

Putting Prevention Science to Work

Colorado's Statewide
Strategic Plan for
Primary Prevention of
Substance Abuse:
2019-2024

About the Colorado Health Institute:

The Colorado Health Institute, which produced the strategic plan, is a nonprofit and independent health policy research organization that is a trusted source of objective health policy information, data, and analysis for the state's health care leaders. The Colorado Health Institute is primarily funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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Dear Fellow Coloradans, I'm proud to present Colorado's first statewide strategic plan for primary prevention of substance abuse.

Prevention, harm reduction, treatment and recovery all play critical roles in the substance use disorder continuum of care. This plan looks upstream. It focuses on the promise of primary prevention.

Colorado's prevention leaders developed this plan for state agencies that fund prevention programming. They developed this plan with several key messages in mind:

First, do no harm. Prevention is a science with decades of research behind it. It is our duty as stewards of limited resources to implement prevention initiatives that work — and not those that create more problems. For example, we know now that scaring young people usually doesn't work when it comes to preventing substance abuse. In fact, it may increase use and abuse of substances. Let's invest in what works.

To do that, we need to commit to evidence. Colorado's state agencies that fund primary prevention are on board. That has big implications for the state's prevention dollars. For example, the two biggest funders — the Colorado Department of Public



Dr. Robert Werthwein
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Health and Environment and the Department of Human Services — are managing more than \$31 million in state and federal prevention funding annually to help communities avoid substance use disorders. This plan supports the state's public prevention funders to continue to deliver tested and effective prevention.

This plan celebrates Colorado's multiple entry points to funding effective prevention — from the federally-funded Substance Abuse Block Grant to the state-funded Communities That Care process that helps communities select the most appropriate prevention approaches. Our goal is to connect these funding streams into a cohesive system that works on behalf of Colorado communities.

And to help address our communities' need for good prevention options, the Colorado Office of Behavioral Health is recommending a set of evidence-based core prevention approaches that are the best “bang for your buck” to complement other evidence-based approaches already supported by the Colorado Department of Human Services and other state agencies.

These approaches impact risk factors and protective factors that predict multiple behavioral health problems — not just substance abuse.

But good prevention goes beyond the research and evidence that's currently available. Effective practices run along a continuum. Evidence-based prevention is supported by years of sound research and analysis, while promising practices have early results worth scaling and evaluating further. Our goal is to continue to promote those approaches — while making our biggest financial bets on the researched approaches that we know work. Innovative, small-scale pilots — while exciting — are not included in this plan's primary investment goals.

Lastly, we must recognize the value of our highly competent prevention workforce delivering those tested and effective prevention approaches. Our prevention providers are masters of their craft. They shape the trajectory of young Coloradans' lives, and they strengthen the field of prevention.

We're proud of this first statewide plan. It proposes two bold goals:

- Reduce substance abuse and misuse among youth and their families; and
- Address the upstream risk factors that predict substance abuse and other behavioral health problems, like suicide and depression, and the protective factors that mitigate these bad outcomes, like youth resilience and social skills.

In other words, it aims to prevent substance abuse by promoting overall mental health.

The state's prevention funders and partners are committed to achieving those goals by meeting four key strategic objectives:

1. Colorado is a leader in prevention. This is the plan's aspirational target to create public demand for prevention — and then fund it.
2. Colorado's prevention system promotes tested and effective approaches. This represents the plan's commitment to evidence and prevention science.
3. The prevention workforce is equipped to deliver high-quality prevention. This is the plan's commitment to the people who do this work daily.
4. Statewide prevention funders align their resources and focus areas. This is the funders' recognition that they must cooperate to address this wicked problem.

This plan represents Colorado's commitment to getting ahead of substance use and abuse before it starts — and, in turn, to improving the lives of thousands of Colorado's adults, youth and families.

We know what it takes to achieve our goals. Now is the time to make our vision a reality.

Regards,

Robert Werthwein, Ph.D

Director of the Colorado Department of Human Services, Office of Behavioral Health

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Colorado continues to struggle with the consequences of substance abuse. The toll is measured in more than 1,000 lives lost to drug overdoses in 2017, with tens of thousands more lives derailed among substance users and the people who love them.

Substance abuse prevention is a cost-effective opportunity to avoid those tragedies.

For decades, the state has had prevention initiatives under way on multiple fronts. But these efforts are not always coordinated. And changes in the way they are funded — like the introduction of the retail marijuana tax — provide opportunities for strategic action.

The Office of Behavioral Health (OBH) within the Colorado Department of Human Services undertook a needs assessment and planning process in 2017-18 that has produced this Statewide Strategic Plan for Primary Prevention. OBH retained the Colorado Health Institute to conduct the needs assessment and aid in the strategic planning process.

The needs assessment revealed what works well in Colorado. The state is fortunate to have tens of millions of dollars available for substance abuse prevention programs, which support hundreds of community-based prevention providers who are doing crucial work across the state.

The needs assessment also showed what isn't working well. Community members from Pueblo to Durango said they need more support for kids and families; prevention providers need better access to proven programs, plus the training to use them effectively; and statewide public funders, meaning state agencies that fund prevention programming, need to coordinate their work to maximize the effectiveness of their investments.

With this knowledge, OBH led the development of the state's first strategic plan for primary prevention of substance abuse from March to November 2018.

The strategic planning process was broad. Eighteen state agencies, academic experts and others participated in more than 14 working sessions, nine strategic planning group meetings, and many

interviews and other engagements. The group analyzed statewide prevention funding data, reviewed and edited workplans, refined proposed strategies, and collected input via phone calls that offered opportunities for feedback from more than 300 community members, prevention providers and others from across the state.

Overview of This Strategic Plan

This statewide strategic plan takes a risk and protective approach to preventing substance abuse. That means it aims to promote programs, policies and strategies addressing risk and protective factors that predict — or protect against — substance abuse and other behavioral health problems, specifically in youth and their families.

A risk and protective factor approach to prevention means Colorado will focus on upstream factors — building youth resilience; strengthening families, communities, and schools; and changing environments, policies, and social norms.

The plan aims to strengthen the prevention system in place in Colorado by coordinating funders and the efforts they support. It outlines distinct, coordinated roles for prevention funders to play to best support and strengthen the system.

The plan has two intended audiences to take up this task. First, all statewide public funders of prevention in Colorado should use this plan to coordinate their work promoting mental health and addressing risk and protective factors that can predict and reduce substance abuse and other issues such as violence and suicide. Second, OBH will use this plan to effectively steward the federal block grant for substance abuse prevention from 2020 to 2024.

OBH's potential roles and opportunities are described throughout the plan. That's because OBH made this comprehensive process possible so that it can be collectively owned, led and implemented by the system of prevention funders in Colorado. That broad cohort of prevention funders — including OBH — created this plan and is committed to jointly rolling out the strategies and objectives included.

