

## GRANT SUMMARY SHEET

<b>Grant</b>	STARS 21-25
<b>Department:</b>	HEALTH DEPARTMENT
<b>Grantor:</b>	STARS NASHVILLE
<b>Pass-Through Grantor (If</b>	
<b>Total Award this</b>	\$379,071.00
<b>Cash Match</b>	\$0.00
<b>Department</b>	Brad Thompson 340-0407
<b>Status</b>	NEW

**Program Description:**

This grant from STARS is to supply funding for an epidemiologist to collect data and report on an e-cigarette and substance abuse campaign directed at students. This grant has an estimated value of \$72,098 per year with a max value of \$379,071 over the life of the contract. That works out to \$75,814 per year as reflected below.

**Plan for continuation of services upon**

N/A

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:	STARS 21-25						
Grantor:	STARS NASHVILLE					Other:	
Grant Period From:	12/01/21	(applications only) Anticipated Application Date:					
Grant Period To:	08/30/25	(applications only) Application Deadline:					
Funding Type:	OTHER	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	OTHER	Total Award:		\$379,071.00			
Status:	NEW	Metro Cash Match:		\$0.00			
Metro Category:	New Initiative	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>						
<p>This grant from STARS is to supply funding for an epidemiologist to collect data and report on an e-cigarette and substance abuse campaign directed at students. This grant has an estimated value of \$72,098 per year with a max value of \$379,071 over the life of the contract. That works out to <u>\$75,814 per year as reflected below.</u></p>							
Plan for continuation of service after expiration of grant/Budgetary impact:							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?		Fund		Business Unit			
Is not budgeted?		Proposed Source of Match:					
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		1.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro:		\$86,839.86	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow. 0%		Ind. Cost Requested from Grantor:		\$0.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21			\$75,814.20	\$0.00		\$0.00	\$75,814.20	\$17,367.97	\$0.00
Yr 2	FY22			\$75,814.20	\$0.00		\$0.00	\$75,814.20	\$17,367.97	\$0.00
Yr 3	FY23			\$75,814.20	\$0.00		\$0.00	\$75,814.20	\$17,367.97	\$0.00
Yr 4	FY24			\$75,814.20	\$0.00		\$0.00	\$75,814.20	\$17,367.97	\$0.00
Yr 5	FY25			\$75,814.20	\$0.00		\$0.00	\$75,814.20	\$17,367.97	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$379,071.00	\$0.00		\$0.00	\$379,071.00	\$86,839.86	\$0.00
Date Awarded:				11/10/20	\$379,071.00		Contract#:	N/A		
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

RECEIVED

APPROVED

NOV 19 2020

NOV 20 2020

GCP

GCP

**CONTRACT BETWEEN  
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND  
STARS NASHVILLE**

This Agreement is entered into by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH**, a municipal corporation of the State of Tennessee (hereinafter referred to as "MPHD") and **STARS NASHVILLE**, a 501c3 non-profit Tennessee corporation, (hereinafter referred to as "Agency").

**1. THE PARTIES HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

**1.1. Duties and Responsibilities**

STARS commits to lead the Nashville Strategic Prevention Framework-Partnerships for Success e-cigarette and substance misuse capacity building, prevention, and messaging campaign as outlined in Attachment A.

MPHD commits to provide services as outlined in Attachment A. Services include but are not limited to the following:

- A. Provide a full-time Epidemiologist who has expertise in substance abuse, research and evaluation.
- B. Responsible for all data collection and reporting for this project in coordination with STARS Project Director.
- C. Provide education to 500 students, annually, using an evidenced-based substance abuse prevention program.
- D. Serve on the Inter-agency Advisory Board assisting to meet goals and objectives.

Mutual responsibilities:

- A. The contract will be jointly reviewed annually or more frequently if laws and regulations are amended that will significantly impact this agreement, or whenever a party requests a formal change.

