AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Contract Amendment No. 2; CDPHE

Action Requested: County Manager Signature

Parties to the Agreement:

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

Summary:

Contract Amendment No. 2; Communities that Care - Colorado Department of Public Health & Environment

Fiscal Impact:

Submitted by: Liz Mense for HHS **Submitter's Email Address:** EMense@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 6/11/2020

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

Comments:
ok db 6/12/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 6/12/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\emense Discharge Date: 6/12/2020

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

Agenda Date: 6/16/2020

Revised April 2015

COLORADO
Department of Public Health & Environment

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From:	Matthew Birnie
Envelope Subject:	Request for Signature - CDPHE Contract 2017*0148 Amendment #2 - Communities that Care
Attachments to Fax:	
Envelope ID:	8bea06d9-2e8e-4e01-b4e6-752e0df40f0f
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CONTRACT AMENDMENT #2

SIGNATURE AND COVER PAGE(S)

State Agency: **Colorado Department Of Public Health and Environment** **VIP/MJ-CtC** **4300 Cherry Creek Drive South** **Denver, CO 80246**	Original Contract Number: **17 FHLA 89323**
Contractor: **Board of County Commissioners of Gunnison County** **200 East Virginia Avenue, Gunnison, CO 81230-2297** **for the use and benefit of the** **Gunnison County Department of Health and Human Services** **225 North Pine Street, Suite E** **Gunnison, CO 81230-2333**	Amendment Contract Number: **2017*0148 Amendment # 2**
Contract Performance Beginning Date: **July 1, 2016**	Current Contract Expiration Date: **June 30, 2021**

CONTRACT MAXIMUM AMOUNT TABLE

Document Type	Contract Number	Federal Funding Amount	State Funding Amount	Other Funding Amount	Term (dates)	Total
Original Contract	17 FHLA 89323	$0.00	$91,519.00	$0.00	7/1/16-6/30/17	$91,519.00
GFCL #1	18 FHLA 101493	$0.00	$167,556.00	$0.00	7/1/17-6/30/18	$167,556.00
Amendment #1	19 FHLA 109556	$0.00	$175,920.00	$0.00	7/1/18-6/30/19	$175,920.00
Option Letter #1	2017*0148 Option Letter 1	$0.00	$6,363.00	$0.00	4/18/19-6/30/19	$6,363.00
Option Letter #2	2017*0148 Option Letter 2	$0.00	$175,920.00	$0.00	7/1/19-6/30/20	$175,920.00
Amendment # 2	2017*0148 Amendment # 2	$0.00	$175,899.00	$0.00	7/1/20-6/30/21	$175,899.00
					Current Contract Maximum Cumulative Amount	$793,043.00

SIGNATURE PAGE

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

CONTRACTOR Board of County Commissioners of Gunnison County, for the use and benefit of the Gunnison County Department of Health and Human Services	**STATE OF COLORADO** **Jared S. Polis, Governor** Colorado Department of Public Health and Environment Jill Hunsaker Ryan, MPH, Executive Director
_____ By: Signature	_____ By: Signature
_____ Name of Person Signing for Contractor	_____ Name of Executive Director Delegate
_____ Title of Person Signing for Contractor	_____ Title of Executive Director Delegate
Date: _____	Date: _____

In accordance with §24-30-202 C.R.S., this Contract is not valid until signed and dated below by the State Controller or an authorized delegate.

STATE CONTROLLER
Robert Jaros, CPA, MBA, JD

_____
By: Signature

_____
Name of State Controller Delegate

_____
Title of State Controller Delegate

Contract Effective Date:_____

-- Signature and Cover Pages End --

1. PARTIES

This Amendment (the "Amendment") to the Original Contract shown on the Signature and Cover Page for this Amendment (the "Contract") is entered into by and between the Contractor, and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown under the State Controller Signature. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties' respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown under the State Controller Signature or **July 1, 2020**, whichever is later, and shall terminate on the termination of the Contract or **June 30, 2021**, whichever is earlier.

