REGION 2 OPIOID ABATEMENT COUNCIL
Serving Larimer County

LARIMER REGIONAL OPIOID ABATEMENT COUNCIL

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

Date: **August 27, 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 July 23, 2026 Meeting Minutes**
    - *Action Required*
4. **Direction Regarding Available 2026 Funds**
    - *Action Required*
5. **Grant Administration**
    a. Year 4 (2026-2027) Funding Proposal Approvals
        i. EVICs
            - *Action Required*
        ii. The Family Center/La Familia
            - *Action Required*
    b. New Applicant Funding Proposals
        i. Emmy's House Foundation (Cont.)
            - *Action Required*
    c. Year 3 (2025-2026) Reports
        i. CSU Prevention Research Center Final Report
            - *Action Required*
6. **2027 Year 5 Funding Priorities Discussion**
7. **Lived Experience Technical Advisory Member Update**
8. **Adjourn Meeting**

2026 Monthly Commitments

January 2026	Elections for 2026 Officers Approve Final 2025 Financial Report Approve July-December Administration Costs Approve 2025 Stipend Amounts Approve Abundance Foundation 6-Month Report Approve CSU Prevention Research Center 2024-2025 Final Report
February 2026	Approve CSU Prevention Research Center 6-Month Report Review Year 4 (2026-2027) Funding Proposals
March 2026	Review Year 4 (2026-2027) Funding Proposals Review New Applicant Funding Proposals
April 2026	Quarterly Financial Report Review Year 4 (2026-2027) Funding Proposals Harvest Farm 2025-2026 Extension Update
May 2026	Review Year 4 (2026-2027) Funding Proposals Approve EVICs 6-Month Report Approve La Familia 6-Month Report Approve Northern Colorado Health Network Final Report Approve North Colorado Health Alliance Final Report Approve Butler Institute Final Report
June 2026	Approve Yarrow Collective Final Report Approve The Red Point Center Final Report Approve Lighthouse Final Report Approve Partners Final Report Approve Fort Collins Rescue Mission Final Report Approve Rise Above Final Report
July 2026	Quarterly Financial Report Approve Administrative Reimbursement for Jan-Jun 2026 Review New Applicant Funding Proposals Approve Abundance Foundation Final Report
August 2026	Approve CSU Prevention Research Center Final Report Review Year 4 (2026-2027) Funding Proposals Review Funding Priorities & Available Funds
September 2026	CO Health Network 2025-2026 Extension Deadline (9/30)
October 2026	Quarterly Financial Report
November 2026	No Meeting
December 2026	***Meeting moved to 12/3 Approve Northern Colorado Health Network 6-Month Report Approve North Colorado Health Alliance 6-Month Report Approve Butler Institute 6-Month Report Approve Yarrow Collective 6-Month Report Approve The Red Point Center 6-Month Report Approve Lighthouse 6-Month Report Approve Partners 6-Month Report CSU PRC 2024-2025 Extension Deadline (12/31)

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MINUTES

Date: July 23, 2026
Time: 2:00 PM to 3:30 PM
Location: Hybrid – Goldfinch/Sparrow Conf. Rm., 2260 W Trilby Road, Fort Collins & Zoom
Contacts: *Heather Gilmore* - Council Staff Support, Larimer County Department of Health and Environment

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

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

Call to Order - The Council Chair called the meeting to order at 2:01 PM.

Public Comment - No public comment was made.

Announcements

- The Chair introduced Jacob Castillo, a new voting member representing the City of Fort Collins. Mr. Castillo introduced himself and shared his professional background.

Approval of the June Minutes

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

Election for Secretary

- Commissioner Jody Shadduck McNally nominated Mayor Gary Hall for the Council's Secretary position.

Action – Commissioner Shadduck McNally moved to approve the election of Mayor Gary Hall as the Secretary. Jacob Castillo seconded the motion. ***Motion was unanimously approved.***

Financials

Quarterly Financial Report

- Janelle Koldos, ROAC Financial Fiscal Agent, presented the financial report for the 2025–2026 funding cycle through July 15. She reviewed total inflows of $6.84 million and total expenditures of $4.17 million. Ms. Koldos also provided an update on the unallocated funds, including the returned Harvest Farm funding, and noted that those funds are anticipated to be available for allocation next month. She discussed the rollover of unspent funds and their availability for future awards and distributions. Additionally, the report included financial totals from the 2023–2025 funding cycles for historical reference. The Council expressed its preference to continue including this historical data in future financial reports.

Approval of Administrative Costs for January – June 2026

Action – Commissioner Shadduck-McNally moved to accept the January – June 2026 Administrative Costs as presented. Mayor Gary Hall seconded the motion. **Motion was unanimously approved.**

Approval of Advisory Lived Experience Members

- Commissioner Jody Shadduck McNally provided an update on the selection process for Advisory Lived Experience Members and shared background information on the applicant, Ty Chris Gentz. She emphasized the importance of including the perspective of individuals transitioning from the criminal justice system into recovery and discussed

the remaining Advisory Lived Experience Member vacancies, as well as the potential for future nominations. Commissioner Shadduck McNally then nominated Ty Chris Gentz for a two-year appointment as an Advisory Lived Experience Member.

Action – Commissioner Shadduck-McNally moved to accept appointment of Ty Chris Gentz as an Advisory Lived Experience Member for a term starting August 2026 – January 2028 with an opportunity to reapply for an additional term if he wishes. Mayor Gary Hall seconded the motion. ***Motion was unanimously approved.***

Announcement

- Commissioner Shadduck-McNally took a moment to congratulate Tom Gonzales and Jared Olson on receiving two prestigious awards from National Association of County and City Health Officials (NACCHO) in recognition of their outstanding contributions to public health.

Available Funds Update

- Dr. Jared Olson, Senior Population Epidemiologist, provided an update on the ROAC funding spreadsheet and reviewed the funds currently available for allocation. He discussed the timing of future funding decisions, emphasizing the importance of considering community needs and strategic funding priorities. Dr. Olson also reported on the return of the Fort Collins Rescue Mission funds, increasing the total available funding to $530,883. The update included $2,922,063 in Year 4 (2026–2027) grant proposals, leaving a balance of $137,549 in actual and anticipated requests, in addition to $393,335 in returned Harvest Farm capital funds available for future allocation.
- The Council agreed to continue the funding allocation discussion at the August meeting. It was recommended that the August 2025 funding priority discussions be shared to help inform and guide the conversation. Dr. Lesley Brooks and other subject matter experts may be invited to participate to provide best practices and recommendations. The Chair also suggested exploring additional investment in harm reduction in response to reductions in federal funding for those efforts. The Council further discussed forming an ad hoc group of subject matter experts to gather input and provide recommendations to help inform future funding decisions.

Grant Administration

Emmy's House Foundation Year 4 (2026-2027) Funding Proposal

- Emmy's House Foundation (EHF) presented its Year 4 funding proposal, highlighting its peer-based recovery housing model for men with opioid use disorder, which has served more than 200 men since 2020 with a 95% in-house sobriety retention rate. EHF emphasized the urgent need for long-term recovery housing following the June 30, 2026, closure of Harvest Farm, which eliminated 72 beds in Northern Colorado, creating a service gap until the Fort Collins Rescue Mission's Homeless Resolution Center opens in early 2027. The organization described its recovery model as employment-based, MAT-inclusive, open to individuals regardless of faith, and without minimum or maximum lengths of stay. EHF requested funding to compensate direct service staff, expand operations by opening a second residential location to increase capacity to 20 beds, and strengthen organizational infrastructure. The proposal also includes scholarship programs to reduce financial barriers for residents entering or remaining in recovery housing during times of hardship.
- Emmy's House Foundation is requesting a total of $226,723.00 from approved uses category B.4 – Support People In Treatment and Recovery (recovery housing for individuals with OUD and co-occurring SUD/MH conditions).
- The Council discussed Emmy's House Foundation's funding request and expressed concerns about providing 100% funding for the proposal, particularly in light of past experiences with capital projects and the need to ensure compliance with the statewide Memorandum of Understanding (MOU). Members noted that any awarded funds must directly support individuals with opioid use disorder (OUD) or co-occurring disorders and questioned funding for items such as advertising and other expenses not previously supported. The Council indicated greater comfort with funding direct service staffing and residential scholarship programs that clearly align with the MOU. It was suggested that the discussion and any funding decision should be tabled until the August meeting to allow the applicant time to explore additional funding sources and submit a revised proposal that better aligns with the Council's funding requirements, including the goal of supporting the proposed 10-bed expansion.

  Action – Commissioner Shadduck-McNally made a motion to table the Emmy's House Foundation discussion and any action until the August meeting giving the grantee time to

update their proposal. Mayor Pro Tem Brian Mason seconded the motion. ***Motion was unanimously approved.***

Abundance Foundation Year 3 Final Report (2025-2026)

- Abundance Foundation's Year 3 final report showed it served 401 individuals—60% above target—and exceeded all major goals. Outcomes included 100% housing stability, 94.55% sobriety success, and 91.78% full-time employment, along with gains in health, quality of life, optimism, and resilience. The Foundation attributed its success to peer-led recovery, justice-system reentry support, and services addressing barriers for women. Next, it plans to expand culturally responsive services, strengthen alumni engagement, and diversify funding for sustainability.
- Following the presentation, Commissioner Shadduck-McNally mentioned she would like to see additional clarification on several outcome measures, including how full-time employment is defined and measured, the timeframe represented by the reported sobriety rate, the decline in long-term survey participation, data on residential bed capacity, outcomes specific to the women's program.

Action – Mayor Gary Hall made a motion to approve the Abundance Foundation's year 3 final report as presented. Jacob Castillo seconded the motion. ***Motion was unanimously approved.***

Adjourn Meeting

- Commissioner Shadduck-McNally moved to adjourn the meeting. The meeting adjourned at 3:34 PM.

Grantees - ranked by 2025 allocation size	Recovery	Opioid Abatment Planning & Coordination	Prevention	Harm Reduction	Treatment	Adminstrative Costs	TOTAL	
Overall Budget	***$1,812,649***	***$169,222***	***$405,729***	***$197,415***	***$374,596***	***$100,000***	***$3,059,611***	
Fort Collins Rescue Mission	Original Amount:$232,768						$0	Approved Grants
Abundance Foundation	$211,550						$211,550	Current Applicants
Yarrow Collective	$212,943			$39,660	$41,422		$294,025	Anticipated Applicants
La Familia			$139,419				$139,419	Canceled Grant
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	
Emmy's House Foundation	$140,370						$140,370	
Administration							$100,000	
Total	$1,281,199	$238,979	$544,503	$298,360	$361,819	$100,000	$2,824,861	
						Balance of actual & predicted requests	$234,750	Includes rescinded FCRM Year 4 grant
						Harvest Farm Returned Capital Funds	$393,335	
						Updated Funds available	**$628,085**	
	45.4%	8.5%	19.3%	10.6%	12.8%	3.5%	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	-6.04%
~~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%

2026–2027 ROAC RENEWAL

Peer Recovery Support Closer to Home

Bilingual, community-based peer support for Larimer County residents

REQUEST

$27,071.45

Approved Use

B.6 – Peer Recovery Centers and Events

2026–2027 focus

Sustain • Engage • Connect

EVICS
FAMILY RESOURCE CENTER
Centro de Recursos Familiares

CURRENT FOUNDATION

From launch to sustained delivery

The 2025–2026 cycle established the infrastructure for community-based peer support.

Peer Support
Program launched

English + Spanish
Low-barrier access

Estes Valley
Rural access point

Larimer County
Regional connections

Trained Peer Support Specialists provide trusted, culturally responsive support.

Individual support, recurring peer recovery groups, navigation, outreach, and recovery-focused education are integrated into one model.

The renewal shifts the emphasis from building infrastructure to consistent delivery, engagement, and measurable outcomes.

