



LARIMER REGIONAL OPIOID ABATEMENT COUNCIL

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

Date: May 28, 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 April 23, 2026 Meeting Minutes
 - Action Required
4. Grant Administration
 - a. Year 4 (2026-2027) Funding Proposal Approvals
 - i. (Cont.) Abundance Foundation Follow-up
 - Action Required
 - ii. Larimer County Sheriff's Office
 - Action Required
 - b. Year 3 (2025-2026) Reports
 - i. Butler Institute Final Report
 - Action Required
 - ii. Northern Colorado Health Network Final Report + Request for Unspent Money
 - Action Required
 - iii. North Colorado Health Alliance Final Report
 - Action Required
 - iv. EVICs 6-month Report
 - Action Required
 - v. La Familia 6-month Report
 - Action Required
5. Adjourn Meeting

2026 Monthly Commitments

January 2026	Elections for 2026 Officers Approve Final 2025 Financial Report Approve July-December Administration Costs Approve 2025 Stipend Amounts Approve Abundance Foundation 6-Month Report Approve CSU Prevention Research Center 2024-2025 Final Report
February 2026	Approve CSU Prevention Research Center 6-Month Report Review Year 4 (2026-2027) Funding Proposals
March 2026	Review Year 4 (2026-2027) Funding Proposals Review New Applicant Funding Proposals
April 2026	Quarterly Financial Report Review Year 4 (2026-2027) Funding Proposals Harvest Farm 2025-2026 Extension Update
May 2026	Review Year 4 (2026-2027) Funding Proposals Approve EVICs 6-Month Report Approve La Familia 6-Month Report Approve Northern Colorado Health Network Final Report Approve North Colorado Health Alliance Final Report Approve Butler Institute Final Report
June 2026	Approve Yarrow Collective Final Report Approve The Red Point Center Final Report Approve Lighthouse Final Report Approve Partners Final Report Approve Fort Collins Rescue Mission Final Report Approve Rise Above Final Report
July 2026	Quarterly Financial Report Approve Administrative Reimbursement for Jan-Jun 2026 Approve Abundance Foundation Final Report
August 2026	Approve CSU Prevention Research Center Final Report
September 2026	Review Year 4 (2026-2027) Funding Proposals
October 2026	Quarterly Financial Report
November 2026	No Meeting
December 2026	***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: April 23, 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
Mayor Gary Hall
Chad Wright, alternate for Rupa Venkatesh
Mayor Pro Tem Brian Mason (Virtual)
Councilmember Zeke Cortez (Virtual)

Advisory Members Present: Jessica Plummer (virtual)

Subject Matter Members

Present: Gordon McLaughlin (virtual)
Lorrie Lopez (virtual)

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.

Announcements and Reminders:

- The application for Advisory Members with Lived Experience is now live on the website and has been distributed to the Council. The deadline to apply is April 30.

Public Comment - No public comment was made.

Approval of the March Minutes

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

Financial Update

- Janelle Koldos presented the financial report for the 2025–2026 funding cycle as of April 15, highlighting \$6.42 million in inflows, including \$292,000 in interest, and \$3.2 million in expenditures, leaving \$2.9 million remaining for distribution. The Council also requested that future reports include historical funding cycle data from prior years to provide context for new members.

Butler Institute’s “Pathway to Change” Survey

- Butler Institute provided an overview of the “Pathway to Change” survey, which is designed to support the development of a cross-site evaluation plan. The survey will collect input from all grantees to help guide future direction and demonstrate overall impact. It will include participation from voting members, non-voting members, and subject matter experts to ensure a comprehensive and inclusive approach, with a focus on vision-setting, current conditions, community needs, and available resources.

Grant Administration

Abundance Foundation Year 4 Funding Proposal

- Abundance Foundation presented its Year 4 funding proposal, highlighting its Abundance Recovery Program built on recovery housing, peer support, and community connection. The program provides sober housing and outpatient services for low-income individuals, with peer coaches guiding clients through their recovery journey. It prioritizes serving vulnerable populations, particularly women, through a peer-driven and supportive model. For 2026, the organization aims to achieve housing stability for all clients within three months while serving 300 individuals through sober living and peer support services. It also seeks to maintain an 80% success rate in sobriety and quality of life, supported by ongoing tracking through regular biopsychosocial assessments.
- Abundance Foundation is requesting a total of \$211,550 from approved uses category B.2 – Support People in Treatment and Recovery.
- Concerns were raised about whether the individuals served by the Abundance Foundation reside within Larimer County or come from other zip codes.

CSU Prevention Research Center Year 4 Funding Proposal

- CSU Prevention Research Center presented its Year 4 funding proposal, outlining a continued focus on sustaining and expanding prevention efforts across school districts. The plan includes maintaining The Blues Program in all three districts, with 15 new staff trained and approximately 35 program cohorts anticipated. Additional initiatives will continue across districts, including Proud & Empowered in PSD, Guiding Good Choices and Wayfinder in EPSD, and a comprehensive prevention scan in TSD to guide new efforts. The Center will also sustain current programming while assessing district-specific needs to inform future strategies. Ongoing professional development will be supported through maintained asynchronous, self-paced e-learning opportunities.
- CSU Prevention Research Center is requesting a total of \$211,554 from approved uses category G.9 – Prevent Misuse of Opioids.

Council Comments:

- The Chair noted that the Sheriff's Office has expressed interest in submitting a Year 4 funding proposal at the May meeting.
- The Chair clarified that a negative budget amount would only occur if the Council elects to fully fund the new applicant, One Chance to Grow Up, as the Sheriff's Office's potential funding has already been accounted for.
- The Council agreed to hear from One Chance to Grow Up before making any decisions on the previous proposals.

One Chance to Grow Up Year 4 Funding Proposal – New Applicant Request (Cont.)

- The Chair reported that approval has not yet been received from the COAC confirming that One Chance to Grow Up meets the allowable funding criteria. Staff met with the COAC Assistance Committee last week, and a final determination is expected at the May 14 COAC meeting.
- One Chance to Grow Up returned to answer questions from the Council regarding their Year 4 new request funding proposal. They provided clarification on their outreach and impacts, focusing on expanding education and awareness around high-risk THC use. The initiative emphasizes a comprehensive outreach strategy that includes in-person workshops, expert-led webinars, and culturally responsive materials in both English and Spanish. It also incorporates a broad media approach, including a community billboard

campaign, geofenced digital outreach, and a dedicated website to share resources. Efforts will extend to schools and youth-serving organizations to ensure targeted engagement with key audiences. Together, these strategies aim to increase awareness, provide accessible resources, and strengthen community-wide prevention efforts.

- One Chance to Grow Up is requesting a total of \$183,945.95 from approved uses category G.8 – Prevent Misuse of Opioids.
- The Council requested additional clarification on how funds would be allocated to achieve the proposed deliverables and raised questions about a potential saturation point in targeting school districts and school-based engagement.
- Dr. Jared Olson, Senior Population Epidemiologist, was invited to present his review of data on early initiation of marijuana use and its association with the risk of developing opioid misuse disorder.

Action – Commissioner Shadduck-McNally made a motion to approve the Year 4 funding proposal of \$211,554 for the CSU Prevention Research Center. Mayor Gary Hall seconded the motion. ***Motion was unanimously approved.***

Action – Commissioner Shadduck-McNally made a motion to decline the Year 4 funding proposal for One Chance to Grow Up. Mayor Pro Tem Mason seconded the motion. ***The motion passed with five votes in favor and one opposing vote cast by Councilperson Zeke Cortez.***

Action – Commissioner Shadduck-McNally made a motion to table the Abundance Foundation's Year 4 funding proposal and invite the organization to return at the May meeting to address additional Council questions and clarify their data. Chad Wright seconded the motion. ***Motion was unanimously approved.***

Action – Commissioner Shadduck-McNally made a motion to extend the meeting until 3:40 PM to allow time for Harvest Farms to present their final report. Mayor Gary Hall seconded the motion. ***The motion passed with five votes in favor and one opposing vote cast by Councilperson Zeke Cortez.***

Harvest Farm Final Report Extension Update (2025-2026)

- Harvest Farm presented its final report extension update, highlighting the successful completion of its expansion and program outcomes. The project increased capacity from 72 to 80 beds, added ADA-accessible living and restroom space, upgraded septic capacity, and brought facilities up to current code. ROAC funding supported key services such as intake, case management, and increased referrals from FCRM, contributing to outcomes that exceeded expectations. In 2025, the program served 165 participants, with 64 graduates, 77 individuals securing employment, and 108 obtaining stable housing.

Action – Commissioner Jody Shadduck-McNally motioned to accept Harvest Farms final extension report. Mayor Gary Hall seconded the motion. ***Motion was unanimously approved.***

Adjourn Meeting

- Commissioner Shadduck-McNally moved to adjourn the meeting. The meeting adjourned at 3:37 PM.

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	Approved Grants
Abundance Foundation	\$211,550						\$211,550	Current Applicants
Yarrow Collective	\$212,943			\$39,660	\$41,422		\$294,025	Anticipated Applicants
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					\$261,333		\$261,333	
Willow Collective					\$59,065		\$59,065	
Harvest Farm 2024 Carryover	\$188,048						\$188,048	
Administration							\$100,000	

Total	\$1,523,865	\$238,979	\$405,084	\$298,360	\$361,819	\$0	\$2,928,108	Does not include Harvest Farm carryover
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Balance of actual & predicted requests

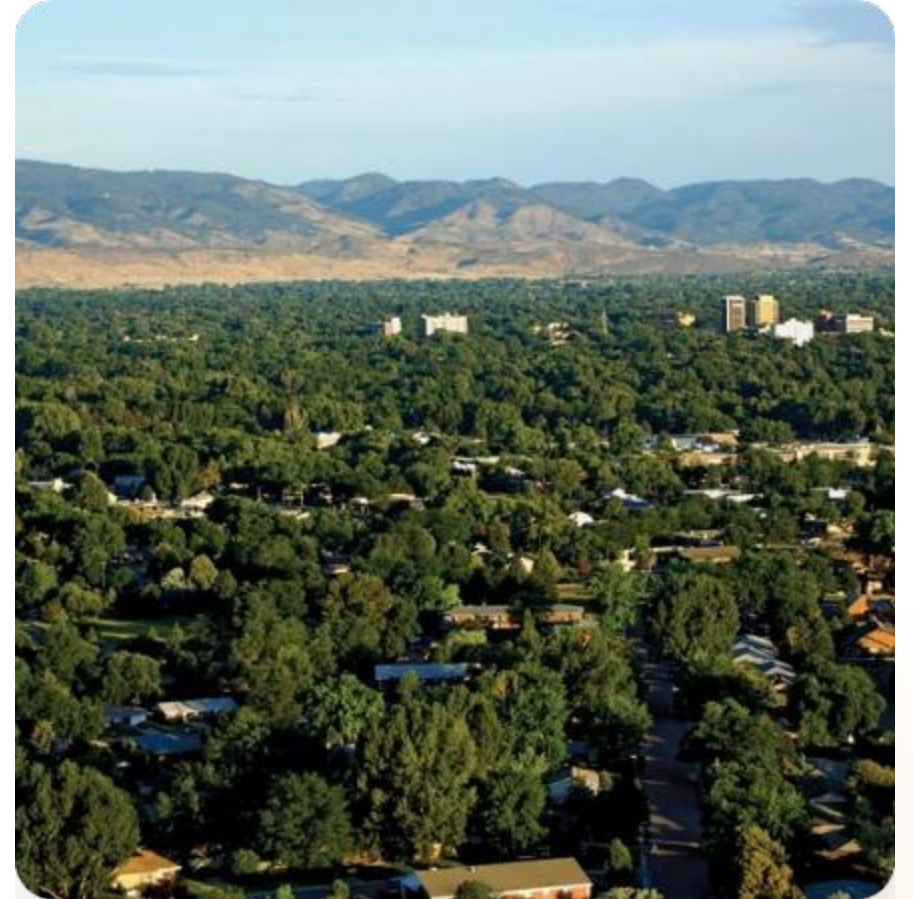
\$131,504

52.0% 8.2% 13.8% 10.2% 12.4% 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
CSU Prevention Center	\$225,000	\$211,554	-5.98%
Abundance Foundation	\$225,000	\$211,550	-5.98%
Larimer County Sheriff	\$280,000	\$261,333	-6.67%
EVICS	\$28,792	\$27,071	-5.98%

| Larimer County Impact & Funding

- ✓ **Program Reach:** 77% of our total program participants are Larimer County residents.
- ✓ **Women's Housing 2025:** 46 out of 54 residents (85%) are Larimer County locals.
- ✓ **Funding Transparency:** 100% of ROAC funding is dedicated strictly to Larimer residents, supplemented by other resources.



| Recovery Success & Stability Pipeline



64%

OUD Prevalence: Larimer residents in housing identifying Opioids in their Top 2 drugs of choice.



51%

Fully Self-Sufficient: Residents with OUD in Top 2 who are already sober, employed, and living independently.



88%

Stability Pipeline: Residents who are sober and employed, currently awaiting transition to permanent housing.

Our mission is to bridge the final gap between sobriety/employment and long-term self-sufficiency.

| Image Sources



<https://cdn.britannica.com/04/166204-050-205EC896/view-Fort-Collins-Colorado.jpg>

Source: www.britannica.com

ROAC

Abundance Foundation Statistics:

77% - Program total are Larimer County residents

46/54 – Women in our housing 2025 Larimer County residents

64% - Larimer County residents in housing had OUD in top 2 Drug of Choice

51% - Larimer County residents with OUD in top 2 – Sober, employed, living self-sufficiently.

88% - Sober and employed, meaning they simply haven't transitioned to permanent self-sufficient housing yet.

100% of ROAC funding goes toward Larimer County residents in our program, with additional funding coming from other resources.

Region 2 Opioid Agreement Budget Worksheet

Grantee Name:	Abundance Foundation
Approved Use:	B.2. 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
Peer Recovery Coaches	TBD	\$45,000	2.00	\$90,000	\$0	\$90,000.00	Annual salary for new Recovery Coach (offering peer support and guidance).
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
				\$0		\$0.00	
SUBTOTAL						\$90,000.00	

*All fields in grey should auto-calculate

Other Direct Costs						
Item(s), Description	Rate	Units	Category	Total	Explanation, Justification	
Housing	\$995	50	Other	\$49,750.00	Rent is \$995 per month per client.	
Utilities (not to exceed \$11K)	\$11,000	1	Other	\$11,000.00	Water, electric, gas, cable, and internet	
Prosocial Community Connection	\$1,000	60.8	Other	\$60,800.00	Weekly dinners, outdoor activities, equine therapy, fitness therapy	
			Other	\$0.00		
			Other	\$0.00		
			Consultants	\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
SUBTOTAL				\$121,550.00		

1 Region 2 ROAC indirect maximum allowed is 15%

TOTAL DIRECT	\$211,550.00	
TOTAL INDIRECT 1		
TOTAL COSTS	\$211,550.00	

Larimer County Sheriff's Office Co-Responder Opioid Response Project

Region 2 ROAC Funding Request | Year 4 Allocation Cycle



Requested Funding: \$261,333.28

Funding Purpose

Requested funds support embedded licensed clinicians within the LCSO Co-Responder Unit (CRU) to respond to opioid, substance use, and behavioral health crises.

Program Focus: Building Clinician Capacity

- Field-based SUD/ODU assessment and interventions
- Overdose risk intervention and education
- Crisis stabilization and treatment connection
- Diversion from jail and emergency departments

ROAC Priority Alignment

Increasing treatment access, sustaining recovery supports, and addressing needs of justice-involved individuals.

Approved Opioid Remediation Use Alignment

D: Address the Needs of Criminal Justice-Involved Persons



Strategic Need & Programmatic Response



Countywide Impacts (Need)



~336 Fatal Overdoses

Estimated crude rate per 100k (2020-2025)



721 ER Visits

Opioid Overdose Emergency Demand (2020-2025)



2,972 BHA Residents

Received Community SUD Services (2023)



1,893 Individuals

Entered LCJ in Opioid Withdrawal (2024)

CRU Program Baseline (Response) Jan 2024 - May 2026



3,504 Total Calls

Total CRU Baseline volume for service period



124 Hospital Transports

10.8%* of Intakes managed for emergency demand



192 Longview/SHP Services

16.7%* of Intakes stabilized via clinical diversion



29 Jail Bookings

2.5%* of Intakes (Diverted when safe & appropriate)

Priority diversion categories represent ~30.0% of all documented CRU calls.
(*data has been cleaned to remove null and unable to contact/no contact calls)*



Larimer County data and CRU operational experience confirms the importance of **immediate clinical engagement** and **dedicated SUD/OD capacity** to interrupt cycles of incarceration and emergency department utilization.

Program Reach: Client & Service Impact



Service Volume Baseline (2024 - 2026)

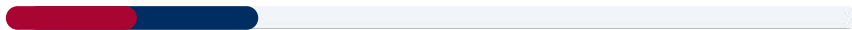
2024 Full Year 1,600 Calls | 601 Intakes



2025 Full Year 1,457 Calls | 717 Intakes



2026 (through May 20) 457 Calls | 212 Intakes



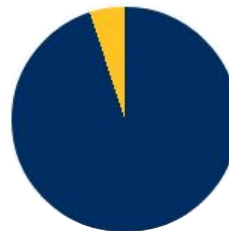
■ SERVICE CALLS (3,514 Total)

■ INTAKE FORMS (1,530 Total)

CRU calls include:

- Mental health crises
- Suicide-related incidents
- Welfare checks
- Safe2Tell referrals
- Transience-related concerns
- Other behavioral health and public safety needs, including co-occurring SUD and OUD concerns

Clients that are Larimer County Residents (2024-present)



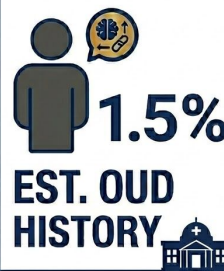
Primary Areas (95%):

■ Fort Collins, Wellington, Red Feather, Laporte, Berthoud, Loveland, Estes Park

Non-Resident (~5%):

■ Denver, Greeley, Canyon City, Eagle CA, ID, IN, MD, TX, WY

Opioid Use Disorder



Substance Use Disorder



Historical CRU substance/opioid use data was collected through self-reporting and optional intake form fields.

As a result, SUD and OUD involvement is likely underreported in data.



What Requested Funds Will Support



**CLINICIAN
RESPONSE**



**INTERVENTION &
STABILIZATION**



**TRAINING &
COORDINATION**



**DATA & CONTINUOUS
IMPROVEMENT**



Direct Funding Deliverables

2 Licensed Clinicians (UCHealth):

Dedicated clinical expertise embedded directly within LCSO response units.

Comprehensive Onboarding:

Specialized training for field-based safety and integration into CRU team.

Co-Responder Conference:

Participation in the 2026 CorCon for evidence-informed peer learning.

Field Equipment:

Phones and laptops for real-time response.

Data Analysis:

Quarterly reporting on diversion, intervention, and treatment outcomes.

Operational Focus

- Immediate clinical support during active behavioral health and substance use crises.
- In-field opioid and substance use assessment, stabilization, and intervention.
- Connection to behavioral health, treatment, and recovery resources.
- Diversion from unnecessary jail booking and ER utilization when safe and appropriate.



Performance Measures & Outcomes

STRATEGIC ACCOUNTABILITY & CONTINUOUS IMPROVEMENT

Target Metrics

Percentage of eligible CRU calls with clinician response

≥ 70% TARGET

Percentage of SUD/ODU-related calls receiving intervention

≥ 60% TARGET

Documented SUD/ODU-related contacts

ONGOING TRACKING

Referrals to behavioral health and treatment providers

ONGOING TRACKING

Reduction in unnecessary ED utilization

TREND ANALYSIS

Reduction in jail bookings (safe/appropriate)

TREND ANALYSIS

Accountability Framework



Quarterly Reporting

Continuous outcome tracking and formal performance reviews for ROAC oversight.



Data-Driven Decision Making

More targeted metrics aligns with LCSO's strategic shift toward proactive, data-informed crisis response.



Continuous Improvement

Regular review of call trends to strengthen intervention, diversion, and stabilization efforts across the county.



Priority Alignment

Ensuring operational metrics map directly to ROAC treatment, recovery, and diversion priorities.

SUCCESSES & ANTICIPATED CHALLENGES



✓ Anticipated Successes



**UCHEALTH
PARTNERSHIP**



**CO-RESPONSE
FOUNDATION**



**HIGH-NEED FIELD
ENGAGEMENT**



**DATA-INFORMED
STRATEGY**



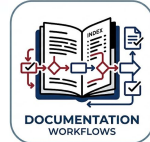
**INCREASING
CRISIS DEMAND**



**RURAL GEOGRAPHIC
BARRIERS**



**PATROL SERVICE
EXPANSION**



**DOCUMENTATION
WORKFLOWS**



Questions?

Thank you for your time.

LARIMER COUNTY SHERIFF'S OFFICE | CO-RESPONDER UNIT

————— UCHealth —————



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

Applicant-Grantee: Larimer County Sheriff's Office
2501 Midpoint Dr. 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):

	Approved Use(s) from Exhibit E: include schedule, letter/number	Budget
1	D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS	\$261,333.28
2		
3		
	TOTAL	\$261,333.28

If you have questions or want assistance with selecting Approved Uses, please contact Jared Olsen at olsonjt@co.larimer.co.us.

A. PROPOSED SCOPE OF WORK

Larimer County Sheriff's Office (LCSO) will implement a clinician-supported co-responder model focused on individuals experiencing opioid use disorder (OUD), substance use, and behavioral health crises. Through this project, two licensed clinicians will be embedded within the Sheriff's Office Co-Responder Unit (CRU) to assist on 911 calls involving overdoses, substance use concerns, mental health crises, and other high-risk situations.

Working alongside deputies, clinicians will provide on-scene assessment, crisis response, and short-term intervention aimed at reducing overdose risk and identifying behavioral health or substance use needs. Individuals may receive overdose education, brief intervention, information about available services, and connection to resources such as naloxone access, behavioral health care, and treatment providers. Engagement in services will remain voluntary and dependent on both individual willingness and available community resources.

A primary goal of the program is to make sure that people are getting the care that they need while reducing unnecessary emergency department visits and jail involvement for people experiencing substance use or behavioral health crises. When appropriate and safe, the co-responder team will prioritize referral or transport to behavioral health and substance use treatment services, including Longview Behavioral Health Campus and other community-based providers throughout Larimer County.

The project is intended to support individuals at elevated risk of opioid-related harm, particularly those with repeat law enforcement contact, recent overdose history, or co-occurring mental health conditions. Embedding clinicians directly in field response helps create earlier opportunities for intervention while improving access to more appropriate care and support services.

1. Objectives:

Objective 1: Identification/Engagement

By the end of the project period, clinicians will complete and document substance use and opioid-related assessments in at least 70 percent of eligible co-response calls.

Objective 2: Diversion

By the end of the project period, at least 30 percent of eligible co-response calls involving behavioral health or substance use concerns will result in diversion from jail booking or unnecessary emergency department transport, when safe and appropriate.

Objective 3 : Connection to Services

By the end of the project period, at least 60 percent of co-response calls involving suspected substance use will include referral, resource information, or facilitated connection to behavioral health, substance use treatment, or community-based support services.

2. Performance Measures:

Measure	Target/Tracking
Percentage of eligible CRU calls that include clinician response	Clinician participation in at least 70% of eligible calls
Number and percentage of CRU calls with documented substance use or opioid-related concerns	Establish baseline and improve consistent documentation throughout project period
Number and percentage of identified SUD/OD-related calls receiving intervention, education, or resource information	Intervention provided in at least 60% of identified SUD/OD-related calls
Number and percentage of CRU calls resulting in transport or referral to Longview Behavioral Health Campus or another treatment provider	Track and report behavioral health and treatment dispositions
Reduction in emergency department transports among eligible CRU calls	Reduction of unnecessary emergency department use over project period
Reduction in jail bookings among eligible CRU calls, when safe and appropriate	Reduction of jail involvement over project period

3. 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?

People served by the LCSO CRU are often experiencing substance use, mental health crisis, trauma, instability, and repeated involvement with emergency or justice systems at the time of contact. CRU regularly engages with individuals struggling with addiction during some of the most difficult and vulnerable moments of their lives. The program recognizes that substance use is shaped by many personal, social, and behavioral health factors and seeks to connect individuals with appropriate behavioral health, substance use, and medical support while maintaining the safety of the individual and the broader community.

Countywide data demonstrate a sustained overdose burden. From 2020 to 2025, the county estimates approximately 336 fatal overdose deaths, based on yearly crude rate per 100,000, while fentanyl-related deaths tripled during the same period (Larimer County Opioid Data Spotlight, ROAC). Between 2020 and 2025 Larimer County recorded 721 overdose-related emergency department visits, reflecting ongoing demand for crisis, behavioral health, and substance use services.

CRU data from the last year show the program is already reaching a high-need population at the point of crisis. Co-responder deputies completed 629 intake forms representing 548 individuals, with 38.5 percent reporting past or current substance use. During the same period, 96 individuals (15.3 percent) were transported to Longview Behavioral Health Campus, compared to 41 individuals (6.6 percent) transported to hospital emergency departments and 14 individuals (2.2 percent) booked into Larimer County Jail. These outcomes reflect an intentional focus on connecting individuals to behavioral health care and stabilization services when appropriate, rather than relying on emergency departments or the criminal justice system as the default response.

If funded, the program will expand in-field clinical response by embedding licensed clinicians directly within crisis response. Clinicians will provide screening, brief intervention, overdose risk education, and facilitated connection to behavioral health, treatment, and harm reduction services at the point of contact. Delivering services in the field helps reduce barriers related to transportation, stigma, prior justice involvement, fragmented care systems, and limited readiness to seek treatment, while supporting more appropriate diversion from jail and emergency departments when safe and feasible.

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

The program removes barriers by bringing behavioral health and substance use support directly to individuals at the point of crisis, rather than requiring them to independently seek out services. This approach is especially important in unincorporated Larimer County, where rural geography, transportation limitations, and provider shortages can make timely access to care difficult. Embedding clinicians within first response allows individuals to receive immediate support during times of crisis, when they may be most open to engagement and connection to services.

Clinicians use trauma-informed and person-centered approaches to build trust and reduce stigma associated with seeking treatment. Services are voluntary and tailored to individual readiness, recognizing that many individuals served have prior justice system involvement, repeated crisis contacts, or negative experiences with healthcare, behavioral health systems, and law enforcement. Clinicians provide in-field screening, brief intervention, overdose risk education, and facilitated connection to

behavioral health, treatment, and harm reduction resources in a way that is practical, immediate, and easier to access than traditional referral pathways.

The program also improves access by supporting diversion from jail and unnecessary emergency department utilization. Co-responders work to connect individuals with behavioral health stabilization and community-based care, including Longview Behavioral Health Campus and other local providers, helping reduce gaps between crisis response and ongoing treatment.

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

The program does not currently use a formal lived experience advisory group. However, input from affected individuals is incorporated through real-time interactions during co-response, where clinicians gather insight on barriers to care, service gaps, and factors influencing engagement. These insights are reflected in intake data, referral patterns, and disposition outcomes, which inform ongoing program adjustments.

The program also coordinates with community providers that incorporate peer support and lived experience into service delivery. If funded, the program will explore practical opportunities to more intentionally incorporate structured feedback from individuals served.

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:

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

Name: Sierra Method
Email: methodsm@co.larimer.co.us
Phone: 970 498 5325

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

Name: Mirela Tutundzic
Email: tutundmi@co.larimer.co.us
Phone: 970-498-5208

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

Name: Lorenda Volker
Email: volkerl@co.larimer.co.us
Phone: 970-498-7008

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

Name: Lesley White
Email: whitela@larimer.co.us.co
Phone: 970 498 5109

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

Send questions to either:

Heather Gilmore, gilmorhe@co.larimer.co.us

John Voss, vossjo@co.larimer.co.us

Jared Ohlson, olsonjt@co.larimer.co.us

Larimer County Sheriff's Office
ROAC Yr4 Application

Opioid Use:

How many clients does your proposed program serve?

Between January 1, 2024 and May 20, 2026, the Larimer County Sheriff's Office (LCSO) Co-Responder Unit (CRU) responded to 3,514 calls for service and completed approximately 1,530 client intake forms.

Time Period	CRU Calls for Service	Intake Forms
2024	1,600	601
2025	1,457	717
2026 to May 20th	457	212
Total	3,514	1,530

CRU calls include:

- Mental health crises
- Suicide-related incidents
- Welfare checks
- Safe2Tell referrals
- Family conflict
- Transience-related concerns
- Death investigations
- Other behavioral health and public safety needs, including co-occurring substance use and opioid-related concerns

Beginning in September 2025, SummitStone clinicians were no longer formal partners within the CRU. As a result, intake and documentation practices changed during this period, which may impact direct year-to-year comparisons.

Historically, what proportion of total clients served by your proposed program have a history of substance use disorder (e.g 50%)? What proportion of your proposal programs total clients served have a history of opioid use (e.g 20%)? If your program is new and there is no historical data, please provide estimates and justify those estimates.

Historically, approximately 38% of CRU intake forms included indicators of past or current substance use based on self-reported information and deputy notes collected. However, because substance use was not consistently screened for or documented in every contact, the true rate is likely higher.

Documented opioid-related indicators, including fentanyl, heroin, prescription opioid misuse, and other opioid-related concerns, were identified in approximately 1.5% of intake forms during the same period. Similar to broader substance use data, this figure likely underrepresents actual opioid involvement due to inconsistent historical tracking and documentation practices. This is further substantiated when compared to the number of inmates in opioid withdrawal in jail intake and other data.

As part of this project, LCSO plans to improve and standardize screening and documentation related to substance use and opioid involvement. Increased clinician participation and updated intake practices will support more accurate identification, intervention, and reporting of SUD and opioid-related concerns during CRU contacts.

