

## **Colorado Consortium for Prescription Drug Abuse Prevention**

Joint Meeting  
Affected Families & Friends Work Group  
Public Awareness Work Group

November 20, 2025 from 12 to 1:30 p.m. via Zoom

### **Present:**

Sarah Werner and Tracy Ritter, Co-chairs, Affected Families & Friends Work Group  
Kent MacLennan, Rise Above Colorado, Co-chair, Public Awareness Work Group  
Diane Ballard, University of Colorado, Boulder  
Nathaniel Riggs, Colorado State University  
Teresa Cobleigh, Gold Spark Studio  
Trina Faatz, Community Opioid Facilitator  
Kelsey Warren, Broomfield Public Health & Environment  
Brianna Robles, The Steadman Group  
Sophia Masinelli, CMS Gives Hope  
Andrew Jarvies, Hope in the Valley  
Raymond Shelton, NRT Behavioral Health  
Lindsey Simbeye, Simbeye Consulting  
Carl Anderson, Arapahoe County Sheriff's Office  
Becca Barnhart, CDC Foundation  
Consortium: Jen Place, Hilary Bryant, Jessica Eaddy, Rosemarie MacDowell

**Absent:** See attached rosters.

Sarah Werner, Affected Families & Friends Work Group Co-chair, called the meeting to order at 12:05 p.m.

### **Approval of Minutes:**

Motions were made to approve work group previous meeting minutes. Motions approved.

### **Presentations: Substance Use Prevention for Youth - Theory and Practice**

Diane Ballard, CU Prevention Science Department: Diane is a Senior Professional Research Assistant with the Prevention Science Program at the University of Colorado Boulder. She has been involved in the research and implementation of evidence-based programs to promote healthy youth development. A copy of the presentation is attached to the minutes. Presentation summary:

A major priority of the Prevention Science Program is to provide research about important societal issues to communities and schools where that information can be utilized.

The program currently has a number of major initiatives, including Blueprints, LifeSkills Training, The Center for the Study and Prevention of Violence, The Center for Resilience and Well-Being, The Violence Prevention Project, and beginning in the spring of 2026, The CU Center on Crime and Justice.

In response to the ineffectiveness of the DARE program to prevent substance misuse, Dr. Del Elliott created the Blueprints Initiative in 1996. The initiative created a registry of proven interventions to reduce antisocial behavior and promote a healthy life course. Over 400 programs have been reviewed. <https://www.blueprintsprograms.org/history/>

Diane's team is currently working on the implementation of the Life Skills Training Program. Life skills training was one of the first middle school programs to receive the highest certification by Blueprints. Grants are provided to implement the program in middle and high schools. The presentation lists topics covered in this program as well as QR codes with information about grant opportunities (due December 9<sup>th</sup>). Grants are available in 16 states, including Colorado. The program target is to serve 15,000 students.

The Center for the Study and Prevention of Violence provides community outreach and conducts research related to program effectiveness. Projects include Safe Communities Safe Schools, Youth Violence Prevention, and project evaluation. The Youth Violence Prevention Center in Denver has a partnership with Northeast Denver to implement community-driven Innovative approaches to prevent youth violence.

The Center for Resilience and Wellbeing is also part of this program and develops, implements, and evaluates interventions that empower adults to effectively support children by fostering collaboration and competence across systems. Customized training and consultation are offered in areas such as parenting and trauma response.

The Trauma Center of Excellence for Children and Families in Colorado builds capacity in trauma-focused, evidence-based interventions for youth and families.

The Community Collective for Trauma-Informed Evidence-Based Prevention and Treatment Services includes partners in Boulder, Garfield, and Montrose counties. The collective builds capacity for families and communities to reduce health disparities for youth impacted by violence.

For additional information:

[diane.ballard@colorado.edu](mailto:diane.ballard@colorado.edu)

<https://ibsweb.colorado.edu/prevention-science/>

Dr. Nathaniel Riggs, CSU Prevention Resource Center: Dr. Riggs is Professor of Human Development and Family Studies and the Executive Director of the Colorado State University Prevention Research Center. He has served on the board of directors for the Society for Prevention Research, as associate editor of the journal Prevention Science, and as a member of the editorial board for the Journal of Prevention. A copy of the presentation is attached to the minutes. Presentation summary:

The center's mission is to empower individuals, families, and communities through prevention research, engagement, and education. CSU is the state's land-grant university with a mission to directly engage with Colorado communities to translate science into practice. The center serves as a resource to provide community partners with tools to advance well-being and proactive solutions to society's greatest challenges, including substance misuse and its consequences. There are four divisions within the center.