EVICS
FAMILY RESOURCE CENTER
Centro de Recursos Familiares

2026–2027 DELIVERABLES

What ROAC funding will support

EVICS FAMILY RESOURCE CENTER
Centro de Recursos Familiares

1
ENGAGE
Free bilingual peer support

2
SUPPORT
Individual + recurring peer groups

3
NAVIGATE
Identify needs and reduce barriers

4
CONNECT
Treatment, recovery + community services

TARGET: At least 40 unduplicated Larimer County residents engaged in peer support services

PERFORMANCE + EQUITY

How we will know the program is working

EVICS
FAMILY RESOURCE CENTER
Centro de Recursos Familiares

Performance measures

Unduplicated participants served

Individual and group peer-support encounters

Referrals and connections to treatment/recovery resources

Participant engagement and retention

Participant feedback on access, cultural responsiveness, and usefulness

Barriers we are reducing

Geographic isolation and transportation

Limited local behavioral health and recovery resources

Language and cultural barriers

Stigma and fragmented systems of care

Cost: services are provided at no charge

INVESTMENT

How the $27,071.45 request will be used

The majority of direct funding supports peer recovery service delivery.

EVICS FAMILY RESOURCE CENTER
Centro de Recursos Familiares

Peer Support Specialists Consultants	**$14,957.89**
Program Manager + fringe 10% FTE + 7.65% fringe	**$5,382.50**
Bilingual outreach materials Program / participant materials	**$2,000.00**
Group refreshments Peer recovery groups	**$1,200.00**
Indirect 15% of direct costs	**$3,531.06**

TOTAL REQUEST

$27,071.45

B.6
Peer Recovery Centers and Events

Goal: sustain a trusted, bilingual recovery-support pathway for rural Larimer County residents.

EVICS
FAMILY RESOURCE CENTER
Centro de Recursos Familiares

Larimer Region 2 Opioid Abatement Application

for funding from 2026 allocation year

Applicant-Grantee: EVICS Family Resource Center
1182 Graves Ave. Unit A. Estes Park, CO. 80517

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	B.6 – Peer Recovery Centers and Events	$27,071.45
2		
3		
	TOTAL	**$27,071.45**

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

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

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

EVICS Family Resource Center will sustain and strengthen its bilingual, community-based Peer Support Program in Estes Park, providing culturally responsive, trauma-informed recovery support for individuals and families impacted by substance use disorder, opioid use disorder, and co-occurring mental health needs.

EVICS will engage trained Peer Support Specialists to provide individual peer support, recurring peer recovery support groups, recovery-focused activities and education, participant navigation, outreach, and connections to treatment and community-based services.

The program will address barriers experienced by residents of the Estes Valley, including geographic isolation, limited local behavioral health and recovery resources, language and cultural barriers, stigma, and fragmented systems of care. Services will be provided at no cost in English and Spanish. EVICS will collaborate with community and regional partners to connect participants to appropriate treatment, recovery, behavioral health, and supportive services throughout Larimer County.

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

Objective 1 – Provide Peer Support Services
Throughout the 2026–2027 grant period, EVICS will provide free, bilingual, and culturally responsive peer support services through trained Peer Support Specialists to individuals impacted by substance use, opioid use, recovery, and related behavioral health needs.

Objective 2 – Increase Access and Engagement
By the end of the grant period, EVICS will engage at least 40 unduplicated individuals in peer support services, including individual peer support, group-based support, recovery-focused activities, navigation, and connections to community resources.

Objective 3 – Strengthen Connections to Recovery Resources
Throughout the grant period, Peer Support Specialists will provide participants with individualized navigation and referrals to appropriate treatment, recovery, behavioral health, and supportive services within Larimer County, reducing geographic, language, cultural, and stigma-related barriers to accessing care.

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

    a. Number of unduplicated individuals receiving peer support services, with a target of at least 40 participants.
    b. Number of individual and group peer support encounters provided.
    c. Number and type of referrals/connections made to treatment, recovery, behavioral health, and other supportive services.
    d. Participant engagement and retention in peer support services.
    e. Participant feedback regarding accessibility, cultural responsiveness, connection, and usefulness of services.
    f. Demographic and service-access data, as appropriate and available, to assess reach among populations experiencing geographic, linguistic, and other barriers.

4. **Opioid Use:**
    a. How many clients does your proposed program serve?

EVICS anticipates serving a minimum of 40 unduplicated individuals during the 2026–2027 grant period through individual and group peer support, recovery-focused activities, navigation, and connections to community resources.

b. 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.

Because EVICS's Peer Support Program was newly developed during the 2025–2026 grant cycle, historical data is still limited. Based on current participation, EVICS estimates that approximately 10% of participants have a history of opioid use. We do not yet have sufficient program-specific data to provide a reliable percentage for participants with a broader history of substance use disorder. During the 2026–2027 grant period, EVICS will strengthen its data collection processes to establish a more accurate baseline for both SUD and opioid use while maintaining a confidential, low-barrier, and stigma-free approach to peer support.

5. **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.

100% of participants supported with ROAC grant funds will be Larimer County residents.

EVICS is located in Estes Park and primarily serves the Estes Valley, a rural and geographically isolated area of Larimer County. While services are based in Estes Park, the program is open to eligible Larimer County residents, and Peer Support Specialists will connect participants with treatment, recovery, behavioral health, and other resources available throughout the county.

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

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

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

EVICS serves individuals and families in the Estes Valley and Larimer County, with particular attention to rural residents, Spanish-speaking and immigrant families, and individuals who experience language, cultural, geographic, or stigma-related barriers to accessing behavioral health and recovery services.

The program provides free, bilingual peer support through trusted community members who understand the culture, language, and lived realities of the people they serve. This community-based

approach creates a lower-barrier entry point for individuals who may be hesitant or unable to access traditional behavioral health or recovery systems.

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

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

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

EVICS reduces barriers by bringing bilingual, culturally responsive peer support directly into the Estes Valley, where geographic distance, limited local services, language barriers, stigma, and transportation can make accessing treatment and recovery resources difficult.

Peer Support Specialists provide a trusted, low-barrier point of connection in English and Spanish. They help participants identify needs, navigate available resources, and connect to appropriate treatment, recovery, behavioral health, and community-based services throughout Larimer County. Services are free, reducing financial barriers and allowing individuals to seek support before challenges escalate.

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

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

Yes. Lived experience is central to the design and delivery of EVICS's Peer Support Program. Peer Support Specialists bring personal and community experience that helps inform how services are delivered, what barriers participants are experiencing, and where additional resources or partnerships may be needed.

Participant feedback and the experiences shared through peer support also inform ongoing program adjustments. This allows the program to remain responsive to community-defined needs rather than relying solely on organizational assumptions about what individuals and families need.

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

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

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

Name: Rut Miller
Email: director@evics.org
Phone: 970-586-3055

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

Name: Cassie Bartlett
Email: cassie@evics.org
Phone: 970-586-3055

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

Name: Rut Miller
Email: director@evics.org
Phone: 970-586-3055

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

Name: Rut Miller
Email: director@evics.org
Phone: 970-586-3055

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 Olson, olsonjt@co.larimer.co.us

Region 2 Opioid Agreement Budget Worksheet

Grantee Name:	EVICS Fammily esource Center
Approved Use:	B.6 – Peer Recovery Centers and Events

Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explantion, Justification
Program Manager	CB	$50,000	0.10	$5,000	$383	$5,382.50	10% FTE for direct oversight and coordination of the Peer Support Program, including supervision of Peer Support Specialists, participant/referral coordination, data tracking, and grant reporting. Fringe is 7.65%.
				$0		$0.00	
				$0		$0.00	
				$0		$0.00	
				$0		$0.00	
				$0		$0.00	
				SUBTOTAL		**$5,382.50**	

**All fields in grey should auto-calculate*

Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explantion, Justification
			Equipment	$0.00	
Snacks and Refreshments for Weekly Peer Support	$50	24	Supplies	$1,200.00	Light snacks and refreshments for participants attending weekly peer support group meetings to support participation, engagement, and a welcoming, low-barrier environment.
Outreach/Bilingual Program Materials	$50	40	Other	$2,000.00	Supports bilingual outreach and program materials, including printed educational and recovery resources, participant materials, and English/Spanish outreach materials used to increase awareness of and access to peer support services.
			Professional Development	$0.00	
			Travel	$0.00	
Consultants	$4,986	3	Consultants	$14,957.89	Contracted Peer Support Specialists providing individual and group peer support, recovery-focused education, participant navigation and outreach, and connections to treatment, recovery, behavioral health, and community-based services.
				$0.00	
				$0.00	
				$0.00	
			SUBTOTAL	**$18,157.89**	

TOTAL DIRECT	$23,540.39	
TOTAL INDIRECT 1	$3,531	Requesting 15% for allowable indirect costs, including office rent, utilities, accounting/bookkeeping, and administrative support.
TOTAL COSTS	$27,071.45	

1 Region 2 ROAC indirect maximum allowed is 15%

The Family Center/La Familia

CULTURALLY RESPONSIVE – COMMUNITY CENTERED

G-10 PREVENT MISUSE OF OPIOIDS

Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

OBJECTIVES

Objective 1: Culturally Responsive Peer Navigation	Increase access to culturally responsive resource navigation, education, and harm reduction information for Latinx/Hispanic families and youth in Larimer County.
Objective 2: Strengthen the Behavioral Health Provider Network	Improve coordination among behavioral health providers, and community organizations, to strengthen referral pathways for Latinx/Hispanic families and youth.
Objective 3: Increase Awareness and Accessibility of Behavioral Health Services	Increase community awareness, trust, and early connection to behavioral health and harm reduction resources before families are in crisis.
Objective 4: Data Collection and Continuous Improvement	Use participant, provider, and community feedback to improve culturally responsive strategies that meet the needs of Latinx/Hispanic monolingual community members at risk of OUD.

MAIN ACTIVITIES

1.1 Utilize ongoing social connection opportunities to connect families and youth with behavioral health, substance use, Rx disposal, and harm reduction resources.

2.1 Collaborate with behavioral health providers and community partners to focus on culturally responsive referral coordination.

2.2 Coordinate opportunities, such as provider meetings or facility tours, to increase partner understanding of available services and intake processes.

2.3 Develop and share digital resources that help peer/family navigators and families understand service options and access points.

3.1 Invite reps from behavioral health agencies to share information about behavioral health services, harm reduction strategies, Rx disposal, and stigma reduction.

4.1 Collect feedback about outreach activities, barriers to access, and opportunities for improvement.

4.2 Use findings to refine outreach, navigation, and provide

r coordination strategies throughout the project period

MEASURES

- a) Number of families, youth, and individuals receiving navigation support.
- a) Number of partner meetings held or attended (at least 4 during the grant period).
- b) Provider/participant feedback collected during the grant period.
- a) Number of outreach events or presentations completed (at least 2 events during the grant period).
- b) Participant survey results at least 70% of participants showing increased awareness of behavioral health resources, harm reduction strategies, and stigma reduction.
- a) Summary of key barriers, community needs, and recommendations identified.

BUDGET

Direct Personnel			SUBTOTAL	$90,275.95	
Other Direct Costs					
Item(s), Description	**Rate**	**Units**	**Category**	**Total**	**Explanation, Justification**
Printing and Office Supplies	$40	15	Supplies	$600.00	In-house printing, office, and meeting supplies
Food	$350	10	Supplies	$3,500.00	To provide meals for evening community education events
Mileage	$1	600	Travel	$438.00	Mileage, at the current IRS reimbursement rate, to attend home visits, community education events, trainings, and meetings
Interpretation Services	$85	12	Other	$1,020.00	Interpretation for community education events
Program Evaluation	$10,000	1	Other	$10,000.00	Evaluation of community understanding, access, and the program effectiveness
Youth Participant Incentives	$30	150	Supplies	$4,500.00	Incentives for youth participation at community educational events, such as figdets, notebooks, and self-care support
Equipment	$300	1	Supplies	$300.00	Portable projector to support presentations
Marketing Materials/Events	$25	300	Supplies	$7,500.00	Creation and distribution of educational flyers, safe disposal kits, and self-care support
Professional Development	$300	5	Professional Development	$1,500.00	Fentanyl Education Certificate (Spanish/English) (materials, wi-fi access, classroom, snacks)
Travel to Opioid Conference 2 days	$400	4	Professional Development	$1,600.00	Opioid Conference
			SUBTOTAL	**$30,958.00**	
			TOTAL DIRECT	$121,233.95	
[1] *Region 2 ROAC indirect maximum allowed is 15%*			**TOTAL INDIRECT** [1]	$18,185	15%
			TOTAL COSTS	**$139,419.04**	

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

Applicant-Grantee: The Family Center/La Familia
309 Hickory Street # 5, Fort Collins, CO 80524

A. PROPOSED SCOPE OF WORK.

Approved Use: *G-10 Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following: Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.*

The Family Center/La Familia (TFC/LF) will deliver a culturally competent and evidence-informed approach to educate, raise awareness, reduce harm, and foster social connections among Latinx/Hispanic families and youth to address the opioid crisis in Larimer County.