Larimer County Residents

What proportion of your proposed program's clients will be residents of Larimer County (e.g. have a current address in Larimer County zip codes)? If your program is new and there is no historical data, please provide estimates and justify those estimates.

Based on intake form data collected between January 1, 2024 and May 20, 2026, the CRU estimates that approximately 94–96% of clients served are residents of Larimer County or communities within Larimer County. Most clients reported addresses in Fort Collins, Loveland, Berthoud, Wellington, Laporte, Red Feather, Estes Park, and other unincorporated areas of the county.

A small number of contacts involved individuals from outside Larimer County, including neighboring communities, visitors, or individuals experiencing homelessness or unstable housing. Some intake forms also included missing or unclear location information.

Because the CRU primarily responds within unincorporated Larimer County and surrounding contract service areas, the program expects the large majority of clients served through this project will continue to be Larimer County residents.

Region 2 Opioid Agreement Budget Worksheet

Grantee Name:

Larimer County Sheriff's Office

Approved Use:

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explanation, Justification
Co-Responder Clinician 1	TBD	\$120,000	1.00	\$120,000		\$120,000.00	New hire for contractual clinician to join our Co-response Unit on service calls. Requesting 1.0 FTE for 1 year term.
Co-Responder Clinician 2	TBD	\$120,000	1.00	\$120,000		\$120,000.00	New hire for contractual clinician to join our Co-response Unit on service calls. Requesting 1.0 FTE for 1 year term.
				\$0		\$0.00	
				\$0		\$0.00	
SUBTOTAL						\$240,000.00	

*All fields in grey should

Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explanation, Justification
Cell phone	\$480	2	Supplies	\$960.00	Annual cellphone subscription
Computer (equipment)	\$2,976	2	Supplies	\$5,952.00	Field-based laptop with associated LCSO IT package (these laptops are for field-based use by Patrol deputies and included necessary software)
CORCON Conference Registration	\$725	2	Professional Development	\$1,450.00	Registration fees for Co-Responder Conference June 7-10 2026
CORCON Travel (Airfare)	\$250	2	Travel	\$500.00	Airfare to travel from Denver to Dallas, Texas
CORCON Per Diem	\$360	2	Travel	\$720.00	Per diem for 5 days using GSA rate. Total includes reductions for first/last day of travel (2x) and full meals/incidentals (3x)
CORCON Lodging	\$850	2	Travel	\$1,700.00	Hotels for 5 nights using GSA rate of \$170/night for Dallas.
				\$0.00	
				\$0.00	
				\$0.00	
SUBTOTAL				\$11,282.00	

1 Region 2 ROAC indirect maximum allowed is 15%

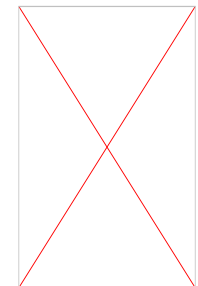
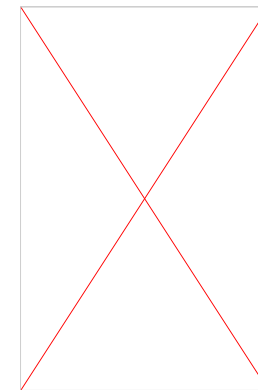
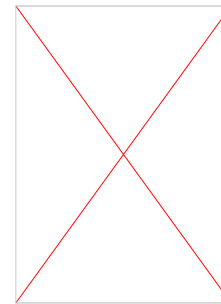
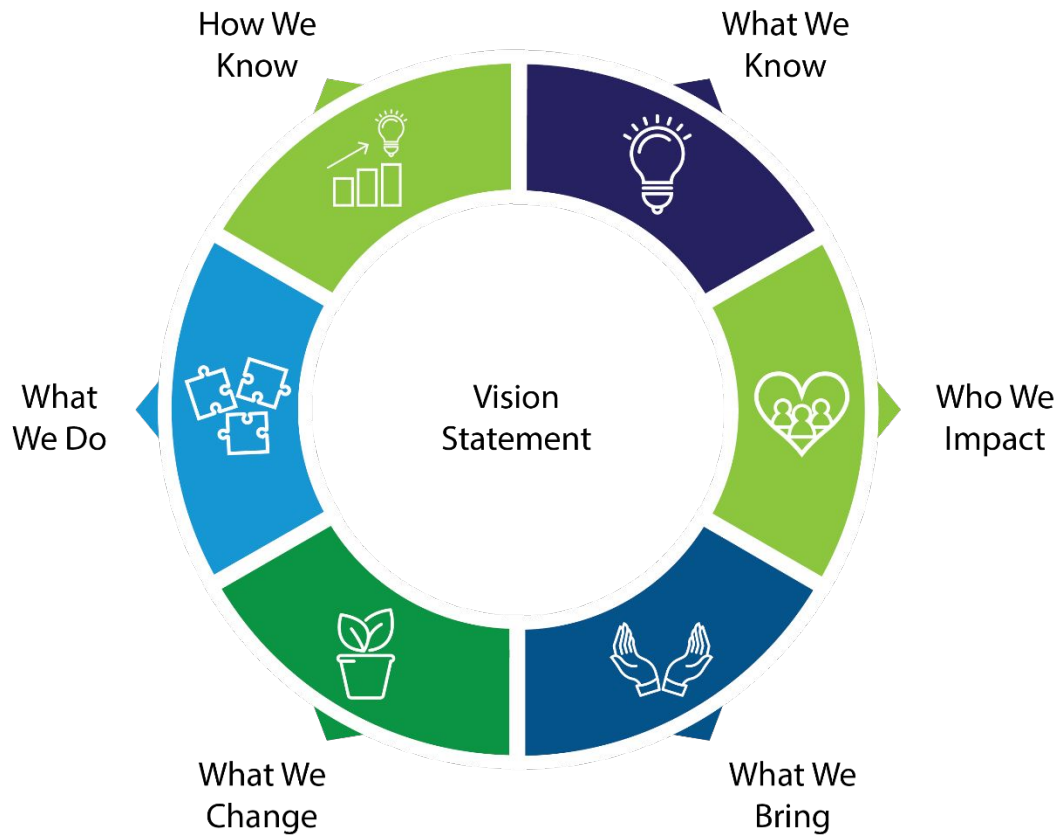
TOTAL DIRECT	\$251,282.00	
TOTAL INDIRECT 1	\$10,051	Requesting 4%
TOTAL COSTS	\$261,333.28	



Butler Institute for Families
UNIVERSITY OF DENVER

Larimer County Regional Opioid Abatement Council Pathway to Change Survey Findings May, 2026





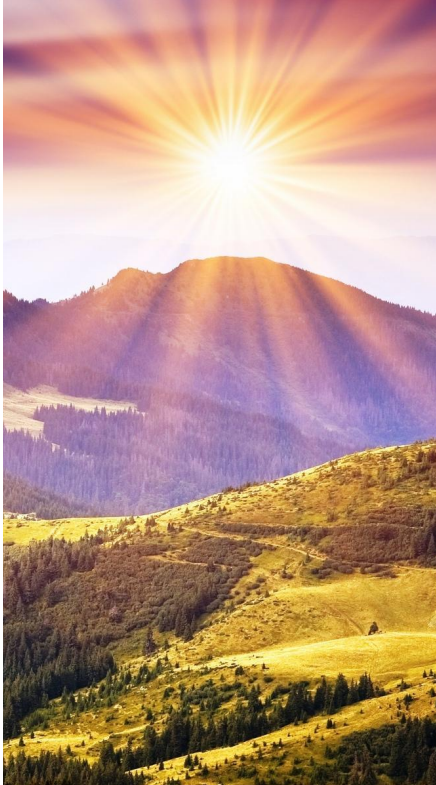
ROAC Pathway to Change Survey

Purpose: Ensure the vision and long-term outcomes are set by the ROAC in the most efficient way possible

- Developed in collaboration with the Advisory Workgroup
- Survey was open from April 28-May 13
- Distributed to 11 ROAC voting members, advisory members and subject matter experts
- 54% response rate ($n=6$)



Vision



100% of respondents agreed the vision of the ROAC is the same as the vision of the Colorado Opioid Abatement Council:

"Thriving communities with a focus on youth, disproportionately impacted populations, and families affected by opioid use disorder."



Butler Institute for Families
UNIVERSITY OF DENVER

Long Term Outcomes

Among those who responded, 100% agreed to maintain the goals approved in Jan 2025:

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



What are some system complexities or contextual factors in Region 2 that could support or detract from the goals?

- Limited funding or loss of funding from other sources
- Insufficient workforce and workforce retention
- Fragmented support systems



What community needs in Region 2 are important to consider to achieve our goals?

- Opportunities to partner to pool resources
- Focusing on the key task of opioid abatement
- Addressing distrust of systems

“Focusing on the key task of opioid abatement. Because of limited fundings and staffing, to reach toward the vision, strong focus on that goal is needed. For community needs, there will perhaps be more or expanded facilities needed. If the base of funding was even greater for ROAC, some of the most significant and proven players could make even more progress in the areas they serve for the cause.”



What Region 2 strengths are important to build upon when considering how to implement the ROAC's work?

- Consistent participation of ROAC members
- Efficient distribution of funds
- Strong organizational partnerships and collaboration

“Partnerships and organizations hearing from each other in order to find opportunities to leverage each other.”



Next Steps...



- Grantee survey to gather feedback on Pathway to Change process
- Grantee Pathway to Change meeting in late July
- Advisory Workgroup contributions





Questions?

Meredith.Silverstein@du.edu

Final Report Outline

Grantee Report to the Larimer Opioid Abatement Council

Grantee: Butler Institute for Families
Submitter Name: Meredith Silverstein
Submission Date: April 30, 2026

Grant Agreement Period: March 1, 2025 through March 30, 2026
Total Agreement Amount: [from grant agreement]
Carryforward Amount: [unspent funds at the end of the grant period]

1. Objective Results:

The table below summarizes our stated goals, objectives and outcomes achieved during this funding period.

Goal 1: Provide resources and recommendations to the ROAC to support best practices and decision-making processes (e.g. scoring matrices to evaluate grant applications, standard output and outcome measures for grantees) to ensure a consistent, transparent grant administration program	
Objectives	Outcomes
Work collaboratively with ROAC point person(s) to identify and recruit community members to participate in opioid abatement advisory workgroup (OAAW). This workgroup will be distinct from and provide recommendations to the ROAC	Throughout the funding period, the OAAW met bimonthly and developed a ROAC Advisory Group Draft Charter which was approved by the ROAC.
Develop agendas and facilitate monthly working group meetings	Agendas were sent out by the Butler team to OAAW members in advance of each meeting to give members an opportunity to contribute agenda items and feedback.
Conduct environmental scan of best and emerging practices among opioid abatement councils both in Colorado and nationally	The environmental scan was completed and incorporated into the Review and Recommendations Report completed in September 2025. A copy of this document is appended to this report.
Conduct a document review of previous ROAC funding processes	The document review was completed and incorporated into the Review and Recommendations Report completed in September 2025. A copy of this document is appended to this report.

With input from the OAAW, findings from document review and environmental scan summarize best practices and develop recommendations for ROAC consideration to support future funding processes	This summary report was completed in September 2025 and is appended to this report. Subsequently, at the December 2025 Region 2 ROAC meeting, Butler presented these recommendations to support future funding processes on behalf of the OAAW. At that meeting, ROAC members requested that Butler administer a survey to collect individual ROAC member feedback to gain an understanding of the level of support to move forward around each recommendation. This survey was distributed to 12 voting and non-voting council members between December 10, 2025 - January 7, 2026. A total of 8 responses (67% response rate) were received. Council members were asked to rate each recommendation with their level of support for moving forward with that recommendation. At the January 2025 Region 2 ROAC meeting, Butler presented the survey results. The ROAC agreed to move forward with two of the recommendations: convene ROAC grantees one time during each grant cycle and to develop a cross-site evaluation approach.
Provide consultation to ROAC on finalized processes as needed	Butler staff regularly attended each ROAC meeting during the funding cycle.
Goal 2: Provide technical assistance and consultation to ROAC grantees on the implementation of their program evaluations of ROAC funded activities.	
Objective	Outcomes
Outreach grantees offering technical assistance and consulting for program evaluation of ROAC funded activities	Email and other communications as appropriate/Responsiveness of grantees to outreach efforts Butler has engaged with four ROAC grantee organizations to provide TA and consulting. This is double the number of grantee engagements from last year. An initial introductory email was sent out to all grantees. Follow up included announcements at ROAC meetings, individualized connections based on grantee report-outs at ROAC meetings, sharing of TA resources in community-based interactions with ROAC grantees (i.e., "word of mouth). After the first meeting with a grantee, Butler sent follow-up emails to see if grantees wanted further assistance.
Provide up to three one-hour technical assistance/consulting sessions per grantees as requested. Sessions will be tailored to the individual needs of grantees and	Video conference or in-person meetings as scheduling permits/Responsiveness of grantees to scheduling requests and follow up items.

may also include document and reporting reviews.	Butler has provided consultation and technical assistance for four organizations' program evaluation activities. This included six online meetings, ranging between one to three hours each.
--	--

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

Please see the table above for performance measures and results.

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

Please see the table above for metrics.

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

5. Financial System Reports:

- a. *A financial system-generated summary Profit & Loss Statement for the grant year. The statement should include Opioid grant dollars only (not the entire organization.)*
- b. *A financial system-generated general ledger for the reporting period showing detailed grant transactions. The statement should include the date, description, and amounts that are sorted and summed to match a) above.*
- c. *If the above statements are not available or do not match your budget to actual spreadsheet, please explain.*

6. Questions:

a. What went well?

The Advisory Workgroup members were highly collaborative and engaged, which helped move the project forward. It encouraged cross sector collaboration and served as a forum to share ideas, review population level data and trends, and help inform the development of recommendations. The group also developed a charter to define the shared purpose, goals, and expectations of a team, creating clarity about how members will work together.

The environmental scan helped provide valuable context for our recommendations and will serve as a resource for ROAC members to see other ROAC grant making processes across the state.

Based on real time feedback and participation, we believe the program evaluation technical assistance provided to grantees was well received and helped strengthen their work, demonstrate impact, and meet reporting expectations with more confidence. Our aim was to reduce the burden on grantees on figuring out evaluation on their own, offer practical guidance and tools to help make program evaluation more manageable. Grantees came away with a better understanding of things to consider when developing data collection methods and data management systems. As importantly, Butler came away with a deeper understanding of grantee workflows and data management systems, which will be useful for the future Pathway to Change process.

b. How could your program be improved?

Since much of our program is driven by the Advisory Workgroup, our program could continue to improve by ensuring the Advisory Workgroup is an open, engaged and productive forum to support the work of the ROAC. Areas for improvement include broadening representation to include frontline providers, and to continue to clarify roles, expectations, and decision-making pathways. For example, a recent review of the group's charter showed that we do not have clearly delineated methods for deciding membership, membership tenure and processes to introduce new members. To remedy this, the project director will put a review of the group's charter on the agenda for the May 2026 meeting.

Another area which could be improved is consistent communication pathways between the Advisory Workgroup and the ROAC members. Regular updates from the Workgroup as well as feedback loops will help ensure the contributions of the Advisory Workgroup support the ROAC. This area for improvement will also be included in an upcoming Workgroup meeting.

Technical assistance could be improved by offering structured sessions on how to define metrics in a way that aligns with organizational values and workflows. Butler is already implementing this improvement by facilitating a Pathway to Change. Although the purpose of the Pathway to Change is to inform a cross-site evaluation, participant grantees may be able to apply those lessons to their individual evaluations or workflows.

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

We look forward to continuing to build on our work from 2025. This includes moving forward with key recommendations of an annual grantee meeting and the development of a cross-site evaluation plan. The annual grantee meeting will occur in two places: the development of a Pathway to Change, which will identify the vision, activities and outcomes of grantee programs, and a Ripple Effects Mapping event, to be held at the annual Rethinking Addiction and Recovery Event in October 2026. This process will show how grantees' work across all funding areas intersect and contribute to community impact.

d. What could the Council improve?

We appreciate the opportunity to continue to support the Region 2 ROAC. As mentioned above, developing consistent communication pathways between the Advisory Workgroup and the ROAC members will help build collaboration between the two groups and ensure the direction of the Workgroup is supportive and responsive to the needs of the ROAC.

Final Report Budget Template			
Grantee:	University of Denver, Butler Institute for Families		
Grant Period	Leadership, Planning, and Coordination. Provide resources to staff government oversight and management of opioid abatement programs.		
Approved Use:	03/01/2025 - 03/31/2026	DU Ref	38688A

Direct Personnel									
Position	Name	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total Budget	Actual Expenditures	% Expended	Notes
Lead	Kavitha Kailasam	\$100,740	30.0%	\$30,224		\$38,294			Kavitha left Butler before the project ended, and some of her duties were transferred to the co-lead, some were transferred to the coach, and some were transferred to Quality Assurance staff
co-lead	Meredith Silverstein	\$119,640	3.0%	\$3,589		\$4,548	\$10,992	241.7%	Absorbed facilitation and planning duties from Lead's Departure
Project Manager	Research Associate	\$92,000	11.5%	\$13,280		\$13,025	\$11,064	99.5%	
Coach	TBD Research Associate	\$48,360	2.5%	\$1,695		\$2,105	\$2,751	130.9%	Absorbed project management duties from Lead's departure in addition to coaching
Quality Assurance	various staff	\$60,000	4.7%	\$8,995		\$9,000	\$8,578	169.7%	Absorbed project management duties from Lead's departure in addition to quality assurance
				\$0		\$0			
				\$0		\$0			
				SUBTOTAL		\$61,122	\$60,286	98.6%	

[illegible]

ROAC ANNUAL REPORT



2025/2026

SUBMITTED BY

NORTHERN
COLORADO HEALTH
NETWORK



Connect
@ Access Point

Key Findings (Prevention)

Overdose Reversal Impact: Distributed life-saving naloxone and other overdose reversal supplies, directly saving **236** (reported) lives within our community.

STI and HIV Testing: NCHN staff conducted **1752** tests, ensuring accessible care for all populations. Testing allows us to help community members affected get the care they need. NCHN was able to help get **22** individuals with linkage to treatment and aftercare.

Suboxone Clinic: The Family Medicine Center and NCHN continue to partner to offer a low-barrier embedded Suboxone clinic for participants pursuing recovery. This past year, Prevention staff have made **160** referrals to the suboxone clinic.

Hepatitis C Treatment: FMC continues to offer treatment for Hepatitis C at NCHN. Hepatitis C, an infectious disease, is a leading cause of liver-related morbidity worldwide and people who inject drugs are at particular risk. We have successfully connected **2** individuals from LCCC to Hep C treatment.

Behavioral Health Support: Provided **201** referrals to behavioral health services.

Community Partnerships: Provided **394** referrals to key community partners, including NCHA, Homeward Alliance, and Summit Stone Health Partners.

Demographics and Performance



**

(Entire Access Point Program)

- 464 Participants reported living in unstable housing
- 420 Participants receive Medicaid
- 67 Participants reported they have no insurance
- 179 Participants identified as LGBTQ+
- 233 Participants reported syringe use

"I can't believe a place like this exists... there's nothing like this in the town I come from! I've always been too scared to ask for help with HRT supplies because I felt like I would be judged. This place is life-changing!"

This feedback underscores the critical role NCHN plays in supporting both individuals and the broader community, made possible by the continued funding and partnership of the ROAC.

Participants Visits

- 6,779 Total Number of Visits
- 2,687 Services Reported to ROAC
- 1,331 Unique Participants

STI Tests Completed

- **435** HIV Tests
- **261** Hepatitis C Tests
- **419** Syphilis Tests
- **379** Chlamydia and Gonorrhea tests

Supplies Distributed

- **167,973** Distributed Syringes
- 130,767 Returned Syringes
- 77.85% Return Rate (100% Currently)
- 2,765 safer snorting kits
- 17,838 safer smoking kits

2,693 Xylazine testing strips and 450 trainings

5,147 Fentanyl testing strips and 455 trainings

4,400 doses of Narcan and 451 trainings

The Connect Program

Performance Metric	Grant-Year Goal	End-of-Year Actual
Unique Individuals Engaged	250	350
Tier 2 - 4 encounters	100	59
FMC MAT Referrals	25	5

An additional 21 referrals to higher levels of care/treatment were made through the Connect program (including outpatient and inpatient addiction treatment, detox services, primary care, and psychiatry).

OUR PERFORMANCE (Wellness Programs)

Wellness and leadership Sessions:

51 total professional development-including 17 leadership and wellness trainings from Director of Behavioral Health and Wellness and Strengths consultant

Additional Wellness Benefits provided:

Wellness Assessment:
increased from 29.45 to 31.43/40- strengths in leadership, autonomy, meaningful work

Additional Benefits:
Continued BH copay support and 8 hours of wellness leave for all staff

Support- Group supervision , individual and consults as needed:

Monthly group supervision for PV staff
Weekly group and individual for BH staff
As needed incident response support or consults

FINANCIALS

Category	Total
Personnel	\$214,974.90
Syringe Access Supplies	\$51,300.66
HIV/HCV/STI tests and supplies	\$ -
Office supplies/Tech/Furniture	\$6,028.04
Professional Dev Training	\$1,009.77
Staff Training/Conferences	\$3,263.33
Biohazard Waste Disposal	\$5,958.59
Staff Wellness/appreciation	\$481.46
Interns	\$29,235.16
Travel	\$2,770.60

We will use the remaining funds to purchase HIV testing and syringe access supplies, basic need items and intern stipends.



**THANK
YOU**

Danie Willis
Behavioral Health Director
Danielle.Willis@coloradohealthnetwork.org

Rebecca McLaughlin
Associate Director of Behavioral Health
Rebecca.McLaughlin@coloradohealthnetwork.org

Izzy Pike
Director of Prevention Services
Elizabeth.Pike@coloradohealthnetwork.org

Rebecca Lara
Prevention Services Manager
Rebecca.Lara@coloradohealthnetwork.org

Final Report Outline

Grantee Report to the Larimer Opioid Abatement Council

Grantee: Colorado Health Network

Submitter Name: Elizabeth Pike, Director of Prevention

Submission Date: April 30th, 2026

Grant Agreement Period: March 1, 2025 through March 31, 2026

Total Agreement Amount: \$442,863

Carryforward Amount: *[unspent funds at the end of the grant period]* we will know this once the final budget template form is completed by May 18th.

With critical support from Larimer County ROAC, Northern Colorado Health Network (NCHN) expanded its harm reduction services in Larimer County, enhancing access to sterile syringes and STI testing while introducing innovative approaches to advance public health and community safety. Harm reduction is an evidence-based public health strategy that equips people who use drugs with practical tools to reduce the risks of infectious disease transmission and overdose. Throughout the grant period, NCHN directly saved 236 lives through the distribution of overdose reversal supplies.

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

Objective 1: Reduce and prevent drug overdose and drug overdose deaths through the provision of Narcan/naloxone.

Overdose Reversal Impact: NCHN's Access Point (AP) program distributed life-saving naloxone and other overdose reversal supplies, **directly saving 236 lives within our community**. Please note that this number only reflects the reversals shared with us. As participants are often the first responders in overdose situations, we understand that they are likely saving more lives than they are disclosing. Many of these life-saving actions may go unreported, highlighting the critical role participants play as first responders in overdose prevention within the community.

This achievement highlights the life-saving importance of harm reduction efforts in our community. To support overdose prevention, NCHN provided 4,400 doses of Narcan and 451 naloxone trainings, distributed 5,147 fentanyl testing strips and 455 trainings, and distributed 2693 xylazine testing strips and 450 trainings. It is important to note that our xylazine test strip allotment provided by the state bulk funds were limited to 5 boxes this past grant cycle, thus limiting the amounts of test strips we were able to provide.

Objective 2: Increase access to harm reduction services and supplies.

Participants Visits

- 1,331 Unique Participants
- 6,779 visits were reported under ROAC grant, with 559 new intakes completed during this time.

Participant Demographics – Entire Access Point Program

- 464 participants reported living in unstable housing
- 420 participants were enrolled in Medicaid
- 67 participants reported they had no insurance
- 179 participants identified as LGBTQ+

Supplies Distributed - Entire Access Point Program

- 164,973 Distributed Syringes
- 128,436 Syringes Returned
- 77.85 % Return Rate/Percent

HIV/STI Tests Completed - Entire Access Point Program

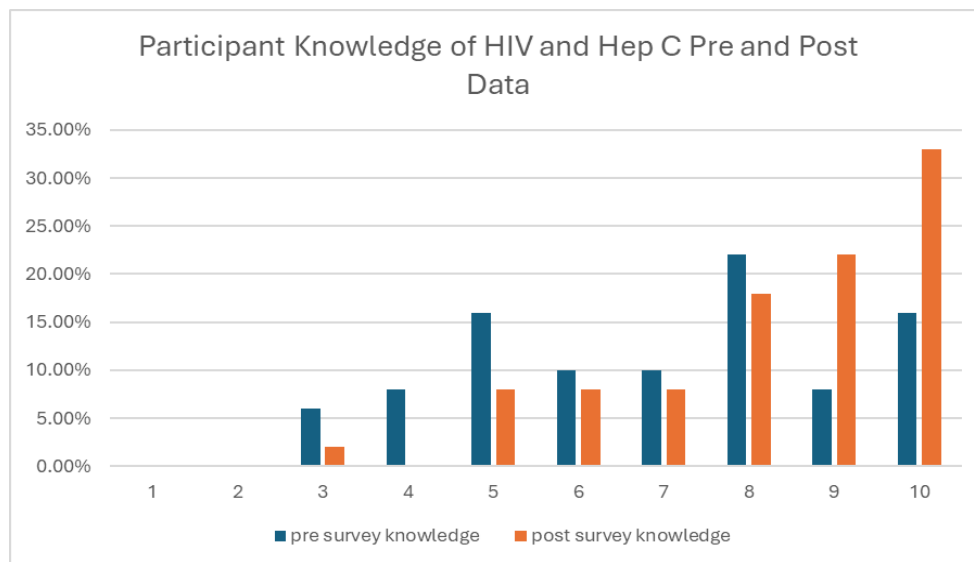
- 344 HIV
- 196 HCV
- 329 Syphilis
- 300 Chlamydia and Gonorrhea

During the duration of education sessions offered at Larimer County Corrections Center, staff provided a pre- and post-survey to gauge participants' knowledge on HIV and Hep C. Both the men's and women's populations participated in these surveys.

In the table below, participants were asked to rank their confidence in their knowledge around HIV and Hep C on a scale of 1-10, with 1 being that they had no knowledge on HIV and Hep C and 10 being that the participants had a firm understanding of both. This survey was provided prior to the educational session and then again after the session.

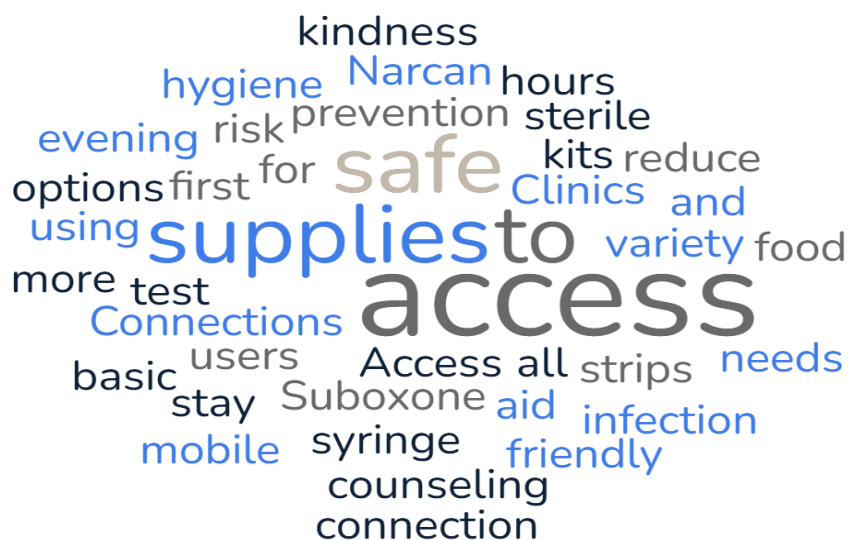
Before the session, responses were spread across the scale, with most participants rating themselves in the mid-to-high range (5–8), but only 24% rating their knowledge at the highest levels (9–10).

After the session, responses shifted notably upward. The proportion of participants rating their knowledge at the highest levels (9–10) increased to 56%, while lower scores (3–4) nearly disappeared. This shift demonstrates a clear increase in participant confidence and understanding, reinforcing the effectiveness of NCHN's community-based education.



Participant Feedback

The bubble map below represents feedback from program participants about NCHN's harm reduction services. Participants were asked to write down what services they felt were the most effective ways harm reduction has helped them reach personal goals and we then created a rich pool of descriptive terms for analysis.



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

Referrals and Collaborative Services

- The Connect program has continued to expand its service delivery by expanding hours of operation to align with in-house AP operating hours, as well as through hiring of trauma-informed, harm-reduction-oriented mental health professionals. We finally got the right people in the right roles. This has led to increased engagement, referrals, and trust within the community.

