



STATE OF COLORADO,
DEPARTMENT OF LAW
DIVISION OF COMMUNITY ENGAGEMENT

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REQUEST FOR APPLICATIONS

Resilient Colorado Grant

Opioid State Share

RFA #LAAA 2026*01

Introduction	3
Grant Summary	4
Grant Period	5
Funding Overview	5
Project Requirements	5
Applicant Eligibility	5
Accessibility Requirements	6
Grant Work Product Expectations	6
Required Application Components	7
Component 1: Application Form	7
Component 2: Project Narrative	8
Component 3: Budget and Work Plan	10
Component 4: Organizational History and Fiscal Accountability	12
How to Apply	12
Notice of Intent to Apply	12
Formatting Guidelines for Attachments	12
Required Documents	13
Submission Instructions	13
Questions and Inquiries	14
Pre-application Webinar	15
Schedule of Activities	15
Selection, Evaluation and Awards	15
Evaluation Process	15
Evaluation Committee	16
Post Award Management	16
Invoicing	16
Evaluation	16
Reporting	17
Appendix A: Glossary	18
Appendix B – Target Priority Areas	20
Appendix C – State Share Learning and Progress Metrics	28

Introduction

The Colorado Attorney General and the Department of Law (“DOL”), collectively referred to as the Colorado Attorney General’s Office, represent and defend the legal interests of the people of the State of Colorado and its sovereignty. The Attorney General exercises the responsibilities given to the office by the Colorado Constitution, statutes enacted by the Colorado General Assembly, and the common law.

The Division of Community Engagement (“DCE”) is one of the sections within the DOL and serves as Coloradans’ open door to the Attorney General’s Office. We build relationships and establish meaningful dialogue across Colorado, working hard to truly hear the needs, ideas, and voices of the people of our state.

DOL funds authorized by C.R.S. § 24-31-108 serve as the primary source of support for partnerships funded through DCE. These partnerships support a diverse range of organizations throughout Colorado that address critical challenges facing our State. DCE works with partners to help develop and fund data-driven, high-impact programs that create long-term success and build a sustainable foundation that benefits community.

We engage with Coloradans on a range of issues—from improving public safety, to financial literacy and protecting consumers, to addressing the opioid epidemic, protecting our land, air, and water, and many others—through the operation of five programs: Outreach and Engagement, Consumer Engagement and Data Services, Safe2Tell Colorado, Opioid Response, and Grants and Partnerships.

The Opioid Response Unit (“ORU”), a program within DCE, is responsible for strategically managing and distributing opioid settlement funds received by the DOL in accordance with the [Colorado Opioid Settlement’s Memorandum of Understanding \(“MOU”\)](#). The ORU works closely with stakeholders across Colorado who are engaged in abating the opioid crisis, including municipal and county governments, State agencies, non-profits, service providers, and non-governmental organizations.

The Colorado MOU was finalized between the Colorado Attorney General’s office and the local governments of Colorado on August 26, 2021. Three-hundred and twelve local governments signed on to the MOU, which dictates the governance, distribution, and expenditure of any current or future opioid settlement funds for Colorado.

There are four different funding streams listed in the MOU:

- 60% to the Regional Government Share
- 20% to the Local Government Share (Each local government can choose to opt-out of receiving the funds, thus directing the funds to their opioid Region)
- 10% to the State Share
- 10% to the Infrastructure Share

This funding opportunity addresses the 10% of Opioid Settlement funds set aside for the State Share.

All funds must be expended on Approved Uses in alignment with [Exhibit E](#), Schedule B of the National Opioid Settlements' list of approved uses for the settlements' remediation funds.

Grant Summary

The DOL announces the Resilient Colorado Grant as the third round of funding through the State Share. This funding opportunity supports local and statewide efforts to prevent and respond to opioid use and its impact in Colorado. Funding is available for six (6) Target Priority Areas listed below. Please refer to Appendix B for more information about examples of what can be funded under each priority area and the aligned Approved Purposes.

- **Target 1: Promoting Youth Well-Being and Prevention by Encouraging Connection and Healthy Behaviors**
 - **Goal:** Promote the health and well-being of youth and young adults — especially in under-resourced communities, to prevent and reduce opioid and other substance misuse—through upstream prevention and early intervention.
- **Target 2: Addressing Gaps in Substance Use Treatment for Youth**
 - **Goal:** Promote the health and well-being of youth and young adults by filling critical gaps in care for substance use treatment and recovery for youth.
- **Target 3: Growing Colorado's Rural & Underserved Behavioral Health Workforce**
 - **Goal:** Build and sustain a strong, culturally competent workforce that can deliver quality prevention, treatment, and recovery services across the state.
- **Target 4. Building Recovery & Reentry Systems for Justice-Involved Individuals**
 - **Goal:** Strengthen recovery and reentry systems that support people during and after incarceration through peer support services, employment pathways, data-driven practices, and policy and infrastructure improvements that reduce the risk of relapse and recidivism.
- **Target 5. Supporting Families, Caregivers, and Children**
 - **Goal:** Help families heal from the impacts of opioid use through housing, childcare, trauma services, and other support services for those who have lost a loved one due to substance use or families dealing with the impact of substance use.
- **Target 6: Empowering and Sustaining Colorado Peer Leadership**
 - **Goal:** Sustain and strengthen the peer workforce—people with lived experience who support others in harm reduction, treatment or recovery.

Projects will be prioritized that demonstrate one or more of the following components:

- Projects that incorporate the voices of those with lived experience in project management, design, and implementation.
- Projects that serve communities and/or populations most impacted by opioid use disorder.
- Projects that have statewide reach, represent multiple communities, or increase equitable access to care in Colorado.

