



## Section IV: Budget Template

Colorado Opioid Abatement Council  
Round 3 Infrastructure Share Funding Opportunity (2024-25)

Name of Project/Program	On-ramp to Resilience Project	Principal Representative [Listed on Application] Name, Title, Phone and Email	Kelly Veit, Manager of Strategic Implementation, kveit@bouldercounty.gov
Name of Applicant (Organization)	Opioid Settlement Region 6, Boulder County	Primary Contact [Listed on Application] Name, Title, Phone and Email	Kelly Veit, Manager of Strategic Implementation, kveit@bouldercounty.gov
Applicant Type (Drop Down List)	Regional Opioid Abatement Council (ROAC)	Fiscal Contact [Listed on Application] Name, Title, Phone and Email	Emily McCluskey, Grants Specialist, emccluskey@bouldercounty.gov
Additional Implementing Organizations [If included in Application]	Opioid Settlement Region 7, Broomfield County Clinica Family Health and Wellness		

### Instructions for Budget

List each planned expenditure	Select from the 6 official Budget Categories (see Tab 4 for more info):  (1) Personnel services, (2) Contractual, (3) Materials & supplies, (4) Equipment, (5) Capital/construction, or (6) Administrative	Please select an Approved Use (Section and Sub-Section) for each budgeted item. All budgeted items must align with the list of Approved Uses (known as Exhibit E).  To see the complete list of Approved Uses, please see Tab #3 of this Excel or visit <a href="https://coag.gov/app/uploads/2024/07/Exhibit-E-Schedule-B-Approved-Uses.pdf">https://coag.gov/app/uploads/2024/07/Exhibit-E-Schedule-B-Approved-Uses.pdf</a>		Provide a description of how the budget line item will be purchased/sourced.	Provide a narrative description of the expenditure (if the budgeted item involves the purchase of materials/supplies, please provide an estimated quantity)	Estimated dollar amount
Budget Item	Budget Category (Drop Down List)	Approved Uses Section (Drop Down List) See Tab 3 for complete list of Approved Uses	Approved Uses Sub-Section (Drop Down List) See Tab 3 for complete list of Approved Uses	Vendor, Source, or Procurement Process (Optional)	Description of Item (See Tab 4 for further instructions based on the "Budget Category" selected)	Dollar Amount Requested
Remodel of clinical offices wing	Capital/Construction	A. Treat Opioid Use Disorder	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the U.S. Food and Drug Administration.		Remodeling current area into SUD and behavioral health clinical offices, including for SUD IOP, MAT services, clinical assessment, individual and group therapeutic interventions, etc.	\$ 115,000.00
Remodel of centralized psychiatric nursing station	Capital/Construction	A. Treat Opioid Use Disorder	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the		Remodeling current area into specialized psychiatric nursing station to facilitate safe and effective MAT services.	\$ 12,000.00
Remodel of bathrooms	Capital/Construction	A. Treat Opioid Use Disorder	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the U.S. Food and Drug Administration.		The building space is being renovated from a former assisted living facility into behavioral health clinical care, thus removal of several bathrooms and conversion to other uses is necessary (e.g., group rooms, offices).	\$ 75,000.00
General remodel activities (e.g., demolition, electrical, plumbing, permitting)	Capital/Construction	A. Treat Opioid Use Disorder	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the		Remodel of the space to facilitate service delivery in alignment with project goals and activities, and Exhibit E Approved Uses.	\$ 216,000.00
Remodel finishing activities (e.g., flooring, paint)	Capital/Construction	A. Treat Opioid Use Disorder	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the U.S. Food and Drug Administration.		Remodel of the space to facilitate service delivery in alignment with project goals and activities, and Exhibit E Approved Uses.	\$ 57,000.00
SHIE	Personnel Services	C. Connect People Who Need Help To The Help They Need Connections To Care	Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.		Building interoperability between two platforms to ensure that the client's wrap-around service needs are met	\$ 25,000.00