- The Connect program connected with **350 unique individuals** and provided a total of **41 referrals to services**, including treatment, housing navigation/resources, legal resources, HIV/STI testing, Medicare access, Hepatitis C treatment, local shelters, community partners (such as Murphy Center and Yarrow Collective), sober living, vision care, basic needs like food and phones, and access to emotional support animal letters. Of the 41 referrals, **26 referrals were for higher levels of addiction treatment care**, including MAT, detox, inpatient/outpatient treatment centers, psychiatry, and primary care.
- In February of 2026, Connect staff completed an incentivized participant survey for feedback on the Connect program and its direction. Survey participants were given a \$25.00 Visa gift card for their participation. The majority of respondents (18/20) reported residing in a Larimer County zip code, and the sample was predominantly male (75% male, 25% female). Interest in services was notable, with 9/20 participants indicating they would be likely or extremely likely to speak with a NCHN mental health professional when distressed, while 14/20 reported being likely or extremely likely to refer others to NCHN or to seek help with resource navigation at NCHN. Incentivized engagement appears particularly impactful, with 16/20 participants indicating increased willingness to engage in services if incentives were offered, and 19/20 expressing a desire to talk to someone about their life at least monthly. Additionally, 12/20 participants reported being more likely to seek services at NCHN compared to other providers, and 10/20 reported feeling extremely comfortable discussing medication for addiction treatment (MAT) with an NCHN provider. Reported barriers to care centered heavily on transportation, time constraints, stigma, confidentiality concerns, and internal factors such as discomfort with vulnerability or asking for help. Participants emphasized the importance of nonjudgmental, transparent, and confidential care, with several noting that trust-building and relatability of providers are key to engagement. Incentives identified as most helpful included basic needs and safety items (e.g., bike locks, hygiene products, food, clothing), financial supports (cash or gift cards), and housing-related assistance. Desired discussion topics were wide-ranging and included resource navigation, grief and loss, substance use and MAT, emotional processing, domestic violence, and general life stressors, underscoring the importance of flexible, person-centered service delivery.
- **Community Partnerships:** Access point staff provided **394 referrals** to key community partners, including the Northern Colorado Health Alliance, Sober Is, and the Yarrow Collective.

Objective 4: Strengthen staff well-being and leadership capacity through training and professional development.

Behavioral Health & Wellness Professional Development Summary

The Director of Behavioral Health and Wellness completed 51 professional development and wellness trainings across the grant period, strengthening staff resilience, leadership capacity, and workplace wellbeing.

- Quarter 1 (Mar–Jun 2025)
Five trainings and activities focused on onboarding, leadership, and staff wellness, including new hire training (trauma-informed care, safety, motivational interviewing), leadership development, statewide Wellness Stewardship training, staff wellness assessments, and employee appreciation events.
- Quarter 2 (Jul–Sep 2025)
Fourteen trainings supported staff growth and resilience. Key activities included new hire onboarding series (wellness, safety, motivational interviewing), active threat response training, and the annual All Staff Summit, “TeamCHN: Together We Thrive,” featuring workshops on resilience, strengths-based leadership, HIV care trends, and creative wellness.
The Leadership Academy delivered six trainings and two collaboration sessions to build management capacity.
- Quarter 3 (Oct–Dec 2025)
Sixteen trainings emphasized trauma-informed care, safety, leadership development, and communication. Activities included new hire onboarding, safety drills and simulations, Leadership Academy sessions (including Traction framework and CliftonStrengths integration), and participation/presentation at regional conferences. The annual Leadership Summit focused on strengths-based management and strategic planning.
- Quarter 4 (Jan–Mar 2026)
Sixteen trainings continued to advance staff skills and organizational resilience. Offerings included new hire client-facing skills, motivational interviewing, safety and reporting protocols, and “Rethinking Wellness” sessions. Leadership Academy sessions focused on implementing the Traction model, accountability structures, and coaching practices. Additional trainings covered performance management, safety reviews, and leadership tools.
- Expanded wellness supports included behavioral health service stipends, wellness leave, clinical supervision, incident response support, and ongoing professional development.
- Data & Assessment Findings
Baseline assessments (Employee Wellness Self-Assessment; Resilience Assessment) indicated a generally healthy work environment (29.45/40). Strengths included leadership, autonomy, and meaningful work. Growth areas include role clarity, mental wellbeing, and reducing stigma. Findings are informing a forthcoming Wellness Implementation Plan in partnership with Resilient Colorado.
- **Performance Measures and Results:** *Unless they are included above, list each of the performance measures from the grant along with the results of the measures. The information can be presented in other formats, such as tables or charts.*
Please see metrics below.

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

Performance Metric	Grant-Year Goal	End of Year Actual
# unique participants	600	1331
# visits	2500	6779
Syringe return rate	65%	77.85%
# naloxone distributed	1400	4400
# trained on naloxone administration	300	451
# of overdoses reported	125	236
# trained on fentanyl test strips	300	455
# trained on xylazine test strips	250	450
# HIV/HCV/STI tests performed	400	1752
# education sessions	300	559
# referrals to behavioral health	100	201
# referrals to MAT	120	160
# referrals to community partners	300	394

b. *Connect (Treatment)*

Performance Metric	Grant-Year Goal	End of Year Actual
Unique individuals engaged	250	350
Tier 2-4 encounters	100	59
Family Medicine Center MAT referrals	25	5

We would like to note that an additional 21 referrals to higher levels of care and treatment were made through the Connect program, including outpatient and inpatient addiction treatment, detox services, primary care, and psychiatry. While we did not meet our specific MAT referral deliverable through Connect, this may in part reflect the longstanding, well-established relationship between SAP participants and FMC, where direct MAT referrals are already functioning effectively through existing SAP pathways. As a result, some participants may be accessing MAT support outside of Connect-specific referral processes. We are currently reevaluating how MAT referral data is tracked across both the Connect and SAP branches of programming to ensure our reporting more accurately reflects the full scope of treatment linkage and program impact.

- **Budget to Actual Spreadsheet:** NCHN will provide the final report budget template to John Voss by May 18th.
- **Financial System Reports:** NCHN will provide GL reports showing the expenditure of funds to John Voss by May 18th.
- **Questions:**

- a. What went well?
- i. Participants are building familiarity with not just the Connect program but with the clinicians running the program, seeking general support and connection with trusted providers over time.
 - ii. Connect providers and the prevention team have strengthened collaborative bonds this past year and have partnered to employ evidence-based practices to share the program with participants to increase community knowledge and program utilization.
 - iii. Mental health clinicians have partnered with peers across the state to build standardized policies and procedures for the program to ensure consistency of services in alignment with trauma-informed harm reduction approaches.
 - iv. In one interaction with a participant who ultimately required medical attention, the participant stated, "I'm so glad I decided to come here today", expressing the support they received through our programming in a scary and stressful situation.
 - v. Expanded AP outreach efforts, including a Connect team member regularly joining outreach efforts in Loveland, increasing geographic reach within Larimer County and visibility of low-barrier mental health services.
 - vi. Successfully initiated billing for Connect services for the first time, marking a significant step toward program sustainability and integration into formal healthcare systems.
 - vii. During a drop-in conversation, a participant expressed sadness about the ways people overlook them in various parts of their life. By the end of the conversation with a Connect clinician, the participant stated, "this conversation totally changed my day." The participant shared they felt seen, understood, and heard during their interaction.
 - viii. The prevention team collaborated with 9 community partners to provide 16 educational harm reduction sessions. Prevention staff also participated in 5 community events in both Loveland and Fort Collins.
 - ix. Participants continue to regularly provide praise to staff around the services and supplies we offer stating, "You are life savers. If it weren't for you all, I'm not sure I'd be alive today and I know I'm not the only one."
 - x. NCHN prevention coordinators successfully made 47 suboxone referrals to the UCHealth Family Medicine Center.

Community Impact:

- In January 2026, NCHN shifted efforts from Street Outreach in Loveland to Community Clean-ups throughout Larimer County. The goal was to help keep our community clean while promoting NCHN prevention and behavioral health services.



NCHN has been a leader in ensuring the safe disposal of used syringes by providing and maintaining 13 sharps containers throughout **Larimer County**. This initiative not only addressed the immediate need for safe syringe disposal but also helped prevent accidental needle-stick injuries, protected public health, and reduced the environmental impact of improperly discarded used syringes. We continue to work with community partners and stakeholders to bring this service to the larger community.

- In addition to placing sharps containers, we are working to provide **overdose prevention training** to permanent support housing units on a quarterly rotation. These housing locations include Mason's Place and Redtail Ponds, where recently there has been a need expressed by both staff and residents alike to learn more about signs of an overdose and what steps to take to reverse one.
- NCHN continues to strengthen its community impact through outreach efforts aimed at providing essential harm reduction services to individuals across Larimer County. Recently, we have utilized internal programs such the Behavioral Health Clinician Team to aid in outreach efforts to make all our services truly person-centered, including our harm reduction therapy.
- Sam (pseudonym used to protect confidentiality) presented to Connect Fort Collins at the start of a service afternoon. Agency staff swiftly identified Sam's desire to talk with a mental health provider and looped in a Connect provider. Sam sat down in the chair, explained a little about his path to his recent use, and expressed clearly that he wanted and needed inpatient care. Sam discussed past experiences in care, and felt confident that this feeling was something he needed to attend to, because he was tired of feeling the way he felt with his use. After conducting a safety

assessment, the provider collaborated with another Connect staff member to support the client in getting a direct ride from our agency to immediate inpatient treatment. Through low-barrier, trauma-informed, and harm reduction-based care, Sam was able to navigate directly from feeling lost and unsure about how to move forward into willingly going to an inpatient program. As Sam was boarding the vehicle to travel to inpatient treatment, he shared gratitude and expressed that he had not be able to share so much of his story ever before. Connect's approach to care provided a soft landing for Sam as he found his way into a treatment pathway that fits his needs.

NCHN invested heavily in community education and outreach. Education is a key component of harm reduction to ensure our community is equipped with life-saving information.

- **Vein Care**

Vein care education is essential for participants who are actively using intravenous substances, as it plays a critical role in reducing health risks and promoting overall wellness. NCHN complements this education by ensuring participants have access to sterile syringes, which further reduces the risk of infections, blood borne diseases like HIV and hepatitis, and other injection-related issues. Access to sterile syringes also supports vein health by preventing the damage caused by reusing or sharing needles, which can introduce harmful bacteria into the bloodstream. Together, vein care education and syringe exchange provides a comprehensive harm reduction approach, fostering a safer environment for participants and promoting long-term health outcomes.

- **Harm Reduction Education and Safer Use Support**

Staff conducted **220 education sessions** to encourage the safest possible substance use practices for individual participants, promoting harm reduction and wellness. Please note that this was also during a two-month period where the prevention team was without a prevention services manager to help coordinate with community partners.

Staff distributed **2,765 safer snorting kits**, each accompanied by an education session to provide participants with the knowledge and tools needed to reduce risks associated with their use.

Staff provided **17,802 safer smoking kits**, along with safer smoking informational pamphlets, empowering participants to make informed decisions and reduce the risks of intravenous substance use.

Research shows that offering alternatives to injection can significantly improve participant wellness and foster changes in use patterns. By incorporating these practices, NCHN continues to prioritize participant safety and support harm reduction strategies in our community.

- **Larimer County Community Correction**

NCHN's Prevention Team provides quarterly Sexual Health trainings inside Larimer County Community Corrections, educating participants on STI prevention, harm reduction, and safer sex practices. In addition to these trainings, the team conducts HIV, Hepatitis C, and Syphilis testing, ensuring early detection and linkage to care when needed. These efforts have led to increased knowledge among participants, improved health outcomes through early diagnosis, and strengthened partnerships between NCHN and Larimer County Community Corrections to support public health initiatives. We have been able to successfully diagnose 2 cases of Hepatis

C in the past year and internally connect them to the Hep C clinic for low barrier care. One of these participants emphasized the importance of NCHN's outreach testing services by stating, "You guys are awesome! If it weren't for you all, I'd continue to live with Hep C and possibly not get it treated until it turned into something worse."

This is made possible through NCHN's partnership with the Larimer County ROAC and its generous funding support.

How could your program be improved?

We continue to build internal structures to support the implementation of the program to be in alignment with various existing mental health structures (i.e., pulling from crisis intervention approaches, insurance expectations, harm reduction philosophies). As we have learned more about how to best implement this program for CHN participants, we have strengthened our own understanding of what is effective and feasible for low-barrier support. Our shifting understanding has led to some miscommunication among other staff about how clinicians can support, so we continue to practice collaboratively to ensure staff across the agency understand how Connect clinicians can best support participants in various situations.

Participants continue to be impacted by perception and prior experiences with mental health providers. A crucial part of our program in the last quarter was strengthening community understanding about how low-barrier services are different than traditional outpatient services related to substance use. We continue to innovatively address the valid concerns expressed by participants who have not always felt supported in mental health settings due to the stigma of substance use.

As the political pendulum swings, we also continue to see harm reduction and prevention services heavily impacted from spread of stigma and mass misinformation. Community engagement continues to be an area of growth as we learn how to engage in conversations with community members with opposing ideas around substance use and public health.

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

The future of the Connect program and Access Point is centered on long-term sustainability through strategic funding diversification and the continued development of ethical, appropriate reimbursement pathways. Over the course of this grant cycle, NCHN successfully piloted billing within the Connect program for one participant, marking an important first step in exploring how low-barrier behavioral health services embedded within Connect and AP can be supported through sustainable healthcare funding structures. Moving forward, NCHN will continue evaluating appropriate billing avenues, including crisis intervention and psychotherapy codes, while ensuring all reimbursement practices remain aligned with the core values of harm reduction, accessibility, participant trust, and ethical service delivery. Billing development remains an evolving process, but it represents a promising opportunity to strengthen program sustainability while preserving the low-barrier, person-centered nature of both Connect and SAP services. In addition to reimbursement exploration, NCHN remains committed to diversifying financial support for Connect and AP through additional grant opportunities, community partnerships, fundraising efforts, and other revenue-generating strategies. By combining innovative billing practices with broader funding diversification, NCHN aims to sustain and expand both programs' capacity to provide essential harm reduction, behavioral health, and supportive services to community members.

What could the Council improve?

We deeply appreciate the sustained funding and support provided through the Larimer County Opioid Abatement Council. This investment remains critical given the limited and often inconsistent funding available for harm reduction, syringe access, and low-barrier behavioral health initiatives, despite the clear and ongoing need for these services within our community. As noted previously, multi-year funding commitments and greater transparency regarding long-term settlement payout planning would significantly strengthen program stability, strategic growth, and workforce retention. Continued clarity around future funding availability would allow organizations like ours to better plan for sustainability while pursuing additional grants and diversified revenue streams.

Additionally, we encourage ongoing reflection around how geographic eligibility is discussed, particularly regarding participant zip codes. NCHN ensures that services funded through Larimer County Opioid Abatement dollars are delivered within Larimer County to individuals currently accessing care in Larimer County. As such, an overemphasis on where participants originally resided can feel misaligned with the realities of service delivery and may unintentionally create exclusionary narratives that do not reflect the principles of public health, harm reduction, or equitable access to care. In the current broader social and political climate, language that may inadvertently reinforce stigma, exclusion, or xenophobic undertones is especially important to examine carefully. We encourage a continued focus on where services are being provided and where community impact is occurring, rather than on participants' place of origin, in order to preserve inclusive, ethical, and community-centered approaches to opioid abatement.

Above all, we remain deeply grateful for the council's continued willingness to invest in this work during a time when harm reduction efforts increasingly face misunderstanding, scrutiny, and broader systemic challenges. Your funding and support help protect and sustain essential services that save lives, reduce harm, and create pathways to healing for some of Larimer County's most vulnerable community members. We sincerely appreciate the council's partnership, advocacy, and recognition of the importance of this work, and we thank you for continuing to stand alongside programs like ours.

From: Danielle Willis <Danielle.Willis@coloradohealthnetwork.org>

Sent: Friday, February 27, 2026 8:59 AM

To: John Voss <vossjo@co.larimer.co.us>; Melissa Webb <Melissa.Webb@coloradohealthnetwork.org>

Cc: Elizabeth Pike <Elizabeth.Pike@coloradohealthnetwork.org>; Rebecca McLaughlin

<Rebecca.McLaughlin@coloradohealthnetwork.org>; Lili Carrillo

<Lili.Carrillo@coloradohealthnetwork.org>; Rebecca Lara <Rebecca.Lara@coloradohealthnetwork.org>;

Heather Gilmore <gilmorhe@co.larimer.co.us>; Janelle Koldos <koldosjl@co.larimer.co.us>; Tom

Gonzales <gonzaltr@co.larimer.co.us>; David Ayraud <dayraud@larimer.org>; Jared Olson

<olsonjt@co.larimer.co.us>; Randy Vessell <Randy.Vessell@coloradohealthnetwork.org>

Subject: Re: Checking in on rollover funds for tomorrow Council Meeting

Good Morning Council,

On behalf of Colorado Health Network, we are formally requesting an extension of the existing contract. We are requesting \$96,337 in rollover funds. Please see requested information below:

- Request an extension of the existing contract to a specific end date.

We are requesting a six-month grant extension, and the new end date will be 9/30/26. We are confident this will not be a concern in future grant cycles as we have fully developed our programs and are fully staffed.

- Provide a brief description of the work that requires additional time to complete.

The work we plan to complete with the rollover funds is still the same work that is within the original scope of work and does not include new activities or deliverables. During this grant period we prioritized maximizing our immediate impact through direct client care, leading us to delay implementing new initiatives that these dollars were intended for. We believe this will allow us to hit our current un-met MAT-referral deliverables.

We are grateful that despite these challenges, we were able to exceed our deliverables in harm reduction; however, allowing the extension of these funds will give our team the opportunity to continue the important work despite the federal landscape. We experienced challenges in staffing, increased cost of supplies, and by extending our harm reduction efforts we can best support the behavioral health components of this grant.

- Provide a brief explanation of why the work could not be completed as originally planned.

While we have been able to provide consistent harm reduction services and low barrier mental health services for people impacted by the opioid crisis, we are currently underspent on our budget and behind on our timeline. This is attributed to quality program development, hiring delays and staffing difficulties, during the grant period we had two staff members leave the organization, including our prevention services manager, and two staff members experience a medical leave. Additionally, we had delays in hiring the ICC, the prevention services manager, and a prevention coordinator. We have since

mitigated these concerns and are fully staffed and ready to implement aspects of the program that were delayed to prioritize direct client care. Additionally, our timeline for quality program development to ensure we are providing safe, effective care and standard operating procedures was 3-6 months, delaying the implementation of some grant initiatives.

- Affirm that the remaining work is part of the original scope of work and does not include new activities or deliverables.

We affirm that the remaining work yet to be performed is part of the original scope of work and does not include new activities or deliverables.

Thank you for supporting our harm reduction work and we are grateful to the council.

Take care,

Danie

Danielle Willis LCSW, LAC

Director of Behavioral Health and Wellness

Colorado Health Network, Inc

303-837-0166 Ext 5325

Pronouns: She | Her | Hers ([why pronouns matter](#))

COLORADO HEALTH NETWORK
INC.

Final Report Budget Template

Grantee:	Colorado Health Network
Grant Period	3/1/2025 - 3/31/2026
Approved Use:	Approved Use 1: (H.9) Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use;

Direct Personnel									
Position	Name	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total Budget	Actual Expenditures	% Expended	Notes
Prevention Services Manager	LARA, REBECCA	\$61,701.12	47%	\$29,008	\$7,765	\$29,130	\$36,773	126.2%	Due to staff turnover Rebecca replaced Kristy as PM
Preention Services Coordinator	LAXSON, JOSEPH	\$49,129.60	51%	\$19,067	\$5,964	\$25,031	\$25,031	100.0%	Due to staff turnover total budget of \$59,597 split between 3 PSC: Luna Adelt replaced Joseph, remaining budgeted funds were used for her
Preention Services Coordinator	ADELTA, LUNA	\$50,024.00	14%	\$6,390	\$656	\$7,045	\$7,045	100.0%	Due to staff turnover total budget of \$59,597 split between 3 PSC: Crystal replaced Luna, remaining budgeted funds were used for her
Preention Services Coordinator	THEERMAN, BRANDON	\$55,515.00	77%	\$44,238	\$12,655	\$42,579	\$56,893	133.6%	
Preention Services Coordinator	GILMET, CRYSTAL	\$45,198.40	61%	\$2,867	\$283	\$27,521	\$3,150	11.4%	underspent due to delay in hiring as she replaced the previous PSC
	Quarterly SUTA Adjustment			\$0	\$716	\$0	\$716		
	Quarterly WC Adjustment			\$0	-\$63	\$0	-\$63		
				\$0		\$0			
SUBTOTAL						\$131,306	\$129,546	98.7%	

Other Direct Costs							
Item(s)	Rate	Units	Category	Total Budget	Actual Expenditures	% Expended	Notes
HIV/HCV/STI tests and supplies	\$1,000.00	1	Supplies	\$1,000	\$0	0.0%	
Syringe Access Supplies	\$49,125.00	1	Supplies	\$49,125	\$51,301	104.4%	
Biohazard Waste Disposal	\$6,000.00	1	Supplies	\$6,000	\$5,959	99.3%	
Travel	\$3,444.00	1	Travel	\$3,444	\$2,771	80.4%	
				\$0			
				\$0			
				\$0			
SUBTOTAL				\$59,569	\$60,030	100.8%	
TOTAL DIRECT				\$190,875	\$189,576	99.3%	
TOTAL INDIRECT				\$19,087	\$18,958		
TOTAL COSTS				\$209,962	\$208,534	99.3%	
CARRYFORWARD AMOUNT					\$1,428		

Please list intended uses for carryforward amount below: Funds will be used to purchase HIV/STI tests and syringe access supplies

Final Report Budget Template

Grantee:	Colorado Health Network
Grant Period	3/1/2025 - 3/31/2026
Approved Use:	Approved Use (C.15) Connect People Who Need Help to the Help They Need

Direct Personnel									
Position	Name	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total Budget	Actual Expenditures	% Expended	Notes
Integrated Clinical Care Coordinator	CWIEKA, MORGAN	\$68,140.80	97%	\$20,743	\$2,251	\$66,265	\$22,993	34.7%	Underspent due to delay in hire due to program development/search and med leave
Behavioral Health Manager	MCLAUGHLIN, REBECCA	\$78,511.68	5%	\$3,564	\$893	\$4,030	\$4,457	110.6%	
Director of Behavioral Health & Wellness	WILLIS, DANIE	\$128,334.96	6%	\$12,051	\$1,314	\$7,353	\$7,326	99.6%	
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				SUBTOTAL		\$77,649	\$34,777	44.8%	

Other Direct Costs							
Item(s)	Rate	Units	Category	Total Budget	Actual Expenditures	% Expended	Notes
Office supplies/Tech/Furniture	\$4,251.00	1	Equipment	\$4,251	\$6,028	141.8%	
Professional Dev Training	\$800.00	1	Professional Development	\$800	\$1,010	126.2%	
				\$0			
				\$0			
				\$0			
				SUBTOTAL	\$5,051	\$7,038	139.3%
				TOTAL DIRECT	\$82,700	\$41,814	50.6%
				TOTAL INDIRECT	\$8,270	\$4,181	
				TOTAL COSTS	\$90,970	\$45,996	50.6%
CARRYFORWARD AMOUNT					\$44,974		

Please list intended uses for carryforward amount below: Funds will be used to cover the current Integrated Clinical Care Coordinator and we ask to supplement a second Clinician

Final Report Budget Template

Grantee:

Colorado Health Network

Grant Period

3/1/2025 - 3/31/2026

Approved Use:

Approved Use: (G) Prevent Misuse of Opioids

Direct Personnel									
Position	Name	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total Budget	Actual Expenditures	% Expended	Notes
Interns		\$44,000.00	1	\$44,000	\$0	\$44,000	\$29,235	66.4%	Underspent due to less intern applications and pacing of the semester next to grant cycle
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
SUBTOTAL						\$44,000	\$29,235	66.4%	

Other Direct Costs								
Item(s)		Rate	Units	Category	Total Budget	Actual Expenditures	% Expended	Notes
Education materials, promotional flyers		\$2.00	1250	Supplies	\$2,500	\$0		
Gift card incentives		\$10.00	860	Supplies	\$8,600	\$0		Unspent due to staff delay in hire and medical leave to create program stucure around use. This has now been developed.
Wellness program and staff appreciation		\$5,800.00	1	Professional Development	\$5,800	\$0		Unspent due to staff delay in hire and medical leave to create program stucure around use. This has now been developed.
					\$0			
					\$0			
SUBTOTAL					\$16,900	\$0	0.0%	
TOTAL DIRECT					\$60,900	\$29,235	48.0%	
				TOTAL INDIRECT	\$6,090	\$2,924		
TOTAL COSTS					\$66,990	\$32,159	48.0%	
CARRYFORWARD AMOUNT						\$34,831		

Please list intended uses for carryforward amount below: Funds will be used for interns and gift card incentives

Final Report Budget Template

Grantee:	Colorado Health Network
Grant Period	3/1/2025 - 3/31/2026
Approved Use:	Approved Use: (J) Leadership, Planning and Coordination.

Direct Personnel									
Position	Name	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total Budget	Actual Expenditures	% Expended	Notes
Prevention Services Manager	BREWBAKER, KRISTY	\$57,761.08	75%	\$28,513	\$13,491	\$43,130	\$42,004	97.4%	
Director of Behavioral Health & Wellness	WILLIS, DANIE	\$128,334.96	6%	\$12,051	\$1,314	\$7,353	\$7,353	100.0%	
Associate Director of Prevention	MONTOYA, CAMILLE	\$84,460.22	0%	\$81	\$27	\$108	\$108	100.0%	Total budget for Associate Director was \$4,745 and Izzy was AD prior to becoming Director
Director of Prevention	PIKE, IZZY	\$104,520.26	4%	\$1,068	\$119	\$4,637	\$1,187	25.6%	Total budget for Associate Director was \$4,745 and Izzy was AD prior to becoming Director
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				SUBTOTAL		\$55,228	\$50,652	91.7%	

Other Direct Costs							
Item(s)	Rate	Units	Category	Total Budget	Actual Expenditures	% Expended	Notes
Staff Training/Conferences	\$7,000.00	1	Professional Development	\$7,000	\$3,263	46.6%	Underspent due to program development and stucuture is now developed/ and equity around regions
Staff Wellness/appreciation	\$5,900.00	1	Professional Development	\$5,900	\$481	8.2%	
				\$0			
				\$0			
				\$0			
SUBTOTAL				\$12,900	\$3,745	29.0%	
TOTAL DIRECT				\$68,128	\$54,397	79.8%	
TOTAL INDIRECT				\$6,813	\$5,440		
TOTAL COSTS				\$74,941	\$59,837	79.8%	
CARRYFORWARD AMOUNT					\$15,104		

Please list intended uses for carryforward amount below: Funds will be used to purchase basic needs items and staff wellness

Region 2 Larimer County Opioid Abatement Council

2025 Annual Grant Report



2025 Approved Purpose 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.

Goal Areas:

01

**Care Coordination to
Treatment & Peer Recovery
Support**

NCHA has fully completed and
exceeded all the objectives.



02

Community Education

NCHA has fully completed and
exceeded all the objectives.



03

Provider Education

NCHA has fully completed and
exceeded all the objectives.



Goal 1

Through its enhanced network of care, NCHA's Addiction Response Team will provide access to MAT, Peer Recovery Support, Individual and Group Support and Long Term Treatment to a minimum of 300 unique, newly engaged persons with SUD in Larimer County in 2025.

Within the term, 486 Program Care plans for 413 unique individuals were established to support navigation of treatment & recovery resources and provision of peer support coaching.

486

Care Plans

413

Unique Individuals

822

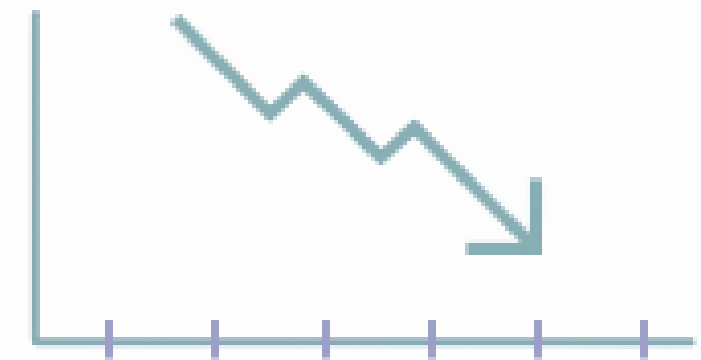
Care Coordination Meetings
& Peer Support Check-ins

Behavioral health navigation (residential treatment, intensive outpatient, outpatient, withdrawal management/ detox), Peer support, Recovery Housing Navigation & Placement, Social Determinants of Health Navigation & Provision (Housing, Health Insurance, Transportation, Employment, Basic Needs Resources).

Time spent for member tasks

28,877 minutes

"My Peer was always there for me and has been the only one who has said and meant what he did. I have not had support like my current peer over the last several years."



All members' substance use **decreased** from intake to six-months.

Community Education & Stigma Reduction

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



Overdose Awareness Day Events Summary

8/23/2025 – At the Loveland event hosted at the Foundry Plaza, we had approximately 175 attendees, distributed approximately 120 boxes of naloxone, and 250 fentanyl testing strips.

8/24/2025 – At the Fort Collins event, hosted at Old Town Square, we had approximately 450 attendees, distributed over 200 naloxone kits, and 500 fentanyl testing strips.

9/3/2025 – The Estes Park event was hosted at Bond Park. We had approximately 75 attendees, gave out 60 boxes of naloxone and 85 fentanyl testing strips.

2025 Distribution of Resources	Naloxone		Testing Strips
	Kits	Doses	
Total Distribution in Larimer County	11,057	22,114	13,639
Overdose Prevention & Naloxone Member 1 on 1, Naloxone Mailing Program, Community Education, Community Outreach	1550	3100	5360
Kiosk Distribution Sites - Naloxone	9349	18698	7970
Harm Reduction Vending Machines in Larimer County (Located at Murphy Center & Loveland Resource Center)	158	316	309
	105 Menstruation Kits, 630 Hygiene Kits		
Community Education Printed Materials Through the CDPHE OD2A Grant we have been able to provide naloxone and overdose prevention training materials translated into 5 languages to ensure equitable access to these resources.	17640 Printed Materials		

Provider Education

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

Objective: Develop two community peer recovery coach workforce training events for 20 people with lived experience to support entry into the behavioral health workforce in 2025.

Peer Recovery Coach training

- 30 individuals trained through the 48 hours of Peer Recovery Coach training:
 - June 2025 – In Person
 - 15 Attendees
 - August 2025 – In Person
 - 15 Attendees
- Additional Ethics Module – 6 Attendees

30 Trained

Objective: Plan, promote and implement the Rethinking Addiction and Recovery community provider education event in the Fall of 2025 to increase awareness and implementation of best equity practices in treatment and recovery for 400+ attendees.



