RESOLUTION NO.

A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR A FY 2025-2026 COMMUNITY PREVENTION GRANT PROGRAM SOLICITATION IN THE AMOUNT OF \$915,892.00, ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING.

FOR THE PURPOSE OF: REQUESTED FUNDS WILL BE USED BY THE COUNTY IN PARTNERSHIP WITH CRMC FOR COMMUNITY BASED PUBLIC HEALTH PREVENTION ACTIVITIES TO ADDRESS, USE ABUSE, AND ASSOCIATED NEGATIVE CONSEQUENCES OF TOBACCO, ALCOHOL, AND CONTROLLED SUBSTANCES, AS WELL AS TO PROVIDE SUICIDE PREVENTION SERVICES.

WITNESSETH

WHEREAS, the Governing Body of Laramie County desires to participate in the Wyoming Department of Health Prevention grant funding program by sponsoring this grant to assist in financing this project; and

WHEREAS, the Wyoming Department of Health requires that certain criteria be met, as described in the federal and state rules governing the prevention program, and to the best of our knowledge this application meets those criteria; and

WHEREAS, the Governing Body of Laramie County has been provided with preliminary cost estimates and information on the project; and

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF LARAMIE COUNTY that a grant application be submitted to the Wyoming Department of Health in the amount of \$915,892.00 for consideration of funding prevention activities in Laramie County for FY2025 and FY2026.

BE IT FURTHER RESOLVED, that Sandra Bay, or her successor in the position of Laramie County Grants Manager, is appointed as agent of the Laramie County Board of Commissioners to execute and submit applications and certifications for these funds and to receive funds and implement the programs funded under this grant.

PASSED, APPROVED AND ADOPTED THIS 21st DAY OF MAY 2024.

Chairman, Laramie County Commissioners	Date
ATTEST:	
Debra Lee, Laramie County Clerk	Date
Received and Approved as to Form only By:	
	5-15-24
Mark Voss, County Attorney	Date



2025-2026 Community Prevention Grant (CPG) Point of Contact Information Form

County Name : Laramie	County Mailing Address: 309 W. 20th Street, Cheyenne, WY 82001
Grant Manager	The County-level Grant Manager is responsible for Agreement oversight to include administration, tracking, reporting, and Agreement compliance.
Name and Title:	Sandra Bay Laramie County Grants Manager
Phone Number:	307-633-4201
Email:	Sandra.Bay@laramiecountywy.gov
Community Prevention Specialist	The County Prevention Specialist is responsible for carrying out and meeting the requirements of the Statement of Work.
Name:	Brittany Wardle
Organization:	Cheyenne Regional Medical Center
Phone Number:	307-773-8260
Email:	brittany.wardle@crumcwy.org
Reimbursement Signatory	The Reimbursement Signatory is responsible for approving reimbursement requests submitted by the County Prevention Specialist. This should be someone other than the County Prevention Specialist.
Name and Title:	Sandra Bay, Laramie County Grants Manager
Phone Number:	307-633-4201
Email:	Sandra.bay@laramiecountywy.gov
Grant Award Agreement. I author	these individuals will serve as the main point of contact for the Community Prevention ize the Reimbursement Signatory to sign reimbursement requests certifying that, to the s are for the purpose of the grant, allowable, have been paid for and supporting
Signature	Date
Printed Name	Title

This form must be signed by the County Commissioner responsible for signing the 2025-2026 Community

Prevention Grant Award Agreement.

Attachment B to the Grant Agreement Between
Wyoming Department of Health, Public Health Division
and Laramie County

Laramie County Abstract

Laramie County is the most populous county in Wyoming with an estimated population of 100,984 residents, and is home to the state capitol, Cheyenne. The county is located in the southeast corner of Wyoming and borders Colorado and Nebraska. The racial and ethnic composition of Laramie County's population in 2023 was estimated by the Census Bureau to be 91.4% White, 2.5% Black, 1.4% Asian, 1.3% American Indian/Alaska Native, and 0.1% Native Hawaiian/Other Pacific Islander. Persons of Hispanic ethnicity (any race) comprised 15.8% of the county's population. The median income of the county (\$76,282) is higher than the rate in the United States; however, 10.2% of residents live below the federal poverty line. Based on the Robert Wood Johnson Foundation County Health Rankings, Laramie County is faring about the same as the average county in Wyoming for Health Outcomes. Part of this ranking is a result of Laramie County's high rates of suicide (30.6 per 100,000), teen births (22 per 1,000), excessive drinking (16%), alcohol-impaired driving deaths (36%), and smoking (15%) among other outcomes. Laramie County is a politically conservative area, much like most of Wyoming. Though the high rates of suicide suggest some level of norm for those who struggle with behavioral health, the rates also elicit immense concern and focus as a priority among the community. Substance use has also been normalized, particularly for alcohol and tobacco, and is prevalent throughout the county. There is high demand for tangible steps toward change including improved prevention training and collaboration between community partners.

1. Who was involved in developing this application and prevention plan?
Cheyenne Regional Health System
Laramie County Grants Office
Cheyenne Laramie County Health Department
Laramie County Commissioners
Laramie County Community Partnership
Behavioral Health Action Team
Boys and Girls Club of Cheyenne
Big Brothers Big Sisters
Laramie County School District #1
Laramie County, Coroner's Office
Office of Youth Alternatives
VOA

2. What are the key prevention needs in the county and how were the prevention needs in the county identified and prioritized?

The prevention needs in the county were identified and prioritized through our Community Health Needs Assessment and Community Health Improvement Plan process led by the Laramie County Community Partnership. Through the voting process, three priorities were selected and subcategorized. The three priorities selected through quantitative and qualitative data collection were neighborhood and physical environment, healthcare system, and economic stability. Within each of these three priority areas, two goals were identified. The Behavioral Health Action Team continues to be involved throughout the CHNA and CHIP process, ensuring we have a collaborative workplan for prevention in Laramie County.

- 3. How will the proposed plan address identified needs?
 Our proposed plan will address the identified needs through our selected evidence-based strategies and collaborative partnerships. The LCCP used the best available data, resources, and capacity to determine how to best address the prevention needs within our county. We believe that our extensive partnerships will facilitate the success of our work plan.
- 4. What key populations have you identified for targeted interventions? Service members, Veterans, and their families, youth, and economically disadvantaged individuals and families.
- 5. How did you identify the key population(s)?

 We identified by the key populations by examining our local and state data related to risk and protective factors, as well as substance use and mental health.

Budget Request Instructions

- 1 Request the full amount of funding allocated to your county. Funds can be relinquished at any time if county does not plan to spend all the funds allocated.
- 2 On Tab 2, request funding for personnel and fringe benefits, equipment and supplies, operational supports, Website and social meida/community presence, community coalitions and workforce development, and indirect costs. Section E. Implementation Services will automatically populate based on Tabs 3-9.
- 3 Budget tables for each focus area can be found on Tabs 3 8. Complete logic models and strategies will automatically populate. Complete budgets for each strategy. Totals will automatically populate to Tab 1 and Tab
- 4 If you need to add additional strategies please reach out to Rachel Nuss at rachel.nuss3@wyo.gov or 307-777-6463 for assistance.
- 5 Travel expenses should be listed with associate strategy or under community coalitions and workforce development depending on the purpose. Travel to the CPG Annual Conference should
- 6 Website and social media/community presence expenses should be listed as line item expenses on the requested budget tab. Media campaign expenses should be listed under the appropriate strategy.
- 7 Please review the Grant Expectations on page 6 of the application to ensure you budget for all required activities.
- 8 Grey areas will auto populate. Contact Rachel Nuss at rachel.nuss3@wyo.gov or 307-777-6463 if you need assistance with the spreadsheet.
- 9 An example of a completed Workplan and Budget has been provided to you on the CPG Team Site.
- 10 The Summary of Budget Request is found below. The percent of total Budget Requested will show in red if outside the target ranges. If outside the target range, be sure to include justification on the budget table.
- 11 This budget should reflect the best estimate of expenses for the period of performance. WDH-PHD will collaborate with grantees to update budgets as needed throughout the grant cycle.
- 12 The workplan summary autopopulates status, risk/protective factors, strategies, and outcomes, on the work plan summary tab and will be used to track progress throughout the grant cycle.

	200						Percent of Total
	Year 1	Budget	THE PERSON NAMED IN	2 Budget	ALCOHOLD STREET	Requested Budget	Budget Requested
Personnel and Fringe Benefits	\$	220,015.31	\$	231,016.06	\$	451,031.37	49%
Equipment and Supplies	\$	2,250.00	\$	3,750.00	\$	6,000.00	1%
Operational Supports	\$	4,350.00	\$	4,350.00	\$	8,700.00	19
. Website and Social Media/Community Presence	\$		\$		\$		0%
Community Coalitions and Workforce Development	\$	4,350.00	\$	4,350.00	\$	8,700.00	19
Community Prevention Implementation Service	\$	203,273.37	\$	203,273.37	\$	406,546.73	449
Underage Drinking and Youth Marijuana Community Prevention Service Implementation	\$	40,290.75	\$	40,290.75	\$	80,581.50	99
Adult Overconsumption Community Prevention Service Implementation	\$	44,295.74	\$	44,295.74	\$	88,591.48	109
Nicotine Community Prevention Service Implementation	\$	34,831.25	\$	34,831.25	\$	69,662.50	89
Opioids and Other Drugs Community Prevention Service Implementation	\$	12,826.63	\$	12,826.63	\$	25,653.25	39
Suicide Community Prevention Service Implementation	\$	46,029.00	\$	46,029.00	\$	92,058.00	109
Prevention Strategies with Shared Risk and Protective Factors (ATODS)	\$	25,000.00	\$	25,000.00	\$	50,000.00	59
. Indirect Costs (no more than 10%)	\$	21,494.43	\$	22,119.47	\$	43,613.90	59
Total Requ	est				\$	915,892.00	
Total Aw						\$915,892	
Differen						\$0	

Workplan Summary
Expense Tracker

	Estimated % of funding budgeted for each focus area:	Target Range	Estimated % of Time
Underage Alcohol and Youth Marijuana	23%	20%-26%	22%
Adult Overconsumption	24%	20%-26%	22%
Opioid/Stimulant	10%	4% - 10%	4%
Tobacco Prevention	18%	22%-28%	25%
Suicide	26%	22% - 28%	25%