Grantees will be required to report on learning and progress metrics in alignment with each Target Priority Area. Please see Appendix C to review these metrics.

Grant Period

The anticipated funding period is 36 months, from **July 1, 2026 to June 30, 2029**. The actual funding period will coincide with the award date and grant execution and is subject to vary from the dates above, accordingly.

Funding Overview

Up to \$12,000,000.00 is available for this funding period. No individual award will exceed \$750,000.00. **Applicants are recommended to only request the amount needed to carry out their proposed project.** The DOL considers a variety of factors when issuing grant awards. For example, the DOL will take the size of the request compared to the annual operating budget of the applicant into consideration when determining award amounts. In all cases, the DOL reserves the right to determine a final award amount, which may be less than what was requested on an Application.

Project Requirements

Applicant Eligibility

Eligible entities for the Resilient Colorado grant include:

- Colorado county
- Colorado municipality
- Colorado State agency
- Colorado's Federally Recognized Tribes
- Colorado Regional Opioid Abatement Council as defined by and formed as a result of the MOU
- School, school district, and/or Board of Cooperative Education Services (BOCES)
- Non-profit organization, in good standing with the Colorado Secretary of State
- For-profit organization, in good standing with the Colorado Secretary of State

Multi-agency partnerships are possible and encouraged for this opportunity, with clear evidence of close interaction and responsible partnership among the participants. If

multiple entities are applying together, please select one entity to serve as the Applicant. This should be the entity that will receive the grant award, receive the disbursed funds, and be responsible for funds management and submitting required reporting. The additional entities should be listed in the application as “Implementing Organization(s).” Applicants must clearly articulate in the project description each entity’s role in project implementation.

For the purpose of this RFA and subsequent Grant Agreements, “Implementing Organizations” will be considered by the DOL as the Applicant’s “Subgrantee(s).” Subgrantee(s) means an entity receiving grant funds through the Primary Recipient (Applicant/Grantee identified in the Grant Agreement) to support the performance of the project or program for which the funds were awarded. A Subgrantee is subject to the terms and conditions of the award to the Primary Recipient, including program compliance requirements. The Applicant is responsible for ensuring the Subgrantee’s compliance with requirements.

Applications may be declined if the grant recipient cannot demonstrate financial viability or program sustainability, or if the request does not fall within the Approved Purposes.

The following entities are not eligible to apply for a Grant:

- Individuals

Accessibility Requirements

All work performed as a result of this solicitation must comply with all applicable provisions of sections §24-85-101, et. seq, C.R.S., including the Accessibility Standards for Individuals with a Disability, as established by the Office of Information Technology pursuant to section §24-85-103(2.5), C.R.S.; all State of Colorado (“State”) technology standards related to technology accessibility; and with Level AA of the most current version of the Web Content Accessibility Guidelines (WCAG), incorporated in the State’s technology standards.

Grant Work Product Expectations

The purpose of grant funds is to benefit the people of Colorado, with the goal and intention of making resources, tools, and other work product created using grant funds available to the public. The DOL will retain legal rights to the work product created using grant funds and may share and promote this work across Colorado.

Applicants selected to receive a Grant will be provided with the State’s template Grant Agreement, defining the terms of the grant award. If an Applicant requests modifications to the template agreement terms, the decision to reject, accept, or further negotiate any requested changes will be at the DOL’s sole discretion. In the event an Applicant’s requested modifications violate State or federal law, regulation, or policy, or would

otherwise not serve the best interest of the State, the DOL may determine that an application is no longer responsive and therefore ineligible for the award.

Required Application Components

Component 1: Application Form

The DOL uses Salesforce for application intake. Provide the following information by completing the [Application Form](#) in the Salesforce funding opportunity.

- **Applicant Details and Contact Information**
 - **Organization Name and EIN**
 - **Application Contact** who will be responsible for coordinating with DOL throughout the application process; this person may be the same or different from one of the primary contacts during project implementation if awarded.
 - **Organization website** is an option but not requirement to provide.
 - **Mailing Address** (physical address also provided if different from mailing).
 - A **Project Director/Principal Representative** who will be responsible for coordinating with the DOL throughout project implementation and grant management processes.
 - A **Fiscal Contact** who will be responsible for responding to budgetary or funding inquiries from the State.
 - An **Authorized Signer** who will be responsible for obligating a Grantee through their authorized signature on the Grant or Grant Modifications.
 - Note: An individual may fill more than one of these roles, but one individual may not fill all three roles.
- **Project Details**
 - **Project Title**
 - **Proposal Overview/Executive Summary:** Provide a brief description of the proposed project and goals. There is a 1000-character limit in space provided (approximately 150 words)
- **Project Budget**
 - **Current Annual Operating budget of the applicant**
 - **Total Amount Requested:** There will be a space to indicate the total three-year request as well as a breakdown by each year.
- **Project Focus Areas and Partners**
 - **Target Priority Area Addressed:** The project must align with at least one of the six Target Priority Areas listed in the RFA. Select which of the RFA Target Priority Areas your project will focus on.
 - **Secondary Target Priority Area:** Indicate if your project includes objectives that align with a secondary Target Priority Area. Please note that the inclusion of a Secondary Target Priority Area will not receive additional points in the evaluation process.
 - **Target geographical region:** Indicate the geographic region that your project will serve. If your project aligns with one or more of the 19 Opioid Settlement Regions, indicate which one(s). Otherwise, write the specific

area served such as Statewide, the county/counties served, or the city/municipality served.