Based on the environmental assessment conducted last year, where we identified the top barriers for Latinx/Hispanic individuals to access services, the 1-year project scope of work will address the following key areas:

Culturally Responsive Peer Navigation:
Provide culturally responsive resource navigation and education for Latinx/Hispanic families and youth, including information about available services, harm reduction strategies, Rx disposal, and a community-based approach to reduce stigma related to substance use.

Strengthening the Behavioral Health Provider Network:
Establish a coalition of behavioral health providers to strengthen referral networks, share knowledge about available services, and coordinate across agencies. Activities may include rotating facility tours, so referral partners understand the services and environments to which they are connecting families. Educate peer/family navigators on provider intake procedures and develop digital resources that can be shared with families seeking support.

***Accessibility and Awareness of Behavioral Health Services**:*
Host community outreach events with representatives from behavioral health agencies to build awareness, familiarity, and trust before families are in crisis. Conduct outreach in Spanish and through trusted community channels to promote behavioral health resources, harm reduction information, and opportunities for family participation.

***Data Collection and Continuous Improvement:** Document provider feedback. This information will help continue shaping culturally responsive strategies that better meet the needs of Latinx/Hispanic monolingual community members at risk of OUD.*

Objectives

Based on ROAC's goal of preventing SUD among youth and across the lifespan by reducing risk factors and strengthening protective factors, with a particular focus on OUD, we have developed the following objectives.

Objective	Activities	Performance Measures
Objective 1: Culturally Responsive Peer Navigation Increase access to culturally responsive resource navigation, education, and harm reduction information for Latinx/Hispanic families and youth in Larimer County.	1.1 Utilize ongoing social connection opportunities to provide Spanish-language and culturally responsive navigation to connect families and youth with behavioral health, substance use, Rx disposal, and harm reduction resources.	**Measures:** a) Number of families, youth, and individuals receiving navigation support.
Objective 2: Strengthen the Behavioral Health Provider Network Improve coordination among behavioral health providers, and community organizations, to strengthen referral pathways for Latinx/Hispanic families and youth.	2.1 Establish or participate in a coalition of behavioral health providers and community partners focused on culturally responsive referral coordination. 2.2 Coordinate opportunities, such as provider meetings or facility tours, to increase partner understanding of available services and intake processes. 2.3 Develop and share digital resources that help peer/family navigators and families understand service options and access points.	**Measures:** a) Number of coalition meetings held or attended (at least 4 during the grant period). b) Provider feedback collected during the grant period.
Objective 3: Increase Awareness and Accessibility of Behavioral Health Services Increase community awareness, trust, and early connection to behavioral health and harm reduction resources before families are in crisis.	3.1 Host community outreach events with representatives from behavioral health agencies to share practical information about behavioral health services, harm reduction strategies, Rx disposal, and stigma reduction.	**Measures:** a) Number of outreach events or presentations completed (at least 2 events during the grant period). b) Participant survey results at least 70% of participants showing increased awareness of behavioral health resources, harm reduction strategies, and stigma reduction.
Objective 4: Data Collection and Continuous Improvement Use participant, provider, and community feedback to improve culturally responsive strategies that	4.1 Collect feedback from participants, providers, and community partners about outreach activities, barriers to access, and opportunities for improvement. 4.2 Use findings to refine outreach, navigation, and provider coordination strategies throughout the project period.	**Measures:** a) Summary of key barriers, community needs, and recommendations identified.

meet the needs of Latinx/Hispanic monolingual community members at risk of OUD.		b) Progress reports describing how feedback informed program improvements.

1. **Opioid Use:**
   a. How many clients does your proposed program serve?
      100 households

   b. 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.

      We can estimate 5% as the population served does not explicitly report the type of substance being used. Usually, parents/caregivers approach our center because they are the ones looking for resources and education as they become suspicious of their youth behaviors.

2. **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.

   Our center serves families in Larimer County, specifically low-income families living in mobile home communities. We currently work with ten mobile home communities across Larimer County.

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?**

We serve low-income Spanish speaking families living in mobile home communities. Our family support services reach 12 mobile home communities across Larimer County. Available Census data indicates that Hispanic/Latinos make up 13.9% of Larimer County's population. 80% of the families we serve work in service sectors, construction, agriculture, and other important industries who are often not paid living wages, underemployed, or have unstable employment.

Families living in the mobile home parks across Colorado have historically experienced segregation and live in fear of retaliation. The Family Center/La Familia is a trusted family resource center and resilience hub known for its leadership in racial equity, aiming to ensure all families are safe, supported, and thriving. Our bilingual, family support services use a strengths-based, family-centered approach and offer programs in parent education, mental

health first aid, financial literacy, and health equity initiatives, serving primarily non-English-speaking and marginalized families.

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

More than 65% of our staff are native Spanish speakers, and over half are bilingual, ensuring that our services are culturally responsive and tailored to the needs of the community we serve. One of our greatest strengths is its ongoing commitment to authentic community engagement. This approach ensures that the immigrant and Latinx community can easily identify with staff members and feel welcomed. Last year we trained a cohort of peer-to-peer specialists with the goal to offer additional support and guidance to local families through lived experience and mentorship.

TFC/LF has also been intentional in adjusting and developing programming to ensure that community perspectives shape our initiatives. We place strong emphasis on participation in decision-making, often relying on valuable anecdotal information from the residents we currently serve. Our commitment to a Language Justice model is reflected in our use of bilingual staff, translation of materials, and simultaneous interpretation services as needed guaranteeing meaningful access for all families.

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

Our community engagement strategies prioritize building authentic relationships and fostering meaningful collaboration. We actively engage with community members through community meetings, creating a platform for them to share their needs, achievements, and perspectives. Surveys and feedback mechanisms ensure their voices are integral to our decision-making processes. By prioritizing inclusivity and accessibility, especially for marginalized groups, we co-create solutions with the community, strengthening trust and driving long-term, impactful changes. Our evaluation reports are published on our website https://thefamilycenterfc.org/annual-reports/

Site Tours

During the last funding period, residents from mobile home communities and staff visited the Longview Center to increase awareness of available services and better understand perceived barriers to access. Participants also joined a focus group and shared valuable feedback about their experience. Their insights are informing the proposed activities and helping guide efforts to improve community connection, increase understanding of behavioral health systems, and prevent or reduce opioid use.

Ongoing Social Connection Activities

Families, youth and children are presented with ongoing opportunities to establish social connections in addition to parenting education. These opportunities include outdoor activities, seasonal programs, cultural celebrations and peer-led connections.

Evaluation

Our organization has experience in reviewing data to guide program adjustments or improvements. We value and incorporate stakeholder feedback throughout our evaluation or grant processes, accessing multiple verified data sources to ensure our decisions are informed by evidence-based data whenever available. While collaborating with diverse community members, we capture qualitative data to highlight the value of specific initiatives or issues. We strongly believe in the transformational power of people's voices, and when combined with the most suitable evaluation methodologies, this approach provides a comprehensive picture of reality.

Our quantitative data collection and quality assurance includes problem solving and continuous improvements methods. For example, with our Apricot client database, we can create comprehensive reports and manage service provisions for each family served and utilize this data to inform potential solutions at the provider's level.

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

See attachment

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

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

Name: Gloria Kat
Email: gloria@thefamilycenterfc.org
Phone: 970-818-2887

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

Name: Gloria Kat
Email: gloria@thefamilycenterfc.org
Phone: 970-818-2887

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

Name: Gloria Kat
Email: gloria@thefamilycenterfc.org
Phone: 970-818-2887

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

Name: Carla Dolan
Email: carla@thefamilycenterfc.org

Phone: 970-305-5315

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 Olson, olsonjt@co.larimer.co.us

Region 2 Opioid Agreement Budget Worksheet

Grantee Name:	The Family Center/La Familia
Approved Use:	G.10 PREVENT MISUSE OF OPIOIDS

Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explantion, Justification
PAT Coordinator	LM	$56,888	0.35	$19,911	$3,982	$23,892.96	14 hours per week to conduct home visits, data collection, administer community education events, attend community meetings.
Family Support Coordinator	HY	$56,888	0.35	$19,911	$3,982	$23,892.96	14 hours per week to conduct home visits, data collection, administer community education events, attend community meetings.
Bilingual Programs Assistant	MD	$40,154	0.15	$6,023	$1,205	$7,227.79	6 hours per week to support event registration, data entry, walk-in community support.
Executive Director	GK	$117,541	0.25	$29,385	$5,877	$35,262.24	10 hours per week for team and community meetings, program overview, tracking, and reporting.
					SUBTOTAL	**$90,275.95**	

**All fields in grey should auto-calculate*

Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explantion, Justification
Printing and Office Supplies	$40	15	Supplies	$600.00	In-house printing, office, and meeting supplies
Food	$350	10	Supplies	$3,500.00	To provide meals for evening community education events
Mileage	$1	600	Travel	$438.00	Mileage, at the current IRS reimbursement rate, to attend home visits, community education events, trainings, and meetings
Interpretation Services	$85	12	Other	$1,020.00	Interpretation for community education events
Program Evaluation	$10,000	1	Other	$10,000.00	Evaluation of community understanding, access, and the program effectiveness
Youth Participant Incentives	$30	150	Supplies	$4,500.00	Incentives for youth participation at community educational events, such as figdets, notebooks, and self-care support
Equipment	$300	1	Supplies	$300.00	Portable projector to support presentations
Marketing Materials/Events	$25	300	Supplies	$7,500.00	Creation and distribution of educational flyers, safe disposal kits, and self-care support
Professional Development	$300	5	Professional Development	$1,500.00	Fentanyl Education Certificate (Spanish/English) (materials, wi-fi access, classroom, snacks)
Travel to Opioid Conference 2 days	$400	4	Professional Development	$1,600.00	Opioid Conference
				$0.00	
			SUBTOTAL	**$30,958.00**	

TOTAL DIRECT	$121,233.95	
TOTAL INDIRECT 1	$18,185	15%
TOTAL COSTS	$139,419.04	

1 Region 2 ROAC indirect maximum allowed is 15%

Emmy's House Foundation

Larimer Region 2 Opioid Abatement Council

Grant Application — 2026

David Schlosser, Executive Director | August 27, 2026

Recovery Housing · Fort Collins, CO · Operating since November 2019 · 501(c)(3) since November 2020

Our Request — $140,370

Staffing

$114,850

Resident Services Director

D. Hinkle · 1.0 FTE · $53,825

Executive Director / Admissions & Recovery Coord.

D. Schlosser · 1.0 FTE · $61,025

For the first time in EHF's history, both positions formally compensated.

Incoming Resident Scholarships

15 recipients · $1,400 each · $21,000 total

100% month 1 ($800) · 50% month 2 ($400) · 25% month 3 ($200)

Removes financial barrier at point of entry from corrections or detox.

Emergency Hardship Scholarships

2 recipients · $1,600 each · $3,200 total

Up to 16 weeks / 2 months for hospitalization or surgical recovery.

Requires documentation of inpatient care.

Drug Screening (UA Cups) — $1,320

6 orders × 50 cups × $220/order · Weekly screening for all residents.