4. PURPOSE

The Parties entered into the agreement to Implement the "Communities that Care" model to identify evidence-based or evidence-informed youth substance abuse prevention strategies and identify sustainable local or regional strategies for ongoing implementation of youth substance abuse prevention strategies.

The Parties now desire to increase funding and change the Statement of Work for the following reason: To continue services to the community as set forth in the Original Contract.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Contract Maximum Amount table is deleted and replaced with the Current Contract Maximum Amount table shown on the Signature and Cover Page for this Amendment.

B. The Parties now agree to modify Exhibit G, Statement of Work, of the agreement. Exhibit G, Statement of Work, is deleted and replaced in its entirety with Exhibit G, Statement of Work, attached to this Amendment for the following reason: To continue providing services to the Community as set forth in the Original Contract.

C. The Parties now agree to modify Exhibit J, Budget, of the agreement. Exhibit J, Budget, is deleted and replaced in its entirety with Exhibit J, Budget, attached to this Amendment for

the following reason: To increase funding for the new term as set forth in the Original Contract.

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

EXHIBIT G

STATEMENT OF WORK
To Original Contract Routing Number 17 FHLA 89323

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. **Entity Name:** Gunnison County Department of Health and Human Services

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

III. **Definitions:**

1. **Behavioral health:** a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders, and behavioral health, and as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians, as well as nurse practitioners and physician assistants.
2. **CDE:** Colorado Department of Education
3. **CDHS:** Colorado Department of Human Services
4. **CDPHE:** Colorado Department of Public Health and Environment
5. **CMP:** Collaborative Management Programs funded by CDHS
6. **CTC** or **Communities That Care:** an evidence-based community engagement model identified as a promising program by the Blueprints for Healthy Youth Development evidence-based registry. Communities that Care includes 5 Phases of implementation:
   Phase 1: Get Started
   Phase 2: Get Involved
   Phase 3: Develop Community Profile
   Phase 4: Create a Plan
   Phase 5: Implement and Evaluate
7. **CU Anschutz**: University of Colorado at Anschutz Medical Campus
8. **DCJ**: Division of Criminal Justice
9. **DfC**: Drug Free Communities Grant recipients from the Office of National Drug Control and Policy
10. **HKCS:** Healthy Kids Colorado Survey
11. **LPHA:** Local Public Health Agency
12. **MCH:** Maternal Child Health
13. **OBH**: Office of Behavioral Health at the Colorado Department of Human Services
14. **Primary Prevention**: As defined by the Centers for Disease Control's Principles of Prevention Guide, primary prevention takes place BEFORE substance misuse (or other health behavior) initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for substance misuse or exposure. Or, they encourage the factors that protect or buffer people from substances.
15. **PYD:** Positive Youth Development is an approach that guides communities and organizations in the way that they organize services, opportunities and supports. In practice, this approach incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies, so that young people reach their full potential.
16. **SB94:** Programs funded by CDHS authorized through Senate Bill 94.

17. **Socio-ecological model:** CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors.
18. **State-funded prevention programs**: Examples of state-funded prevention programs include the Tony Grampsas Youth Services projects, sexual violence prevention programs, communities funded by the Office of Suicide Prevention, LPHA Maternal Child Health, CDE grantees, collaborative management programs, community substance misuse treatment programs funded by OBH, Senate Bill 94 programs, Regional Accountable Entities funded by Health Care Policy and Financing, and other Division of Criminal Justice programs.
19. **Substance misuse:** substance misuse among youth includes underage use of marijuana and alcohol and the misuse of prescription drugs/opioids. Additional substances may be included in the definition of substance misuse by a community if they have documented data of misuse or abuse among youth in their community, excluding tobacco.
20. **TGYS:** Tony Grampsas Youth Services grants for primary prevention programs in communities.
21. **UCB**: University of Colorado at Boulder