- **Implementing Organizations:** List any partner organizations that would receive subgrants to execute this project (including, but not limited to, community-based organizations; tribal entities; private non-profit entities; governmental entities including counties and cities, universities, local health or human services departments; for-profit entities; other public entities; and faith-based organizations).

Components 2 – 4 must be uploaded as Supporting Documentation in Salesforce.

Component 2: Project Narrative

The Project Narrative should not exceed 3,000 words or approximately six (6) single-spaced pages.

A. Problem Description

- Briefly describe the population/region to be served and identify any unique geographic and demographic characteristics.
- Describe the specific problem/need that this project is designed to address. As feasible, use quantitative and qualitative data to describe the scope of the issue including, for example, any health inequities or disparities.
- Explain if/how the project will address any disproportionate impacts the target population faces in relation to the opioid crisis (i.e., communities of color, tribal communities, Indigenous populations or urban Indians, rural communities, justice-impacted individuals, LGBTQ+ population, perinatal population, etc.).

B. Project Description

- Describe how the grant project aims to address the opioid crisis.
- Identify which RFA Target Priority Area the project will address and how focusing on this Target Priority Area will help address the identified problem/need in your community, including any health inequities or disparities that you have identified. If a secondary Target Priority Area was indicated on the Application Form, explain how the secondary area will enhance the primary Target Priority Area of the project.
- Describe what activities will be carried out as a part of the project and summarize the timeline for the project, including key benchmarks or milestones that will be met during the three-year grant period. (Note: these activities should also be reflected in the Work Plan)
 - Include any planning activities that may need to occur in the initial phase of the project to set the project up for success.

C. Evaluation

- Program theory: Describe how your proposed activities support short-term and long-term outcomes for individuals, systems (such as the healthcare system,

- justice system, treatment or recovery system), and communities. If you have a visual program theory of change or logic model, please include it.
- Evaluation approach: Describe how you plan to evaluate your work, including how you will monitor your strategy implementation (is the work implemented as intended), and how you will monitor the outcomes of your work (is the work resulting in the short- and long-term outcomes you intended). Describe how you plan to use evaluation findings to celebrate successes, identify opportunities for improvement, and inform your ongoing work.
 - Data collection: Describe the types of information you plan to collect and how you plan to collect it, in order to implement your evaluation approach above. These metrics should align with those identified in Appendix C, when possible but are not limited to those metrics.

D. Lived Experience & Equity

- Explain if/how those with lived experience lead this project, have actively co-created this project development and/or will actively participate in project implementation.
- Explain how the project is informed by and responsive to the needs of the community being served, including how it addresses any health inequities or disparities.

E. Collaboration

- Describe if and how your organization will leverage collaborative partnerships to maximize the impact of your project. Examples could include healthcare organizations, nearby hospitals, health insurances, Medicaid/Medicare, Regional Accountable Entities, local public health agencies, local community providers or associations, safety net providers, behavioral health organizations, and/or the state Behavioral Health Administration.
- Explain if and how your organization has worked successfully with these partners previously or how your organization will build new partnerships to help carry out this project. Explain any collaboration with the Opioid Settlement Region in which the project is based.

F. Organizational Capacity

- Demonstrate how the Applicant and/or partners have the experience and capacity, including personnel, resources, technology, and other relevant infrastructure needed to implement the project and the expertise in understanding the nature and dimension of the need.

G. Project Resiliency

- This is a one-time funding opportunity. Explain if and how projects/programs created through this funding will be sustained beyond the funding cycle.
- If there have been any recent funding gaps necessitating this funding, please describe.

- Describe any other funding sources, earned revenue models (if applicable), or partnerships that will support the proposed project's resiliency. **Note:** Supplanting is not allowed with state dollars. Supplanting occurs when an entity deliberately reduces federal, state, or local funds for an activity because of the receipt of new funding for that same activity. State funds may only be used to supplement existing funds for program activities and not replace those funds which have been appropriated for the same purpose. Potential supplanting is subject to review during the application review, pre-award review, post-award monitoring, and audit. If services are Medicaid eligible, the organization should pursue reimbursement before applying grant funds for these expenses.

Component 3: Budget and Work Plan

Complete the Budget and Work Plan worksheets available as Attachments 1 and 2 to this RFA. Complete Attachment 1.A for any additional subgrantee budget(s). Applicants should retain the formatting of the templates.

Budget Guidelines:

- Opioid Funds from the State Share shall be used for Approved Purposes only. The list of the Approved Purposes is in [Exhibit E](#), Schedule B of the National Opioid Settlements. Indicate the most specific Approved Purpose for each budget line item using the drop-down options in the budget template.
- Expenses must be project related. Use the narrative descriptions in the budget to make a clear connection between the requested expense and project activities.
- The template has formulas to assist you in the completion of the budget proposal; however, you can override the formula if necessary. It is your responsibility to verify the amounts are accurate and total correctly.
- Round expenses to the nearest whole dollar amount.
- Budget categories include Personnel, Materials/Supplies & Operating, Travel, Equipment, Contracts & Subgrants and Indirect.
 - Personnel – The DOL will consider funding a number of positions commensurate with the size of the request and that are essential for implementation of the project.
 - Materials/Supplies & Operating – Items should be specific and listed individually. Avoid general line items like “office supplies” where possible, as anything that cannot be clearly tied to the project should be covered in indirect costs.
 - Travel – Include calculations in your description (i.e., 500 miles x .56 cents per mile). Any rates must follow your agency’s reimbursement policy.
 - Equipment – Only items that exceed \$10,000 per unit and have a lifespan of more than one year should be included in Equipment. There are additional

requirements on tracking the value of any equipment that is purchased as a result of an award. Laptops should be included above as “supplies”.