<https://www.chhs.colostate.edu/prc/about-us/divisions/>

The center collaborates with entire communities, including school districts, to support the implementation of upstream prevention solutions. The Healthy Schools Division partners with school districts, and other community agencies such as county public health agencies, Boys and Girls Clubs, and after-school programs to support and implement evidence-based substance misuse interventions such as BOTFINS and LST. The Community-University Partnerships Division, the center foundation, is the bridge between the university and community partners. Work includes testing of new and innovative preventive interventions. In collaboration with the University of Tennessee, The Healthy Schools Division just completed an NIH trial pertaining to peer intervention for college students using cannabis. Colorado has legalized recreational and retail cannabis; Tennessee has not. The center is also working with the Department of Defense on a project related to annual strategic plans for their integrated primary prevention workforce.

The center has developed a three-level model (Community Prevention Support and Empowerment Framework) to engage with community partners in order to support prevention efforts. Community projects are usually one- to three-year grant-funded partnerships. Depending upon the grant, the center meets with partners on a monthly or weekly basis. The center has worked with the Department of Education as well as CDPHE Substance Abuse Prevention Block Grantees in the areas of prevention training, implementation, and program adaptation. The center also supports four of Colorado's 19 opioid abatement regions. Recordings of this work are on the center's YouTube channel:  
<https://www.youtube.com/@preventionresearchcenter>

The center's website <https://www.chhs.colostate.edu/prc/> has research and practice tools that can be downloaded as well as a 70-page guidebook on best practices, implementation fidelity, and program adaptation. The learning management system co-created with Penn State University has modules on prevention topics.

For additional information:

[nathaniel.riggs@colostate.edu](mailto:nathaniel.riggs@colostate.edu)

<https://www.chhs.colostate.edu/prc/>

<https://www.chhs.colostate.edu/prc/our-services/developing-a-workforce-to-support-prevention-efforts-and-strengthen-communities/>

Kent MacLennan, Executive Director of Rise Above Colorado/The Connect Effect: Kent is the founding Executive Director of the Colorado Meth Project and Rise Above Colorado, a statewide drug prevention nonprofit that empowers teens to make healthy connections, decisions, and changes. A copy of the presentation is attached to the minutes. Presentation summary:

RAC has been involved in social norming since approximately 2017. Data show that most Colorado youth do not use drugs and alcohol.

RAC partners with Colorado communities, health agencies, and local organizations and schools. The organization has a suite of educational resources free to educators that includes support and training. The Not Prescribed lesson reaches approximately 12,000 Colorado middle and high school students per year. RAC focuses on upstream prevention and specific training related to coping skills and understanding the teen brain. The Teen Action Council comprises 25 youth that work with RAC. The council was established in 2011 and meets four times a year in Denver. Council members function as community ambassadors to help build youth engagement and work on prevention

projects and lessons. Many of the members have lived experience and provide input regarding the design of messaging and training. In the past decade, the council created community-based murals in over 70 communities.

The Connect Effect campaign was launched in partnership with the Attorney General's Office and SE2 in 2023. Feedback from youth and parents informed messaging and social norming. The campaign was designed for youth between the ages of 10 and 18 as well as their parents.

RAC's work with communities and regional abatement councils is based on the work of Dr. Jeff Linkenbach and the Montana Institute, an evidence-based approach called "Positive Community Norms" <https://www.montanainstitute.com/positive-community-norms>

Kent also reviewed data collected in youth surveys related to drug use and the gaps in perceptions.

For additional information:

[kent@riseaboveco.org](mailto:kent@riseaboveco.org)  
[www.RiseAboveCO.org](http://www.RiseAboveCO.org)

### **Discussion/Comments:**

Dr. Riggs: I think one issue is awareness. I don't know that there's a universal awareness that programs exist, are evidence-based and, if implemented with fidelity, can move the dial on outcomes. One thing we need to do as a state and as a nation is to increase the awareness of prevention and that there are programs, if well implemented, not only prevent substance misuse, but also do so in a very cost-effective way. The second issue is workforce capacity. There are very few formally trained prevention practitioners and only a handful of university master's programs in prevention practice. SAMHSA has a certified prevention specialist certification, but there are some challenges related to this. In checking recently, there were 55 certified prevention specialists in the state along the Front Range, but very few formally trained practitioners in the southeast and northeast areas of the state. It is also becoming increasingly challenging to implement preventive interventions within the school context, which could require policy changes because of political issues.

