

Since its launch in 2018, the North Colorado Health Alliance’s Addiction Response Team has been a cornerstone of the regional response to substance use disorder (SUD), providing integrated, equitable care coordination and peer support services. Through a network of eight treatment providers, including opioid treatment programs (OTPs), federally qualified health centers (FQHCs), and community mental health centers (CMHCs), NCHA’s Addiction Response Team ensures that individuals can access timely and appropriate care, regardless of financial or geographic barriers.

Alongside these efforts, the NCHA Addiction Response Team (ART) leads initiatives to reduce stigma, enhance provider education, and expand community awareness. Sustained funding will allow these programs to continue their vital work, strengthening care coordination and peer support, community stigma reduction, and provider education across Larimer County.

**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.*

North Colorado Health Alliance (NCHA) will support individuals with OUD and co-occurring SUD/MH conditions through comprehensive, community-based care coordination services delivered by the Addiction Response Team (ART) and network partners.

Services include:

- Individualized care coordination
- Treatment navigation and MAT linkage
- Transportation and client assistance supports
- Benefit enrollment assistance

- Housing, employment, and social service connection
- Embedded support in jails, shelters, housing, courts, hospitals, and treatment centers
- 24/7/365 warm line access
- Cross-provider communication and continuity of care

These services reduce fragmentation and ensure individuals can stabilize in treatment and recovery while addressing social determinants of health.

**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.*

NCHA’s Peer Recovery Specialists will provide lived-experience recovery support to individuals with OUD and co-occurring SUD/MH conditions by co-locating staff in cross sector settings.

Peer Recovery Specialists will:

- Provide coaching and motivational support
- Offer overdose response education
- Support transitions from different settings including withdrawal management, treatment, incarceration, and emergency departments
- Facilitate connections to MAT, behavioral health, housing, and employment services
- Conduct follow-up engagements

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

Through the Changing Minds Campaign, NCHA will implement an evidence-informed public education initiative focused on brain science, stigma reduction, overdose awareness, and prevention of opioid misuse.

Campaign components include:

- Website and digital educational content
- Social media engagement
- Print materials distributed across community sites
- Messaging grounded in neuroscience and recovery science
- Culturally responsive outreach materials

The campaign works to shift public perception of addiction, normalize help-seeking behavior, and prevent opioid misuse through accurate education.

**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.*

NCHA will strengthen regional workforce and community capacity through cross-sector training, professional development initiatives, and community awareness events designed to improve prevention, treatment, harm reduction, and recovery practices.

**Key activities include:**

1. Rethinking Addiction & Recovery Conference (400+ attendees)
2. Peer Recovery Coach Workforce Training (2 cohorts, 20 participants)
3. Professional Development for Staff and Community Partners
4. Overdose Awareness Day and related educational events

**Learnings focus on:**

- Evidence-based treatment practices across the continuum of care
- Equity-focused service delivery
- Trauma-informed care
- Cross-sector coordination
- Implementation support

Sustained funding will allow the NCHA Addiction Response Team to continue their essential work in care coordination and peer support, stigma reduction, and provider education. By strengthening access to services, expanding public education efforts, and supporting the treatment workforce, these programs will ensure that individuals across Larimer County, including rural and underserved areas, receive person-centered, accessible, and high-quality care.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.
3. **Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

Approved Uses Goals, Objectives, & Performance Measures	
<b>B1. SUPPORT PEOPLE IN TREATMENT AND RECOVERY.</b> <i>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.</i>	
<b>Goal</b>	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.
<b>Objectives</b>	<b>Objective 1:</b> 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.

	<b>Objective 2:</b> Increase awareness of available support and treatment options in Larimer County to a minimum of 300 unique individuals in 2026.
<b>Performance Measures &amp; Analysis</b>	<ul style="list-style-type: none"> <li>• Number of unique individuals served</li> <li>• Demographics (race/ethnicity, housing status, justice involvement, language)</li> <li>• Engagement and retention (6-month follow-up)</li> <li>• Care coordination intensity (contacts, duration, referral types)</li> <li>• Self-reported changes in substance use and psychosocial functioning</li> </ul> <p><b>Analysis:</b> Descriptive statistics; paired baseline/follow-up comparisons.</p>
<b>C10. CONNECTIONS TO CARE.</b> <i>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.</i>	
<b>Goal</b>	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
<b>Objectives</b>	<p><b>Objective 3:</b> By February 28, 2026, Peer Recovery Specialists will provide recovery support services to at least 250 individuals in Larimer County.</p> <p><b>Objective 4:</b> 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.</p>
<b>Performance Measures &amp; Analysis</b>	<ul style="list-style-type: none"> <li>• Number of individuals receiving peer services</li> <li>• Demographics (race/ethnicity, housing status, justice involvement, language)</li> <li>• Referral source (ED, detox, jail, shelter, etc.)</li> <li>• Engagement and retention (6-month follow-up)</li> <li>• Self-reported changes in substance use and psychosocial functioning</li> </ul> <p><b>Analysis:</b> Descriptive statistics; paired baseline/follow-up comparisons.</p>
<b>G2. PREVENT MISUSE OF OPIOIDS.</b> <i>Corrective advertising or affirmative public education campaigns based on evidence.</i>	
<b>Goal</b>	Increase community wide stigma reduction regarding effective treatment and support through community education, learning sessions and social media campaigns.
<b>Objectives</b>	<b>Objective 5:</b> Reach a minimum of 2,000 individuals through the Changing Minds public education campaign in 2026.
<b>Performance Measures &amp; Analysis</b>	<ul style="list-style-type: none"> <li>• Website visits and engagement metrics</li> <li>• Social media reach and impressions</li> <li>• Materials distributed</li> <li>• Survey-based changes in stigma and knowledge (when applicable)</li> </ul> <p><b>Analysis:</b> Digital analytics; descriptive trend analysis.</p>
<b>K1. TRAINING.</b> <i>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.</i>	
<b>Goal</b>	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.
<b>Objectives</b>	<p><b>Objective 6:</b> Plan and implement the 2026 Rethinking Addiction &amp; 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.</p> <p><b>Objective 7:</b> Conduct two peer workforce training cohorts for 20 individuals with lived experience.</p> <p><b>Objective 8:</b> 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.</p>
<b>Performance Measures &amp; Analysis</b>	<p><i>Conference &amp; Training Outputs</i></p> <ul style="list-style-type: none"> <li>● Number of attendees</li> <li>● Number of sessions offered</li> <li>● Participant demographics</li> <li>● Training completion rates</li> <li>● Pre/post changes in knowledge, attitudes, and beliefs</li> <li>● Self-reported intent to implement best practices</li> <li>● Satisfaction scores</li> </ul> <p><b>Analysis:</b> Descriptives; Paired t-test (pre/post test), Descriptive analysis of feedback by key demographic variables</p> <p><i>Community Education &amp; Overdose Awareness Day Events Outputs:</i></p> <ul style="list-style-type: none"> <li>● Number of attendees</li> <li>● Number of resource tables</li> <li>● Number of events</li> <li>● Number of overdose prevention kits distributed</li> <li>● Increased awareness of addiction, overdose and awareness of community resources; satisfaction with and feedback of event</li> </ul> <p><b>Analysis:</b> Descriptive analysis of feedback by key demographic variables</p>

4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC’s principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

**a). What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

The individuals we serve come from diverse backgrounds and experiences, spanning various income levels, education backgrounds, employment statuses, housing situations, gender identities, races, ethnicities, languages, and veteran statuses. NCHA is committed to ensuring that all individuals, particularly those who have been historically marginalized, are affirmed, respected, and able to achieve equitable health outcomes.

Our program specifically serves individuals and communities who face significant barriers to accessing care, including:

- Individuals with co-occurring substance use and mental health conditions
- People experiencing housing instability and homelessness
- People with disabilities
- Those impacted by systemic barriers, such as involvement in the criminal justice system, human services engagement, limited access to healthcare, and unemployment

To support individuals across identities, we prioritize person-centered approaches that focus on reducing barriers and promoting stability through individualized care plans, addressing the social determinants of health, and connecting individuals to critical support services.

Our Addiction Response Team population data highlights the diversity of those we serve:

- Gender & Identity: 55% identify as women, 44% as men, and 1% as transgender or gender non-conforming.
- Sexual Orientation & Family Status: 89% identify as heterosexual, 50% are single, and 58% are parents of minor children.
- Race & Ethnicity: 30% identify as Hispanic (primarily Mexican), 39% as People of Color, and 61% as non-Hispanic White.
- Language: 12% speak a language other than English at home, with Spanish being the most common.
- Regional Context: Comparatively, Larimer County's population is 13% Hispanic and 80% non-Hispanic White (U.S. Census Bureau, 2023).

To ensure long-term impact and sustainability, NCHA actively engages in education and training for providers and the community to foster awareness, reduce stigma, and improve service delivery.

Recognizing that lack of provider awareness and competency can be a major barrier to care, NCHA delivers professional development to:

- Expand the peer recovery workforce through community based access structures
- Healthcare providers on culturally responsive care and referral pathways for individuals seeking substance use care coordination, harm reduction, treatment, and recovery services
- Behavioral health professionals on trauma-informed, harm reduction, and Medication-Assisted Treatment (MAT) approaches
- Justice system stakeholders on substance use disorder (SUD) treatment and recovery models and the importance of continuity of care from justice settings
- First responders and crisis teams on referral pathways for individuals seeking community based services

By educating cross sector providers, we ensure that individuals receive affirming, evidence-based, and person-centered care, increasing engagement and long-term success in treatment.

In addition to provider training, community education and connection-building are critical to reducing stigma and promoting healing. NCHA facilitates:

- Workshops for families and support networks on substance use, harm reduction, and recovery pathways
- Community forums to increase public understanding of addiction, treatment options, and local resources
- Collaboration with community based organizations, schools, and faith-based groups to integrate SUD awareness into broader public health initiatives

These efforts normalize conversations around substance use, create supportive environments, and empower communities to become active partners in stigma reduction, and improving awareness, understanding of, and access to harm reduction, treatment, and recovery.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

At NCHA, we believe that the hardest part about accessing care is actually accessing care aligned with your needs and goals. The journey toward safer use, treatment, and recovery is deeply personal, and our approach is centered on individualized, person-driven goals. NCHA's Addiction Response Teams (ART) work alongside individuals to identify and address the barriers preventing them from engaging in care, ensuring that they have the necessary resources to pursue their health and recovery goals.

To ensure equitable and accessible services, NCHA works diligently to leverage internal and community partner resources that align with an individual's unique needs. Our services include:

- Transportation support for appointments and treatment services
- Client assistance funds to cover costs for medication, medical visits, and essential services
- Basic needs assistance, including food, clothing, and housing support
- Flexible, low-barrier care models, such as walk-in services, telehealth, and mobile outreach
- Bilingual and culturally competent services, ensuring accessibility for monolingual Spanish speakers and other diverse communities

These strategies remove logistical and financial barriers, allowing individuals to focus on safer substance use practices, treatment engagement, and long-term recovery goals.

A key component of our approach is our proactive, community-based model that places care coordinators and peer specialists in spaces where individuals already seek support. The Addiction Response Team (ART) is embedded in:

- Community-based organizations
- Permanent Supportive Housing
- Schools
- Courts
- Shelters
- Treatment centers
- Criminal justice settings
- Hospitals

By bringing care to these locations, we ensure individuals can access support without the burden of navigating a fragmented system on their own.

#### Coordinated Access to Treatment and Support

- 24/7/365 Warm Line: ART staffs a 1-800 warm line, available year-round, to assist individuals in accessing care, facilitate referrals from community-based organizations, and offer provider consultations on Medication-Assisted Treatment (MAT), Withdrawal Management, and high-acuity cases.
- Community Referral Portal: Regional providers and partner organizations can refer individuals into services seamlessly, ensuring continuity of care.
- Culturally Responsive and Bilingual Services: Our team is well-positioned to provide linguistically and culturally appropriate services for BIPOC individuals with SUD, particularly within the Latinx/Hispanic and monolingual Spanish-speaking communities.

By meeting individuals where they are, reducing financial and logistical barriers, and offering a coordinated system of care, NCHA ensures that even the most marginalized individuals can access the treatment and support they need.

Bringing these services alongside improved access to workforce development, expansion of peer recovery coach training, community stigma reduction and regional provider education on equitable and best practice approaches makes our landscape one of improvement in serving individuals across identities.

Accessing care is just one part of the recovery journey. NCHA emphasizes self-care, empowerment, and peer support by:

- Promoting harm reduction strategies that allow individuals to engage with care at their own pace
- Providing peer-led recovery support groups to reduce isolation and foster a sense of belonging
- Offering mental health and wellness workshops that emphasize self-care, stress management, and coping strategies

By meeting individuals where they are, reducing financial and logistical barriers, offering provider and community education, and centering self-care as a core component of well-being, we ensure that individuals across identities can access the treatment and support they need.

Beyond direct service provision, NCHA enhances regional capacity to address substance use disorder by strengthening collaboration among providers, agencies, and community leaders. Through provider education, community engagement efforts, and self-care and connectedness initiatives, we are working alongside our partners to ensure that the entire system—not just individuals—is prepared to equitably support our community.

This multi-level approach—targeting individuals, providers, and the broader community—ensures that Larimer County is equipped to offer sustainable, person-centered, and accessible care for individuals with substance use and behavioral health needs.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their “real world” or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

Our program is deeply committed to ensuring that individuals with lived and living experience play an active role in shaping policies, practices, and service delivery. We integrate the voices of affected individuals into decision-making through multiple avenues, ensuring a community-informed approach that prioritizes their insights and expertise.

Community-Informed Approaches – We engage individuals with lived experience in program development and service improvement efforts. Through advisory boards, focus groups, and structured feedback mechanisms, we ensure that those directly impacted by substance use and recovery services inform decision-making.

Ongoing Feedback & Perception of Care Surveys – We continuously evaluate the effectiveness of our services through structured feedback mechanisms, including perception of care surveys, advisory committees, and qualitative interviews. This data is regularly reviewed and incorporated into service improvements to ensure that programming remains responsive to the needs and experiences of those we serve.

In January 2023, CO-SLAW/Addiction Response Team launched a Perceptions of Care survey to find out what members thought about the care coordination services they were receiving. Most members said that their care coordinator always made them feel welcome, respected, and listened to. Additionally, almost all members strongly agreed that their care coordinator had a positive impact on their treatment and recovery.

These findings are also echoed in the comments sections of the survey.

“My care coordinator went above and beyond and changed my course – I’m so grateful.”

“I am truly grateful to have my care coordinator in my life. She's been a big part in helping me in my development and change. I don't know where I would be without her, probably still using and not trying to see a better outlook to change in the future. I just like to say thank you to everybody for all their help and

support they do there. You guys make a change and an impact on probably everybody that you come in contact with.”

Hiring Staff with Lived & Living Experience – We prioritize hiring individuals with lived and living experience in recovery, incarceration, and behavioral health challenges. These staff members bring critical perspectives to service provision, ensuring that our approaches are trauma-informed, recovery-oriented, and culturally responsive. Additionally, we provide ongoing professional development and leadership opportunities for these staff members and the community’s peer workforce to influence organizational strategy.

Leadership Representation – Our leadership team includes individuals in recovery who provide invaluable guidance on policies and program development. By having representation across all levels of decision-making, from direct service to executive leadership, we maintain a strong commitment to centering lived experience in our strategic direction.

By embedding lived & living experience at every level of our organization - from frontline service provision to mid level and senior leadership and obtaining ongoing feedback from those accessing services, we ensure that our program is not only responsive but truly shaped by the voices of those most impacted. This approach enhances trust, increases engagement, and ultimately improves outcomes for individuals in recovery.

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.
  
- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Gant Agreement (aka “contract) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: MJ Jorgensen  
Email: mjorgensen.alliance@noco.org  
Phone: 970-301-0604

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Shannon Jenkins  
Email: sjenkins.alliance@noco.org  
Phone: 970-939-0635

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Mark Wallace  
Email: mwallace.alliance@noco.org  
Phone: 970-371-4992

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Kevin Maddox, Chief Financial Officer  
Email: kmaddox.alliance@nocooha.org  
Phone: 636-236-5180

Name: Sabrina Mitchell, Senior Accountant  
Email: smitchell2.alliance@nocooha.org  
Phone: 970-939-3488

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Olson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

## Region 2 Opioid Agreement Budget Worksheet

**Grantee Name:**

North Colorado Health Alliance

**Approved Use:**

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.

### Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Larimer County Care Coordinator		\$49,920.00	1.00	\$49,920.00	\$12,480.00	\$62,400.00	1.0 FTE CC + Fringe @25% FTE will support Rural Larimer Communities (Estes, Wellington, Timnath, etc)
Larimer County Care Coordinator		\$47,840.00	1.00	\$47,840.00	\$11,960.00	\$59,800.00	1.0 FTE CC + Fringe @25%, FTE will support care coordination expansion in CJ systems
Care Coordination Supervisor	TG	\$58,349.50	1.00	\$58,349.50	\$14,587.38	\$72,936.88	1.0 FTE CCS + Fringe @25%
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
<b>SUBTOTAL</b>						<b>\$195,136.88</b>	

*\*All fields in grey should auto-calculate*

### Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
CAT, CAS, CASII, CPFS Enrollment, Supervisor Professional Development, Exams, training hours, supervision	\$6,000	1	Professional Development	\$6,000.00	
NCHA Care Coordination & Peer Recovery Coach Client Incentiv	\$100	35	Other	\$3,500.00	
Mileage	\$0.70	7560	Travel	\$5,292.00	Federal Mileage Reimbursement Rate
Program Supplies	\$150	12	Supplies	\$1,800.00	Care Coordination: Client Program Costs, Community Partner Meeting Costs, Street Outreach, Office Supplies
Equipment	\$4,000	3	Equipment	\$12,000.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
<b>SUBTOTAL</b>				<b>\$28,592.00</b>	

*1 Region 2 ROAC indirect maximum allowed is 15%*

<b>TOTAL DIRECT</b>	<b>\$223,728.88</b>	
<b>TOTAL INDIRECT 1</b>	<b>\$22,309.62</b>	Modified 10% Indirect Rate by \$(-)63.27 to square total amount across budgets to \$450,000
<b>TOTAL COSTS</b>	<b>\$246,038.50</b>	

B1 aining, or childcare.	\$246,038.50	
G2 based on evidence.	\$10,000.00	
C10 an opioid overdose.	\$77,665.50	
K1 e the opioid crisis.	\$89,386.00	
<b>Total</b>	<b>\$423,090.00</b>	<b>\$423,090.00</b>

## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** The Redpoint Center  
2900 S. College Ave Suite 3D  
Fort Collins, CO 80525

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	Schedule B, Section B, Item 2 – Support people in recovery through the full continuum of care	\$141,036
2		\$0
3		\$0
	<b>TOTAL</b>	<b>\$141,036</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK - Note that this information will become part of the grantee agreement. Please be informative yet concise.**

**1. Scope of Work:**

The Redpoint Center will continue providing evidence-based, integrated treatment services for individuals in Larimer County diagnosed with Opioid Use Disorder and co-occurring Substance Use and Mental Health conditions. Grant funding will support access to the full continuum of care, including Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP), and Outpatient (OP) services.