- Contract/Subgrants - Use this section for any of the goods and services that are subcontracted or if a community partner will be carrying out project -related activities and incurring the expenses.
 - Contracts: In the description, explain your procurement process for selecting the specific contractor and include any hourly rates. If you have not selected a specific contractor yet, explain the goods and services that are being procured as well as the procurement process for selecting a contractor. A separate budget is not required for contracts.
 - Subgrants: Include the total amount of any subawards the primary applicant will be passing through to another recipient for the purpose of carrying out a portion of the project. The applicant will submit additional subgrant budgets equal to the total listed for any subgrant in this section using Attachment 1.A.
- Indirect – Unless your agency has a federally negotiated rate, you are eligible for up to 15% of the total proposed **personnel** costs. If any tuition remission, scholarships or fellowships expenses were included in the personnel expenses, these should be deducted from the personnel expenses before applying the 15%. Provide the DOL with a copy of your federally negotiated rate, if you are requesting that rate. The DOL reserves the right to reject any federally negotiated rate.
- The Project Period is up to three (3) years, and budget proposals must show expenses for each year, separately.
- We encourage you to consider whether part of your work plan and budget should include planning time and whether you wish to budget for less in year one as implementation begins. Projects will not be penalized for requiring additional planning activities as long as those activities are transparently described in the budget and/or work plan. We also encourage you to consider what is required to fulfill the data/evaluation requirements of this project and whether to include a budget for evaluation or other data collection tools.
- Budget may include travel expenses for staff to attend a one-day Opioid Abatement Conference each year. This conference typically occurs in the fall. The location in 2025 is Loveland, CO, but the location in future years has not been determined. Travel expenses, however, may not exceed more than \$1,500.00 per year, unless specifically approved by DOL. Reimbursement for travel expenses must be based on actuals.
- Unallowable Expenses include but are not limited to capital expenses, the purchase of vehicles or real property; lobbying expenses, and/or fundraising costs.

Work Plan Guidelines:

- There should be a clear connection between the Work Plan and the Project Narrative.
- The template has space for three (3) goals and three (3) objectives under each goal with space for activities necessary to achieve the objective. You do not need to have three (3) goals or three (3) objectives for each; but may include as many goals and objectives as are relevant for your specific project. Use the Instructions on the template as a guide.

Component 4: Organizational History and Fiscal Accountability

Provide the following documentation:

- Upload a completed Financial Management Questionnaire (Attachment 3)
- Upload the organization's current year budget and the previous year's Profit and Loss statement.
- Most recent audit or financial review
- Certificate of Good Standing from the Colorado Secretary of State
- Non-profit organizations only:
 - Documentation of IRS tax exempt status, such as 501(c)(3) determination letter, or description of the reason that the applicant does not have federal tax-exempt status.
- The DOL reserves the right to request additional financial documents at no additional cost to the DOL.

How to Apply

Responses must be submitted as specified in this announcement. Applications that fail to follow all the requirements may not be considered.

Notice of Intent to Apply

Complete the [Intent to Apply Survey](#) no later than 5:00pm MST on **November 14, 2025**. Entities that do not submit an Intent to Apply Survey are still eligible to submit an application.

The Notice of Intent to Apply will be used solely for planning purposes by the DOL. The survey will cover the following information:

- RFA number and title
- Organization/agency name
- Contact information
- Entity type
- Target Priority Area

Formatting Guidelines for Attachments

- 12 pt font, Arial or Calibri preferred.

- 1-inch margins.
- For Component 2: Project Narrative, use headings provided to distinguish each section of the narrative. Component 2 should not exceed 3,000 words or 6 single-spaced pages.
- Title documents clearly. Save documents as Microsoft Word, Excel, or Adobe PDF files. The DOL uses Salesforce to intake all applications.

Required Documents

A completed application must include all items described in “Required Application Components.” Please provide each item listed, and all related documents, as separate Microsoft Word, Excel or Adobe PDF files. Ensure the following are included:

- [Application Form \(Salesforce Form\)](#)
- Project Narrative
- Budget Worksheet (see Attachment 1) - retain Excel format
- Subgrantee Budget Worksheet(s) if applicable (see Attachment 1.A - retain Excel format)
 - Subgrantee budgets are only required if subgrants are listed in the primary budget and as many as necessary can be submitted. Contracts do not require a separate budget to be included.
- Work Plan (see Attachment 2)
- Financial Management Questionnaire (Attachment 3)
- Current Year Budget
- Previous Year Profit and Loss Statement
- Audit or Financial Review
- Certificate of Good Standing from Colorado SOS
- Non-profit tax-exempt status (if applicable)

Note: If awarded, your organization will be required to provide additional documentation including a signed W-9 and insurance certificates that comply with State requirements.

Submission Instructions

For consideration of award, an applicant for the **Resilient Colorado Grant RFA #LAAA 2026*01** must submit a completed application via [Salesforce Form](#) no later than 11:59 p.m. MST on **December 18, 2025**.

Applicants should submit one application with all required attachments via Salesforce link. Your progress will not be saved. It is advised to review the form questions and download the required attachments well in advance of the submission deadline.

If submitted correctly, a submission confirmation page will load with a confirmation number. It is recommended that you write this number down for your own records. No hard copies of applications will be accepted. Applications submitted after the application submission deadline will not be accepted.

If you are unable to submit your application using the link, please contact the DOL at procurement@coag.gov.

The e-submission process with Salesforce is only for proposal submission. All inquiries, questions, comments, or concerns should be submitted to the procurement contact, not through the e-submission system.

All materials submitted shall become the property of the DOL and will not be returned.