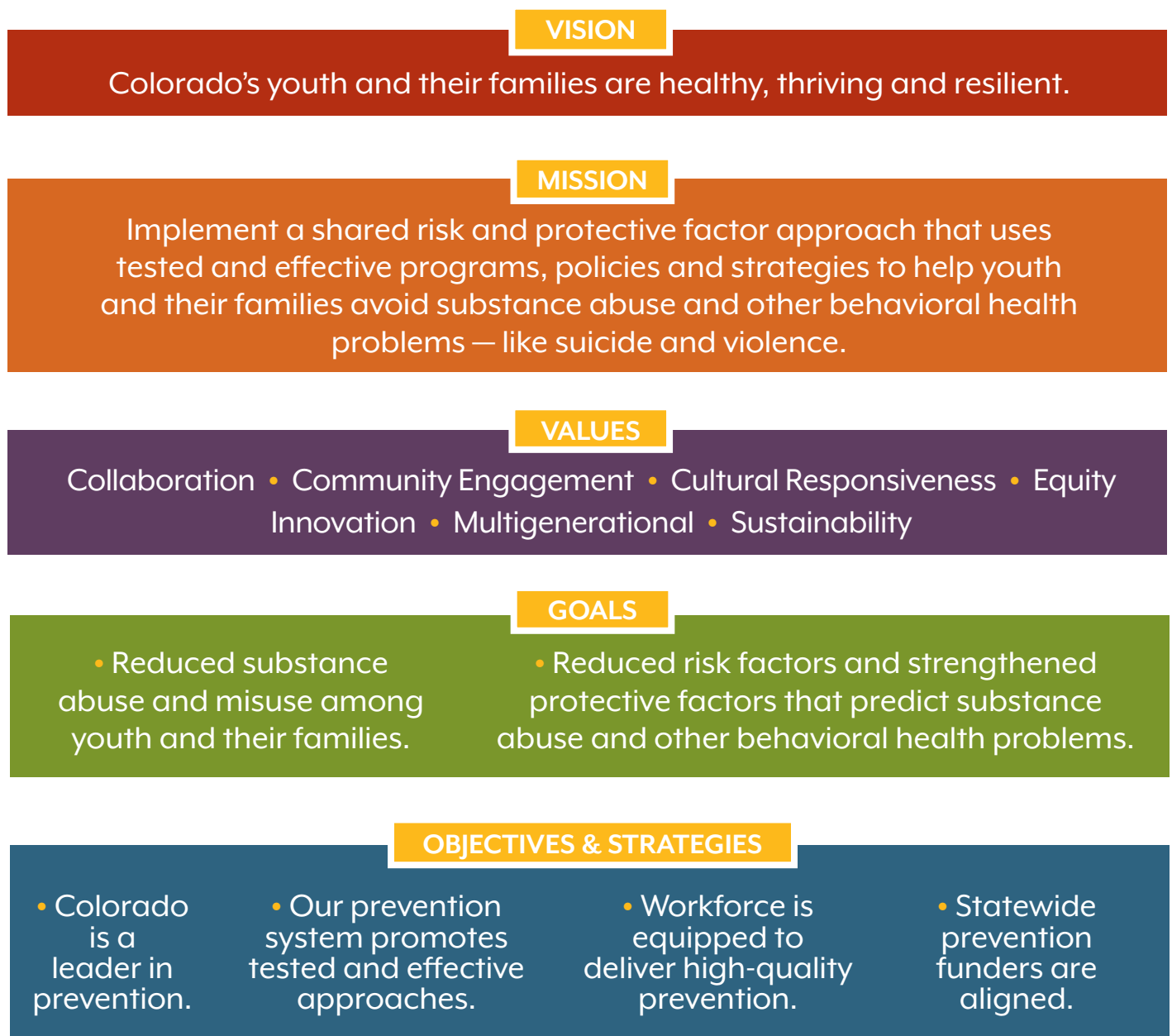
The plan also demonstrates a commitment to translate decades of prevention science into practice,

policy and funding. Academic researchers and prevention experts from Colorado State University, University of Colorado and University of Denver have been deeply engaged in crafting the plan.

The plan sets Colorado's sights on two major goals, and a set of four strategic objectives.

The following figures show the key aspects of the plan.

Figure 1. The Strategic Plan Framework



Guiding Principles and Values

Statewide prevention leaders created this strategic plan using a series of guiding principles and values, described below.



Collaboration

Statewide prevention funders, providers and leaders should build the capacity of Colorado's prevention workforce with program-specific training, prevention skill-building, and peer-learning opportunities.



Community Engagement

Leaders should commit to sharing thinking with community members and prevention providers throughout the process — and gather their input on proposed strategies.



Cultural Responsiveness

Communities should have choices of prevention approaches and opportunities for training to deliver culturally responsive services.



Equity

Colorado's comprehensive prevention system should “raise all boats” for all Coloradans — regardless of where they live, their age or sexual identity, or any other characteristics.



Innovation

Colorado's efforts should foster innovation and build the evidence basis for emerging prevention approaches.



Multigenerational

Prevention of substance abuse and other negative health behaviors should address the needs of both children and their parents or caregivers.



Sustainability

Statewide funders should organize themselves to support a comprehensive prevention system that includes programs, policies, strategies and approaches across the socioecological model.

The Current State of Primary Prevention in Colorado

The needs assessment conducted in 2017-18 studied Colorado's prevention efforts and uncovered pressing needs:

- Communities need regionally targeted investments to support kids both in school and through their families.
- Local substance use prevention providers need options of tested and effective approaches that are relevant to the culture of their communities.
- Statewide prevention funders need a systematic way to coordinate their existing efforts and address unfunded needs.

Finding a Common Language: *This plan's definitions of primary prevention are not yet shared by all of Colorado's communities, prevention providers, funders, and state leaders. Part of this plan's goal is to clarify, refine, and embed a common understanding of primary prevention into the work happening statewide.*

When Should Prevention Happen? Primary, Secondary, and Tertiary Prevention Strategies

Primary prevention aims to prevent substance use before it happens. This strategic plan focuses mainly on primary prevention in Colorado — but secondary and tertiary prevention are also needed to reduce behavioral health problems like substance abuse.

Primary prevention is a public health approach to help communities avoid substance abuse and

Figure 2. Prevention Along the Socioecological Model.