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Gre	y areas will autocalculate. For ass Ad	sistance or for Id additional lin	spreadsheet nes as neede	adjustments. d. Some cell:	please conta s are locked t	ct Rachel Nu o preserve th	ss at rachel.nu e formulas.	uss3@wyo.gov o	r 307-777-6463.
Total Request	\$915,892.00	Amou	ant Allocated		\$915,892		Remaining to Allocate	\$0	
County	Laramie		man and	Herbito (S	WC-65465	A TOWN	Calarony	DR 397-6-7	
trionnel		Biannual	Fringe	Line out	all substitutes		SELF BUYLE	420 MAG	第二次 经基础条件 对非正常的 美国
Position Title	Employee Name (if Identified)	Salary Charged to the Grant \$67,346.64	Benefits Charged to	Level of Effort	Year Requested	Year 1 Budget	Year 2 Budget	Line Total	
munity Prevention Project Director munity Health Project Manager	Brittany Wardle Shelble Sherard	\$36,307.92	\$20,832.17 \$8,659.44	0.75	Year 1 Year 1	\$108,178.81 \$44,967,38	\$0.00	\$108,178.81 \$44,967.36	a) Personnel. Provide title(s) (and employee name(s) if stentified, if is identified, use TICD, salary, and forerfat for each position whose also benefit so that include the salary sal
munity Prevention Project Director munity Prevention Project Director munity Health Project Manager	Angele Vaughn Brittany Wardle	\$53,992.03 \$91,713.95 \$36,123.31	\$12,877.11 \$21,873.78	0.5	Year 1	\$66,869,14 \$0,00	\$0.00	\$66,869,14 \$113,587,73	(in whole or in part) will be tied to completion of deliverables. Fring benefits shall include all benefits an employee may receive such as Fi
munity Health Project Manager munity Prevention Project Director	Shelble Sherard Angela Vaughn	\$36,123.31 \$56,691.65	\$9,092.41	0.5			\$47,215,72	\$47.215.72 \$70.212.61	Workers Compensation, and all insurances. Under level of effort, indic whether the position will be full-time (FT) or part-time (PT). If request
SET JUSTIFICATION: In the box below, describe the ne	red and include an adequate justification of	how each cost war	s estimated. Bre	ak down cost per	Year 2 TOTAL person where ap	\$220,015.31 propriate.	\$231,016.06	\$451,031,37	more than one (1) full time employee (FTE), provide justification for additional staffing.
							ess community sub	betance abuse and	
ct Director: 0.79 FTE & 0.00 FTE. Under the director: 0 for prevention services for Laramia County, Wyoning, munity Health Project Manager: 50 FTE for assisting the duling, meeting agendas, minutes, invoicing, budget the use Cheyenne Regional Medical Center tooks at providing the contract of the country o	e Project Director with projects, operational icking, and contract management related to	activites, fiscal and prevention service	d administrative on for Laramie Co	duties associated ounty, Wyoming.	with LCCP, BHA Also, responsible	r, and the other p of managing pro	population grants, jects. Year 1 &2 b	to include udgets are different	
use Cheyenne Regional Medical Center looks at provide suipment and Eusphies	ng pay increases to employees each year.	Benefits breakdow	m. Retirement 41			Security 6.20%	Total 23.85%	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	
flem Name (Can be general, i.e. office	supplies or computer)	Cost pe		# of Items/months	Year Requested	Year 1 Budget		Line Total	
eral Office Supplies ing/Marketing/Social Media			\$750.00 \$1,500.00	1	Years 1 & 2 Years 1 & 2	\$750.00	\$1,500.00	\$1,500.00 \$3,000.00	Biguipment and Supplies. Provide item name (can be general suc- computer or office supplies), the cost per item, number of items or months, and the total funding request. Provide a justification of need
9			\$1,500.00	1	Year 2	\$0.00		\$1,500.00 \$0.00	months, and the total funding request. Provide a justification of need the grant.
						\$0.00	\$0.00	\$0.00	i) Equipment is considered an article of tangible, non-expendable,
						\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	acquisition cost of \$5,000 or more per unit (federal definition). Also include any equipment rentals, annual costs, and percentages to be
					TOTAL	\$0.00	\$0.00	\$0.00	applied. Within the justification, describe the need and include an adequate justification of how each cost was estimated.
DET JUSTIFICATION: In the box below, describe the new					person where ap	propriate.		\$4,000.00	By grant. By grant, Equipment is considered an action of tangble, non-expandable, personal property having a viertal file of more than one year and at a facilities of the property of the p
dard office supplies are requested to carry out an files is estimated at \$0.56 per print/copy. Printing	d implement project work. These supp and Marketing used as needed to advi	lies will be for the ance community	e staff specifica based initiative	ally working on i es (e.g. flyers, b	this project. Pri prochures, post	nting for brochu ers, paid media	ires and other e	ducational	
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						\$0.00 \$0.00	\$0.00	\$0.00	c) Operational Supports. Provide item name (can be general such phone or internet), the cost per item, number of items or months, and local hundre grequest. Provide a justification of need for the grant. () Operational supports are considered expenses incurred for support personnel or deliverations that are not material in nature but are
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roblem:	Underage Drinking and '		Strategy		Proces Mon	sures/Outputs	Short Term	Outcomes	Long-term Outcome
	RISKIPFOLECTIVE PACTORS	(Data related to the risk/protective factor)	Strategy		(Measures of activities		(Changes as a direct result indicate)	t of the strategy to the data cator)	(Changes as a direct result of the strategy)
	Community laws and normal favorable to substance use	PNA Adults Drunk at Community Events (65% of high schoolers reported yes)	Responsible beverage se	ervices training	Number of	people trained	trained, and decreased pe schoolers reporting seeing	events, number of people reentage of LCSD #1 high drunk adults at community ents.	
	2 Early initiation of substance use	PNA Age at First Use Alcohol (11.8% under 10) and Marijuana (1.4% under 10)	Evidence-based Mentoring Brothers Big Sisters)			rith a mentor, number nber of enrollments		for alcohol/marijuana for aramie County	Reduce the percent of high school studer reporting alcohol use in the past 30 days PNA
	3 Self efficacy	PNA Age at First Use Alcohol (11.8% under 10) and Marijuana (1.4% under 10)	SMART Moves (Boys a	nd Girls Club)	Number of pro	gram participants	students in L	for alcohol/marijuana for aramie County	
	4 Peer substance use	PNA Age at First Use Alcohol (11.8% under 10) and Marijuana (1,4% under 10)	Social Norming Campaign foc related to substance	cusing on peer norms te misuse	Media report	from contractor		clude a call to action related use prevention.	Reduce the percentof high school studer reporting marijuana use in the past 30 da PNA
	5 Bonding	PNA percentage of youth who talked with parents on Dangers of Drugs (52% reported No)	Reconnecting Y	Youth	Number of fa	milies educated		uth talking to parents about of substances.	
		Underage Drinking ar	nd Youth Marijua	na Workpla	an and Budg	et			
	Add addition	nal strategies by copying and pasting as needed. So	me cells are locked to pre			region lead if you no	eed assistance.		
			Year 1 Year	ar 2	Total				
		Total Amount Allocated :	\$40,290.75 \$40	,290.75	\$80,581.50				
A STATE OF THE PERSON NAMED IN	Responsible beverage s					Status	Approved - Not Stan	ed	Notes
	ation Level (IOM):	Universal Indirect							
			P	opulation of Focus:	Other				
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The Behavioral Health Action Team supports strategies that help youth in the community by enhancing protective factors and reducing risk factors. GWBBS provides prevention programming for youth at-risk for using ATODs, as well as those exhibiting depressive symptoms or having life experiences that put them at risk for substance use or misuse. Activities include mentoring, case management, and engagement activities, with anticipated increases in positive youth outcomes. As demonstrated by the Prevention Needs Assessment data from LCSD #1 in 2022, Laramie County youth are engaging in behaviors that put them at risk. GWBBBS implements programming to ensure positive outcomes for youth, including increased school connectedness, increased family connectedness, decreased risky behaviors, decreased depressive symptoms, or increased protective behaviors. In a national study of the effectiveness of BBBS, youth are 46% less likely to initiate drug use, 27% less likely to initiate alcohol use, and 33% less likely to hit someone. This programming will impact multiple objectives related to our prevention efforts. Big Brothers Big Sisters served 70 youth in Laramie County and 61% of the youth were newly enrolled.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number matched with a mentor, number of graduates, number of enrollments to see expected Increased age at first use for alcohol/marijuana for students in Laramie County

Dudget for Onderage Drinkin	g and Youth Marijuana Strategy 2: Evidence-ba	iscu Memoring Frog	am (i.e. Dig brothe	13 Dig Disters) - Beree	1110	
Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
Big Brother Big Sisters - Seed Grants	\$7,425.00	1	Years 1 & 2	\$7,425.00	\$7,425.00	\$14,850.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
	· · · · · · · · · · · · · · · · · · ·		TOTAL	\$7,425.00	\$7,425.00	\$14,850.0

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 3: SMART Moves (Boys and Girls Club)

Notes

Target Population Level (IOM):

Population of Focus: No Risk Assigned

Boys and Girls Club Program Description:

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The Boys & Girls Club of Cheyenne serves nearly 800 kids ages 6-18 and provides support in the areas of. Academic Success, Character and Citizenship, and Healthy Lifestyles. The Club operates out of five locations: the main West Jefferson Clubhouse, the Club at LCCC teen site, Cole Elementary (Cole and Hebard Elementary Schools), and recently added Burns and Pine Bluff sites. The Club will focus on several programs to achieve reductions in behaviors that put youth at risk. Programming supported will include SMART Moves, SMART Girls, and Passport to Manhood. The development of healthy and adaptive social-emotional skills during childhood are more likely to make positive decisions regarding alcohol, substance use, and criminal activity.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number of program participants to see expected Increased age at first use for alcohol/marijuana for students in Laramie County

Budget for Undergoe Drinking and Vouth Marijuana Strategy 3: SMART Moves (Boys and Girls Club)

	budget for Underage	Drinking and Touth Marijuana Sti	ategy 3: SMART MOV	es (Boys and Girls	Club)		
Purci	nases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
Boys	Boys and Girls Club - Seed Grant	\$7,103.25	1	Years 1 & 2	\$7,103.25	\$7,103.25	\$14,206.5
					\$0.00	\$0.00	\$0,0
					\$0.00	\$0.00	\$0.0
					\$0.00	\$0.00	\$0.0
					\$0.00	\$0.00	\$0.0
					\$0.00	\$0.00	\$0.0
					\$0.00	\$0.00	\$0.0
					\$0.00	\$0.00	\$0.0
					\$0.00	\$0.00	\$0.0
			•	TOTAL	\$7,103.25	\$7,103.25	\$14,206.5

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Social Norming Campaign focusing on peer norms related to substance misus

Status Media Plan Requested

Status Approved - Not Started

Notes

Universal Direct Target Population Level (IOM): Media Campaign Population of Focus: Other

Description:

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The LCCP will work with a contractor to identify priorities, populations of interest, and topics to address throughout the grant period. The media campaign will support other ongoing prevention efforts within the community. Media forms will be submitted to WDH once action teams have determined a path forward.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Budget for Underage Drinking and You	th Marijuana Strategy 4: Social Nort	ning Campaign focusion	ng on peer norms re	lated to substance mis	suse	
Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
West Edge - Media	\$21,250.00	1	Years 1 & 2	\$21,250.00	\$21,250.00	\$42,500.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.0
	-	•	TOTAL	\$21,250.00	\$21,250.00	\$42,500.0

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 5: Reconnecting Youth	Status	Notes
Target Population Level (IOM): Selective	Population of Focus: Other Youth	

Information Dissemination on Healthy Beliefs and Standards of Behaviors Description:

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The Office of Youth Alternatives (OYA) serves over 500 families a year in Laramie County. Many families may not be able to afford family counseling services. All OYA services are family-centered, and solution-based, focusing on the family's strengths to remedy difficult situations. OYA conducts a family assessment of risk/protective factors to ensure they can appropriately support and educate the family, build family cohesion, and promote wellness and recovery. Alcohol and marijuana are the substances primarily used by LCSD #1 students. OYA staff have discussions on the importance of availability of substances within the home and how to encourage healthy coping strategies. Family cohesion is a significant protective factor for adolescent substance use and mental health. The Behavioral Health Action Team has reviewed PNA data and prioritized educating parents and families. OYA is an essential partner in providing this information to parents and adolescents in our community.