TOTAL AMOUNT REQUESTED						\$ 500,000.00
Non-Required Budget Supplemental Question						
Q1: Is there additional information the COAC should consider when reviewing this budget? If yes, please detail below.						





































## Section IV: Workplan Template

Colorado Opioid Abatement Council  
Round 3 Infrastructure Funding Opportunity (2024-25)

### Instructions for Workplan

- 1) Select 3 high-level Goals for the project/program (some examples may include "Expand behavioral health services to 3 new counties" or "Establish a new facility" or "Expand access to opioid antagonists among high-risk populations")
- 2) For each Goal, list 1-5 Activities (some examples may include "Host quarterly calls with governmental partners" or "Expand staffing within the new facility" or "Stock naloxone kits in mobile kiosks")
- 3) For each Activity, identify the individual and/or organization responsible for completing the activity (this may be the primary Applicant, one of the implementing organizations, or one of the sub-contractors)
- 4) For each Activity, identify an Estimated Date of Completion (this must fall within 24 months of the Award Date; Round 3 Infrastructure Awards are estimated to be distributed in Summer/Fall of 2025)
- 5) For each Activity, include a Deliverable (some examples may include "Sign an intergovernmental agreement" or "hire 2 full-time staff members" or "Distribute 2000 naloxone kits")

Goals and Activities should be SMART: Specific, Measurable, Achievable, Realistic, and Timely.\*

\*Applicants are encouraged to choose Goals and Activities that closely align with their submitted Application. Applicants are also encouraged to reflect on the Approved Uses (see tab 3 of this Excel sheet) when developing these Goals/Activities.

Goal # 1:	<i>Establish a new facility to increase access to a full spectrum of SUD services for vulnerable populations across 2 counties (e.g., co-occurring SUD and MH challenges, poverty and low income, housing insecurity, BIPOC, LGBTQIA+), creating a dignified space where community members want to engage in services and reducing stigma associated with behavioral health services.</i>
Goal # 2:	<i>Provide co-located, coordinated services at the renovated facility to approximately 650 individuals. Services will include acute, outpatient, intensive outpatient, MAT, and SUD residential programming for community members experiencing substance use disorders and those with co-occurring mental health challenges, in alignment with Exhibit E Approved Uses Section A and Core Strategy B ("MAT distribution and other opioid-related treatment").</i>
Goal # 3:	<i>Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.</i>

Goal #1	Establish a new facility to increase access to a full spectrum of SUD services for vulnerable populations across 2 counties (e.g., co-occurring SUD and MH challenges, poverty and low income, housing insecurity, BIPOC, LGBTQIA+), creating a dignified space where community members want to engage in services and reducing stigma associated with behavioral health services.			
Activities (Planned activities to accomplish the Goal)		Individual and/or Organization Responsible for Completion	Estimated Date of Completion	Deliverables [Description of what will be accomplished]
1	Remodel to create a trauma-informed space that is welcoming and facilitates improved privacy and confidentiality for clients.	Clinica Family Health & Wellness	March 31, 2026	Contractor selected, subcontractor bids received and approved (e.g., electrical, plumbing, flooring, etc.), and remodel work completed
2	Complete staff move-in, with a staffing model that facilitates co-location of services along the full spectrum of care, including initial acute services all the way to residential treatment.	Clinica Family Health & Wellness	April 1, 2026	Complete transition plan for moving services from existing sites to newly-remodeled site, execute move, provide staff with on-site orientation and training (e.g., training on updated site-specific disaster response plan, where emergency equipment is stored, etc.)
3	Conduct outreach and community partner education, including attending community events with information about the co-located services available onsite.	Clinica Family Health & Wellness, Boulder County, Broomfield County	April 1, 2026	Outreach events and activities are completed, such as announcements of services in Boulder and Broomfield local publications, social media outreach, announcements at community stakeholder meetings, attendance at local events and health fairs, and others as identified. Complete client and partner communications to notify of relevant service location changes, provide clients with orientation to the site where relevant (e.g., where to check in for appointments, local bus route information, etc.).
4				
5				