IV. Work Plan:

Goal #1: Create healthy, thriving and resilient communities, free from violence and injury.	
Objective #1: No later than the expiration date of this contract, reduce negative health outcomes among Colorado youth, including substance misuse, violence, and delinquency by reducing risk and increasing protective factors in the lives of youth.	
Primary Activity #1	The Contractor shall mobilize a high capacity group of stakeholders through steps of the *Communities That Care* model, using data and priorities identified by each individual community.
Sub-Activities #1	1. The Contractor shall provide a full time *Communities That Care* Community Mobilizer. 2. The Contractor shall recruit and retain key leaders and potential community board members to participate in the CTC project, using guidance outlined in the CTC model. 3. The Contractor shall recruit and retain leaders of state-funded prevention and treatment projects to participate in the CTC project, as available within the communities. 4. The Contractor shall use group facilitation skills and tools provided by CTC to help guide the stakeholders engaged in the CTC process through the CTC process. 5. The Contractor shall revisit any milestones from Phases 1 and 2 needed to facilitate coalition progress in achieving milestones from Phases 3-5. 6. The Contractor shall hold regular meetings of the stakeholders engaged in the CTC process, a minimum of one (1) meeting of the stakeholders or a workgroup per month. 7. The Contractor shall complete the CTC Milestones process evaluation tool with the support of the stakeholders engaged in the CTC process. 8. The Contractor shall have community stakeholders prepare for meetings. 9. The Contractor shall facilitate delegation of community prevention CTC project tasks, including but not limited to collecting, organizing, and analyzing data; community outreach and public relations; and CTC project meetings. 10. The Contractor shall train stakeholders engaged in the CTC stakeholder project to expand community outreach. 11. The Contractor shall provide language interpretation at CTC project meetings, as needed.

Primary Activity #2	The Contractor shall use local HKCS data and regional public data to generate a community assessment that identifies gaps in prevention to reduce risk and increase protective factors that improve youth health outcomes.
Sub-Activities #2	1. The Contractor shall summarize data about risk and protective factors in the community using a list of scales and indicators provided by CDPHE. 2. The Contractor shall coordinate data review with local public health staff who create the existing local community health assessment required in the Public Health Act of 2008. 3. The Contractor shall lead the CTC workshops and other activities outlined in the relevant phases of the Milestones with appropriate timing for effective community progress. 4. The Contractor shall complete additional assessments/data analysis to develop a clear picture of gaps and resources to address risk and protective factors through evidence-based primary prevention strategies and programs within the community, specifically related to shared risk and protective factors that prevent substance misuse. 5. The Contractor shall identify existing prevention programs that can be leveraged to address the strategies selected at each of the socio-ecological model levels. 6. The Contractor shall request data from relevant community stakeholders to further analyze gaps in local efforts to reduce risk and increase protective factors among youth. 7. The Contractor shall review local or regional data released after the completion of the existing community health assessment to further monitor priority risk or protective factors that impact unhealthy youth outcomes, including substance misuse and violence. 8. The Contractor shall engage community members to assess risk and protective factors driving prioritized problems based on selected prevention priorities. 9. The Contractor shall summarize these assessment results in an updated community health assessment report on risk, protective and outcome data. 10. The Contractor shall complete the relevant activities and sections of the CTC Milestones process evaluation tool for Phases 2-5, with the support of the workgroups, boards, and other stakeholders engaged in the CTC project and with guidance from the CTC Coach. 11. The Contractor shall re-administer relevant Milestones, including relevant workshops for the boards.
Primary Activity #3	The Contractor shall develop a community action plan to prioritize primary prevention strategies and programs that reduce risk and promote protective factors, specifically addressing gaps in youth health outcomes identified in the assessment using the CTC model.
Sub-Activities #3	1. The Contractor shall use the results of the community resource assessment (in consultation with stakeholders engaged in the CTC project) to refine the geographic areas/community(ies) appropriate for intervention within the community action plan. 2. The Contractor shall facilitate the CTC workgroups, community board, and key leader board through the workshops and milestones for Phases 4-5 with appropriate timing for effective community progress, with coaching from CDPHE. 3. The Contractor shall develop a process for setting prevention priorities based on updated assessment data from that community. 4. The Contractor shall identify and implement (in consultation with stakeholders engaged in the Communities that Care project) a minimum of one (1) prevention strategy from both the societal and community levels of the socioecological model to impact selected risk or protective factors.