Budget for Underage Drinking and Youth Marijuana Strategy 5: Reconnecting Youth

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number of families educated to see expected Increased percentage of youth talking to parents about the dangers of substances.

Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	
Youth Alternatives - Seed Grant	\$3,000.00	1	Years 1 & 2	\$3,000.00	\$3,000.00	1581
				\$0.00	\$0.00	
				\$0.00	\$0.00	

\$6,000.00 Youth Alterna \$0.00 TOTAL \$3,000.00 \$3,000.00 \$6,000.00

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

above, would like to see a better metric tied to this strategy. You are also saying that this is increased activities but I don't see that in your description of information dissemination - do you

Line Total

			Adult	t Overconsum _i	ption Logic I	Model			
oblem:	Adult Overconsumption	RESIDENCE OF THE PROPERTY OF T		Contract Contract	Maria Resident				阿尔基斯特别的基础的现在分词
	Risk/Protective Factors	Data Indicator (Data related to the risk/protective factor)	Str	rategy	(Measures of activities	asures/Outputs from Strategy, often what into PRES)	Short-Term (Changes as a direct result indic	of the strategy to the data	Long-term Outcome (Changes as a direct result of the strategy)
	1 High availability of substances High retail access	WASCOP Alcohol and Crime, Location of Consumption for DUIs (32% at a bar in Laramie County)	Responsible Beve	erage Service Training	Number of	people trained	Number of TIPS traini people trained, and decr from	ease % of DUIs sourced	
	2 Community norms favorable towards use	PNA Adults Drunk at Community Events (65% of high schoolers reported yes)	Social Nor	rms Campaign	Media report fr	om the contractor.	Increased knowledge and inc to substance u		Reduce the percent of Wyoming adult
	Social risk factors such as 3 financial stress bereavement unexpected or forced retirement	BRFSS Unable to Get Needed Care (11.9%)		nination about the local address social risk factors		uals/families receiving ated to alcohol use	Decrease percentage of adul due to cost in L		reporting consuming 5 or more drinks (more for females) on an occasion at le once in the last 30 days, BRFSS
	4								
	5								
	10000000000000000000000000000000000000	Adult Overco	nsumption W	orkplan and E	Budget				Winds out
	Add addition	nal strategies by copying and pasting as needed. Sor	ne cells are locked	to preserve the formu	las, work with your	region lead if you ne	eed assistance.		
			Year 1	Year 2	Total				
		Total Amount Allocated :	\$44,295.74	\$44,295.74	\$88,591.48				
rategy 1:	Responsible Beverage S	Service Training				Status			Notes
rget Popula	tion Level (IOM):	Universal Indirect		Population of Focus	: Other				
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The LCCP will work with a contractor to identify priorities, populations of interest, and topics to address throughout the grant period. The media campaign will support other ongoing prevention efforts within the community. Media forms will be submitted to WDH once action teams have determined a path forward. Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track Media report from the contractor, to see expected Increased knowledge and include a call to action related to substance use prevention. Budget for Adult Overconsumption Strategy 2: Social Norms Campaign # of items/months Year Requested Year 1 Budget Year 2 Budget Line Total Purchases - Items - Contractor Cost per Item West Edge - Media \$40.283.24 Years 1 & 2 \$40,283,24 \$40,283.24 \$80,566.48 \$0.00 \$40,283,24 \$40,283,24 \$80,566.48 BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. Status Approved - Not Started Strategy 3: Information dissemination about the local resources available to address social risk factors Notes Target Population Level (IOM): Population of Focus: Other People who are bereaved Selective Description: Information Dissemination Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? Alcohol use remains a substantial problem within Laramie County. Through the Suicide Fatality Review process, the team identified adult alcohol overconsumption and grief as two significant risk factors in our community. The Laramie County Coroner's Office interacts with the friends and family experiencing loss in our community on a regular basis. They are well positioned to provide education to people who are bereaved on healthy coping strategies, reducing alcohol consumption, and behavioral health resources for substance use and mental health Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track Number of individuals/families receiving information related to alcohol use to see expected Decrease percentage of adults unable to get needed care due to cost in Laramie County Budget for Adult Overconsumption Strategy 2: Social Norms Campaign Year 1 Budget Year 2 Budget Line Total Purchases - Items - Contractor Cost per Item # of items/months Year Requested Laramie County Coroner's Office - Seed Grant \$2,500.00 Years 1 & 2 \$2,500.00 \$2,500.00 \$5,000.00 \$0.00 TOTAL \$2,500.00 \$2,500.00 \$5,000.00 BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated, Break down cost where appropriate. Status Strategy 4: Population of Focus: Target Population Level (IOM): Description: Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Budget for Adult Overconsumption Strategy 4: 0

of items/months

Year Requested

Year 1 Budget

Year 2 Budget

Line Total

Cost per Item

Track to see expected

Purchases - Items - Contractor

				\$0.00	\$0.00	\$0.0
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
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			Opio	ids and Stimul	ants Logic I	Model			
roblem:	Opioids and Stimulants Risk/Protective Factors	Data Indicator (Data related to the risk/protective factor)	Str	ategy	(Measures of activities	isures/Outputs from Strategy, often what into PRES)	Short-Term (Changes as a direct result of Indicat	f the strategy to the data	Long-term Outcome (Changes as a direct result of the strategy)
	1 High availability of substances	SEOW Data Profiles	Safe storage and di	sposal of prescriptions		ations lockboxes and gs distributed	Reduced availabilit	y of substances	
	2 Overdose Deaths	Local Data, Drug Overdose Data, WASCOP - Drug Overdose Report	Overdose F	atality Review	Number of Re	ecommendations	Overdose death data an	d systematic change	
	Favorable attitudes toward substance use	Illicit Drugs Consequences, PNA - Prescription Drugs - Perception of Parental Disapproval, PNA - Other Drugs - Perception of Parental Disapproval - Uniform Crime Reporting.		nation on the dangers of ance use	Number of Pro	gram Participants	Decrease the number of adol misuse of prescription a		Reduce the rate of all drug involved overdose deaths through primary prevention efforts, WDH
	5								
		Opioids and S	Stimulants W	ork Plan and E	Budget				
	Add addition	nal strategies by copying and pasting as needed. So				region lead if you ne	ed assistance.		
			Year 1	Year 2	Total				
		Total Amount Allocated :	\$12,826.63	\$12,826.63	\$25,653.25				10
trategy 1	: Safe storage and dispos	al of prescriptions			Name and Address of the Owner, where the Owner, which is the Own	Status	Approved - Not Starte		Notes
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Parget Populoscription: Community Co	lation Level (IOM): Conditions: What is the community (i)? al Health Action Team (BHAT) priorinity that will support safe storage and statement: How will you know you a rof medications lockboxes and Determined the prioring of medications lockboxes and medication lockboxes. USTIFICATION: Describe the needetermation and medication lockboxes.	Universal Direct y capacity (resources and readiness)? Describe prioritization of itized community education and outreach for drug use prevention, disposals of medications to increase safety and reduce the high avairable and against the property of the property of substance of the property of substance of the property of substance of the property of substances of substances of the property of substances of the property of substances	Cheyenne Regional and I allability of substances. s and Short-term Outcomes sulants Strategy 1: Sa Cost per Item \$2,500.00 \$3,000.00	e storage and disposal ceability) of risk/protective BHAT are well positioned to me afe storage and disposa # of items/months 1 1 1 eak down cost where a	of prescriptions to implement and support to i	Year 1 Budget \$2,500.00 \$3,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Year 2 Budget \$2,500.00 \$3,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Line Total \$5,000.00 \$6,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$11,000.00	

The Overdose Fatality Review Team was started in August 2023 in Laramie County. This work uses timely local level data to identify risk and protective factors of indiduals who have fatally overdosed in the county. The team uses this information to identify gaps in the care continuum for people at high-risk of overdose, and develops recommendations to address them. OFR is comprised of over 15 community and governmental organizations who invest time to review and address recommendations quarterly. Each overdose case is reviewed backlogging to 2022. The community chose this strategy because it is rooted in evidence and was a practical fit.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number of Recommendations to see expected Overdose death data and systematic change

Budget fo	Budget for Opioids and Stimulants Strategy 2: Overdose Fatality Review Teams									
Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total				
			Years 1 & 2	\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.0				
				\$0.00	\$0.00	\$0.0				
				\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00				
	<u> </u>	•	TOTAL	\$0.00	\$0.00	\$0.00				

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 3: Information dissemination on the dangers of substance use Target Population Level (IOM):

TOTAL

\$7,326.63

\$7,326.63

\$14,653.25

Status Approved - Not Started

Notes

Description:

Population of Focus: No Risk Assigned

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The Boys and Girls Club, is implementing evidence-based programs; SMART Moves, SMART Girls, and Passport to Manhood to address youth substance use, particularly targeting opioids and stimulants. The BAGC Executive Director has identified opioid use as a particular concern for parents and families within Laramie County. He is interested in providing more education specific to opioids in the next two years. These initiatives prioritize risk and protective factors based on their importance and changeability, recognizing the need for early intervention to prevent substance use among young people. These programs offer a practical fit by providing structured activities and mentorship opportunities that foster positive youth development and resilience against substance use. These also align conceptually with the community's values of nurturing the potential of every child and promoting a safe and healthy environment. Concurrently, Big Brothers Big Sisters is providing case management services, offering personalized support to youth at risk of substance use, further enhancing the effectiveness of the community's efforts. BBBS evaluates parent and family connectedness, which improves for children participating in their programs. BBBS addresses risk factors such as substance use, personal conduct, and school discipline. Through these combined initiatives, the community aims to equip young people with the skills, knowledge, and support systems necessary to make healthy choices and resist the pressures of substance use, thereby safeguarding their well-being and future success. Evaluation Statement; How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number of Program Participants to see expected Decrease the number of adolescents reporting use and misuse of prescription and illcit substances

Budget for Opioids and Stimulants Strategy 3: Information dissemination on the dangers of substance use							
Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total	
Big Brother Big Sisters - Seed Grant	\$3,825.00	1	Years 1 & 2	\$3,825.00	\$3,825.00	\$7,650.00	
Boys and Girls Club - Seed Grant	\$3,501.63	1	Years 1 & 2	\$3,501.63	\$3,501.63	\$7,003.25	
				\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 4:

Population of Focus: Target Population Level (IOM):

Description: Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track to see expected

Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
		-		\$0.00	\$0.00 \$0.00	\$0.00
				\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
			TOTAL	\$0.00	\$0.00	\$0.00
	3			2		
Strategy 5: 0				Status		
		Population of Focus:				
Target Population Level (IOM):		1 opulation of Focus.				
Description: Community Conditions: What is the community capacity (resources and readiness)? Descri	ibe prioritization (importance and chang			e community choose this	strategy (evidence-based f	oundation, practical fit,
Target Population Level (IOM): Description: Community Conditions: What is the community capacity (resources and readiness)? Descriconceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process		eability) of risk/protective		e community choose this	strategy (evidence-based f	oundation, practical fit,
Description: Community Conditions: What is the community capacity (resources and readiness)? Descri conceptual fit)?		eability) of risk/protective		e community choose this	strategy (evidence-based f	oundation, practical fit,
Description: Community Conditions: What is the community capacity (resources and readiness)? Descri onceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process		eability) of risk/protective		e community choose this	strategy (evidence-based f	oundation, practical fit,
Description: Community Conditions: What is the community capacity (resources and readiness)? Descri conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process	Measures/Outputs and Short-term Outc	eability) of risk/protective		Year 1 Budget	Year 2 Budget	Line Total
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process Track to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget	Year 2 Budget	Line Total
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process rack to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00	Line Total \$0.00 \$0.00
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process rack to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00 \$0.00	Line Total \$0.00 \$0.00 \$0.00
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process rack to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00 \$0.00 \$0.00	Line Total \$0.00 \$0.00 \$0.00 \$0.00
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process rack to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Line Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process rack to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Description: Community Conditions: What is the community capacity (resources and readiness)? Description Conceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process rack to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Description: Community Conditions: What is the community capacity (resources and readiness)? Description onceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process Track to see expected	Measures/Outputs and Short-term Outc Budget for Opioids and Stim	eability) of risk/protective ome	e factors. Why did th	Year 1 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Year 2 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

				Tobacco Lo	gic Model				
	Tobacco								
Goal 1:	Prevent Initiation of Comm Risk/Protective Factors	nercial tobacco use among youth and young adu Data Indicator		ategy	Process Ma	asures/Outputs	Short-Terr	Outcomes	Long-term Outcome
	Kisk/Flotective Factors	(Data related to the risk/protective factor)	Sur	ategy	(Measures of activity	ties from Strategy, often		it of the strategy to the data	(Changes as a direct result of the strategy)
1	Favorable parental attitudes towards substance use	PNA Conversation About ATODS	Information dissemina Access, as	tion on Nicotine Harms, ad/or Policy	Number of	parents educated	their parents about the day	students reporting talking to agers of tobacco, alcohol, or g use	
2									Reduce the percent of Wyoming high schoo students reporting having vaped in the past 30 days, PNA
3									
Goal 2:	Eliminate exposure to sec	ond-hand smoke		9					
	Audience	Strategy	Proce (Measures of activitie	ess Measures/Outpu s from Strategy, often what	uts will go into PRES)	(Changes as a	Short-Term Outcom direct result of the strategy to	es o the data indicator)	Long-term Outcome (Changes as a direct result of the strategy)
5	Community	Nicotine-free park policy initiatives	Numb	eer of policymakers educate	od	,	Ordinance for nicotine-free p	arks	Reduce the percent of Wyoming adults reporting exposure to secondhand smoke a their workpalce and the number of adults reporting exposure to secondhand smoke in public places, indoors and outdoors, <u>ATS</u>
Goal 3:	Promote quitting among a								
	Audience	Strategy		ess Measures/Outpu s from Strategy, often what		(Changes as a	Short-Term Outcom direct result of the strategy to	es the data indicator)	Long-term Outcome (Changes as a direct result of the strategy)
6	Adults	Commit to Quit	Number of staff that I	nave completed training an participants	d number of class		Pre/post program survey		Reduce the percent of adults currently using
7	Adults	Promote Other Statewide or National Tobacco/Nicotine Media	Mo	dia reports from contractor		Increase r	eferrals to the Wyoming Qui	Tobacco line	nicotine/tobacco measured by the percent of adults reporting any tobacco use and the percent of adults reporting current e- cigarette use, PNA
			Year 1	Year 2	Total				
		Total Amount Allocated :		\$34,831.25	\$69,662.50				
y 1: on:		Prevent Initiation of Commercial tobacco use am information dissemination on Nicotine Harms, Ac			STATE STATES	Status	Approved - Not Star	ted	Notes
y Cor	ditions: What is the community of	rapacity (resources and readiness)? Describe prioritization (in	nportance and changea	bility) of risk/protective	factors. Why did the	community choose this	strategy (evidence-based	foundation, practical fit,	
ganizatio e convers effects of	is and the school districts underscor itions with trusted adults, encourag- nicotine use. This strategy aligns w	and policy serves as a pivotal strategy in the community's efforts to es the collective commitment to fostering informed decision-making one conversations related to substance use. By prioritizing factors it han evidence-based foundation, drawing on research that unders education campaigns, the initiative seeks to equip individuals and	ng and promoting healthic such as the importance ar cores the detrimental heal	r lifestyles. Community pa ad changeability of risk and th impacts of tobacco prod	rtners will use WY W I protective factors, the lucts. Moreover, it reso	e Talk Materials, second community aims to emp nates practically and con	hand smoke harms education ower individuals with know ceptually within the commu	, and MLMQ materials to ledge that can mitigate the sity, reflecting shared values	
ation State	ment: How will you know you acc	complished your goals? Expected Process Measures/Outputs	and Short-term Outcom	ne					
Number of	parents educated to see expected In	crease in percentage of students reporting talking to their parents a							
	Purchases	- Items - Contractor	Budget for Tobacco S Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total	
and Girls (lub - Seed Grant		\$7,103.25	1	Years 1 & 2	\$7,103.25	\$7,103.25	\$14,206.50	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
					TOTAL	\$7,103.25		\$14,206.50	
ET JUST	FICATION: Describe the need	and include an adequate justification of how each cost	was estimated. Brea	k down cost where ap		\$7,103.25	\$7,103.25	\$14,200.00	
	iminate exposure to seco	nd-hand smoke		的特殊		Status	Approved - Not Sta	ted	Notes
ription: munity Cor eptual fit)?	ditions: What is the community of	Vicotine-free park policy initiatives capacity (resources and readiness)? Describe prioritization (le	nportance and changes	bility) of risk/protective	factors. Why did the	community choose this	strategy (evidence-based	foundation, practical fit,	
									-

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The implementation of nicotine-flee parks policies represents a collaborative effort between the community, city, and county authorities to promote healthier environments for residents. By prioritizing factors such as the importance and changeability of risk and protective factors, the community aims to address the significant health risks as executed with tobacco use in public spaces, particularly where children and families gather. Recognizing the evidence-based foundation supporting tobacco-fee policies, depended to the interest of the executable to the community view or children and with bring, led to the decision of this strings. Through doctories, piages, and only expenses of the initiative seads to not only reduces exposure to secondam struck to a thorse or always or without the community view or collaboration and the community or and the collaboration of the community or and the confidence of the collaboration of the community or and the community or and the collaboration of the community or and the community or and the collaboration of the collaboration of the community or and the collaboration of the collaboration of the community or and the collaboration of the collaboration of the collaboration of the community or and the collaboration of the collaboration of the community or and the collaboration of the collaboration o cancel for abased raphic apaces. Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track Number of policymakers educated to see expected Ordinance for nicotine-free parks Budget for Tobacco Strategy 2: Eliminate exposure to second-hand smoke Purchases - Items - Contractor Cost per item # of items/months Year Requeste Year 1 Budget Year 2 Budget Line Total Laramie County Data - Qualitative Data on Smoking in Parks \$2,500.00 Years 1 & 2 \$2,500.00 \$2,500,00 \$5,000.00 \$0.0 \$0.0 \$0.00 \$0.00 \$0.00 \$0.0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **80.00** TOTAL \$2 500 00 \$2,500.00 BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate This budget will allow us to obtain Leramie County specific data on attitudes, beliefs, and knowledge related to secondhand smoke harms and public spaces Strategy 3: Promote quitting among adults and youth aity Conditions: What is the community capacity (resources and rendiness)? Describe prioritization (importance and changeability) of rish/protective Dectors. Why did the community choose this strategy (evidence-based Soundation, practical Dis conceptual (II)? Learning-County outliness to have edult modeling/reping rates higher than in most countrie in Wycening. Pulmonary and Cardine Relate Courted to Quit, a group to become consistion class, at Chaycone Regional. There is interest in expending the expective to growth these services, promote course evaluables, and offer the course within the community in locations accessible to populations dispreportionately impacted by tobacco use. This will significantly expend the evaluability of Tobacco Treatment Specialist (TTS) throat Chaycone Regional is provide ordered and absorbance which the community, when we will write with community partners that a the VOLA, that he perfor ceremina to provide sobacco consistion described by well provide the community when well industry to write the character of the performance to be will describe which the principation. We will identify partners the will help an reach our priority populations identified in the abstract above. Provide NRT to patients and Quit Kits at Clinics. Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outrame Track to ner expected Budget for Tobacco Strategy 3: Promote quitting among adults and youth Purchases - Rems - Contractor Cost per item # of iter Year Request Year 1 Budget Year 2 Budget Line Total Seed Grant - CRMC Cardiac Rehab Quit Kita \$15,720.00 Years 1 & 2 \$15,729.00 \$15,720,0 \$2,000.00 Years 1 & 2 \$2,000,00 \$2,000.00 \$4,000,00 Action: Unclear what the media is for - is this West Edge - Media \$7,500.00 Years 1 & 2 \$7,500.0 \$7,500.0 \$15,000.00 part of the promote course availability? If so what is the plan for that \$0.00 \$0.00 \$0.00 Added the purpose of the media dollars. Still a little unclear what you intended to do with this much money each year and why that would be needed given the states investment. You can cither provide a bit more information on your \$0.00 \$0.00 target approach or you can justify a bit better the ed in the community \$0.00 \$0.00 \$0.00 \$0.0 \$0.00 \$0.00 \$50,458.00 SUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.
The Cardiac Rehab basm will coordinate lobacco cessation and control education, interventions, and training within the Chayerne Regional Health System (NRT, Qut ICDs). Their team will conduct at least four (4) community-based group tobac In Caracter forms open we consiste increase consistence operation and not consistence operation and operation of the consistence operation strategy includes individual and group cessation services, promotion of WQT, and community-based cessation classes Strategy 4: tly Conditions: What is the community especity (resources and rendiness)? Describe prioritization (Importance and changeshilly) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, nacentus (US) Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track to see expected Budget for Tobacco Strategy 4: Purchases - Items - Contractor Cost per item # of items/months Year Reques Year 1 Budget Year 2 Budget Line Total \$0.00 \$0.00 \$0.00 \$0.0