30+ Sessions

**Over 600 Registered
to attend + Waitlist**

**Over 50 Speakers &
Panelists**

QUESTIONS?

MJ Jorgensen, MPH, CHES, CDP
Deputy Executive Officer
North Colorado Health Alliance
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970-301-0604



2025 Annual Grantee Report to the Larimer Opioid Abatement Council

Grantee: North Colorado Health Alliance

Submitter Name: *MJ Jorgensen*

Submission Date: *4/30/2026*

Grant Agreement Period: *3/1/2025 through 3/31/2026*

Total Agreement Amount: *\$450,000.00*

Carryforward Amount: *\$0.00.*

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Funding Purposes, Stated Objectives & Outcomes

Approved Use Category: J.3. Leadership, Planning, and Coordination:

Description of Uses: 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.

NCHA was awarded a three-pronged grant from the Region 2 Opioid Abatement Council including work in Care Coordination & Navigation to Treatment & Recovery, Community Stigma Reduction & Education, and Provider Education. Below the goals and objectives are outlined by area of work.

Working Areas, Objectives, and Outcomes:

Care Coordination to Treatment & Recovery Support: Improved treatment access through Care Coordination for Individuals with Substance Use Disorders

Goal: Increase awareness of and capacity to provide best practice treatment including MAT, Peer Recovery Support, Individual and Group Clinical Support and Long term treatment for people with OUD in Larimer County through collaboration and coordination among NCHA Addiction Response Team COSLAW treatment sites, provider networks and shared care coordination and peer recovery support services.

Objective 1: Through its enhanced network of care, NCHA's Addiction Response Team will provide access to MAT, Peer Recovery Support, Individual and Group Support and Long Term Treatment to a minimum of 300 unique, newly engaged persons with SUD in Larimer County in 2025.

Objective 2: Increase awareness of available support and treatment options in Larimer County to a minimum of 500 unique individuals.

Key Performance Outcomes: NCHA has fully met or exceeded these objectives.

Care Coordination & Peer Recovery Support: Impacting Barriers to Care, Treatment and Recovery in Larimer County

In 2025, funding from the Region 2 Opioid Abatement Council continued to strengthen the North Colorado Health Alliance's (NCHA) Addiction Response Team (ART), allowing for deeper integration of peer support and care coordination into the nationally recognized model of care, Colorado Opioid Synergy of Larimer and Weld (COSLAW) model. Originally launched in 2018, the model is a collaborative network of treatment providers supported by a team of integrated care coordinators who work to reduce barriers to treatment

access, improve retention, and support transitions across systems.

The care network includes opioid treatment programs (OTPs), federally qualified health centers (FQHCs), community mental health centers (CMHCs), and specialty substance use treatment providers. These organizations operate under a shared care compact and coordinated treatment philosophy, supported by data-sharing agreements, 24/7 access through a central phone line, and a strong foundation of trusted partnerships with hospitals, jails, and community-based agencies across Larimer and Weld Counties.

Opioid abatement funding enabled NCHA to continue ART staffing and embed care coordination and peer support roles in key settings throughout the region. Staff are now co-located in over 35 community based locations in Larimer County including local hospitals, courts, jails, shelters, schools, treatment centers, and harm reduction sites, meeting individuals at points of crisis, circumstance, and opportunity.

These strategic placements enabled ART staff to work more closely with individuals at critical moments of need - offering real-time support, peer recovery coaching, resource navigation, and care planning. A key role NCHA ART staff play is to work with individuals to identify and problem solve around keeping them well and thriving by establishing care plans and tasks based on their goals. Staff also work to identify what is keeping them from meeting their overall goals in their health, treatment and recovery journeys.

ART team members engage in a wide range of support activities—everything from outreach and appointment navigation to transportation, housing assistance, and recovery-focused group facilitation. In addition, staff coordinate with community partners to address basic needs and systemic barriers that often prevent individuals from sustaining treatment or recovery.

The data below is from NCHA's electronic health record and program assessment comparison data from intake to 6 month follow up and demonstrates the following outcomes.

Outcomes from 3.0 FTE (2.0 Care Coordinators & 1.0 FTE Peer Recovery Coach):

Within the grant period, *Program Care plans for 413 unique individuals were established* to support navigation of treatment & recovery resources and provision of peer support coaching.

Care Plans look at the whole person's health, identify what support could be helpful based on the individual's goals and the Care Coordinator and Peer Specialist works with the individual to identify what goals they want to pursue and the resources they need to achieve them.

- Substance Use Coordination & Care Planning by Type:
 - 257 Care Plans while incarcerated for community re-entry planning
 - 166 Care Plans in community, treatment, and hospital settings

From NCHA Larimer County Peer Specialist

I used to work with this member as their care coordinator. Recently I transitioned into a peer role for them, and we agreed to meet every Thursday morning. When I asked how they felt about the new schedule, they smiled and said, "Thursday is my new favorite day." I asked what they were looking forward to most. They took my hand and said, "Every other day of the week I get high because I can't stand my life — I can't find peace. But on the days I meet with you, I can stay sober. Meeting with you gives me more peace and hope than getting high ever did."

- 63 Peer Support Care Plans
- *Data does not include client work from CC Supervisor.
- Completion of work for individuals is tracked through interactions in our electronic records. Across the 413 unique individuals a total of 822 Interactions were completed to support individual's care plan goals . Some of the key task categories include:
 - Behavioral health navigation (residential treatment, intensive outpatient, outpatient, withdrawal management/detox),
 - Peer support,
 - Recovery Housing Navigation & Placement,
 - Social Determinants of Health Navigation & Provision (Housing, Health Insurance, Transportation, Employment, Basic Needs Resources.
 - Time spent completing tasks -28,877 minutes

Community Mutual Aid and Peer Recovery Support Spaces: NCHA leverages peer to peer support mutual aid groups to provide additional connection and support for people along the continuum of use (active use through treatment and recovery). NCHA offers many group spaces in Larimer County including SAFEHR, CRAFT, community engagement and education strategies and one on one discussions with community members and organizational partners.

There were over **118** Groups hosted in Larimer County during the reporting period. Group spaces remain anonymous to encourage individuals to participate freely. Unique individual counts are challenging as a result. However, minimum impact across groups equates to at least **245** individuals. This number was calculated using the lowest count for each group without duplication regardless of frequency of group and change in individuals within the counts week to week.

From NCHA Larimer County Care Coordinator

I worked with a member who had been using for more than 15 years. Her substance use put her housing and job at risk and often left her in dangerous situations. Together, we connected her to treatment at North Range, and she has now been sober for over a month. She is actively participating in the recovery community through groups and events, and recently shared that she feels stable in her new resources.

- SAFEHR is a mutual aid support space to promote safer use practices, reduce harm for those who use substances and encourage and support those seeking positive change and is offered weekly in Fort Collins & Loveland. The group goals are:
 - Overdose prevention and awareness
 - Promote understanding of safer use practices
 - Educate guests on the topic of harm reduction
 - Create a safe space for all people to be heard
- *Community Reinforcement and Family Training* throughout the region as an ongoing curriculum for family members and loved ones impacted by SUD. CRAFT is offered weekly in Loveland. Support groups average 5 people each week.
- *Additional Peer Support Coaching Group Spaces:*
 - SEED (Larimer County Jail) - - Average of 8 people
 - TEA (Larimer County Community Corrections) - average 7 people
 - Live Out Loud Group (St. Valentines, Loveland) - average 9 people
 - Mindful Recovery (Loveland Community Health Center) - average 7 people
- All staff funded through the council have undergone and completed their requirements for the Certified Addiction Technician and/or Certified Peer and Family Specialist Credentials through the

State of Colorado as a result of funds provided.

Community Substance Use/Overdose Prevention Education Presentations & Material Distribution:

NCHA staff completed **29** community organization education sessions in Larimer County on Substance Use, Treatment Options and Navigation of care, Harm Reduction and Overdose Prevention, equating to approximately **390 individuals** trained on these resources. Each participant was given at least one naloxone kit, community resources for treatment and recovery services and additional information on overdose prevention including fentanyl fact sheets. These included organizations such as Turning Point Center for Youth and Family Development, Larimer County Public Defender's Office, Berthoud Community Library, Mi Voz Family Center, Genesis Sober Living, City of Fort Collins, Rist Canyon Volunteer Fire Department, Fort Collins Streets Department, Matthew's House and Housing Catalyst.

Client Demographics & Outcomes of Support:

Individuals engage in services from all walks of life that span across the spectrum of income, education, employment, housing, gender, race, ethnicity, language, veteran status, and zip codes. NCHA works diligently to support our community and pays particular focus on historically marginalized populations and ensuring that individuals are affirmed, respected and experience equitable outcomes in services.

Members' average age is 39, with most between 25 and 44 years old. Approximately 53% of members identify as women, 45% men, and 2% as transgender or gender non-conforming. A majority of members, 74%, are parents of minor children.

Ethnically, 29% of members are Hispanic, with almost all identifying as Mexican. Racially, 61% of members are non-Hispanic White and 39% are People of Color. Similarly, Larimer County has a Hispanic population of about 13% and a non-Hispanic White population of 80% ([U.S. Census Bureau, 2023a](#)). About 13% of members speak a language other than English at home, with the majority speaking Spanish.

Most members are formally educated; 47% have college experience or a degree, 33% have a high school diploma, and 20% have less than a 12th grade education. Members' education level is similar to the 50% of people with bachelor's degrees in Larimer County ([U.S. Census Bureau, 2023a](#)).

Despite most members having higher education, only 25% of members are employed full or part time. The other 75% of members are either not looking for work, are unemployed but actively looking, are unemployed due to disability, or are retired. Living with an opioid use disorder can make finding and maintaining employment difficult, despite employment being a key component of recovery ([Mumba et al., 2022](#)). Employers are less likely to hire people with opioid use disorders compared to other substance use disorders ([Mumba, 2018](#)), leaving them especially vulnerable to a lack of health insurance and limiting their ability to access MAT and ongoing treatment support. About 67% of members have an annual income of less than \$10,000. This is dramatically lower than the annual per capita income of \$46,676 in Larimer County ([U.S. Census Bureau, 2023a](#)). Consequently, most members cannot afford necessities.

Table 1. Affordability Barriers of Members Engaged	
Necessity	% with Barrier
Can't afford food	50%
Can't afford health insurance	64%
Can't afford clothing	64%
Can't afford a phone	60%
Can't afford housing	66%
Can't afford childcare	64%
Can't afford transportation	67%
Can't afford utilities	69%

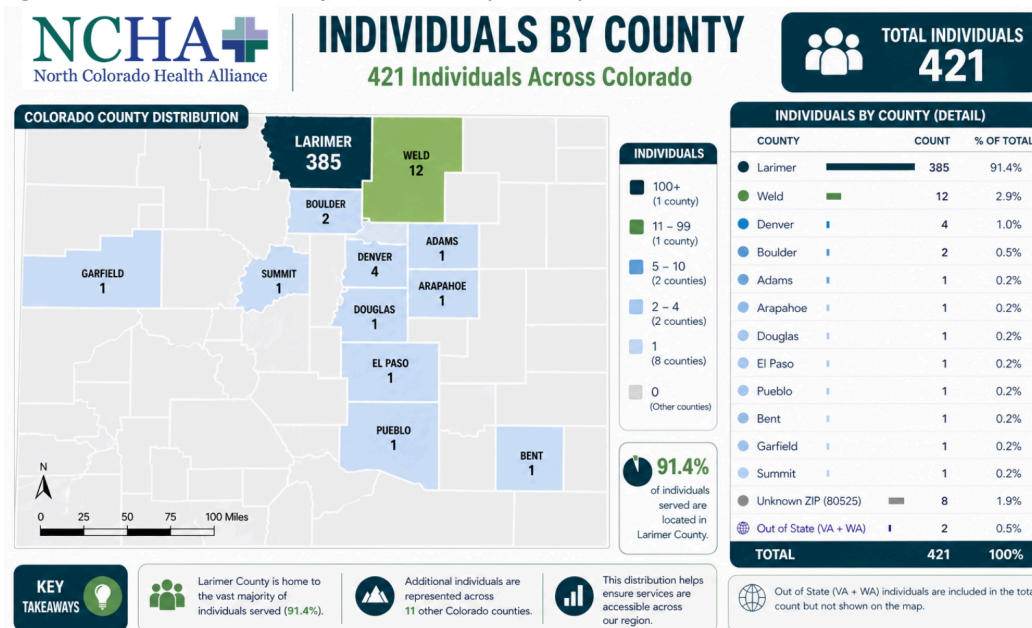
When it comes to housing status, 61% of members are housed and 39% are unhoused. Linking members to housing is part of NCHA ART COSLAW care coordination & peer support work. Care coordinators work with housing vouchers, low income, and recovery housing programs in the area to help members who are unhoused find housing arrangements. Despite care coordinators best efforts, access to affordable housing remains a significant challenge in the region ([Root Policy Research, 2021](#)).

Cross-County Support and Regional Service Patterns

The majority of individuals served (91%) are located in Larimer County, with limited distribution across surrounding counties. Within the Larimer County zip codes the following municipalities are represented: Fort Collins, Loveland, Estes Park, Berthoud, Red Feather Lakes, and Timnath.

Our data also show that a portion of individuals (9%) receiving services from the Larimer County Addiction Response Team reside outside of Larimer County. This pattern is consistent with similar trends observed in Region 3 and Region 4 Opioid Abatement Council data, where clients are supported by teams based in a different county than their listed ZIP code. In conducting an analysis of zip codes, we found the following county distributions:

Figure 1. Count & Percent of Individuals by County



These cross-county service patterns are likely due to several common factors:

- Cross-county movement for treatment access, housing, or employment
- Updated electronic health record (EHR) addresses that reflect a recent treatment placement or mailing address rather than original residence
- Self-identified “home” ZIP codes that reflect where an individual is from—even if they no longer live there

Impact of Services:

Working alongside cross sector teams, Care Coordinators & Peer Recovery Specialists help address the social and structural barriers that often disrupt recovery—such as lack of transportation, stigma, or unstable housing. They support recovery-oriented care planning, ensure connection to MAT and peer support services, and provide long-term engagement beyond program discharge.

System-Level Benefits

This model of cross-sector care coordination:

- Increases engagement in behavioral health services, particularly among populations who face high barriers to care
- Reduces duplication of services and system fragmentation
- Improves outcomes by promoting whole-person care and attention to social determinants of health
- Supports a trauma-informed and equity-focused response to behavioral health needs across all community touchpoints

What Are the Outcomes for Members?

From the 2025 Evaluation of the Addiction Response Team’s Care Coordination and Peer Support, we saw incredible outcomes for both the individual accessing care and from the systems of support.

In an assessment of individuals completing the intake and follow-up six-month GPRA assessment, members reported statistically significant decreases in mental health symptoms and substance use. A statistically significant finding means that there is less than a 5% chance that the outcome is due to chance. In other words, there is a meaningful difference or change that can’t be dismissed as mere chance. Not only did the percent of members with mental health symptoms or who used substances decrease from intake to six months, but the duration of their mental health symptoms and/or substance use decreased. Member employment rate, housing status, and quality of life improved over time.

Client Quality of Life Improved Over Time

While participating in services, the quality of life of clients improved. For example, client employment status improved over time. About 25% of clients were employed full or part time at intake, which significantly increased to 41% of clients at follow-up (see Figure 1).^[1] The clients that were not partially or fully employed were either disabled, retired, or not looking for work. Similarly, only 34% of clients had enough money to afford housing at intake, increasing to 49% at follow-up. The improvement in employment and being able to afford rent might have led to the improvement of client housing status over time. About 61% of clients were housed at intake, which significantly increased to 81% at follow-up (see Figure 1).^[2] Overall, these statistically

significant changes in housing and employment might have contributed to clients reporting a higher quality of life. At follow-up about 70% of clients said that their quality of life was good or very good, a marked increase from just 50% of clients at intake (see Figure 2).

Figure 2. Client Housing and Employment Status

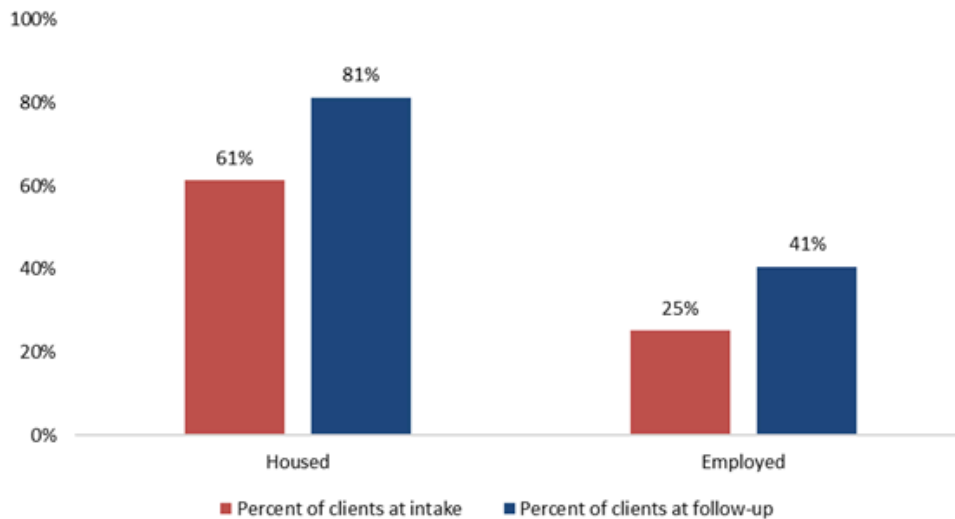
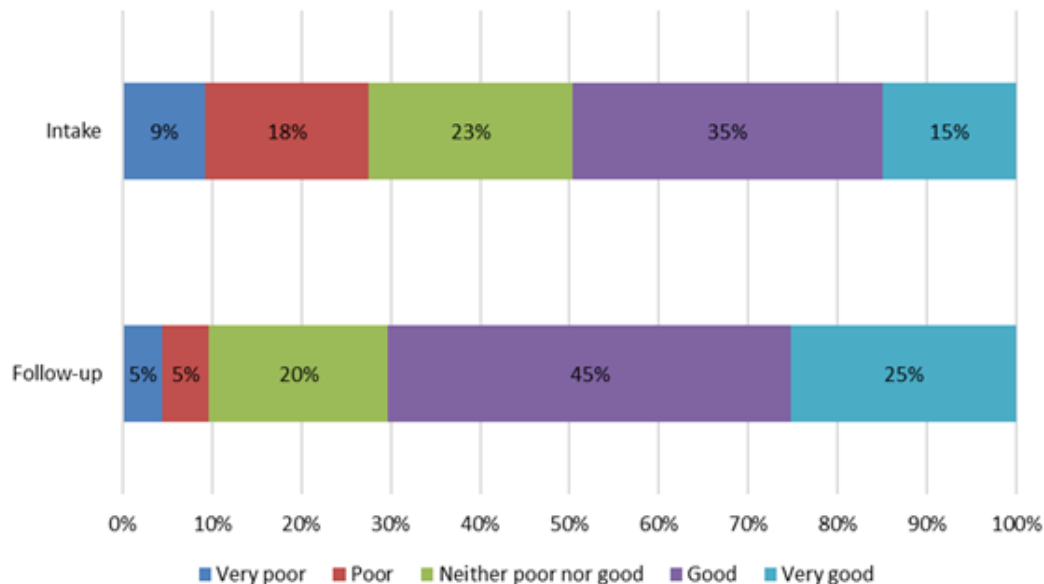


Figure 3. Client Quality of Life in the Past 30 Days



Client Mental Health Outcomes Improved Over Time

In addition to major improvements in quality of life while engaging in services, client mental health and substance use outcomes improved as well. The prevalence of client self-reported mental health symptoms decreased over time. Prevalence was defined as clients reporting one or more days of experiencing a mental health symptom in the past month. In other words, clients that experienced one or more days of a mental health symptom were categorized as having the mental health symptom, while clients that reported zero days were categorized as not experiencing that mental health symptom. The percent of clients who reported one or more days of serious anxiety, depression, trouble understanding, trouble controlling violent behaviors, hallucinations, and suicide attempts decreased over time (see Figure 3). The prevalence of serious anxiety symptoms in the past month decreased from 86% at intake to 79% at follow-up. About 77% of clients reported one or more days of serious depression at intake, which significantly dropped to 62% of clients at follow-up.^[3] Clients reporting one or more days of having trouble understanding, remembering, or concentrating significantly decreased from 50% at intake to 36% at follow-up.^[4]



All self-reported mental health symptoms decreased from intake to six-months.

Along with the statistically significant decrease in the prevalence of most mental health symptoms, the duration of self-reported mental health symptoms also decreased over time. Duration of mental health symptoms was defined as the average number of days a mental health symptom was reported by a client in the past 30 days. The average duration of all mental health symptoms decreased over time (see Figure 4). At intake, clients reported experiencing serious anxiety for 16.36 out of 30 days, which decreased to 13.95 out of 30 days at follow-up. The duration of serious depression also decreased, from 10.71 at intake to 8.59 days at follow-up.

Clients that had trouble understanding, remembering, or concentrating also experienced a decrease in those symptoms, from 10.15 days at intake to 7.10 days at follow-up. The decreases in the duration of serious anxiety, depression, suicide attempts, and trouble understanding were statistically significant.^[5] The difference between 16 and 13 days of anxiety or 10 and 8 days of depression might not seem like a big difference.

From NCHA Larimer County Care Coordinator

Member has been working with NCHA since September 2025, where she requested to participate in the MGTS Program. "I need help and support." Member reported chronic mental and physical health conditions. The member had just lost job due to charges, was estranged from her children, unhoused, sleeping outside, suicidal ideation and a suicide attempt in the previous 6 months. "Being me is not easy."

Over the following weeks, they began MAT services at BHG with the support of a Care Coordinator and Peer Support. At the member's last court appearance, the member learned that the Public Defender and DA are recommending charges be dropped to time served. Member and public defender provided an update to the judge: member has a job, is moving to Torrington, WY, and is participating in MGTS services. Judge noted, "your presence is different, and that's a good thing" and "sounds like we can resolve this in about a month."

After the appearance, the member reported privately that she's had 4 months of non-use, and has been consistently engaged at BHG, they have appointments scheduled with a new Primary Care Physician and psychiatrist. Member has a stable place to stay, has reconnected with her children, and has navigated significant challenges while maintaining sobriety.

However, a few more days of clearer thinking or relief from anxiety may be just enough to help a client engage in treatment and recovery.

Figure 4. Prevalence of Client Mental Health Symptoms in the Last 30 Days

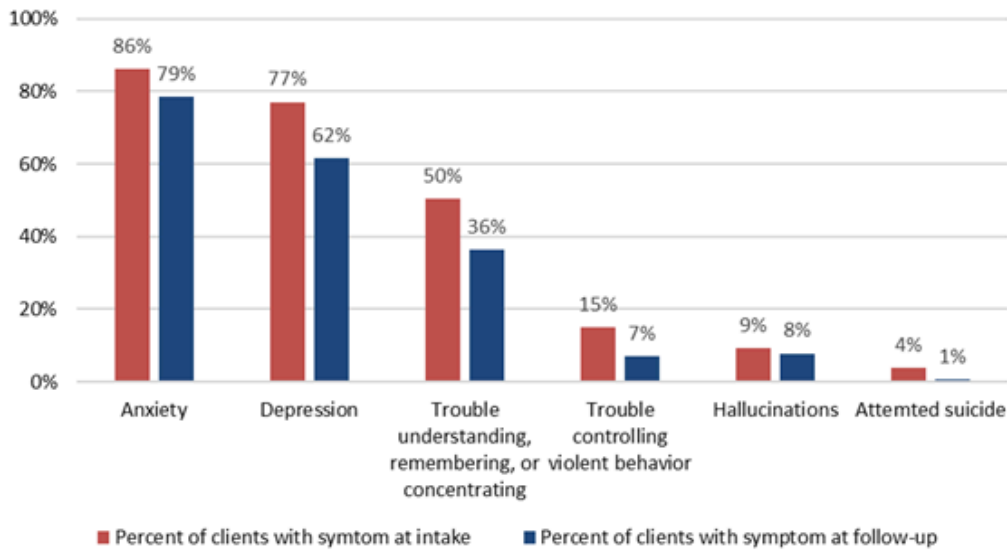
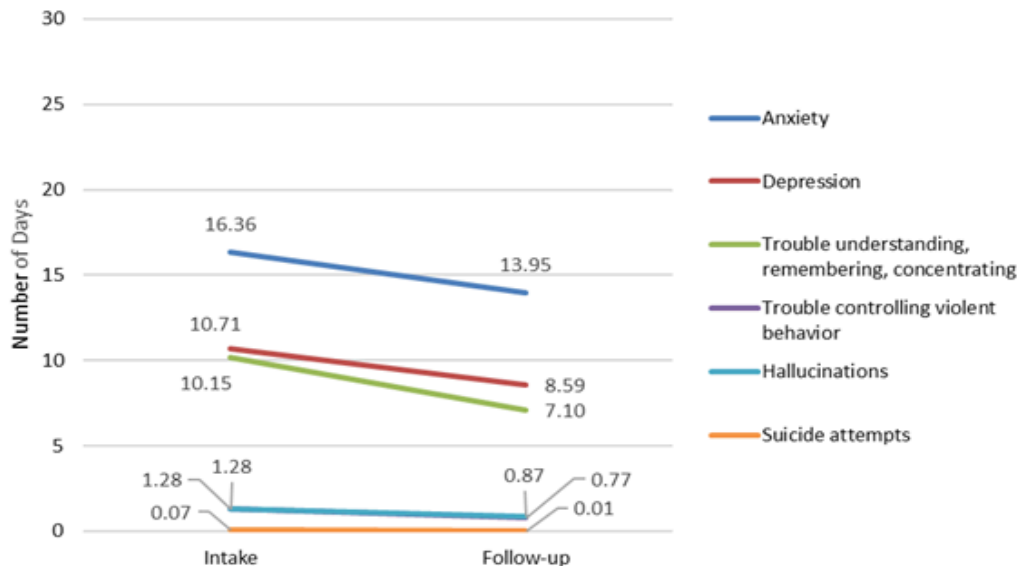


Figure 5. Duration of Client Mental Health Symptoms in the Last 30 Days



Client Substance Use Outcomes Improve Over Time

Overall, client substance use decreased over time. Like mental health symptoms, there was a decrease in both the prevalence and duration of client substance use. Prevalence of substance use was defined as the percentage of clients who reported one or more days of using substances in the past month. If a client reported zero days of using a substance in the past month, they were categorized as not using the substance. Clients who used any substance in the past month decreased from 84% at intake to 76% at follow-up. Legal substances like alcohol and tobacco/nicotine drove the high prevalence rate in that category. Despite this, use of alcohol, tobacco/nicotine, marijuana, methamphetamine, fentanyl and heroin all decreased over time. Client fentanyl use significantly dropped.^[7] There was also a decrease in the percent of clients who used methamphetamine, alcohol, marijuana, and heroin.



All members' substance use **decreased** from intake to six-months.

The duration of client substance use also decreased. Duration was defined as the average number of days clients used a substance in the past month. For members that used fentanyl at intake there was a significant decrease in use from 12.63 days at intake to 5.46 days at follow-up.^[13] However, it is notable that prevalence of use across all substances assessed decreased.

These statistically significant decreases in the duration of substance use imply that if a client uses substances at intake they will likely decrease their use while receiving services. These findings also suggest that if a client is not using substances at intake, they will likely maintain their sobriety while participating in services instead of experiencing a recurrence of use.

[1] McNemar chi-square test of employment status from intake to follow-up ($n = 154$, $p < .001$).

[2] McNemar chi-square test of housing status from intake to follow-up ($n = 155$, $p < .001$).

[3] McNemar chi-square test of prevalence of serious depression symptoms from intake to follow-up ($n = 152$, $p < .001$).

[4] McNemar chi-square test of prevalence of trouble understanding, remembering, or concentrating from intake to follow-up ($n = 152$, $p = .002$).

[5] Paired samples t -test of change from intake to follow-up in the number of days clients reported serious anxiety ($t(151) = 2.431$, $p = .016$, Cohen's $d = .197$, 95% CI [.036, .357]); serious depression ($t(151) = 2.029$, $p = .044$, Cohen's $d = .165$, 95% CI [.004, .324]); trouble understanding, remembering, or concentrating ($t(151) = 2.922$, $p = .004$, Cohen's $d = .237$, 95% CI [.075, .398]); or suicide attempts ($t(151) = 2.266$, $p = .025$, Cohen's $d = .184$, 95% CI [.023, .344]).

[6] McNemar chi-square test of prevalence of methamphetamine use from intake to follow-up ($n = 153$, $p < .001$).

[7] McNemar chi-square test of prevalence of fentanyl use from intake to follow-up ($n = 153$, $p = .043$).

[8] Paired samples t -test of duration of alcohol use in client subgroup ($t(39) = 2.771$, $p = .009$, Cohen's $d = .438$, 95% CI [.111, .760]).

[9] Paired samples t -test of duration of tobacco use in all clients ($t(152) = 3.063$, $p = .003$, Cohen's $d = .248$, 95% CI [.086, .408]); subgroup of clients ($t(85) = 5.329$, $p < .001$, Cohen's $d = .575$, 95% CI [.345, .801]).

[10] Paired samples t -test of duration of nicotine use in all clients ($t(152) = -1.305$, $p = .194$, Cohen's $d = -.105$, 95% CI [-.264, -.054]); subgroup of clients ($t(59) = 5.335$, $p < .001$, Cohen's $d = .689$, 95% CI [.405, .968]).

[11] Paired samples t -test of duration of marijuana use in client subgroup ($t(42) = 2.446$, $p = .019$, Cohen's $d = .373$, 95% CI [.062, .680]).