	5. The Contractor shall include in the action plan activities that promote positive youth development (PYD) and/or social development strategy policies, principles, and/or practices throughout their community. 6. The Contractor shall use approved tools to conduct outcome-focused planning to illustrate and connect the problems the CTC Coalitions and other stakeholders will address, evidence-based strategies to address those problems, and anticipated outcomes. 7. The Contractor shall work with CTC project members, members of the larger community and CDPHE to develop a comprehensive community action plan, using evidence-based or evidence-informed strategies from the menu of prevention strategies to be provided by CDPHE. 8. The Contractor shall develop budgets for implementation of prevention strategies identified by the stakeholders engaged in the CTC project. 9. The Contractor shall identify process and outcome evaluation measures for each action step and strategy implemented within the community action plan with technical assistance from UCB. 10. The Contractor shall complete the relevant activities and sections of the CTC Milestones process evaluation tool for Phases 4-5, with the support of the workgroups, boards, and other stakeholders engaged in the CTC project and with guidance from the CTC Coach.
Primary Activity #4	The Contractor shall document the implementation of specific action steps and related evaluation measures from the community action plan, including successes and challenges the stakeholders engaged in the CTC project encountered while implementing prevention strategies that address common risk or protective factor gaps within the community.
Sub-Activities #4	1. The Contractor shall be involved in the implementation of any primary prevention strategies focused on risk or protective factors within the community to avoid duplication. 2. The Contractor shall document successes or challenges encountered by community coalition members while implementing prevention strategies. 3. The Contractor shall track progress toward implementation of the steps outlined in the community prevention action plan. 4. The Contractor shall discuss prevention activity updates in the community action plan with the CDPHE contract monitor. 5. The Contractor shall document the implementation activities and challenges in their progress reports to CDPHE. 6. The Contractor shall complete the appropriate sections of the CTC Milestones process evaluation tool for Phases 4 and 5, with the support of the coalition. 7. The Contractor shall use training and technical assistance from UCB to complete the evaluation portions of the community action plan.
Primary Activity #5	The Contractor shall increase opportunities for prosocial engagement for youth in the community through Positive Youth Development (PYD) trainings to local community members including, but not limited to, youth-serving professionals, caregivers, local business, law enforcement, and health care providers.
Sub-Activities #5	1. The Contractor shall require a designated lead be trained and approved as a CDPHE certified PYD Trainer. 2. The Contractor shall adapt the CDPHE training to include local resources, organizations and relevant cultural adaptations to the area. 3. The Contractor shall work with local stakeholders to recruit community members to attend and participate in PYD trainings.