Goal #2	Provide co-located, coordinated services at the renovated facility to approximately 650 individuals. Services will include acute, outpatient, intensive outpatient, MAT, and SUD residential programming for community members experiencing substance use disorders and those with co-occurring mental health challenges, in alignment with Exhibit E Approved Uses Section A and Core Strategy B ("MAT distribution and other opioid-related treatment").			
Activities (Planned activities to accomplish the Goal)		Individual and/or Organization Responsible for Completion	Estimated Date of Completion	Deliverables [Description of what will be accomplished]

1	Implement on-site service delivery of MAT, Outpatient, SUD IOP, Crisis, withdrawal management, and SUD residential services. This activity directly supports Exhibit E Approved Use Numbers A 0-2 and A 6-8.	Clinica Family Health & Wellness	April 6, 2026	Provide services to approximately 650 unduplicated individuals in support of assessment results and client-centered care planning to inform treatment goals.
2	Conduct staff cross-training to facilitate effective co-location of services along the full spectrum of care, such as workflows and documentation standards, as well as certifications and evidence-based practices like QMAP, CAC/LAC, overdose prevention, harm reduction, Moral Reconation Therapy, Seeking Safety, and Dialectical Behavior Therapy (DBT).	Clinica Family Health & Wellness	April 6, 2026	Complete identified training activities in alignment with CFHW Training Plan and policies, targeting 5-10 staff participating in QMAP and CAC/LAC certification trainings quarterly, and 10-15 staff members completing clinical trainings (e.g., DBT, MRT, overdose prevention, etc.).
3				
4				
5				

Goal #3	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.			
	Activities (Planned activities to accomplish the Goal)	Individual and/or Organization Responsible for Completion	Estimated Date of Completion	Deliverables [Description of what will be accomplished]
1	Establish the feasibility for a community-wide referral platform and SHIE.	Clinica Family Health & Wellness, Boulder County, Broomfield County		Develop an action plan identifying the steps necessary to implement the interoperability of the platform.
2	Enhance referral and health information exchange platform utilization by key partners by standardizing workflows and screening tools.	Clinica Family Health & Wellness, Boulder County, Broomfield County	April 1, 2026	Creating the standardized tools for use within the platform Training for staff in use of the standardized tools
3	Evaluate use and effectiveness of platform (e.g., UniteUs)	Clinica Family Health & Wellness, Boulder County, Broomfield County	June 1, 2026	Measure over time the number of referrals being made within the platform.
4	Participate in ongoing implementation efforts with Boulder and Broomfield County community partners, to develop and pilot an interoperability plan for integration between UniteUs and partner systems (ex -CFHW electronic health record, NextGen).	Clinica Family Health & Wellness, Boulder County, Broomfield County	July 1, 2026	Participation in collaborative community of practice meetings to ensure that all community organizations' needs are addressed in both Boulder and Broomfield.
5				





































**Approved Opioid Abatement Uses from Exhibit**

<b>Section Letter</b>	<b>Section Name</b>	<b>Approved Use Number</b>	<b>Short Name</b>
A	Treat Opioid Use Disorder	0	Treatment of Opioid Use Disorder (OUD) - (general)
A	Treat Opioid Use Disorder	1	Treatment services adhering to ASAM continuum of care
A	Treat Opioid Use Disorder	2	Treatment, including Medications for Opioid Use Disorder (MOUD)
A	Treat Opioid Use Disorder	3	Telehealth services
A	Treat Opioid Use Disorder	4	Opioid treatment programs (OTP) oversight
A	Treat Opioid Use Disorder	5	Mobile intervention, treatment, and recovery services
A	Treat Opioid Use Disorder	6	Trauma-informed care
A	Treat Opioid Use Disorder	7	Withdrawal management services