Questions and Inquiries

Applicants may make written inquiries via email to obtain clarification of requirements concerning this RFA. All inquiries must be received by the Program contact no later than December 16, 2025 and be sent to:

Program contact name: Mackenzie Owens

Program contact email: procurement@coag.gov

- Clearly identify your inquiries with:
 - RFA Number
 - RFA Title
 - The section the inquiry applies to.
- DOL may post Applicant inquiries and DOL responses to the DOL Funding Opportunities website and Colorado VSS. If inquiries are posted, identifying information will be removed to make inquiries anonymized.
- Inquiries received after December 16, 2025, may not be responded to, in the DOL's sole discretion.
- Applicants are not to rely on any other statements that alter any specification or other term or condition of the RFA, unless they have been formally issued by the DOL and posted to [DOL's Funding Opportunities webpage](#). DOL may also elect to use Colorado VSS to post formal modifications to the RFA.

During the solicitation process for this RFA, all official communication with applicants will be via notices on the DOL program website listed in the schedule of activities. Notices may include any modifications to administrative or performance requirements, answers to inquiries received, and/or clarifications to requirements. Program staff will host a "how to apply" webinar to be announced on the website. It is incumbent upon applicants to carefully and regularly monitor the website for publication of modifications to this solicitation and any other information in regard to this RFA. Any DOL announcement of the winning applicant(s) will be via e-mail or in another format, as determined by the DOL, and shall be within the timing and discretion of the DOL.

The Notice of Intent to Award will at minimum be posted on Colorado VSS, all other communication from the DOL may be through direct email from the procurement contact and/or posted to the DCE Funding Opportunities website.

Applicants are not to contact any other state office or individual regarding this RFA or this project, except for the program contact noted above. Applicants are not to rely on any other statements that may alter any specification or other term or condition of the solicitation outside of the DOL website.

Pre-application Webinar

As indicated in the Schedule of Activities, Applicants have the option to attend a [pre-application webinar](#) for clarification on this RFA. Visit the [DOL's Funding Opportunities webpage](#) for information on how to log-in to join these meetings.

Schedule of Activities

Activity	Date
RFA Published on Funding Opportunities Page	October 15, 2025
Pre-Application Webinar (Attendance optional)	November 12, 2025
Notice of Intent to Apply deadline	November 14, 2025
Applicant Inquiry Deadline	December 16, 2025
Application submission deadline	December 18, 2025
Evaluation Period (estimated)	December 2025 - April 2026
Estimated Notification of Award	May 2026
Estimated Contract Effective Date	July 1, 2026

Selection, Evaluation and Awards

Evaluation Process

DOL will review each application to determine whether the application includes all required information and documentation. Applicants that do not meet all requirements specified above may be disqualified, and their applications will not be considered for a grant award.

The technical aspects of applications will be assessed based on the soundness of the applicant's approach and the applicant's understanding of the requirement. Past experience/qualifications will be assessed by considering the extent to which the qualifications, experience, and past performance are likely to foster successful, on-time performance.

The DOL carefully designs scoring and selection process to ensure fair selection of the best qualified applicants. The selection process is described below. The criteria for scoring are in direct correlation to the required application components.

Evaluation Committee

An Evaluation Committee will be established utilizing measures to ensure the integrity of the evaluation process. These measures include the following:

- Selecting committee members who do not have a conflict of interest regarding this solicitation.
- Facilitating the independent review of proposals.
- Requiring the evaluation of the proposals to be based strictly on the content of the proposals, not the quality of writing.
- Ensuring the fair and impartial treatment of all Applicants.

The objective of the Evaluation Committee is to individually conduct reviews of the proposals that have been submitted, to hold frank and detailed discussions among themselves, and to recommend applicant(s) for award.

The Evaluation Committee will review each qualifying application proposal based on the criteria identified above. The Evaluation Committee's recommendation for an award of each qualifying proposal will be submitted to the DOL's Custodial Fund Committee for final review and approval.

Post Award Management

Invoicing

This funding opportunity operates on a reimbursement basis. If awarded, only actual expenditures in alignment with the approved budget will be reimbursed. All expenditures must be substantiated with source documentation and tracked in organization's accounting system. Grantees would be responsible for maintaining properly segregated books of grants funds and other funds associated with the work.

Evaluation

DOL values evidence-based practice, continuous learning, and program improvement in addressing the opioid crisis. Applicants are strongly encouraged to develop an evaluation and learning plan that supports their ongoing work. If awarded, the DOL will partner with grantees as feasible to support the development of evaluation plans, support learning, and incorporate evaluation results into the reporting process. [CDC's Program Evaluation Framework](#) provides a guide for designing and conducting evaluation across many programs and settings. The [OSPRI Tool from Johns Hopkins](#) provides example questions and data points to track changes from activities supported by opioid settlement funding. Funding for evaluation is an approved use.

As part of our commitment to building capacity, Grantees will be expected to participate in capacity building activities. At minimum, this includes attendance at the quarterly online Learning Forums. Attendance is highly encouraged at the annual Colorado Opioid Abatement Conference and other training, technical assistance, and peer learning opportunities.

Reporting

Acceptance of these funds indicates agreement to terms of reporting. Grantees are required to submit comprehensive quarterly progress reports throughout the project period using a provided template. Quarterly reporting serves as an essential tool for program monitoring and supports transparency and accountability.

To assist in outcome reporting, Grantees must report on the required learning and progress metrics associated with each Target Priority Area in which they propose to work (see Appendix C). Grantees are encouraged to report on any of the optional learning and progress metrics that align with their individual project. These metrics will be used by the state to assess the reach and short-term outcomes of the awarded project. In quarterly progress reports, Grantees will provide updates on their selected metrics.

