The Colorado Violence and Injury Prevention Mental Health Promotion (VIP-MHP) Branch is a national leader in applying a shared risk and protective factor (SRPF) approach to their work, but they did not become national leaders overnight. Colorado’s success is due to their decade-long, single-minded focus on aligning all of their efforts to a SRPF perspective. The Colorado strategic plan for injuries and violence is a product of the VIP-MHP and its partners working together to understand how best to implement a SRPF approach and to clarify the protective factors that will be the focus of their efforts. By the time they developed their 2016 strategic plan, their work reviewing research (both national and state level) and talking with partners led them to identify five priority protective factors for Colorado:

1. Resiliency
2. Connectedness
3. Economic stability
4. Positive social norms
5. Good behavioral health

As the leader of the VIP-MHP health branch explained, “If we collectively work on building protective factors as a branch, we will be successful in achieving all of the outcomes [our] branch addresses.” Having a well-defined direction outlined in a strategic plan has been a key factor for Colorado’s ability to align all of their efforts to a SRPF approach. One example of how they are applying this approach is seen in their work on prescription drug overdose. Their program is funded to improve their state Prescription Drug Monitoring Program and educate prescribers.
and they will be evaluating impact on overdose; they are also looking at how this work affects other topics influenced by drug use and pain such as suicide, interpersonal violence, child abuse and neglect, motor vehicle safety and traumatic brain injury.

**MONEY MATTERS**

Vital to Colorado’s success has been the programmatic alignment of resources to a shared risk and protective factors approach over the past 10 years. As one health department leader explained, “We stop talking about the outcomes of interest we are funded to impact for a particular funding source and really look at how we can build strategies that address root causes across the board.” Achieving this has meant a commitment from both leadership and staff to balance the expectations of issue-specific funders with the state’s commitment to addressing SRPFs. Colorado has been successful in obtaining a variety of funding from federal, state, and nonprofit organizations with this approach, and a commitment to a SRPF approach hasn’t impacted Colorado’s ability to meet funder’s requirements. Rather, as a program leader noted, “When we’ve framed arguments to CDC or other funders around this concept, we have been able to prove that we can still measure the outcomes of interest in the funding announcement by taking a SRPF approach.” An example of this has been their braiding of funding for sexual violence (CDC [RPE](#)) and youth violence (a CO state grant on youth violence) to implement and evaluate a program originally developed to prevent youth suicide because the program addresses protective factors shared across all three violence topics.

**ALL HANDS ON DECK**

Colorado trains all staff on using a shared risk and protective factor approach. Because most positions within the VIP-MHP Branch are funded using multiple sources, staff are cross-trained so they understand the details of various projects and how they fit together. Whenever possible, they create job positions to include a focus on SRPFs so they are hiring for and developing expertise in cross-issue thinking. Hiring in this way and cross-training provide stability for staff because of ever-shifting funding streams. When one funding source ends, staff can be moved under another grant and jump right in due to already being familiar with the work.

**SPREADING THE SHARED RISK AND PROTECTIVE FACTORS MESSAGE**

Introducing more people to a shared risk and protective factor approach is an important part of it being a successful initiative.
For the past two years, the VIP-MHP branch has hosted a statewide conference on SRPFs. The 2018 conference convened over 610 participants from a variety of groups and agencies in the state. The purpose of the conference is to help programs and agencies achieve their desired outcomes by learning and implementing strategies that take a shared risk and protective factor approach to prevent multiple forms of violence, injury, and substance abuse. The conference also attracts attendees from non-health fields, such as education, a reflection of how the idea of SRPFs is spreading to other sectors. The leader of the VIP-MHP explained that she engages people by saying, “You are working on making sure kids have good educational outcomes, and that’s also a protective factor for something we care about. Let’s all jump on board!” Colorado’s SRPF conference is one example of how the VIP-MPH is working to spread the SRPF approach and help it be applied in a variety of settings.

SETTING YOUR OWN COURSE SHOWS STRENGTH

One source of funding in the VIP-MPH comes from state revenue generated by marijuana tax dollars. Colorado feels that, in part, their success with obtaining the marijuana tax funding is due to their self-directed and focused commitment to a shared risk and protective factor approach. As a Core State Violence and Injury Prevention Program (SVIPP) grantee from the CDC, Colorado’s success is related to the SVIPP’s requirement that funded state injury programs have a solid infrastructure, including a strategic plan and a SRPF approach. As is the case in Colorado, the ability to demonstrate a stable organizational structure and clear strategic vision enables injury programs to successfully compete for funding from a variety of sources. Colorado’s strong organizational structure and impressive record of success meant they were poised to receive funding from state marijuana tax revenues, amounting to approximately $14 million dollars each year.