Diane Ballard: Schools lack the time to put programs in place. Teachers are overwhelmed. The LST Program is designed to train teachers and pay them for their time in training; however, they already have too little time to devote to another activity. Having teachers maintain fidelity to the proven program can also present a challenge as they often want to change things. Often, programs become dated, or they are perceived as becoming so. Some researchers say you can't change a program, and others say some components can be changed.

Kelsey Warren: I work with the Public Health Department in Broomfield. We have two different schools districts. I've had some of the same conversations mentioned above with school districts about the substance use curriculum they are implementing. Curricula can vary, often by teacher. Each district has its own process. It appears schools have hired people with master's in public health who are trying to bring a standard curriculum to the schools and train teachers. Colorado passed a law regarding naloxone and substance use training in schools, which will present an interesting opportunity.

Sarah Werner: One thing I've noticed not being mentioned is the role of the parent in all of this. Should we be marketing prevention to the parents and have them pressure the schools to implement these programs?

Kent MacLennan: Our board just made a strategic decision to expand our focus beyond just youth 12 to 17 to include their parents. Figuring out what that looks like and how to do that in the context of schools is a large issue, but definitely part of the solution. It's a huge protective factor. Giving parents the tools to have honest conversations with their young people is important.

Teresa Cobleigh: I just want to comment on the complete disconnect between what we know in prevention science and this implementation. I find it very frustrating because we're in a fentanyl and overdose crisis, and we are complacent about this issue. I come from the east coast where they have a program called "Project Success," which is built around the idea of having a prevention specialist in every school or at least in every district. I wonder why Colorado doesn't have this and why it's not being mandated by the Department of Education or being considered for a budget allocation. It seems like there's a disconnect. Someone has to make the connection to get schools and the Department of Education on board. Maybe this is part of the CSU engagement plan. I would like to know of available resources, and I am interested in the strategic plan. When I first returned to Colorado, I believe there was a CU prevention database that ranked different prevention programs to report what was and wasn't working.

Diane Ballard: It is likely it was the CU Blueprints database. <https://www.blueprintsprograms.org/> It used to be called "Safe and Drug Free Schools," a national initiative calling for prevention staff in every district. It was very helpful in getting information to the right people to make choices, but the funding was discontinued many years ago.

Lindsey Simbeye: How do we engage parents? Having done prevention work in communities for the past ten years, I think that is one of the biggest challenges we see on a consistent basis, and we continually bang our heads against the wall about it. The opportunities are presented to parents, but the ones that show up are not the parents that need to be there. I went to a presentation just last night that was put on by our middle school and high school. Information about the presentation went out to the entire district, but there were only approximately 20 people in attendance. We also need to think about how things function in an urban versus rural setting. One rural public health department I'm working with has one nurse who also doubles as the school nurse. How do we provide them with the necessary resources to get things done in their community when the capacity doesn't exist? We need to tailor our approaches to the unique situations we encounter. I would also say that many of the prevention specialists in schools are new, often grant funded (not a secure long-term position), and working to get training. They are not often certified prevention specialists.

Dr. Riggs: Related to what Lindsey is saying about not enough trained prevention specialists for each district, we need more training programs and opportunities.

Sophia Masinelli: What kind of efforts are being made for unhoused youth?

Dr. Riggs: I don't have a great answer to that. Specifically, there are evidence-based programs that can be implemented in non-school contexts. For example, there are evidence-based, family-focused prevention programs. Strengthening Families 10 to 14 is one. Guiding Good Choices is another, but those families are usually connected to some sort of system like the

school system. I'm not aware of many opportunities or evidence-based programs or practices that can be applied to unhoused youth, which presents an opportunity and a responsibility for our field to identify preventive interventions for unhoused young people.

Kent MacLennan: We've always been interested in seeing what we could do to partner with organizations like Urban Peak. We have never figured out exactly what that looks like. I think those kinds of organizations outside school systems provide some of those networks of support and places of connection. Making it happen is another thing.

Sarah Werner: One question we can all think about is what can we do as community members to help increase prevention education. It's almost like our civic duty.

Kelsey Warren: From my perspective working in a local government context, we take community member input extremely seriously. Any time there's a request or a question, we are obligated to respond. In our work with behavioral health and the public health department, we really value people with lived experience. We welcome any kind of coalition engagement and participation. I encourage engaging with local government whether it's the public health department or the opioid settlement region. They value lived experience and partnerships with community members. As someone who does more of that prevention kind of strategy-level work, hearing community members' input and on-the-ground experience really informs what I do.

**Adjournment/next meeting date:**

The meeting adjourned at 1:30 p.m. The 2026 Consortium work group meeting schedule will be published in mid December.

Attachments: Work group rosters, Presentation copies