TOTAL REQUEST **$140,370**

Region 2 Opioid Agreement Budget Worksheet

Grantee Name:	Emmy's House Foundation
Approved Use:	B.4 — Recovery housing for individuals with OUD and co-occurring SUD/MH conditions

Direct Personnel

Position, Title	Name (Initials Only)	Annual Rate	FTE	Personnel Cost	Fringe Benefits	Total	Explantion, Justification
Resident Services Director	D.H.	$50,000	1.00	$50,000	$3,825	$53,825.00	Provides daily peer support, accountability oversight, and community-based recovery coaching to residents at Germantown House. 1.0 FTE. Fringe = 7.65% employer payroll taxes (Social Security + Medicare). 5 years lived recovery experience at Germantown House.
Executive Director / Admissions & Recovery Coordination Director	D.S.	$50,000	1.00	$50,000	$11,025	$61,025.00	0.75 FTE operational: intake screening, referral coordination, scholarship administration, digital records management, graduate follow-up, and grant compliance reporting. 0.25 FTE Executive Director: organizational oversight, board management, funder relations. 1.0 FTE total at $50,000. Fringe = $3,825 employer payroll taxes (7.65%) + $7,200 employer health insurance contribution ($600/month Silver plan, Connect for Health Colorado estimate).
				$0		$0.00	
				$0		$0.00	
				$0		$0.00	
				$0		$0.00	
				SUBTOTAL		**$114,850.00**	

fields in grey should auto-calculate

Other Direct Costs

Item(s), Description	Rate	Units	Category	Total	Explantion, Justification
Incoming resident scholarships (15 recipients)	$1,400	15	Scholarships	$21,000.00	Structured financial assistance for new residents: 100% room fee month 1 ($800), 50% month 2 ($400), 25% month 3 ($200) = $1,400 per recipient. 15 recipients annually. Removes financial barrier for men transitioning directly from Larimer County corrections, detox, or homeless services.
Emergency hardship scholarships (2 recipients)	$1,600	2	Scholarships	$3,200.00	Up to two months room fee assistance ($800/month = $1,600/recipient) for established residents experiencing catastrophic medical events requiring hospitalization. Coverage spans up to 16 weeks / 2 full months. Requires documentation of inpatient care. Unused funds roll into operations.
Urinalysis drug screening cups (6 orders of 50)	$220	6	Supplies	$1,320.00	6 orders of 50 UA cups at $220/order = $1,320 annually. Supports mandatory weekly drug screening for all residents. Drug screening is a core accountability and safety requirement of EHF's recovery housing program.
			Professional Development	$0.00	
			Travel	$0.00	
			Consultants	$0.00	
				$0.00	
				$0.00	
				$0.00	
			SUBTOTAL	**$25,520.00**	

TOTAL DIRECT	$140,370.00	
TOTAL INDIRECT 1		
TOTAL COSTS	$140,370.00	

ROAC indirect maximum allowed is 15%

To Whom It May Concern:

My name is Hung Mai, and I have had the pleasure of working with David and the Emmy's House Foundation for quite some time. Throughout my experience, David's leadership and dedication to the foundation have been exemplary. He communicates the mission, expectations, and values of Emmy's House with clarity and integrity. The residents I have encountered have consistently reflected those values.

A couple of summers ago, I received a phone call from my good friend, Casey, who maintains the lawn care for the property. He told me that he had just run into a current resident of Emmy's House and had hired him. I could not have been happier to hear that news. It was a wonderful example of how the foundation provides individuals with a safe, supportive environment and the opportunity to rebuild their lives. Sometimes, all a person need is someone willing to give them a chance.

I am proud to support the Emmy's House Foundation and David, and I will continue to do so for as long as I am able.

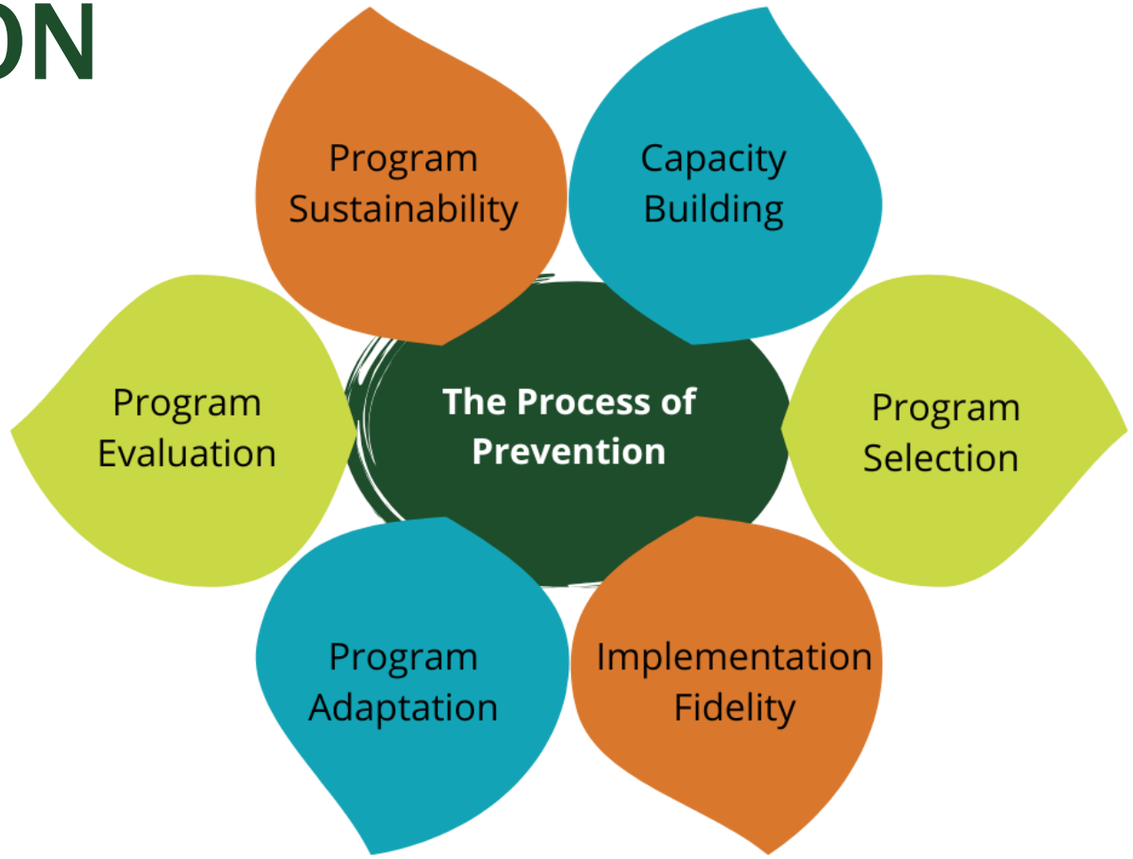
Sincerely,

Hung Mai
970-2274038
hungmai@gmail.com

SCHOOL-BASED PREVENTION OF OPIOID USE

Year 3 Final Report

Nate Riggs, Ph.D.
Executive Director, Prevention Research Center
Professor, CSU Human Development and Family Studies



PREVENTION RESEARCH CENTER
COLORADO STATE UNIVERSITY

YEAR 3 AT A GLANCE

1. **Sustain Blues Program → 88 students reached this year**
   - ✓ Supporting Implementation and Trainer of Trainers
   - ✓ Building local buy-in and sustainability
   - ✓ Consistent positive program outcomes and feedback
2. **Support Additional Prevention Programming → 4 programs launched**
   - ✓ PSD: Launched Proud & Empowered
   - ✓ TSD: Launched My Healthy Futures
   - ✓ EPSD: Launched Guiding Good Choices + Wayfinder
3. **Sustain Professional Development → 1,184 courses completions**
   - ✓ 2 synchronous events for staff and families
   - ✓ 20 on-demand e-courses available for staff
   - ✓ 144 multi-course e-programs completed by licensed school professionals (Y1-3)

1,063 students reached through evidence-based prevention programming in Year 3

2023-2026 Blues Program Outcomes

> I think this program was a wonderful experience and I loved it. The group brought me to be more comfortable and I could be me more.
>
> Blues Program Student Participant

3
All 3 Larimer County School Districts

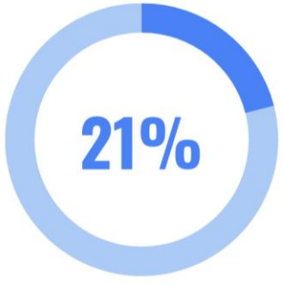
89
Co-Facilitators Trained in Blues Program

37
Blues Program cohorts completed

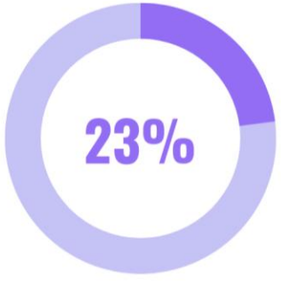
17
Schools adopted the Blues Program

200
Students reached by Blues Program

Anxiety Decreased



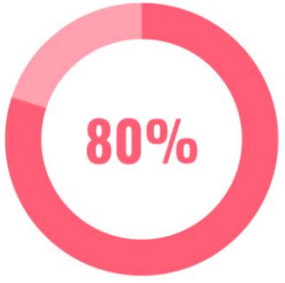
Negative Mood Decreased



Depression Decreased

Coping Increased

Participant Satisfaction



On-Demand Professional Development

Changes in Knowledge

Course	n	Average Total Score at Pre & Post	Desired Direction of Change?	Significance	Effect Size
Social Media I	61	Pre 5.15 Post 5.8	Yes	p < .001	0.53
Social Media II	47	Pre 5.15 Post 6.62	Yes	p < .001	0.97
School Connectedness I	196	Pre 7.49 Post 7.81	Yes	p < .001	0.42
School Connectedness II	54	Pre 6.72 Post 7.5	Yes	p < .001	0.59

144 Larimer County e-program completions (56% average program completion rate)
1,184 total Larimer County course completions

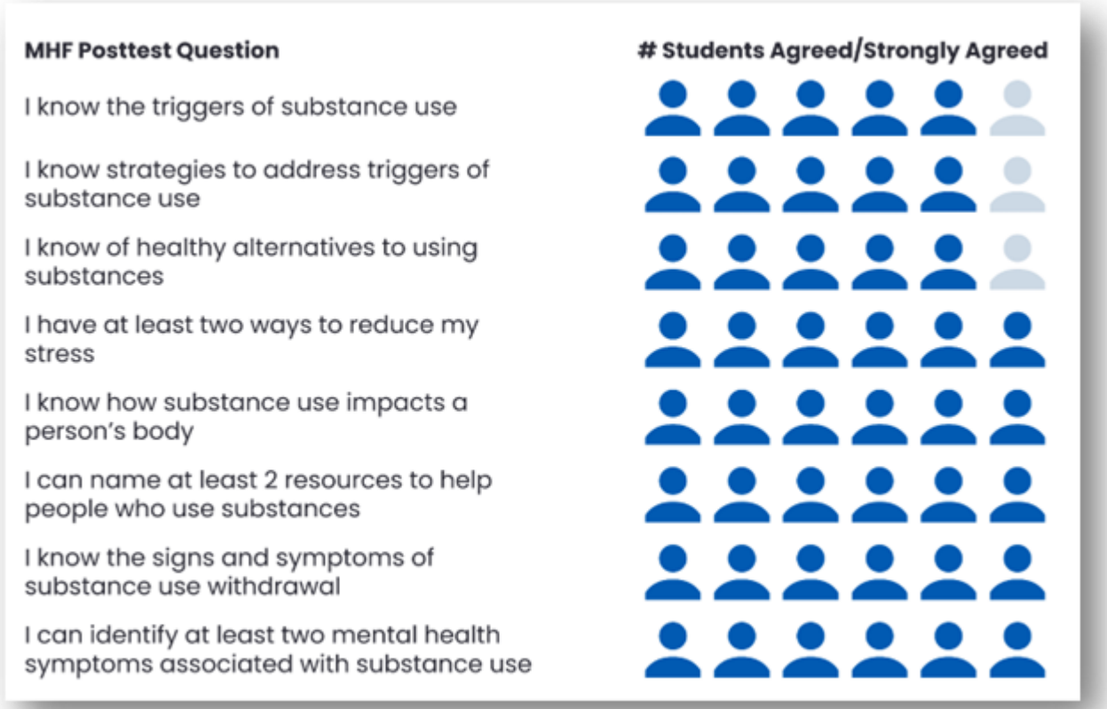
PROUD & EMPOWERED

An Intervention for LGBTQ Youth

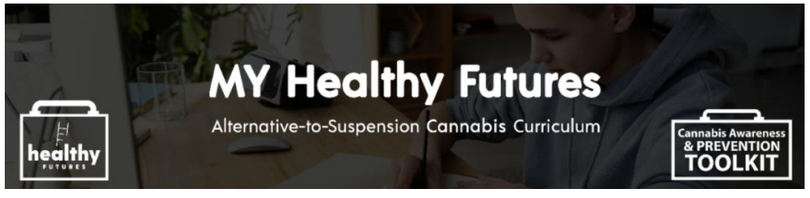
Scale	n	Scale Range	Average at Pre & Post	Percent Change	Desired Direction of Change	Effect Size	Significance
Anxiety (GAD-7)	24	0 - 21	Pre 12.12 Post 10.33	-15%	Yes	-0.30	0.071
Depression (PHQ-9)	23	0 - 27	Pre 13.96 Post 12.57	-10%	Yes	-0.20	n.s.
Identity Pride	24	1 - 6	Pre 4.94 Post 5.17	5%	Yes	0.22	n.s.
Sense of Belonging	23	1 - 6	Pre 3.91 Post 4.21	8%	Yes	0.26	$p < .05$
Minority Stress (SMASI)	24	0 - 15	Pre 5.96 Post 6.17	4%	No	0.07	n.s.