Ecological Level	Which Factors are Addressed?	Examples in Colorado	2017-18 Colorado Prevention Funding
Individual	Biological and personal history factors such as age, education, income, health, and psychosocial problems.	LifeSkills Training: Teaches students skills in self-management and other areas in a classroom-based, multiyear approach to prevent drug and alcohol abuse, adolescent tobacco use, violence and other risky behaviors.	\$18.1 million (41 percent)
Relationship	Beliefs and behaviors of a person's closest social circle — peers, partners, and family members.	Strengthening Families (For Parents and Youth 10-14): Promotes parenting skills and positive family relationships through parent trainings, child skills-building, and family sessions.	\$10.0 million (23 percent)
Community	Settings, such as schools, workplaces, and neighborhoods, in which social relationships occur.	Communities That Care (CTC): Mobilizes community stakeholders to collaborate in selecting and implementing evidence-based approaches that prevent risky youth behavior such as substance use and delinquency.	\$8.0 million (18 percent)
Societal	Social and cultural norms and broad health, economic, educational, and social policies.	As part of a broader approach, prevention professionals can use policy to reduce substance use. For example, to reduce alcohol use, communities can regulate liquor stores by limiting their density, holding them liable for underage sales, and limiting days and hours of sale.	\$8.2 million (18 percent)

many related behavioral health problems such as depression, violence, and teen pregnancy.¹

It includes evidence-based programs, policies, and strategies that address contextual factors, such as community and family connectedness, school participation, and social skills. Those factors are known as risk and protective factors. (See Figure 2.) Reducing risk factors and strengthening protective factors can reduce behavioral health problems like substance abuse.

Primary prevention happens before a substance use disorder diagnosis. So, many initiatives reach children and youth prior to any substance use. For example, one goal of primary prevention is to delay the age at which a young person tries alcohol, marijuana, tobacco, or other substances. Prevention efforts might include school-based programs to help youth

Figure 3. Examples of Prevention Types

- 1 Primary prevention:** Training is offered to all students in a school to help them better manage their emotions.
- 2 Secondary prevention:** A primary care provider conducts Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify at-risk patients and connect them to substance use counseling.
- 3 Tertiary prevention:** A person who injects drugs is connected to treatment services and a peer recovery group.

Figure 4. Who Should Receive Prevention?

	Target Audience	2017-18 Colorado Prevention Funding	Example in Colorado
Universal Prevention	The whole population, like an entire school or neighborhood.	\$29.5 million (67 percent)	OBH's Strategic Prevention Framework – Partnership for Success federal grant supports five county community coalitions that select and implement primarily universal prevention approaches.
Selective Prevention	People exposed to risk factors, like homelessness or having parents who abuse substances.	\$9.8 million (22 percent)	The Tony Grampas Youth Services program supports the Denver Children's Advocacy Center to strengthen at-risk families to avoid child abuse and other behavioral health problems, such as substance misuse later in life.
Indicated Prevention	People exhibiting risky behaviors, like binge drinking.	\$4.9 million (11 percent)	Through the Prevention Persistent Drunk Driving (PDD) fund, OBH delivers comprehensive prevention programming to people ages 15 through 34 who are at high risk for substance misuse and abuse. ³

improve their relationship skills, as well as local alcohol tax increases to discourage drinking.

Primary prevention differs from secondary and tertiary prevention, which include harm reduction strategies and referral to treatment. These interventions aim to reduce the consequences and prevalence of substance abuse — meaning the total number of people experiencing it. (See Figure 3.)

Because substance use disorder is a chronic illness, there are opportunities for prevention, harm reduction, treatment and recovery services across the continuum of care.

Who Should Receive Prevention? *Universal, Selective, and Indicated Prevention Strategies*

Prevention programs target populations by how “at risk” they are for a behavioral health problem, such as substance use. Programs can be universal, selective or indicated, depending on their intended populations.²

Universal programs are available to everyone, such as all students in a school. Most of Colorado's prevention spending goes toward universal programs. (See Figure 4.)

Selective programs are aimed at people exposed

to specific risk factors, like children of parents with substance abuse disorders.

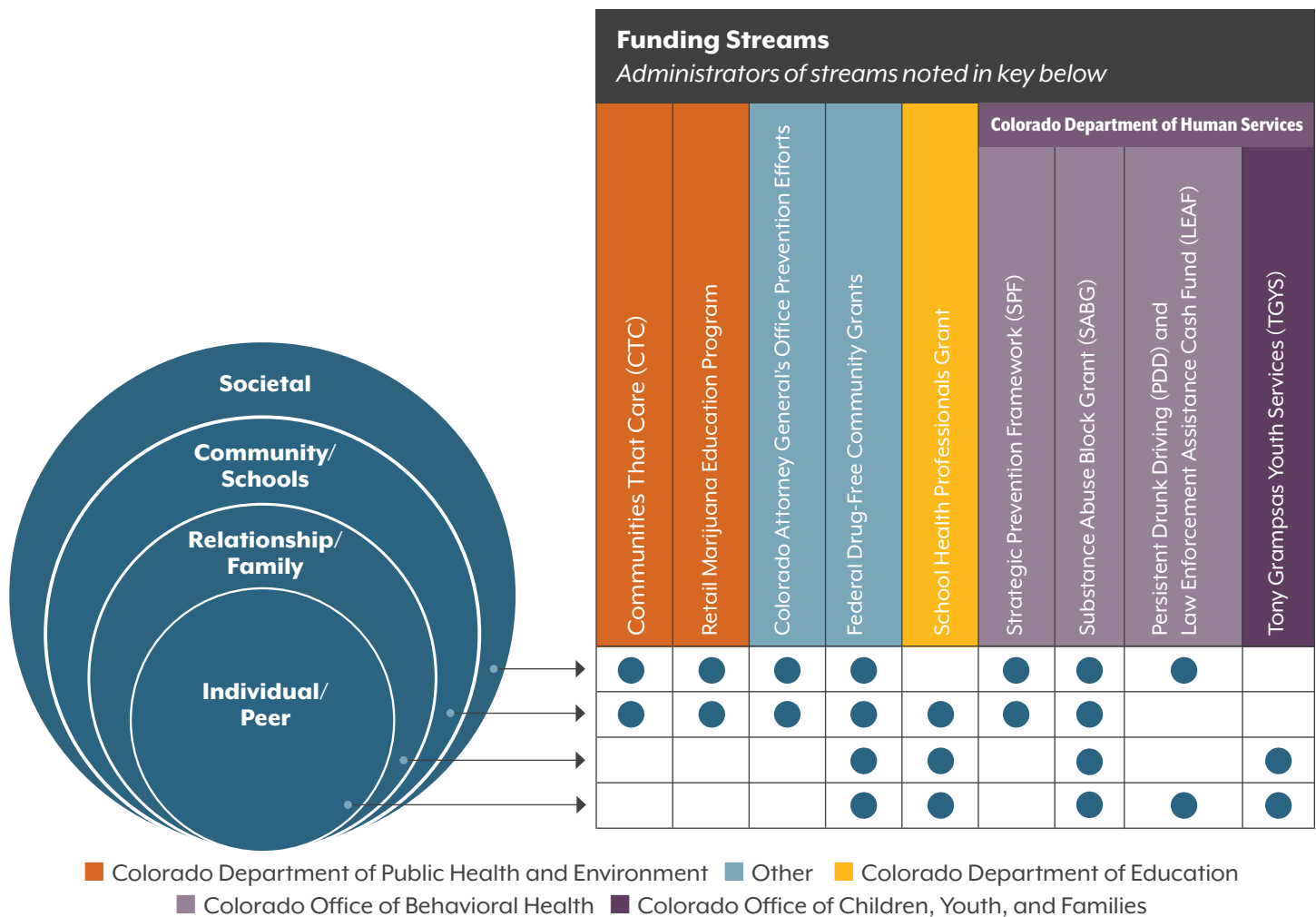
Indicated programs are tailored for those who have shown signs of problem behaviors, like youth who are experimenting with binge drinking.