[12] Paired samples t -test of duration of methamphetamine use in client subgroup ($t(47) = 2.494$, $p = .016$, Cohen's $d = .360$, 95% CI [.066, .650]).

[13] Paired samples t -test of duration of fentanyl use in client subgroup ($t(23) = 2.408$, $p = .024$, Cohen's $d = .491$, 95% CI [.062, .911]).

What Do Members Think of the Care Coordination & Peer Support They Received?

In January 2023, NCHA Addiction Response Team launched a Perceptions of Care survey to find out what members thought about the services they were receiving. The survey contained 10 statements that members rated on four- to five-point scales and one open-ended question. Overall, members provided very positive feedback about the services they received from care coordinators. Most members said that their care coordinator always made them feel welcome, respected, and listened to (see Table 2). Members also said that their care coordinator always kept health information confidential and respected cultural needs. Additionally, almost all members strongly agreed that their care coordinator had a positive impact on their treatment and recovery (see Table 3).

Staff Are Dedicated and Helpful

In the survey, members were asked, “Do you have any other feedback you'd like to share with us?” Members had very positive feedback about the care coordination services they received. Members shared that their care coordinators and peer recovery specialists were helpful, dedicated, empathetic, accessible, and straightforward. For instance, one member commented in the survey, “My Peer was always there for me and has been the only one who has said and meant what he did. I have not had support like my current peer over the last several years.”

Staff Listen to and Respect Members

In addition to sharing their perspectives in the open-ended part of the survey, members rated how often they receive quality care. Members were asked to rate how often they receive quality care on a five-point scale, ranging from “never” to “always.” Members almost always reported receiving quality care. Most (98.5%) members said that care coordinators always cared about their cultural needs (see Table 4). About 96 – 98% of members said that their care coordinator always makes them feel welcome and respected. Members rated care accessibility the lowest, with 2.9% of members saying that they could access needed care only some of the time. It is unclear whether the members are referring to access to care in general or care specifically from their care coordinators. Considering that almost all the open-ended responses highlight care coordinators and peer recovery specialists’ dedication, members may be referring to care in general, rather than their specific care from their care coordinator or peer recovery specialist. Despite this item being rated the lowest, 97% of members reported being able to access care most or all the time.

For instance, one member shared how their care coordinator’s helpfulness, dedication, and accessibility help them in recovery:

[My care coordinator] was one of very few people who fought for me to get help at one of the lowest points in my life. [My care coordinator] always goes above and beyond for me and I'm sure all her clients, she has gone out of her way to help me regardless if it's within business hours or not. She really fought for me to get into treatment and has helped me all the way to the door of the facility if I needed her to be there. I truly appreciate the fact that she is always one phone call away and never makes you feel like your needs come second to what other work she has. She's attentive and passionate about her job and it definitely shows! I'm now 643 days sober and I couldn't have done it without her help. I'm so thankful I met [my care coordinator] and I know that if I ever need anything I can reach out and she's there. She has truly helped change my life so I can only imagine the impact she's had on others! Thanks for all you do.

Almost all members echoed this perspective. For example, one member spoke about how their care coordinator helped them succeed in recovery and a halfway house program:

[My care coordinator] has been an integral part of my recovery and has been nothing but an excellent asset to me in all areas of my life that I have been struggling [with] and need help [with]. [My care coordinator] has gone above and beyond in helping me to succeed and I know that she truly cares about me and my success in recovery and the halfway house program. I don't know what I would do without her. Honestly, I cannot thank her enough. Give this wonderful woman a raise!

Other members appreciated the empathy and straightforwardness of care coordinators and peer recovery specialists, with one member saying:

I am so pleased to have ... my coordinator and couldn't be happier and feel that she does her job better than anyone I have ever worked with. She is so compassionate, empathetic, and she never BS any of the situations I have been in and tells it how it is.

Along with being straightforward, care coordinators and peer recovery specialists give members accurate information. One member stated, "She cares about my wellbeing and safety and gives me information that is accurate and helpful. She has motivated me to be a better person than I was yesterday, every day."

Table 2. Client Perceptions of Care

Perceptions of Care (n= 137)					
Statement	Never	Rarely	Some of the time	Most of the time	Always
1. I feel welcomed by my care coordinator.	0%	0%	0%	4.4%	95.6%
2. I am able to access care when I need it.	0%	0%	2.9%	9.5%	87.6%
3. I am respected and listened to by my care coordinator.	0%	0%	0%	2.2%	97.8%
4. My care coordinator takes time to explain and educate me about issues related to my treatment.	0%	0%	0.7%	8.1%	91.1%
5. I am involved in my care and included in the decision making regarding my treatment.	0%	0%	1.5%	6.6%	92.0%
6. My care coordinator successfully coordinates care with my other treatment and service providers.	0%	0%	1.5%	3.7%	94.8%

7. My care coordinator encourages me to develop my recovery goals.	0%	0%	0%	4.4%	95.6%
8. My health information is kept confidential and shared only as necessary with other providers involved in my care.	0%	0%	0.7%	1.5%	97.8%
9. My care coordinator cares about my cultural needs (such as race, ethnic background, language, gender, sexual orientation, religion).	0%	0.8%*	0%	0.8%	98.5%
*One member selected “Rarely” but had very positive comments about their care coordinator. Three other members selected “Not Applicable”.					

Staff Impact Member Recovery

Members were asked their level of agreement with the statement, “My care coordinator had a positive impact on my treatment and recovery.” They rated this statement on a four-point scale, from “strongly disagree” to “strongly agree.” All members agreed or strongly agreed that staff had a positive impact on their treatment and recovery (see Table 5). Furthermore, 92% of members strongly agreed that care coordinators had a positive impact on their recovery.

Member outcomes, such as decreases in mental health symptoms and substance use over time, align with members’ agreement that care coordinators positively impact their recovery. Members often expressed appreciation for the care coordinators and peer recovery specialists’ impact on their recovery in the open-ended section of the survey. As one member put it, “*I just like to say thank you to everybody on the team 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.*”

Table 3. Impact on Recovery

Impact on Recovery (n = 137)				
Statement	Strongly disagree	Disagree	Agree	Strongly agree
<i>My care coordinator had a positive impact on my treatment and recovery.</i>	0%	0%	8.0%	92.0%

Why It Matters

Behavioral health needs rarely exist in isolation. Individuals experiencing mental illness, substance use disorders, homelessness, or involvement in the justice system often cycle through disconnected programs that fail to offer coordinated care. NCHA staff provide a consistent point of contact and a relational approach to navigation—helping people access services, stay engaged, and achieve stability over time.

This model is especially impactful for historically underserved populations, including people of color, LGBTQIA+ individuals, rural residents, and those with histories of trauma or incarceration. By embedding care coordination within the settings people already access, we shift the burden off the individual and onto a system that is responsive, accountable, and recovery-oriented.

Community-Based Care Coordinators & Peer Recovery Specialists are the connective tissue of a fragmented system. By embedding them in places where people already seek help or intersect with public systems, we create a more accessible, responsive, and humane network of care.

As the behavioral health landscape evolves, NCHA remains committed to expanding equitable access to care and co-creating responsive pathways to recovery in Larimer County.

Community Education: Community-wide stigma reduction regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

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

Objective 1: Reduce stigma through education, awareness and remembrance events through three Larimer County Overdose Awareness Day and/or Substance Use and Recovery events to promote stigma reduction.

Objective 2: Provide community substance use support education and overdose prevention tools including harm reduction and recovery coaching, overdose prevention education and Naloxone opioid antagonists to a minimum of 4000 unique individuals in 2025.

Objective 3 : Increase awareness of the brain science of addiction through the Changing Minds Substance Use Awareness Campaign website, social media and print materials and achieve a minimum of 2000 individuals in 2025.

Key Performance Outcomes: NCHA has fully met or exceeded these objectives.

Community access to education surrounding substance use, stigma reduction, overdose prevention and naloxone is a vital strategy in combating the opioid crisis and saving lives. NCHA leveraged a multipronged approach to stigma reduction, overdose prevention, and substance use education through community awareness events, overdose prevention and naloxone education, and access to naloxone, testing strips, and substance use resources.

Community Stigma Reduction & Overdose Awareness Day Events & Survey:

In the Months of August & September, NCHA hosted three Larimer County Overdose Awareness Day events in Loveland Foundry Plaza(8/23), Fort Collins Old Town Square(8/24), and Estes Park Bond Park(9/3). Each event included on the spot education on how to use those harm reduction supplies, community resources, treatment and recovery organizations, recovery stories, music, and art and memorial spaces. Across the three Larimer County Events, we had approximately 900 attendees and NCHA distributed over 300 naloxone kits, 400 fentanyl testing strips.

To better understand the impact of the events, a 28-item point-in-time survey was conducted. Participants attended for a variety of reasons - many to support or remember a loved one, as a person in recovery, or simply as an ally. Despite varied backgrounds, the vast majority expressed overwhelmingly positive impressions of the events. A full Overdose Awareness Day evaluation report is included in the attached Appendices as Attachment A Overdose Awareness Day Evaluation Report.

Substance Use Stigma Reduction and Overdose Prevention Education:

Between June 2022 and January 2025, the Northern Colorado Harm Reduction Alliance offered over 115 overdose prevention trainings, including more than 35 sessions conducted in 2024 alone, each averaging 20 individuals per presentation. Each participant was given at least one naloxone kit, community resources and additional information on overdose prevention including fentanyl fact sheets. These trainings included organizations such as Mishawaka, Abundance Foundation, Berthoud Public Library, ChildSafe, PeerConnect Loveland, Front Range Community College, Foothills Unitarian Church, and Disabled Resource Services Loveland.

As part of these efforts, participants were invited to complete a pre- and post-training survey assessing knowledge, confidence, and attitudes related to opioid overdose response and naloxone use.

Evaluation data from voluntary pre- and post-training assessments conducted throughout 2025 demonstrate that Overdose Prevention & Naloxone Trainings significantly improved participant knowledge, confidence, and preparedness to respond to opioid overdoses. Post-training results showed substantial gains in understanding naloxone safety and administration, correction of common misconceptions that delay overdose response, and increased awareness of overdose risk factors.

In terms of attitudes and confidence, 52% of participants reported that they had never carried naloxone and expressed having no confidence in their ability to use naloxone prior to training. However, after completing the training, 90% of participants said they felt very confident in their ability to use the information to respond to an overdose.

Participants also reported high levels of confidence in their ability to reverse an overdose, communicate with emergency dispatchers, and respond effectively in overdose situations. Strong post-training agreement that naloxone increases safety and should be widely available further reinforces the role of these trainings in strengthening community readiness and harm reduction norms.

Most participants (91%) reported feeling safer knowing that naloxone was available, and nearly 88% strongly agreed that everyone at risk of witnessing an overdose should have access to a naloxone supply.

The training was well received, with high endorsement to recommend it to others.

Open-ended feedback highlighted the value of the training in increasing preparedness and confidence, the importance of expanding access to naloxone, and appreciation for the inclusive and informative nature of the sessions. Many expressed gratitude for the opportunity to learn life-saving skills and emphasized the need for broader community education.

A comprehensive summary of evaluation methods, findings, and interpretation is provided in the **Attachment B Overdose Prevention & Naloxone Training 2025 Evaluation Report**.

Improving Access to Overdose Prevention Tools

Naloxone, a life-saving medication that rapidly reverses opioid overdoses, empowers individuals, families, and community members to act quickly during critical moments. Expanding access to naloxone reduces the number of preventable overdose deaths and serves as a bridge to recovery by providing individuals with a chance to seek treatment and support.

Equipping communities with naloxone also promotes awareness and reduces stigma, reinforcing the understanding that overdose is a medical emergency rather than a moral failing. By ensuring naloxone is widely available communities can take a proactive, compassionate approach to addressing the opioid epidemic and safeguarding the health and well-being of their members.

We have continued to operate the Reversal Project which initially included the three Harm Reduction Vending Machines. These continue to operate in Fort Collins, Loveland and Greeley and this year our team expanded this model to include 70 creative access points through a lower cost, kiosk model.

Through this project, organizational and community education distribution and member engagement, our team has distributed over 10899 naloxone kits and 7970 Fentanyl Testing Strips in Larimer County this year.

During the grant period, NCHA not only met but significantly exceeded Objective 2, which aimed to provide substance use education and overdose prevention tools to at least 4,000 unique individuals across Larimer County. Through a combination of direct education sessions, naloxone and fentanyl test strip distribution, and expanded access points via kiosks and vending machines, thousands of residents were reached with lifesaving resources. These efforts demonstrate the broad reach and critical importance of ensuring overdose prevention tools are widely available, accessible, and paired with education and recovery support.

2025 Distribution of Resources	Naloxone		Testing Strips
	Kits	Doses	
Total Distribution in Larimer County	11,057	22,114	13,639
<i>Overdose Prevention & Naloxone Member 1 on 1, Naloxone Mailing Program, Community Education, Community Outreach</i>	1550	3100	5360
<i>Kiosk Distribution Sites - Naloxone</i>	9349	18698	7970

Harm Reduction Vending Machines in Larimer County (Located at Murphy Center & Loveland Resource Center)	158	316	309
	105 Menstruation Kits, 630 Hygiene Kits		
<i>Community Education Printed Materials</i> Through the CDPHE OD2A Grant we have been able to provide naloxone and overdose prevention training materials translated into 5 languages to ensure equitable access to these resources.	17640 Printed Materials		

Increasing Awareness of Substance Use Best Practices

2025 Objective : Utilize the Changing Minds campaign to increase awareness of the brain science of substance use disorder (SUD) through social media engagement, tailored messaging for target audiences, target audience diversification, and community engagement for campaign diffusion.

About Changing Minds:

The Changing Minds campaign is a Larimer County-based public awareness and stigma reduction initiative focused on SUD. Co-created in November 2017 by the Health District’s Community Impact Team (CIT) and the Mental Health and Substance Use Alliance of Larimer County, the campaign originally launched in a three-year phased approach targeting the general public in Larimer County.

Its core goals include:

- Reframing SUD as a chronic brain disease, not a moral failing
- Promoting belief in treatment effectiveness and recovery
- Helping people recognize signs and symptoms of SUD in themselves and others
- Encouraging open conversations and help-seeking behavior
- Building awareness that SUD affects everyone— “everybody knows somebody”
- Shifting language to person-first terminology

While these goals remain central, the campaign’s messaging continues to evolve in response to emerging needs and opportunities.

Following two years of community engagement and behind-the-scenes updates, the focus in 2025 has shifted to strengthening administrative infrastructure and promoting refreshed Changing Minds visuals. This was accomplished through educational presentations, tabling events, outreach efforts, and a mix of communication channels—including web, social media, and paid marketing. The social media campaign played a central role in promoting the revised messaging and visuals, supported by a robust evaluation plan to measure and ensure the campaign's impact, with a final report submitted to North Colorado Health Alliance (NCHA).

Final Progress Report (May – December 2025):

Deliverable 1: Social Media Relaunch Implementation and Engagement

During the 2025 reporting period, the Health District partnered with a local marketing firm (Jet Marketing) [AW2] to relaunch the campaign’s social media presence and increase engagement. With the goal of seeing an

increase in engagement and reach by 30% by the end of the contract period, the actual outcomes are below. This deliverable was met and exceeded.

Engagement/Reach:

- **Instagram**
 - o 4,400 views
 - o 3,700% increase in reach
 - o 100% increase in content interactions (i.e. likes, reactions, saves, comments, shares, replies)
 - o 127.8% increase in site visits
 - o 33 followers gained
- **Facebook**
 - o 2,500 views
 - o 100% increase in content interactions (i.e. likes, reactions, saves, comments, shares, replies)
 - o 100% increase in link clicks
 - o 4.3% increase in site visits
 - o 9 followers gained
- **Website**
 - o 1,700 active users, 199.6% increase
 - 1,600 new users
 - o 7,900 events (i.e. button clicks, form submissions, video plays, scroll depth, file downloads), 170.8% increase
 - o Top 5 visited pages:
 - Addiction and Mental Health Awareness
 - How Substance Use Disorder Changes the Brain
 - Stories
 - Resources
 - Treatment Works

Deliverable 2: Tailored Messaging for Target Audiences and Target Audience Diversification

The Health District focused on spreading the campaign messaging to target audiences of individuals experiencing a substance use disorder, friends and family of affected individuals, and the general community. This deliverable was met.

- **Billboard campaign**
 - Designed to reach community members in everyday spaces, 4 digital billboards were secured across high-traffic corridors in Fort Collins and Loveland.
 - 2,756,323 impressions were generated, significantly amplifying awareness of Changing Minds messaging throughout Larimer County.
 - High-visibility placements along I-25 and major intersections helped ensure repeated exposure, extending the campaign's impact.
- **Printed material distribution**
 - Over 250 flyers

- Over 1,500 rack cards/handouts

The campaign was featured heavily at the 2025 Rethinking Addiction and Recovery Conference, engaging over 500 attendees. Impacted individuals were interviewed for online content, generating unique videos for social media and YouTube. A YouTube video featuring a community member in recovery generated 134 views on YouTube, 263% more views than other videos posted since September 25th.

Deliverable 3: Community Engagement and Campaign Diffusion

Over the contract period, the Health District aimed to deliver Changing Minds messaging and educational material to 25 organizations or events. The actual count ended up at 125, meaning this deliverable was met and exceeded. Communications outreach efforts also included initial contact with 107 individuals and organizations through email blasts and in-person drop-ins.

The campaign succeeded in reaching up to 4 youth-serving organizations and/or youth groups including multiple high schools and colleges, juvenile diversion programs, and teen-oriented events. A sticker design competition was also hosted with the aim to develop outreach materials that are more engaging to youth and young adults. The competition saw 26 designs submitted from 10 Colorado artists, with 6 designs being chosen to be featured in these youth-focused outreach materials.

Provider Education: County- wide provider education, staff training and networking to improve staff and county's capability to abate the opioid crisis with best practice modalities

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

1. **Objective:** Develop two community peer recovery coach workforce training events for 20 people with lived experience to support entry into the behavioral health workforce in 2024.
2. **Objective:** Plan, promote and implement the Rethinking Addiction and Recovery community provider education event in the Fall of 2024 to increase awareness and implementation of best equity practices in treatment and recovery for 300+ attendees.

Key Performance Outcomes: NCHA has fully met or exceeded these objectives.

Peer Recovery Coach Training:

In 2024, the North Colorado Health Alliance partnered with Advocates for Recovery to offer three peer recovery coach training sessions. These trainings were designed to provide the foundational 48 hours of education toward certification as a Colorado Peer and Family Specialist and were grounded in core competencies, motivational interviewing, harm reduction principles, and stages of change and recovery. Trainings were delivered in person and virtually via Zoom, and free for participants. Across the training sessions held in June and August 2025, 36 attendees completed the opportunities bringing them closer to completion of their CPFS and being equipped for the workforce.

Rethinking Addiction and Recovery Conference:

On October 28, 2025, North Colorado Health Alliance (NCHA) successfully planned, promoted, and implemented the annual Rethinking Addiction and Recovery Conference, convening more than 500 cross-sector professionals from across Northern Colorado—exceeding the objective target of 300 attendees. The conference served as a cornerstone workforce and community education strategy, designed to increase awareness, alignment, and implementation of evidence-informed best practices across substance use prevention, treatment, harm reduction, and recovery.

The conference brought together a diverse audience, including behavioral health and healthcare providers, peer recovery professionals, public health staff, criminal justice partners, educators, community-based organizations, and individuals with lived and living experience. Programming emphasized practical application of best practices and real-world strategies that participants could immediately integrate into their professional roles. Sessions addressed a range of topics, including medication assisted treatment, harm reduction and overdose prevention, stigma reduction, recovery-oriented systems of care, workforce wellbeing, leadership, and responsive approaches to substance use prevention and treatment, leveraging regional, statewide, and national expertise.

Intentional outreach and promotion supported broad regional participation, with strong representation from Larimer County providers and partners as well as attendees serving multiple counties across Northern Colorado. Evaluation data from optional pre- and post-conference surveys indicate that the conference achieved its intended outcomes. Post-conference results demonstrated high participant satisfaction, with 94% of respondents reporting they were very or extremely satisfied and 97% indicating they would attend a similar event again. Participants also reported substantial perceived increases in knowledge across key domains, including prevention strategies, behavioral health treatment, harm reduction practices, and recovery-oriented approaches, with the percentage of respondents reporting high knowledge (ratings of 4–5) increasing markedly from pre- to post-conference across all measured areas.

Qualitative feedback further reinforced these findings, with participants describing increased confidence applying new knowledge to practice, strengthened understanding of trauma-informed and nonjudgmental approaches, and clear intent to implement learning related to leadership practices, grief and loss support, and integration of new tools, language, and resources within their organizations. Attendees also highlighted the value of cross-sector dialogue and the inclusion of lived and living experience as central to advancing more effective and compassionate responses to substance use.

By convening a diverse, multidisciplinary audience and centering both evidence and lived experience, the Rethinking Addiction and Recovery Conference advanced NCHA's goal of building a more informed, connected, and resilient workforce. This objective directly supports opioid abatement efforts by increasing provider capacity, promoting evidence-informed and harm reduction-aligned practices, reducing stigma, and strengthening the systems that individuals, families, and communities rely on across the continuum of prevention, treatment, and recovery. A comprehensive summary of evaluation methods, quantitative findings, and qualitative themes is included in Attachment D: Rethinking Addiction and Recovery Conference 2025 Evaluation Report.

Budget Narrative

This budget narrative outlines expenditures for the 2025 Larimer County Opioid Abatement Council grant awarded to North Colorado Health Alliance (NCHA), inclusive of the following program areas: Care Coordination & Peer Support, Community Education, and Provider Education. These program elements were intentionally designed to support a coordinated, multi-pronged, and recovery-oriented response to substance use across Larimer County.

Across all budget categories, NCHA expended 100% of awarded funds within the grant period, in alignment with the approved budget and scope of work. Expenditures were actively monitored to ensure appropriate allocation across personnel, program operations, and direct service delivery, supporting successful implementation of all proposed activities.

The Profit & Loss Statement and General Ledger reflect a more detailed set of cost codes than those included in the Council's Budget to Actual spreadsheet. NCHA utilizes a more granular internal accounting structure, resulting in additional cost code categories beyond the broader budget classifications used for Council reporting. Additionally, because NCHA contributed indirect funds to support programmatic and community activities, total expenditures reflected in the Profit & Loss Statement and General Ledger may exceed the amounts shown in the Council's Budget to Actual spreadsheet, which reflects grant expenditures only.

The Council-approved budget to actual expenditures spreadsheet is provided in **Attachment D1 (Budget to Actual Spreadsheet)**. Supporting financial documentation is provided in **Attachment D2 (Profit & Loss Statement)** and **Attachment D3 (General Ledger)**.

Narrative Questions

What went well?

Implementation of a coordinated, cross-sector approach to substance use response in Larimer County was a key strength of this program. Through the intentional integration of Care Coordination & Peer Support, Community Education, and Provider Education, NCHA was able to reach individuals at multiple points across the continuum of care - from prevention and early intervention to harm reduction, treatment, and recovery support. This multi-pronged approach ensured that services were not siloed, but instead aligned to support individuals holistically based on their needs, readiness, and circumstances.

Strong partnerships across behavioral health providers, healthcare systems, criminal justice partners, and community-based organizations were foundational to the program's success. These relationships enabled timely referrals, improved care transitions, and increased continuity of support for individuals navigating complex systems helping reduce gaps during critical transition periods.

The program also benefited from a high degree of adaptability. As community needs evolved throughout the grant period, NCHA was able to adjust outreach strategies, prioritize high-acuity individuals, and align resources where they were most needed. This flexibility, combined with a commitment to recovery-oriented, person-centered care, contributed to strong engagement and meaningful progress among individuals served. Overall, the program demonstrated clear alignment with community priorities and contributed to improved access, engagement, and stabilization outcomes.

How could your program be improved?

While the program achieved strong outcomes, there are several opportunities to further strengthen and refine implementation. Continued investment in data infrastructure and standardized documentation practices would enhance real-time tracking, reporting consistency, and the ability to more clearly demonstrate outcomes across program components. As the program operates across multiple systems and partners, alignment in data collection and reporting remains a key opportunity for improvement.

Workforce capacity continues to be one of the most significant challenges. Recruiting, training, and retaining qualified care coordination and peer support staff is increasingly difficult in a competitive behavioral health workforce environment. Additional resources dedicated to workforce development - including supervision, professional development, credentialing pathways, and retention strategies - would strengthen both program quality and long-term sustainability.

Additionally, while the program successfully connected individuals to treatment and recovery supports, gaps in housing and long-term stabilization resources remain a persistent barrier. Many individuals face complex social determinants of health, and without access to stable housing and supportive services, long-term recovery outcomes are more difficult to sustain. Strengthening partnerships with housing providers and expanding access to these critical supports would significantly enhance the program's overall impact.

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

NCHA is committed to sustaining and expanding this work as a core component of the regional behavioral health and substance use response system. The Care Coordination model, including the CO-SLAW approach, has been consistently identified by partners as essential infrastructure for improving access, navigation, and continuity of care. This work is not viewed as a time-limited initiative, but rather as a foundational service necessary to support individuals with complex needs across systems.

Sustainability efforts will focus on a diversified and braided funding strategy. NCHA will continue to pursue opioid abatement funding opportunities while also working to align services with reimbursement structures, healthcare system partnerships, and government investments. This includes ongoing work to position care coordination and peer support services within regional system transformation efforts.

In addition to external funding, NCHA will continue to leverage organizational resources, including indirect funding, to maintain continuity of services and respond to emerging needs. The organization's role as a regional convener and backbone entity further supports sustainability by strengthening cross-sector

alignment, reducing duplication, and ensuring resources are deployed strategically across the system. Moving forward, NCHA will continue to refine, scale, and adapt the program to ensure it remains responsive, effective, and integrated within the broader continuum of care.

What could the Council improve?

NCHA greatly values the Council's leadership and ongoing investment in addressing substance use across the region and appreciates the opportunity to partner in this important work. The Council's commitment to funding a range of strategies has been critical in advancing a more coordinated and recovery-oriented system of care in Larimer County.

As the Council continues to refine its approach, there may be opportunities to further enhance impact through increased flexibility within funding structures. Given the rapidly evolving funding landscape—including recent shifts and reductions in federal resources—allowing for reasonable adaptability within grant implementation can help programs remain responsive, align with complementary funding streams, and address emerging community needs in real time. This flexibility supports more strategic use of resources and helps ensure continuity of services despite external funding variability.

Finally, exploring options for longer-term or multi-year funding commitments, where feasible, could support program stability and continuity. Sustained investment allows organizations to retain experienced staff, deepen partnerships, and build on progress over time. NCHA looks forward to continuing to partner with the Council to strengthen these efforts and collectively advance impact across the region.

Appendices

- Attachment A Overdose Awareness Day Evaluation Report
- Attachment B Overdose Prevention & Naloxone Training 2025 Evaluation Report
- Attachment C Rethinking Addiction and Recovery Conference Evaluation Report
- Attachment D1 Budget to Actual Spreadsheet
- Attachment D2 Profit & Loss Statement
- Attachment D3 General Ledger

OVERDOSE AWARENESS DAY

2025



Written by:
Grace Turner, MPH, CHES



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Executive Summary

Between August 23 and September 3, 2025, North Colorado Health Alliance (NCHA) hosted four Overdose Awareness Day (OAD) events across Northern Colorado. Events were held in Greeley, Loveland, Fort Collins, and Estes Park. These community gatherings aimed to increase awareness about overdose prevention, promote remembrance for lives lost, and connect residents with behavioral health and recovery resources.

More than 500 community members attended across all four sites, demonstrating a strong regional commitment to addressing the ongoing overdose crisis. The events were made possible through collaboration with key sponsors who strengthened local coordination and outreach efforts.

Each site featured a combination of remembrance ceremonies, community resource booths, naloxone education, and wellness activities such as acupuncture detox and massage therapy. Across locations, the events provided a supportive and trauma-informed space that honored those affected by overdose and celebrated pathways to recovery.

The outcomes of the 2025 OAD events included: enhanced community visibility of harm reduction services, strengthened cross-county partnerships, and measurable engagement with overdose prevention education. Collectively, the events underscored the importance of collaboration, remembrance, and sustained regional investment in addressing substance use and recovery support.

Greeley

- 250 participants
- 26 community resource booths
- 14 surveys

Loveland

- 150 participants
- 18 community resource booths
- 13 surveys

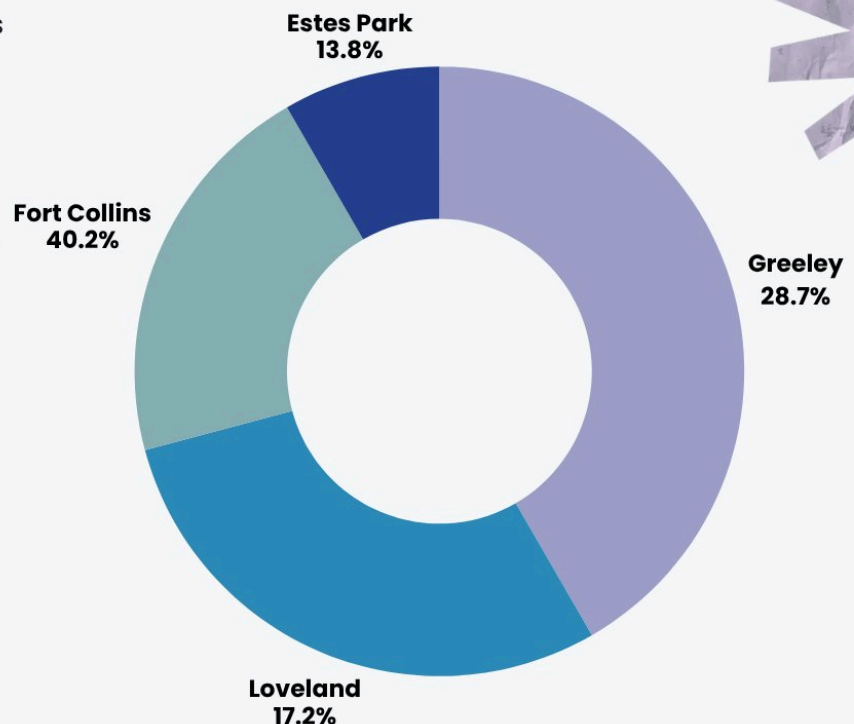
Fort Collins

- 350 participants
- 20 community resource booths
- 17 surveys

Estes Park

- 120 participants
- 11 community resource booths
- 20 surveys

Participant Attendance by Location



Statement of Need

Substance use and overdose continue to represent urgent public health challenges across Northern Colorado. Between 2020 and 2024, Larimer and Weld Counties reported a combined total of 619 overdose deaths, including 119 deaths in 2024 alone. While there has been a modest decline since 2021, when 184 overdose deaths were recorded, rates remain unacceptably high.