On an annual basis, Grantees shall provide additional expenditure information in accordance with DOL requirements, related to any Opioid Funds received from the State Share and subject itself to an accounting as required by the Colorado Opioid Abatement Council. Supplementary information or virtual meetings may be requested as necessary.

Appendix A: Glossary

Applicant/Lead Applicant: The entity that will submit the application, receive the grant award, receive the disbursed funds, and be responsible for funds management and submitting required reporting.

Approved Purpose(s): Approved Purposes are forward-looking strategies, programming, and services to abate the opioid epidemic as identified by the terms of any Settlement. If a Settlement is silent on Approved Purpose(s), then Approved Purpose(s) shall mean those identified in [Exhibit E](#), the National Opioid Settlements' list of approved uses for the settlements' remediation funds.

Colorado Memorandum of Understanding (MOU): The [Colorado MOU](#) establishes the framework for distributing and sharing these settlement proceeds throughout Colorado. Local governments and the State prepared the Colorado MOU, which prioritizes regionalism, collaboration, and abatement. It is expected that the Colorado MOU will also be used for settlements with other opioid defendants in the future, including any settlement from Purdue Pharma's bankruptcy proceeding.

Colorado Attorney General Phil Weiser signed the MOU on August 26, 2021. The Colorado MOU can be found at www.coag.gov/opioids.

DCE: Division of Community Engagement

DOL: Colorado Department of Law

Implementing Organization: any partner organization the applicant subgrants a portion of the award to in order to assist in carrying out the project's activities.

Opioid Funds: Opioid Funds shall mean damage awards obtained through a Settlement.

Opioid Settlement Region: One of the 19 Colorado regions that were configured by local governments to make use of existing local infrastructure and relationships. These regions receive the majority of the Opioid Settlement Funds.

Settlement: "Settlement" shall mean the negotiated resolution of legal or equitable claims against an Opioid Settling Defendant when that resolution has been jointly entered into by the State and the Participating Local Governments, or by any individual Party or collection of Parties that opt to subject their Settlement to this MOU.

Unless otherwise directed by an order from a United States Bankruptcy Court, "Settlement" shall also include distributions from any liquidation under Chapter 7 of the United States Bankruptcy Code or confirmed plan under Chapter 11 of the United States Bankruptcy Code that treats the claims of the State and Local Governments against an Opioid Settling Defendant.

State Share: The State Share, representing 10% of Opioid Settlement Funds, will be used for state-funded initiatives, including the Resilient Colorado Grant.

Youth and Young Adults: Refers to any age range served between birth and age 26.

Appendix B – Target Priority Areas

This funding opportunity supports local and statewide efforts to prevent and respond to opioid use and its impacts in Colorado. Funding is available for six priority areas listed below.

Target 1: Promoting Youth Well-Being and Prevention by Encouraging Connection and Healthy Behaviors

Goal: Promote the health and well-being of youth and young adults—especially in under-resourced communities and disproportionately impacted populations, to prevent and reduce opioid and other substance misuse—through upstream prevention and early intervention.

Examples of What We Fund:

- Upstream programs that help young people build strong relationships, healthy habits, positive social norms, and a sense of belonging in schools and communities, including youth-led initiatives and peer-to-peer programs.
- Programs that promote the skills of parents, caregivers, and/or other supportive adults to encourage healthy youth development.
- School and community programs that build resilience and promote mental well-being.
- Early intervention services to identify substance use or mental health concerns and connect youth to help before issues escalate—whether in schools, primary care, or other community settings.

Associated Approved Uses (Schedule B, Exhibit E):

Prevention

- G5: Funding community anti-drug coalitions that engage in drug prevention efforts.
- G6: Supporting community coalitions in implementing evidence-informed prevention, such as reduced social 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.
- G7: Engaging non-profits and faith-based communities as systems to support prevention.
- G8. 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.

- G9: 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.
- G10: 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.
- G11: 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.
- G12: 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.

Screening & Early Identification

- C1: 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.
- C2: Fund SBIRT programs to reduce the transition from use to disorders.
- C3: 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.
- C12: 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.

Target 2: Addressing Gaps in Substance Use Treatment and Recovery for Youth

Goal: Promote the health and well-being of youth and young adults by filling critical gaps in care for substance use treatment and recovery for youth.

This target supports communities in creating culturally responsive, trauma-informed systems that meet youth where they are to ensure that no youth is left behind.

Examples of What We Fund:

- Treatment services that are youth-centered and developmentally appropriate, including but not limited to outpatient or intensive outpatient programs and access to medications for opioid use disorder (MOUD).
- Residential treatment for youth with substance use diagnoses.

- Recovery supports that help youth sustain wellness and stability, such as peer mentorship, recovery high schools and campuses, recovery groups, and/or pro-social activities for youth in recovery.

Associated Approved Uses (Schedule B, Exhibit E):

Treatment and Recovery Support

- A1: 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.
- A2: 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.
- A3: 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.
- B2: 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.
- B3: 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.
- B9: 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.
- B14: Create and/or support recovery high schools.

Target 3: Growing Colorado’s Rural & Underserved Behavioral Health Workforce

Goal: Build and sustain a strong, culturally competent workforce that can deliver quality prevention, treatment and recovery services across the state.

Examples of What We Fund:

- Partnerships with rural university networks to expand workforce development and create recruitment pipelines for prevention, behavioral health and substance use providers.
- Research on best practices for treatment modalities for rural populations.
- Staff training and professional development.
- Resources to prevent burnout and improve retention.
- Support for rural providers through telehealth and collaboration hubs.