Program staff explained that they began laying the groundwork for receiving the marijuana tax revenue beginning in 2011-2012 when the VIP-MHP branch worked with the Governor’s office on the opioid epidemic. The relationships that were built during this time, and the VIP-MHP vision of spreading a SRPF approach, situated the branch to be a natural recipient of the marijuana tax revenue. As program leadership explained, “When the opportunity [to administer a youth substance abuse program] came up, we pitched how taking a SRPF approach would not only help prevent youth marijuana use, but also youth violence and a variety of other injury and substance abuse outcomes.” Having
COMMUNITIES THAT CARE: PROMOTING POSITIVE YOUTH DEVELOPMENT

CTC is a community-driven program that requires a high level of engagement and involvement from professionals and community members that are interested in ensuring youth are healthy and on a positive life course. To achieve this, each community goes through a five-phase process that includes gathering partners, collecting data, and conducting an assessment to identify their community’s strengths and needs.

After creating a community profile, they develop their action plan to: 1) reduce risks and strengthen protections for youth; 2) define measurable outcomes; and 3) select programs and environmental/systems change strategies that can impact the selected risk and protective factors.

Finally, communities implement and evaluate their plans. Because the CTC model shares many aspects with a public health model and emphasizes addressing risk and protective factors that impact multiple youth behaviors, this was an easy program for the Colorado VIP-MHP to adopt.

strong working relationships, a clearly defined and well-articulated vision, and a track record of success positioned the VIP-MHP branch to receive this high-profile, politically-charged funding. Since receiving the funding, the VIP-MHP has continued to skillfully capitalize on opportunities to keep expanding their SRPF work, particularly through the Communities that Care (CTC) project, the central focus of the state marijuana tax revenue funding.

COMMUNITIES THAT CARE

Developed by the University of Washington, CTC is an evidence-based program that helps communities implement community change plans that promote healthy youth development and reduce problem behaviors. CTC is guided by positive youth development principles and has demonstrated positive impacts on substance use prevention in youth in randomized control trials. The Governor’s office identified CTC as the program they wanted to use to prevent youth substance abuse, and CTC’s ability to help prevent violence using a shared risk and protective factor approach made it a perfect fit with the work the VIP-MHP was already doing. VIP-MPH’s good standing with the Governor’s office also proved helpful and positioned them to serve as the state agency to oversee shaping the CTC program which enabled them to design the CTC rollout so that it fit well with their SRPF model.

When it was decided that the VIP-MPH would administer the statewide roll out of CTC, they immediately started working to identify specific communities where CTC could be implemented. The VIP-MPH staff initially used community assessment data to identify health departments in communities that were likely to be good fits for the CTC program because of their existing focus on substance use prevention or mental health promotion. Letters were sent to identified communities, inviting them to participate in the CTC project. Further CTC funding was made available to additional agencies competitively later on. Two years in, 50 communities are currently implementing CTC throughout Colorado.

Two CTC grantees, Lafayette City and Clear Creek County, show how there are both common and unique strategies used in the different communities. After extensive data collection and a community input process, the small city of Lafayette has identified three priority focus areas: extreme economic deprivation, community laws and norms that influence violence, and family opportunities for prosocial involvement. Some of the factors that
influenced this decision included a high rate of teen births in Lafayette, as well as concerning mental health statistics.

Taking another track, Clear Creek County prioritized positive youth development through prosocial involvement and community connectedness, community mapping, and addressing policies that relate to substance use. Community mapping includes using photovoice, a process that involves youth taking photographs that document hotspots where they feel safe or unsafe, and places where they see positive and negative events occurring in their community. To address policy, Clear Creek is also in the beginning stages of examining policies, regulations, and ordinances that impact youth substance use.

Despite a perception on the part of many local partners that SRPFs is a complex and abstract idea, the Colorado communities implementing CTC report that the newness of the concepts underlying SRPFs have not been a significant barrier. Rather, CTC grantees described going through a learning process of understanding SRPFs that enabled them to explain the work in a way that resonated with them and made it understandable for others. The VIP-MPH supports CTC grantees with technical assistance. Through conversation and sharing, grantees and technical assistance providers have developed language and approaches that support the local CTC work. In the process of developing CTC, a network of health professionals in 50 communities across Colorado has also been created, establishing a broad base of local partners who are able to engage with and apply the SRPFs approach.

Despite the sometimes complex nature of working through a SRPF lens, Colorado is applying a shared risk and protective factor approach in their goals, staffing, funding, programs and outreach. Their dedication to sticking with it for over a decade has allowed them to make great strides in injury and violence prevention that are a model for the nation.