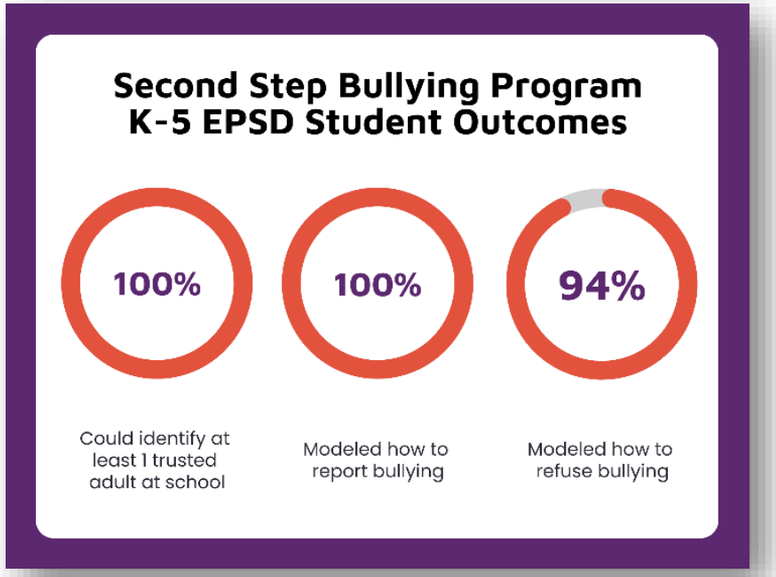
THOMPSON SCHOOL DISTRICT

ESTES PARK School District R-3



n=6 high school students; Reach = 8 students





n=133 K-5 students; Reach = 466

Second Step®

WAYFINDER'S SIX CORE SKILLS FOR ACADEMICS + LIFE

GUIDING GOOD CHOICES®

Final Report Outline
Grantee Report to the Larimer Opioid Abatement Council

Grantee: Colorado State University (CSU)
Submitter Name: Nicole Mingola
Submission Date: July 31, 2026

Grant Agreement Period: July 1, 2025 **through** June 30, 2026
Total Agreement Amount: $225,000
Carryforward Amount: $19,279.08 with no extension

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

GOAL 1: SUSTAIN THE LONG-TERM IMPLEMENTATION OF THE EVIDENCE-BASED BLUES PROGRAM.

Objective 1.1: Support school district staff to sustain and continue implementing the Blues Program.

Project Results: This objective has been met by the project deadline.

Blues TOT: CSU Prevention Research Center (PRC) continues to offer sustainability tracks for all three school districts through Fidelity Adherence Certification (FAC) and Trainer of Trainers (TOT) Certification. As stated in the interim report, one Thompson School District (TSD) staff member completed their Blues Program FAC in Year 2, which made her eligible for the TOT this year (Year 3). She completed her Blues TOT certification in December 2025 while training 11 new program facilitators at TSD. Since the interim report, one more TSD Blues Program facilitator has begun her FAC. She has completed her first cohort audio submissions and received positive feedback from the program developer. This facilitator will continue the Blues FAC and TOT process next academic year.

Blues Learning Communities: As shared in the interim report, school districts hosted small communities of practice to prepare facilitators before re-launching the program this academic year. At the end of the school year, TSD held an internal debrief session for facilitators. In addition, Region 2 Blues Program facilitators were invited to a 60-minute statewide learning community hosted by the CSU PRC and the Blues Program co-developer, Paul Rohde, Ph.D. The purpose of this event was to bring together facilitators across the state to connect and troubleshoot barriers. The top five barriers, adaptations, and reasons to sustain the Blues Program were identified during this session and are outlined in **Appendix A**. The 33 participants engaged in virtual polls, breakout groups, and full group discussions. R2 attendees included five TSD staff, three Poudre School District (PSD) staff, and two Estes Park School District (EPSD) staff. Learning community participants were invited to complete a brief survey, and four responded. Figure 1A highlights their experiences, all positive, based on this survey.

Figure 1A: Colorado Blues Program Learning Community: Survey Results

Blues Program Outcome Evaluation: This school year, all three school districts had a later start to Blues Program implementation than they anticipated. With a hectic first semester, all three districts overcame internal struggles and launched successful cohorts. Table 1B shows the reach of the program this year alone. Participants identified themselves as primarily White (68.6%) or Latine (20.9%). Gender identities (collected at TSD and EPSD only) were described as girl (60%), boy (26.7%), something else (8.3%), non-binary (3.3%), or questioning (1.7%).

Table 1B: Blues Program Reach 2025-2026 School Year (Project Year 3)

District	# Student Participants	# Schools	# Cohorts
PSD	28	6	6
TSD	52	6	9
EPSD	8	2	2
TOTAL	**88**	**14**	**17**

Students who participated in the Blues Program were administered pre- and posttests during the first and last program sessions, respectively. At the end of the project cycle, the data were cleaned to identify any missing data and matched pairs for further analyses. Among the 88 participants reached by this program this year, 68 participants completed pre- and/or posttests, and 45 of those surveys were successfully paired (i.e., matched data) and used for the final aggregate program evaluation analyses. This means that 66% of this year's surveys were matched, and the final surveys represent 51% of all Year 3 student participants. For greater statistical power with larger sample sizes, the following Blues Program evaluation includes all matched data from the inception of the Blues Program in Larimer County (2023-2026).

Last year, our Evaluation Specialist developed code for rigorous cleaning, matching, and data analysis. This year, the code was improved and expanded to include satisfaction data. A total of 181 responses were recorded at baseline, including all three project years. Several responses were dropped from the dataset for missing data or inability to match pairs from pretest to posttest. Our methodology utilized mean imputation to retain as many participants as possible while dropping participants with more than 20% missing data on a given scale. The final program analyses of matched pairs included 107-109 students depending upon the scale. Paired samples t-tests were performed to examine the changes in scale scores from the start of the program to after the program. The Blues Program continues to produce positive outcomes among local youth. Figures 1C and 1D highlight the program outcomes for Larimer County students from 2023-2026. The first figure represents outcomes that require analysis of the total (sum) scale scores, and the second figure represents outcomes that require analysis of mean (average) scale scores. Participant outcomes for every scale trended in the desired direction, and all but one scale showed statistically significant changes from pretest to posttest. With small to medium effect sizes (*n*=107-109).

Figure 1C: Blues Program Impact in Larimer County, Using Total Scores (2023-2026)

Scale	n	Scale Range	Average Total Score at Pre & Post	Percent Change	Desired Direction of Change?	Significance	Effect Size
Depression (CESD)	108	0 - 30	Pre 13.15 Post 11.76	-11%	Yes	p < .05	-0.33
Anxiety	109	0 - 32	Pre 11.29 Post 8.91	-21%	Yes	p < .05	-0.34
Negative Mood & Depression (MFQ)	109	0 - 26	Pre 9.56 Post 7.33	-23%	Yes	p < .05	-0.38
Resilient Coping (BRCS)	107	4 - 20	Pre 12.94 Post 13.24	2%	Yes	n.s.	0.10

Figure 1D: Blues Program Impact in Larimer County, Using Average Scores (2023-2026)

Scale	n	Scale Range	Averaged Score at Pre & Post	Percent Change	Desired Direction of Change?	Significance	Effect Size
Positive Reframing (BC_PR)	108	1 - 4	Pre 2.39 Post 2.8	17%	Yes	p < .05	0.55
Social Coping (BC_SS)	108	1 - 4	Pre 2.47 Post 2.64	7%	Yes	p < .05	0.22
Belonging	108	1 - 5	Pre 3.19 Post 3.4	7%	Yes	p < .05	0.23

Blues Program Feedback – <u>Participant Perspectives</u>: Program feedback and satisfaction data were collected from Blues program participants and facilitators. **Overall, 80% of participants were satisfied or very satisfied with their group (*n*=119)**. Figure 1E shows that Larimer County student participants enjoyed the program and particularly connected with their group facilitators.

Figure 1E: Blues Program Participant Satisfaction (Larimer County 2023-2026)

Item	N	Mean	Response Percentages (Scale range = 1 - 4)
Students in this group worked well together.	118	2.56	Untrue 0.8% Somewhat Untrue 6.8% Somewhat True 28.0% True 64.4%
I liked participating in this program.	119	2.65	Untrue 0.8% Somewhat Untrue 5.9% Somewhat True 21.0% True 72.3%
I learned useful information from participating in this program.	119	2.65	Untrue 0.8% Somewhat Untrue 5.0% Somewhat True 22.7% True 71.4%
The group leader(s) came prepared to lead the group in program activities.	117	2.74	Untrue 0.9% Somewhat Untrue 4.3% Somewhat True 15.4% True 79.5%
The group leader(s) cared about the students in this group.	116	2.89	Untrue 0.0% Somewhat Untrue 2.6% Somewhat True 6.0% True 91.4%
The group leader(s) respected the students in this group.	117	2.88	Untrue 0.9% Somewhat Untrue 2.6% Somewhat True 4.3% True 92.3%

Participants also shared feedback through open response questions. Qualitative data were analyzed and grouped into top themes. Table 1F summarizes the emerging themes from their responses to the question, *What aspects of the program did you find the most valuable?* Additional feedback on what to change for future groups will be shared with district teams to improve future program cohorts. Overall, the main areas for improvement include making the program longer, incorporating more engaging activities to break up the workbook, and more snacks or open talking time.

Table 1F: Blues Program Qualitative Feedback (Larimer County 2023-2026)

Theme	#	Description	Direct Quote Example
Coping skills & stress/anxiety management	33	Participants most often valued practical strategies for coping with stress, anxiety, and difficult situations.	"Learning how to cope in different situations"
Changing thoughts, mindset & positive thinking	21	Many teens highlighted learning how to reframe thoughts, shift perspective, and think more positively.	"I found this program most valuable when we thought of ways to change the perspective to look at the positives of a negative situation."
Peer connection, belonging & shared experience	20	A major theme was the value of being with other teens, talking with peers, and realizing they were not alone.	"I thought that being able to know that other people your age can be going through the same thing you are is the most valuable."
Talking, sharing feelings & expression	18	Many responses emphasized the chance to openly talk and discuss personal experiences in a safe space.	"Yapping and spilling out all my emotions."
Learning new skills & techniques	17	Participants valued the concrete skills, tools, and techniques they learned that could be used in real life.	"Finding new tools to use to help with anxiety and current problems"

Blues Program Feedback – <u>Facilitator Perspectives</u>: Blues Program facilitators also shared their experiences through post-surveys. Below is a direct quote from the TSD student co-facilitator survey. This is followed by TSD student co-facilitator satisfaction ratings (Figure 1G); Blues Program Staff Facilitator satisfaction ratings (Table 1H); and Blues staff qualitative feedback (Table 1I).

"The best part of being a student co-facilitator was being able to teach and understand the material."