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

\$0.00

\$0.00

\$0.00

\$0.00

Strategy 5:						
				Status		
Description:						
Community Conditions: What is the community especity (resources and readiness)? Describ conceptual RO?	e prioritization (Importance and change	shillty) of childprotective	factors. Why did the	community choose this s	rategy (evidence-based fo	undation, practical (it,
Evaluation Statement: Flow will you know you accomplished your goals? Expected Process A	leasures/Outputs and Short-term Outco	100				·
Track to see expected						
	Budget for Tobacco	Strategy 5:				
Purchases - lienus - Contractor	Cost per item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
				\$0.00	\$0.00	\$0.00
		1		- auwi		
		ļ		\$0.00	\$0.00	\$0.00
				\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
				\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
				\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
				\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
				\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
				\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
			TOTAL	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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em:	MINISTER OF THE PERSON NAMED IN								
	Suicide Risk/Protective Factors	Data Indicator (Data related to the risk/protective factor)	Str	ategy	(Measures of activit	esures/Outputs les from Strategy, often go into PRES)	Short-Term (Changes as a direct result Indica	of the strategy to the data	Long-term Outcome (Changes as a direct result of the strategy)
1	Availability of consistent and high quality physical and behavioral healthcare	BRFSS Access by County	Zero Suici	de Framework		rce Survey and number de trained	Increased access to physical	and behavioral health care	
2	2 Community Support After a Loss	LOSS Team Data	Los	S Teams	# of people served, #	of resources distributed	% of cases where bereaved supp		
3	3 Trained Community Gatekeepers	PRES Data and pre'post surveys	Gatekee	per training	# of people trained,	pre/post survey results	Increase in individuals awa suicidal		Reduce the suicide rate, WDH
4	4								
5	5								
		Suic	ide Work Plan	and Budget					
	Add additional st	ategies by copying and pasting as needed. S				region lead if you ne	ed assistance.		
		Total Amount Allocated	Year 1	THE RESERVE OF THE PERSON OF T	Total				
		Total Amount Allocated	\$46,029.00	\$46,029.00	\$92,058.00		WOULD		
tegy 1: iption:	Zero Suicide Framework		ASSESSED BY	中国民党团队 (1867年)	on We that the	Status	WDH Requests Edits	Annual Property and All Market	Votes
iation State	tement: How will you know you accompl	as wouth are moving into the Emergency Deet, Isosnitalize shed your goals? Expected Process Measures/Output sed to see expected Increased access to physical and behavioral Budget for	s and Short-term Outco	ero Suicide Framework		W. As. Lashiffer			
	Purchases - Iter	ns - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total	
Institutional h for SFR M			\$7,500.00 \$1,000.00	1	Years 1 & 2 Years 1 & 2	\$7,500.00 \$1,000.00	\$7,500.00 \$1,000.00	\$15,000.00 \$2,000.00	
Alternativ	ves - Seed Grant		\$28,729.00	1	Years 1 & 2	\$28,729.00	\$28,729.00	\$57,458.00	
						\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	
						\$0.00	\$0.00	\$0.00	
				-		\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
	TIFICATION: Describe the need and	nclude an adequate justification of how each co	st was estimated. Brea	k down cost where app	TOTAL propriate.	\$37,229.00	\$37,229.00	\$74,458.00	
GET JUST									
y has been		ense for CRMC staff. The license is offered to all cur	rent and new staff. Lune	ch for the Suicide Fatality	Reviews meetings h	as been included. The r	meetings are 3-4 hours long	g and sometimes go	
ey has beer igh lunch. itegy 2:		ense for CRMC staff. The license is offered to all cu	rent and new staff. Lune	ch for the Suicide Fatality LOSS Teams		as been included. The r	meetings are 3-4 hours lon		Votes
ry has beer igh lunch. itegy 2: ription: munity Cor eptual fit)?	n set aside for the QPR Institutional Lic LOSS Teams inditions: What is the community capacity	ty (resources and readiness)? Describe prioritization	Importance and change	LOSS Teams ability) of risk/protective	factors. Why did the	Status community choose this s	strategy (evidence-based fo	undation, practical fit,	Votes
ry has beer gh lunch. fegy 2: ription: munity Cor reptual fit)? ugh our CH? vention as no	n set aside for the QPR institutional Lic LOSS Tourns and litous: What is the community capacit INA and SFR, we have identified loss as an ecoded. They are dedicated to improving ou		Importance and change	LOSS Teams ability) of risk/protective (factors. Why did the	Status community choose this s	strategy (evidence-based for	undation, practical fit,	Notes
ry has beer gh lunch. tegy 2: ription: munity Cor retual fit)? igh our CH! ention as no es. This fur	in set aside for the QPR institutional Lic LOSS Teams and life in the community capact? (NA and SFR, we have identified loss as an exceeded. They are declicated to improve ended in the resources of the resources in the control of the resources in the control of the resources in the resources in the resources in the control of the resources in the resource in	y (resources and readiness)? Describe prioritization important risk factor for suicides in Laramis County. Th community to ensure safer suicide care. The LOSS Team needed to support families and friends experiencing loss. sahed your goals? Expected Process Measures/Output	Importance and change Laramie County Coroner is held under the coroner	LOSS Teams ability) of risk/protective to 's Office is ready, willing, a s office, allowing them to be	factors. Why did the	Status community choose this s	strategy (evidence-based for	undation, practical fit,	Notes
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ney has beer ugh lunch. ategy 2: tription: annualty Cor- reptual fit)? sugh our CID vention as ne ices. This fur luntion State & # of people	In set aside for the QPR Institutional Lic LOSS Teams millions: What is the community capaci- y. INA and SFR, we have identified ions as an ecoded. They are dedicated to improving ou noting will ensure they have the resources is terment: How will you know you accomple te served, # of resources distributed to see c	ty (resources and readiness)? Describe prioritization important risk factor for suicides in Laramie County. Th committy to ensure safer suicide care. The LOSS Team excelled to suppert families and friends experiencing loss , which your goals? Expected Process Measures/Output poeted % of cases where bereaved invisivuals receive LC Budg	Importance and change Laramie County Corone is held under the coroner s and Short-term Outco SS support et for Suicide Strateg Cost per Item	LOSS Teams ability) of risk/protective is follice is ready, willing, a office, allowing them to he me y 2: LOSS Teams	factors. Why did the and able to provide support and able to provide support are oversight, provide Year Requested Years 1 & 2	Status roommulty choose this sect to families experiencies ducation and training, and	Year 2 Budget \$2,500.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Line Total \$5,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	votes
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Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, Our community continues to prioritize providing suicide awareness and response education. ASIST and MIFAYMIFA are important options to provide evidence-based training within Laramie County. These trainings support individuals, non-profits, and businesses in identifying when folks are struggling and offering support. Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track # of people trained, pre/post survey results to see expected Increase in individuals aware of signs/symptoms of a suicidal crisis Budget for Suicide Strategy 3: Gatekeeper training # of items/months Year Requested Line Total Purchases - Items - Contractor Year 1 Budget Year 2 Budget Cost per Item VOA - Seed Grant \$12,600.00 \$6,300.00 \$6,300,00 \$6,300.00 Years 1 & 2 \$0.00 TOTAL \$6,300.00 \$6,300,00 \$12,600.00 BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. These funds will support four (4) MHFA/YMHFA trainings and one (1) ASIST training in Laramie County during the grant period. Description: mity Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, onceptual fit)? Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track to see expected Budget for Suicide Strategy 4: 0 Purchases - Items - Contractor Cost per Item # of items/months Year Requested Year 1 Budget Year 2 Budget Line Total \$0.00 TOTAL \$0.00 \$0.00 \$0.00 BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. Description: Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome Track to see expected Budget for Suicide Strategy 5: 0 Purchases - Items - Contractor Year 2 Budget Cost per Item # of items/months Year Requested Year 1 Budget \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 TOTAL \$0.00 \$0.00 BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

	ed Risk and Protective Factor Protective Factors Resiliency	Ors Data Indicator (Data related to the risk/protective factor) PNA - Feel Depressed		trategy	(Measures of activit	asures/Outputs lies from Strategy, often go Into PRESJ	Short-Term ((Changes as a direct result of Indicate	of the strategy to the data	Long-term Outcome (Changes as a direct result of the strategy)
	Resiliency	PNA - Feel Depressed	Source	Annual Control					
2 3 4				s of Strength	Fidelity Check	lists from each site	Decrease in percentage of stu- depressed that nothing could	cheer them up during the	
3							last 30 d	lays	
3									
4									Strengthen protective factors and reductive factors that impact substance use a
4									mental health outcomes
5									
		Shared Risk and P	rotective Fac	tors Work Plan	and Budge				
	Add additional strate	gies by copying and pasting as needed. S	iome cells are locked	to preserve the formula	as, work with your	region lead if you ne	ed assistance.		
			Year 1	Year 2	Total				
		Total Amount Allocated	\$25,000.00	\$25,000.00	\$50,000.00				=
legy 1: Saure	ces of Strength					Status	Approved - Not Starte		Nates
rt Population Level	(IOM): Universal	Direct		Population of Focus:			LCSD #1 students		
ption: unity Conditions:	What is the community canacity (r	resources and readiness)? Describe prioritization	(Importance and change	Sources of Stren	igth factors. Why did the	community choose this	strategy (evidence-based fou	ndation, practical fit	1
ptual fit)?									
am. Sources of Stren	ngth will continue to be implemented a	port, local building support, and a proven record of er across 36 schools touching over 15,000 students with	iin sCSD#1. LCSD#1 selo	ected Sources of Strength bas	sed on it's success withi	in Wyoming and concern r	regarding substance use and sui	icide deaths within the	1
sunity. Sources of Str	rength training improves the Peer Lea	ders' adaptive norms regarding suicide, their connect	edness to adults, and their	school engagement, with the	largest gains for those	entering with the least ad	aptive norms. Trained Peer Le	aders in larger schools	
ation Statement: H	low will you know you accomplished	d your goals? Expected Process Measures/Outpu	its and Short-term Outco	ome		A A A A A A A A A A A A A A A A A A A			
Fidelity Checklists f	from each site to see expected Decreas	se in percentage of students reporting feeling so depre	ssed that nothing could che	er them up during the last 3	0 days				
		Budget for Shared Ri	sk and Protective Fact	tors Strategy 1: Sources	of Strength				
	Purchases - Items -	Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total	
	LCSD #1 - Seed	d Grant	\$25,000.00	1	Years 1 & 2	\$25,000.00	\$25,000.00	\$50,000.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
		4				\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
					TOTAL	\$0.00	\$0.00	\$0.00	1
SET JUSTIFICATI	ION: Describe the need and incli	ude an adequate justification of how each co	nst was estimated. Bre	ak down cost where an		\$25,000.00	\$25,000.00	\$50,000.00	1
		ation of Sources of Strength in three high schools				erials and training.			
egy Z:	ū					Status			Notes
et Population Level ription:	(IOM):			Population of Focus:					
munity Conditions:	What is the community capacity (r	resources and readiness)? Describe prioritization	(importance and change	ability) of risk/protective	factors. Why did the	community choose this	strategy (evidence-based fou	ndation, practical fit,	
ptual fit)?									
uation Statement: 11	low will you know you accomplished	d your goals? Expected Process Measures/Outpu	its and Short-term Outco	ome				A Marie San	
to see expected									
		Budget for S	hared Risk and Prote	ctive Factors Strategy 2	0			1745/11/2019/11/19	
	Purchases - Items -	Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total	
						\$0.00	\$0.00	\$0.00	4
			+	+	 	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	
						\$0.00	\$0.00	\$0.00	
						\$0.00	\$0.00	\$0.00	
				1		\$0.00	\$0.00	\$0.00	4
						\$0.00	\$0.00	\$0.00	
					TOTAL				