Colorado's Current Prevention System

Colorado has nine primary public funding streams for prevention that address risk and protective factors related to substance abuse. They are administered by five different state agencies and offices and by the federal government:

- OBH's federally funded **Substance Abuse Prevention Block Grant** and **Strategic Prevention Framework—Partnership for Success Grant**, as well as the **state-funded prevention programs for Persistent Drunk Driving (PDD) and Law Enforcement Assistance Cash Fund (LEAF)**;
- Colorado Department of Public Health and Environment (CDPHE)'s state-funded **Communities That Care** and **Retail Marijuana Education Program**;

Figure 5. Funding Along the Socioecological Model.



- Department of Human Services' state-funded **Tony Grampas Youth Services (TGYS)**;
- Colorado Department of Education's (CDE) state-funded **School Health Professionals Grant**;
- **Attorney General's Office (AGO) state-funded prevention program support**; and
- The federally funded **Drug-Free Communities program** directly supporting seven community coalitions across the state.

These nine funding streams vary by their strategies, funding amounts and levels of the socioecological model they address. Figure 5 shows them side-by-side.

Colorado's statewide prevention funders will continue to work together between 2019 and 2024 to deliver

the strategies, goals and objectives in this plan. They will do this work as the **Funders Collaborative** — a group of statewide public agencies that support primary prevention efforts across Colorado. Together, they administer over \$40 million in state and federal dollars supporting prevention programs, policies and approaches in schools, public health agencies, community coalitions and other community organizations. (See Appendix I for more on the Funders Collaborative.)

The Colorado State Epidemiological Outcomes Workgroup (SEOW) will play a critical role in strategic plan implementation from 2019 — 2024. The group will monitor trends and disaggregate reporting by geography and high-need populations like LGBTQ Coloradans. The SEOW is a multidisciplinary working group providing community, state and federal leaders and policymakers with comprehensive data on substance use to inform their efforts.

The Strategic Framework

Colorado's Statewide Strategic Plan for Primary Prevention of Substance Abuse 2019-2024

STRATEGIC OBJECTIVE ONE:

Colorado is a leader in strengthening and supporting effective, coordinated, statewide prevention.

Strategy:

Increase public awareness of the advances in and cost savings of prevention.

Expected Outcomes:

Policymakers and members of the public demand increased focus on and funding for prevention services.

Milestones:

- By spring 2019, the University Prevention Collaborative is established across Colorado State University, the University of Colorado, and University of Denver with a Memorandum of Understanding or similar outline of goals and workplan.
- By the end of 2019, the University Prevention Collaborative is providing a unified perspective for policymakers on what works in prevention science by developing annual policy briefs. The collaborative also provides guidance to state agencies and lobbying support for local communities and state policymakers.

Lead(s):

University Prevention Collaborative, which includes Colorado State University, University of Colorado, and University of Denver.

Strategy:

Pursue policy change in local communities.

Expected Outcomes:

Community prevention providers have the capacity for local policy change, increased awareness of state prevention policy, and input into shaping state policy.

Milestones:

- By 2020, the Funders Collaborative develops a process to build capacity for policy change efforts locally using existing channels like the SEOW and CTC.
- By 2022, at least 80 percent of community prevention providers report increased capacity for and awareness of local and statewide prevention policy compared with the beginning of the grant time period.

Lead(s):

Individual state funders with guidance from the Funders Collaborative.

...

Strategy:

Pursue policy change at the state level.

Expected Outcomes:

Public funders' prevention policy priorities are aligned with one another, and each state funder monitors and informs specific policy priority areas.

Aspirational goal: The proportion of public funds spent on prevention for youth and families increases over time.

Key partners and contacts are listed in **Appendix 1** on **Page 23**.

Milestones:

- By 2019, all funder legislative liaisons' efforts to inform state legislators and members of the governor's office are coordinated to develop prevention legislation and/or administrative initiatives that promote and increase funding for tested and effective prevention programs, policies, and strategies.
- By 2020, a tracking mechanism is created for the state to monitor the proportion of state funds going to prevention. It includes requirements for selected, priority state agencies to monitor the proportion of their funding going to prevention and a requirement to meet established benchmarks increasing that proportion of funding.

Lead(s):

Funders Collaborative (See Appendix on Page 23).

The Context: Why Now?

Colorado has no lobbying organization to promote broad prevention priorities and evidence-based policymaking in prevention.

Most substance abuse disorder community partners focus primarily on treatment or secondary and tertiary prevention services. They work less on upstream, universal approaches aimed at environmental factors, school environments, and other community characteristics.

Statewide prevention funders do not have a consistent approach to inform state legislators and the governor's office about Colorado's substance use prevention needs and how they are working to address them. As Colorado's single state agency designated by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), OBH is responsible for planning, delivering and monitoring critical substance use disorder services statewide — but it does not have a systematic approach to track and inform other substance use prevention happening in the state.

It's also challenging to select prevention approaches with a strong evidence basis because commonly used registries of prevention approaches, such as Blueprints for Healthy Youth Development and the

How Will This Objective Address Health Equity?

- **Our Commitment:** This strategic objective commits Colorado to evaluate, monitor and influence prevention policy locally and at the state level through an equity lens.
- **Driving Question:** How will Colorado's prevention policies — such as funding allocation, law enforcement, or substance access legislation — ensure protection for communities of color, low-income communities, or other marginalized groups?

Coalition for Evidence-Based Policy, use different criteria to judge effectiveness.⁴

What's Working Already

Colorado's leaders are committed to taking on substance abuse and finding efficiencies in publicly funded programming. This strategic plan is top priority for the state's leadership. It can help advance the work of the Substance Abuse Trend and Response Task Force.⁵ The plan also will be useful to unify the state's priorities during the transition of gubernatorial administrations.

Coloradans are doing effective work on the ground when it comes to broad systems change to promote prevention. For example, Colorado's Communities That Care coalitions and the SEOW inform local policy change.

And there is grassroots support for this work. Most of the more than 200-plus Coloradans contributing to the 2017-18 needs assessment supported effective prevention and cost savings.

Statewide prevention funders are eager to establish and promote common definitions for key concepts related to prevention and the evidence basis — chiefly, what it means to be an "evidence-based" prevention practice. When it comes to promoting evidence-based prevention policies, The Community Guide is a resource based on the Community Preventive Services

Task Force that offers many tested and effective options for communities — from comprehensive tobacco control programs to liquor store density regulations.⁶

What It Means for the Office of Behavioral Health

OBH and its fellow public prevention funders should promote a University Prevention Collaborative to communicate prevention needs, effectiveness and policy opportunities for the state's leaders.