- TSD Student Co-Facilitator

Figure 1G: Blues Program Student Co-Facilitator Satisfaction (TSD 2023-2026)

Item	N	Response Percentages (Scale range = 1-4)
I enjoyed being a student co-leader in this group.	9	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 0.0% True 100.0%
I feel I was able to contribute to this group in a meaningful way.	9	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 22.2% True 77.8%
I felt prepared enough to co-lead this group.	9	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 11.1% True 88.9%
I have applied what I learned from the program to my personal life.	9	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 22.2% True 77.8%

Figure 1H: Blues Program Staff Facilitator Satisfaction (Larimer County 2023-2026)

Item	N	Response Percentages (Scale range = 1-4)
I had the tools I needed	28	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 3.5% True 96.4%
I felt supported while implementing	28	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 14.3% True 85.7%
I felt connected to the students who participated	28	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 17.9% True 82.1%
I felt that the students were engaged	28	Untrue 0.0% Somewhat Untrue 0.0% Somewhat True 53.6% True 45.4%
I felt confident in delivering the program	28	Untrue 0.0% Somewhat Untrue 3.6% Somewhat True 25.0% True 71.4%
I enjoyed delivering this program	29	Untrue 0.0% Somewhat Untrue 6.9% Somewhat True 24.1% True 69.0%

Figure 1I: Blues Program Staff Facilitator Enjoyed Most (Larimer County 2023-2026)

Theme	#	Description	Direct Quote Example
Student growth and skill use	10	Facilitators most often highlighted seeing students learn, practice, and apply new skills.	"Students learned new skills"
Student engagement & meaningful discussion	8	Many responses emphasized that students were open to learning, engaged in discussion, and participated actively.	"The student discussions were amazing!"
Connection with students	8	A major theme was the value of building relationships with students and getting to know them in a new way.	"Getting to know the students better and supporting them."
Peer connection, cohesion, and friendships	6	Facilitators also valued seeing students connect with each other, develop cohesion, and build new friendships.	"Connection between the students grew throughout the group time"
Prepared materials & easy implementation	4	Some facilitators appreciated that the program materials were organized, easy to use, and required little prep.	"Prepared materials- very little prep"

Objective 1.2: Support local buy-in through Blues Program evaluation

Project Results: This objective has been met by the project deadline.

At the beginning of the 2025-2026 school year, the most recent (Year 2) Blues Program evaluations were shared with each district. The intention in sharing the program outcomes was to increase local buy-in and excitement among schools. The CSU PRC will share the district-wide Blues Program evaluation results with each district in August 2026, as schools return for the new year. In addition, districts will each receive infographics on their district-specific program results and tables of qualitative feedback to improve future cohorts. Sharing the program evaluation outcomes has been helpful in the past to generate excitement and purpose for implementing this program in Larimer County.

GOAL 2: SUPPORT AND SUSTAIN ADDITIONAL SCHOOL-BASED PREVENTION PROGRAMS FOR K-12 STUDENTS AND FAMILIES, AS AGREED BY EACH DISTRICT.

Objective 2.1: Support PSD's GSA through Selective (Tier 1) prevention programming and additional training to support LGBTQ+ youth in grades 6-12.

Project Results: This objective has been met by the project deadline.

As shared in the interim report, implementation and evaluation plans for Proud and Empowered were developed early in the academic year. Ten PSD program facilitators were trained to launch this program at five PSD middle and high schools. Since that time, the 10-week program successfully launched for its pilot year. CSU PRC conducted a program evaluation, and outcomes are highlighted in the charts below. After evaluating the capacity of district and school teams, PSD determined the best plan was to push back the additional training to support LGBTQ+ youth. The training curriculum was designed by PSD staff in June 2026 and will be launched in the 2026-2027 school year.

Proud & Empowered Program Evaluation: PSD and CSU PRC launched Proud & Empowered pilot cohorts at five PSD middle and high schools during the Spring 2026 semester. The program reached 32 LGBTQ+ students and was led by 10 mental health professionals. Student participants were administered pre- and posttests, as determined during the community participatory evaluation planning stage. Among the 32 participants, 24 survey respondents had matching data across both time points. Those 24 students' data were used for this evaluation, reflecting 75% of the true program participants. Program participants were mainly White (88%), and some selected multiple racial identities (12%) or preferred not to answer (12%). Many students identified as Trans (54.2%) or Questioning (25%) when asked about their gender identities and mostly identified as Lesbian (28%) or having multiple sexual identities (24%). Survey data were analyzed using RStudio to understand changes in participant experiences from baseline (before the program) compared to after. The same methods for data analysis were used for both Proud and Empowered and the Blues Program.

Figure 2A shows the changes in participants' Minority Stress, Anxiety, Depression, and Belonging. With a small sample size of 24 participants, these positive pilot outcomes suggest that this program will positively impact students each year. Qualitative data were also collected from participants through open response questions in the surveys and in-session journaling. Journal responses are handwritten and require sensitive review. These are currently being analyzed by a faculty member and will be shared with PSD directly. Open response questions from the survey have been analyzed. The top themes for the question, *In your own words, what does it mean for a school to be "safe" for everyone including LGBTQ+ students?,* are outlined in Table 2B.

Figure 2A: Changes in Outcomes for PSD Proud & Empowered Participants

Scale	n	Scale Range	Average at Pre & Post	Percent Change	Desired Direction of Change	Effect Size	Significance
Anxiety (GAD-7)	24	0 - 21	Pre 12.12 Post 10.33	-15%	Yes	-0.30	0.071
Depression (PHQ-9)	23	0 - 27	Pre 13.96 Post 12.57	-10%	Yes	-0.20	n.s.
Identity Pride	24	1 - 6	Pre 4.94 Post 5.17	5%	Yes	0.22	n.s.
Sense of Belonging	23	1 - 6	Pre 3.91 Post 4.21	8%	Yes	0.26	p < .05
Minority Stress (SMASI)	24	0 - 15	Pre 5.96 Post 6.17	4%	No	0.07	n.s.

Table 2B: Emerging Themes from Proud & Empowered Participant Journals - Defining Safe

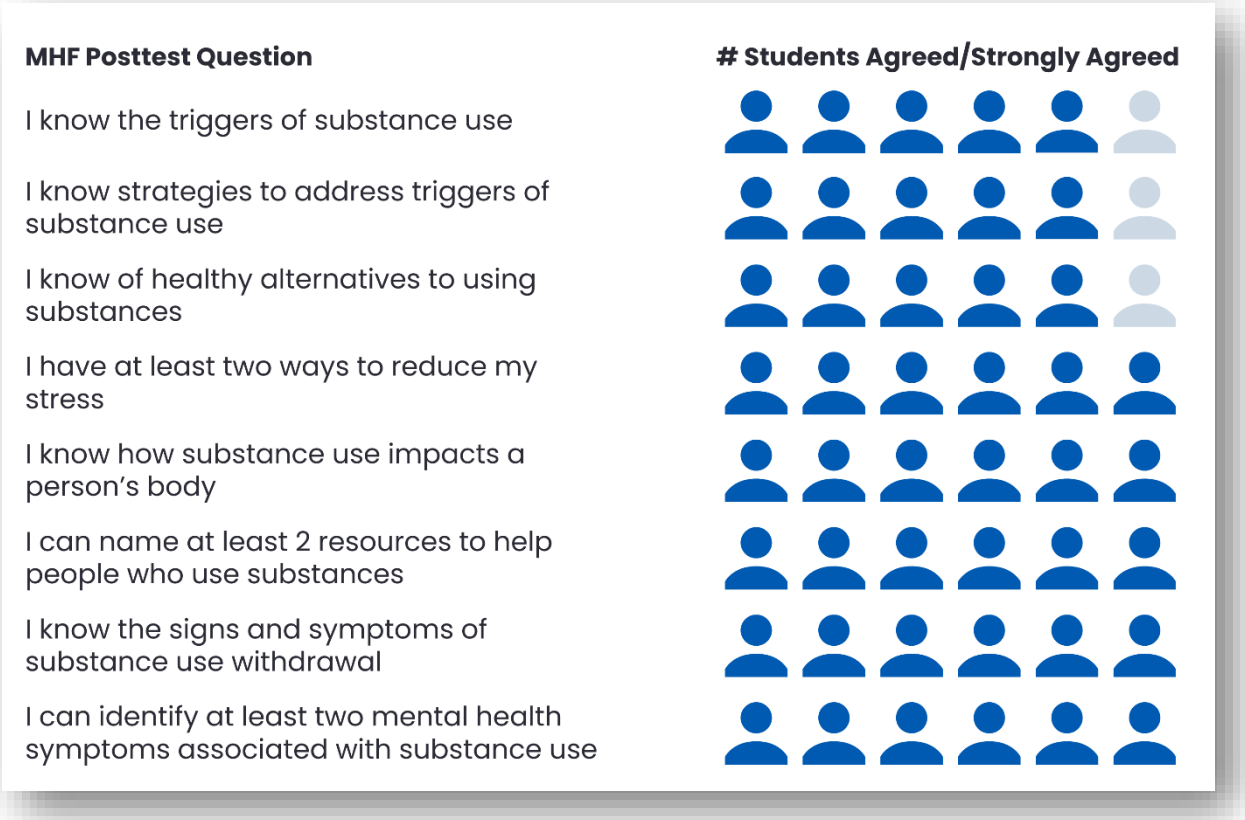
Theme	#	Direct Quote Example
Not harassed or bullied	9	"Not allowing discrimination or harassment of any kind"
Able to be Authentic/Express Self	8	"It means to feel like you can be open without any repercussions"
Rules and Repercussions for Discrimination/Harassment	4	"It means to include and hold people accountable for attacking or mentally damaging everyone, including LGBTQ+ or others."

Objective 2.2: Sustain the evidence-based Indicated (Tier 2) substance use prevention programming at TSD.

Project Results: This objective has been met by the project deadline.

As shared in the interim report, TSD and CSU PRC pivoted this objective from continuing eCHECKUP TO GO to piloting a new no-cost suspension alternative program, My Healthy Futures. This research-based program had a lot of excitement from TSD high school Administrators, and implementation materials and guides were created for all five high schools. Although this program remains available to schools, it was fairly underutilized this school year. This program was delivered to select students who were caught with a substance on campus. One high school implemented the cannabis program, and no schools implemented the nicotine program. Eight students were reached by this program, and **the matched data sets were insufficient for any analysis.** A total of six posttests were collected, and responses to each of those questions are outlined in Figure 2C. These results indicate that those who engaged in the program were confident in their ability to identify resources and strategies to support issues with mental health and/or cannabis use. Additionally, with funding freed up from de-implementing eCHECKUP TO GO, TSD was able to implement another Resilient Futures Trauma-Informed Training for an additional group of district staff.

Figure 2C: My Healthy Futures Cannabis Program Posttest Responses

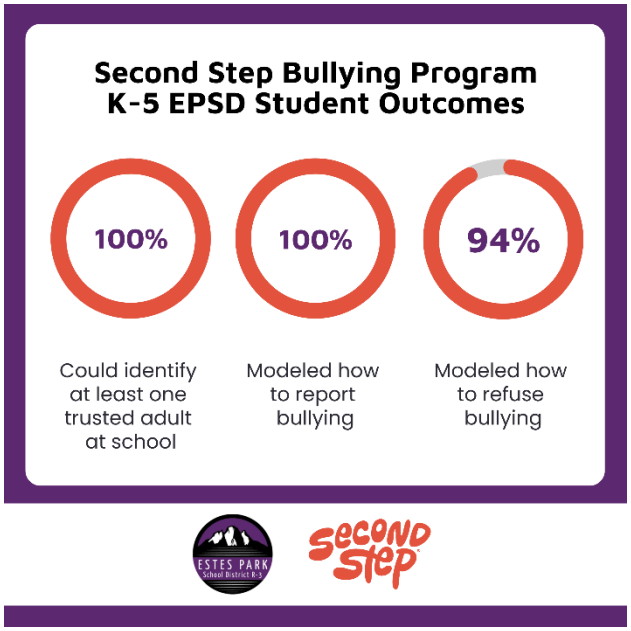


Objective 2.3: Support the implementation and evaluation of EPSD's behavioral health and wellness programming for K-12 students and families.

Project Results: This objective was met by the project deadline.