	4. The Contractor shall leverage collaborative relationships with organizations to expand recruitment efforts in the identified geographic area for trainings and to host PYD trainings at other organization locations. 5. The Contractor shall request technical assistance from CDPHE staff to respond to difficult situations or questions that come up in PYD trainings. 6. The Contractor shall use surveys to evaluate the effectiveness of the training to increase knowledge of PYD, evaluate effectiveness of Community Mobilizer, and increase ability to use PYD in professional work. 7. The Contractor shall participate in quality improvement practices including, but not limited to, site visits, evaluation review, and sharing evaluation results with CDPHE. 8. The Contractor shall participate in Community of Practice meeting opportunities, where others also focused on PYD can work together to identify and leverage best practices, standards, and to support mastery of PYD training delivery. Activities include, but not limited to, participation in regular conference calls, reviewing relevant research, and completing tasks using the online PYD Canvas modules.
Standards and Requirements	1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The Contractor shall monitor documents and website content for updates and comply with all updates. 2. The Contractor shall participate in all required technical assistance meetings conducted by the CDPHE CTC team. 3. The Contractor shall work with state- and/or federally-funded programs that exist within their community, including but not limited to other funded prevention programs from CDE, MCH, TGYS, CMPs, SB94, DfCs, OBH or DCJ. 4. The Contractor shall facilitate and document the implementation of the Milestones across the five (5) phases of the *Communities That Care* model with fidelity, providing justification for shifts made that make the model more responsive to local needs. The five phases are described on the CTC website: http://www.communitiesthatcare.net/how-ctc-works/, incorporated and made part of this Contract by reference. 5. The Contractor shall require the CTC Community Mobilizer demonstrate the skills identified in the CTC Community Mobilizer job description and skill assessment provided by the University of Washington. 6. The Contractor shall require any person supporting facilitation of the broader coalition to be cross-trained as a CTC Community Mobilizer to support effective implementation and coalition management, when needed. 7. The Contractor shall adhere to all CTC Plus license agreement requirements. 8. The Contractor shall require that all Community Mobilizers using the CTC Plus system have successfully completed the Community Mobilizer Training, content mastery assignment, and working with a CTC coach in advance of launching CTC Plus in their communities, 9. The Contractor shall participate in monthly coaching calls, share updates, and request support prior to implementation of milestones to the CTC Coach at CDPHE on the progress of the activities and deliverables in the statement of work. 10. The Contractor shall include CTC Community Mobilizer staff on the monthly call for needed TA and coaching on upcoming CTC phases and milestones. 11. The Contractor shall provide a list of schools in their community to the CU Anschutz HKCS team to encourage focused recruitment of those schools in the HKCS. 12. The Contractor shall act as a liaison linking CU Anschutz HKCS staff to schools for recruitment for survey administration.

	13. The Contractor shall enter into a report sharing agreement with local schools to receive HKCS scaled risk and protective factor reports once every two years, when possible. 14. The Contractor shall request technical assistance from UCB to interpret the results in the scaled risk and protective factor reports that use HKCS data. 15. The Contractor shall assist in all data collection efforts from UCB in order to help with continuous program quality improvement, as requested. 16. CDPHE will provide a menu of approved primary prevention strategies across the socioecological model for implementation by communities. These strategies will be based on the best available research and evidence for the prevention of risk and promotion of protective factors in communities. 17. The Contractor shall select strategies for implementation in the community prevention action plan from the menu of primary prevention strategies to be provided by CDPHE. The Contractor shall employ a minimum of one (1) environmental strategy. 18. The Contractor shall create a proposal for any innovative strategies not currently on the menu of primary prevention strategies using the approved CDPHE proposal template. The Contractor shall provide the proposal via email to their assigned CTC Coach for review by the entire CTC team for evidence-informed approaches. 19. CDPHE will review any innovative strategy proposal submission within ten (10) business days of receipt and provide feedback and questions for further clarification. 20. The Contractor shall create a community action plan that meets the criteria set out in the CDPHE community action plan guidelines. 21. The Contractor shall identify (in consultation with stakeholders engaged in the CTC project) action steps to improve implementation of evidence-based prevention programs at the individual and relationship levels of the socioecological model, also known as Blueprints for Healthy Youth Development. 22. CDPHE will review and provide feedback on the community action and the community implementation and evaluation plans within 15 business days. 23. The Contractor shall consult with their CTC Coach on feedback for the community action and the community implementation and evaluation plans prior to strategy and program implementation. 24. The Contractor shall consult with their CTC Coach prior to making action or implementation and evaluation plan changes that would alter the objectives of either plan. 25. The Contractor shall review the community action plan with the Key Leader Board (KLB) to highlight leveraged efforts and funding for selected strategies and programs and to receive the KLBs advice and suggested changes prior to developing the community implementation and evaluation plan. 26. The Contractor shall invite the CTC Coach, and the a relevant subject matter expert to participate at least electronically in the implementation and evaluation planning meetings. 27. The Contractor shall comply with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) website http://www.integration.samhsa.gov/EnhancedCLASStandardsBlueprint.pdf as they relate to health communications and is incorporated and made part of this Contract by reference. 28. The Contractor shall use current social marketing campaign materials provided by CDPHE, when social norms change is selected as part of the community action plan. 29. The Contractor shall not use CTC funds to purchase ad space for existing statewide social marketing campaigns. 30. The Contractor shall use only marijuana research or statements on the health effects outlined by the Retail Marijuana Public Health Advisory Committee. These approved health statements and factsheets are incorporated and made part of this Contract by reference and are available on the following website www.colorado.gov/marijuana.