**2. CONTRACT TERM**

**2.1. Contract Term**

The term of this contract will begin on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk. The contract term will end August 30, 2025

**3. COMPENSATION**

### **3.1. Contract Value**

This contract has an estimated annual value of seventy-two thousand ninety-eight dollars (\$72,098), not to exceed three hundred seventy-nine thousand seventy-one dollars (\$379,071) over the duration of the contract. MPHD will invoice no more often than monthly, with all necessary supporting documentation.

### **3.2. Other Fees**

There will be no other charges or fees for the performance of this contract.

## **4. TERMINATION**

### **4.1. Breach**

Should Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MPHD shall have the right to immediately terminate the contract. Such termination shall not relieve Agency of any liability to MPHD for damages sustained by virtue of any breach by Agency.

### **4.2. Lack of Funding**

Should funding for this contract be discontinued, MPHD shall have the right to terminate the contract immediately upon written notice to Agency.

### **4.3. Notice**

Any party to this contract may terminate this agreement by providing the other party written notice of their intent to do so thirty (30) days prior to the date of termination.

## **5. NONDISCRIMINATION**

### **5.1. Metro's Nondiscrimination Policy**

It is the policy of the MPHD not to discriminate on the basis of age, race, sex, color, national origin, sexual orientation, gender identity, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities.

## **6. INSURANCE**

### **6.1. Proof of Insurance**

During the term of this contract, for any and all awards, Agency shall, at its sole expense, obtain and maintain in full force and effect for the duration of this contract, including any extension, the types and amounts of insurance identified below. Proof of insurance shall be required naming MPHD as additional insured.

## **6.2. General Liability Insurance**

Agency shall provide General Liability Insurance in the amount of one million (\$1,000,000.00) dollars.

## **6.3. Other Insurance Requirements**

Prior to commencement of services, Agency shall furnish MPHD with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on 30 days' prior written notice to:

**DEPARTMENT OF LAW  
INSURANCE AND RISK MANAGEMENT  
METROPOLITAN COURTHOUSE, SUITE 108  
PO BOX 196300  
NASHVILLE, TN 37219-6300**

In addition to the provisions above, Agency shall:

Provide certified copies of endorsements and policies if requested by MPHD in lieu of or in addition to certificates of insurance.

Place such insurance with insurer licensed to do business in Tennessee and having A.M. Best Company ratings of no less than A-.

Any deductibles and/or self-insured retentions greater than \$10,000.00 must be disclosed to and approved by MPHD **prior to the commencement of services.**

## **7. GENERAL TERMS AND CONDITIONS**

### **7.1. Taxes**

MPHD shall not be responsible for any taxes that are imposed on Agency. Furthermore, Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MPHD.

### **7.2. Modification of Contract**

This contract may be modified only by written amendment executed by all parties and their signatories hereto.

### **7.3. Partnership/Joint Venture**

This contract shall not in any way be construed or intended to create a partnership or joint

venture between the Parties or to create the relationship of principal and agent between or among any of the Parties. None of the Parties hereto shall hold itself out in a manner contrary to the terms of this paragraph. No party shall become liable for any representation, act or omission of any other party contrary to the terms of this contract.

#### **7.4. Waiver**

No waiver of any provision of this contract shall affect the right of any party to enforce such provision or to exercise any right or remedy available to it.

#### **7.5. Compliance with Laws**

Agency agrees to comply with all applicable federal, state and local laws and regulations.

#### **7.6. Taxes and Licensure**

Agency shall have all applicable licenses and be current on its payment of all applicable gross receipt taxes and personal property taxes.

#### **7.7. Ethical Standards**

Agency hereby represents that Agency has not been retained or retained any persons to solicit or secure a MPHD contract upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards, which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under MPHD contracts.

#### **7.8. Indemnification and Hold Harmless**

- A. Agency shall indemnify and hold harmless Metro, its officers, agents and employees from:
  - i. Any claims, damages, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Agency, its officers, employees and/or agents, including its sub or independent contractors, in connection with the performance of the contract; and,
  - ii. Any claims, damages, penalties, costs and attorney fees arising from any failure of Agency, its officers, employees and/or agents, including its sub or independent contractors, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.
  