Services include:

- Comprehensive biopsychosocial assessment
- Individual and group therapy
- Medication-Assisted Treatment (MAT) coordination
- Psychiatric services
- Family education and support groups
- Case management and recovery planning

- Structured sobriety monitoring
- Relapse prevention planning
- Community referral and resource navigation

Funding will reduce financial barriers to care for Larimer County residents who are uninsured, underinsured, or unable to afford the full cost of services.

## 2. Objectives:

### **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. During the 2026 grant term, The Redpoint Center will add an additional afternoon IOP treatment track, increasing capacity by 12 client seats and expanding overall access to care for Larimer County residents.

### **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.

### **Objective 3: Enhance Support Systems**

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

### **Objective 4: Monitor and Maintain Sobriety**

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

### **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.

### **Objective 6: Improve Quality of Life**

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

## 3. Performance Measures:

### **Access and Utilization**

Number of Larimer County residents served during the grant period; level of care utilization across PHP, IOP, and OP; and average units of service delivered per client.

### **Treatment Engagement and Completion**

Treatment completion rate and average length of stay in treatment.

**Medication-Assisted Treatment**

Percentage of clients evaluated for MAT and percentage of clinically appropriate clients engaged in MAT.

**Sobriety Monitoring**

Percentage of active clients maintaining sobriety during treatment and toxicology screening compliance rate.

**Family and Support Engagement**

Percentage of clients with documented family or support system involvement and number of family education or support sessions conducted.

**Integrated Co-Occurring Care**

Percentage of clients receiving documented co-occurring mental health treatment and psychiatric service utilization rates.

**Quality of Life Indicators**

Documented progress toward individualized treatment plan goals and client-reported improvements in emotional regulation and stability through standardized assessments where applicable.

**4. Equity-Focused Questions:**

**a). What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

The Redpoint Center serves adults diagnosed with OUD and co-occurring disorders residing in Larimer County. The program continues to reach populations disproportionately impacted by the opioid crisis, including women, parents, and LGBTQIA+ individuals.

Services are trauma-informed and culturally responsive. Integrated mental health treatment ensures that underlying conditions such as depression, anxiety, and trauma are addressed concurrently with substance use treatment.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

The Redpoint Center reduces financial barriers by subsidizing treatment costs for Larimer County residents who are uninsured, underinsured, or unable to afford full program rates. Access is further improved through:

- In-person and secure virtual treatment options

- Treatment tracks offered in both morning and evening timeframes to accommodate work and family schedules, with an additional afternoon track to be offered in April
- MAT coordination and psychiatric services integrated into programming
- Family education groups that reduce stigma and strengthen recovery support

These strategies increase access for individuals facing transportation, scheduling, childcare, or mental health barriers, while ensuring integrated, trauma-informed care throughout the treatment process.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

The Redpoint Center incorporates lived experience through peer-informed therapeutic approaches and structured client feedback mechanisms. Clients participate in treatment planning, goal setting, and program evaluation processes.

Family education groups and recovery-focused programming amplify the voice of those directly impacted by OUD and co-occurring disorders, ensuring services remain responsive to real-world needs.

**B. BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.

**C. CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Grant Agreement (aka “contract) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Alix Moore  
 Email: alix@theredpointcenter.com  
 Phone: 303-588-1880

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Alix Moore  
 Email: alix@theredpointcenter.com  
 Phone: 303-588-1880

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Vanessa Massie  
 Email: vanessa@theredpointcenter.com

Phone: 813-260-5834

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Vanessa Massie

Email: [vanessa@theredpointcenter.com](mailto:vanessa@theredpointcenter.com)

Phone: 813-260-5834

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

## Region 2 Opioid Agreement Budget Worksheet

Grantee Name:

The Redpoint Center

Approved Use:

Schedule B, Section B, Item 2 – Support people in recovery through the full continuum of care

### Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
<b>SUBTOTAL</b>						<b>\$0.00</b>	

\*All fields in grey should auto-calculate

### Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
Client Treatment Scholarships	\$4,000	35	Other	\$141,036.00	Scholarships for client care - Estimated per-client treatment access subsidy for uninsured/underinsured Larimer County clients. We are expanding services to include an additional IOP track in the afternoons 3 days/week (12 seats) so we can serve more clients. Will launch by April 1.
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
<b>SUBTOTAL</b>				<b>\$141,036.00</b>	

1 Region 2 ROAC indirect maximum allowed is 15%

<b>TOTAL DIRECT</b>	\$141,036.00	
<b>TOTAL INDIRECT 1</b>		
<b>TOTAL COSTS</b>	\$141,036.00	

**Grantees - ranked by 2025 allocation size**

	Recovery	Opioid Abatment Planning & Coordination	Prevention	Harm Reduction	Treatment	Administrative Costs	TOTAL
Overall Budget	\$1,812,649	\$169,222	\$405,729	\$197,415	\$374,596	\$100,000	\$3,059,611
Fort Collins Rescue Mission	\$232,768						\$232,768
Abundance Foundation	\$211,554						\$211,554
Yarrow Collective	\$212,943			\$39,660	\$41,422		\$294,025
La Familia	\$150,268						\$150,268
NCHA	\$323,704	\$89,386	\$10,000				\$423,090
Lighthouse	\$146,325						\$146,325
The Redpoint Center	\$141,036						\$141,036
EVICS	\$27,071						\$27,071
NCHN	\$78,199	\$79,090		\$258,700			\$415,989
Butler Institute		\$70,503					\$70,503
CSU Prevention Center			\$211,554				\$211,554
Rise Above			\$34,842				\$34,842
Partners			\$148,688				\$148,688
Larimer County Sheriff					\$263,268		\$263,268
Willow Collective					\$59,065		\$59,065
One Chance to Grow Up			\$183,946				\$183,946
Harvest Farm 2024 Carryover Administration	\$188,048						\$188,048
							\$100,000

Prior Month  
Current Month

Total	\$1,523,869	\$238,979	\$589,030	\$298,360	\$363,754	\$0	\$3,113,993	Does not include Harvest Farm carryover
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Balance of actual & predicted requests  
-\$54,382

48.9%      7.7%      18.9%      9.6%      11.7%      0.0%      100.0%

	Year 3	Year 4	Difference
NCHA	\$450,000	\$423,090	-5.98%
NCHN	\$442,906	\$415,989	-6.08%
Yarrow Collective	\$312,913	\$294,025	-7.63%
Fort Collins Rescue Mission	\$247,562	\$232,768	-5.98%
One Chance to Grow Up	\$0	\$183,946	New Applicant
Partners	\$158,300	\$148,688	-6.07%
Lighthouse	\$155,625	\$146,325	-5.98%
The Redpoint Center	\$150,000	\$141,036	-5.98%
Butler Institute	\$74,984	\$70,503	-5.98%
Rise Above	\$37,056	\$34,842	-5.98%
Willow Collective	\$0	\$59,065	New Applicant

FY26

REGION 2 LARIMER COUNTY OPIOID ABATEMENT COUNCIL



Presented By: Jennifer Stover, BSW, Program Specialist

March 26, 2026

# Program Performance Update

Lighthouse provides long-term supportive recovery housing for individuals experiencing opioid use disorder and co-occurring mental health conditions.

- **1,700+ residents served** over the past **15 years**
- **79% of residents in 2025 left sober and transitioned into stable housing**
- Lighthouse currently serves **60+ residents** across **six recovery homes**
- Recovery housing supports individuals transitioning from **treatment, incarceration, and homelessness**

# Program Expansion Since Last Year

Over the past year Lighthouse has expanded recovery housing capacity by:

- Opening our **first Women's Recovery Home**
- Opening an additional **Graduate House**
- Increasing the number of individuals we are able to serve

Women's Recovery Home Update:

- Women began moving into the home in **January 2026**
- **9 women currently living in the home**
- The house is **full and operating with a waitlist**

... A safe place  
for women  
to recover



Lighthouse 



A homey  
home...



# Who Lighthouse Serves

Many residents entering Lighthouse face multiple barriers to recovery:

- **91% homeless at intake**
- **51% justice involved**
- **At least 30% list opioids as their primary drug of choice**
- **Many residents entering directly from treatment or incarceration**

Lighthouse provides **MAT-friendly recovery housing**, allowing residents to continue prescribed medications while participating in a structured recovery environment.

# Program Deliverables & Performance Measures



## Key Program Deliverables

- Admissions coordination and intake assessments
- MAT education and referrals to treatment providers
- Weekly in-house recovery meetings facilitated for residents
- Scholarships that reduce financial barriers to recovery housing

## Program Performance Measures

- Number of individuals served through Lighthouse recovery housing
- Increase in individuals served due to expanded housing capacity
- Percentage of residents leaving sober and transitioning into stable housing

## 2025 Outcome

- 79% of residents left sober and transitioned into stable housing

# Program Changes & Challenges

## Program growth has increased demand for services:

- Lighthouse now operates **6 recovery homes**
- Serving **60+ residents at a time**
- Increased need for **admissions coordination and recovery support**

## Funding priorities now focus on:

- Staffing needed to support expanded housing
- Scholarships that allow residents to **access and maintain recovery housing**

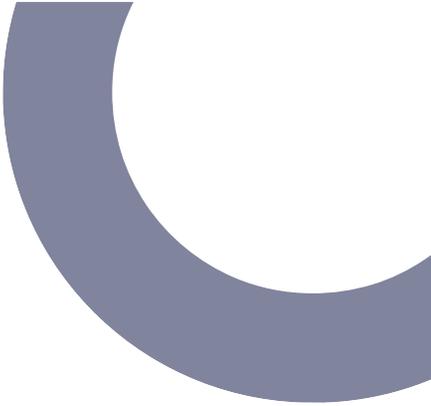
# 2026–2027 Funding Request

ROAC funding will support the continued operation of Lighthouse's recovery housing program through:

- Admissions coordination and **intake assessments**
- **Recovery programming and case management**
- Live-in support for the **Women's Recovery Home**
- **Scholarships** that remove financial barriers to recovery housing

These resources allow Lighthouse to continue expanding access to recovery housing and supporting individuals recovering from opioid addiction in **Region 2**.





# THANK YOU!

# QUESTIONS?

**JENNIFER STOVER, BSW**

**[HTTPS://LIGHTHOUSEFTC.ORG](https://lighthouseftc.org)**

Program Specialist  
Jen@lighthouseftc.org

## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** Name of Organization: **Lighthouse**  
Address: **614 Mathews St, Fort Collins, CO 80524**

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	B.4	\$146,325
2		
3		
<b>TOTAL</b>		<b>\$146,325</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

Lighthouse responds to the opioid crisis in Larimer County by providing long-term, supportive recovery housing for individuals experiencing opioid use disorder (OUD), substance use disorders, and co-occurring mental health conditions. Our program integrates Medication-Assisted Treatment (MAT)-friendly housing with structured recovery support, helping individuals stabilize after treatment, incarceration, or homelessness.

Lighthouse offers affordable sober housing with no time limit, allowing residents to remain in a stable recovery environment for as long as needed to achieve lasting sobriety. Residents participate in structured programming including daily in-house recovery meetings, peer support, and accountability requirements such as employment, recovery participation, and monitored sobriety. Lighthouse actively supports residents utilizing MAT by working with local providers to educate residents and assist them in accessing and maintaining prescribed medications.

Over the past 15 years, Lighthouse has supported more than 1,700 Larimer County residents in achieving recovery and housing stability. Lighthouse maintains a success rate well above the national average, with 79% of residents in 2025 leaving the program sober and transitioning into stable housing, an improvement from the previous year. Today Lighthouse is the largest and longest-running recovery housing provider in the region, serving more than 60 individuals at any given time across multiple program locations.

Over the past year Lighthouse has expanded its services by opening its first women's recovery home and an additional graduate house, increasing the number of individuals we are able to serve. These expansions have also increased the demand for admissions coordination, intake assessments, and resident accountability support as individuals enter the program from treatment, incarceration, and homelessness.

Funding from the Larimer Regional Opioid Abatement Council will support the continued operation of Lighthouse's recovery housing program, including staff responsible for admissions, intake coordination, and resident recovery support, as well as a live-in house manager for the women's recovery home who provides daily accountability and peer support for women in early recovery. Funding will also support program fee scholarships that reduce financial barriers for individuals entering or maintaining recovery housing.

By combining stable housing with recovery support, accountability, and community connection, Lighthouse addresses both the immediate and long-term needs of individuals impacted by opioid addiction while strengthening recovery outcomes across Larimer County.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.

Lighthouse's objectives for the proposed scope of work align with ROAC's approved goals of increasing access to substance use disorder and opioid use disorder treatment and recovery supports, with a focus on long-term stability for individuals impacted by opioid addiction. The following objectives guide Lighthouse's work under this funding request:

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

Provide admissions coordination, intake assessments, and housing support for individuals entering Lighthouse recovery housing from treatment, incarceration, or homelessness. These services help ensure that individuals impacted by opioid addiction are able to access stable recovery housing quickly and begin engaging in structured recovery programming.

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

Provide structured recovery programming, case management, and accountability for

residents through in-house recovery meetings, program compliance monitoring, and daily recovery support. These activities help residents maintain sobriety, remain engaged in recovery programming, and build the stability needed to transition successfully into long-term housing and employment.

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

Provide first month and ongoing program fee scholarships that allow low-income residents to enter and remain in recovery housing while stabilizing employment, accessing treatment services, and rebuilding financial independence.

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

Provide structured recovery housing and live-in support for women in early recovery through Lighthouse's women's recovery home. This program provides a safe, stable environment for women transitioning from treatment, homelessness, or incarceration and supports their engagement in recovery programming and long-term housing stability.

3. **Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

Lighthouse will track the following metrics to measure progress toward the stated objectives and demonstrate the impact of recovery housing and supportive services for individuals impacted by opioid use disorder in Larimer County.

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

**Admissions and Intake Services**

- Metric: Track the number of individuals admitted into Lighthouse recovery housing during the grant period.
- Metric: Increase the number of individuals served through Lighthouse recovery housing compared to the previous year as a result of expanded housing capacity.
- Metric: 100% of new residents receive an intake assessment and orientation to program expectations.
- Metric: Track the number of residents entering the program from treatment, incarceration, or homelessness.
- Metric: Provide Medication-Assisted Treatment (MAT) education during intake and track referrals to partner organizations that provide MAT services.

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

**Recovery Programming and Case Management**

- Metric: Track the number of in-house recovery meetings facilitated each week.
- Metric: Document case management interactions and referrals to community resources through program records.

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

**Scholarship Distribution and Housing Stability**

- Metric: Provide up to 20 first-month program fee scholarships for residents entering recovery housing.
- Metric: Provide up to 40 ongoing program fee scholarships for residents experiencing financial hardship.
- Metric: Track scholarship distribution through monthly financial records.
- Metric: Track the number of residents able to remain in recovery housing due to scholarship assistance.

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

**Women’s Recovery Housing**

- Metric: Track the number of women residents served in Lighthouse’s women’s recovery home during the grant period.
- Metric: Facilitate weekly house meetings and recovery programming for women residents.

**Program Outcomes**

- Metric: Track the percentage of residents who leave the program sober and transition into stable housing. Lighthouse historically maintains success rates above the national average, with **79% of residents in 2025 leaving sober and moving into stable housing.**
- Metric: Track length of time residents remain in recovery housing. Many residents stay in the program for extended periods of time, often multiple years, which strongly supports long-term recovery outcomes.

4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC’s principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

a). **What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

Lighthouse serves individuals and communities that have historically faced significant barriers to accessing recovery housing and support services. The populations we serve are disproportionately impacted by substance use disorders, homelessness, incarceration, and limited access to recovery resources. Our program is intentionally designed to remove barriers and create accessible pathways to long-term recovery.

**The primary populations served by Lighthouse include:**

**Justice-Involved Individuals:**

A significant portion of Lighthouse residents enter the program directly from incarceration or while navigating probation or parole. In 2025, **51% of Lighthouse residents were justice-involved**. Lighthouse works closely with jail and prison case managers, SummitStone Health Partners, The Yarrow Collective, and the Northern Colorado Health Network to coordinate transition planning and conduct pre-release interviews. This allows individuals to enter recovery housing immediately upon release, reducing the risk of relapse and overdose during a critical transition period.

**Individuals Experiencing Homelessness or Housing Instability:**

Housing instability is one of the greatest barriers to recovery. In 2025, **91% of Lighthouse residents were experiencing homelessness at intake**. Lighthouse addresses this barrier by providing affordable, structured sober housing where residents have access to a stable living environment, food, utilities, recovery meetings, and peer support. We also collaborate with community partners such as Homeward Alliance and the Murphy Center to help individuals access scholarships and financial assistance when available.

**Racial and Ethnic Minority Communities:**

Lighthouse serves a racially and ethnically diverse population, with **24% of residents identifying as people of color**. Communities of color are disproportionately impacted by substance use disorders and often face systemic barriers to accessing treatment and recovery housing. Lighthouse prioritizes accessibility by maintaining low program fees, providing peer support, and fostering an inclusive community environment that supports long-term recovery.

**Women Experiencing Barriers to Recovery Housing:**

Historically, recovery housing in Larimer County has been significantly limited for women. While women currently represent **17% of Lighthouse residents**, this reflects the limited availability of

gender-specific recovery housing in the region. In response to this gap, Lighthouse recently opened its first women's recovery home, expanding access to safe, structured recovery housing for women experiencing opioid addiction, homelessness, and other systemic barriers to recovery.

**Individuals Facing Systemic Barriers to Recovery:**

Many Lighthouse residents face additional barriers including stigma, fragmented care systems, legal challenges, and limited access to healthcare, employment, and community supports. One significant barrier for individuals recovering from opioid addiction is the limited availability of recovery housing that supports the use of Medication-Assisted Treatment (MAT). Many recovery housing programs do not allow residents to utilize medications such as Suboxone, despite these medications being widely recognized as evidence-based treatment for Opioid Use Disorder. Lighthouse addresses this barrier by providing MAT-friendly recovery housing where residents can safely continue prescribed medications while participating in structured recovery programming. This approach helps ensure individuals are not forced to choose between evidence-based medical treatment and access to stable recovery housing.