31. The Contractor shall use annual facilitation feedback from the key leader and community board members as well as from the coach to identify opportunities for development and quality improvement that will support program outcomes.
32. The Contractor shall attend identified trainings, including grantee meetings, the *Communities That Care* model, effective facilitation strategies, positive youth development, accessing data resources, prevention-science, and other trainings as identified to develop the skills of staff working on the project.
33. The Contractor shall utilize the positive youth development rubrics (adult and youth version) to build capacity and evaluate effective youth involvement aligned with HB 13-1239 - Colorado Statewide Youth Development Plan's identified strategic efforts to achieve positive outcomes for all youth.
34. The Contractor shall use the CDPHE-approved progress and final report templates, to be provided by CDPHE. Information requested will align with the statewide evaluation plan from UCB and continuous program quality improvement efforts.
35. The Contractor shall provide to CDPHE upon request written procedures related to gift card purchase and handling. At a minimum, the procedures must include the following:
    a. How the gift card inventory is tracked and maintained
    b. Gift card storage and safeguards against theft
    c. The primary person responsible for securing and distribution gift cards,
    d. A gift card distribution log that records each gift card number, dollar amount, and the printed name and signature of each gift card recipient.
36. The Contractor shall provide CDPHE with an updated staff roster of CTC Community Mobilizers and other staff within two (2) weeks of any staffing change.
37. CDPHE will provide available Healthy Kids Colorado Survey data at the regional level. www.healthykidscolo.org This information is incorporated and made part of this Contract by reference.
38. The Contractor shall use current PYD materials provided by the Youth and Young Adult Section Manager and Retail Marijuana Education & Youth Prevention Coordinator at CDPHE.
39. The Contractor shall use only PYD research outlined by CDPHE. This document is incorporated and made part of this Contract by reference and is available on the following website https://www.colorado.gov/pacific/cdphe/positive-youth-development
40. The Contractor shall work with organizations to best serve the community.
41. The Contractor shall not charge a fee for participation in PYD training.
42. The Contractor shall use only CDPHE evaluation surveys.
43. The Contractor shall follow the CDPHE progress report template, to be provided by CDPHE, which includes, but not limited to, the following requirements:
    a. Number of trainings held,
    b. Number of attendees, by sector and county
    c. Evaluation results pre- and post-retrospective training to document increases in knowledge
44. The Contractor shall submit to CDPHE for approval any adaptations to training a minimum of two (2) weeks prior to implementation. All adaptations must be approved by CDPHE prior to implementation.
45. The Contractor shall submit all deliverables via email or file sharing service to the CDPHE PYD training coordinators.