- Fellowships and scholarships for future addiction treatment professionals, including those from underserved communities.

There remains a need for a well-trained, culturally competent and supported opioid response workforce. Projects may support training centers, professional development spaces, or wellness resources to prevent burnout. This may include telehealth capacity for rural staff and collaborative hubs for multidisciplinary teams.

Associated Approved Uses (Schedule B, Exhibit E):

Training, Education, & Support

- B13: Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- B15: Hire or train behavioral health workers to provide or expand services.
- A8: 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 tele-mentoring to assist community-based providers in rural or underserved areas.
- A9: Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
- A10: Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- A11: 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.
- K1: 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.
- K2: 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

Target 4: Building Recovery & Reentry Systems for Justice-Involved Individuals

Goal: Strengthen recovery and reentry systems that support people during and after incarceration through peer recovery services, employment pathways, data-driven practices, and policy and infrastructure improvements that reduce the risk of relapse and recidivism.

Examples of What We Fund:

- Technical assistance and training for jails to increase capacity to provide peer recovery support services, bill for Medicaid, provide navigation services to support access to Medicaid for returning community members, and create standardized protocols to support individuals with substance use disorder.
- Programs to recruit employers to hire formerly incarcerated individuals in recovery of substance use.
- Statewide training, certification, and orientation for peer support certification and specialization.
- Strategies or programs that use data and proven practices to track overdose and recidivism rates among those with substance use disorder during and after incarceration.
- Technology and systems that improve coordination and results for individuals with substance use disorder entering, engaged with, and transitioning out of the criminal justice system.
- Partnerships with counties to demonstrate cost-savings for diversion from the criminal justice system as well as treatment and/or recovery services in the carcel setting and upon release.
- Policy and systems change in jail settings to support individuals with substance use disorder in carceral settings.
- Rural and urban jail mentorship programs to encourage peer support integration.
- Applicants can provide funding for a select number of correctional settings to begin or enhance implementation of peer support and reentry services to include program implementation and evaluation. These pilot sites will help shape statewide recommendations, impact and outcome measures, and processes for wider implementation of these services in Colorado.

Associated Approved Uses (Schedule B, Exhibit E):

Treatment and Recovery in Justice Settings

- D4: 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.
- D5: 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.
- D7: 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.

- B1: 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.
- B2: 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.
- B5: Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- B8: Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- B11: 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.
- C10: 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.
- C11: Expand warm hand-off services to transition to recovery services.

Target 5. Supporting Families, Caregivers, and Children

Goal: Help families heal from the impacts of opioid use through housing, childcare, trauma services, and other support services for those who have lost a loved one due to substance use or families dealing with the impact of substance use, including kinship caregivers and family networks.

Examples of What We Fund:

- Trauma-informed services for children and families.
- Childcare support for caregivers in recovery.
- Housing navigation for families in crisis.
- Financial assistance for families after the loss of a loved one to overdose, such as help with funeral or emergency costs.

Associated Approved Uses (Schedule B, Exhibit E):

- A6: 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.

- E1–E5: Services for pregnant women, parenting women, and children, including recovery support and early child/family services.
- E6: Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
- E7: Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.
- E8: 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.
- E9: 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.
- E10. 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 into foster care due to custodial opioid use.
- B10: 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

Target 6: Empowering and Sustaining Colorado Peer Leadership

Goal: Sustain and strengthen the peer workforce—people with lived experience who support others in harm reduction, treatment or recovery.

This focus area supports development of sustainability planning for peer recovery workforce, particularly peer-led organizations or organizations that employ peers as staff. Projects may also include building training infrastructure for peer supervision, increasing peer specialization, or developing peer career growth pathways.

Examples of What We Fund:

Programmatic Services:

- Peer-led recovery organizations and peer staff roles.
- Sustainability planning for peer recovery community organizations.
- Peer supervision.
- Rural peer expansion.
- Recovery Support Services Organizations (RSSO) or other licensure.
- Peer support centers in hospitals, jails, or communities.

Statewide Support:

- Credentialing and statewide workforce development.

- Support for development of peer specialization tracks.
- Peer supervision tracks and mentorship pathways.

Associated Approved Uses (Schedule B, Exhibit E):

- B2: 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.
- B6: Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
- B7: Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- B8: Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- B9: 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.
- B10: 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.
- B13: Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- B14: Create and/or support recovery high schools.
- B15: Hire or train behavioral health workers.
- C9: 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.
- C10: 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.
- C11: Expand warm hand-off services to transition to recovery services.

Appendix C – State Share Learning and Progress Metrics

This document outlines the required metrics to be reported by Target Priority Area as well as Optional Metrics if they align with your project.

Note: Guidance and templates will be provided to support reporting. Metrics are in Pilot phase and subject to minor changes.

Target Priority Area 1: Promoting Youth Well-Being and Prevention by Encouraging Connection and Healthy Behaviors

Required Metrics

- 1) **Children and Youth Prevention Programs Established:** Number of prevention-focused programs, campaigns, coalitions, or community resources that have been newly established, expanded, or sustained.
 - a) Reported by whether newly established, expanded, or sustained
 - b) Reported by program type
 - c) Reported by areas served
 - d) Reported by primary population(s) served
- 2) **Prevention Reach:** Number of individuals reached through prevention efforts (unduplicated counts)
 - a) Reported by demographics (as available)

Optional Metrics

- 3) **Evidence-Based School Programs:** Number of schools that have newly adopted and have begun implementing a prevention curriculum that uses evidence-based or evidence-informed criteria.