- B. In any and all claims against Metro, its officers, agents, or employees, by any employee of the Agency, any subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages,

compensation, or benefits payable by or for the Agency or any subcontractor under workers' compensation acts, disability acts or other employee benefit acts.

- C. Metro will not indemnify, defend or hold harmless in any fashion the Agency from any claims arising from any failure, regardless of any language in any attachment or other document that the Agency may provide.
- D. Agency shall pay Metro any expenses incurred as a result of Agency's failure to fulfill any obligation in a professional and timely manner under this contract.

#### **7.9. Attorney Fees.**

Agency agrees that in the event either party takes legal action to enforce any provision of the contract or to obtain a remedy for any breach of this contract, and in the event Metro prevails in such action, Agency shall pay all expenses of such action incurred at any and all stages of the litigation, including costs, and reasonable attorney fees for Metro.

#### **7.10. Assignment--Consent Required**

The provisions of this contract shall inure to the benefit of and shall be binding upon the respective successors and assignees of the parties hereto, provided that neither this contract nor any of the rights and obligations of Agency hereunder shall be assigned or transferred in whole or in part without the prior written consent of MPHD.

#### **7.11. Entire Contract**

This contract sets forth the entire agreement between the parties with respect to the subject matter hereof and shall govern the respective duties and obligations of the parties.

#### **7.12. Force Majeure**

No party shall have any liability to the other hereunder by reason of any delay or failure to perform any obligation or covenant if the delay or failure to perform is occasioned by *force majeure*, meaning any act of God, storm, fire, casualty, unanticipated work stoppage, strike, lockout, labor dispute, civil disturbance, riot, war, national emergency, act of Government, act of public enemy, or other cause of similar or dissimilar nature beyond its control.

#### **7.13. Governing Law**

The validity, construction and effect of this contract and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that the Agency may provide.

#### **7.14. Venue**

Any action between the parties arising from this agreement shall be maintained in the courts of Davidson County, Tennessee.

#### **7.15. Severability**

Should any provision of this contract be declared to be invalid by any court of competent jurisdiction, such provision shall be severed and shall not affect the validity of the remaining provisions of this contract.

#### **7.16. Notices and Designation of Agent for Service of Process**

All notices to MPHD shall be mailed or hand delivered to:

Metropolitan Public Health Department  
Director  
2500 Charlotte Avenue  
Nashville, TN 37209

Notices to Agency shall be emailed, mailed, or hand delivered to:

STARS Nashville  
Rodger Dinwiddie, CEO  
1704 Charlotte Avenue  
Suite 200  
Nashville TN, 37203

#### **7.17. Effective Date**

This contract shall not be binding upon the parties until it has been signed first by the Agency and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. The date upon which this contract is filed with the Metro Clerk shall be referred to as the "Effective Date."

#### **7.18. Iran Divestment Act**

In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Agency certifies that to the best of its knowledge and belief, neither the Agency nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.

#### **7.19 Health Insurance Portability and Accountability Act**

MPHD and Agency shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.



- A. Agency warrants that it is familiar with the requirements of HIPAA and its accompanying regulations, and will comply with all applicable HIPAA requirements in the course of this Agreement.
- B. Agency warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.
- C. Agency agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep MPHD and Agency in compliance with HIPAA. This provision shall not apply if information received by the Agency from MPHD under this Agreement is not “protected health information” as defined by HIPAA, or if HIPAA permits Agency and MPHD to receive such information without entering into a Business Associate agreement or signing another such document.

*Signature page follows.*

IN WITNESS WHEREOF, the parties hereto have executed this Contract:

Contractor: STARS Nashville

By: *Rodger Smith*

Sworn to and subscribed to before me, a Notary Public this 10<sup>th</sup> day of November, 2020, by Rodger Dinwiddie, the CEO of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: *Anna L. Nichols*

My Commission Expires: May 3, 2021



**THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:**

**RECOMMENDED:**

DocuSigned by:  
*Michael Caldwell*  
D14877D6D18B443  
\_\_\_\_\_  
Director, Metro Public Health Department