The State State of State	Strategy 3: 0						
Taxoning Confidence Nate the community opening processor and residence) Describe principles of between descriptions of the community of the community opening the community opening of the community opening opening opening of the community opening opening opening of the community opening	Target Population Level (IOM):		Population of Focus:				
Contains Nationary Total State year and Paper Pa	Description:	- d	Little A of white protection f	betom Wheedld the	community change this st	tentage (asldence based for	undation practical fit
Parchases - Renn - Contractor Parchases - Renn - Contracto	community Conditions: what is the community capacity (resources and readiness)? Describe prioritization	n (importance and changea	ounty) of risk protective i	actors, way use the	continuity choose this se	trategy (evactive-pased for	manion, practical in-
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Budget for Shared Elick and Front-In-Techno Stander 1							
Biodyne for Shared Risk and Franchis Factors Stating 2 . 0 Section							
Biologic for Shared Fisik and France Factor Staving 0.0							
Biodyne for Shared Risk and Franchis Factors Stating 2 . 0 Section							
Biologet for Shaved Risk and Protective Factors Streeting 2 : 0 Purchases - homs - Contractor Cool per film F of Imministration Vest Required Vest 1 Builgit Vest 2 Builgit Like Total 10.00		uts and Short-term Outcom	ie				
Part Shapes - From - Contractor Code part Early 1997 Early 1997 Early 1997 (1997 Early 1997 Early 1	Track to see expected						
Part Shares - Rems - Contractor Coop per Rem							
	Budget for	Shared Risk and Protect	ive Factors Strategy 3:	0			
	Purchases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total
		S. S					*0.0
					\$0.00		
1006 1006 1000							
### TOTAL \$0.00 \$0							\$0.0
Trace to the final Lord (ION): Population of Fewer			4		\$0.00	\$0.00	\$0.0
Contact Cont	SUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each	cost was estimated. Brea	down cost where app	ropriate.			
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Budget for Shared Risk and Protective Factors Strategy 4; 0	onceptual fit)?						
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Supplied	Budget for				\$0.00	\$0.00	\$0.0
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	Budget for				\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.0 \$0.0 \$0.0
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Work Plan Summary for Laramie

		Underage Drinki
Status	Risk/Protective Factors	Strategy

1 Approved - Not Started	Community laws and normal favorable to substance use	Responsible beverage services training
2 Approved - Not Started 3 Approved - Not Started	Early initiation of substance use Self efficacy	Evidence-based Mentoring Program (i.e. Big Brothers Big Sisters) - Selective SMART Moves (Boys and Girls Club) Social Norming Campaign focusing on peer norms
4 Media Plan Requested 5	Peer substance use O Bonding	related to substance misuse Reconnecting Youth

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Status	Risk/Protective Factors	Strategy	
1	O High availability of substances High retail access	Responsible Beverage Service Training	
2 Media Plan Requested	Community norms favorable towards use	Social Norms Campaign	
3 Approved - Not Started	forced retirement and social isolation	available to address social risk factors	1
4	0	0	0
5	0	0	0

Status	Risk/Protective Factors	Strategy	
		information dissemination on Nic	otine narins, Access,
1 Approved - Not Started	Favorable parental attitudes towards substance use	and/or Policy	
2 Approved - Not Started		0	0
3 Approved - Not Started		Number of policymakers educate	d

			Opioid
Status	Risk/Protective Factors	Strateg	ly .
1 Approved - Not Started	High availability of substances	Safe storage and disposal of pro	escriptions
2 Approved - Not Started	Overdose Deaths	Overdose Fatality Review	
3 Approved - Not Started	Favorable attitudes toward substance use	use	
4	0	0	0
5	0	0	0

Status	Risk/Protective Factors	Strategy	
1 WDH Requests Edits	healthcare	Zero Suicide Framework	
2	O Community Support After a Loss	LOSS Teams	
3	0 Trained Community Gatekeepers	Gatekeeper training	
4	0	0	0
5	0	0	0

			Shared Risk a
Status	Ris	k/Protective Factors	Strategy
1 Approved - Not Started	Resiliency	Sou	rces of Strength
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0

ng and Youth Marijuana		
Process Measures/Outputs	Short-Term Outcomes	Long-term Outcome
Number of people trained	Number of TIPS training events, number of people trained, and decreased percentage of LCSD #1 high schoolers reporting seeing drunk adults at community events. Number matched with a mentor, number of graduates, number of 0 enrollments Number of program participants Media report from contractor	Reduce the percent of high school students reporting alcohol use in the past 30 days, PNA Reduce the percentof high school students reporting marijuana use in the past 30 days, PNA
	O Media report from contractor O Number of families educated	

Process Measures/Outputs	Short-Term Outcomes	Long-term Outcome
Number of people trained	number of people trained, and	Reduce the percent of Wyoming adults reporting
Media report from the contractor.	call to action related to substance use	
alcohol use	to get needed care due to cost in	occasion at least once in the last 30 days, BRFSS
	0	0
	0	0

Process Measures/Outputs	Short-Term Outcomes		Long-term Outcome
lumber of parents educated	reporting talking to their parents		
	0	0	Reduce the percent of Wyoming high school students
	0	0	reporting having vaped in the past 30 days, PNA
and Stimulant			
			I am a tarma Outaama
Process Measures/Outputs	Short-Term Outcomes		Long-term Outcome
	Reduced availability of substances		Long-term Outcome
Number of medications lockboxes and Deterra bags distributed			
Number of medications lockboxes and Deterra bags distributed Number of Recommendations	Reduced availability of substances		Reduce the rate of all drug involved overdose deaths
Process Measures/Outputs Number of medications lockboxes and Deterra bags distributed Number of Recommendations Number of Program Participants	Reduced availability of substances change	0	

Process Measures/Outputs	Short-Term Outcomes		Long-term Outcome
Zero Suicide Workforce Survey and number of people trained	behavioral health care		
f of people served, # of resources distributed	receive LOSS support		
of people trained, pre/post survey results	signs/symptoms of a suicidal crisis		Reduce the suicide rate, WDH
	0	0	
	0	0	

nd Protective Factors			
Process Measures/Outputs	Short-Term Outcomes		Long-term Outcome
Fidelity Checklists from each site	reporting feeling so depressed that		
	0	0	Strongthon protective factors and reduce rick factors that
	0	0	Strengthen protective factors and reduce risk factors that impact substance use and mental health outcomes
	0	0	
	0	0	

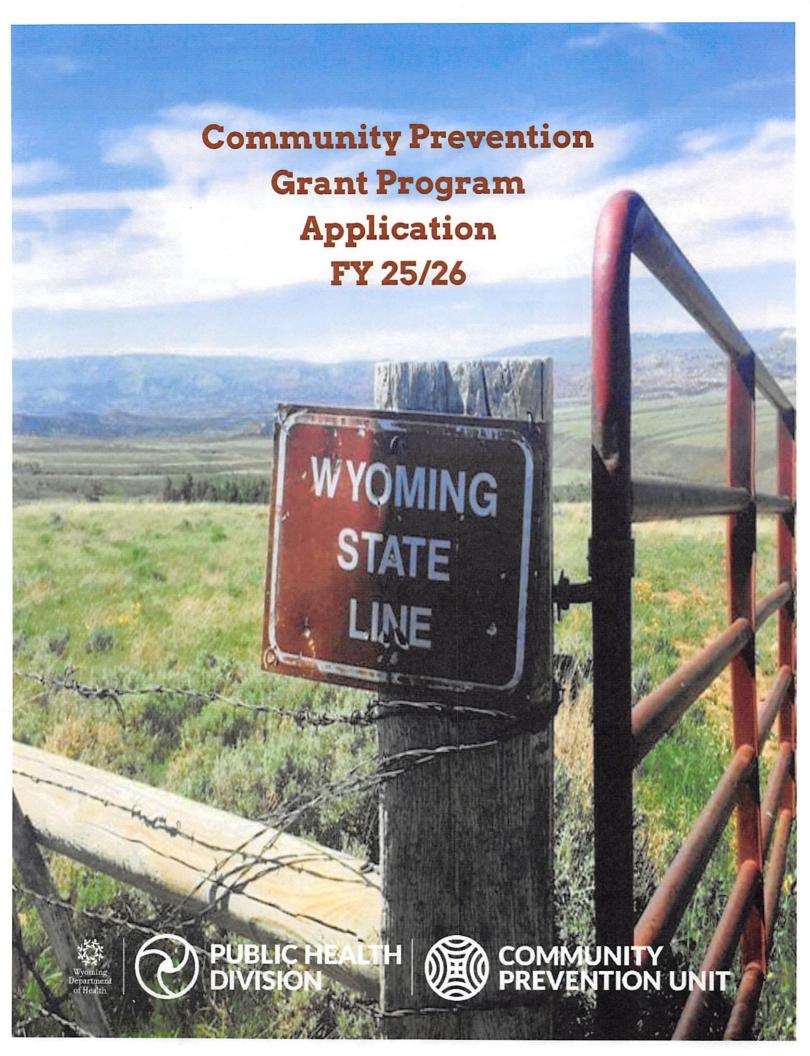




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Overview

The Wyoming Department of Health, Public Health Division (WDH-PHD) is accepting applications from Wyoming Counties for the Community Prevention Grant (CPG) program. The program addresses some of Wyoming's top public health prevention priorities (underage alcohol, youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide). These grants provide opportunities and additional resources to counties to implement data-driven and evidence-based substance abuse and suicide prevention plans that positively impact substance use and mental health. Funded applications will result in a grant award agreement (contract) with the WDH-PHD from July 1, 2024, through June 30, 2026.

WDH-PHD is expecting to fund the SFY 25/26 CPG program through Federal Funds (~53%), State General Funds (~25%), and Tobacco Settlement Funds (~22%). As final amounts of funding sources are currently unknown, minor changes to the percentages of funding sources may be updated and will be communicated with the counties. The total amount of funding available to Wyoming counties through the CPG program is \$8 million.

Eligibility

Only Wyoming County Governments are eligible to apply for this funding.

Purpose

Community engagement is an essential component of an effective and equitable prevention system. Substance use, nicotine, and suicide affects all Wyoming communities. Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed (SAMHSA). Identifying shared risk and protective factors across the areas of the Community Prevention Grant work allows community partners to ground their efforts in a common framework (Shared Risk and Protective Factors Model).

Substance Use Prevention

Substance use is associated with a wide range of health and social problems. Given the impact of substance use on public health and the increased risk for long-term medical consequences, it is critical to prevent substance use from starting. Preventing or reducing early substance use initiation, substance misuse, and the harms related to misuse requires the implementation of



effective programs and policies that address substance misuse across the lifespan (<u>Surgeon General's Report</u>).

Nicotine Prevention and Control

Smoking is the leading preventable cause of death in the United States. In Wyoming, smoking leads to approximately 800 deaths from smoking-related illnesses each year and nearly \$258 million in annual healthcare costs (CDC). The Surgeon General declared vaping an epidemic among youth and young adults in 2018.

Suicide Prevention

Wyoming has had one of the highest suicide rates in the country, historically double the national average. The frontier landscape provides challenges for accessing quality mental health care and increases social isolation. Nearly 70% of suicide deaths involved a firearm, and the most suicide deaths occur among white middle aged males (however females typically attempt suicide at a higher rate). Populations that are disproportionately affected include American Indians, the LGBTQI+ community, service members, and veterans. To prevent suicide attempts and deaths in Wyoming, community action is needed to create a sense of belonging, destigmatize mental health struggles, reduce access to lethal means, and improve access to resources.

Community Prevention Goals

- 1. Reduce the percent of Wyoming high school students <u>reporting</u> alcohol use in the past 30 days and reduce the percent of Wyoming high school students <u>reporting</u> marijuana use in the past 30 days
- 2. Reduce the percent of Wyoming adults <u>reporting</u> consuming 5 or more drinks (4 or more for females) on an occasion at least once in the last 30 days
- 3. Reduce the <u>rate</u> of all drug involved overdose deaths through primary prevention efforts
- Reduce the percent of employed adults <u>reporting</u> exposure to secondhand smoke at their workplace and the number of adults reporting exposure to secondhand smoke in public places, indoors and outdoors
- Reduce the percent of adults currently using nicotine/tobacco measured by the percent of adults <u>reporting</u> any tobacco use and the percent of adults reporting current e-cigarette use
- 6. Reduce the percent of Wyoming high school students <u>reporting</u> having vaped in the past 30 days
- 7. Reduce the suicide <u>rate</u> in Wyoming
- 8. Strengthen protective factors and reduce risk factors that impact substance use and mental health outcomes



Award Amounts

Funding will be allocated to counties as shown below. Each county will receive a base amount of \$157,500. The remaining funds will be allocated based on county population using the 2022 census data. Previously, 2020 population information was used to determine funding allocations.