Through this approach, Lighthouse ensures that individuals who have historically faced the greatest barriers to recovery services are able to access stable housing, recovery support, and pathways to long-term stability.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

Lighthouse removes barriers to recovery by providing low-cost, structured recovery housing combined with supportive programming that is accessible, culturally responsive, and grounded in lived experience. Many individuals experiencing opioid addiction face significant barriers including homelessness, justice involvement, stigma, financial instability, and fragmented care systems. Lighthouse is designed specifically to address these challenges.

**Person-Centered, Recovery-Informed Support:**

Lighthouse staff and peer leaders bring lived experience in recovery, which helps build trust and relatability with residents. Staff are trained in trauma-informed care and cultural responsiveness, allowing them to meet individuals where they are and provide support in a way that is respectful, nonjudgmental, and grounded in real-world recovery experience.

**Accessible Intake and Individualized Support:**

Each resident participates in an intake process that assesses their immediate needs and recovery goals. Staff work with residents to address barriers such as obtaining identification, securing employment, navigating probation or parole requirements, and connecting with treatment providers. This individualized approach helps ensure residents are able to stabilize and successfully engage in recovery.

### **MAT-Friendly Recovery Housing:**

Access to recovery housing can be a significant barrier for individuals receiving Medication-Assisted Treatment (MAT) for opioid use disorder. Many recovery housing programs restrict or prohibit medications such as Suboxone, which can prevent individuals from accessing stable housing while following evidence-based treatment plans. Lighthouse actively removes this barrier by providing MAT-friendly recovery housing where residents are able to continue prescribed medications while participating in a structured recovery environment. Staff work with local treatment providers to ensure medications are stored and monitored appropriately while also supporting residents in understanding and maintaining their treatment plans. By integrating MAT into recovery housing, Lighthouse reduces stigma around medication-supported recovery and expands access to evidence-based treatment for individuals experiencing Opioid Use Disorder.

### **Low-Cost Housing and Basic Needs Support:**

Financial barriers often prevent individuals from accessing recovery housing. Lighthouse maintains some of the lowest program fees in the region and provides food, utilities, and a stable living environment so residents can focus on recovery and rebuilding stability. In addition, Lighthouse provides both first month and ongoing program fee scholarships for residents experiencing financial hardship. These scholarships allow individuals entering the program from treatment, incarceration, or homelessness to access recovery housing even when they do not initially have the financial resources to pay program fees, helping ensure that financial barriers do not prevent individuals from entering or remaining in recovery housing.

### **Direct Outreach to Justice-Involved Individuals:**

Lighthouse works directly with jail and prison case managers to conduct pre-release interviews and coordinate transition planning for individuals preparing to reenter the community. These interviews allow individuals to secure recovery housing prior to release, reducing the risk of relapse and overdose during this high-risk transition period.

### **Expanding Access for Women in Recovery:**

Recognizing the lack of recovery housing options for women in Larimer County, Lighthouse recently opened its first women's recovery home. This expansion increases access to safe, structured housing for women experiencing opioid addiction, homelessness, and other systemic barriers to recovery.

Through these strategies, Lighthouse improves access to recovery housing and services for individuals who often face the greatest barriers to care, helping them stabilize, engage in recovery, build supportive networks, and transition successfully into long-term housing and employment..

### **c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their "real world" or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

Lighthouse intentionally incorporates the voices and lived experiences of individuals in recovery into the development and evolution of our programming. Because many of our staff and peer leaders themselves are graduates of recovery programs, lived experience is embedded into both daily operations and long-term program development.

**Peer Leadership and Lived Experience:**

Peer support specialists play a central role in shaping Lighthouse programming. These individuals are graduates of the Lighthouse program or long-term members of the recovery community who bring firsthand knowledge of the challenges individuals face in early recovery. Peer leaders help guide recovery meetings, facilitate sober social activities, and provide one-on-one mentorship to residents. Their insights help staff better understand resident needs and inform adjustments to programming and house policies.

**Resident Feedback and Program Input:**

Lighthouse regularly gathers feedback from residents through informal discussions, house meetings, and structured conversations with staff. These conversations allow residents to share their experiences, identify challenges within the recovery process, and suggest improvements to programming, house expectations, and recovery activities. This ongoing dialogue ensures that program decisions remain grounded in the real-world experiences of individuals actively navigating recovery.

**Engagement with Residents of Color:**

Lighthouse also conducts focus groups and conversations with residents of color to ensure their voices and perspectives are represented in program development. These discussions help staff understand the unique barriers faced by minority residents and adapt programming to better meet their needs.

**Staff with Lived Recovery Experience:**

Several members of Lighthouse leadership and staff bring lived experience with substance use recovery. This perspective helps reduce stigma, build trust with residents, and ensure that program decisions reflect a realistic understanding of the recovery process.

By centering the voices of individuals directly impacted by addiction, Lighthouse ensures that programming remains responsive, inclusive, and grounded in lived experience. This approach strengthens our ability to support residents as they rebuild stability and pursue long-term recovery.

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.

**\*See Attached Budget**

- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Gant Agreement (aka “contract”) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Jennifer Stover

Email: [jen@lighthouseftc.org](mailto:jen@lighthouseftc.org)

Phone: (970)237-2984

**Project Director** (*The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.*)

Name: Jennifer Stover

Email: [jen@lighthouseftc.org](mailto:jen@lighthouseftc.org)

Phone: (970)237-2984

**Signatory** (*The individual who has been given the right to sign legal documents on behalf of the grantee*)

Name: Crissy Sell

Email: [crissy@lighthouseftc.org](mailto:crissy@lighthouseftc.org)

Phone: (970)227-1571

**Financial Contact** (*The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.*)

Name: Crissy Sell

Email: [crissy@lighthouseftc.org](mailto:crissy@lighthouseftc.org)

Phone: (970)227-1571

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

## Region 2 Opioid Agreement Budget Worksheet

<b>Grantee Name:</b>	Lighthouse
<b>Approved Use:</b>	B.4 Supportive/recovery housing and other housing assistance

Direct Personnel							
Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Intake Specialist	JB	\$45,000	1.00	\$45,000		\$45,000.00	1.0 FTE providing admissions coordination, intake assessments, and case management for residents entering recovery housing.
Program Specialist	JS	\$55,000	0.25	\$13,750		\$13,750.00	0.25 FTE facilitating recovery meetings and providing case management support for residents in recovery housing.
Women's House Manager	TG	\$42,000	0.51	\$21,575		\$21,575.00	0.51 FTE live-in house manager providing supervision and recovery support for residents in the women's recovery home.
<b>SUBTOTAL</b>						<b>\$80,325.00</b>	

\*All fields in grey should auto-calculate

Other Direct Costs						
Item(s), Description	Rate	Units	Category	Total	Explanation, Justification	
First Month Scholarships	\$850	20	Other	\$17,000.00	Program fee scholarships assisting residents entering recovery housing.	
Scholarships	\$750	40	Other	\$30,000.00	Program fee assistance for low-income residents maintaining recovery housing stability.	
			Travel	\$0.00		
			Consultants	\$0.00		
				\$0.00		
<b>SUBTOTAL</b>				<b>\$47,000.00</b>		

1 Region 2 ROAC indirect maximum allowed is 15%

<b>TOTAL DIRECT</b>	\$127,325.00	
<b>TOTAL INDIRECT 1</b>	\$19,000	Requesting 14.9%
<b>TOTAL COSTS</b>	\$146,325.00	



**PARTNERS**  
**CHANGING LIVES**  
**SHAPING FUTURES**

**The mission of Partners is to empower youth and community members to achieve their full potential through mentoring, prevention education, and strategic partnership.**

# Funding Request

- **Category:** Prevent Misuse of Opioids
- **Ask amount:** **\$148,688** for 2026, with focus on continued funding based on outcomes and goals.
  - **\$114,294** = Support existing high-quality mentoring and prevention staff supporting Larimer County programming. Hire additional Prevention Education Program Coordinator.
  - **\$10,000** = Direct costs to increase marketing and outreach of prevention efforts in Larimer County.
  - **\$5,000** = Professional Development/Training.
  - **\$19,394** = Indirect costs

# Successes

## Program goals:

- 694 Larimer County youth served through CBM, SBM, and PEP programs (goal of 780)
- Majority of participants from under-represented/under-resourced backgrounds
- 20 Larimer County schools served (goal of 15)
- Provided 40 pro-social activities for youth and mentors (goal of 12)
- Taught 10 Prevention Education class series' (goal of 8) and 4 single-date presentations
- 4 Program staff trained in Prevention Ed Curriculums
- Several measures for improving access and incorporating youth voice accomplished

## Performance Measures (2025 data)

- 68% Increase/maintenance in youth perception of risk of alcohol, tobacco, and other drugs (ATOD)
- 68% Increase/maintenance in youth attitudes against ATOD
- 59% Increase/maintenance in decision making
- 61% Increase/maintenance in bonding to adults

# Challenges

- 694 Larimer County youth served through CBM, SBM, and PEP programs—under goal due to funding timing
- Not able to recruit as many volunteers as set in our goals
- Funding unstable from various sources based on policies and economic challenges



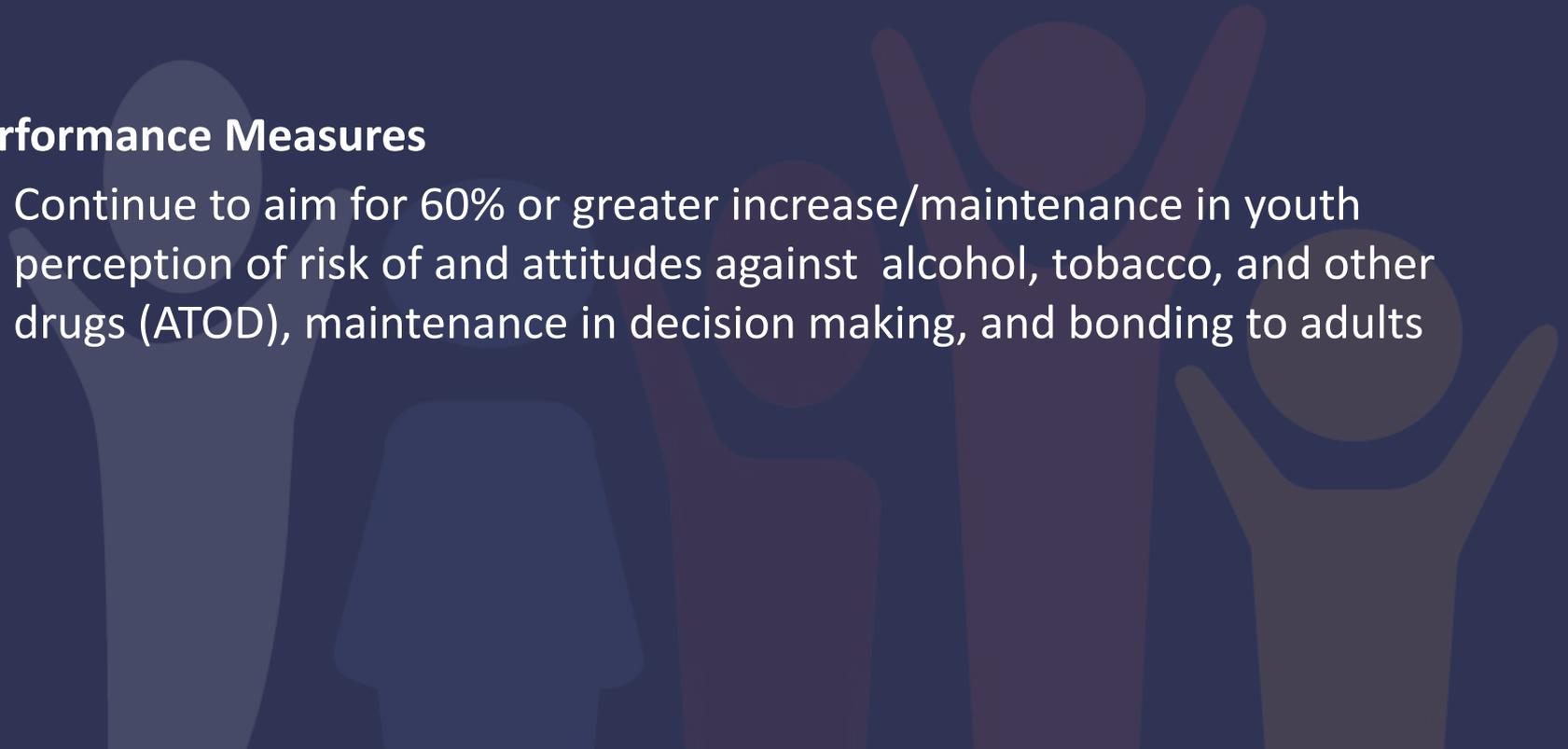
# Looking Ahead

## Program goals:

- Aim to serve 700 Larimer County youth through CBM, SBM, and PEP programs
- Serve 20 Larimer County schools through SBM and PEP programs
- Provide a minimum of 18 pro-social activities for youth and mentors
- Teach 8 Prevention Education classes annually

## Performance Measures

- Continue to aim for 60% or greater increase/maintenance in youth perception of risk of and attitudes against alcohol, tobacco, and other drugs (ATOD), maintenance in decision making, and bonding to adults



# Thank You and Questions?



## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:**

Name of Organization: Larimer County Partners, Inc. [dba Partners]  
Address: 530 S. College Ave. Unit 1, Fort Collins, CO 80524

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	G.11 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.	\$148,688.38
2		
3		
	<b>TOTAL</b>	<b>\$148,688.38</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

Partners will provide Prevention Education and One-to-One Mentoring programs to youth in Larimer County, using evidence-informed strategies that are well documented in prevention research.

Our Community-Based Mentoring (CBM) and School-Based Mentoring (SBM) programs follow up-to-date research and guidance by the [Elements of Effective Practice for Mentoring](#). Youth aged 7-17, who face significant risk factors in their lives, are matched with adult volunteer mentors for a commitment of one calendar or school year, respective to the program they are in. These partnerships receive extension case management support from the organization throughout their time together. Additionally, we provide monthly group

activities for partnerships and waiting youth. These activities provide pro-social and life skill learning opportunities.

Our Prevention Education Program (PEP) is administered using the Brainwise curriculum. Youth in groups and classes will receive 6-10 sessions of lessons and programming, designed to enhance critical thinking and decision-making skills, while improving impulse control. Condensed one-time presentations will also be provided to groups of youth and parents/caregivers. Additionally, our Prevention Education staff are exploring other evidence-informed and evidence-based curricula, which may be added to our menu of PEP services.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.

For this project, 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.

Our surveys will show increase/maintenance in the following areas, as elaborated on in the following question.

- Decision-Making Skills
- Adult Bonding
- Perceived Risk of Alcohol, Tobacco, and Other Drugs (ATOD)
- Attitudes Against Alcohol, Tobacco, and Other Drugs (ATOD)

We will provide, at minimum, 18 group activities to enhance pro-social opportunities and life skills.

3. **Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

We measure our program impact using a pre- and post-test survey that helps us determine the effect of our mentoring model on the youth who participate.

To align with the ROAC's approved goal of *preventing SUD among youth by reducing risk factors and strengthening protective factors*, our program outcomes will focus on the following specific measures for Larimer County youth in our programs:

- Decision-Making: At least 60% of youth will maintain or improve their Decision-Making skills.

- Adult Bonding: At least 60% of youth will maintain or improve their Bonding to Adults.
- Perceived Risk of Alcohol, Tobacco, and Other Drugs (ATOD): At least 60% of youth will maintain or improve their perceived risk of ATOD use.
- Attitude Against Alcohol, Tobacco, and Other Drugs (ATOD): At least 60% of youth will maintain or improve their attitudes against ATOD.

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.

4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC's principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

- a). **What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

Our mentoring programs reach youth aged 7-17 who face significant risk in their life. This may include mental health challenges (youth or family), behavioral issues and delinquency, legal issues (youth or family), academic issues, low-income/poverty, substance misuse (youth or family), abuse/neglect, among others. Despite these risk factors, the youth we are serving have tremendous potential to succeed, particularly when provided with adequate support and resources.

Demographically, the youth in our mentoring programs are part of a variety of communities and identify in a multitude of ways, as evidenced by:

- 51% identify with a race/ethnicity that is **not** Caucasian/white, with 34% identifying as Hispanic/Latinx.
- 18% identify as part of the LGBTQIA+ community
- 70% live in a low-income or poverty-level household
- 80% face mental health challenges

We follow the Elements of Effective Practice for Mentoring, which provides supplemental guidance on effectively mentoring youth of a variety of different identities. Additionally, we ensure that our staff and mentors are culturally responsive and inclusive of all identities and cultures. Our Prevention Education Program is held at school sites and other community centers, such as public libraries, which helps us to decrease barriers to receiving services.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

Partners provides mentoring case management in both English and Spanish, and we work with community partners when needs arise for access in other languages. All of our forms and materials are offered in both English and Spanish, and we have a multi-cultural/bilingual Program Coordinator who works with native Spanish speaking families in our mentoring programs. Our aim is also to hire a Prevention Education Program Coordinator who is bilingual, in order to increase access to this programming.

Our organization also strives to ensure that other barriers to access are not present, such as financial and transportation barriers. Our programs do not have a fee for service. We provide transportation for youth to/from their mentoring sessions (via their individual Mentor) and to/from all group programming (via individual Mentors, staff and Activity Volunteers). As mentioned above, our Prevention Education programming is provided on-site at schools and other community centers to limit barriers of attending.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their “real world” or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

Our organization uses youth and parent/caregiver voice to enhance programming throughout each step in the mentoring process. Youth and caregivers are given agency in deciding what type of mentor would be the best fit for them. We do an extensive interview with youth to ensure their voice is heard in matching them with a mentor. Additionally, our staff check in with youth/caregivers monthly to provide case management support and to address any issues they are having with the

partnership/program or changes they wish to see. During mid-way reviews and graduation meetings, youth have a more formal opportunity to provide feedback. We also seek youth voice in informing the types of activities that we offer. A formal parent feedback survey is also administered annually.

In our Prevention Education Program, we utilize youth voice to cater the lessons and activities to the population/class we are serving. Youth are encouraged to provide examples and topics that they wish to focus on during lessons, and we actively seek feedback regarding their experience in the program.