A	Treat Opioid Use Disorder	8	Training on Medication Addiction Treatment (MAT)
A	Treat Opioid Use Disorder	9	Workforce development - addiction professionals
A	Treat Opioid Use Disorder	10	Fellowships for addiction medicine specialists
A	Treat Opioid Use Disorder	11	Workforce development - behavioral health workers
A	Treat Opioid Use Disorder	12	Waiver training to prescribe MAT for OUD
A	Treat Opioid Use Disorder	13	Web-based training curricula
A	Treat Opioid Use Disorder	14	Dissemination or development of provider curricula
B	Support People In Treatment And Recovery	0	Recovery services (general)
B	Support People In Treatment And Recovery	1	Full continuum of care of recovery services
B	Support People In Treatment And Recovery	2	Comprehensive wrap-around services

B	Support People In Treatment And Recovery	3	Counseling, peer-support, recovery case management, and residential treatment
B	Support People In Treatment And Recovery	4	Supportive/recovery housing and other housing assistance
B	Support People In Treatment And Recovery	5	Community support services, including social and legal services
B	Support People In Treatment And Recovery	6	Peer-recovery centers, and events
B	Support People In Treatment And Recovery	7	Transportation to treatment or recovery programs
B	Support People In Treatment And Recovery	8	Job services training
B	Support People In Treatment And Recovery	9	Recovery program expansion
B	Support People In Treatment And Recovery	10	Non-profit, community, and coalition - support for families
B	Support People In Treatment And Recovery	11	Stigma education - government staff
B	Support People In Treatment And Recovery	12	Community-wide stigma reduction

B	Support People In Treatment And Recovery	13	Culturally appropriate services
B	Support People In Treatment And Recovery	14	Recovery high schools
B	Support People In Treatment And Recovery	15	Hiring or training of behavioral health workers
C	Connect People Who Need Help To The Help They Need (Connections To Care)	0	Connection to care (General)
C	Connect People Who Need Help To The Help They Need (Connections To Care)	1	Substance use screening and referral
C	Connect People Who Need Help To The Help They Need (Connections To Care)	2	Screening, Brief Intervention and Referral to Treatment (SBIRT)
C	Connect People Who Need Help To The Help They Need (Connections To Care)	3	SBIRT for young adults in schools, criminal justice, probation etc.
C	Connect People Who Need Help To The Help They Need (Connections To Care)	4	SBIRT automation and technology
C	Connect People Who Need Help To The Help They Need (Connections To Care)	5	Emergency department navigators and on-call teams
C	Connect People Who Need Help To The Help They Need (Connections To Care)	6	Training for emergency room staff

C	Connect People Who Need Help To The Help They Need (Connections To Care)	7	Hospital linkage to care programs
C	Connect People Who Need Help To The Help They Need (Connections To Care)	8	Crisis stabilization centers
C	Connect People Who Need Help To The Help They Need (Connections To Care)	9	Post-overdose Emergency Medical Systems (EMS) and peer support
C	Connect People Who Need Help To The Help They Need (Connections To Care)	10	Peer support specialists and recovery coaches
C	Connect People Who Need Help To The Help They Need (Connections To Care)	11	Expand warm hand-off services to transition to recovery services
C	Connect People Who Need Help To The Help They Need (Connections To Care)	12	School-based supports for parents
C	Connect People Who Need Help To The Help They Need (Connections To Care)	13	Recovery-friendly workplaces
C	Connect People Who Need Help To The Help They Need (Connections To Care)	14	Employee assistance for healthcare workers with OUD
C	Connect People Who Need Help To The Help They Need (Connections To Care)	15	Non-profit and community - outreach for treatment
C	Connect People Who Need Help To The Help They Need (Connections To Care)	16	Centralized call centers