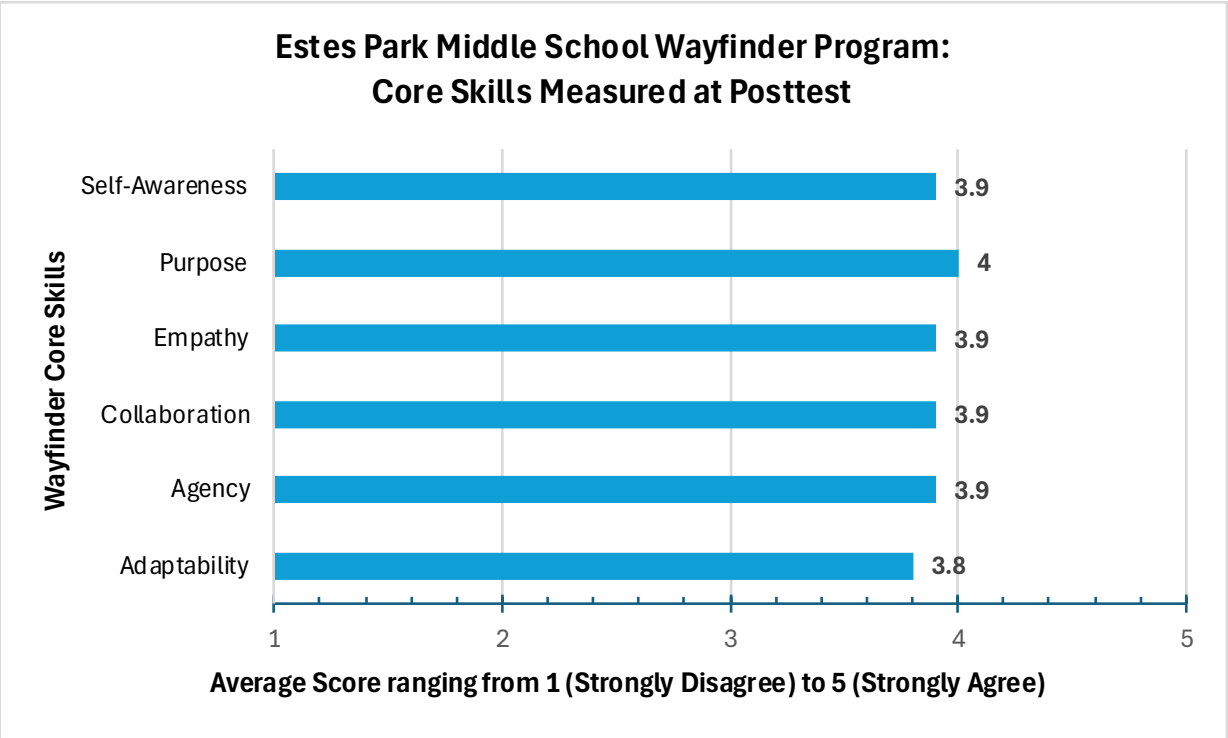
Second Step: This school year, Estes Park Elementary School continued implementing the Second Step Bullying Prevention Program. This K-5 program has been implemented for multiple years now, and implementation is going smoothly. All Estes Park Elementary School students participated in this Tier 1 program (*n*=466). A sub-sample of K-5 students, one classroom in each grade, was assessed by EPSD Counselors (*n*=133). This image outlines the data collected on this sub-sample of elementary school students. These percentages represent students who were present during data collection.

Figure 2D: Second Step Student Learning Objectives Met



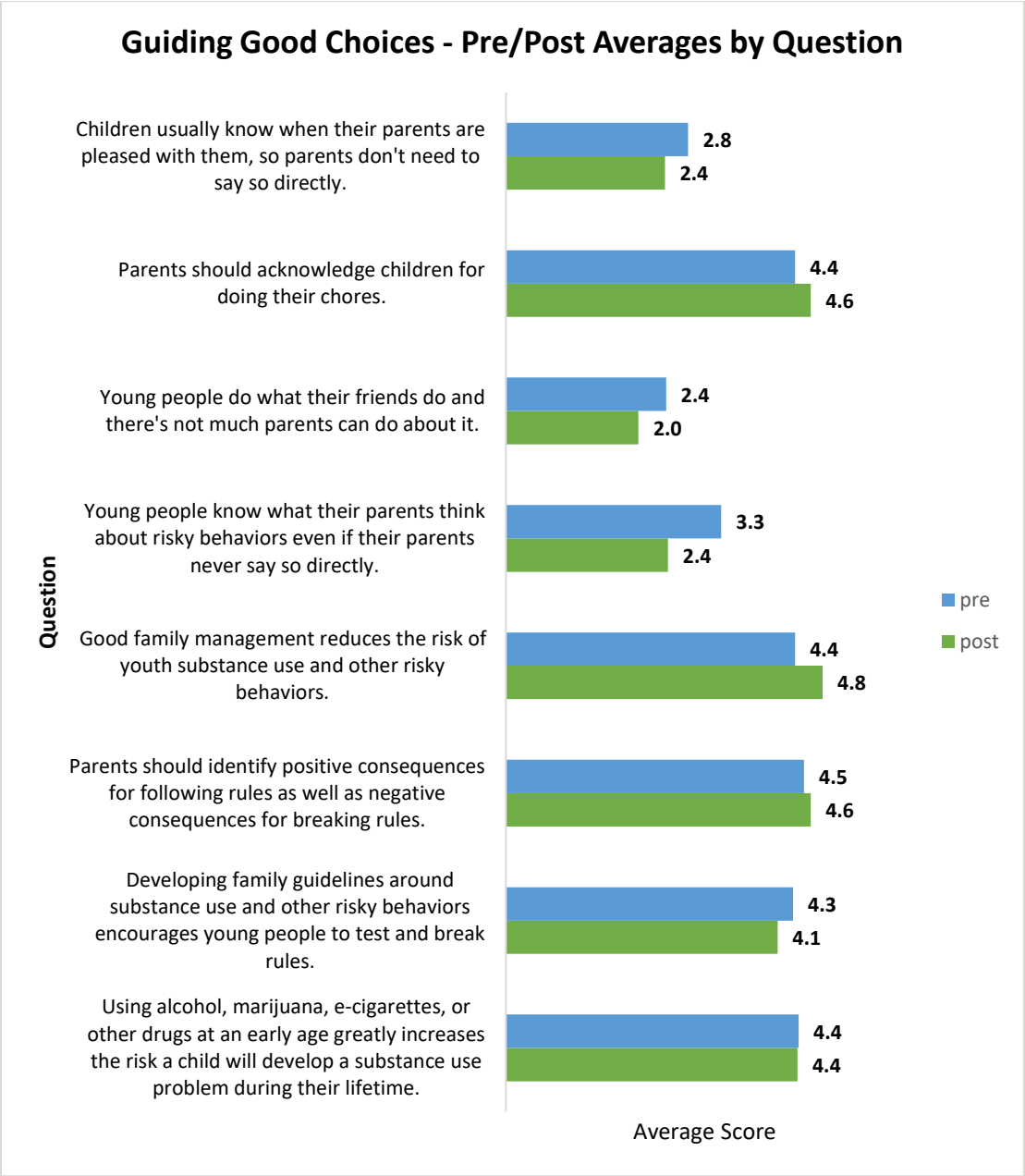
Wayfinder: Wayfinder was pilot-launched at middle and high school this year. Some barriers were identified and will be prioritized during the program training for all K-12 Wayfinder programming in August 2026. Barriers that arose included the lack of structured time and program buy-in at the high school and issues with Waypoints (data dashboard) at the middle school. Despite all teachers attending program training, including Waypoints training, the team encountered systematic data dashboard errors preventing accurate pretest data collection. These issues were resolved by the time of the posttest. Estes Park Middle School had a 2% completion rate for the pretest and a 73% completion rate for the posttest, as the Lead Counselor was able to work with Wayfinder and resolve any issues by the end of the school year. **Due to the lack of pretest data for Wayfinder, there was not an opportunity to properly evaluate Wayfinder this year.** Figure 2E shows the posttest data for middle school students, containing average scores for the six program core skills (*n*=139). As of this year, all 945 EPSD students are receiving Tier 1 prevention programming supported by CSU PRC.

Figure 2E: Wayfinder Program Posttest



Guiding Good Choices Outcome Evaluation: As shared in the interim report, EPSD pilot-launched the family program, Guiding Good Choices, in January 2026. Four trained facilitators successfully completed one English-speaking cohort (*n*=7) and one Spanish-speaking cohort (*n*=7). Participants were caregivers of EPSD students ages 9-14. A total of 10 survey responses were matched from pretest to posttest and were used in the outcome evaluation to highlight program outcomes for both cohorts combined. With a small sample size, only mean changes are reported. All survey item responses are trending in the desired direction, and one item had no change. Pre-post means are presented below for the eight survey items aligning best with the program logic model (See Figure 2F), followed by assessments of program fidelity and caregiver feedback.

Figure 2F: Guiding Good Choices Program Outcomes



Guiding Good Choices Fidelity Monitoring: Session fidelity monitoring data were collected through weekly session fidelity forms completed by program co-facilitators. These were completed for two-thirds of the sessions (67%). Fidelity form data revealed that for each session, program objectives were "covered well" for each of the two cohorts. In addition, facilitators rated participants' participation in the group sessions as "very active" across the board (100%), and primarily "very active" (71%) for their participation in role-plays, with only 2 of 7 (28%) of the sessions reported on for this item only being marked "Somewhat Active". Facilitators rated their perceived group's satisfaction with the session content primarily as "very satisfied" (87.5%). The only session that did not fit this pattern was the English Session 1, which was marked "quite satisfied". Observers of the

Spanish Cohort indicated they may want additional training for two sessions (Session 2, on Setting Guidelines, and Session 3, on Managing Conflict). One observer from the English cohort commented that holding onto youth for 2 hours is a long time to keep them engaged. These topics will be discussed during internal program meetings with EPSD and CSU PRC.

Guiding Good Choices Feedback: Session feedback was also collected through weekly surveys. Session feedback forms were administered to participants at every session. Overall, session form data revealed that **100% of participants rated all session categories as either very good or excellent**, which included session videos, family guides, and activities/exercises. Based on the qualitative caregiver feedback, participants especially appreciated the opportunity to problem-solve and connect with other parents throughout the program, and that the environment felt safe and confidential enough to express their opinions. Their top area for improvement was having updated videos. All in all, participants reported that they enjoyed the program.

GOAL 3: SUSTAIN CURRENT PD OPPORTUNITIES AND PROVIDE T/TA SUPPORT AS NEEDED.

Objective 3.1: The CSU PRC will sustain the current training and professional development (PD) offerings and provide additional support as needed.

Project Results: This objective has been met by the project deadline.

Self-Paced PD: CSU PRC, TSD, and EPSD teams continue to collaborate, supporting additional self-paced PD opportunities. TSD and EPSD relaunched their district-specific e-program opportunities in January 2026. At that time, each district relaunched its Program 1 and launched additional programs (2 and 3) for the first time. TSD offered two programs totaling 15 hours of content across 15 e-courses. EPSD offered three programs totaling 16 hours of content across 18 courses. In total, these multi-course e-programs have 255 district staff enrollments, with a total of 144 full program completions (average 56% completion rate). Figure 3A shows the breakdown of completions by program, as well as the number of completed courses within each program. Completed courses include learners who have begun a program but have not fully completed it yet, **totaling 1,184 course completions**.

Figure 3A: E-Program Completions 2024-2026

District	EPSD			TSD	
Program	Program 1	Program 2	Program 3	Program 1	Program 2
	Promoting Health & Wellbeing in Schools	Bullying and Wellbeing in Our Schools	Building Connection Among Youth	Promoting Health & Wellbeing in Schools	Fostering Sense of Belonging in School
# Courses in Program	7	7	4	9	6
Quantity of Courses Completed	293	85	52	646	108
# Learners Enrolled	78	19	17	119	22
Program Completion Rate	46%	58%	76%	56%	77%

CSU PRC collects data on knowledge gains for four e-courses and participant feedback for all courses. The analysis to measure knowledge gains from pretest to posttest is the same methodology as measuring program outcomes for Blues and Proud and Empowered programs. Due to the restriction of the LMS data and reporting capabilities, **these data are only available as aggregate data.** This means that all data on knowledge gains and user satisfaction are representative of the whole CSU PRC LMS, not just Larimer County (n=487). Figure 3B, below, highlights that learners gain significant knowledge in our courses. Of the four courses with pre- and posttest data, all show statistically significant gains in knowledge with medium to large effect sizes. The LMS user feedback is also very high, as this image highlights.