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.
- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Gant Agreement (aka “contract) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Heather Vesgaard

Email: [hvesgaard@poweredbypartners.org](mailto:hvesgaard@poweredbypartners.org)

Phone: 970-484-7123

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Shayna Kefalas

Email: [skefalas@poweredbypartners.org](mailto:skefalas@poweredbypartners.org)

Phone: 970-484-7123

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Heather Vesgaard

Email: [hvesgaard@poweredbypartners.org](mailto:hvesgaard@poweredbypartners.org)

Phone: 970-484-7123

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Kim Tarka

Email: [ktarka@poweredbypartners.org](mailto:ktarka@poweredbypartners.org)

Phone: 970-484-7123

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

# Region 2 Opioid Agreement Budget Worksheet

**Grantee Name:**

Larimer County Partners, Inc DBA: Partners

**Approved Use:**

G.11 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.

## Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Prevention Education Program Manager	AK	\$53,840	10%	\$5,384.00	\$1,076.80	\$6,460.80	This will support a current staff member. Manages and works directly on the program. Requesting 10% FTE. Fringe is calculated at 20%
Marketing and Engagement Coordinator	AC	\$42,125	50%	\$21,062.50	\$4,212.50	\$25,275.00	This will support a current staff member. MEC provides support and awareness of the program. Requesting 50% FTE. Fringe is calculated at 20%
School-Based Program Coordinator	AM	\$41,820	50%	\$20,910.00	\$4,182.00	\$25,092.00	This will support a current staff member. SBPC works directly on the program. Requesting 50% FTE. Fringe is calculated at 20%
School-Based Program Coordinator	DSM	\$42,835	10%	\$4,283.50	\$856.70	\$5,140.20	This will support a current staff member. SBPC works directly on the program. Requesting 10% FTE. Fringe is calculated at 20%
Executive Director	HV	\$97,440	8%	\$7,795.20	\$1,559.04	\$9,354.24	This will support a current staff member. ED works directly on the program. Requesting 8% FTE. Fringe is calculated at 20%
Program Coordinator	KW	\$44,660	10%	\$4,466.00	\$893.20	\$5,359.20	This will support a current staff member. PC works directly on the program. Requesting 10% FTE. Fringe is calculated at 20%
Prevention Education Program Coordinator	MT	\$41,820	40%	\$16,728.00	\$3,345.60	\$20,073.60	This will support a current staff member. PEPC works directly on the program. Requesting 40% FTE. Fringe is calculated at 20%
Program Director	SK	\$73,080	10%	\$7,308.00	\$1,461.60	\$8,769.60	This will support a current staff member. PD oversees and works directly on the program. Requesting 10% FTE. Fringe is calculated at 20%
Resource Development Director	VL	\$73,080	10%	\$7,308.00	\$1,461.60	\$8,769.60	This will support a current staff member. RDD oversees efforts to provide support and awareness of the program. Requesting 10% FTE. Fringe is calculated at 20%
<b>SUBTOTAL</b>						<b>\$114,294.24</b>	

*\*All fields in grey should auto-calculate*

<b>Other Direct Costs</b>					
<b>Item(s), Description</b>	<b>Rate</b>	<b>Units</b>	<b>Category</b>	<b>Total</b>	<b>Explanation, Justification</b>
			Equipment	\$0.00	
			Supplies	\$0.00	
Marketing costs for campaigns and materials			Other	\$10,000.00	Campaign to bring in resources to sustain programs
Professional development trainings, conferences, and other as needed			Professional Development	\$5,000.00	Continuing education to provide best quality services
			Travel	\$0.00	
			Consultants	\$0.00	
				\$0.00	
			<b>SUBTOTAL</b>	<b>\$15,000.00</b>	

<b>TOTAL DIRECT</b>	\$129,294.24	
<b>TOTAL INDIRECT 15%</b>	\$19,394.14	
<b>TOTAL COSTS</b>	\$148,688.38	

1 Region 2 ROAC indirect maximum allowed is 15%

# Harvest Farm & Fort Collins Rescue Mission Application

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Kyle McPherson

Sr. Director, Northern Colorado Programs



# Harvest Farm 2025 in Review

- ❖ **63** program graduates
- ❖ **108** individuals secured more stable housing
- ❖ **77** individuals obtained employment
- ❖ **131** men connected with mental healthcare in 2025. including counseling, psychiatric care, or both.
- ❖ Total of **165 individuals** served. **54 individuals** entered the Harvest Farm Program from Fort Collins Rescue Mission
- ❖ **74 individuals** served with a history of opioid drug use.

# Harvest Farm - A Whole Person Approach

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## Integrated into the recovery program:

- Annual whitewater rafting trips
- Periodic hikes and outings to local nature preserves
- Holiday banquets and seasonal activities
- Program Incentives Gifted in CY25
  - **57** Donor Funded Laptop Computers
  - **41** Graduate Donor Vehicles
  - **20** \$800 Graduate Walmart Gift Cards



# Fort Collins Rescue Mission 2025 in Review

- ❖ Nights of Shelter – **25,907** plus **9,355** auxiliary shelter nights.
- ❖ Served Unique individuals – **873** (new to FCRM – **403**)
- ❖ Meals served – **69,107**

## Dependent upon 24/7 Sheltering:

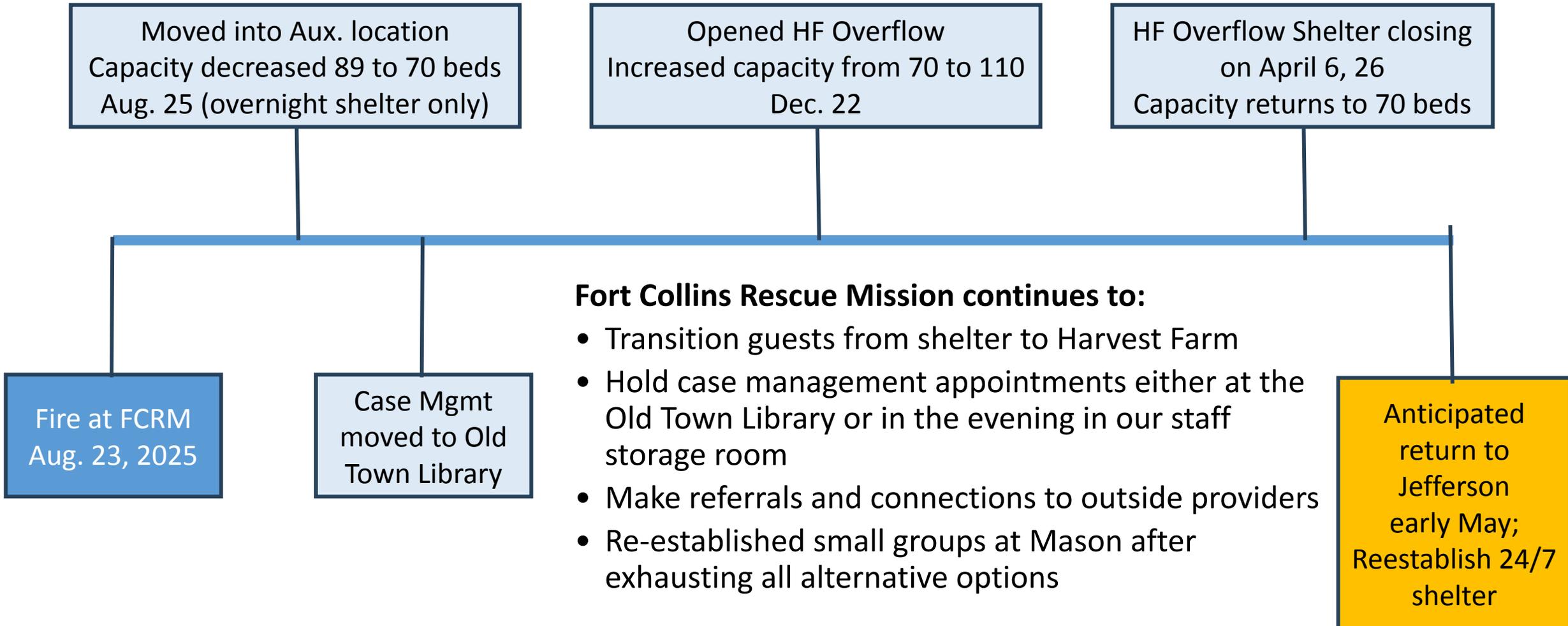
- ❖ Case Management appointments – **866**
- ❖ Attended Small Groups – **458**
- ❖ Obtained More Stable Housing – **93**
- ❖ Obtained Employment – **35**
- ❖ Connected/Referred to medical and mental health providers – **106**

# Fort Collins Rescue Mission Fire

On August 23, 2025, a fire temporarily closed our primary facility.



# Since the fire...



**Target date to open FCRM Homeless Resource Center – November 2026**

# Goals & Objectives CY 2026

- ❖ Maintain streamlined and consistent entry of at least **40** guests from FCRM into the Harvest Farm recovery program through:
  - ❖ FCRM Guest education about and clear referral pathways into Harvest Farm Recovery Program via:
    - ❖ Harvest Farm guided tours
    - ❖ Onsite application and assessment
    - ❖ Staff supported transitions from Shelter to Farm
- ❖ **Maintain 24/7 Shelter Operations for men experiencing homelessness through:**
  - ❖ Continued funding for **2** CLCs to ensure adequate and supportive staffing enabled by ROAC funding
  - ❖ Provision of at least **450** unique instances of small group engagement, and **900** unique instances in CY 2027

## Funding Request

Total Cost **\$290,822.58**

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Grant Funding Requested **\$232,768**

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Supported Through Donations **\$58,054.58**

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### Cost Breakdown

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	Total Cost	Grant Request
Two Community Life Coordinators (FCRM)	<b>\$122,589.34</b>	<b>\$103,229.36</b>
One Intake Manager + One Case Manager (Harvest Farm)	<b>\$168,233.24</b>	<b>\$129,538.64</b>



Questions

## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** Denver Rescue Mission / Harvest Farm  
 6100 Smith Road/ 4240 East County Road 66  
 Denver, CO 80216/ Wellington, CO 80549

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	B2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.	\$232,768
2		
3		
<b>TOTAL</b>		<b>\$232,768</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

Denver Rescue Mission (DRM) has been serving the Northern Colorado community at their Harvest Farm location since 1989, and at the Fort Collins Rescue Mission (FCRM) location since 2012. At FCRM, meals, showers, and shelter are provided, as well as case management, all with a focus on helping guests become housed again. Harvest Farm offers a 6 to 12-month recovery program designed to help individuals overcome their addictions and achieve long-term stability. In 2025, FCRM served 783 unique individuals, with 30.8% self-disclosing alcohol use disorder (AUD), substance use disorder (SUD), or both. Harvest Farm served 165 unique individuals.

Prior to the August 2025 fire at the Fort Collins Rescue Mission (FCRM), the availability of 24/7 emergency shelter played a key role in supporting guest engagement with supportive

services. During this period, 54% of guests staying in 24/7 shelter participated in case management on a bi-weekly to monthly basis, helping them work toward stability and housing. Continuous access to the facility allowed guests to meet with case managers, access resources, and build consistent relationships with staff. Research shows that shelters offering 24-hour access increase engagement with supportive services and improve housing outcomes by reducing barriers such as transportation challenges, scheduling conflicts, and lack of a safe daytime space.

Following the fire, the loss of daytime services created significant barriers to accessing case management, and guests maintaining reserved beds declined to 27%. FCRM anticipates reopening the Jefferson facility in May 2026, restoring 24/7 shelter and onsite case management. With the anticipated opening of the Homeless Resolution Center (HRC) in November 2026, capacity will expand from 89 to up to 250 beds, alongside onsite partner services and other behavioral health supports. This expanded model will strengthen pathways to recovery and long-term stability, with referrals to long-term recovery programs such as Harvest Farm.

FCRM's community life coordinators (CLCs) further support guests, offering encouragement, relationship-building, and guidance as they take steps toward self-sufficiency. With CLCs present during the day, FCRM staff can work closely with Harvest Farm intake personnel, coordinating seamless program transitions. Without 24/7 shelter access, these critical relationships would be limited to evening hours, reducing opportunities for recovery-focused engagement. Funds from this grant will continue to underwrite wages and fringe benefits for two full-time CLCs at FCRM. To sustain these efforts, Harvest Farm also seeks continued funding for one full-time case manager and one full-time intake manager. Case managers serve as the vital link between participants and external support networks, guiding them through group therapy, recovery meetings, and pro-social activities, and ultimately to stable housing. The intake manager streamlines program entry and provides targeted support to individuals most in need. By investing in these roles, we can help more individuals in Larimer County break free from homelessness and addiction, ensuring they have the support, structure, and relationships needed for lasting transformation.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.
  - 1) Provide stream-lined, staff supported access to Harvest Farm's New Life Program (NLP)
    - a) Maintain a consistent number of guests from Fort Collins Rescue Mission entering the Harvest Farm recovery program through a streamlined intake process and strong coordination between FCRM's daytime CLCs, case manager, and Harvest Farm's intake manager.
    - b) Continue educating FCRM guests about the Harvest Farm recovery program and providing clear referral pathways for individuals struggling with substance use disorder (SUD). This includes coordinating Harvest Farm tours, offering onsite

application and assessment opportunities, and facilitating staff supported transitions from the shelter environment into the Harvest Farm intake process.

- 2) Maintain 24/7 shelter operations for men in need of stable housing
  - a) Secure continued funding for two CLCs, ensuring the shelter remains fully staffed to provide guidance, case management referrals, and recovery-focused support.
  - b) Preserve low-barrier access to shelter and meals, removing obstacles for individuals seeking stability and treatment.

These objectives align with ROAC-approved goals by increasing recovery access, stabilizing shelter operations, and fostering a smoother transition from homelessness to treatment.

3. **Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishments towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.
  - a) Maintain staff-supported guest admissions from Fort Collins Rescue Mission (FCRM) to Harvest Farm's NLP, with a goal of assisting 40 guests transition from shelter to the Harvest Farm NLP in CY26.
  - b) Reestablish and sustain guest engagement in small groups, ensuring at least 450 unique instances of group participation by the end of CY26 and up to 800 by end of April 2027.
4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC's principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

- a). **What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services*

*in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

FCRM serves individuals experiencing homelessness, poverty, and substance use disorder in Larimer County, including those facing significant barriers to recovery due to geographic isolation and limited access to resources. Many of the individuals we serve struggle with the compounded challenges of homelessness, addiction, and a lack of support networks, making it difficult to engage in harm reduction, recovery initiation, and long-term treatment. Our approach ensures that all guests, regardless of background, have access to essential services such as meals, shelter, case management, and pathways to treatment. By offering 24/7 shelter operations and employing Community Life Coordinators who provide referrals we create an environment where guests feel safe and supported in taking the next steps toward stability. Additionally, our intake manager and case manager at Harvest Farm work to remove logistical and systemic barriers by streamlining the program entry process and ensuring participants receive the comprehensive support needed to sustain recovery.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

Fort Collins Rescue Mission removes barriers and improves access to care by maintaining a low-barrier, 24/7 shelter model that provides individuals experiencing homelessness and substance use disorder with immediate access to food, shelter, and case management without requiring identification, background checks, or sobriety. This approach ensures that individuals who may otherwise be excluded from services due to legal fears, stigma, or lack of documentation can receive the help they need. CLCs build trusting relationships with guests, providing personalized guidance and referrals to recovery programs like Harvest Farm. The intake manager at Harvest Farm streamlines program entry, reducing wait times and confusion, while the case manager provides individualized recovery support. Additionally, FCRM & Harvest Farm collaborate with local partners to ensure guests have access to medical care, mental health services, and substance use treatment. To improve accessibility, we offer Spanish-language resources and culturally relevant engagement, recognizing that many guests have diverse backgrounds and unique needs. Our holistic, relationship-based approach meets individuals where they are, removing obstacles that often prevent them from seeking care and supporting them in their journey toward stability and recovery.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their “real world” or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

FCRM incorporates the voices of individuals with lived experience into decision-making by employing CLCs and case managers who have personally navigated homelessness, addiction, or recovery. Insights from employees with lived experience shape how we engage with guests,

ensuring our services are compassionate, effective, and tailored to the real needs of those we serve. Additionally, guests are encouraged to provide feedback through informal conversations, case management sessions, and direct interactions with staff, which helps refine our approach and improve service delivery. At Harvest Farm, program participants engage in peer mentorship, allowing those further along in their recovery journey to support and guide newer participants, fostering a culture of shared experience and accountability. This lived-experience model strengthens trust, increases engagement, and ensures our programs remain responsive to the challenges and needs of those impacted by homelessness and substance use disorder.