Of these fatalities, 96 were classified as unintentional overdoses, underscoring the preventable nature of these deaths and the need for ongoing community education, stigma reduction, and access to harm reduction tools. Overdose mortality impacts residents across age groups but is most prevalent among adults aged 35-64, who accounted for nearly two-thirds of deaths during this period.

Demographic data further reflect health disparities and inequities: 24 deaths occurred among Hispanic residents, and 11 among individuals experiencing homelessness, indicating the importance of culturally responsive, accessible, and community-based outreach strategies.

In response, the 2025 OAD events were designed to address these needs by increasing public health knowledge of overdose prevention and response, promoting remembrance for those lost, and strengthening local connections among health providers, behavioral health partners, and community members. Through these events, NCHA and its partners sought to build awareness, foster hope, and advance regional coordination to prevent future overdose deaths in Northern Colorado.

Colorado drug overdose statistics. (2025). Colorado Public Health and Environment. <https://cdphe.colorado.gov/registries-and-vital-statistics/state-unintentional-drug-overdose-reporting-system-sudors/colorado>

Program Goals

The 2025 OAD initiative aimed to strengthen regional collaboration, promote overdose prevention education, and create inclusive spaces for honoring those who have been impacted by overdose across Northern Colorado. The program was guided by the following goals:



Increase Community Awareness and Understanding of overdose prevention, harm reduction, and recovery support services available in the community.



Enhance Public Access to Naloxone and Overdose Response Resources to increase readiness and capacity to respond to a potential overdose.



Foster Cross-Sector Collaboration among behavioral health, healthcare, and community-based organizations to promote shared accountability and sustainability in overdose prevention efforts.



Gather Community-Level Insights to inform future planning, outreach, and prevention initiatives across Northern Colorado.



Honor and Remember Lives Lost to overdose while providing trauma-informed spaces for collective healing and reflection.



Project Description

OAD was hosted across four communities: Greeley, Loveland, Fort Collins and Estes Park. Each event was tailored to reflect the unique character and needs of its host community while maintaining consistent messaging and structure across sites.

Event Components

- Resource booths from local behavioral health, recovery, and harm reduction organizations.
- Remembrance ceremonies featuring community speakers.
- Wellness offerings such as acupuncture detox, chair massage, and grounding activities designed to support trauma-informed engagement.
- Naloxone education and harm reduction demonstrations, including interactive booths that walked attendees through overdose response steps.
- Live music and community art, emphasizing recovery as a form of resilience and celebration.



Partnership and Collaboration

Success of OAD events was made possible through the generous support of our sponsors. Advocate sponsors provided essential funding and outreach support that strengthened event logistics and regional coordination. Friend sponsors contributed vital resource and on-the-ground participation that enhanced community engagement and visibility. Together, these partnerships ensured that each event was well-resourced, accessible, and rooted in shared commitment to prevention and recovery.

-ADVOCATE SPONSORS-



-FRIEND SPONSORS-



-PLANNING PARTNERS-



Logic Model

The following illustrates the framework used to plan, implement, and evaluate the 2025 OAD day. It links key inputs, activities, outputs, and outcomes to demonstrate how coordinated planning and community engagement efforts contributed to the overall goals of awareness, prevention, and remembrance.

Inputs	Activities	Outputs	Outcomes	Long-Term Impacts
Funding and in-kind contributions from sponsors and partners Staff time dedicated to event planning and coordination Venues and permits secured in four Northern CO communities Community volunteers, vendors, and wellness practitioners Marketing and communication materials (social media, flyers, bilingual signage)	Event planning meetings and partner coordination Venue prep, vendor communication and outreach Public promotion through social media and community networks Facilitation of OAD events Implementation of naloxone awareness and overdose response education Post-event evaluation	Four community events 800+ attendees Over 30 community partners and vendors Naloxone education interactions completed Event toolkit developed to support future replication Attendee surveys collected and summarized	Short Term: Increased community knowledge about overdose prevention and naloxone use Strengthened partnerships among behavioral health and recovery orgs Reduced stigma through community conversations Enhanced coordination between counties for harm reduction events Intermediate: Improved access to harm reduction resources and education Greater community engagement with recovery and behavioral health supports Integration of lessons learned into future regional health promotion efforts	Reduced fatal and nonfatal overdose through increased awareness and community readiness Sustained collaboration among regional partners to promote behavioral health equity and overdose prevention Stronger regional model for collective remembrance and resilience 

Survey and Evaluation

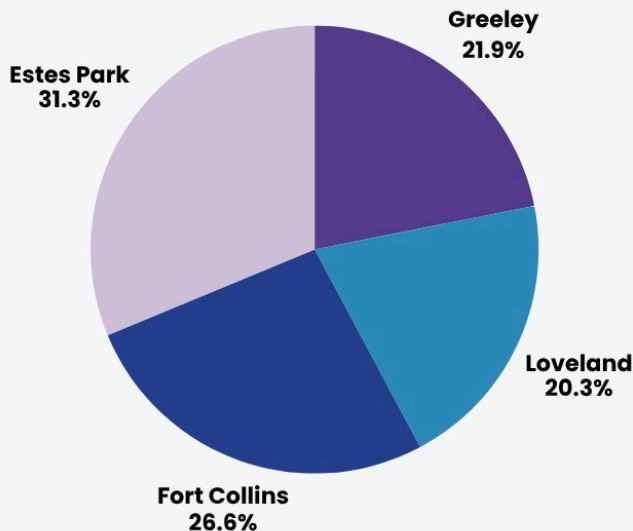
Brief Overview for Summary Report:

The survey for Overdose Awareness Day events was designed to gather participant feedback, assess community impact, and evaluate knowledge about overdose prevention tools like Narcan/Naloxone. Its purpose was to understand why attendees participated, how they learned about the events, and whether the resources provided were meaningful. The outcomes highlight both community engagement (attendance motivations, willingness to recommend/return) and public health readiness (familiarity with overdose signs, confidence in using Narcan, and comfort contacting emergency services).

Motivations to Participate

Number of Surveys by Location

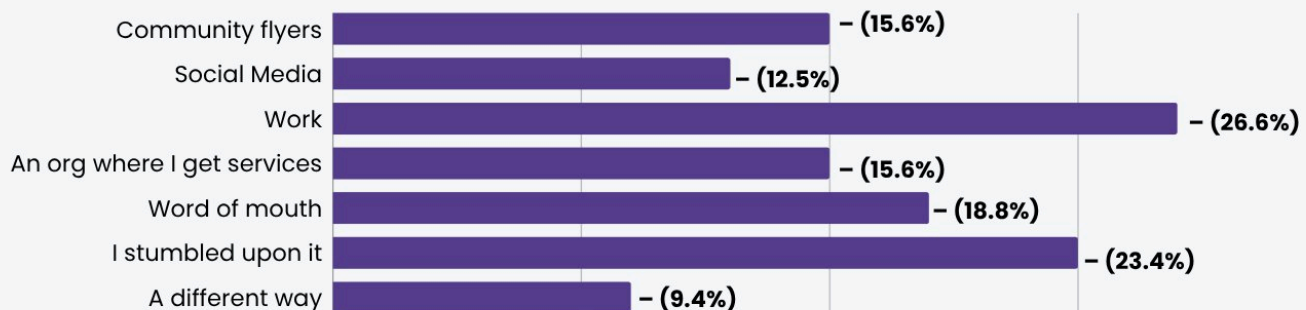
(N = 66)



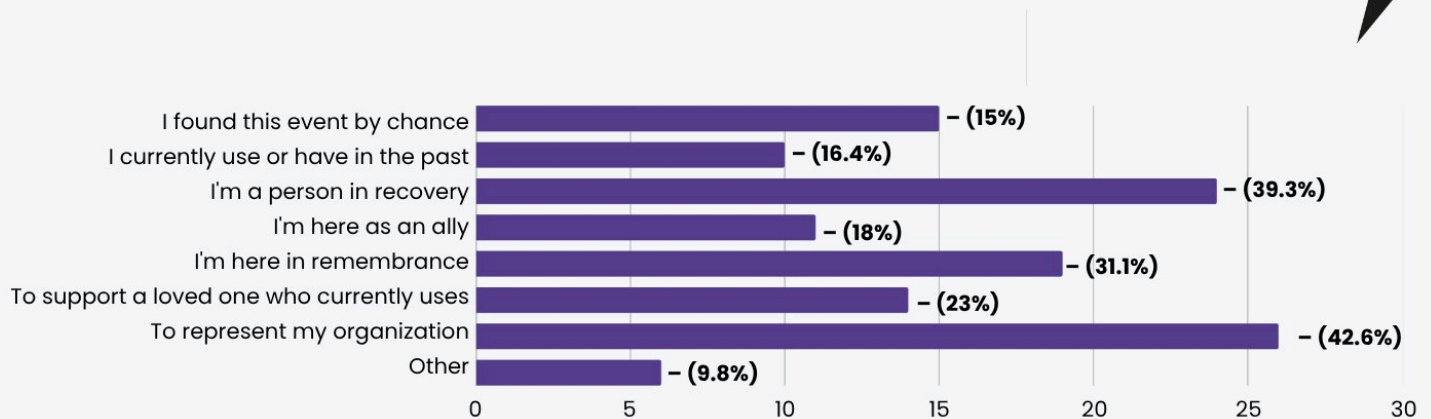
HARM REDUCTION
SAVES LIVES

How did you find out about the event? (Check all that apply)

(N = 64)



Why are you at Overdose Awareness Day? (Check all that apply)



100%

of Respondents stated:

"I would recommend this event to others"

"I would attend this event in the future"

"The community resources at this event are helpful to me or other people I know"

Summary of Motivations to Participate

Survey responses demonstrate that participants learned about Overdose Awareness Day through diverse outreach channels such as flyers, social media, word of mouth, and organizational networks. Attendees reported a wide range of motivations for participating—including honoring loved ones, supporting recovery, representing organizations, and standing as allies—underscoring the event's broad community impact. Overall, feedback reflected that participants valued the resources provided, found the event meaningful, and expressed strong support for attending again and recommending future events.

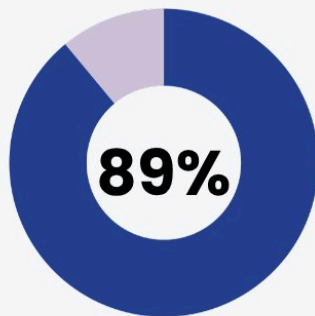
Summary of Knowledge Related to Narcan/Naloxone

The survey's knowledge section served to assess participants' self-reported familiarity with naloxone and overdose identification, as well as their direct experience with carrying, using, and witnessing an overdose. The survey also assessed participants' experience and comfort level with overdose situations and Narcan.

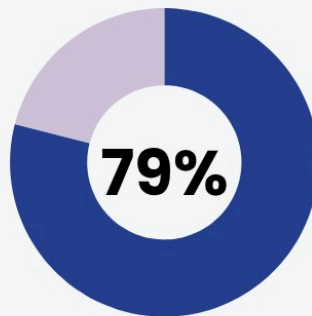
"True for You" Statements

Familiarity & Knowledge of participant experience and comfort level with overdose situations and Naloxone

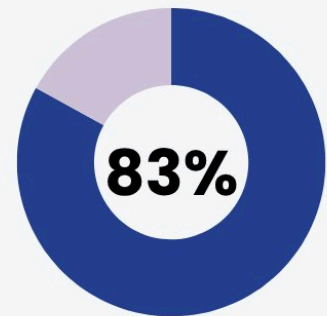
■ Yes ■ No or I don't know



I am familiar with Narcan/Naloxone

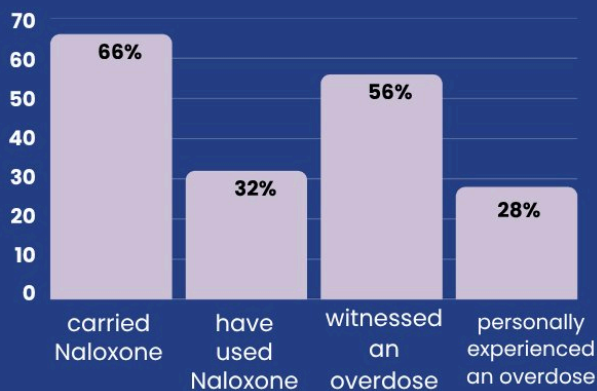


I know how to administer Narcan/Naloxone



I believe I can identify the signs of an overdose

Experience with using Naloxone: percentage of participants' reporting "yes"



Emergency Response: percentage of participants' reporting "yes" to feeling comfortable calling 911 in the event of a suspected overdose



Summary of Knowledge

Attendees demonstrated a high level of preparedness and direct experience with the opioid crisis. An overwhelming majority of attendees indicated a familiarity with naloxone and how to administer it. This high retention of practical knowledge is reinforced by more than half of the attendees stating they have carried the drug at some point. The data also reveals the significant direct impact of crisis with over half of respondents having witnessed an overdose and nearly $\frac{1}{3}$ reporting they have personally experienced an overdose. This direct experience underscores the vital need for events like OAD.

Recognition of Critical Overdose Signs

The multiple-choice question tested the ability of respondents to accurately identify the critical, life-threatening signs of an opioid overdose.

Outcome: Participants showed excellent accuracy in identifying the most critical physiological indicators of an overdose, which are the primary targets for naloxone administration and emergency response.

Primary Critical Sign	Recognition Rate
Non-responsiveness	80%
Stopped/breathing	74%
Weak or no pulse	76%
Blue/Gray Lips and fingernails	68%
Limp body	70%
Pale/clammy skin	76%

Incorrect Symptoms	Response Rate
Hallucinations	38%
Insomnia	26%

Summary of Recognition of Opioid Overdose Signs

An overwhelming majority of attendees (over 74%) correctly identified the most critical, life-threatening indicators of an overdose, including non-responsiveness and slow or stopped breathing. Furthermore, three out of four respondents recognized key physiological signs such as pale and/or clammy skin and weak or no pulse, demonstrating a high level of preparedness to assess an potential overdose.

While knowledge in these primary signs is excellent, the results suggest an opportunity for targeted clarification regarding certain symptoms. While less acute signs like vomiting and confusion were selected by over half of respondents, a notable portion selected symptoms that are not typically acute signs of an opioid overdose. Specifically, 38% of participants selected hallucinations and 26% selected insomnia.

In summary, participants are highly proficient in identifying the core, life-saving signs of an overdose. Future educational efforts could focus on distinguishing between the critical physical signs and misconceptions to ensure the highest degree of accurate identification and appropriate emergency response.

Quotes from Participants

Thanks and stay safe.



**THANK YOU FOR
BEING HERE.**

**This is a
beautiful event.**

**Recovery saved
my life.**

**I am grateful for
this space.**

**They did a great
job.**



THANK YOU.



**My father overdosed
when I was 19 and passed
away. This event is very
helpful and
heartwarming.**

Opiod Overdose Response Training Assessment – 2025

Pre–Post Evaluation Summary and Appendix

Project Overview

In 2025, community-based Overdose Prevention Education and Naloxone Trainings were delivered across Northern Colorado to increase knowledge of opiod overdose recognition, naloxone safety and administration, and confidence responding to overdose events. Trainings emphasized low-barrier, stigma-reducing approaches and practical response skills.

Methods

Voluntary pre- and post-training surveys were administered to participants via QR code or electronic link. Surveys assessed overdose recognition, naloxone knowledge, overdose risk factors, and confidence responding to an overdose. Pre-test responses (n=376) and post-test responses (n=269) were analyzed using descriptive pre–post comparisons.

Findings

Opiod Overdose Knowledge

Participants demonstrated substantial increases in overdose-related knowledge following training, particularly related to naloxone safety and administration. While overdose recognition remains a more challenging knowledge area, post-training results indicate meaningful improvement.

Correct identification of opiod overdose signs increased from 19% pre-training to 59% post-training, representing a threefold increase in accuracy.

Table 1. Overdose Knowledge Items – Percent Correct

Evaluation Item	Pre-Test	Post-Test
Naloxone is dangerous if opioids are not present (False)	60%	95%
Prescription required to obtain naloxone (False)	84%	96%
Active breathing required for nasal naloxone (False)	72%	97%
Correct timing of second naloxone dose	72%	97%
Identification of overdose risk factors	52%	79%

Consistent with prior years, the largest gains were observed in naloxone safety and administration, suggesting trainings are particularly effective at correcting misconceptions that delay overdose response.

Opioid Overdose Attitudes – Pre-Training

Prior to training, over half of participants reported never having carried naloxone, underscoring the importance of low-barrier education and distribution.

History of Carrying Naloxone (Pre-Test):

- Never carried naloxone: 52%
- Have carried naloxone: 43%
- No response: 5%

Pre-training confidence varied considerably, with 35% reporting low confidence and only 16% reporting very high confidence in their ability to use naloxone to save a life.

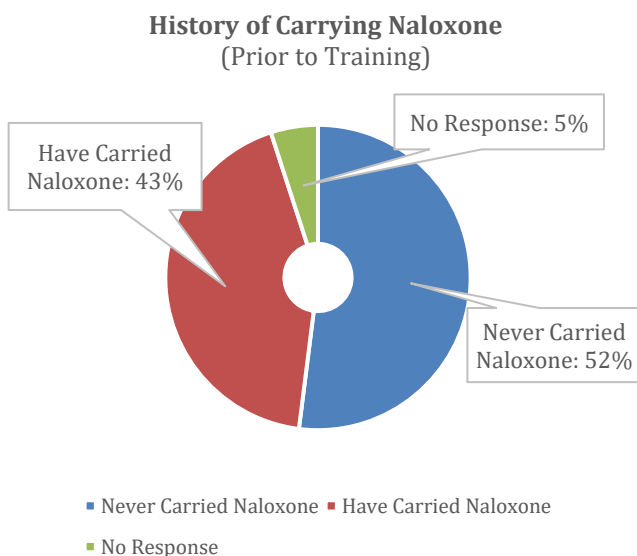
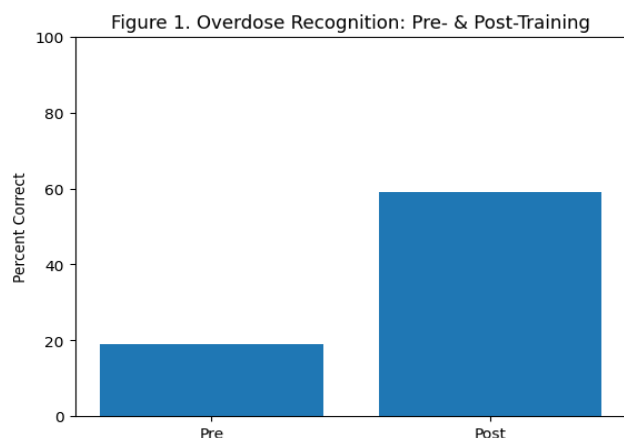


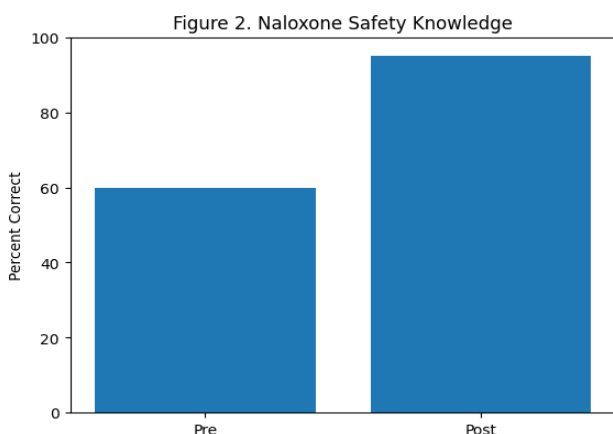
Figure 1. Overdose Recognition: Pre- & Post-Training



Post-training results show a threefold increase in participants' ability to correctly identify opioid overdose signs, indicating improved readiness to recognize overdose emergencies.

The presentation was sensitive, relevant, and important. I think everyone should take it. The presenter did a great job delivering it and made me feel very comfortable about asking questions.

Figure 2. Naloxone Safety Knowledge



Training substantially reduced misconceptions about naloxone safety, with nearly all participants understanding that naloxone is safe to administer even when opioids are not present.

Figure 3. Prescription Requirement Knowledge

Participants demonstrated increased awareness that naloxone does not require a prescription, supporting improved access and willingness to carry the medication.

The presenter was very communicative, and the presentation was very informative! I feel like I've learned very valuable information and I'm thrilled to have gotten to participate and learn today!

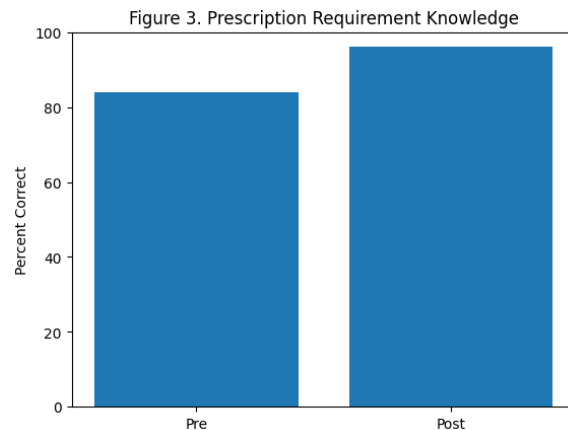


Figure 4. Active Breathing Myth

Post-training gains indicate strong understanding that naloxone can be administered even when active breathing is compromised.

Great presentation. Our clients learned a lot and now are prepared to identify signs of opioid overdose and can save lives!

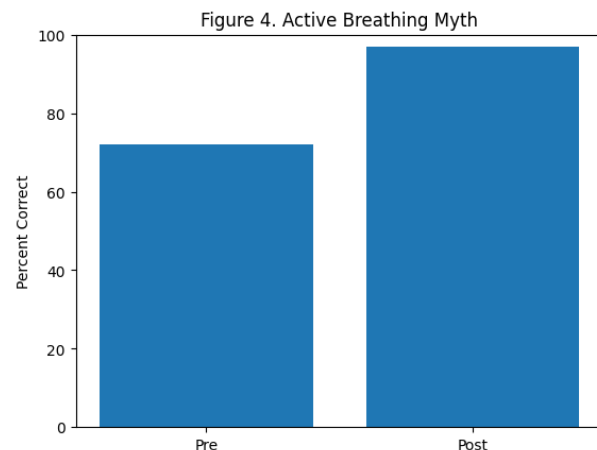


Figure 5. Second Dose Timing Knowledge

Participants showed marked improvement in knowledge of correct naloxone dosing intervals, strengthening real-world response.

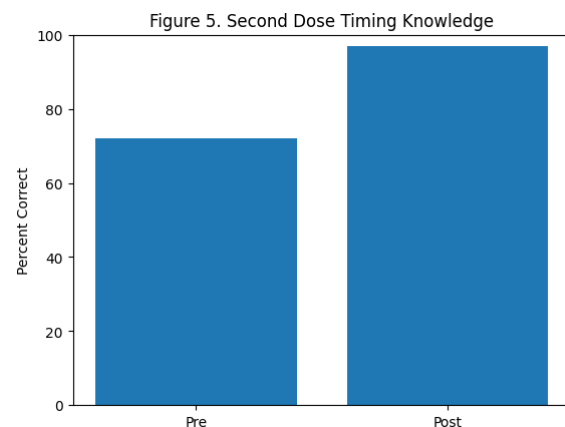
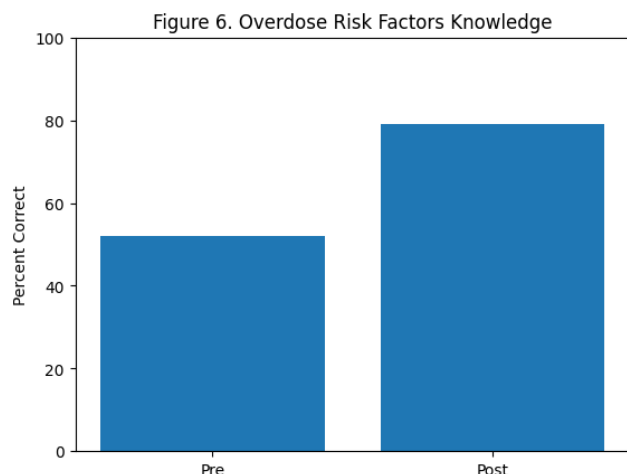


Figure 6. Overdose Risk Factors Knowledge



Participants showed improved identification of overdose risk factors supports earlier intervention and prevention during high-risk situations.

Excellent presentation & resource for our community. Our presenters were great!

Opioid Overdose Attitudes – Post-Training Key Take-Aways

Following training, participant confidence and preparedness increased substantially across all attitude measures.

- 90% of participants reported high confidence (Confident/Very Confident) in their ability to use naloxone and training information to reverse an overdose.
- Preparedness and Attitudes (Post-Test):
 - Have the information needed to respond: 94% agree/strongly agree
 - Would feel safer if naloxone was around: 91% agree/strongly agree
 - Everyone at risk should have naloxone: 88% agree/strongly agree.

These findings reinforce naloxone’s role as a widely supported community safety intervention. Similarly, respondents were likely or very likely to recommend a friend carry naloxone and to recommend the training to others.

High endorsement reflects both the perceived value of the training and participants’ willingness to share overdose prevention knowledge within their communities.

Qualitative feedback

Open-ended feedback was overwhelmingly positive, with participants frequently describing the training as informative, engaging, and empowering. Many highlighted the importance of widespread access to overdose prevention education and praised facilitators for creating a supportive, non-judgmental learning environment.

Discussion

The findings from the 2025 pre–post evaluation indicate that community-based Overdose Prevention Education and Naloxone Trainings are a highly effective strategy for increasing overdose-related knowledge, correcting misconceptions about naloxone, and strengthening individual and community preparedness to respond to opioid overdoses. Across nearly all measured domains, participants demonstrated meaningful improvements following training, reinforcing the value of low-barrier, public-facing overdose education as a core harm reduction intervention.

Knowledge Gains and Misconception Correction

Participants demonstrated substantial improvements in overdose-related knowledge, particularly in areas related to naloxone safety and administration. The largest gains were observed in understanding that naloxone is safe to administer even when opioids may not be present, that a prescription is not required to obtain naloxone, that active breathing is not necessary for effective nasal administration, and that multiple doses may be needed when reversing an overdose. These findings are consistent with prior years' evaluations and with the broader literature, which identifies misinformation and fear of “doing harm” as significant barriers to naloxone use in real-world overdose situations.

While overdose recognition remained a more challenging knowledge area overall, post-training results showed a threefold increase in correct identification of overdose signs. This improvement is notable given the complexity of overdose presentation and the common overlap between overdose symptoms and other medical conditions. The observed gains suggest that trainings are helping participants develop a more nuanced understanding of overdose indicators, which is critical for timely response and activation of emergency services.

Increased Understanding of Overdose Risk Factors

Post-training improvements in identifying overdose risk factors further support the effectiveness of the education model. Participants demonstrated increased awareness of situations that elevate overdose risk, including reduced tolerance following periods of abstinence, polysubstance use, and transitions such as release from incarceration or treatment. This knowledge is essential not only for emergency response but also for prevention, as it enables individuals to recognize heightened risk periods and take proactive steps to reduce harm.

Shifts in Confidence and Preparedness

Beyond knowledge gains, the evaluation revealed substantial shifts in participant confidence and perceived preparedness to respond to an overdose. Prior to training, confidence levels varied widely, with more than one-third of participants reporting low confidence in their ability to use naloxone to save a life. Following training, nearly 90% of participants reported high confidence in their ability to reverse an overdose using the information provided.

High levels of agreement with statements such as “I have the information I need to respond in the event of an overdose” and “I feel comfortable talking with 911 dispatchers in the event of an

overdose” indicate that the trainings effectively addressed emotional and procedural barriers to response. Confidence and comfort navigating emergency situations are critical determinants of whether bystanders intervene during an overdose, making these findings particularly significant from a public health perspective.

Attitudes Toward Naloxone Access and Community Norms

The post-training attitude measures demonstrated overwhelming support for naloxone access as a community safety tool. Most participants reported that they would feel safer knowing naloxone was available and strongly agreed that everyone at risk of witnessing an overdose should be provided with a naloxone supply. Similarly, strong agreement that family members and friends of people who use drugs should be prepared to respond to an overdose reflects a shift toward shared responsibility and collective readiness.

These findings suggest that trainings are not only increasing individual knowledge and confidence but are also reinforcing community norms that support harm reduction and overdose prevention. Normalizing naloxone possession and use among community members is a critical component of reducing overdose-related morbidity and mortality, particularly in settings where professional medical response may be delayed.

Willingness to Share Knowledge and Extend Impact

High levels of willingness to recommend both naloxone carrying and the training itself indicate strong perceived value and the potential for broader community diffusion of overdose prevention practices. Participants’ readiness to encourage others to carry naloxone and to attend training suggests that the intervention may have multiplier effects beyond those directly trained, further extending its public health impact.

Implications for Public Health and Harm Reduction

Taken together, these findings underscore the importance of maintaining and expanding community-based overdose prevention education as part of a comprehensive harm reduction strategy. The combination of improved knowledge, increased confidence, supportive attitudes, and willingness to share information positions trained participants as capable first responders within their communities.