Expected Results of Activity(s)	Reduce negative health outcomes among Colorado youth, including substance misuse, violence, and delinquency by lowering risk and increasing protective factors in the lives of youth and implementing evidence-based practices to address those factors using the *Communities That Care* model across Colorado.	
Measurement of Expected Results	Final progress and outcome evaluation results, including: a. documented progress on the CTC Milestones b. community action plan identifying how the community will address the priority risk and protective factors related to improving youth health outcomes, including substance misuse prevention. c. implementation of community action plan, including evaluation activities	
		Completion Date
Deliverables	1. The Contractor shall submit a progress report using a CDPHE approved template.	No later than 9/30, 12/31, and 3/31
	2. The Contractor shall submit a final Community Action Plan (Part 1) that addresses the identified gaps found in the community assessment.	No later than 9/30
	3. The Contractor shall submit a final community implementation and evaluation plan (Part 2 of the Community Action Plan) that addresses the identified gaps found in the community assessment.	No later than 12/31
	4. The Contractor shall submit a final report that provides an overview of all activities implemented in the five (5) years of funding.	No later than 6/30
	5. The Contractor shall submit to the CDPHE PYD Training Leads all CDPHE pre- and post- retrospective survey results for PYD training.	No later than 45 calendar days after training

V. Monitoring:

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

VI. Resolution of Non-Compliance:

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

COLORADO
Department of Public Health & Environment

PREVENTION SERVICES DIVISION- 12 MONTH BUDGET WITH JUSTIFICATION FORM

Original Contract Routing # 17 FHLA 89323

Contractor Name	Board of County Commissioners of Gunnison County, for the use and benefit of the Gunnison County Department of Health and Human Services	**Program Contact Name, Title, Phone and Email**	Kari Commerford, Director of Juvenile Services, 970-642-7393 kcommerford@gunnisoncounty.org
Budget Period	July 1, 2020-June 30, 2021	**Fiscal Contact Name, Title, Phone and Email**	Linda Nienhueser, Director of Finance 970-641-7622 lnienhueser@gunnisoncounty.org
Project Name	GCSAPP	**Contract (CT or PO) Number**	CT FHLA 2021*0351

Expenditure Categories

Personal Services
Salaried Employees

Position Title	Description of Work	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE
Director/CTC facilitator	CTC facilitator will be required to attend all trainings and the lead for implementing the CTC model into the GCSAPP coalition and community. The CTC facilitator will be in charge of publishing and presenting data and coalition work to community.	$ 78,650.00	$ 4.00	48.0%	$ 37,753.92

Personal Services

Position Title	Description of Work	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
Education Specialist II - PYD lead	Chair workgroup/domains of CTC and lead for PYD implementation strategy. Facilitate parent-community support sessions.	$ 28.00	$ 9.00	780.0	$ 28,860.00
Youth Programming Coordinator - SOS lead	Chair workgroup/domains of CTC and lead for SOS implementation strategy. Facilitate parent-community support sessions.	$ 27.00	$ 9.00	520.0	$ 18,720.00
ECC Coordinator - FFBP lead	Lead for Family Friendly Business Practices implementation strategy. Facilitate parent-community support sessions.	$ 28.00	$ 6.00	520.0	$ 17,680.00
Health Education Outreach Specialist	outreach and engagement of new community members - messaging and dissemination of coalition information. Help implement health equity work in juvenile services.	$ 22.00	$ 3.00	1040.0	$ 26,000.00
				Total Personal Services (including fringe benefits)	**$ 129,013.92**