B. **BUDGET**: Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.

C. **CONTACTS AND AUTHORIZED SIGNER**: Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Gant Agreement (aka “contract”) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Alan Lally  
Email: alally@denrescue.org  
Phone: 303-297-5063

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Kyle McPherson  
Email: Kmcpherson@denrescue.org  
Phone: 970-492-6215

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Dennis VanKampen  
Email: DvanKampen@denrescue.org  
Phone: 303-313-2429

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Tom Dobbins  
Email: TDobbins@denrescue.org  
Phone:

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)

3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

# Region 2 Opioid Agreement Budget Worksheet

**Grantee Name:**

Denver Rescue Mission (FCRM/Harvest Farm)

**Approved Use:**

B2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

## Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Intake Manager Harvest Farm	CW	\$52,206	1.00	\$52,206	\$13,493	\$65,698.84	Total salary + fringe is \$80,887.17
Case Manager Harvest Farm	EJ	\$50,742	1.00	\$50,742	\$13,098	\$63,839.80	Total salary + fringe is \$87,346.07
Community Life Coordinator FCRM	JY	\$38,185	1.00	\$38,185	\$9,707	\$47,892.34	Total salary + fringe is \$65,026.
Community Life Coordinator FCRM	KM	\$44,047	1.00	\$44,047	\$11,290	\$55,337.02	Total salary + fringe is \$57,563.04
				\$0		\$0.00	
				\$0		\$0.00	
<b>SUBTOTAL</b>						<b>\$232,768.00</b>	Total actual cost for these four positions is \$290,822.28

*\*All fields in grey should auto-calculate*

## Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
			Equipment	\$0.00	
			Supplies	\$0.00	
			Other	\$0.00	
			Professional Development	\$0.00	
			Travel	\$0.00	
			Consultants	\$0.00	
				\$0.00	
				\$0.00	

				\$0.00	
			<b>SUBTOTAL</b>	<b>\$0.00</b>	

*1 Region 2 ROAC indirect maximum allowed is 15%*

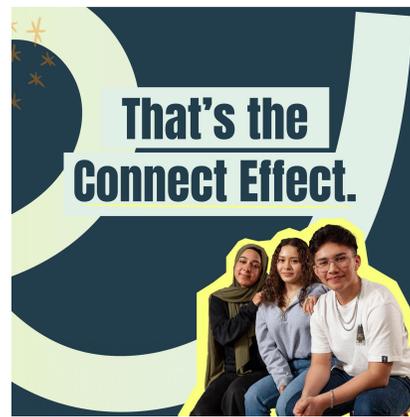
<b>TOTAL DIRECT</b>	\$232,768.00	
<b>TOTAL INDIRECT 1</b>		
<b>TOTAL COSTS</b>	\$232,768.00	

**92% of Larimer County teens**



**would try to stop a friend from misusing pills.**

**That's the Connect Effect.**



# CONNECT EFFECT



**81% of Larimer County teens**

[CONNECTEFFECTCO.ORG](https://connecteffectco.org)



**find ways to handle stress**

**without misusing substances.**

[CONNECTEFFECTCO.ORG](https://connecteffectco.org)

Region 2 ROAC  
2026 Proposal



# Rise Above Colorado 2026 Proposal

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**Approved Use Category: School-based programs that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.**

***•Aligned Region 2 Goal (#4): Prevent SUD among youth and across the lifespan by reducing risk factors and strengthening protective factors, with a particular focus on OUD.***

## Project Objectives

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- ***Rise Above Colorado (RAC), will update and deploy the Larimer County-specific Connect Effect messaging campaign reaching youth 10-18. New ads will incorporate Larimer data collected through the 2026 Rise Above Colorado Youth Survey. New messaging will launch in Fall 2026 through April 2027***
- ***RAC will continue engagement with the 3 Larimer County school districts to support implementation of prevention programming, including retraining on its Not Prescribed lesson for middle and high school youth.***

# Project Budget Highlights (May 2026-April 2027)

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- Connect Effect Paid Media: \$14,000
  - Planned 4-month saturation level campaign (buyer fees included)
- Personnel: \$13,720
  - Director of Prevention Education (.1FTE): project outreach and district partnership development
  - Executive Director (.01FTE): media buyer oversight and grants management
- Evaluation: \$1,397
  - Data collection for Not Prescribed post-lesson survey
  - Data analysis for Larimer County youth oversample in 2026 Rise Above Colorado Youth Survey and adaptation for new Connect Effect messaging
- Outreach Expenses & Travel: \$1,180
- Indirect Costs (15%): \$4,545
- TOTAL: \$34,842

# Questions

## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** Rise Above Colorado  
11880 Upham St. Suite F  
Broomfield, CO 80020

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	G.9 (Prevention): School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.	\$34,842
2		\$xx,xxx
3		\$xx,xxx
	<b>TOTAL</b>	<b>\$34,842</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

Rise Above Colorado (RAC) is a statewide substance misuse prevention organization that empowers youth to make healthy connections, decisions, and change. Our vision is youth who realize their full potential and lead lives free of substance misuse.

RAC collaborates with teens, educators, and prevention partners to provide credible, teen-centered data using the evidence-based Science of the Positive/Positive Community Norms framework to correct misperceptions about substance use. RAC serves youth ages 12-17 directly, while also providing tools and training for youth-serving adult professionals.

Rise Above Colorado (RAC) will apply universal prevention strategies to reach the majority of Larimer County youth ages 12-17. This continuation funding will build on the grant objectives and activities of RAC's 2024 and 2025 ROAC funding through two primary objectives:

- **RAC, with the support of our media buying subcontractor Generator Media+Analytics, will continue deployment of the Larimer County-specific Connect Effect messaging campaign reaching youth 10-18, including a refresh of Larimer-specific campaign advertising messaging.**
  - The county-wide paid media campaign launched in Dec. 2024 and is currently running through April 2026. Through the most recent reporting for Jan.-Feb. 2026, the campaign delivered 536,650 impressions and 6,200 clicks, achieving a 1.16% CTR (Click Through Rate), significantly outperforming industry benchmarks. Nevertheless, the campaign will reach a point of creative fatigue this spring that will require new messaging to keep youth engagement with the content high. This project scope includes a plan to design new Connect Effect content for Larimer in fall 2026, leveraging another RAC grant for new advertising development that will then be adapted for Larimer County using new oversample data collected in the 2026 Rise Above Colorado Youth Survey.
  - The project budget plans for at least 4 months of saturation-level paid media reaching youth ages 13-18 (youth under age 13 cannot be directly targeted by online advertising). Generator will create media plans to enable reaching at least 70% of the target demographic. The campaign will primarily employ advertising on platforms such as Snapchat and Tik Tok, though we will explore outreach opportunities to reach particularly younger youth through out-of-home advertising (e.g. posters in high traffic youth locations).

#### Flighting Strategy

- October–November: Foundational presence to establish early awareness.
  - December: Planned pause to avoid inefficient holiday media costs and lower teen engagement.
  - January–Early April: Heavier investment period to maximize reach, engagement, and impact during peak engagement months.
- **RAC will continue to build upon 2024-2025 engagement with the 3 Larimer County school districts to support implementation of prevention programming, including opioid and fentanyl-related educational resources for middle and high school youth.**

In February 2026 RAC released an updated version of its Not Prescribed lesson, a tested and health standards-based hour-long interactive resource on prescription drug misuse prevention which includes a fentanyl-specific module. This grant supports the training and delivery of the resource which has demonstrated outcomes, greatly increasing knowledge as well as the perception of risk of misusing prescription pills, a key indicator that reduces misuse over time. RAC will leverage the relationships established over the past two years to increase the reach of the resource across the county, leveraging involvement through Poudre School District.

During the 2024-2025 school year, RAC met with district-level leadership to develop a plan for district level training of Not Prescribed and Connect Effect across all 3 districts. Fifty school staff members across PSD, EPSD & TSD were trained to deliver Not Prescribed to students (mandated training and implementation by PSD). In all, 2,623 students in Larimer Co. engaged in the Not Prescribed educational resource (across 25 unique learning sessions) throughout Q4 of 2024 and Q1 of 2025.

**Poudre School District (PSD):** RAC will continue to offer support with future district-wide training, development, deployment and implementation of Not Prescribed to PSD staff and students. PSD's lead DOA counselor, Aaron Waters, served on an advisory group of educators for several months to create the new version of Not Prescribed in 2025. He is also exploring opportunities at his home school (Ft. Collins HS) to help inform the creation of a social norming campaign, with the intention of the campaign spreading to all secondary schools across PSD. The campaign is intended to share current substance use data with concise messaging to help youth across Ft. Collins HS (then to all of Larimer County) make more informed decisions to improve behavioral health and reduce substance use. RAC is hopeful to support the ongoing efforts of these six (6) grant-funded DOA counselors with this campaign, as well as other prevention-related needs into the '26-27 academic year.

**Thompson School District (TSD):** With the new Not Prescribed lesson and the success of deployment at PSD, RAC will be reaching out to its contacts at TSD to pursue additional training to its middle and high school health & wellness educators.

**Estes Park School District (EPSD):** The district has trained staff and is planning to implement the Not Prescribed resource for ALL high school youth via health and/or PE classes, while the school nurse and health aide will push in to deliver Not Prescribed to ALL middle school students. RAC will continue to offer support with future district-wide training, development, deployment and implementation of Not Prescribed to EPSD staff and students as needed.

**Other Outreach:** RAC will continue to explore youth engagement opportunities with interested youth groups, such as TAC 212, to help advise on the creative refresh of the Larimer-specific Connect Effect campaign. RAC will also leverage its two Larimer members of its Teen Action Council to explore other opportunities to reach youth around the county.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.

**Aligned Region 2 Goal:**

- **Goal 4:** Prevent SUD among youth and across the lifespan by reducing risk factors and strengthening protective factors, with a particular focus on OUD.

**Objective 1.1- Continue deployment of the Larimer County-specific *Connect Effect* messaging campaign reaching youth 10-18.**

Activity 1.1.1- Conduct a refresh of the Connect Effect campaign that is localized for Larimer County by Fall 2027, leveraging new Larimer-specific data from the 2026 Rise Above Colorado Youth Survey.

Outcome 1.1.2- New advertising and data creates additional engagement from Larimer County youth.

Activity 1.1.2- Project partners deploy and deliver a paid media campaign across Region 2 over at least a four-month period (proposed Oct-Nov. 2026 and Jan.-April 2027)

Outcome 1.1.2- Media campaign is budgeted to reach at least 70% of the targeted youth audience, following data from local media buyers and the industry best practice that one must reach 70% of a target audience repeatedly in order to create changes in attitudes and behaviors among that demographic.

**Objective 1.2- Continue deployment of school-based opioid and fentanyl prevention resources across the three school districts of Larimer County leveraging the groundwork laid during the 2025-26 school year.**

Activity 1.2.1- RAC provides continued training to interested schools and educators across PSD (health & wellness educators, DOA counselors, and others) for opioid and fentanyl prevention educational resources, including the new version of Not Prescribed (May 2026 – April 2027)

Outcome 1.2.1- RAC will increase substance use prevention skill development among PSD educators.

Activity 1.2.2- RAC provides continued training to interested schools and educators across TSD (health & wellness educators and others) opioid and fentanyl prevention educational resources, including the new version of Not Prescribed (May 2026 – April 2027)

Outcome 1.2.2- RAC will increase substance use prevention skill development among TSD educators.

Activity 1.2.3- RAC provides continued training to interested schools and educators across EPSD (health & wellness educators, school nurse, health aide, and others) opioid and fentanyl prevention educational resources, including the new version of Not Prescribed (May 2026 – April 2027)

Outcome 1.2.3- RAC will increase substance use prevention skill development among EPSD educators.

Activity 1.3.1- In schools (across all 3 school districts) where educators request additional training & support, RAC staff co-facilitate the new version of Not Prescribed lesson to middle and high school youth (May 2026 – April 2027)

Outcome 1.3.1- During the 2026-27 school year, an increased number of Larimer County youth will receive specific prevention education about opioids and fentanyl and participants will demonstrate increased knowledge and perception of harm about these substances after the lesson.

Activity 1.4.1- RAC staff will continue to facilitate and support additional prevention activities to the targeted youth audiences identified across all 3 school districts (i.e. Closing the Gap, a social norming data discussion, poster-making workshops utilizing the evidence-informed Community Activated Design principles, Connect Effect campaign, and prevention and/or fentanyl awareness raising events) (May 2025-April 2026).

Outcome 1.4.1- Participating youth will be empowered to lead peer-driven prevention activities that employ local data, social norming messaging, Connect Effect campaign objectives, etc.

- 3. Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

RAC will continue working with the *Connect Effect* media buyer, Generator Media+Analytics, to measure the effectiveness of the paid media campaign. Generator provides monthly reports on the campaign's outputs, including number of impressions and youth engagement with those messages. Generator also continually optimizes the online campaign to enable the highest level of campaign efficiency, as noted in its monthly reporting. As noted in previous proposals and following advertising best practices, Generator seeks a paid media buy that reaches at least 70% of the target youth population with a significant enough frequency to create behavior change. For this reason, media buys will be more concentrated during the year rather than spread throughout the grant year.

RAC will provide evaluation data from school-based administrations of RAC educational resources, such as Not Prescribed and Closing the Gap. A retrospective post survey data is implemented at the conclusion of each lesson and automated for tabulation. RAC tracks changes in knowledge and perceived risk of misusing prescription drugs through its Not Prescribed and other lessons using an online retrospective-post survey. RAC receives quarterly reporting of youth participants and would be able to isolate Larimer County participants (by school district) in separate analysis at the completion of the grant period. Not Prescribed has demonstrated results in increasing knowledge and positively shaping key attitudes that prevent substance use over time.

RAC will receive from its third-party research vendor (Healthcare Research) oversampled analysis of Larimer County youth participants in the 2026 Rise Above Colorado Youth Survey. This data will provide insights for future prevention planning that can be shared with other ROAC partner organizations upon its release in Fall 2026. The data from the survey will be used to update particular social norming messaging in the Connect Effect ads as part of the creative refresh of that campaign.

- 4. Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC's principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation,*

*stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

**a). What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

RAC programming continues to reach middle and high school youth across Larimer County in the school setting as well as outside of schools (i.e. online via social and digital media). RAC will work with all 3 school districts to ensure that the channels of access to youth are equitable and inclusive and meet the needs of youth served. This combination of approaches enables broad awareness of programming and promotes campaigns. For example, according to the 2024 Rise Above Colorado Youth Survey, 40% of Colorado youth were aware of the *Connect Effect* campaign. Poudre School District in particular has committed to providing opioid prevention resources to its students through the training of staff in the Not Prescribed Lesson, which RAC staff will continue to support to ensure broad adoption. Paid social media advertising is an important component of any social norming behavior change campaign including the *Connect Effect*, as it continues to promote positive data about Larimer youth (e.g. 92% would stop a friend from misusing prescription pills; 81% manage stress without using substances)

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

RAC's programming reaches middle and high school youth in school, community and online (via social and digital media) spaces.

Not Prescribed content in the updated lesson is now available in English and Spanish and includes a variety of facilitation options to meet accessibility requirements and better reach learners with neurodivergent needs (i.e. audio & visual, voice overs options, youth-informed/youth-generated media, etc.). RAC offers hands-on, art-based prevention activities through our poster-making workshops to improve behavioral health outcomes through authentic, artistic, and creative expression.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their “real world” or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

For the updated Connect Effect campaign RAC plans to partner with local youth through the Teen Activity Center: TAC212’s Youth Advisory Council and Voces Jovenes y Fuertes to seek input and feedback on the localized Connect Effect campaign data, messaging, and images used. Youth from both TAC212’s Youth Advisory Council and Voces Jovenes y Fuertes have lived experience with substance use disorders and/or mental and behavioral health exceptionalities and/or family history. The input and feedback gathered from these youth was invaluable to ensuring that messaging resonates with Larimer County youth at larger. RAC will continue to engage TAC212 youth in continued prevention efforts into this next grant year.

RAC also continues to engage Larimer educators in supporting their substance use prevention goals based on the needs of individual schools and districts.

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.

SEE ATTACHED

- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Gant Agreement (aka “contract”) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Kent MacLennan, Executive Director  
Email: kent@riseaboveco.org  
Phone: 303-464-1469

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Jenna Garrow, Director of Prevention Education  
Email: jenna@riseaboveco.org  
Phone: 303-464-1469

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Kent MacLennan, Executive Director  
Email: kent@riseaboveco.org  
Phone: 303-464-1469

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Kent MacLennan, Executive Director  
Email: [kent@riseaboveco.org](mailto:kent@riseaboveco.org)  
Phone: 303-464-1469

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmoreh@co.larimer.co.us](mailto:gilmoreh@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

# Region 2 Opioid Agreement Budget Worksheet

**Grantee Name:**

Rise Above Colorado

**Approved Use:**

G.9 (Prevention): School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

## Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Project Director	JG	\$90,516	0.10	\$9,052	\$2,791	\$11,842.14	Project Lead; primary liaison with Larimer schools, districts and community partners for project outreach and coordination; TA provider to schools and districts in developing outreach efforts to support the Connect Effect messaging campaign; provide TA and educator training and/or delivery of the Not Prescribed lesson to youth directly as needed
Executive Director	KM	\$152,860	0.01	\$1,529	\$349	\$1,877.98	Manage revisions to Connect Effect campaign based on new data points from 2026 RAC Youth Survey data collection/reporting; grant contract oversight and reporting
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
<b>SUBTOTAL</b>						<b>\$13,720.12</b>	

*\*All fields in grey should auto-calculate*

## Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
Outreach Expenses	\$700	1	Supplies	\$700.00	Site budget for external outreach by youth for promotion of poster workshop art installations and/or Connect Effect poster distribution in schools in all 3 districts.
Staff Travel Mileage	\$0.725	663	Travel	\$480.68	Allocation for staff mileage to schools for partnership development meetings and any direct activity/resource facilitation (6 roundtrips of 110.5 mi. x IRS rate \$0.725/mi.)
Evaluation: Healthcare Research (2026 RAC Youth	\$1,137	1	Consultants	\$1,137.00	funding to cover vendor data analysis from oversampling of Reg. 2 youth for the 2026 Rise Above CO Youth Survey; amount is balance of cost of oversampling from research vendor (\$6500); the rest was paid in previous grant for data collection in 2026 budget.
Educational resource data collection & analysis	\$130	2	Consultants	\$260.00	Data collection and analysis of retrospective pre-post of RAC educational resources delivered in Larimer schools for outcomes reporting.

Generator- paid media buy for Connect Effect	\$3,500	4	Travel	\$14,000.00	Connect Effect Youth Saturation behavior change campaign goal = \$3500/mo.
			Consultants	\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
<b>SUBTOTAL</b>				<b>\$16,577.68</b>	

1 Region 2 ROAC indirect maximum allowed is 15%

<b>TOTAL DIRECT</b>	\$30,297.80	
<b>TOTAL INDIRECT 1</b>	\$4,545	RAC now uses the standard 15% rate
<b>TOTAL COSTS</b>	\$34,842	



# The Willow Collective Foundation

Presented by:  
Mary Beth Swanson (LCSW),  
Founder and Director

# Families Impacted by Opioid Use Disorder

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## The Need

- Nearly 3% of infants in Colorado are diagnosed with Neonatal Abstinence Syndrome (NAS).
- Rates are disproportionately high in counties including Larimer.
- Drug overdose is a leading cause of death for pregnant and postpartum women in Colorado.
- Infants exposed to substances during pregnancy are increasing in counties including Larimer.



# Local Gaps in Larimer County

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## The Gap

- Very few programs in Northern Colorado provide evidence-based dyadic mental health treatment
- Barriers to care (transportation, childcare, stigma)
- Limited lived-experience support

## The Impact

- Families miss critical early intervention, leading to unresolved trauma and disrupted caregiver-child attachment.
- High likelihood of DHS involvement
- Low treatment engagement and recovery support increases risk of relapse, developmental delays, and long-term health challenges.



# The Willow Collective

## Who We Are:

- Early childhood mental health intervention
- Relationship-based therapy for caregiver and child
- Peer recovery and resource navigation support

## Our Mission

At the Willow Collective, we transform intergenerational trauma into intergenerational healing by building and repairing the relationships that most strongly impact very young children.