OBH will work with the Funders Collaborative to build a strong voice for substance use prevention policy in Colorado. The office should continue to regularly communicate with and provide

policy analysis to the state legislature through the policy and fiscal analysis process and through the Department's legislative liaison. For introduced legislation, OBH's prevention staff will work with other prevention partners to share relevant information on upcoming bills.

Lastly, OBH and its partners should equip communities to lead local prevention policy changes. In collaboration with the Funders Collaborative and the University Prevention Collaborative, OBH can dedicate resources like SEOW and other staff to communicating with grantees about upcoming policy changes and opportunities to promote prevention messages that address potential negative impacts from those changes.⁷

STRATEGIC OBJECTIVE TWO:

Colorado's prevention system promotes tested and effective programs, policies and strategies that prevent substance abuse and other behavioral health problems.

Strategy:

Support and increase community-driven selection, implementation and fidelity of prevention interventions — including both tested and effective approaches and new approaches that are being evaluated.

Expected Outcomes:

- Colorado will have a definition of what it means to be a “tested and effective” prevention program, policy or approach that is shared by all state prevention funders. Funders recommend to communities shared lists of effective prevention strategies, approaches and policies.
- Community prevention providers will have clear guidance from state funders to select and adapt those tested and effective approaches to meet local needs.

- Statewide prevention funders will promote prevention quality assurance, fidelity monitoring and comprehensive coverage of prevention services.
- Community prevention providers will prioritize prevention programs, policies and strategies that are culturally responsive and that address risk and protective factors identified in the 2017 needs assessment and existing literature — for example, family connectedness as a protective factor and normalization of substance abuse as a risk factor.
- The Healthy Kids Colorado Survey (HKCS) will be used broadly to track risk and protective factors related to substance abuse and to inform the selection of prevention interventions.
- There is a process in place to build evidence for emerging, innovative prevention approaches in Colorado.

Milestones:

- By summer 2019, each funder will provide clear guidance to select, adapt and evaluate tested and effective approaches, including a common definition of “tested and effective,” based on expected level of effectiveness, replicability, scalability, validity and other attributes of evidence.
- By 2020, the Funders Collaborative will establish a working group with the University Prevention Collaborative and other private and federal funders to define opportunities for building evidence for emerging, innovative prevention approaches.
- By 2021, that partnership will decide if and where there are opportunities to research one or two promising prevention programs, policies, or approaches to demonstrate effectiveness.

Lead(s):

Funders Collaborative, in partnership with the University Prevention Collaborative and other funders and researchers such as the National Institutes of Health, DU Policy Lab and Colorado Evaluation and Action Lab (CEAL) at DU.

...

Strategy:

Strengthen how Colorado tracks and increases the statewide adoption of tested and effective prevention programs and strategies.

Expected Outcomes:

State funders will be able to ensure prevention policies, programs, and approaches are implemented in Colorado with fidelity.

Milestones:

- By 2019, the Funders Collaborative will select and adapt at least one generalized fidelity monitoring tool for implementation.
- By 2020, each state funder will be capable of reporting against the fidelity monitoring tool for at least half of the prevention approaches supported by their funding.

Lead(s):

Funders Collaborative.

How Will This Objective Address Health Equity?

- **Our Commitment:** This strategic objective commits Colorado to promoting and recommending effective prevention programs, strategies, policies and approaches that address groups experiencing a disparate level of substance use — such as Spanish-speaking Coloradans; “transition age” youth; lesbian, gay, bisexual, transgender, and queer (LGBTQ) Coloradans; and geographic regions like Pueblo and Upper Arkansas Valley.
- **Driving Question:** What are the greatest inequities driving disparate rates of substance use, and do available programs and prevention approaches address those inequities?

The Context: Why Now?

The 2017-18 Needs Assessment uncovered a stark need for guidance in the selection of evidence-based programs and practices.

The needs assessment revealed that most of OBH's grantees (69 percent) report using national registries of tested and effective prevention strategies to select their prevention approaches. But many (29 percent) significantly adapt programs from their original, tested design, with uncertain results.

Community members and prevention providers alike want to deliver prevention approaches that work. They report that substances are increasingly accessible, seen as safe, and “normalized — out of control.”

They need access to many prevention options, policies, and strategies, as well as appropriate levels of funding. Policies should address emerging trends, such as nicotine vaping.

And providers want prevention approaches that are culturally relevant for their communities. For example, that might mean prevention approaches that are delivered in a language other than English and that integrate the cultural norms of the participants.

What's Working Already

Hundreds of programs across Colorado are promoting substance abuse prevention for youth and their families. More than 50 communities in Colorado already employ multisector prevention coalitions like Communities That Care or the Strategic Prevention Framework.

Though Colorado ranks at the top nationally for rates of substance use, adults — not high-school aged teens — are driving the poor rankings. For example, according to data from the 2017 HKCS, less than one of 10 Colorado's high schoolers smoked cigarettes, a rate that has declined for the past decade.⁸ Worryingly, though, teens' use of nicotine e-vapor products is rising quickly.⁹

What It Means for the Office of Behavioral Health

OBH must be an effective steward of federal grants. It should do this in several ways:

- Increase investment in the most tested and effective prevention programs, policies and strategies available;
- Promote existing community coalitions with its substance abuse prevention block grant, but do not create new ones;
- Implement broad fidelity monitoring;
- Ensure continued availability of the HKCS data; and
- Build the evidence basis of “home grown,” innovative prevention approaches.

Invest in Tested and Effective Prevention

OBH should track and increase adoption of tested and effective approaches.

The office is proposing a list of tested and effective core prevention approaches with proven impacts on substance use among youth and their families. It should review and update that list quarterly in partnership with the University Prevention Collaborative and with input from community prevention providers. The office should track adoption of those selected core prevention approaches,

calculate a baseline of funding going to that list, and commit to increasing that funding over time.

OBH should not limit funding to only the core prevention approaches. Instead, it should evaluate other proposals against a set of selection criteria to ensure all proposed prevention approaches meet a minimum level of evidence, scalability, cultural relevance and other characteristics.

Promote Existing Community Coalitions

Almost \$12 million of Colorado prevention funding goes to creating and sustaining community coalitions across the state. The main sources include OBH's Strategic Prevention Framework-Partnership for Success funding, the federal Drug-Free Communities grants, and Communities That Care funding. OBH's substance abuse prevention block grant should encourage participation in these existing community coalitions. However, the grant should not create new coalitions.

Monitor Fidelity

OBH and its partners should propose or adapt a generalized fidelity monitoring scale. They can enlist support from academic partners, including implementation scientists from the University Prevention Collaborative, to develop a scale for tracking the fidelity adoption of core prevention approaches.

Sustain the HKCS

Accurate, current data is necessary to stay on top of emerging problems. OBH should lead fellow public prevention funders by continuing to monitor, support and strengthen the HKCS. One way to do this is to use its findings in evaluation of the strategic plan implementation, selection of programs and other efforts. Communities That Care communities are already doing this.