D	Address The Needs Of Criminal Justice-Involved Persons	0	Services for people involved in criminal justice system (general)
D	Address The Needs Of Criminal Justice-Involved Persons	1	Pre-arrest diversion strategies
D	Address The Needs Of Criminal Justice-Involved Persons	1.1	Self-referral strategies such as Angel/PAARI
D	Address The Needs Of Criminal Justice-Involved Persons	1.2	Drug Abuse Response Team (DART) or Quick Response Teams (QRT)
D	Address The Needs Of Criminal Justice-Involved Persons	1.3	"Naloxone Plus" strategies
D	Address The Needs Of Criminal Justice-Involved Persons	1.4	Law Enforcement Assisted Diversion (LEAD)
D	Address The Needs Of Criminal Justice-Involved Persons	1.5	Officer intervention strategies
D	Address The Needs Of Criminal Justice-Involved Persons	1.6	Co-responder programs
D	Address The Needs Of Criminal Justice-Involved Persons	2	Pre-trial services
D	Address The Needs Of Criminal Justice-Involved Persons	3	Treatment and recovery courts with MAT

D	Address The Needs Of Criminal Justice-Involved Persons	4	Jail-based treatment, recovery or harm reduction services
D	Address The Needs Of Criminal Justice-Involved Persons	5	Re-entry from jail treatment, recovery or harm reduction services
D	Address The Needs Of Criminal Justice-Involved Persons	6	Critical time interventions
D	Address The Needs Of Criminal Justice-Involved Persons	7	Training on best practices for criminal justice involved persons
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	0	Pregnant or parenting women support (general)
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	1	Treatment, recovery, prevention for pregnant women
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	2	Treatment and recovery for post-partum women
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	3	Healthcare worker training on treatment for pregnant women with OUD
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	4	Neonatal abstinence syndrome prevention, treatment, and care
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	5	Training on NAS (Neonatal Abstinence Syndrome) and plans of safe care

E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	6	Child and family supports for women with Opioid Use Disorder (OUD)
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	7	Child care services
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	8	Trauma-informed behavioral health treatment
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	9	Home-based wrap-around services
E	Address The Needs Of Pregnant Or Parenting Women and Their Families, Including Babies With Neonatal Abstinence Syndrome	10	Services for children impacted by caregiver use
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	0	Safe opioid prescribing (general)
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	1	Medical provider education on opioid prescribing
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	2	Provider education on safe opioid prescribing
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	3	Continuing medical education on safe opioid prescribing
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	4	Non-opioid pain treatment alternatives

F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	5	Prescription Drug Monitoring Program (PDMP)
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	6	Prescription Drug Monitoring Program (PDMP) - overdose/naloxone data
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	7	Electronic prescribing
F	Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids	8	Pharmacy dispenser education
G	Prevent Misuse Of Opioids	0	Substance use prevention (general)
G	Prevent Misuse Of Opioids	1	Media prevention campaigns
G	Prevent Misuse Of Opioids	2	Evidence-based public education campaigns
G	Prevent Misuse Of Opioids	3	Education on safe drug disposal
G	Prevent Misuse Of Opioids	4	Drug take-back disposal programs
G	Prevent Misuse Of Opioids	5	Substance abuse prevention coalitions

G	Prevent Misuse Of Opioids	6	Community coalitions
G	Prevent Misuse Of Opioids	7	Non-profit and community - prevention support
G	Prevent Misuse Of Opioids	8	School and community prevention and education programs
G	Prevent Misuse Of Opioids	9	School-based or youth-focused programs to prevent drug misuse
G	Prevent Misuse Of Opioids	10	Community-based education or intervention services for at-risk youth & families
G	Prevent Misuse Of Opioids	11	Evidence-informed youth mental health curricula and programs
G	Prevent Misuse Of Opioids	12	Support greater access to mental health services and supports
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	0	Harm reduction programs or strategies (general)
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	1	Naloxone - distribution to targeted groups
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	2	Naloxone - distribution to communities

H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	3	Naloxone - training and education
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	4	School staff naloxone training
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	5	Naloxone - data tracking
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	6	Public education for overdose prevention
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	7	Good samaritan laws - general public education
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	8	Good samaritan laws - first responder education
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	9	Syringe services and other harm reduction efforts for people who use drugs
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	10	Infection disease testing and treatment
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	11	Mobile harm reduction and referral services
H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	12	Training in harm reduction strategies