THE WILLOW COLLECTIVE

Supporting young children & their families

# Meeting Families Where They Are



## Our Demographics:

- 85% of our clients have Medicaid
- Pregnant individuals, parents/caregivers, and children ages 0–7.
- Many families served are high-risk: *DHS involvement, complex trauma, substance use disorders, and unmet basic needs (housing, food, transportation)*

## Our Services:

- Extensive group therapy offerings: *Caring Dads, Art Group for Single Mothers, Trauma/attachment, Nurturing Connections.*
- Individual and dyadic therapies
- Care coordination
- Parenting workshops in Larimer County Jail
- QBHAs
- Flexible access (*childcare during sessions, transportation assistance, home-visits, & telehealth*)

## Key Partners:

- Larimer County DHS/Child Welfare
  - Larimer County Jail
  - CORE Contract
  - Safe Babies Court
-

# Two-Generational Therapy Matters

- Substance use disorder affects two generations simultaneously
- Early childhood is a **critical intervention** window
- Young children heal only in the **context of a relationship**
- **Strengthening** the parent–child relationship
- Supports both **recovery** and **development**
- Two–generational therapy creates **lasting family change**



# Benefits of Two-Generational Approaches



## For Mothers

Reduced substance use relapse  
Improved mental health  
stronger parenting confidence



## For Children

Improved attachment security  
Fewer behavioral problems  
Stronger emotional regulation



## For Families

Reduced child welfare involvement  
Improved family stability

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(Lieberman, Van Horn, & Ghosh Ippen, 2005)

# Evidence Based Treatment: Child-Parent Psychotherapy (CPP)

## Support for the child

- Emotional expression
- Trauma recovery
- Developmental support

## Support for the caregiver

- Trauma processing
- Emotional regulation
- Parenting confidence

## Support for the relationship

- Joint play
- Culturally informed
- Repairing misattunement
- Strengthening attachment



# Parent Peers/Qualified Behavioral Health Assistants (QBHAs)

Peer support is particularly effective for parents with opioid use disorder (OUD) because it addresses barriers that traditional treatment often struggles with:

- stigma, isolation, shame, and distrust of systems

**Parents in recovery frequently report that support from someone with lived experience is one of the most powerful factors in:**

- Strengthening recovery and engagement
- Rebuilding parenting confidence
- Restoring trust in supportive systems
- Sustaining hope during the most difficult moments



# Our Request for the ROAC

We are requesting funding for 3 major areas of growth:

1. Expand evidence-based treatment capacity (CPP)

1. Expand QBHA services

1. Reduce barriers to treatment  
(*childcare, transportation,  
care coordination*)

# 1. Expand Evidence-Based Treatment Capacity (CPP)



## Objectives:

1. Expand access to Child–Parent Psychotherapy (CPP) for pregnant and parenting individuals affected by opioid use disorders in Larimer County.
2. Strengthen caregiver–infant attachment and early relational health.

## Funding will expand access to evidence-based two-generation therapy by:

- Supporting clinical time, trainings, consultation, and program evaluation to ensure high-quality outcomes.

## Performance Measures:

- Deliver CPP to fidelity for at least 10 **caregiver–child dyads** by July 1, 2027
  - Increase Child–Parent Psychotherapy (CPP) providers from **2 to 5** by July 1, 2027
  - **80%** begin treatment within 30 days of referral
  - **65–70%** remain engaged for 6+ months or complete treatment goals
-

# 1. Expand QBHA services

## Objective:

1. **Integrate trauma-informed peer mentorship and care navigation through Qualified Behavioral Health Assistants**

## Funding will integrate parent Peer/QBHA Program into recovery. QBHAs will:

- Provide mentorship, resource navigation, and transportation assistance to help families access behavioral health and recovery services.
- Join the monthly Women's Trauma and Attachment Workshop in the Larimer County Jail, connecting women impacted by SUD/ODD with case management and re-entry support.

## Performance Measures:

- At least **70%** of participating families will connect with one or more recovery or community support resources.
  - Provide QBHA mentorship and care navigation to participating families
  - Deliver trauma-informed parenting education and reentry planning to **120 incarcerated pregnant individuals annually**
  - **75%** of caregivers report increased parenting confidence and regulation skills
-

# 1. Reduce Barriers & Strengthen Recovery Support



## Objective:

1. Reduce barriers to behavioral health treatment engagement for pregnant and parenting caregivers.

## Funding will allow The Willow Collective to reduce treatment barriers by providing:

- Childcare, home-visiting, telehealth, transportation assistance, and flexible scheduling.

## Performance Measures:

- At least **80 percent** appointment attendance through barrier-reduction supports.
  - Reduce missed appointments by **20 percent** through flexible service delivery.
  - At least **70 percent** of families utilize one or more access supports (*telehealth, home visiting, childcare, transportation*).
-





# Thank You!

Together, we can support families impacted by opioid use and strengthen the generations that follow.

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# Contact Us

The Willow Collective  
375 E. Horsetooth, Suite 6-201  
Fort Collins, CO 80525

[www.willowcollectivefoco.com](http://www.willowcollectivefoco.com)

[marybeth@willowcollectivefoco.com](mailto:marybeth@willowcollectivefoco.com)  
(970) 581-5155 (Mary Beth's Cell)



# References:

Bigalky, J., Mackey, A., Tooke, N., Khoshnoodi, R., & Petrucka, P. (2025). Navigating recovery: A scoping review of comprehensive approaches to postpartum substance use care and support. *BMC Public Health*, 25, Article 3231. <https://doi.org/10.1186/s12889-025-23448-y>

Colorado Department of Health Care Policy and Financing. (2021). Colorado maternity and neonatal abstinence syndrome report. <https://hcpf.colorado.gov/sites/hcpf/files/Maternity%20Report%20-%20Sept2021.pdf>

Lieberman, A. F., Van Horn, P., & Ghosh Ippen, C. (2005). Toward evidence-based treatment: Child-Parent Psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(12), 1241–1248. <https://doi.org/10.1097/01.chi.0000181047.59702.58>

Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2006). Child-Parent Psychotherapy: Six-month follow-up of a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(8), 913–918. <https://doi.org/10.1097/01.chi.0000222784.03735.92>

Lyons, J. S. (2008). Evidence-based trauma interventions for foster children in Illinois. Unpublished presentation or report. Cited in CPP research fact sheets and implementation summaries.

Zisser, A., & Eyberg, S. M. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 179–193). Guilford Press

# Larimer Region 2 Opioid Abatement Application

## for funding from 2026 allocation year

**Applicant-Grantee:** Name of Organization: *The Willow Collective Foundation*  
 Address: 375 E Horsetooth Rd BLDG 6 STE 201, Fort Collins, CO 80525

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	E.6 Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH Conditions.	\$24,744.50
2	E.7 Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.	\$7,920.00
3	E.8 Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.	\$26,400.00
	<b>TOTAL</b>	<b>\$59,064.50</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

The first few days of life are meant to be a time of connection between a newborn and their caregiver. For families affected by opioid use during pregnancy, however, those early moments can also carry uncertainty as both parent and infant begin a path toward recovery. In Colorado, nearly 3 percent of infants were diagnosed with Neonatal Abstinence Syndrome (NAS) in 2019, with higher rates reported in Larimer County. Babies experiencing NAS may have trouble feeding, sleeping, and regulating their bodies, which can make them difficult to soothe and leave caregivers feeling overwhelmed. Without consistent guidance and practical support, this period can feel isolating and exhausting. Pregnancy and early parenting can also be a powerful turning point for women affected by substance use disorders. Many mothers describe their child’s wellbeing as the primary reason they seek or remain in treatment, and

studies have found that as many as 90 percent identify their children as their main motivation for reducing or stopping substance use (Bigalky et al., 2025). However, with the right support, families can begin to move toward healing together. Early intervention can strengthen caregiver–infant attachment, support healthy development, and interrupt cycles of intergenerational trauma.

The Willow Collective seeks to expand its Child–Parent Psychotherapy (CPP) and Qualified Behavioral Health Assistant (QBHA) services to better support pregnant and parenting women affected by opioid use and their young children. CPP is an evidence-based dyadic therapy designed for families experiencing early adversity, including prenatal substance exposure. It focuses on strengthening caregiver sensitivity, building secure attachment, and reducing trauma symptoms for both caregivers and young children. Research consistently shows that responsive caregiving relationships in early childhood are one of the strongest protective factors against the effects of trauma and adversity (Zisser & Eyberg, 2010; Lieberman et al., 2015).

Services begin as early as pregnancy to help caregivers prepare emotionally, reduce stress, and build early connection with their baby. CPP also centers the family’s unique experiences and strengths, allowing treatment to be tailored in ways that feel collaborative and empowering. This approach helps build trust, encourages engagement in treatment, and supports families as they take an active role in their own healing. Long-term studies of CPP have demonstrated lasting improvements in parenting stress, caregiver–child attachment, child behavior, and emotional regulation years after treatment ends (Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006).

Funding will also expand the role of our Qualified Behavioral Health Assistants (QBHA), who provide mentorship, psychoeducation, resource navigation, transportation support, and practical help that keeps families connected to behavioral health and recovery services. By meeting families where they are, QBHAs build trust, reduce stigma, and support caregivers as they balance recovery and early parenthood. Many of our QBHAs bring lived experience in recovery and parenting, and several are trained doulas, allowing them to offer compassionate, relationship based support tailored to each family. Additionally, funding will allow QBHAs to expand their involvement in our women’s jail parenting workshop, which focuses on strengthening attachment, building parenting skills, and understanding cycles of trauma. QBHAs help families access resources, plan for reentry after incarceration, and stay connected to recovery programs and community support.

Additionally, The Willow Collective recently submitted an Expression of Interest in partnership with Northern Colorado Health Alliance to the Colorado Perinatal Care Quality Collaborative’s (CPCQC) FY 27 Impact BH funding. This partnership, called the Larimer County Perinatal Continuum of Care, brings together Nurse–Family Partnership, SummitStone Health Partners, UHealth/Family Medicine Center/PVP, Larimer County Department of Human Services (Child Welfare), Sunrise Community Health, Salud Family Health Centers, and Banner Health. The collaborative aims to strengthen coordination between home visiting services and postpartum healthcare providers in order to address the significant drop-off in medical appointment attendance among women with substance use disorders after giving birth. By

improving cross-system communication and care continuity during the postpartum period, the partnership seeks to ensure that mothers receive consistent medical, behavioral health, and parenting support during this critical window for both maternal recovery and infant well-being.

Lastly, this funding will help reduce barriers that often prevent families from accessing care. Support such as childcare during sessions, transportation assistance, telehealth options, and home-visiting services will make it easier for caregivers to participate in treatment. Childcare is one of the most common barriers to parents attending mental health services, and addressing this gap is essential to supporting caregiver wellbeing and strengthening the parent–child relationship. Expanding CPP and QBHA services while reducing barriers to care will allow The Willow Collective to strengthen caregiver–infant relationships, support healthy development for infants affected by NAS, and help families impacted by the opioid crisis move toward greater stability and long-term recovery.

2. **Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.

**Objective 1: Expand access to Child–Parent Psychotherapy (CPP) for pregnant and parenting individuals affected by substance use disorders.**

**Activities:**

Provide trauma-informed Child–Parent Psychotherapy to 10 families annually with children ages birth–5, including infants experiencing Neonatal Abstinence Syndrome (NAS). Funding will support non-billable services necessary for treatment engagement and quality care, including care coordination, consultation, and transportation support. Funding will also support clinicians’ time spent participating in required CPP training activities, including core training, case consultation, fidelity monitoring, and reflective practice.

**Objective 2: Strengthen caregiver–infant attachment and early relational health. (Specific**

**Activities:**

Deliver dyadic CPP sessions that support caregiver understanding of infant cues, emotional regulation, trauma-informed parenting, and early childhood development.

**Objective 3: Reduce barriers to behavioral health treatment engagement for pregnant and parenting caregivers.**

**Activities:**

Provide childcare support, transportation assistance, and flexible service delivery options including home visits, jail visits and telehealth—to increase treatment engagement and retention.

## **Objective 4: Integrate trauma-informed peer mentorship and care navigation through Qualified Behavioral Health Assistants (QBHA).**

### **Activities:**

QBHAs will provide mentorship, transportation assistance, and resource navigation to connect families with behavioral health, recovery, and community support services. QBHAs will also support the Women's Trauma and Attachment Workshop at Larimer County Jail, helping bridge lived-experience gaps and provide reentry support.

- 3. Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

The Willow Collective will track quantitative and qualitative metrics to measure progress toward expanding CPP, QBHA, and access services. Willow Collective will measure progress before, during, and after program engagement for reporting purposes. All outcome measures are client-centered approaches and evidence based to provide a well-rounded evaluation of treatment effectiveness.

## **Objective 1: Expand access to Child–Parent Psychotherapy (CPP) for pregnant and parenting individuals affected by substance use disorders.**

### **Performance Measures:**

- Number of families enrolled in CPP annually (target: 10 families per year).
- Percentage of families who initiate CPP within 30 days of referral (target: 80%).
- Percentage of families who remain engaged in treatment for at least 6 months or complete treatment goals (target: 65–70%).
- Increase in the number of clinicians within the organization who are trained in CPP compared to baseline (target increase from two to five rostered clinicians).

## **Objective 2: Strengthen caregiver–infant attachment and early relational health.**

### **Performance Measures:**

- Percentage of caregivers demonstrating improved understanding of infant cues and developmental needs as measured through clinician observation and caregiver self-report (target: 75%).
- Percentage of families showing improvement in caregiver–child relational functioning as measured through relational assessments or CPP fidelity indicators (target: 70%).
- Percentage of caregivers reporting increased parenting confidence and emotional regulation skills by discharge (target: 75%).

## **Objective 3: Reduce barriers to behavioral health treatment engagement for pregnant and parenting caregivers.**

### **Performance Measures:**

- Percentage of enrolled families attending 75% or more of scheduled therapy sessions (target: 80%).
- Number of families receiving transportation, childcare, or engagement supports annually.
- Reduction in missed appointment rates among participating families compared to baseline program averages (target: 20% reduction).
- At least 70 percent of families utilize one or more access supports (*telehealth, home visiting, childcare, transportation*).

### **Objective 4: Integrate trauma-informed peer mentorship and care navigation through Qualified Behavioral Health Assistants (QBHA).**

- Percentage of families connected to at least one behavioral health, recovery, or community support resource with QBHA assistance (target: 70%)
- Number of incarcerated pregnant participants receiving trauma-informed parenting education and reentry planning annually (target: 120 participants per year).
- Number of families receiving QBHA mentorship or care navigation services annually.

### **Key Clinical Outcome Measures CPP:**

- Trauma Symptoms: Child-Parent Relationship Scale (CPRS), Child Behavior Checklist (CBCL), and Trauma Symptom Checklist.
- Relationship Quality: Attachment security, engagement levels, and interaction quality.
- Parenting Stress/Mental Health: Parenting Stress Index-Short Form (PSI-SF), Beck Depression Inventory, or Depression Anxiety Stress Scale (DASS-21).
- Functioning: Child and Adolescent Functional Assessment Scale (CAFAS) or Clinical Global Impressions Scale (CGI).

### **QBHA Clinical Outcome Measures:**

- Global Distress Scale (e.g., OQ-45): Measures symptom severity.
- Parenting Stress/Mental Health: Parenting Stress Index-Short Form (PSI-SF), Beck Depression Inventory, or Depression Anxiety Stress Scale (DASS-21).
- Service Utilization & Engagement: Tracks increased attendance in outpatient treatment and decreased inpatient, emergency room, or crisis service utilization.

### **Process and Performance Indicators:**

- Engagement/Attendance: Rates of attendance and, in some cases, therapy attitude inventory scores.
- Adherence/Competence: Monitoring of the therapeutic process to ensure it is tailored to the family's needs while maintaining evidence-based practice.
- Goal Attainment: Evaluation of specific, individualized treatment goals.

4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The

ROAC's principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

**a). What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

Recovery during pregnancy and postpartum presents unique challenges that many substance use programs are not designed to address. Caregivers are navigating their own healing while forming their child's earliest attachment relationships, making trauma-informed, relationship-based, family-centered support essential. The Willow Collective is one of the few programs in the community focused on early childhood mental health, supporting children from birth to age seven alongside their caregivers. We primarily serve families facing financial hardship, complex trauma histories, and many parents in recovery. We view the child and family as a single, interconnected system that can only thrive when addressed together. During this period, both parent and child may experience fear, stigma, mistrust, and emotional dysregulation, making compassionate, nonjudgmental care critical. Our harm reduction approach prioritizes keeping families together and fostering early recovery and attachment.

For many mothers, becoming a parent brings purpose and motivation for change. Yet traditional systems often separate parent recovery from child wellbeing. Child-Parent Psychotherapy (CPP) fills this gap with a strengths-based, collaborative approach that helps caregivers rebuild trust in themselves while strengthening the parent-child relationship. Furthermore, Qualified Behavioral Health Assistants (QBHA) enhance this work by offering lived experience, trauma-informed training, and flexible support. QBHAs help families with practical needs such as transportation, accessing benefits, and connecting with community resources, reducing barriers to care while supporting recovery and early parenting.

Building trust is central to our approach. While we collaborate with medical providers and community programs, we operate independently from DHS, giving families a safe space to engage in care. Strong partnerships allow us to provide coordinated, trauma-informed support that strengthens caregiver recovery and child development. By combining practical support, lived experience, flexible services, and community collaboration, The Willow Collective expands access to compassionate, culturally responsive care for families affected by substance use.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

Our program is designed to address the real-life barriers that often prevent pregnant and parenting individuals from accessing behavioral health and recovery services. One of the most common challenges is childcare, so we provide support during therapy sessions and QBHA meetings, a service that is rarely offered in mental health programs but can be the deciding factor in whether a caregiver attends treatment. We also provide transportation assistance, and our QBHA staff can accompany families to recovery programs, medical appointments, or treatment centers. For a new mother, navigating public transportation can be overwhelming, especially while managing the demands of caring for a newborn. Recently, Wings, a residential treatment center in Weld County that allows mothers to bring children under five, asked for our support for mothers whose infants remain in the NICU at PVH due to NAS. Our QBHAs, many with lived experience in recovery and parenting, play a vital role in connecting families to these services.

Child Parent Psychotherapy, CPP, is highly culturally responsive, considering families' cultural backgrounds, norms, immigration-related stressors, and socio-economic challenges (Lyons, 2008). CPP adapts well across different racial, ethnic, and linguistic backgrounds to meet families' unique needs. One area we continue to develop is providing CPP in Spanish. While one trainee is bilingual, she is not a native Spanish speaker, and we are actively recruiting a bilingual infant and maternal mental health provider. Furthermore, we make many referrals to La Cocina, a program offering CPP tailored to Latinx families.

Financial access is another critical barrier. Most families we serve rely on Medicaid, so we prioritize short waitlists and flexible scheduling to ensure care is available during key periods, like pregnancy and early postpartum. We also offer scholarships for families who lose Medicaid, are uninsured, or have high deductibles that make therapy cost-prohibitive. Our QBHA team actively supports families in navigating Medicaid requirements to prevent lapses in coverage, especially as regulations evolve.