Importantly, these outcomes were achieved through low-barrier, stigma-reducing trainings delivered in community settings without demographic screening, highlighting the accessibility and scalability of the model. As overdose risk continues to fluctuate in response to changes in drug supply and social conditions, sustained investment in overdose education and naloxone access remains essential.

Limitations and Future Directions

While the evaluation demonstrates strong outcomes, several limitations should be noted. Surveys were voluntary and anonymous, resulting in differing pre- and post-test response counts and

limiting the ability to conduct matched individual analyses. Additionally, demographic data were not collected to reduce participation barriers, limiting subgroup analysis.

Future evaluation efforts may explore strategies to increase post-test response rates, incorporate optional follow-up assessments to assess retention of knowledge over time, and examine how training participation translates into real-world overdose response behaviors. Despite these limitations, the consistency and magnitude of observed improvements across domains strengthen confidence in the overall findings.

Conclusion

Overall, the 2025 evaluation findings indicate that Overdose Prevention Education and Naloxone Trainings are an effective, evidence-informed intervention that meaningfully improves knowledge, confidence, and readiness to respond to opioid overdoses. Continued support for these trainings will play a critical role in strengthening community capacity to prevent overdose deaths and promote health and safety across Northern Colorado.

Rethinking Addiction & Recovery Conference 2025 Evaluation Report

Conference Date: October 28, 2025

Location: Loveland, Colorado

Venue: Embassy Suites Conference Center

Host Organization: North Colorado Health Alliance (NCHA)

Executive Summary

The *Rethinking Addiction & Recovery Conference*, held on October 28, 2025, convened behavioral health professionals, peer support providers, advocates, community organizations, and individuals with lived and living experience to advance evidence-informed, compassionate, and coordinated responses to substance use and recovery. The conference emphasized harm reduction, recovery-oriented systems of care, workforce sustainability, equity, and cross-sector collaboration.

Optional pre- and post-conference attendee surveys were used to evaluate participant backgrounds, baseline knowledge, learning outcomes, satisfaction, and intended application of conference content. Pre-conference surveys (n = 143) highlighted diverse professional representation and varied baseline knowledge, with clear demand for practical tools, equity-informed approaches, and strategies to support individuals with complex needs. Post-conference surveys (n = 82) demonstrated high satisfaction, perceived gains in knowledge across core topic areas, increased confidence applying learning, and strong intent to integrate new practices into professional and community settings.

Taken together, evaluation findings indicate that the 2025 conference effectively supported learning, perspective-shifting, and translation of knowledge into practice. The conference continues to serve as a critical regional platform for workforce development, systems alignment, and collective problem-solving in the evolving addiction and recovery landscape.

Conference Overview

The *Rethinking Addiction & Recovery Conference* is an annual convening designed to bring together stakeholders from across Northern Colorado to explore innovative, evidence-informed, and human-centered approaches to substance use prevention, treatment, recovery, and harm reduction.

Conference Objectives

- Increase knowledge of substance use, harm reduction, and recovery-oriented practices
- Elevate lived and living experience as expertise
- Strengthen workforce skills, resilience, and leadership
- Foster cross-sector collaboration and systems thinking
- Support translation of learning into real-world practice

The 2025 conference featured plenary sessions, breakout workshops, and facilitated dialogue that centered practical application, equity, and community-driven solutions.

Evaluation Methodology

Optional pre- and post-conference surveys were administered electronically to attendees. Surveys were anonymous and voluntary.

Pre-Conference Survey (n = 143)

The pre-conference survey assessed:

- Professional role and sector representation
- Self-rated baseline knowledge in:
 - Behavioral health treatment
 - Recovery practices
 - Prevention strategies
 - Principles of equity
- Learning goals and expectations for the conference

Post-Conference Survey (n = 82)

The post-conference survey assessed:

- Overall satisfaction with the conference
- Self-rated knowledge following the conference in:
 - Prevention strategies
 - Behavioral health treatment
 - Harm reduction
 - Recovery strategies
- Perceived usefulness of conference content
- Intended application of learning
- Interest in attending similar events in the future
- Open-ended qualitative feedback

Because survey participation was optional and responses were not matched at the individual level, findings are presented as aggregate, response-based trends rather than causal or matched pre/post change.

Participant Profile and Baseline Context (Pre-Conference Findings)

Pre-conference survey responses indicate that attendees represented a broad cross-section of the regional behavioral health and recovery ecosystem. Respondents included case managers, care coordinators, peer support professionals, advocates, and staff from behavioral health providers, human services organizations, recovery housing, and community-based organizations.

Sector of Work Represented (Pre-Conference)

Participants represented a diverse range of sectors, reflecting the multidisciplinary nature of the conference audience.

Table 1. Sector of Work Represented (Percent of Respondents, n = 143)

Sector of Work	Percent of Respondents
Behavioral Health Provider	29.4%
Community-Based Organization	23.1%
Recovery Support / Peer Services	17.5%
Healthcare	9.8%
Government / Public Health	7.0%
Housing / Homelessness Services	6.3%
Education / Training	4.2%
Other	2.7%

No single sector dominated participation, underscoring the conference's role as a cross-sector convening for shared learning and systems alignment.

Professional Roles Represented

Participants also represented a wide range of professional roles across direct service, leadership, and advocacy positions.

Table 2. Professional Roles Represented (Percent of Respondents, n = 143)

Role Category	Percent of Respondents
Case Management / Care Coordination	26.6%
Peer Support / Recovery Coach	21.7%
Program Management / Leadership	18.9%
Clinical / Therapeutic Role	14.7%
Advocacy / Community Outreach	9.1%
Administrative / Support	6.3%
Other	2.7%

This distribution reflects a workforce that includes both frontline practitioners and decision-makers, supporting translation of learning into organizational practice.

Baseline Knowledge and Learning Needs

Self-rated baseline knowledge varied across topic areas. Many participants reported moderate familiarity with behavioral health treatment and recovery practices, reflecting an experienced workforce. However, knowledge related to equity principles and systemic approaches showed greater variability, with some respondents indicating limited understanding or uncertainty.

Across roles and sectors, participants consistently expressed a desire to:

- Gain practical tools and strategies they could immediately apply
- Learn new or improved approaches to supporting people in recovery

- Strengthen prevention and harm reduction knowledge
- Better support individuals experiencing housing instability and complex needs
- Engage in cross-sector learning and collaboration

These findings underscore both the depth of experience participants brought to the conference and the ongoing need for accessible, applied, and equity-informed professional development.

Knowledge Gains and Learning Outcomes (Post-Conference Findings)

Post-conference survey responses indicate that the conference successfully addressed many of the learning needs identified in the pre-conference assessment. Respondents reported increased knowledge across key content areas, including prevention strategies, behavioral health treatment, harm reduction, and recovery-oriented practices.

Most respondents rated their post-conference knowledge as “more than most” or “expert” in at least one content area, suggesting perceived growth from baseline levels.

To support appropriate comparison across optional surveys, learning outcomes are summarized as the percent of respondents reporting high knowledge (ratings of 4–5) in each domain.

Table 4. Change in Self-Reported Knowledge by Domain (Percent High Knowledge, 4–5)

Learning Domain	Pre-Conference	Post-Conference
Prevention Strategies	46%	82%
Behavioral Health Treatment	58%	85%
Harm Reduction Practices	51%	88%
Recovery Practices	55%	83%
Principles of Equity & Leadership	39%	76%

Across all measured domains, the percentage of respondents reporting high knowledge increased substantially following the conference, indicating meaningful perceived learning gains aligned with conference objectives.

Qualitative responses reinforced these findings, with participants describing exposure to new perspectives, expanded understanding of treatment and recovery models, and deeper appreciation for the role of trauma, grief, equity, and lived experience in substance use and recovery. Participants also reported that the conference content was relevant, timely, and aligned with real-world challenges facing the workforce.

Confidence, Application, and Workforce Impact

Beyond knowledge acquisition, post-conference findings suggest meaningful increases in participant confidence and readiness to apply learning in professional and community settings.

Intended Application of Learning (Post-Conference Themes)

Participants identified several key areas where they plan to apply conference learning:

Table 5. Planned Application of Learning – Qualitative Themes

Theme	Examples of Intended Application
Trauma-informed & nonjudgmental engagement	Improved language, stigma reduction, client-centered approaches
Leadership & supervision practices	Coaching staff, reflective supervision, team culture
Grief and loss strategies	Supporting individuals and teams experiencing loss
New tools, language, and resources	Integrating frameworks, referrals, and practices
Knowledge sharing	Sharing learning with colleagues and influencing organizational practice

This emphasis on application reflects the conference’s success in moving beyond awareness to actionable learning. Participants described intentions to share insights with colleagues, influence organizational practices, and strengthen collaboration within and across systems.

Participant Satisfaction and Perceived Value

Overall satisfaction with the conference was high. Most post-conference respondents reported being very or extremely satisfied (94%) with their experience and indicated strong interest in attending the conference in the future (97%). These findings demonstrate exceptionally high satisfaction and perceived value, reinforcing the conference’s role as a trusted and impactful annual convening.

Qualitative satisfaction feedback highlighted:

- Appreciation for the practical and relevant content
- Value of hearing directly from individuals with lived and living experience
- Opportunities for meaningful connection and reflection
- A sense of renewed motivation and validation in challenging work

Participants frequently described the conference as informative, engaging, and impactful, reinforcing its role as a valued annual convening for the region.

Qualitative Themes and Participant Voice

Open-ended responses across both pre- and post-conference surveys revealed several consistent themes:

- Desire for continued learning and ongoing convenings
- Strong interest in practical, implementation-focused content
- Recognition of the importance of equity, trauma-informed care, and harm reduction
- Appreciation for inclusive, respectful, and non-stigmatizing approaches

These themes complement quantitative findings and provide deeper insight into how participants experienced and valued the conference.

Limitations

Several limitations should be noted:

- Survey participation was voluntary, resulting in partial response rates
- Pre- and post-surveys were not matched at the individual level
- Findings reflect self-reported perceptions rather than objective measures of change

Despite these limitations, the consistency across quantitative ratings and qualitative feedback strengthens confidence in the overall findings.

Conclusion and Future Directions

Evaluation findings from the 2025 *Rethinking Addiction & Recovery Conference* demonstrate that the conference effectively supported learning, perspective-shifting, and intended application of evidence-informed and compassionate approaches to addiction and recovery. The combination of diverse participation, strong satisfaction, perceived knowledge gains, and clear intent to apply learning underscores the conference's value as a workforce development and systems-building intervention.

As substance use trends, workforce challenges, and community needs continue to evolve, the conference remains a critical regional platform for advancing collaboration, innovation, and shared responsibility. Continued investment in this annual convening will support a more informed, connected, and resilient behavioral health and recovery ecosystem across Northern Colorado.

Final Report Budget

Grantee:	North Colorado Health Alliance
Grant Period	03/01/2025 - 03/31/2026
Approved Use:	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

Direct Personnel									
Position	Name	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total Budget	Actual Expenditures	% Expended	Notes
Larimer County Care Coordinator	Zoe Chavez, Anna McGraw, Simone White	\$42,745	1	\$44,826	\$10,686	\$55,512	\$58,420	105.2%	
Larimer County Care Coordinator	Dakota Jones, Madeline Zvalo	\$42,745	1	\$44,461	\$10,686	\$55,147	\$55,201	100.1%	
Peer Recovery Specialist	John Dahlman, Christina Gonzalez, Michael Ramirez	\$42,745	1	\$50,950	\$10,686	\$61,636	\$65,521	106.3%	
Care Coordination Supervisor	Tamara Green, Wynn Ivy	\$58,350	1	\$58,488	\$14,587	\$73,075	\$76,986	105.4%	
				\$0		\$0			
				\$0		\$0			
				\$0		\$0			
				SUBTOTAL		\$245,370	\$256,128	104.4%	

Other Direct Costs							
Item(s)	Rate	Units	Category	Total Budget	Actual Expenditures	% Expended	Notes
Consultants -Changing Minds Marketing Campaign, Community Peer Recovery Coach Training	\$45,000.00	1	Consultants	\$45,000	\$35,300	78.4%	
Equipment (Laptop, Cell Phones- Program Software, EHR)	\$3,187.50	4	Equipment	\$12,750	\$14,259	111.8%	
Client Incentives & Assistance Funds	\$100.00	52.5	Other	\$5,250	\$3,329	63.4%	
Facility rental for Rethinking Addiction and Recovery Conference	\$12,000.00	1	Other	\$12,000	\$12,000	100.0%	
CAT, CAS, CASII, CPFS Enrollement, Supervisor Professional Development, Exams, Training hours, Supervision	\$9,500.00	1	Professional Development	\$9,500	\$9,443	99.4%	
Program Supplies for Care Coordination, Peer Support, Mutual Aid Groups, Stigma Reduction OAD Events, and Rethinking Addiction and Recovery Conference	\$69,550.00	1	Supplies	\$69,550	\$69,300	99.6%	
Mileage	\$0.70	20000	Travel	\$14,000	\$13,662	97.6%	
				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
			SUBTOTAL	\$168,050	\$157,292	93.6%	

TOTAL DIRECT		\$413,420	\$413,420	100.0%
	TOTAL INDIRECT	\$36,580	\$36,580	
TOTAL COSTS		\$450,000	\$450,000	100.0%
CARRYFORWARD AMOUNT			\$0	

Please list intended uses for carryforward amount below:
NA

North Colorado Health Alliance
Job Profitability Report
For the Period From Mar 1, 2025 to Mar 31, 2026

Filter Criteria includes: 1) IDs: .54.26. Report order is by ID. Report is printed excluding Balance Forward and excluding Retainage and Summarized by Job, Phase, Cost Code.

Job ID	Cost Code ID	Job Description	Actual Rev.	Actual Exp.
.54.26	1)	Grant Rever Larimer County Abater	450,000.00	
	2)	Salaries & Wages		196,190.30
	3)	Fringe Benefits		60,177.27
	4)	Indirects		3,645.21
	62110 -	Staff Lodgin		537.58
	62540 -	Staff Travel		13,381.17
	63000 -	Contractual		34,800.00
	63010 -	Consultants		510.33
	65000 -	Supplies/O		31,631.02
	70460 -	Other Costs		45.31
	70500 -	Profl Dev		9,293.03
	70705 -	Event Rental		48,000.00
	70800 -	Incentives		5,713.76
	70915-	Member Support		56.17
	70950 -	Member Housi		74.00
	75010 -	Equipment		14,370.04
			450,000.00	418,425.19
.54.26		Total	450,000.00	418,425.19
Report		Total	450,000.00	418,425.19



Peer Support Program Progress Update

Presented by Rut Miller, Executive Director | May 2026

Deliverables & Performance Measures

Completed

- Recruited 3 peer support specialists
- Developed English and Spanish peer support groups
- Established referral partnerships
- Created attendance and referral tracking systems

Performance Measures

- Outreach and referrals underway
- Participant enrollment has begun
- Goal to serve 30 individuals remains on track





Successes & Challenges

Successes

- Recruited more peer support specialists than originally planned
- Strong community partnerships established
- Trauma-informed program structure completed

Challenges

- Program launch timeline adjusted to May 2026
- First six months focused on development and planning
- Lower expenditures during startup phase

Current Status

- No anticipated shortfalls
- Goals remain on track

Budget & Future Funding

Budget Update

- Grant Amount: \$28,792
- No significant budget changes over \$5,000
- Anticipate spending full grant budget during implementation phase

Future Funding

- EVICS plans to reapply for 2026–2027 funding
- Proposed Request: \$27,071.45
- Approved Use Category:
 - B.2 Support People in Treatment and Recovery





EVICS
FAMILY RESOURCE CENTER
Centro de Recursos Familiares

THANK YOU

Six-Month Grantee Report to the Larimer Opioid Abatement Council

Grantee: **EVICS Family Resource Center**

Submitter Name: **Rut Miller**

Submission Date: **April 30, 2026**

Grant Agreement Period: **October 1, 2025 – September 30, 2026**

Total Agreement Amount: **\$28,792**

Report for the Period: **October 1, 2025 – March 31, 2026**

Approved Use Category: **B.2 Support people in treatment and recovery**

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

During the first six months of the grant period, expenditures have been lower than initially projected due to the program being in a development and capacity-building phase.

Key progress aligned with budgeted activities includes:

- Recruitment and engagement of peer support specialists (budgeted under personnel)
- Coordination and oversight by program supervisor
- Planning and preparation for peer support training and group implementation
- Development of materials, structure, and logistics for program launch

The program is scheduled to officially launch in **May 2026**, which will initiate the majority of direct service costs, including:

- Peer support specialist stipends
- Group session supplies and participant support materials
- Ongoing program delivery expenses

At this time, there are **no concerns regarding budget alignment**. We anticipate expenditures will increase in the second half of the grant period and fully align with the approved budget.

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

Objective 1: Certification of Peer Support Specialists (Due November 2025)

Status: **Completed**

- Community members have been recruited and engaged
- Training pathways identified and coordinated

- Additional community interest has resulted in identifying **three peer support specialists** instead of two

Objective 2: Launch of Peer Support Groups (Due January 2026)

Status: In Progress (Adjusted Timeline – Launch May 2026)

- Program structure, curriculum, and trauma-informed framework completed
- One **Spanish-language peer-led group** established for launch
- One **English-language group** will be facilitated with support from a licensed mental health professional
- Partnerships with local organizations (school district, police department, and recovery providers) are in place

Objective 3: Data and Referral Tracking System (Due March 2026)

Status: Completed

- Data tracking tools developed, including:
 - Attendance logs
 - Referral tracking system
 - Participant feedback tools
- System ready for implementation at program launch

Objective 4: Participant Engagement – Serve 30 Individuals (Due July 2026)

Status: On Track

- Outreach underway through EVICS programs and community partnerships
- Referral pathways established
- Enrollment expected to begin immediately upon program launch

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

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

EVICS Family Resource Center is based in Estes Park and serves as a critical access point for individuals and families in the Estes Valley and across Larimer County, particularly those in rural and geographically isolated areas. Estes Park's location presents unique barriers to accessing services in other parts of the county, and EVICS helps bridge that gap by providing local, culturally responsive support and connecting participants to resources throughout the region.

Through partnerships with other organizations, we ensure individuals are linked to appropriate services across Larimer County. Services are offered in both English and Spanish to ensure accessibility for diverse and underserved populations.

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

The primary change during this period has been a timeline adjustment, as the first six months were focused on building a strong, trauma-informed foundation for the program. This included recruitment, program development, and partnership coordination, resulting in a planned program launch in May 2026.

A positive development is that we successfully recruited **three peer support specialists instead of the originally planned two**, increasing program capacity and community reach. As a result, we anticipate a minor administrative adjustment to combine peer support payments into a single subcontractor line item. This change will not impact the total budget or scope of work.

No significant shortfalls are anticipated. While expenditures and service delivery were lower during the planning phase, both are expected to increase following program launch. All objectives remain on track to be met within the grant period.

No difficulties are anticipated in collecting performance measures, as data tracking systems are already in place. No agreement modifications or time extensions are requested at this time.

At this stage, no additional support is needed, and we appreciate the Council's continued investment in this work.

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

Attachment: Interim Budget to Actual Report (six month)**Grantee:** EVICS Family Resource Center**Approved Use:** Opioid Abatement**As of [Date]** 10/01/2025 - 03/31/2026**Direct Personnel**

Position	Name	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/decrease to line item)	Notes
Supervisor	Kirkpatrick, Angelina		10%	\$16,380	\$1,393	\$1,788	\$1,777	99.4%		
Supervisor	Bartlett, Cassie		10%	\$7,692	\$725	\$2,503	\$842	33.6%		
								0.0%		
SUBTOTAL						\$4,290	\$2,619	61.0%	\$0	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/decrease to line item)	Notes
Training materials	\$100	3	Supplies	\$100	\$300	300.0%	\$200	
Training tuition	\$600	2	Professional Development	\$1,200	\$0	0.0%	-\$200	
Travel expenses	\$131	2	Travel	\$262	\$187	71.3%		
Snacks - weekly meetings			Supplies	\$1,440	\$164	11.4%		
Bilingual Support facilitator	\$10,000	2	Consultants	\$20,000		0.0%		
Care Kits			Supplies	\$1,500		0.0%		
						0.0%		
SUBTOTAL				\$24,502	\$651	2.7%	\$0	
TOTAL DIRECT				\$28,792	\$3,270	11.4%	\$0	
TOTAL COSTS				\$28,792	\$3,270	11.4%	\$0	

The Family Center/La Familia

Progress Report May 2026

- **Objective 1:** (ACCESS) Develop and implement program targeted for people who use drugs and hold marginalized identities.

1.1 Train at least 10 peer support specialists with lived experience to offer social connections, resource navigation and general guidance to families affected by substance use in Larimer County.

- 16 participants trained 40 hours on Intentional Peer Support facilitated by The Yarrow Collective
- Estes Park, Wellington, Loveland and Fort Collins



- **Objective 2: (SOCIAL CONNECTIONS)**

Coordinate community gathering and discussion for people who use drugs and hold marginalized identities.

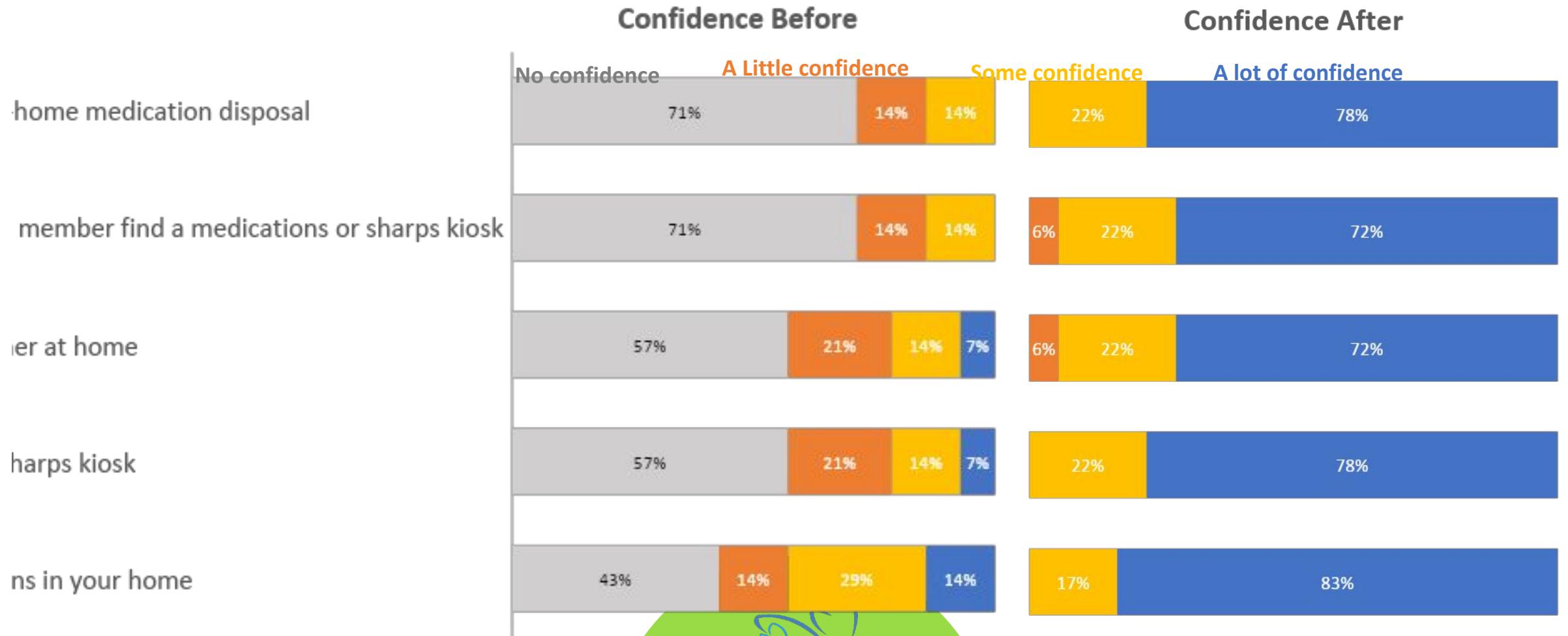
2.1 Peer Support social connections

2.2 Offer two guided tours in Spanish for Larimer County residents to the Longview Facility

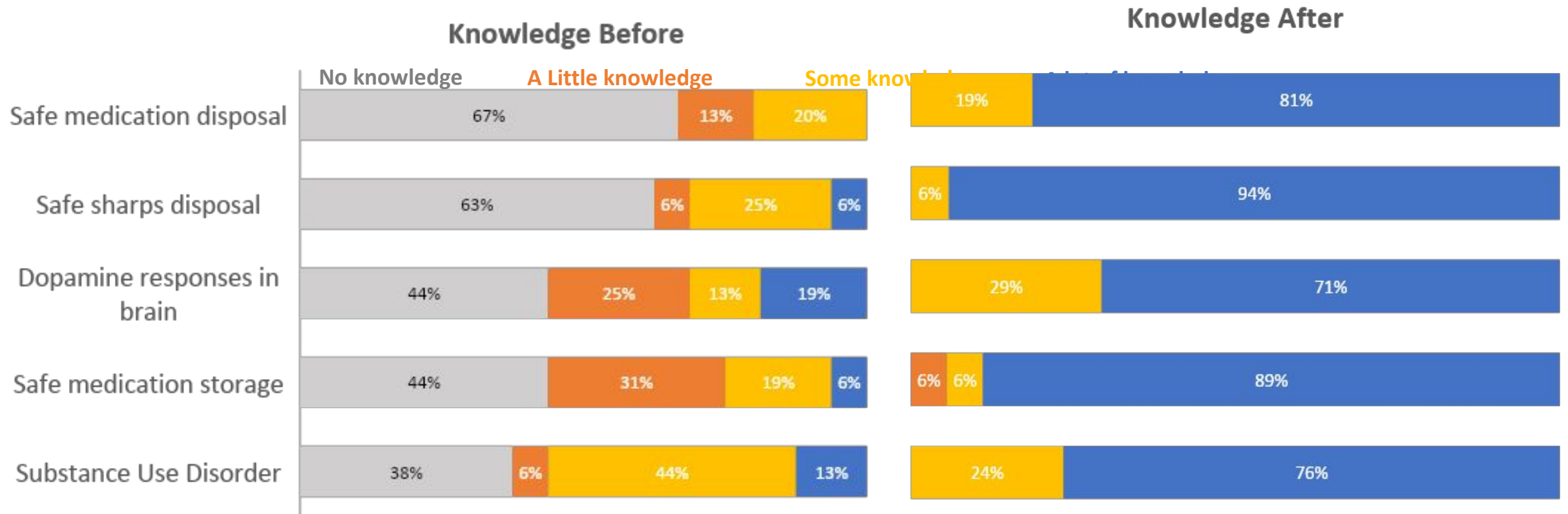
- Peer-led social connections 20 participants
- Completed the first guided tour of Longview for 25 participants
- Facilitated a focus group at Longview



Attendees* gained confidence to safely store and dispose of sharps and medicine



Attendees* learned about substance use disorder and how to safely store and dispose of sharps and medicine



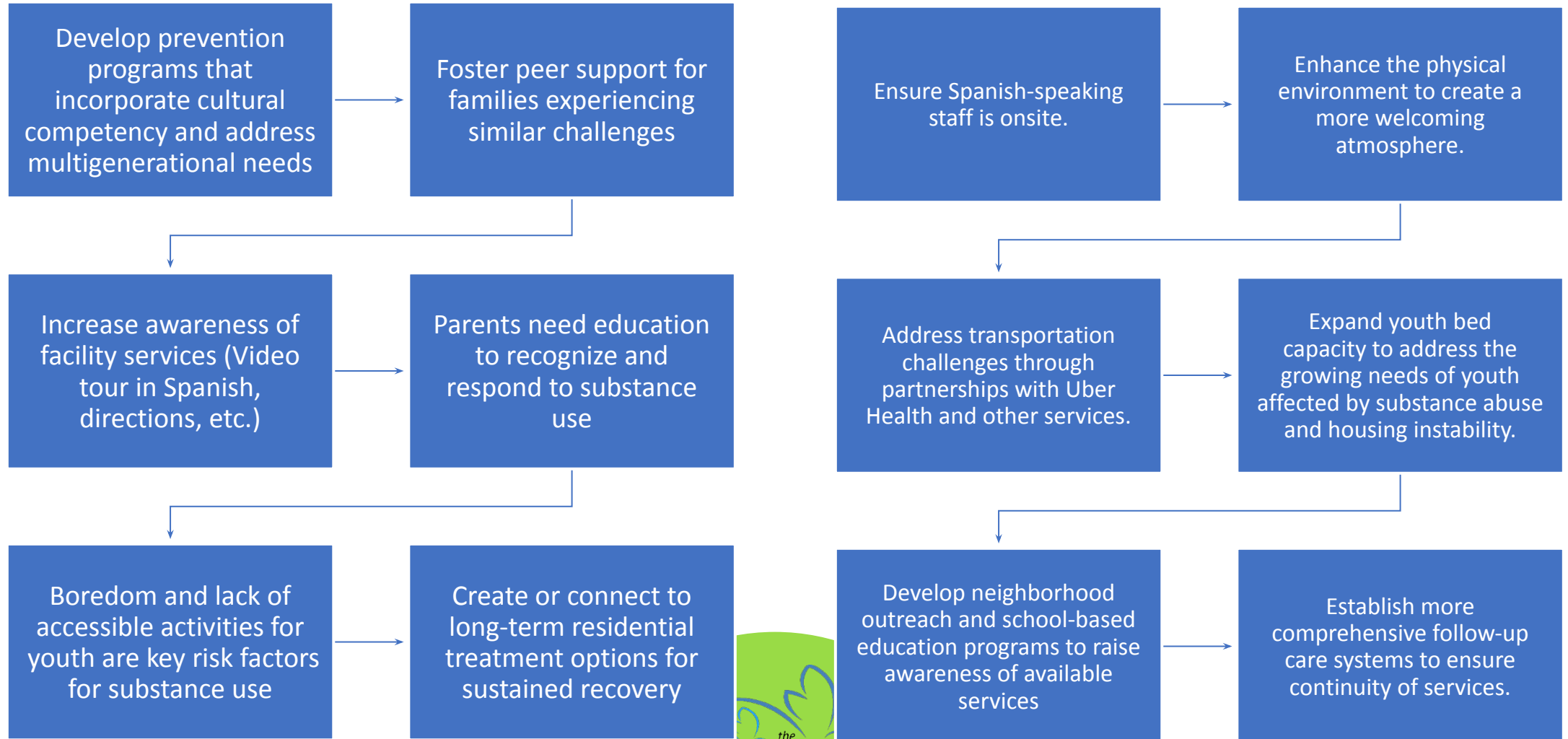
When asked what they valued most, attendees described the value of learning how and where to dispose of medications.