Figure 3B: Knowledge Gains from Pretest to Posttest for LMS courses

Scale	n	Average Total Score at Pre & Post	Percent Change	Desired Direction of Change?	Significance	Effect Size
Social Media I	61	Pre 5.15 Post 5.8	13%	Yes	p < .001	0.53
Social Media II	47	Pre 5.15 Post 6.62	29%	Yes	p < .001	0.97
School Connectedness I	196	Pre 7.49 Post 7.81	4%	Yes	p < .001	0.42
School Connectedness II	54	Pre 6.72 Post 7.5	12%	Yes	p < .001	0.59

In-person PD at TSD: As presented in the interim report, Dr. Anne Williford presented a 75-minute workshop for 15 school attendance team leaders for middle and high schools on December 11th, 2025. This workshop was then adapted into a course outline for a self-paced e-learning format to reach additional district staff. CSU PRC has developed the course, but the final e-course design is still in process. TSD staff will have access to this 2-part e-series in Fall 2026.

In-person PD at EPSD: As presented in the interim report, Dr. Riggs and Dr. Conner returned to EPSD for an updated *Youth Substance Use Trends* presentation on November 6th, 2025. As previously shared, 100% of the post-event survey respondents (n=9) shared that the information was somewhat or extremely useful and rated the event either good or excellent.

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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.*

   See annual results sections reported under the objectives described in item 1 above.

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

   See annual results sections reported under the objectives described in item 1 above.

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

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

   See attached Excel expense report: All statement expenses match the budget to actual spreadsheet.

6. Questions:

a. What went well?

As this project continues, our partnerships with each district, as well as between districts, have grown immensely. As we conclude our third year with all three Larimer County school districts, we have established solid processes to streamline efforts and build upon the infrastructure that we initially created together. This year, the barriers around school policies and procedures were easier to manage, now that we have established trust and systems.

The collaborative spirit among the three districts and the CSU PRC continues to thrive. District leaders have shared that this project helps to align efforts across the three districts, which they are doing more now than in the past. We believe this to be a testament to this Opioid Abatement project.

As demonstrated in our annual results, our outcomes for all three goals continue to show positive progress. This is especially apparent in our Blues Program outcomes and satisfaction ratings, the implementation of youth social-emotional learning programs to hundreds of students, and widespread engagement with the CSU PRC's prevention professional development training modules. All of these efforts will contribute greatly to project and program sustainability in the coming years.

b. How could your program be improved?

The biggest hurdle in working with school districts, generally, is managing diverse district organizational policies. In some instances, it has taken a long time to acquire district approval for our processes. One of our large school districts has a lot of red tape that has, at times, significantly delayed activities. One recommendation is that future funding opportunities consider these sometimes extended timelines and offer multi-year grant periods that allow time to establish a partnership before implementing initiatives, especially when coordinating with school systems.

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

Sustainability has been at the forefront of this project from day one. The process of prevention is intended to always consider sustainability first, and our teams have all maintained collaborative decision-making with all new prevention initiatives.

First, the professional development provided in the form of in-person and asynchronous e-learning modules is delivered to increase prevention providers' skills and capacity necessary to sustainably implement evidence-based interventions. The e-learning modules are, themselves, sustainable as they are hosted on our learning management system that can be accessed indefinitely, free of charge.

We have trained a Blues Program trainer of trainers to allow for indefinite training capacity for new Blues Program facilitators, with three more trainers identified to receive this training in the future. We have also made efforts, where possible, to adopt either low-cost or no-cost programs, or programs that come with one-time costs to increase the likelihood that schools can afford continued implementation of these programs when working with limited budgets. The CSU PRC has also identified and shared several no-cost substance use prevention and quitting programs and resources for schools to implement as they see fit.

d. What could the Council improve?

The Council has been very supportive and adaptive from the very beginning. As mentioned above, multi-year funding opportunities could support the past issues of establishing new contracts with each district every year.

Appendix A

Barriers Delivering Blues in Colorado

Barrier 01

Scheduling Sessions – Working around class schedules, extracurriculars, etc.

Barrier 02

Enough Time – Having a secure chunk of 45 or 60 minutes each week.

Barrier 03

Student Recruitment/Attendance – Identifying the right students, finding those who are interested, and getting them to show up consistently.

Barrier 04

Engagement & Home Practice – Lack of engagement in the sessions, and especially with home practices.

Barrier 05

Family Buy-in – Getting the caregivers on board and excited for the program.

Solutions & Adaptations

Adapt 01

Scheduling Sessions

- Recruit students first, then ask them when they can meet.
- Provide handouts, announcements, etc. that explain the benefits of Blues compared to missing class - For building staff, students, and families.

Adapt 02

Enough Time

- Add an extra mid-cohort session to cover what was missed or for an opportunity for open sharing.
- Add a session at the end and make it a full celebration.
- Use different versions (8- or 6-week) or connect w/ Paul.

Adapt 03

Student Recruitment/Attendance

- Set inclusion criteria (rubric) for readiness, mental health.
- Consider opt-out vs. opt-in forms for participation.
- Utilize student program champions to promote it.
- Revisit communication, incentives, recruitment methods.

Adapt 04

Engagement & Home Practice

- Send reminders to students; consider Google Classrooms.
- Recruiting the right students could help with this.
- Shift your focus to those who DO complete home practice, or make it a competition within the group.

Adapt 05

Family Buy-in

- Utilize flyers, videos, or other tools from CSU.
- Be a face to the program - accessibility to families.
- Consider emails on your weekly strategies/expectations.

Why We Blues

Reason 01

Student Growth – Witnessing the growth in our students: To see their appreciation for this program and see them practicing the skills.

Reason 02

Connecting with Students – The opportunity to connect with students and grow rapport with them.

Reason 03

Practical Tools & Insight – Gaining helpful tools to apply to our professional and personal lives.

Reason 04

Feasibility & Support – It's a helpful program overall, and it is easy to implement. This is a great opportunity to support students.

Reason 05

Connections Among Students – Seeing the student make connections and friendships through the program.

Attachment: Budget to Actual Report (final)

Grantee:	Colorado State University
Approved Use:	Schedule A.G.2 Prevention Programs: Funding for evidence-based prevention programs in schools
Date Range	07/1/2025-06/30/2026

Direct Personnel

Position	Name (initials only)	Annual Rate	FTE %	Personnel Cost	Fringe Benefits	Budget	Actual Expenditures	% Expended	Notes
Project Director	N. Riggs	$173,745	0.01	$1,737	$476	$2,214	$2,214	100.0%	
Co-Director	A. Williford	$138,851	0.05	$6,943	$1,902	$8,845	$8,845	100.0%	
Project Associate	N. Mingola	$60,249	1.00	$60,249	$16,508	$76,757	$75,822	98.8%	
Project Associate	A. Hansen	$55,077	0.30	$16,523	$4,527	$21,051	$21,051	100.0%	
Graduate Student	J. Najman	-	-	-	-	-	$2,094	0.0%	Graduate student brought on in May and June 2026 to support program evaluations and reporting ($25/hour)
				SUBTOTAL		**$108,866**	**$110,025**	101.1%	

Other Direct Costs

Item(s)	Rate	Units	Category	Budget	Actual Expenditures	% Expended	Notes
Program Supplies	$7,195.00	3	Supplies	$21,585	$14,302	66.3%	The first Guiding Good Choices cohort did not reach enough participants, so fewer cohorts launched.
Compensation for Program Staff	$615.00	83	Other	$37,045	$29,937	80.8%	With GGC missing their first cohort launch, that also meant fewer staff incentives.
(LMS Upkeep) Equipment and Lisencing Fees	$2,000.00	1	Other	$2,000	$6,143	307.1%	Additional fees were added this year to continue using the Learning Management System.
Program Training	$1,001.00	4	Professional Development	$18,004	$11,027	61.2%	It was difficult to predict training needs ahead of summer planning. This category was over projected.
			SUBTOTAL	**$78,634**	$61,409	78.1%	
			TOTAL DIRECT	$187,500	$171,434	91.4%	
			Indirect	$37,500	$34,287	91.4%	
			TOTAL COSTS	$225,000	$205,721	91.4%	$19,279.08 unspent

Region 2 Larimer County ROAC

Approved January 23, 2025

GOALS

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 support 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.

PRINCIPLES

Equity: Advance equity for communities disparately impacted by the opioid epidemic by investing in opportunities and reducing barriers these groups face in accessing resources for harm reduction, recovery initiation, recovery support, and prevention. Factors include but are not limited to race, ethnicity, gender, sexual orientation, stigma, geographic distance to resources, fragmented care systems, legal fears, and cultural and language challenges. (CDC Health Equity Strategy, OSPRI Focus on Racial Equity)

Evidence-Based Practices: Implement and uphold evidence-based, evidence-informed, and emerging promising practices, and avoid funding or supporting practices that contradict established scientific evidence. (SAMHSA Evidence-Based Practices Resource Center, OSPRI Use Evidence to Guide Spending)

Holistic and Person-Centered Approaches: Embrace a holistic approach that emphasizes serving the whole person's health by addressing physical, mental, emotional, and social needs.

Sustainability: Contribute to sustainable systems and plan for a long-term impact to support the community.

Prevention: Invest in proven prevention strategies, particularly focusing on youth and communities facing a greater burden of risk factors. (OSPRI Invest in Youth Prevention)

Comprehensive Solutions: Address the multi-faceted nature of substance use disorders and the opioid crisis, by including prevention, treatment, recovery, harm reduction, and social determinants of health.

Community Involvement: Engage individuals with lived-experience, local communities, and other key stakeholders in the decision-making process to ensure that interventions are responsive to community-defined needs.

Transparency and Accountability: Ensure transparency in decision-making processes and accountability for how funds are allocated and spent, including regular public reporting on outcomes and expenditures. (OSPRI Fair and Transparent Process

YEAR 4 DISCUSSION: APPROACHING EQUITY WITH ADDITIONAL FOCUS

ROAC Endorsed Definition

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

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1. Repair Past Harms - Address unfair treatment and damage caused by past policies or neglect.

Examples: **Direct Compensation, Support Children of Overdose Victims, Legal Aid, Memorial or Funeral Funding**

- Between 2011 and 2021, over **321,000 U.S. children** lost a parent to drug overdose, with the rate more than doubling during this period. JAMA Network

- Mallinckrodt is one of the few companies that has begun paying victims. After administrative and legal fees, some **claimants have received between $400 and $700.** CBS News

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2. Remove Barriers to Ensure Services Work for Everyone - Make it easier for people to get the help they need by reducing obstacles like cost and stigma and make sure everyone has access to resources regardless of language.

Examples: **Culturally responsive services tailored to population needs, identify and address gaps in transitions, improve rural access, reduce stigma associated with medication assisted treatment.**

- In 2022, only **25% of U.S. adults** with opioid use disorder received medications to treat it. MMWR Treatment for OUD
- **Rural counties** are more likely than urban counties to lack behavioral health providers, exacerbating access challenges. HRSA
- Between 2015 and 2017, **Hispanic populations** experienced a 262% increase in synthetic opioid–involved overdose death rates, rising from 1.3 to 4.7 per 100,000 in medium/small metropolitan areas. CDC
- In 2019, 84% of community mental health centers provided treatment services in languages other than English, while only 44% of residential treatment centers for

children did so. SAMHSA

- Services are often not tailored to meet the unique needs of LGBTQ+ and BIPOC youth, highlighting a need for increased cultural competency. ScienceDirect

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3. Help Those Most in Need - Prioritize people and places with the greatest challenges, not just distribute resources equally.

Examples: **Address social determinants of health for individuals in treatment and their families, Focus on Trauma-Informed Care, Target root cause of SUD risk including generational trauma, Integrate efforts to simultaneously address homelessness and SUD**

- Individuals recently released from prison are at significantly higher risk of fatal and non-fatal opioid overdose. CDC Stacks

- The overdose mortality rate among people experiencing homelessness was **12 times higher** than that of the general adult population in Massachusetts. JAMA Network

PROCESS OPPORTUNITY - Expanding the Opportunity to Learn From Those with Lived Experience

Give Communities a Voice - Ask lived experience board members to consider separate convenings of community experts to make process and funding recommendations to the ROAC board.

- Community-driven, community-led partnerships have been effective in implementing health interventions, demonstrating the value of engaging communities in decision-making. CDC

- Assign leadership positions to individuals with lived experience to influence strategy and oversight. NASHP