Finally, we provide flexible service delivery across Larimer County through telehealth, community visits, and home-based sessions. This approach allows us to reach families throughout Northern Colorado, including Estes Park, Loveland, Fort Collins, Timnath, Windsor, and Wellington, in settings where they feel safe and supported. For mothers in the postpartum period, removing the need to transport an infant to appointments can make the difference between participating in care or missing critical support.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their "real world" or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

Incorporating the voices of individuals with lived experience is central to how our program operates and evolves. Our Qualified Behavioral Health Assistants, include staff with lived experience in recovery and parenting who work directly alongside clinicians. Their perspectives help shape how services are delivered, ensuring that our approach remains practical, compassionate, and responsive to the realities families face while navigating recovery and early parenthood. QBHAs provide ongoing feedback about barriers families encounter, gaps in services, and strategies that help families stay engaged in care. Their insight guides program development, outreach strategies, and the types of support we prioritize. We also maintain close relationships with the families we serve and regularly adapt services based on their feedback and needs. This collaborative approach keeps the program grounded in real-world experience and allows it to evolve in ways that are meaningful and effective for the communities most impacted by the opioid epidemic.

Recently, a client impacted by Opioid Use Disorder offered feedback regarding services she received. She stated, *“For the past two years, Willow Collective has been a huge part of my recovery journey. I have been doing CPP for over a year, and as I have healed my own trauma, I’ve learned to be the parent I never had but always wanted to be. When I have hard days, I know that my therapist is there to support me. They paired me with a peer specialist who truly understood my experience as a single mom getting out of addiction, and that connection made me feel seen and supported. They helped me with personal growth, checked in on my job search, and guided me toward a sober living home where I’ve now been for over a year. When I was struggling financially, they stepped in to help pay for my child care so I wouldn’t risk losing my sobriety or my job. Because of that stability and support, I was able to get my daughter back within three months and I’ve now maintained one full year sober. Knowing they’re still there if I ever need help again means everything.”* By close collaboration, community engagement, and consistent progress feedback, we remain rooted in our commitment to client-centered care.

## Resources:

Bigalky, J., Mackey, A., Tooke, N., Khoshnoodi, R., & Petrucka, P. (2025). *Navigating recovery: A scoping review of comprehensive approaches to postpartum substance use care and support*. BMC Public Health, 25, Article 3231. <https://doi.org/10.1186/s12889-025-23448-y>

Colorado Department of Health Care Policy and Financing. (2021). *Colorado maternity and neonatal abstinence syndrome report*. <https://hcpf.colorado.gov/sites/hcpf/files/Maternity%20Report%20-%20Sept2021.pdf>

Lieberman, A. F., Van Horn, P., & Ghosh Ippen, C. (2005). *Toward evidence-based treatment: Child-Parent Psychotherapy with preschoolers exposed to marital violence*. Journal of the American Academy of Child and Adolescent Psychiatry, 44(12), 1241–1248. <https://doi.org/10.1097/01.chi.0000181047.59702.58>

Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2006). *Child-Parent Psychotherapy: Six-month follow-up of a randomized controlled trial*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(8), 913–918.

<https://doi.org/10.1097/01.chi.0000222784.03735.92>

Lyons, J. S. (2008). *Evidence-based trauma interventions for foster children in Illinois*. Unpublished presentation or report. Cited in CPP research fact sheets and implementation summaries.

Zisser, A., & Eyberg, S. M. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 179–193). Guilford Press

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.
- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Grant Agreement (aka “contract”) and provide the contact information for the four roles below:

**Primary Contact** (*The individual responsible for providing/receiving communications relating to the grant*)

Name: Chloe Lerew, Mary Beth Swanson

Email: [chloe@willowcollectivefoco.com](mailto:chloe@willowcollectivefoco.com) , [Marybeth@willowcollectivefoco.com](mailto:Marybeth@willowcollectivefoco.com)

Phone: (720) 491-1193, 970-581-5155

**Project Director** (*The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.*)

Name: Mary Beth Swanson

Email: [Marybeth@willowcollectivefoco.com](mailto:Marybeth@willowcollectivefoco.com)

Phone: 970-581-5155

**Signatory** (*The individual who has been given the right to sign legal documents on behalf of the grantee*)

Name: Mary Beth Swanson

Email: [Marybeth@willowcollectivefoco.com](mailto:Marybeth@willowcollectivefoco.com)

Phone: 970-581-5155

**Financial Contact** (*The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.*)

Name: Michael J. Glen

Email: [mglen@roaringforkcfo.com](mailto:mglen@roaringforkcfo.com)

Phone: (970) 618-1916

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [yossjo@co.larimer.co.us](mailto:yossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

## Region 2 Opioid Agreement Budget Worksheet

Grantee Name:

The Willow Collective Foundation

Approved Use:

E.6 Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH Conditions.

### Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
QBHA	CV, CD, CM, SL, SK	\$60,000	0.25	\$15,000	\$3,000	\$18,000.00	QBHA: jail based support, client transportation, 1:1 client support in jail, home and community, recovery support group facilitation (Seeking Safety)
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
<b>SUBTOTAL</b>						<b>\$18,000.00</b>	

\*All fields in grey should auto-calculate

### Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
			Equipment	\$0.00	
			Supplies	\$0.00	
			Other	\$0.00	
			Professional Development	\$0.00	
Transportation to and from therapy appointments, court, DHS meetings to support recovery.	\$1	6200	Travel	\$4,495.00	Using the federal milieage rate of \$.725, we will provide 6,200 miles of tranportation
			Consultants	\$0.00	
				\$0.00	
				\$0.00	
<b>SUBTOTAL</b>				<b>\$4,495.00</b>	

1 Region 2 ROAC indirect maximum allowed is 15%

<b>TOTAL DIRECT</b>	\$22,495.00	
<b>TOTAL INDIRECT 1</b>	\$2,250	10% Indirects
<b>TOTAL COSTS</b>	\$24,744.50	

**Larimer County  
ROAC Region 2**

**THC / Opioid  
Connection**

**3/26/2025**



**Allison Dodge**

Philanthropy Engagement

**Jennifer Yates**

Grant and Operations Coordinator

## Region 2 Larimer County and One Chance to Grow Up

**Your Goal:** Prevent SUD among youth and across the lifespan by reducing risk factors and strengthening protective factors, with a particular focus on OUD.

**Our Mission:** Upstream prevention of marijuana and high-concentrate THC use, a Risk Factor for later opioid misuse

**Strategy:** Parent and trusted adult education and public awareness, a Protective Factor for youth

**First use of marijuana  
before the age of 18**

**=**

**#1 contributor to opiate  
use disorders (OUD)**



THC use at 14  
is strongly  
associated  
with  
opioid use at 19

**Cannabis use**  
**increases the risk**  
**of developing nonmedical**  
**prescription**  
**opioid use/opioid use disorder**

# 55% of new THC users are under age

Source: 2023 National Survey on Drug  
Use and Health



# Marketing to kids



High potency =  



**Cookies Bungee Black Smell Proof Backpack**

In stock SKU: 36282106670018

Size One Size

One Size

\$127.95

Slash Points: 12795

1

ADD TO MY BAG

ship to me  
Deliver to me

pick up  
Park Meadows Mall (1.7 mi)



8

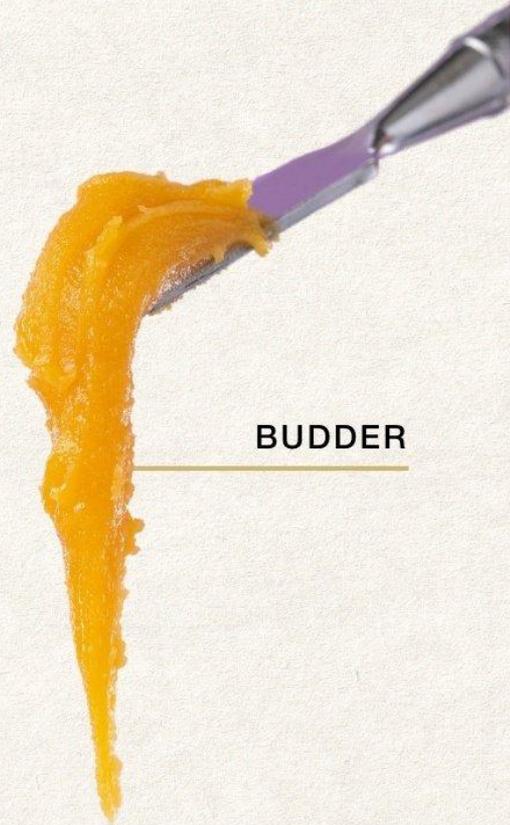
# High Concentrate THC Images



SHATTER



SUGAR



BUDDER



WAX



DISTILLATE

# Vape Devices



Biscotti flavored THC 5 gram  
THC vaporizer is 84.9% THC.



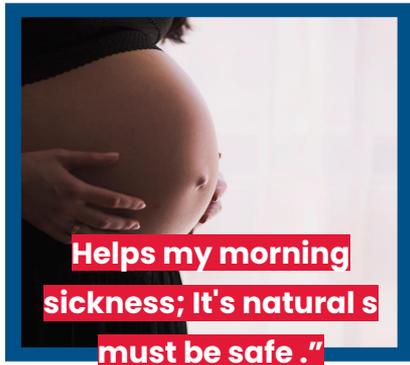
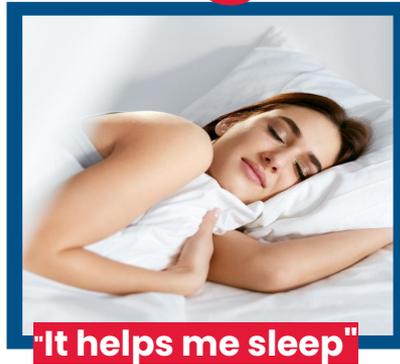


[thcphotos.org](http://thcphotos.org)

Can you spot the pot?

**THC**  
PHOTOS

# False Messages



# High-potency THC\* linked with psychosis

**\*Definition = over 15% THC**

**REGULAR USE: HIGH-POTENCY THC = 3X INCREASED RISK OF PSYCHOSIS**

**DAILY USE: HIGH-POTENCY THC = 5X INCREASED RISK OF PSYCHOSIS**

**NOTE: 2020 study found 93% of products in CO 15%+**

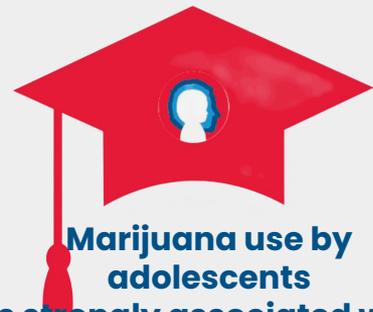
# Colorado Public Health Statements



**“Daily marijuana use among adolescents can lead to serious mental health issues like schizophrenia in adulthood”**



**“Frequent marijuana use in teens is linked to psychotic symptoms like hallucinations, paranoia, and delusions in adulthood”**



**Marijuana use by adolescents is strongly associated with future high-risk use of other substances including opioids**



**“Weekly or more frequent marijuana use by adolescents and young adults is associated with impaired learning, memory, math, and reading achievement”**



**“Weekly marijuana use by teens is linked to an increased risk of suicidal thoughts”**



# Key Healthy Kids Colorado Survey High School Data

**26.3%** students have ever used marijuana -

**29%** Larimer County

**5.5%** students used marijuana before age 13-

**3.9%** Larimer County

**12.8%** students used marijuana in past 30 days -

**14.6%** Larimer County

Of the kids who used in Larimer County:

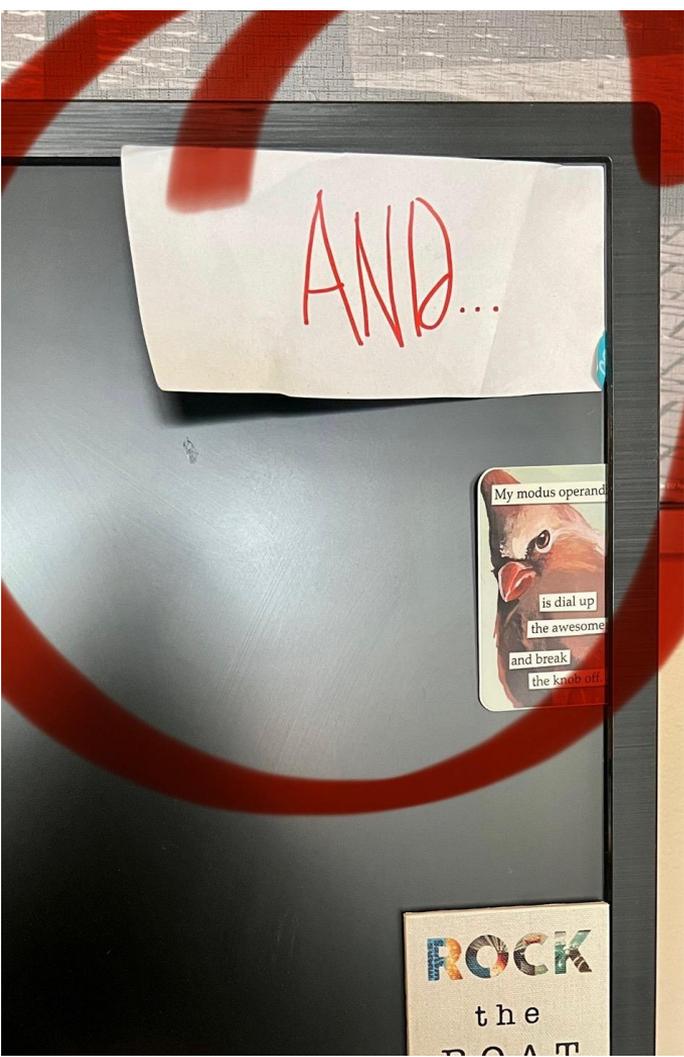
**39%** used high-potency THC products (vapes/dab)

**47.6%** used between 3 and 39 times in

**14.9%** used over 40 times in that 30 days.

# Parents are the **MOST** powerful influence on their children

- 60% of youth say they don't use as they fear losing their parents' respect
- Youth who know their parents disapprove of their marijuana use are **72% less likely to use.**



AND...

My modus operandi

is dial up  
the awesome  
and break  
the knob off.

ROCK

the

# Marijuana Prevention is Upstream Opioid Prevention

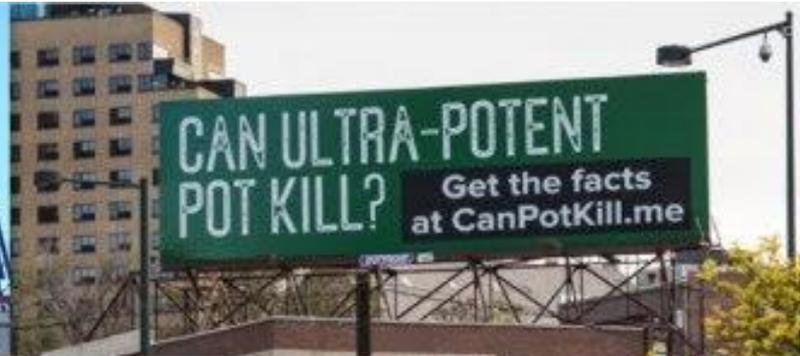
## Fewer SUD/OD cases equal:

- Million of dollars in cost savings in preventing addiction
- Lower financial burden on healthcare, law enforcement, and social services
- Improved youth & community outcomes
- Changed lives and healthy families

*Evidence demonstrates that demand-side interventions outperform supply-side enforcement in reducing overdose mortality.*

*JAMA: The Lifesaving Potential of Opioid Abatement Funds*

# One Chance has a Proven track record of education campaigns & driving strong policy



# Get the Facts Campaign

**Get the Facts**

"WARNING: Use of Marijuana Concentrate may lead to:

1. Psychotic symptoms and/or Psychotic disorder (delusions, hallucinations, or difficulty distinguishing reality);
2. Mental Health Symptoms/Problems;
3. Cannabis Hyperemesis Syndrome (CHS) (uncontrolled and repetitive vomiting);
4. Cannabis use disorder / dependence, including physical and psychological dependence."

**one**  
Chance to Grow Up

SOURCE: State of Colorado, "Use of Regulated Marijuana Concentrate." 2021.

Our 2022 Campaign first ran with 27MM impressions

**WARNING**

Use of marijuana concentrate may lead to  
"cannabis use disorder/dependence"

SOURCE: State of Colorado, "Use of Regulated Marijuana Concentrate." 2021.

Successful follow up campaigns:

2023 north and west Denver, created in Spanish -billboards and digital - 6.4MM impressions

2024 CO Springs - billboards and digital - 2.2M impressions

# Campaign Billboard Illustration from Region 16



**CAN MARIJUANA USE  
LEAD TO OPIOID MISUSE?**

*Researchers Answer*

△ [HighRiskTHC.org](https://HighRiskTHC.org)

**PIKES PEAK** **one**  
REGION 16 *Chance to Grow Up!*

*Libby Stuyt, MD*  
Board-Certified Psychiatrist

The billboard features a photograph of an elderly woman with white hair and glasses, wearing a brown jacket, looking down at a document she is holding. The background is a gradient of orange and red. The text is in bold black and white, with some elements in italics. Logos for Pike's Peak Region 16 and 'one' are at the bottom left, and a nameplate for Libby Stuyt, MD is at the bottom right.