Supplies & Operating Expenses				
Item	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
Coalition meeting meals	Meals for attendance at 6 anticipated coalition meetings for 30 people x $12/pp as an incentive for members to attend meetings that run 12-1:30.	$ 360.00	6.0	$ 2,160.00
Workgroup meeting meals	Meals for attendance at workgroup meetings. 8 people per group x $8pp for our 3 subgroups. ($192 is calculated from 8 people x$8pp x 3 subgroups = $192) Will meet every other groups as an incentive for members to attend meetings that run 12-1:30.	$ 192.00	6.00	$ 1,152.00
Community Fourm/Education	Four community fourms/educational events (two in Gunnison and one in Crested Butte) in order to inform the community about the Communities that Care model and the coalition work. This will also include a professional presentation on strategies and risk and protective factors. Rental $400 + food $750 ($15pp x 50) +.Childcare $50 = $1200 per event	$ 1,200.00	4.00	$ 4,800.00
Sources of strength training - meals	4 schools x 40 students x $6pp . In order to continue implementation of SOS as an environmental strategy in PYD across the community.	$ 240.00	4.00	$ 960.00
Sources of strength campagin materials	4 schools x $750 each. In order to continue implementation of SOS as an environmental strategy in PYD across the community.	$ 750.00	4.00	$ 3,000.00
2 computers	We pay monthly computer costs to the county $300/mo. Per computer - costs are to cover 2FTE (5 people)	$ 600.00	12.00	$ 7,200.00
Advertising to report local data and events	Data results sharing and events ads to increase awareness around coalition work (risk and protective factors) and spread messages of PYD and Toxic Stress $145 per ad x12	$ 145.00	12.00	$ 1,740.00
General office supplies and copies	Office supplies and copies for coalition and workgroup meetings $81.25 month - cost of copies, desktop needs, and supplies for meetings.	$ 81.25	12.00	$ 975.00
Office/Youth Space Rental	Office/youth space in crested butte for meeting with youth, Sources of Strength meeting space and focus groups (40% of cost).	$ 200.00	12.00	$ 2,400.00
			Total Supplies & Operating	**$ 24,387.00**

Travel				
Item	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**

Local mileage	Local mileage for county wide travel for CTC facilitator and GCSAPP/Public Health staff for community presentations and meetings with key partners. Cacluated by 2 trips per month to Crested Butte.	$ 0.58	770.0	$ 442.75
Conference mileage	Mileage for the risk and protective factors conference and regional trainings/workgroups that help build capactiy for coalitoin members - including rural resort community meetings. Travel to and from Keystone(320 miles x 2 vehicles) and rural resort communities (in the past Ridgeway, Glenwood Springs 400 miles)	$ 0.58	1040.00	$ 603.20
Lodging	Lodging for Risk and Protective Factors Conference and regional trainings/worksgroups - 3 events total (4 people x 3 nights x $150=$1800 x 3 events=$5400) to help build capactiy for coalitoin members - including rural resort community meetings.	$ 1,800.00	3.00	$ 5,400.00
Per diem	Per Diem for Risk and Protective Factors Conference and regional trainings/worksgroups - 3 events total (4 people x 3 nights x $66=$792 x 3 events =$2376) to help build capactiy for coalitoin members - including rural resort community meetings.	$ 792.00	3.00	$ 2,376.00
Registration	Registration for Risk and Protective Factors Conference $200 x 4 participants. This helps build capactiy for coalitoin members - including rural resort community meetings.	$ 200.00	4.00	$ 800.00
			Total Travel	**$ 9,621.95**
Contractual				
Subcontractor Name	**Description of Item**	**Rate**	**Quantity**	**Total Amount Requested from CDPHE**
University Advisors	Stipend for 2 univeristy students to work with GCSAPP, attends all coalition meetings, chooses one implementation strategy to work on and helps to deliver presentations . $250 per month per youth x 9 months. This helps ensure that we are having youth voice in all of our work.	$ 500.00	9.0	$ 4,500.00
			Total Contractual	**$ 4,500.00**
			SUB-TOTAL OF DIRECT COSTS	**$ 167,522.87**
Indirect				
Item	**Description of Item**			**Total Amount Requested from CDPHE**
Federally-Negotiated Indirect Cost Rate				
CDPHE-Negotiated Indirect Cost Rate	CDPHE approved rate for CY2020 is 25.54% MTDC however we are opting to request only 5% on total direct costs.			$ 8,376.13
De minimis Indirect Cost Rate				
			Total Indirect	**$ 8,376.13**
			TOTAL	**$ 175,899.00**