The state also should take steps to ensure the HKCS comprehensively measures changes in risk and protective factors related to substance abuse.

Build the Evidence Basis

Finally, OBH should lead the partnership between the Funders Collaborative and the University Prevention Collaborative to build the evidence basis for “home

grown,” innovative prevention approaches. Questions for the partnership to investigate include:

- What funding is available to support in-depth research like a randomized control trial (RCT) or similar evidence to demonstrate a prevention approach’s effectiveness?
- What promising prevention practices are the “low-hanging fruit” for research?

- What criteria should this partnership use to identify and select promising practices to evaluate? For example, to what extent should scalability, expense, training capacity, and the current level of implementation play a part?
- Is a RCT the only way forward or is program evaluation or other quasi-experimentation enough to prove effectiveness?

STRATEGIC OBJECTIVE THREE:

Colorado’s prevention workforce is equipped to deliver high-quality prevention.

Strategy:

Strengthen Colorado’s prevention workforce with broad prevention skill building and certification and with program-specific competency trainings.

Expected Outcomes:

- Colorado’s prevention workforce will consistently demonstrate expertise in implementation science, prevention competency, and organizational sustainability.
- The workforce will be trained in health equity skills, culturally and linguistically appropriate services, and they will be culturally responsive in the selection and implementation of prevention approaches.
- Prevention providers will embody a competency-based workforce with professional development and skill-building opportunities, as well as the capacity to lobby for Colorado’s prevention system.
- State prevention funders and academic prevention experts will collaboratively create opportunities to build broad prevention skills in fidelity monitoring, community engagement, program evaluation, adaptation and connections to treatment — and to share program-specific technical assistance efforts with all state funders.
- The prevention certification process will be broadened to promote core competencies shared by all of Colorado’s prevention providers — beyond only substance abuse-focused experts.

Milestones:

- By the end of 2018, the Funders Collaborative will establish a working group that will research and develop strategies to strengthen workforce development opportunities for prevention providers, including program-specific technical assistance alignment, broad prevention skill building, organizational development, and prevention certification.
- By summer 2019, the Funders Collaborative’s workforce working group will strengthen prevention certification by broadening the scope beyond substance abuse prevention, incentivizing all prevention professionals to build skills, or some other course of action to be determined.
- By the end of 2019, the Funders Collaborative will develop guidance on workforce development efforts, including which funder or academic partner will deliver broad prevention skill-building, and which funder or academic partner will deliver program-specific technical assistance that all prevention providers can access.

Lead(s):

Statewide Youth Development Plan, Department of Human Services. This plan outlines Colorado’s collective approach to support healthy youth development. It is implemented as part of Colorado’s youth system, Colorado9to25, and it was created by House Bill 13-1239.

Strategy:

Increase the diversity of prevention providers practicing in Colorado by geographic representation, race/ethnicity, and other attributes.

Expected Outcomes:

- The prevention workforce will represent Colorado's diverse population.
- Previously unfunded regions will use federal and state funding to promote prevention efforts.

Milestones:

- By 2020, the Funders Collaborative will develop a process to prioritize and reach out to historically unfunded regions and populations to create capacity for state and federal prevention funding.
- By 2022, the Funders Collaborative will begin implementing the process and will measure progress by tracking which populations and regions are using prevention funds.
- By 2024, at least 80 percent of prioritized regions and populations will be using state and federal funding.

Lead(s):

Statewide Youth Development Plan,
Department of Human Services.

The Context: Why Now?

Prevention skill-building is needed in Colorado. The 2017-18 needs assessment revealed that local prevention providers and statewide funders alike believe that Colorado's prevention workforce needs fundamental organizational support — for example in grant writing and financial sustainability. And local prevention providers reported needing support in planning, sustaining and training in evidence-based approaches that are culturally responsive.

OBH supports the prevention specialist certification, but the current process promotes siloes in the workforce. Certification training is limited in the scope of outcomes addressed. For example, it focuses primarily on substance abuse prevention — though

How Will This Objective Address Health Equity?

- **Our Commitment:** This strategic objective commits Colorado to first ensuring the prevention workforce is representative of their community and culturally responsive. It also aims to ensure that all communities have a competitive level of capacity to acquire prevention funding and support.
- **Driving Question:** What would it take to ensure all communities in Colorado had adequate capacity to access statewide prevention funding?

other behavioral health problems such as suicide or mental illness share many of the same risk and protective factors. The certification is also required only by OBH grantees. Other prevention professionals — those in suicide prevention, violence/injury, and other public health approaches — do not pursue the certification because of the limited scope.

Prevention providers feel siloed already and say they can't see the whole picture. They want to collaborate with other prevention providers to help them spend their limited funds effectively. Funders and prevention providers alike want to leverage these professionals as a competency-based network.

What's Working Already

Colorado's statewide prevention funders already support hundreds of prevention program administrators and various technical assistance and workforce development opportunities. This system is equipped to strengthen other prevention providers through trainings and support.

For example, Tony Grampsas Youth Services offers Positive Youth Development training several times a year, as well as organizational management and grant writing trainings twice a year.¹⁰ Several grantees receive intensive technical assistance through a competitive process.

OBH supports regional prevention specialists who offer technical assistance and training for any prevention provider in the state, regardless of how they are funded.¹¹ CDPHE and other funders offer additional prevention trainings, skill building and ongoing support.

Prevention certification in Colorado shows promise. Colorado uses the global gold standard of prevention competency recognition — the Certification for Prevention Specialist (CPS) — which is aligned with other federal and state requirements.¹²

The CPS training has potential for scaling to broader levels of prevention beyond just substance abuse prevention. It tests a range of knowledge and skills relevant for many kinds of prevention providers, such as planning and evaluation skills; cultural competency and community readiness; service delivery and communication skills such as facilitation and fidelity monitoring; and public policy and environmental change skills.

What It Means for the Office of Behavioral Health

OBH should take steps to support, connect and diversify the prevention provider workforce.

The office should lead statewide funders to prioritize and conduct outreach to regions and organizations that will increase the diversity of prevention providers in Colorado — specifically in terms of newly funded organizations and underrepresented racial, ethnic and geographic groups.

For example, it can allocate a portion of block grant funding to selected organizations in high-priority regions and develop non-RFP funding processes for them. It can offer incentives — such as non-RFP funding opportunities or tuition support for prevention skill-building and certification — to increase state prevention support in high-priority, unfunded regions. Rural

communities will be a high priority in that process.

OBH should also lead the alignment of technical assistance efforts for the prevention workforce. The office can explore the option of building a “backbone” organization (such as the EPISCenter in Pennsylvania) to facilitate that alignment. That organization’s role could be to either coordinate existing assistance or provide additional coaching, technical assistance and monitoring for prevention providers to promote these strategic objectives.

Funders should strengthen ties with academic researchers to promote quality prevention programming, improve evaluation of emerging programs and increase the use of implementation science statewide. They also should leverage the technical prevention knowledge and skills of existing prevention providers to provide statewide technical assistance.