## **A Larimer County Region 2 specific campaign will include messaging that conveys the following:**

- Potency has changed dramatically
- The brain is still developing until age 25
- Documented risks of marijuana: Psychosis, anxiety, risk of suicide, dependence, later opioid misuse, more
- Natural does not mean safe
- Parents should know

# Strategy includes utilizing multi media to drive the conversation

## Campaign Goals:

- Increase awareness among parents of teens and other trusted adults so they can constructively connect with teens about marijuana use
- Drive visits to Campaign landing page, compare to HighRiskTHC.org

## Target Audience:

- Adults of parenting age
- Trusted adults: Teachers, coaches, mentors, relatives

## Media Tactics:

- Utilize Search and Display channels and out-of-home media to build targeted awareness and solicit action from the target audience
- Engaging earned media to share the campaign: TV, print, social

## Community Engagement:

- Engaging with community partners
- Holding in-person and virtual events

# One Chance provides Outreach and Impacts

## Deliverables

## Direct & Extended Reach

<b>In-person workshops w/ fact based compelling materials</b>	Thousands
<b>Expert webinars w/ child psychiatrists &amp;/or medical doctors w/ lived knowledge</b>	Thousands with more via replay/shares
<b>Community Out-Of-Home (billboard) campaign</b>	Hundreds of thousands of public impressions; repeated views
<b>Geofenced digital campaign linked to Larimer County Region 2 website landing page</b>	Hundred of thousands reached with thousands of direct website engagements
<b>Tool-kits, educational materials &amp; digital resources - English and Spanish</b>	Long-term resource availability, digital and hard copy materials
<b>Outreach to schools: leadership, nurses, SROs, behavioral health</b>	Embedded institutional support
<b>Outreach to Youth Serving Organizations</b>	Network support and referrals



[onechancetogrowup.org](http://onechancetogrowup.org)

[allison@onechancetogrowup.org](mailto:allison@onechancetogrowup.org)

[jennifer@onechancetogrowup.org](mailto:jennifer@onechancetogrowup.org)



*Safeguarding kids from  
today's marijuana through  
community education and  
groundbreaking policy.*

## Larimer Region 2 Opioid Abatement Application for funding from 2026 allocation year

**Applicant-Grantee:** Colorado Nonprofit Development Center  
 DbA One Chance to Grow Up  
 1031 33rd Street  
 PO Box 18770  
 Denver, CO 80218

**Reference Documents:**

3. *Exhibit E, Schedule B-Approved Uses:* Please refer to this document to identify which state approved use(s) your proposal falls within and consider using this language in your scope of work and budget application.
4. *Region 2 ROAC Approved Goals and Principles:* Please refer to this document and consider the ROACs approved goals when identifying your objectives. Additionally, consider the ROAC's goals and principles when proposing performance measures.

**Approved Use(s) and Budget Amount(s):**

	<b>Approved Use(s) from Exhibit E: include schedule, letter/number</b>	<b>Budget</b>
1	Exhibit E, Schedule B - Part 2 Item G Number 8	\$183,945.95
2		\$xx,xxx
3		\$xx,xxx
	<b>TOTAL</b>	<b>\$183,945.95</b>

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us).

**Introduction and Why it's important:**

One Chance to Grow Up is a Colorado-based nonpartisan nonprofit, created by parents for parents, dedicated to educating about the risks of high-THC marijuana products to youth. Since our founding, One Chance to Grow Up has focused on educating parents and trusted adults with clear, science-based information about these risks. As products, potencies and science have evolved, the need for upstream prevention has never been greater. Protecting youth from today’s marijuana helps safeguard the healthy future of kids who only have One Chance to Grow Up.

We are seeking funding to construct and launch a comprehensive, fact-based marijuana prevention program that is geared towards parents and focuses on the data-supported links between early-life THC use and potential later opioid misuse. Our goal is to “connect the dots” with parent education to address the risks of marijuana use among Larimer County youth. Parents have been identified by mental health experts as the “missing link to prevention”. Throughout the past 13 years of our organization’s history, we have strived to be that link by providing education to parents, teachers, after-school, faith-based, and community leaders, with a strong emphasis on youth-serving organizations. We consistently seek to

provide adults with the tools and knowledge to confidently navigate this challenging topic with children and teens through educational materials informed by scientifically backed data, prevention strategies, and research.

Data from the 2023 biennial Colorado Healthy Kids Colorado Survey shows Health Region 2, Larimer County, has a current high school use rate of marijuana (within the past 30 days) of 14.6%. The Colorado statewide average of current high school use is 12.8%.

To address these rates above the state average, we propose working towards reducing youth marijuana use in Larimer County through impactful in-person and virtual educational workshops for parents and trusted adults, along with a comprehensive, multimodal public awareness campaign targeting these populations.

The Healthy Kids Colorado Survey also indicates that a strong protective factor for kids is that youth who know their parents think underage use of marijuana is wrong are 72% less likely to use. This protective factor is the “why” filling the information gap of the adults in kids' lives is critical.

One Chance is poised to fill this important information gap about marijuana use and its association with later opioid misuse. The following are examples of the body of research and evidence statements:

1. Marijuana use by adolescents is strongly associated with future high-risk use of other substances, including alcohol, tobacco, and other illegal drugs like cocaine, ecstasy, opioids, and methamphetamine. [Colorado Department of Public Health and Environment](#)
2. <https://www.dea.gov/stories/adolescents-and-marijuana> Effects on the Brain: In 2017, teens 12-17 reporting frequent use of marijuana showed a 130% greater likelihood of misusing opioids. (US Department of Health & Human Services: [Substance Abuse and Mental Health Services Administration](#))
3. Approximately 50% of SUD (Substance Use Disorder) cases started their substance use before age 14. ([Johns Hopkins SPH](#))
4. First use of marijuana before age 18 has the highest contribution to Opioid Use Disorder -Curbing early initiation of marijuana may be an effective prevention strategy against opioid addiction, especially in high-risk groups. ([Understanding Opioid Use Disorder \(OUD\) Wadaker paper](#))
5. There are significant positive associations between cannabis use at 14 and opioid use at 19 - determining that: “Cannabis and tobacco use in early adolescence may be risk factors for opioid use in young adulthood among African Americans living in urban areas.” ([Society for the Study of Addiction -Thrul](#) )

**A. PROPOSED SCOPE OF WORK** - *Note that this information will become part of the grantee agreement. Please be informative yet concise.*

1. **Scope of Work:** Describe the scope of work which will be performed under the approved use to respond to the Opioid crisis in Larimer County.

Workshops:

In-Person workshops, virtual workshops, webinars

One Chance to Grow Up's proposed upstream prevention work will consist of four strategically located in-person workshops and four virtual education events or webinars, all presenting compelling fact-based informative material. Our events will target Fort Collins, Estes Park, and Loveland. Strategic outreach will also be made to Wellington and Berthoud. We will work with school districts and other partners to publicize and promote these events to maximize attendance. Our virtual events and webinars will allow us to reach as many parents and trusted adults as possible in support of the entire region, including the more rural areas of Larimer County.

Content will consist of fact-based education about today's vast array of marijuana products, methods of intake, physical, emotional, and mental health risks, tips for talking to youth, and the connection to potential opioid use and dependence. These events will provide strategies based on recommendations from expert child and adolescent psychiatrists on age-appropriate conversations between parents and their children. The workshops will be recorded and posted online and accessible to the public for future reference, so that all parents can continue to utilize this resource.

Multimodal education campaign:

One Chance will implement a highly targeted media messaging campaign, delivering messages in Spanish and English by using industry benchmarks to guide placement and performance, helping reach parents where they are.

We will engage a Colorado-based media consultant to produce the awareness campaign specific to Larimer County. The paid media buy will enable a minimum of three months of attention-grabbing messaging using diverse tactics, which may include out-of-home advertising (billboards), geo-fenced digital displays, social media, paid search, and other traditional media targeted at parents aged 18 and above.

We will issue a media release and make ourselves available for media interviews to promote the campaign and highlight collaboration with partners in ROAC 2. This earned media outreach will provide additional opportunities to inform the targeted population of parents and trusted adults, and those who

care about kids.

Both the education events and the awareness campaign will include evidence-based science from a multitude of sources, including the Colorado Department of Public Health and Environment (CDPHE), linking back to a dedicated, compelling Region 2 website landing page and the One Chance to Grow Up website to track campaign effectiveness.

Once the assets for the campaign are created, these messages can be scaled by increasing the media buy with minor necessary adjustments to incorporate any new science published during the course of the campaign.

Free, downloadable education materials and toolkits will be available, promoted, and disseminated in Spanish and English. We will target schools, youth-serving and faith-based organizations, as well as law enforcement (particularly School Resource Officers) in the region's cities, towns, and frontier communities. This community campaign will be focused on strengthening existing coalition partners and relationships with area school districts, and building out new community and youth-serving organization relationships to reach parents and trusted adults.

These efforts will be expected to generate millions of impressions and above industry benchmarks and hundreds of in-person encounters over the course of the contract term. These tools will strengthen the knowledge base of parents and trusted adults so that they feel confident in effectively talking about the detriments of high-potency THC and its connection to potential opioid misuse.

- 2. Objectives:** List of the objective(s) of the work. Address what you want to accomplish for the clients you serve or the audience you hope to influence. A good resource for setting objectives can be found [here](#). Consider the ROACs approved goals when identifying your objectives.

For the past 13 years, since the legalization of adult-use marijuana in 2012, One Chance to Grow Up has focused on educating and informing parents and adults on preventing marijuana use among youth by reducing risk factors and strengthening protective factors. One of the most powerful protective factors is informed parental guidance. Research shows that youth are 72% less likely to use marijuana when they know their parents or trusted adults disapprove.

One Chance to Grow Up's objective is to reduce the percentage of youth who are current users (use within the past 30 days) of marijuana by two percentage points, as measured by the biennial Healthy Kids Colorado Survey. The 2025 Colorado Healthy Kids Colorado Survey results are expected to be released in the summer of 2026.

Prevention initiatives work! Current high school youth marijuana use in Colorado declined 40% between 2015 and 2023, dropping from 21.2% to 12.8%. However, today's high-potency marijuana products present new risks. Research increasingly shows that early use of high-THC marijuana—particularly concentrates—is associated with psychosis, dependence, and a greater likelihood of later substance misuse, including opioid misuse. Preventing early marijuana use is, therefore, a critical upstream strategy in addressing the opioid crisis.

**Objective:** Increase parental understanding of today's marijuana and its link to potential opioid misuse  
Our short-term objective is to increase parental understanding of the risks of youth marijuana use, including its effects on the developing brain and its potential connection to later substance misuse.

**Objective:** Encourage conversations and mutual understanding about the harms of marijuana  
Our intermediate objective is to increase the proportion of parents who have at least one meaningful conversation with their children about marijuana use. A conversation that is supported by clear facts and resources.

**Objective:** Reduce marijuana use by youth and reduce future opioid misuse  
Our long-term objective is to reduce the percentage of youth who have ever used marijuana as well as reduce those who report past-30-day use, as measured by the Healthy Kids Colorado Survey. By preventing early marijuana use, this work reduces the likelihood of later substance misuse and helps protect youth across their lifespan.

- 3. Performance Measures:** List the metrics and performance measures which you will use to track the work performed and for measuring accomplishment towards each objective. Both interim and final reports shall provide data and information showing how the stated work and objectives have been met utilizing these performance measures and metrics. Consider the ROAC's goals and principles when proposing performance measures.

We will approach data performance measurement and reporting of the results from various angles to give Larimer County Region 2 a full picture of our work and progress. This will include the following:

Short-term objective measurement reporting will be by metrics collected from our public awareness campaign and education workshops:

- A Region 2 website landing page plugin will allow visitors to learn and then opt in to a several-question survey to indicate whether they found the information valuable, as well as whether they learned things they didn't already know
- Distribution of surveys to participants will be done at the beginning and end of each presentation and training session to obtain a measure of what the participants learned. We actively incorporate feedback and continually refine our presentations.
- Digital media metrics to be measured include:

- click-through rates on digital ads (compared to industry benchmarks)
- total impressions made (reach for advertising)
- traditional paid and earned media coverage (key messages included, size of audience)
- time spent on the Region 2 landing page website (showing user interest in content).

These measures will provide end-of-campaign metrics as well as real-time analytics that allow us to optimize the campaign.

Our intermediate-term objective will be measured by a later follow-up with participants in our educational events. This email will include reminders, tips, and ask if our information was utilized in a conversation with a young person regarding marijuana use.

Our long-term objective success measurement will be the results of the 2027 (to be published in 2028) Healthy Kids Colorado Survey to document the reduction in “ever used” and “past 30 day use” of marijuana by high school students in Larimer County. Upstream marijuana prevention is a long-term investment—it is the ultimate long game. By strengthening protective factors now, we reduce the likelihood of substance misuse, addiction, and related harms in the future.

4. **Equity-Focused Questions:** The ROAC is interested to understand how your program helps advance equity, and these questions may not be applicable to all proposals. The ROAC’s principle on equity is to: *Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges.*

With this definition in mind, please respond to the following questions related to the program for which you are seeking funding.

- a). **What populations or communities does your program reach? If funded, how will your program provide effective services to the specific needs of the individuals or communities you serve?**

*The ROAC is interested in supporting access to resources for individuals and groups that have typically experienced barriers to these services. We want to know how you will provide services in a way that is particularly effective and accessible to the individuals and communities your program is intended to reach.*

One Chance to Grow Up will address the diverse needs of Larimer County Region 2 through community-informed, culturally responsive upstream prevention strategies.

We will partner with trusted local organizations, schools, and community leaders to ensure our messaging reaches at-risk populations, including rural families, low-income communities, immigrants, parents of LGBTQ+ youth, and communities of color in ways that are relevant and accessible. While research shows that 12.8% of Colorado youth statewide have used marijuana in the past 30 days, further research has indicated that teens in communities of color and LGBTQ+ youth are at greater risk of marijuana use, making it all the more important to reach the parents of these teens with our messaging.

Our free downloadable materials and resources are available in Spanish and English, are science-based, stigma-free, and easy to understand. These materials empower parents and trusted adults with clear information about high-potency THC and emerging substance trends. Outreach to parent support groups and youth-serving organizations for LGBTQ+, BIPOC, immigrant, and low-income communities will be prioritized and result in providing much-needed fact-based information to these families.

**b). How does your program/project remove barriers and improve access to the care or services you provide?**

*The ROAC is seeking to understand if the program is using culturally or linguistically relevant strategies to connect with individuals in a way that makes sense to them.*

We use a combination of geofenced digital outreach, billboards (where strategic), school engagement, and community events to extend prevention efforts beyond urban centers. Our tool-kits and materials are available in both Spanish and English. This approach ensures a broad and equitable reach. Through collaboration, accessibility, and targeted outreach, One Chance will work to ensure prevention resources benefit the full diversity of Larimer County families.

**c). Does the program incorporate the voice of affected individuals into decision-making? If so, please describe this activity in greater detail.**

*The ROAC values community engagement by including individuals who can share their “real world” or lived experience that provides relevant and critical insights and perspectives in addressing the needs and interests of impacted communities.*

Yes, several members of the One Chance staff are parents with lived experience. Our work is deeply personal, and our goal is to prevent other families from experiencing the challenges our own families have faced.

This perspective underscores the importance of addressing the disconnect many parents have about the potential harms of today’s marijuana. To protect kids, parents and trusted adults must have accurate information and facts.

We have shared our own personal stories in various ways, including media opinion pieces, meetings with elected officials, and in countless parent presentations.

- B. **BUDGET:** Provide a budget for the approved use. Please use the attached template and create a separate template for each approved use.
- C. **CONTACTS AND AUTHORIZED SIGNER:** Please have the person in your organization who approves contract terms and conditions (attorney, CEO, etc.) review the attached draft Gant Agreement (aka “contract”) and provide the contact information for the four roles below:

**Primary Contact** *(The individual responsible for providing/receiving communications relating to the grant)*

Name: Jennifer Yates  
Email: Jennifer@onechancetogrowup.org  
Phone: 303-810-3891

**Project Director** *(The individual with the appropriate level of authority and responsibility to direct the project or program supported by the grant.)*

Name: Henny Lasley  
Email: Henny@onechancetogrowup.org  
Phone: 720-350-5366

**Signatory** *(The individual who has been given the right to sign legal documents on behalf of the grantee)*

Name: Melinda Higgs  
Email: mhiggs@cndc.org  
Phone: 720-855-0501

**Financial Contact** *(The individual with the appropriate level of authority and responsibility for the accounting and reporting of the grant funds.)*

Name: Stephanie Cyphers  
Email: scyphers@cndc.org  
Phone: 970-231-2599

**Checklist of items to submit:**

1. Application (this completed form)
2. Budget (with supplied template)
3. Presentation Slides (optional). Please keep brief and succinct if this is a renewal of services previously funded.

Submit application documents to: [larimer\\_opioid\\_rgn@co.larimer.co.us](mailto:larimer_opioid_rgn@co.larimer.co.us)

Send questions to either:

Heather Gilmore, [gilmorhe@co.larimer.co.us](mailto:gilmorhe@co.larimer.co.us)

John Voss, [vossjo@co.larimer.co.us](mailto:vossjo@co.larimer.co.us)

Jared Ohlson, [olsonjt@co.larimer.co.us](mailto:olsonjt@co.larimer.co.us)

## Region 2 Opioid Agreement Budget Worksheet

**Grantee Name:**

One Chance to Grow Up - a project of Colorado Nonprofit Development Center (CNDC)

**Approved Use:**

List approved use here. Please complete a separate budget worksheet for each approved use. Exhibit E, Schedule B - Part 2 Item G Number 8

Direct Personnel							
Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Coordinator/Outreach (1/3 FTE) - Coalition building, event planning, execution, followup and social media outreach	Unknown - may be one person or may be combination of personel			\$0		\$24,000.00	This will be a combination of time spent making contact with local organizations and coordinating in-person and virtual events, along with ongoing follow-up with groups throughout the campaign
Campaign Development - Region 2 design, implementation, and management of ROAC	Unknown - may be one person or may be combination of			\$0		\$7,000.00	One Chance campaign creation and management
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
<b>SUBTOTAL</b>						<b>\$31,000.00</b>	

*\*All fields in grey should auto-calculate*

Other Direct Costs						
Item(s), Description	Rate	Units	Category	Total	Explanation, Justification	
Marketing Contract for Campaign Development - Region 2 design, implementation, and management of ROAC Campaign	\$35,453	1	Other	\$35,453.00	Contract with the marketing company for thier services including campaign development and a landing page for Region 2	
Paid media - OOH and Digital ad expense	\$75,000	1	Other	\$75,000.00	Direct digital and OOH purchase - This amount is scaleable and can be increased to reach more trustee adults	
Expert Medical Consultant	\$5,000	1	Consultants	\$5,000.00	Consultation to confirm data and create professionally guided content	

Community, Parent, and Trusted adult education In-person Education (minimum 4 )	\$2,500	4	Supplies	\$10,000.00	This expense will include the cost for venues, materials, toolkit, printing and other cost associated with the events, including encouraging attendance
Community, Parent, and Trusted adult education Virtual Education Webinars (minimum 4)	\$500	4	Supplies	\$2,000.00	This expense will include venue, recording, ads and other associated costs with the event.
Evaluation, adaptation, and reporting	\$1,500	1	Other	\$1,500.00	Monitoring of the campaign, adjusting when necessary, and final analysis
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
			<b>SUBTOTAL</b>	<b>\$128,953.00</b>	

<b>TOTAL DIRECT</b>	\$159,953.00	
<b>TOTAL INDIRECT 1</b>	\$23,993	
<b>TOTAL COSTS</b>	\$183,945.95	

1 Region 2 ROAC indirect maximum allowed is 15%