County	2025/2026 Allocation	County	2025/2026 Allocation
Albany	\$443,854	Natrona	\$756,855
Big Horn	\$246,762	Niobrara	\$175,420
Campbell	\$511,823	Park	\$387,285
Carbon	\$266,994	Platte	\$222,592
Converse	\$261,301	Sheridan	\$399,166
Crook	\$213,580	Sublette	\$223,481
Fremont	\$454,704	Sweetwater	\$468,807
Goshen	\$252,085	Teton	\$332,839
Hot Springs	\$192,045	Uinta	\$313,451
Johnson	\$223,232	Washakie	\$215,620
Laramie	\$915,892	Weston	\$209,152
Lincoln	\$313,059	Total Allocation	\$8,000,000



Applicants are encouraged to apply for funding amounts that are appropriate and reasonable for the county's identified needs and strategies in each of the six focus areas: underage alcohol, youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide.

Target ranges of funding for each focus area are provided below.

•	20%-26%	Underage Alcohol Use and Youth Marijuana Use
•	20%-26%	Adult Overconsumption of Alcohol
•	22%-28%	Tobacco Prevention
	4%-10%	Opioid/Prescription Drug Misuse/Abuse and Other Drugs
•	22%-28%	Suicide Prevention



Strategic Prevention Framework Partnerships for Success (SPF PFS)

Wyoming is one of five states that receives the SPF PFS 2020 competitive grant. Wyoming's application for funding targeted preventing youth marijuana use and underage drinking and allocated funds based on final scores of a needs assessment that ranked counties based on prevalence data and number of people affected with the following goals:

Goal 1: Increase capacity and infrastructure of Wyoming's prevention system to support youth substance use prevention by raising the average overall capacity score from 3 to 4 by June 30, 2025.

Goal 2: Community Prevention Grantees will reduce rates of underage drinking among 12-20 year olds and meet identified short-term and intermediate outcomes and objectives as measured by a change in rates and other established criteria by June 30, 2025.

SPF PFS Funding Allocations

Counties should budget funding for the amount listed in Table 2 between underage alcohol use, youth marijuana, and capacity enhancement. It is important to note that personnel time spent working on underage alcohol use and youth marijuana use can be included as part of the budget. A budget estimate for the funds allocated to SPF PFS activities can be found on the work plan Instructions & Summary tab using an estimated 25% of personnel effort. This grant ends August 30, 2025.

Table 2: SPF PFS Allocations by County					
County	2025 Allocation	County	2025 Allocation		
Albany	\$41,576	Natrona	\$55,435		
Big Horn	\$23,098	Niobrara	\$23,098		
Campbell	\$52,355	Park	\$38,497		
Carbon	\$46,196	Platte	\$26,178		
Converse	\$46,196	Sheridan	\$49,276		
Crook	\$15,399	Sublette	\$15,399		
Fremont	\$44,656	Sweetwater	\$53,895		
Goshen	\$35,417	Teton	\$46,196		
Hot Springs	\$27,718	Uinta	\$29,258		
Johnson	\$32,337	Washakie	\$36,957		
Laramie	\$52,355	Weston	\$29,258		
Lincoln	\$29,258	Total Allocation	\$850,000		



Expectations

To meet the goals of the CPG program, grantees should use the funding to support the expectations identified below. The list below does not include all grant expectations.

*Denotes federally funded required activities

Assessment:

- Use county-level data and state level data to assess needs and identify risk and protective factors and appropriate evidence-based strategies for each of the six focus areas and capacity enhancement.*
- Use data to select a population disproportionately affected by each focus area.*

Work plan:

- Collaborate community prevention activities with a community coalition that uses the Strategic Prevention Framework (SPF) process to develop the work plan.
 - The SPF represents a five-step, data-driven process used to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and evaluate the implementation and related outcomes (Step 5). The use of the SPF process is critical to ensuring that communities work together to use data-driven decision-making processes to develop effective prevention strategies and sustainable prevention infrastructures.*
- Identify evidence-based strategies (EBS) for substance use, tobacco, and suicide prevention services and activities. The term evidence-based refers to whether the intervention has evidence from research or evaluation, showing that it is effective under a particular set of circumstances.*
 - The CPG Risk and Protective Factor and EBS List have been made available with this application. The State Epidemiology Outcomes Workgroup (SEOW) evidence-based subcommittee is available to review any strategies that a county would like WDH-PHD to consider that are not included on this list. A strategy may be considered evidence-based if it fulfills one of the following three conditions:
 - It is included in a federal government register of evidence-based interventions.
 - It is reported in peer-reviewed journals (with positive effects on the primary targeted outcome).
 - When no appropriate interventions are available through the first two primary resources on evidence-based interventions, then



community prevention specialists may identify other sources of evidence and coordinate with WHD-PHD for relevance.

 Work plan must be detailed with culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.

Travel

- Annual CPG Fall Summit in Casper (Mandatory)
 - Mandatory CPG meeting for all awardees. We expect the Fall Summit to be held the first week of October each year. The 2024 meeting will be held September 30th - October 2nd 2024 in Casper, Wyoming. The Fall Summit Planning Committee is responsible for planning the event.
- Suicide Symposium in Casper (Optional)
 - October 3rd and 4th 2024
- Semi-Annual Spring Fling (Spring of the first year Highly Recommended)
 - The WDH-PHD Prevention Technical Assistant in coordination with prevention specialists will facilitate an in-person meeting for prevention specialists.
- Semi-Annual Work Plan Workshop (Spring of the second year- Mandatory)
 - The WDH-PHD Prevention Technical Assistant will facilitate four different workshop meetings, one for each region. WDH-PHD, in coordination with prevention specialists, will determine a location and time for this in-person meeting.

Tobacco Specific Requirements:

- Collaborate with WDH-PHD to determine the minimum number of people within the selected population related to tobacco prevention and control that will be reached by the PSE strategies and activities.
- Implement at least one strategy to meet each of the goals under Office on Smoking and Health (OSH). The four goals are: prevent initiation of tobacco use among youth and young adults, promote quitting among adults and youth, eliminate exposure to secondhand smoke, and advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities.*

Reporting:

- Monthly: Collect and report data related to performance monitoring and evaluation to WDH-PHD to meet its obligations to federal grants and state funders using the required data collection system.*
- Participate in additional data collection efforts as requested by WDH-PHD to meet its obligations to federal grants and state funders.*
- Maintain record of evaluation efforts in grant files to include any pre- and postassessments and fidelity checks related to program implementation.



Additional Requirements:

- Ensure adequate staffing to contribute to the programmatic development or execution of the grant deliverables in a substantive, measurable way. Staff should be responsible for grant administration, reporting, and compliance.
- Ensure grant compliance through adequate county staff even if the services are contracted with a third party.
- o Follow all applicable laws, rules, and funding requirements.
- Ensure any individually identifiable health information or any data that constitutes
 protected health information under the Health Insurance Portability and
 Accountability Act (HIPAA) will not be collected, obtained, or shared directly or
 indirectly without written permission from the WDH-PHD.
- o Implement, and update as appropriate, approved community five-year strategic plan developed in the previous grant cycle.
- Ensure evidence-based programs are implemented to fidelity, even when implemented by a third party.



Restricted Activities

CPG funds cannot be used for the activities or services listed below. This list only includes more common restricted activities and is not intended to be all-inclusive. For questions concerning the allowability of an activity or to discuss a potential exception, please email your questions to wdb.prevention@wyo.gov.

- Funding activities or efforts intended to influence government officials or elected representatives in regard to appropriation(s), legislation or legislative policy. Activities include, but are not limited to, requests for appropriations, or unsolicited opinions on legislative changes that affect the delivery of prevention programs using any means of communication. Education on the impact of tobacco, substance use and suicide at the community level is allowed. This restriction does not apply to elected county officials or their representatives not directly employed with CPG funding, and community coalition members not directly employed with grant funding. However, funding from this Grant may not be used to fund such activities.
- Funding education on driving under the influence or driving while intoxicated.
- Funding individual substance abuse assessments.
- Funding individual client services.
- Funding capital construction projects or the purchase of buildings or other long-term capital investments.
- Funding for endowments, Religious purposes, grants to individuals, or payment of deficits or retirement of debt.
- Funding cannot supplant or be used to pay for services, staff, programs, or materials that would otherwise be paid with state or local funds.
- Funding programs or services that deny service based on sex, color, race, religion, national origin, sexual orientation, or disability.
- Funding programs or organizations with a direct conflict of interest.
- Funding alcoholic beverages, tobacco products, other drug products, and costs of entertainment, including amusement, diversion, and social activities.
- Funding for contributions, donations, or gifts.



Application Schedule

February 20, 2024 Request for Application is released
April 30, 2024 Community Prevention Grant Work Plans due for consideration
WDH-PHD work plan and budget feedback to counties
May 28, 2024 Joint county and WDH-PHD approval for the work plan complete
Community Prevention Grant Applications due by survey
July 1, 2024 CPG award period begins.*
End of CPG award period

Grant Application Webinar

What: The Community Prevention Unit will facilitate three different online webinars. Applicants should attend at least one.

Purpose: Meetings will cover the 25/26 Community Prevention Grant Program requirements, highlight changes to the work plan templates, and answer questions.

When:

February 23rd 9 am
February 26th 1 pm Visit the <u>CPG Calendar</u> for the webinar links.
February 29th 3 pm

Work Plan Workshops

What: WDH-PHD Prevention Technical Assistant will facilitate four different in-person workshop meetings, one for each region.

Purpose: Meetings will provide an opportunity to collaborate on prevention strategies, receive support on development of the work plan, which may include going over and creating logic models, answering questions, or connecting resources.

Tentative Schedule:

Region	Date	Location
Region 1	April 16th	Pinedale
Region 2	April 29th	Cheyenne
Region 3	April 24th	Newcastle
Region 4	April 25th	Cody



^{*}Please note: Application and joint county and WDH-PHD approval for the work plan and budget must occur before payments on the 25/26 Contract will be made



Application Submission and Review

- 1. WDH-PHD will share a combined CPG work plan and budget template through Google Sheets with the designated Prevention Specialist by February 20, 2024. Counties must use the provided template. CPG work plan and budgets will be working documents that will be housed by WDH-PHD.
- 2. Direct any requests or questions to wdh.prevention@wyo.gov.
- 3. Applications should be submitted by May 31st through this survey: https://redcap.link/bpbiwuce.
- 4. Each proposal will be reviewed individually and are not considered competitive. Applications will be reviewed based on the needs of the communities as justified through data, strategies chosen, and the funding requests in the application. The WDH-PHD reserves the right to accept or request changes to any proposal.
- 5. Due to the varied funding sources (Federal Funds, Tobacco Settlement Funds, and State General Funds) available, County may work with WDH-PHD on final amounts allocated for each focus area and grant deliverables.