H	Prevent Overdose Deaths And Other Harms (Harm Reduction)	13	Routine clinical toxicology screening and testing
I	First Responders	1	First responder education specific to fentanyl and other substances
I	First Responders	2	Wellness and trauma support for first responders
J	Leadership, Planning And Coordination	0	Leadership, planning, and coordination (general)
J	Leadership, Planning And Coordination	1	Statewide, regional, local, or community planning
J	Leadership, Planning And Coordination	2	Data dashboards
J	Leadership, Planning And Coordination	3	Infrastructure, staffing at government or not-for-profit agencies
J	Leadership, Planning And Coordination	4	Government oversight and management of opioid abatement programs
K	Training	0	Training on opioid abatement (general)
K	Training	1	Staff training and networking for opioid abatement

K	Training	2	Collaborative cross-systems coordination infrastructure and staffing
L	Research	0	Opioid abatement research (general)
L	Research	1	Monitoring, surveillance, data collection and evaluation
L	Research	2	Research non-opioid treatment of chronic pain
L	Research	3	Research on improved service delivery
L	Research	4	Research on novel harm reduction and prevention efforts
L	Research	5	Research on improved detection of mail-based synthetic opioids
L	Research	6	Research for swift/certain fair criminal justice models
L	Research	7	Epidemiological surveillance of OUD-related behaviors
L	Research	8	Qualitative and quantitative research regarding public health risks





































































































































































































## E, Schedule B of the National Opioid Settlements

### Approved Uses (Exhibit E, Schedule B)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.

Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.

Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.



Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas

Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication– Assisted Treatment.

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

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

Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

Create and/or support recovery high schools.

Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

Purchase automated versions of SBIRT and support ongoing costs of the technology

Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

Expand warm hand-off services to transition to recovery services.

Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

Develop and support best practices on addressing OUD in the workplace.

Support assistance programs for health care providers with OUD.

Engage non-profits and the faith community as a system to support outreach for treatment.

Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“PAARI”);

Active outreach strategies such as the Drug Abuse Response Team (“DART”) model;

“Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“LEAD”) model;

Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise

Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH condition

Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

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

Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on appropriate prescribing of opioids.

Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

including, but not limited to, improvements that: 1. Increase the number of prescribers using PDMPs; 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT

Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

Increasing electronic prescribing to prevent diversion or forgery.

Educating dispensers on appropriate opioid dispensing.

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Funding media campaigns to prevent opioid misuse.

Corrective advertising or affirmative public education campaigns based on evidence.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Funding community anti-drug coalitions that engage in drug prevention efforts.



access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).

Engaging non-profits and faith-based communities as systems to support prevention.

Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

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

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

Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

Public health entities providing free naloxone to anyone in the community.

Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Supporting screening for fentanyl in routine clinical toxicology testing.

Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment E-14 intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

Provide resources to staff government oversight and management of opioid abatement programs.

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

Support opioid abatement research that may include, but is not limited to, the following

Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

Research non-opioid treatment of chronic pain.

Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).

Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.

Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.





































































































































































































# Section IV: Budget Template

Colorado Opioid Abatement Council  
Round 3 Infrastructure Share Funding Opportunity (2024-25)

Name of Project/Program	On-ramp to Resilience Project	Kelly Veit, Manager of Strategic Implementation, kveit@bouldercounty.gov
Name of Applicant (Organization)	Opioid Settlement Region 6, Boulder County	Kelly Veit, Manager of Strategic Implementation, kveit@bouldercounty.gov
Applicant Type (Drop Down List)	Regional Opioid Abatement Council (ROAC)	Emily McCluskey, Grants Specialist, emccluskey@bouldercounty.gov
Additional Implementing Organizations [If included in Application]	Opioid Settlement Region 7, Broomfield County Clinica Family Health and Wellness	