"It is important to properly dispose of prescription medicine to avoid them being used by someone else."

- Changing Minds Presentation Attendee



Longview Campus Tour - Overview of Recommendations



Objective 3: (KNOWLEDGE) Improve knowledge of resources.

- 3.1 Design and implement an environmental assessment
- 3.2 Identify the top 5 barriers to the provision of behavioral health services to the Latinx/Hispanic populations through an evaluation report
- 3.3 Increase knowledge regarding Rx safe storage and safe Rx disposal

1. Administrative and Paperwork Burden
2. Limited Spanish-Speaking Provider Capacity
3. Underrepresentation in Data and Need for More Outreach
4. Behavioral Health Care Facility Accessibility
5. Immigration Fear and Safety Concerns
6. Competing Basic Needs (Transportation, Work, Housing)
7. Cultural Implications for Care
8. Need for More Awareness of Services



Budget Summary

G0				
Direct Personnel				
Position	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)
FSS Program Manager	\$8,402.68	\$5,602.34	66.7%	
PAT Coordinator	\$4,530.40	\$727.13	16.1%	
Family Support Coordinator	\$4,530.40	\$1,289.72	28.5%	
MV Manager	\$8,329.23	\$3,089.64	37.1%	
MV Specialist	\$3,812.93	\$1,668.16	43.8%	
Promotora	\$3,775.92	\$1,527.39	40.5%	
Executive Director	\$8,701.18	\$3,037.03	34.9%	
Bilingual Programs Assistant	\$5,876.00	\$1,532.79	26.1%	
Child Care Support (4 at each session)	\$528.00	\$0.00	0.0%	
	\$48,486.74	\$18,474.20	38.1%	\$0
Other Direct Costs				
Item(s)	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)
Office and General Supplies	\$120.00	\$27.06	22.6%	
Marketing Materials	\$2,500.00	\$1,085.66	43.4%	
Mileage	\$140.00	\$0.00	0.0%	
Project Evaluation	\$15,000.00	\$7,500.00	50.0%	
	\$17,760.00	\$8,612.72	48.5%	\$0
	\$66,246.74	\$27,086.92	40.9%	\$0
	\$9,937.01	\$4,063.04	40.9%	
	\$76,183.75	\$31,149.96	40.9%	\$0

B6

Direct Personnel

Position	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)
FSS Program Manager	\$10,018.58	\$6,679.72	66.7%	
PAT Coordinator	\$9,002.71	\$1,444.95	16.1%	
Family Support Coordinator	\$9,002.71	\$2,562.90	28.5%	
MV Manager	\$9,931.01	\$3,683.80	37.1%	
MV Specialist	\$7,576.98	\$3,314.93	43.8%	
Promotora	\$7,503.43	\$3,035.20	40.5%	
Bilingual Programs Assistant	\$1,130.00	\$294.77	26.1%	
	\$54,165.42	\$21,016.27	38.8%	\$0

Other Direct Costs

Item(s)	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/ decrease to line item)
Inhouse Printing	\$360.00	\$90.87	25.2%	
Office and General Supplies	\$120.00	\$27.05	22.5%	
Food	\$2,000.00	\$326.74	16.3%	
Translation & Interpretation	\$6,800.00	\$5,287.50	77.8%	
Mileage	\$280.00	\$30.35	10.8%	
Peer Training	\$9,000.00	\$7,202.80	80.0%	
	\$18,560.00	\$12,874.44	69.4%	\$0
	\$72,725.42	\$33,890.71	46.6%	\$0
	\$10,908.81	\$5,083.61	46.6%	
	\$83,634.23	\$38,974.32	46.6%	\$0



- **Do you plan to reapply for 2026–2027 ROAC funding? Yes**
- **If yes, what funding amount will you request? \$140,266.71**
- **What approved use category will you apply under?**
- **G0 - PREVENT MISUSE OF OPIOIDS \$64,909.59**
- **B6 - SUPPORT PEOPLE IN TREATMENT AND RECOVERY \$75,357.12**



Six-Month Grantee Report to the Larimer Opioid Abatement Council
Grantee: The Family Center/La Familia
Submitter Name: Gloria Kat
Submission Date: 4/23/2026

Grant Agreement Period: 10/1/2025 – 09/30/2026

Total Agreement Amount: \$159,817.98

Report for the Period: 10/1/2025 – 03/31/2026

Approved Use Category: B6 - SUPPORT PEOPLE IN TREATMENT AND RECOVERY

1. **Budget to Actual Results:** Included with this document.

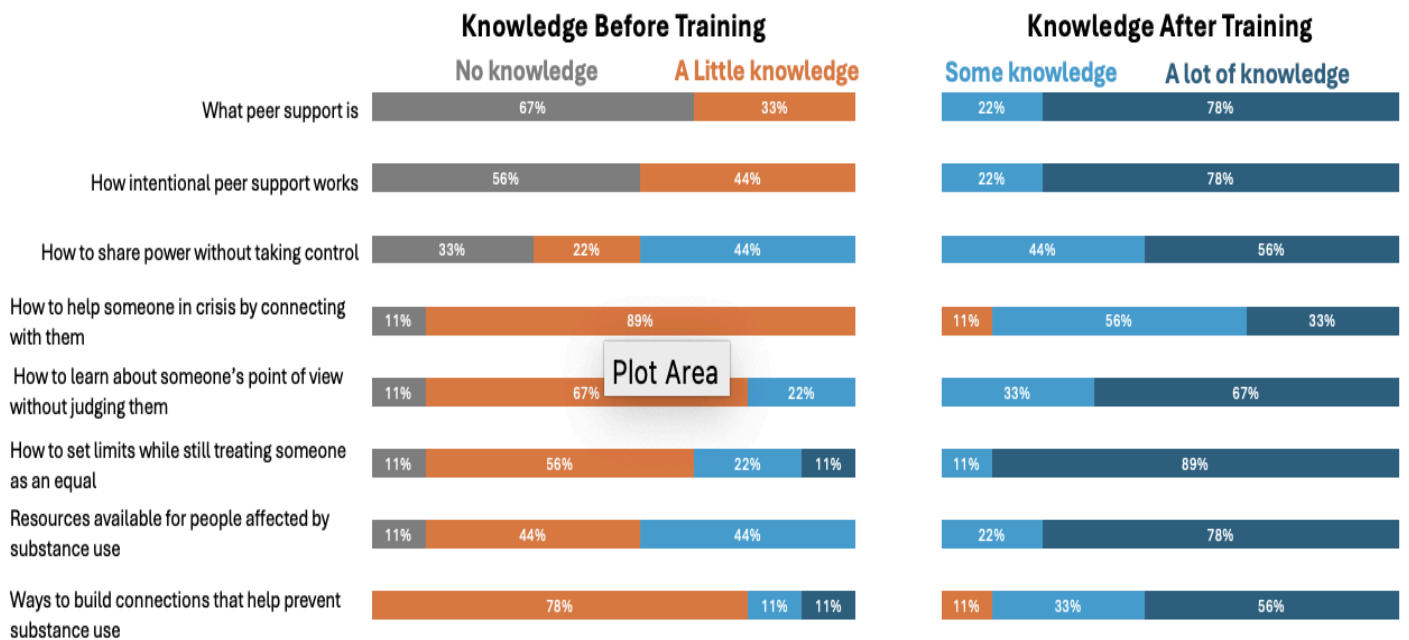
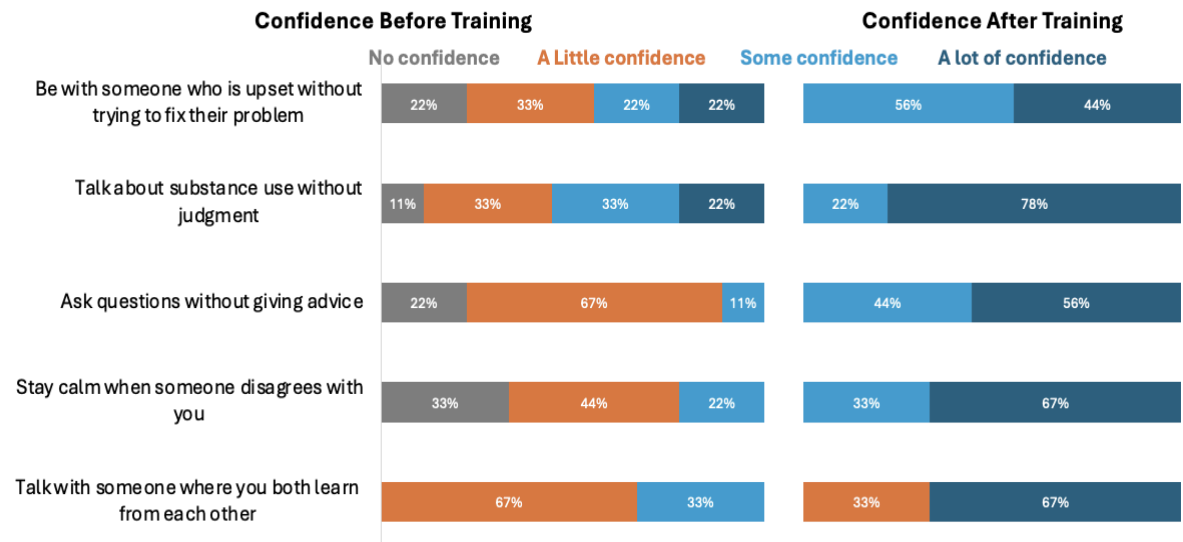
2. **6-Month Objective Results and Performance Metrics:**

Objectives

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

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





Objective 2: (SOCIAL CONNECTIONS) Coordinate community gathering and discussion for people who use drugs and hold marginalized identities.	2.1 TFC/LF and the cohort of trained peer support specialists will define the frequency and structure of community gatherings by October 2026. The goal of these gatherings is to offer families the means to access resources, benefit from peer-to-peer community support, and establish social connections.	Measure: Pre & Post Surveys to understand the benefit of social connections and direct progress reports from the cohort.	The first Social Connections registered 20 participants. Ongoing social connections opportunities
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Progress report:

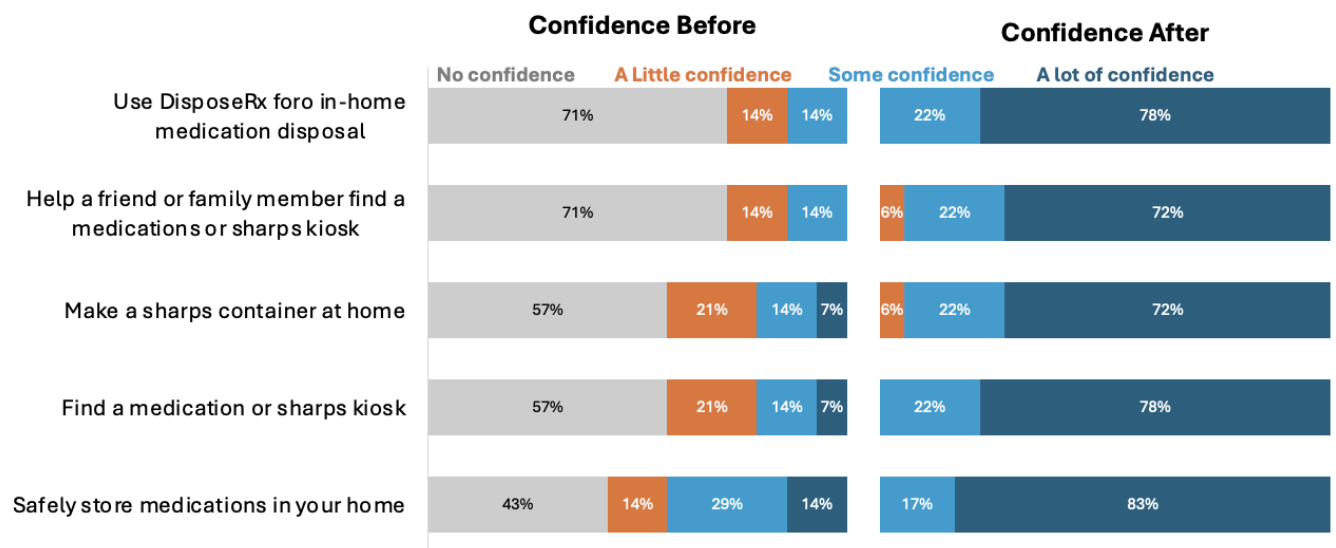
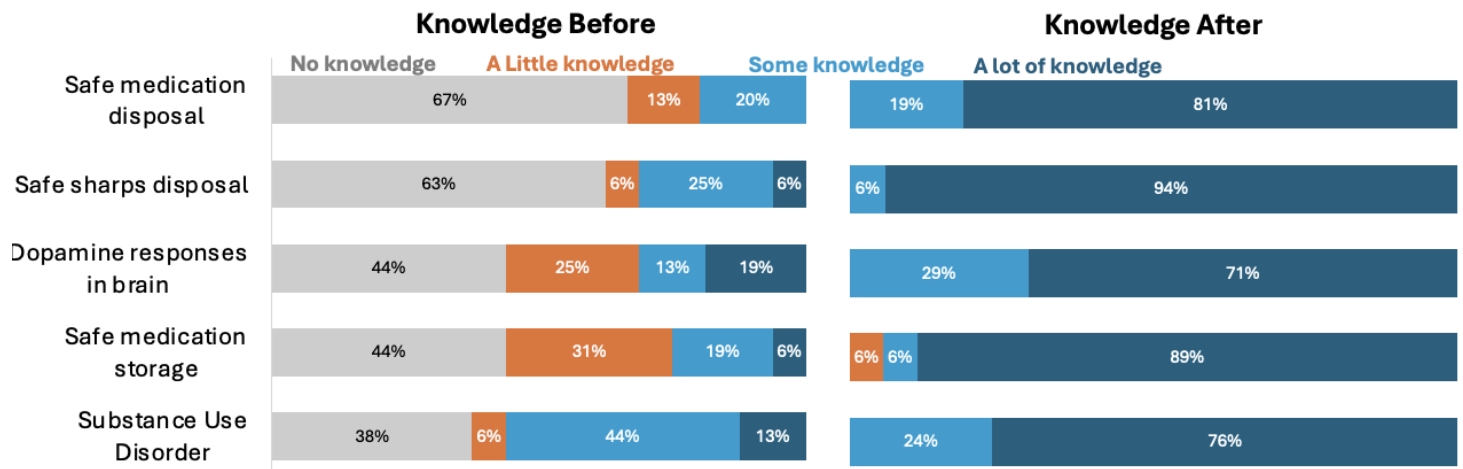
- At our first social connections session with peers, participants learned about how substances affect the brain's function and how they can break the stigma by accessing available resources. This session was done in partnership with the Health District of Larimer County and utilizing their Changing Minds Campaign.
- Participants watched a video in Spanish about the effects of substances in the brain and learned how to safely dispose of Rx and sharp objects.
- Participants completed a survey, which demonstrated that they gained knowledge and confidence to safely store and dispose of sharps and medicine (see charts below).

- When asked what they valued most, participants described the value of learning how and where to dispose of medications.

For example, one participant said,

“It is important to properly dispose of prescription medicine to avoid them being used by someone else.”

Another participant said, *“I learned that there is a place to dispose sharp objects and how to dispose of medicines.”*



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

- On Saturday, January 24th, a group of 25 participants from mobile home communities in Larimer County and center's staff visited the Longview Acute Care Facility. The facility director delivered a presentation outlining the project's history, emphasized its funding through taxpayer contributions, and provided an overview of the intake process.
- 11 participants participated in a focus group. Here is a summary of the overall recommendations:

Overview of Recommendations

- Hire and schedule Spanish-speaking staff for every shift to address critical language barriers.
- Enhance the physical environment with color, murals, books in Spanish, and trauma-informed design elements to create a more welcoming atmosphere.
- Address transportation challenges through partnerships with Uber Health and other services and share existing resources.
- Expand youth bed capacity to address the growing needs of youth affected by substance abuse and housing instability.
- Develop neighborhood outreach and school-based education programs to raise awareness of available services and transportation to them.
- Establish more comprehensive follow-up care systems to ensure continuity of services.
- Create or connect to long-term residential treatment options for sustained recovery.
- Develop family support and prevention programs that incorporate cultural competency and address multigenerational needs.
- Peer support from families who have experienced similar challenges could help families work through challenges and access care.
- Participants described limited community awareness of facility services and recommended outreach to boost awareness (Video tour in Spanish, how to get there, available services, etc.).
- Participants said parents need education to recognize and respond to substance use.
- Boredom and lack of accessible activities for youth were identified as key risk factors for substance abuse.



1. **Spanish-speaking clients (Preferred Language):** 87 out of 7,619 clients = **1.1%**
2. **Hispanic/Latino/a or Spanish Origin clients:** 1,327 out of 7,619 clients = **17.4%**
3. **Client-based repeat visits (All clients):** 3,001/7,619 clients = **39.4%**
(Percent of clients who had 2+ visits during the reporting period.)
4. **Client-based repeat visits (Hispanic/Latino/a):** 552 out of 1,327 clients = **41.6%**

Source: Longview

Approved Use Category: G0 - PREVENT MISUSE OF OPIOIDS

G0 Objective 3: (KNOWLEDGE) Improve knowledge of resources.	3.1 Design and implement an environmental assessment by November 2025 to gain understanding of the barriers to accessing behavioral health care systems experienced by the Latinx/Hispanic community in Larimer County. In addition, conduct 4 to 6 interviews with behavioral health providers who aim to serve the community and	Measure: Progress report. Survey in English and Spanish. # of surveys completed by community members. # of interviews.	Completed 4 interviews with behavioral health providers.
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	understand what their perspectives of barriers are to effective service and care.		
	3.2 By January 2026 Identify the top 5 barriers to the provision of behavioral health services to the Latinx/Hispanic populations through an evaluation report that reflects the stories and experiences shared by community members with the purpose of producing systemic changes, such as facilitating access, implementing language justice and exercising cultural humility	Measure: Of the total surveys applied at least 60% of participants will report increasing their awareness regarding the opioid crisis. 70% of participants will report increasing their knowledge regarding the harmful effects of substances (harm reduction strategies) 70% of participants will report practicing safer Rx storage and disposal 70% of participants will report increasing their knowledge regarding available resources 80% of participants will report on the benefits of social connections and peer-to-peer support	The final report will include a report on these metrics as data is aggregated throughout the grant cycle.

	3.3 By the end of the grant cycle disseminate information through community WhatsApp's, community gatherings, presentations, in Spanish to increase knowledge regarding Rx safe storage and safe Rx disposal to reach an audience of 400 households by 2026.	Measure: Progress report # of households reached	Ongoing Changing Minds Presentation and Safe RX Storage/Disposal across family engagement events 35 participants Projected 300+ in upcoming classes and peer-led social connection events this summer.
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Progress Report:

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

- **Administrative and Paperwork Burden:** Behavioral health organizations' complex intake processes and digital forms options create significant drop-off among Spanish-speaking community members who initially express interest in receiving behavioral health care. One provider said, *"Our intake packet is 30 pages. That is overwhelming. If it is sent on DocuSign, then that is especially hard to navigate when people are using their phones."*
- **Limited Spanish-Speaking Provider Capacity:** Having a small number of bilingual/bi-cultural providers create bottlenecks or gaps in shifts or days without a Spanish-speaking staff member available.
- **Underrepresentation in Data and Need for More Outreach:** Spanish-speaking families are potentially undercounted in service data, and facilities may not be accessible or known to them. One provider said, *"How we ask preferred language is not representative for folks that are bilingual, or prefer Spanish, but don't say it on the form."*
- **Behavioral Health Care Facility Accessibility.** Provider noted that some of their facilities are either not accessible or are not widely known. One provider said, *"Our facility is there to serve people, but it is also not a convenient location."* They recommended bringing services and outreach efforts to neighborhoods and where people gather. Additionally, they noted that transportation is a barrier and that health transport options like Uber Health charge large fees if the client is late or doesn't show.
- **Immigration Fear and Safety Concerns:** Providers described how some clients have been reluctant to seek or continue services due to fear around immigration enforcement. One provider said, *"People have been afraid to leave their house and call for services this year. That's been a big barrier to getting care. It feels like people's lives had been on hold."*
- **Competing Basic Needs (Transportation, Work, Housing):** Providers described how clients' priorities to meet basic needs often take precedence over behavioral health engagement, which they found reasonable. One interviewee said, *"Many clients have Medicaid, especially for families with kids who are born here, but they still depend on*

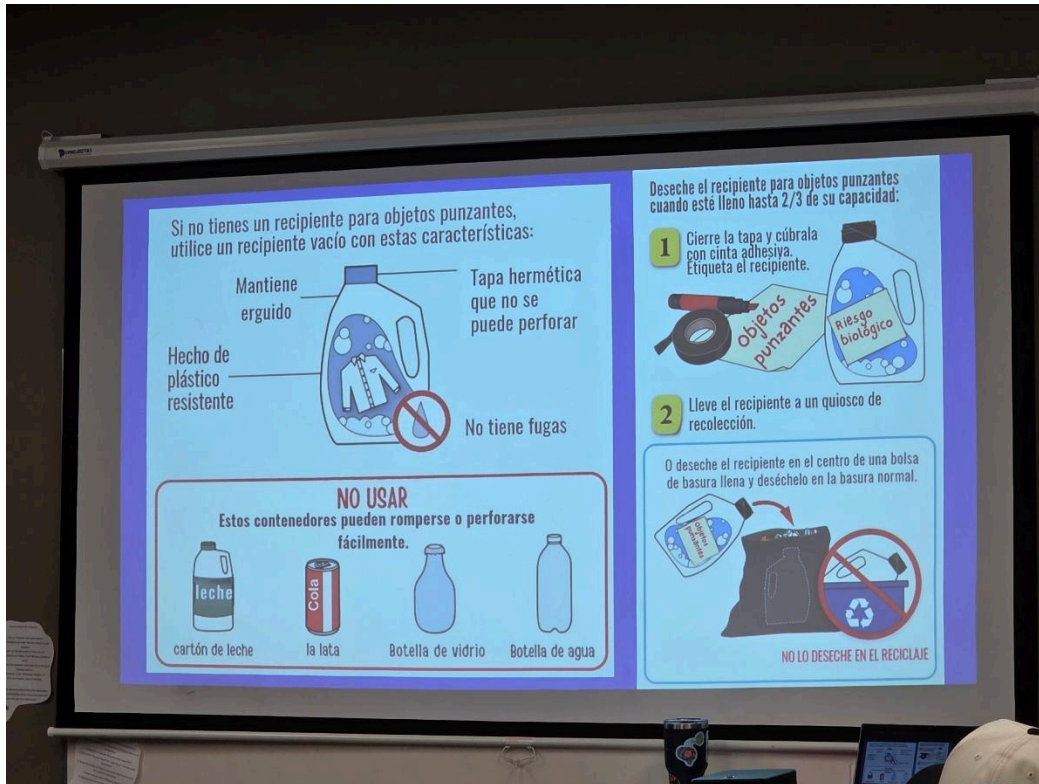
transportation and have other major priorities like working multiple jobs to pay their bills, which makes it hard to schedule appointments for mental health care.”

- **Cultural Implications for Care:** One provider described how cultural beliefs shape whether and how families engage with care. The provider noted that some families are skeptical of psychiatric medication and diagnoses and often prefer to take medication from providers in their home countries or from friends who have had similar issues and have leftover medication.
- **Need for More Awareness of Services:** Even providers who had actively partnered with TFC/LF said they didn’t know all the services and resources offered. They expressed a need for more cross-agency understanding and tours to strengthen collaborations between groups that serve the same communities.

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

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





3. Narrative questions:

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

Intentional Peer Support Trained 16 participants from Loveland, Wellington, Fort Collins and Estes Park. Social connections have included residents from different communities in Larimer County.

- Please briefly explain any significant changes (either positive or negative) impacting this grant, such as:
 - Any significant shortfalls anticipated?
None currently
 - Anticipated areas where objectives may not be met by the end of the grant?
None identified
 - Anticipated difficulty in collecting performance measures, metrics, and information for the final report?
No
 - Any agreement modifications needed (time extension, etc.)?
None identified
 - Is there anything you need from us right now to help you succeed?

We are currently collecting relevant data from a vulnerable population and will submit a comprehensive report by the end of the grant cycle to the council. However, it is crucial that we communicate our findings and ensure that decision makers are informed about the need for culturally appropriate services. We would be successful if the council encourages other grantees to adopt or implement best cultural practices per our community members' recommendations, and utilizing the data we have gathered. We are also highly interested in reestablishing the care coordination agreement with SummitStone.

Attachment: Interim Budget to Actual Report (six month)**Grantee:** The Family Center/La Familia**Approved Use:** G0 – Supports efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies.**As of [Date]** 10/01/2025-03/31/2026**Direct Personnel**

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/decrease to line item)	Notes
FSS Program Manager	NK	\$59,488	13%	\$7,733	\$669	\$8,402.68	\$5,602.34	66.7%		
PAT Coordinator	LM	\$53,456	8%	\$4,276	\$254	\$4,530.40	\$727.13	16.1%		
Family Support Coordinator	HY	\$53,456	8%	\$4,276	\$254	\$4,530.40	\$1,289.72	28.5%		
MV Manager	AQ	\$58,968	13%	\$7,666	\$663	\$8,329.23	\$3,089.64	37.1%		
MV Specialist	SS	\$39,367	9%	\$3,543	\$270	\$3,812.93	\$1,668.16	43.8%		
Promotora	RA	\$44,554	8%	\$3,564	\$212	\$3,775.92	\$1,527.39	40.5%		
Executive Director	GK	\$108,826	7%	\$7,618	\$1,083	\$8,701.18	\$3,037.03	34.9%		
Bilingual Programs Assistant	MD	\$33,280	16%	\$5,325	\$551	\$5,876.00	\$1,532.79	26.1%		
Child Care Support (4 at each session)		\$480	100%	\$480	\$48	\$528.00	\$0.00	0.0%		
SUBTOTAL						\$48,486.74	\$18,474.20	38.1%	\$0	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/decrease to line item)	Notes
Office and General Supplies	\$10.00	12	Supplies	\$120.00	\$27.06	22.6%		
Marketing Materials	\$2,500.00	1	Supplies	\$2,500.00	\$1,085.66	43.4%		
Mileage	\$0.70	200	Travel	\$140.00	\$0.00	0.0%		
Project Evaluation	\$15,000.00	1	Consultants	\$15,000.00	\$7,500.00	50.0%		
SUBTOTAL				\$17,760.00	\$8,612.72	48.5%	\$0	
TOTAL DIRECT				\$66,246.74	\$27,086.92	40.9%	\$0	
INDIRECT 15%				\$9,937.01	\$4,063.04	40.9%		
TOTAL COSTS				\$76,183.75	\$31,149.96	40.9%	\$0	

Attachment: Interim Budget to Actual Report (six month)**Grantee:** The Family Center/La Familia**Approved Use:** B6 – Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions**As of [Date]** 10/01/2025-03/31/2026**Direct Personnel**

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/decrease to line item)	Notes
FSS Program Manager	NK	\$59,488	15%	\$8,923	\$1,095	\$10,018.58	\$6,679.72	66.7%		
PAT Coordinator	LM	\$53,456	15%	\$8,018	\$984	\$9,002.71	\$1,444.95	16.1%		
Family Support Coordinator	HY	\$53,456	15%	\$8,018	\$984	\$9,002.71	\$2,562.90	28.5%		
MV Manager	AQ	\$58,968	15%	\$8,845	\$1,086	\$9,931.01	\$3,683.80	37.1%		
MV Specialist	SS	\$39,367	17%	\$6,692	\$885	\$7,576.98	\$3,314.93	43.8%		
Promotora	RA	\$44,554	15%	\$6,683	\$820	\$7,503.43	\$3,035.20	40.5%		
Bilingual Programs Assistant	MD	\$33,280	3%	\$998	\$132	\$1,130.00	\$294.77	26.1%		
SUBTOTAL						\$54,165.42	\$21,016.27	38.8%	\$0	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Adjustment Requested (increase/decrease to line item)	Notes
Inhouse Printing	\$30.00	12	Supplies	\$360.00	\$90.87	25.2%		
Office and General Supplies	\$10.00	12	Supplies	\$120.00	\$27.05	22.5%		
Food	\$200.00	10	Supplies	\$2,000.00	\$326.74	16.3%		
Translation & Interpretation	\$85.00	80	Other	\$6,800.00	\$5,287.50	77.8%		
Mileage	\$0.70	400	Travel	\$280.00	\$30.35	10.8%		
Peer Training	\$900.00	10	Professional Development	\$9,000.00	\$7,202.80	80.0%		
SUBTOTAL				\$18,560.00	\$12,874.44	69.4%	\$0	
TOTAL DIRECT				\$72,725.42	\$33,890.71	46.6%	\$0	
INDIRECT 15%				\$10,908.81	\$5,083.61	46.6%		
TOTAL COSTS				\$83,634.23	\$38,974.32	46.6%	\$0	