Application Requirements

The Biennium 25/26 application will be submitted through an online survey: https://redcap.link/bpbiwuce.

All pieces must be complete before submitting. Below are the questions that will be asked on the survey.

A. Contact Information

- 1. County-Level Grant Manager
- 2. Community Prevention Specialist

B. Abstract

Provide a summary of the county and the application, by answering the following questions:

- 1. Who was involved in developing this application and prevention plan?
- 2. What are the key prevention needs in the county and how were the prevention needs in the county identified and prioritized?
- 3. How will the proposed plan address identified needs?
- 4. What key populations have you identified for targeted interventions? Examples may include pregnant women/teens, service members, veterans and their families, economically disadvantaged, and LGBTQ+
- 5. How did you identify the key population(s)?



C. Work Plan/Budget

Through a collaborative effort with one or more local coalitions focused on substance use prevention and suicide prevention, complete logic models for the five focus areas: underage alcohol and youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide. Capacity enhancement efforts should be included with the strategy that it supports. Several evidence-based risk and protective factors have been identified through prioritization using data analysis at the state level and should be used to guide county level efforts. Logic models should then be used to complete the detailed work plan and budget. The work plan/budget template will be shared as a Google Sheet workbook provided along with this document. Use of the template is required for the application.

The work plan should include evidence-based strategies to address each of the four nationally recognized tobacco prevention and control goals outlined in the CDC Best
Practices for Comprehensive Tobacco Control Programs and strategies that align with the national and state suicide prevention goals. Include the following components in the work plan for tobacco prevention and control:

- Strategies to reduce disparity related to tobacco use, dependence, and secondhand smoke in the selected population.
- Provide training opportunities.

Strategies have been identified based on risk and protective factors and are available through a drop-down menu on the work plan/budget template. An associated <u>"CPG Risk and Protective Factors and EBS List"</u> is included with this application that provides additional details regarding these strategies. Strategies in the work plan must be culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.

Provide a detailed budget and justification for the entire amount of funding requested. Download from Google Sheets into an Excel document to upload with the application.

E. Certificate of Authorization

Submit a Certificate of Authorization signed by the Grant Manager. The Grants Manager should be the county-level person responsible for the Community Prevention Grant oversight to include administration, tracking, reporting, and grant compliance. This person cannot be the Community Prevention Specialist.

F. Certificate of Collaboration



Submit a Certificate of Collaboration signed by an authorized representative of the local coalition. This person cannot be the Community Prevention Specialist.

Certificate of Authorization

BY SUBMISSION OF AN APPLICATION:

I certify to the best of my knowledge that the information and budgets contained in this application are correct.

I certify that the work plan was completed through a collaborative effort with one or more local coalitions focused on substance abuse prevention and suicide prevention.

I certify that the applicant will comply with all Federal regulations, policies, guidelines, and requirements for funding awarded through this grant.

I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application for funding awarded through this grant.

I have been authorized by the County's governing body to submit this application.

Signature of Grant Manager

Date



Certificate of Collaboration

BY SIGNATURE OF THIS CERTIFICATION:

I certify that the logic models for the six focus areas and capacity enhancement was completed through a collaborative effort with the local coalition focused on substance use prevention and suicide prevention.

I certify that the coalition reviewed local and state data to und and protective factors and appropriate evidence-based strate and capacity enhancement.	
I certify that the work plan was reviewed by a majority of the	coalition members.
I have been authorized by the local coalition to submit this cer	rtificate of collaboration.
Signature of Authorized Coalition Member	Date



Appendix A. Instructions for Completing Work Plan/Budget

Instructions & Summary

This tab is automatically populated with information from the other tabs. This tab provides a summary of expenses. The tab also calculates an estimated percentage of funding budgeted to each focus area to estimate final expenditures falling within the target range as outlined in the application. County can make adjustments to the estimated percentage of time allocated to each focus area, which will update the amount of funding allocated to each focus area.

Requested Budget

Sections A. Personnel, B. Equipment and Supplies, C. Operational Supports, D. Website and Social Media/Community Presence, E. Community Coalitions and Workforce Development, and G. Indirect Costs will be requested on this tab. Section F. Community Prevention Service Implementation will populate from the other tabs.

- A. **Personnel** List all staff for whom you are requesting salary reimbursement in this section. Please provide detail in justification regarding calculation of fringe benefits.
- B. Equipment and Supplies List estimated equipment and office supply expenses.
- C. **Operational Supports** List estimated operational expenses such as office space, internet, phone, and subscriptions.
- D. Website and Social Media/Community Presence List estimated expenses to maintain a website and social media/community presence. Media expenses not directly tied to a prevention strategy should be listed here. Expenses for this category should not exceed 10% of your budget, justification will need to be provided for anything over 10%. Please note WDH-PHD maintains a Social Media Toolkit Calendar with free assets as well as a Social Media Toolkits and Shareables resource.
- E. Community Coalitions and Workforce Development List estimated expenses related to managing the community coalition to include food and travel expenses for meetings. Include estimated expenses for the Annual CPG Fall Summit to Casper and any of the optional in-person meetings if planning to attend. Conferences that cannot be directly tied to a strategy should also be listed here.
- F. Community Prevention Services Implementation Will populate when other tabs are completed.
- G. Indirect Costs List the percent of indirect costs you would like to claim in column F 81. Indirect costs cannot be more than 10%.



Focus Areas

Complete the logic model and associated strategy budgets for each focus area. Reach out to WDH-PHD if you need additional strategy or budget lines.

Complete Logic Model

Logic models should be completed in coordination with the local prevention coalition utilizing the strategic prevention framework.

blem:	Underage Drinking and Youth Marijuana						
	Risk/Protective Factors	Oata Indicator (Cata resided to the risk-protective factor)	Strategy		Process Measures/Outputs (Measures of activities from Strategy, often what will go into PRES)	Short-Term Outcomes (Changes as a direct result of the strategy to the data indicator)	Long-term Outcome (Changes an a direct result of the strategy)
8	Easy retail access	20% of high school students report the source of last drink from a continuence store, liquor store, has or restaurant. PNA	Compliance checks		Conduct 80 valid compliance checks with a compliance rate of \$0%	Decrease the percent of high school students reporting source of last dreak from a convenience store, liquor store, has or restaurant, PNA	
1	2						Reduce the percent of high school students reporting alcohol use in the par 30 days, PNA
	3						
	ı						Reduce the percentof high school students reporting marijuana use in the past 30 days, PNA
	5						

Risk/Protective Factors - Evidence-based risk and protective factors have been identified and included using data as summarized in the CPG Risk and Protective Factors and EBS List (List). Risk and protective factors associated with the focus area are available via drop down to include in the logic model. Coalitions should prioritize risk/protective factors based on importance and changeability factors in their community. Details on the prioritization should be provided under community conditions.

<u>Note</u>: We acknowledge that strategies should be chosen that target multiple, not single risk/protective factors. For the purposes of this application, please pick the factor with the highest importance and changeability factors for your community. We encourage you to maintain a separate logic model which includes more detail than is provided in this work plan.

Data Indicator - Write a data indicator statement that connects to the risk/protective factor chosen. The source of the data should be included in the statement. Potential data indicators for each risk/protective factor can be found on the <u>List</u>, although you are not limited to those data indicators alone.

Strategy - Potential evidence-based strategies have been identified for each risk/protective factor and can be found on the <u>List</u>. All identified strategies are available via drop down. Coalitions should choose strategies based on the evidence-based foundation, practical fit, and conceptual fit for their community. Details on the choice of strategy should be provided under community



conditions. All strategies that the Community Prevention Specialist spends time implementing should be included in the work plan, even if there is not an associated budget.

Note: Strategies should be listed in only one focus area. Pick the one that most closely aligns with the purpose of the chosen strategy.

Process Measures/Outputs - Write a process measure/output statement that connects to the strategy chosen. This will often be what will be entered into the Prevention Reporting & Evaluation System (PRES) in REDCap when the strategy is implemented. Be sure you pick something that is measurable and plan ahead to ensure you track the process measure/output. This will become part of the automatically generated evaluation statement.

Short-Term Outcome - Write a short-term outcome that expresses the change you expect to see as a direct result of the strategy to the data indicator. When possible, short-term outcomes should be written in the following format, "To increase/decrease (risk and protective factor) by (how much), by (when, as measured by (indicator). This will become part of the automatically generated evaluation statement.

Long-term Outcome - Long-term outcomes are the overall goals of the Community Prevention Grant Program and are included for you.

Work Plan Budget

Budgets should be completed for each strategy.

Strategy 1: Compliance chec			Silver Market Street		Status	WDH Review Reque:	sted		
Target Population Level (IOM):	Universal Indirect	-							
Description:	Contract with Sheriff's office to conduct compliance checks								
Community Conditions: What is the conditions, practical fit, conceptual fi	ommunity capacity (resources and readiness)? Describe	prioritization (importance a	and changeability) of risk	protective factor	s. Why did the commun	ity choose this strategy (evidence-based		
Strategy: This strategy has been found to Evaluation Statement: How will you b	community Coalition members also reported hearing from to be effective at preventing underage sales, this strategy enh mow you accomplished your goals? Expected Process M a compliance rate of \$0% to see expected Decrease in the pe	ances the ordinance that require easures/Outputs and Short-t	res Responsible Beverage term Outcome	Service training in		er or restaurant, PNA			
	Budget for Underage	Drinking and Youth Mar	ijuana Strategy 1: Cor	mpliance checks					
Pure	chases - Items - Contractor	Cost per Item	# of items/months	Year Requested	Year 1 Budget	Year 2 Budget	Line Total		
Contract with the She	eriff's Office to conduct 60 compliance checks	\$50.00	60	Year 1 -	\$3,000.00	\$0.00	\$3,000.0		
Contract with the She	eriff's Office to conduct 60 compliance checks	\$50.00	60	Year 1 -	\$3,000.00	\$0.00 \$0.00	\$3,000.0		

Target Population Level (IOM) - Select the target population level Institute of Medicine (IOM) category for each strategy. This will be used for federal reporting purposes and is not required for nicotine or suicide budgets.

Universal Direct: Interventions directly serve an identifiable group of participants but
who have not been identified on the basis of individual risk (e.g., school curriculum, after
school program, parenting class). This also could include interventions involving
interpersonal and ongoing/repeated contact (e.g., coalitions).





- Universal Indirect: Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies.
- Selective: Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group.
- Indicated: Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual of Mental DIsorders (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values.

Description - Enter a brief description of strategy implementation. This will be included by WDH-PHD into the CPG Budget Summary on REDCap.

Community Conditions - Briefly discuss the community conditions that lead to the decision to implement the chosen strategy. Consider community capacity (resources and readiness, prioritization of risk/protective factor, and importance and changeability), and how the strategy is a practical and conceptual fit for the community.

Evaluation Statement - This will be populated from the logic model above.

Purchase Items - Complete with necessary detail to understand what is being requested and purchased. When appropriate, indicate contract and subrecipient relationships in the description. Promotional items should be a separate line item and easy to identify. All expenses should meet the expectations and allowability guidelines as set forth in this application document.

Budget Justification - Provide additional detail that will be helpful to support the requested expenses or to provide additional information that doesn't fit in the purchase items table.

Example work plan/budget template can be found on the CPG Team Site.