Finally, OBH should lead a process to broaden and strengthen the prevention certification process to ensure a strong network of prevention providers in Colorado. Questions for discussion that can help guide this effort include:

- How can the existing certification process leverage its strengths of global recognition and institutional buy-in while expanding to include prevention professionals who address risk and protective factors affecting health outcomes other than substance abuse?
- How do Colorado’s prevention funders invest time and resources to strengthen and extend certification beyond substance abuse prevention professionals?
- Is there an opportunity for OBH to propose a new, broader certification process?

STRATEGIC OBJECTIVE FOUR:

Statewide prevention funders align their resources and focus areas.

Strategy:

Align statewide public funders of prevention services.

Expected Outcomes:

- Statewide prevention funders will be equipped to fluently describe, explain and guide community prevention providers in accessing and using statewide prevention funding.
- Statewide prevention funders will use common terminology in requests for proposals (RFPs) and other materials — including universal, selective and indicated strategies, and primary, secondary and tertiary prevention — and clarify and align funding timelines.
- Statewide prevention funders will share outcomes — such as delaying age of substance use initiation or reducing risk factors and strengthening protective factors related to substance abuse.
- Statewide prevention funders will regularly share priorities and funding decisions to advance equity in health outcomes and the factors that predict them and promote a coordinated prevention system that includes programs, policies and approaches across the continuum.

Milestones:

- By 2018, the Funders Collaborative will be established.
- Until summer 2019, the group will meet monthly to review and coordinate competitive bidding processes, grantee communications and other materials. Going forward, the group will meet quarterly.
- By 2019, a comprehensive guidance document will be developed to clarify which funder supports what, definitions of common terms, funding timelines, and other critical details.
- By 2020, the Funders Collaborative will be expanded to include private funders as determined by the collaborative.

Lead(s):

Statewide Youth Development Plan,
Department of Human Services.

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Strategy:

Clarify for communities how to access the right funding at the right time.

Expected Outcomes:

Community prevention providers will fluently navigate and leverage prevention funding to implement tested and effective prevention policies, programs, and approaches.

Milestones:

- By 2020, individual funders will develop and share funding guidance using shared terminology, clear health equity goals, streamlined reporting requirements, and transparent funding limitations — such as which funding stream supports which prevention approaches and which populations and substances are the priority.

Lead(s):

Statewide Youth Development Plan,
Department of Human Services.

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Strategy:

Reduce inequities and inequalities leading to substance abuse and the factors that predict it.

Expected Outcomes:

Funders will monitor disparities in substance abuse rates and the factors that predict abuse, and they will work with local communities to identify and adopt targeted prevention approaches to equitably address those disparities.

Milestones:

- By spring 2019, the Funders Collaborative will define its approach to health equity in prevention and create a plan to apply that approach to all initiatives it supports — from upcoming funding decisions to technical assistance and other efforts.
- By summer 2019, the Funders Collaborative will develop processes to expand access to prevention services for underserved populations — meaning high-need, historically underserved geographies, age groups, race/ethnic groups, LGBTQ Coloradans and others.
- By 2020, members of the Funders Collaborative will track and communicate defined substance abuse disparities with local communities to set achievable targets to address those gaps.

Lead(s):

Statewide Youth Development Plan lead, Department of Human Services.

The Context: Why Now?

Most public prevention funders are supporting similar prevention approaches such as universal prevention across a whole school, but there is no structure to systematically coordinate those decisions across funders.

And Colorado's community members agree that better coordination is needed. The 2017-18 needs assessment collected input from over 200 people across the state in 16 focus groups. Participants in all 16 focus groups called for increased coordination among funders.

For example, six counties — Baca, Custer, Jackson, Kiowa, Prowers and Rio Blanco — did not receive any substance abuse primary prevention money in 2018 beyond funding for statewide programs, such as CDPHE's Retail Marijuana Education Program.

Disparities remain in many ways across Colorado, including:

- **LGBTQ.** Coloradans identifying as lesbian, gay, bisexual, transsexual or queer are more likely than their heterosexual counterparts to report using alcohol, marijuana and cigarettes. According to the

How Will This Objective Address Health Equity?

- **Our Commitment:** This strategic objective commits Colorado's public prevention funders to agree on a collective approach to ensuring equity in prevention — including identifying and promoting prevention for historically underserved geographies, age groups, race/ethnic groups, LGBTQ Coloradans and others.
- **Driving Question:** How should funders ensure that Coloradans with the greatest needs for prevention are prioritized, while equitably promoting prevention for all Coloradans? What is the right approach to achieve equity?

HKCS, they are twice as likely to use marijuana and three times as likely to smoke.

- **Geography.** Pueblo and the Upper Arkansas Valley stand out as most in need of prevention efforts when it comes to HKCS data on substance use and access and the risk and protective factors related to abuse.
- **Age.** Coloradans in the "transition ages" are at the most risk. According to the National Survey on Drug Use and Health, those entering adulthood — between the ages of 18 and 25 — are the heaviest substance users.¹³ And the biggest jump in substance use rates happens in the switch from junior high to high school, between eighth, ninth and 10th grades, according to local data from the HKCS.¹⁴

What's Working Already

More than \$40 million of state and federal dollars are devoted to preventing substance abuse and other behavioral health problems in Colorado. More than two thirds of that amount go to universal strategies for entire schools or communities, and a third supports services for high-need groups or individuals.

Many community coalitions, prevention organizations, schools, communities and other entities are already taking on health equity as a critical focus. The Funders Collaborative can build on this momentum by funding these efforts.

What It Means for the Office of Behavioral Health

OBH should align with the Statewide Youth Development Plan and others to coordinate the Funders Collaborative's work establishing a backbone for Colorado's prevention public funding efforts. Collectively, this group will lead many proposed strategies described above. OBH's role will be to ensure funders:

- **Systematically coordinate their efforts.** The Funders Collaborative should meet quarterly from 2019 to 2024 to monitor the statewide system — prevention approaches used, funding decisions, technical assistance coordination, and other issues — and course-correct when needed.
- **Be clear with grantees.** In partnership with other statewide funders, OBH should lead development of common communications to all local prevention providers. Communication should include each

funder's restraints (such as rules to focus on certain populations) and priorities (such as specific substances or age groups) and provide guidance for local prevention providers (such as where to pursue funding for your community's priorities).

- **Collectively address disparities.** OBH should leverage the expertise of the SEOW to support the Funders Collaborative in disaggregating substance abuse and risk and protective factor indicators by age group, race/ethnicity, gender identity, geography and other available characteristics. The office should regularly track differences in reported outcomes across populations and identify disparities — meaning health differences that are linked with social, economic or environmental disadvantage. And it should communicate those disparities to local prevention providers and encourage prevention approaches that address these needs — such as community, societal and policy-level approaches.

Appendix 1: The Prevention Funders Collaborative

What is the Prevention Funders Collaborative?