## Instructions for Budget

List each planned expenditure	Select from the 6 official Budget Categories (see Tab 4 for more info):  (1) Personnel services, (2) Contractual, (3) Materials & supplies, (4) Equipment, (5) Capital/construction, or (6) Administrative	Provide a narrative description of the expenditure (if the budgeted item involves the purchase of materials/supplies, please provide an estimated quantity)	Estimated dollar amount
Budget Item	Budget Category	Description of Item	Dollar Amount
Remodel of clinical offices wing	Capital/Construction	Remodeling current area into SUD and behavioral health clinical offices, including for SUD IOP, MAT services, clinical assessment, individual and group therapeutic interventions, etc.	\$115,000.00
Remodel of centralized psychaitric nursing station	Capital/Construction	Remodeling current area into specialized psychiatric nursing station to facilitate safe and effective MAT services.	\$12,000.00
Remodel of bathrooms	Capital/Construction	The building space is being renovated from a former assisted living facility into behavioral health clinical care, thus removal of several bathrooms and conversion to other uses is necessary (e.g., group rooms, offices).	\$75,000.00
General remodel activities (e.g., demolition, electrical, plumbing, permit fees)	Capital/Construction	Remodel of the space to facilitate service delivery in alignment with project goals and activities, and Exhibit E Approved Uses.	\$216,000.00
Remodel finishing activities (e.g., flooring, paint)	Capital/Construction	Remodel of the space to facilitate service delivery in alignment with project goals and activities, and Exhibit E Approved Uses.	\$57,000.00
SHIE	Personnel Services	Building interoperability between two platforms to ensure that the client's wrap-around service needs are met	\$25,000.00
TOTAL AMOUNT REQUESTED			\$ 500,000.00

Non-Required Budget Supplemental Question

Q1: Is there additional information the COAC should consider when reviewing this budget? If yes, please detail below.





































## Expenditures Budget Categories for Infrastructure Fund Applications

Expenditure Categories	Description
<b>Personnel Services</b>	<p>List all salaried and hourly personnel to perform work for the project/program. Include proposed salaries (calculated as full-time equivalent or FTE). If the salary represents less than 1.0 FTE, please specify the percentage of the staff member's time that will be devoted to the project/program.*</p> <p>In the Attachments portion of the Application, Applicants must submit a List of Names and Qualifications of Key Staff. If the submitted Budget and Workplan proposes new personnel/staff, or expanded funding for existing staff members, please <b>also</b> describe the intended role and contributions of the prospective staff members in the attached materials.</p> <p>*If the proposed salary includes fringe benefits (i.e., insurance, paid time off, etc.), please specify how the fringe benefits were calculated, and what percentage of the proposed salary is allocated to fringe benefits.</p>
<b>Contractual</b>	<p>Include any subcontracts that are associated with this budget request. This may include, but is not limited to, subcontracts for consulting, construction, or facilitation services. Please note that Infrastructure Share funds may not be used to reimburse expenses from previous/historic contracts. Applicants are not able to "pre-pay" subcontractors for their services. Applicants shall wait until COAC has determined its awardees before enacting subcontracts related to this proposed budget.</p> <p>In the Workplan, please describe how subcontractors will be selected, the work they intend to perform, and how the costs were calculated.</p>
<b>Materials &amp; Supplies</b>	<p>Provide estimated quantities of the materials &amp; supplies that will be purchased. Please be as specific as possible.</p>
<b>Equipment</b>	<p>List any equipment that must be purchased to complete the proposed project/program. Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more, and an expected service life of more than 1 year, unless the Applicant (Organization) has adopted other guidelines.</p>

<b>Capital/Construction</b>	List all expenses relating to development of long-term assets, including but not limited to building purchases, construction, expansion, renovation, and/or land acquisition.
<b>Administrative (shall not exceed 10% of total request)</b>	<p>Expenses associated with overseeing and administering Opioid Funds (including but not limited to legal expenses, procurement/contract administration, fiscal accounting/reporting, etc.).</p> <p>Administrative costs shall not exceed 10% of actual costs expended by the recipient or 10% of the amount received, whichever is less.</p>
<b>Other</b>	Expenses not under other categories. If you select the Other category, please explain why none of the other Budget Categories were sufficient.

















