Target Priority Area 2: Addressing Gaps in Substance Use Treatment for Youth

Required Metrics (If Supporting Screening)

- 4) **People Screened:** Number/Percent of eligible individuals screened for substance use disorder using a standardized screening tool (unduplicated count during the time frame)
 - a) Reported by setting
 - b) Reported by demographics (as available)

Required Metrics (If Supporting Treatment)

- 5) **Treatment Facilities:** Number of newly established, expanded, or sustained treatment locations/facilities
 - a) Reported by whether newly established, expanded, or sustained

- b) Reported by areas served
- c) Reported by ASAM level of care
- 6) **MOUD Treatment:** Number of individuals who received MOUD treatment (unduplicated count during the time frame)
 - a) Reported by setting
 - b) Reported by demographics (as available)
 - c) Of the total number of individuals who received MOUD treatment, what number were connected with ancillary counseling or behavioral therapies.

Required Metrics (If Supporting Recovery)

- 7) **Recovery Service Providers:** Number of recovery service providers newly established, expanded, or sustained.
 - a) Reported by whether newly established, expanded, or sustained
 - b) Reported by areas served
 - c) Reported by type
 - d) Number of programs that are licensed Recovery Support Services Organizations
- 8) **Recovery and Support Service Reach:** Number of individuals who received recovery supports or other supportive services (such as childcare, transportation, employment assistance, housing, family services) (unduplicated count)
 - a) Reported by demographics (as available)

Optional Metrics

- 9) **Culturally and Linguistically Appropriate Services:** Number of treatment providers that have newly adopted and begun implementing approaches, policies, or protocols to ensure services are culturally and linguistically appropriate. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices, and needs of all patients.
- 10) **Treatment Retention:** Number and proportion of people who remained engaged in MOUD treatment at 30, 60, 90, and 180 days
- 11) **Recovery Friendly Workplaces:** Number of new organizations who have joined the Colorado Recovery Friendly Workplace Initiative
- 12) **Stigma Systems Change:** Number of organizations that have adopted new practices, programs, or policies to address stigma.
- 13) **Recovery Assessment:** Number of recovery service providers who have adopted and begun implementing a standardized assessment to examine recovery capital.
- 14) **Service Linkages:** Number of new coordination protocols implemented between treatment, recovery, and other supportive agencies/services.

- 15) **Recovery Capital:** Number/Percent of individuals who have improved recovery capital (based on an increase in a standardized assessment tool such as BARC-10)

Target Priority Area 3: Growing Colorado's Rural & Underserved Behavioral Health Workforce

Required Metrics

- 16) **Workforce Capacity:** Number of new individuals trained to support a culturally competent workforce that can deliver quality prevention, treatment, harm reduction, or recovery services
- a) Reported by type of individual trained
 - b) Reported by training focus area
- 17) **Peer Support Specialists:** Number of peer recovery specialists, peer support, or peer navigators newly employed or integrated into treatment and recovery programs.
- a) Reported by credential
 - b) Reported by demographics (as available)

Optional Metrics

- 18) **Culturally and Linguistically Appropriate Services:** Number of treatment providers that have newly adopted and begun implementing approaches, policies, or protocols to ensure services are culturally and linguistically appropriate. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices, and needs of all patients.

Target Priority Area 4: Building Recovery & Reentry Systems for Justice-Involved Individuals

Required Metrics

- 19) **Recovery Service Providers:** Number of recovery service providers newly established, expanded, or sustained.
- a) Reported by whether newly established, expanded, or sustained
 - b) Reported by areas served
 - c) Reported by type
 - d) Number of programs that are licensed Recovery Support Services Organizations
- 20) **Recovery and Support Service Reach:** Number of individuals who received recovery supports or other supportive services (such as childcare, transportation, employment assistance, housing, family services) (unduplicated count)
- a) Reported by demographics (as available)

Optional Metrics (One is Required if the Project is Directed at Systems Change)

- 21) **Re-Entry Planning:** Number of correctional facilities that have newly adopted and begun implementing comprehensive re-entry planning that includes MOUD continuation, naloxone distribution, and connection to community services.
- 22) **MOUD Upon Release:** Number/percent of people with opioid use disorder who received a bridge supply of MOUD upon release from a jail or prison.
- 23) **Treatment After Jail/Prison:** Number/Percent of people with opioid use disorder who received MOUD treatment within 14 days following release from a jail or prison.
- 24) **Recovery Friendly Workplaces:** Number of new organizations who have joined the Colorado Recovery Friendly Workplace Initiative
- 25) **Stigma Systems Change:** Number of organizations that have adopted new practices, programs, or policies to address stigma.
- 26) **Recovery Assessment:** Number of recovery service providers who have adopted and begun implementing a standardized assessment to examine recovery capital.
- 27) **Service Linkages:** Number of new coordination protocols implemented between treatment, recovery, and other supportive agencies/services.
- 28) **Recovery Capital:** Number/Percent of individuals who have improved recovery capital (based on an increase in a standardized assessment tool such as BARC-10)
 - a) Reported by demographics (as available)

Target Priority Area 5: Supporting Families, Caregivers, and Children

Required Metrics

- 29) **Recovery and Support Service Reach:** Number of individuals who received recovery supports or other supportive services (such as childcare, transportation, employment assistance, housing, family services) (unduplicated count)
 - a) Reported by demographics (as available)
 - b) Reported by service type

Target Priority Area 6: Empowering and Sustaining Colorado Peer Leadership

Required Metrics

- 30) **Peer Support Specialists:** Number of peer recovery specialists, peer support, or peer navigators newly employed or integrated into treatment and recovery programs.
 - a) Reported by credential
 - b) Reported by demographics (as available)