The Funders Collaborative is a group of statewide public agencies that support primary prevention efforts across Colorado. They administer over \$40 million in state and federal dollars supporting prevention programs, policies and approaches in schools, public health agencies, community coalitions and other community leaders.

Purpose

The Funders Collaborative works together to reduce substance abuse in youth and their families. Its goal is to strengthen Colorado's prevention system by sharing priorities and a common language describing prevention and aligning funding efforts like technical assistance, evaluation, reporting and application processes. It also aims to promote health equity, inform state and federal policy, and support tested and effective prevention implemented with fidelity.

Intended Outcome

Providers and funders are working toward a comprehensive prevention system by being able to explain and navigate fluently around each funding stream and the prevention services they support.

What will the Funders Collaborative create?

By 2019:

- A guide for communities on accessing prevention funding — like who funds what, funding cycle timelines, expected outcomes, lead contacts and other information.
- A defined approach to addressing health equity by expanding access to prevention services for high-need, historically underserved geographies, age groups, race/ethnic groups, LGBTQ Coloradans and others.
- A plan for developing the prevention workforce, including prevention skill-building, program-specific technical assistance, and a strong prevention certification process.

By 2020:

- An approach to informing prevention policy — including which agency informs which issues, and efforts to strengthen policy change locally using existing channels like Communities That Care and the State Epidemiological Outcomes Workgroup.
- An approach to measuring the impact of new, innovative prevention approaches.

Who will participate?

The Funders Collaborative includes agencies that administer state and federal grants supporting primary prevention interventions that reduce substance abuse in youth and their families — as well as other outcomes, like reducing child abuse and neglect.

A smaller part of the collaborative will form a steering committee that is responsible for completing many of the deliverables outlined in this plan. This committee includes but is not limited to:

- Ali Maffey (Communities that Care, Colorado Department of Public Health and Environment)
- Brian Bumbarger (Colorado State University Prevention Research Center)
- Jenny Wood (Substance Abuse Block Grant, State Targeted Response to Opiate Crisis Grant, Persistent Drunk Driving/Law Enforcement Assistance Funds (PDD/LEAF); Office of Behavioral Health)
- José Esquibel (Office of Community Engagement, Colorado Attorney General's Office)
- Kristi Griffith-Jones (Tony Grampsas Youth Services, Colorado Department of Human Services)

- Melinda Cox (Core Services and Prevention Programs, Colorado Department of Human Services)
- Pearl Bell (Statewide Youth Development Plan, Colorado Department of Human Services)
- Phyllis Reed and Sarah Mathew (School Health Professionals Grant, Colorado Department of Education)
- Sharon Liu (Strategic Prevention Framework/ Partnership for Success, OBH)
- Tiffany Sewell (Collaborative Management Program, CDHS)
- Others as needed and agreed to by the group.

Initiative examples and contact people to participate in the broader collaborative include:

- Child Fatality Prevention System, CDPHE (Kate Jankovsky)
- Colorado Consortium for Prescription Drug Abuse Prevention (Rob Valuck)
- Garrett Lee Smith Suicide Prevention, CDPHE (Lena Heilmann)
- Marijuana Trusted Adult, CDPHE (Jessica Neuwirth)
- Office of Suicide Prevention and Colorado Gun Shop Project, CDPHE (Sarah Brummett)
- Substance Abuse and Mental Health Services Administration (SAMHSA) (Charlie Smith)
- Sexual Violence Prevention, CDPHE (Danielle Tuft)
- Others as needed and agreed to by the group.

The collaborative will work to align with and inform other stakeholders, such as the positive youth development work happening in Colorado. A future phase of the Prevention Funders Collaborative will include secondary and tertiary prevention funders like juvenile justice efforts.

Key Questions for the Prevention Funders Collaborative:

- How will this group build a health equity lens into all funding decisions, program guidance, and other efforts?
- How will this group advance its prevention state-level advocacy/lobbying agenda?
- How will this group work with academic researchers to build the evidence basis for promising prevention approaches?
- How will this group develop common or individual guidance for funded prevention providers on program selection and adaptation, fidelity monitoring and evaluation?
- How will this group work together to fund historically unfunded prevention providers — by geography, race/ethnicity, or other characteristics?
- What opportunities are there to leverage each funders' TA efforts — either program-specific TA, or general support?

Endnotes

- ¹ U.S. Department of Health and Human Services, Office of the Surgeon General. "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health." (2016). Retrieved from <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>. November 2018.
- ² Substance Abuse and Mental Health Services Administration. "Prevention of Substance Abuse and Mental Illness." Retrieved from <https://www.samhsa.gov/prevention>. November 2018.
- ³ Colorado Department of Human Services. "Persistent Drunk Driving – Law Enforcement Assistance Funds." Retrieved from <https://www.colorado.gov/pacific/cdhs/persistent-drunk-driving-law-enforcement-assistance-funds>. November 2018.
- ⁴ Blueprints for Healthy Youth Development. "Program Criteria." Retrieved from <https://www.blueprintsprograms.org/>. November 2018.; Social Programs That Work. "Ratings." Retrieved from <https://evidencebasedprograms.org/>. November 2018.
- ⁵ Colorado Attorney General's Office. "Substance Abuse Trend and Response Task Force." Retrieved from <https://coag.gov/SATF>. November 2018.
- ⁶ U.S. Department of Health and Human Services. "The Community Guide." Retrieved from <https://www.thecommunityguide.org/>. November 2018.
- ⁷ Colorado Department of Human Services. "Colorado State Epidemiological Outcomes Workgroup." (2018). <https://www.colorado.gov/pacific/cdhs-boards-committees-collaboration/colorado-state-epidemiological-outcomes-workgroup>.
- ⁸ Colorado Department of Public Health and Environment. "Healthy Kids Colorado Survey Data Brief: Colorado Youth Tobacco Use 2017." (2017). <https://drive.google.com/file/d/1XmLQUMLBpmjR3fWerNIBuT6o93hvnCI0/view>.
- ⁹ Centers for Disease Control and Prevention. (2017). "Youth Risk Behavioral Surveillance System." Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.
- ¹⁰ Colorado Department of Public Health and Environment. "Positive Youth Development." Retrieved from <https://www.colorado.gov/pacific/cdphe/positive-youth-development>. November 2018.
- ¹¹ OMNI. "Statewide Training and Technical Assistance Substance Abuse Prevention Project: OBH Prevention Services." <http://obhpreventionservices.org/>. November 2018.
- ¹² Colorado Providers Association. "Colorado Certified Prevention Specialist: Professionalizing prevention." <http://copreventionworks.com/>. November 2018.
- ¹³ Substance Abuse and Mental Health Services Administration. "Results from the 2015 National Survey on Drug Use and Health: Detailed Tables." (September 2016). <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
- ¹⁴ Colorado Department of Public Health and Environment. "Healthy Kids Colorado Survey: Executive Summary." (2017). https://drive.google.com/file/d/1FlpA-UNBbkT4_IL2StvFNUigVs7exvJf/view.