\_\_\_\_\_  
Date

**APPROVED:**

DocuSigned by:  
*Alex Sahangir*  
7E973E49A06A4DF  
\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

**APPROVED AS TO AVAILABILITY OF FUNDS:**

\_\_\_\_\_  
Director of Finance

\_\_\_\_\_  
Date

**APPROVED AS TO INSURANCE:**

\_\_\_\_\_  
Director of Insurance

\_\_\_\_\_  
Date

**APPROVED AS TO FORM AND LEGALITY:**

*Matthew Garth*  
\_\_\_\_\_  
Assistant Metropolitan Attorney

\_\_\_\_\_  
Date

**FILED IN THE OFFICE OF THE METROPOLITAN CLERK:**

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

## **Section A: Statement of Need**

### **A-1 Catchment Area & Populations Impacted**

STARS, a 501c3 recognized by the Substance Abuse & Mental Health Association's National Registry of Evidence Based Programs and Practices, and its partners, seeks to develop and implement a SPF-PFS project for Nashville, Davidson County, Tennessee. This city-county jurisdiction is home to 692,592 residents, seats the state's capital, and is the hub of Tennessee's largest metro area. With a 10.3% increase from 2010 to 2017, **the region's population grew two times faster than the state.** The primary project focus is children and young adults ages 25 and under, which comprise 29.5% of the population (11.4% ages 10 and younger; 5.3% 10-14; 5.7% 15-19; 7.1% 20-25) (US Census, 2018). **Nashville is more racially and ethnically diverse** than the state and nation with 56.2% identifying as White, 26.7% as Non-Hispanic Black or African American, 10.4% Hispanic, 3.7% Asian, and 2.3% as more than one race. The foreign-born population is estimated at 13.9%, a 10.3% increase from 2017. Among foreign-born residents, about 16% speak a language other than English at home and 8.8% reported speaking English less than very well. (The foreign-born, U.S. Census Bureau, 2017-2018). **A high rate of county residents experience poverty** at 15.4% - similar to the state (15.3%) and higher than the nation (11.8%). The percentage of **children living in poverty is even greater** at 27.5%, or more than 37,000 children, which is higher than the state (22.3%) and the nation (18.0%). In Metro Nashville Public Schools (MNPS), 61% of students participate in the Free and Reduced Lunch program (KidsCount.org, 2018). While 42.3% of residents have a bachelor's degree or higher, 10.6% do not have a high school diploma which is lower than the state (12.2%) and the nation (18%). **Education is racially disparate** with 14.4% of African Americans not having a high school diploma compared to 9.8% of Whites without a high school diploma. The high school student drop-out rate of 11.9% was more than double the state (5.5%) in 2017. In 2018, the student suspension rate was 9.8% compared to 5.4% across the state. **School discipline is also racially disparate** with 15.5% of African American students expelled in 2018, almost triple that of White students (5.3%).

### **A-2 Extent of Need & Service Gaps**

In its 2019 Annual Needs Assessment, the Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) identified a priority need to increase prevention programs for youth at-risk for substance misuses/abuse in the Middle Tennessee region (Davidson and surrounding counties). The assessment identified a gap in community-based strategies that focus on reducing 1) Non-medical pain reliever use among 12 to 25-year-olds; 2) Binge and underage drinking among 14 to 25-year-olds; and 3) Underage tobacco use among 12 to 17-year-olds. While there is a need for more county-level data on youth prevalence and substance misuse, the following statistics demonstrate the challenges facing the region. **Illicit drugs or alcohol use:** The most recent three-year rate for dependence on or abuse of illicit drugs or alcohol by 12 to 17-year-olds was 4.9% compared to 4.4% statewide (2012-2014) (KidsCount.org). The most current data show that the drug arrest rate for youth 18 or younger was 6.2 per 1000 children in 2013 compared to 2.4 statewide (id). Marijuana use by high school students in Tennessee was reported to be 18.1% in 2017. The usage increased from 9<sup>th</sup> to 12<sup>th</sup> grade (12.5%; 13.5%, 20.8% and 26.5%) respectively. Differences in current marijuana usage were reported by race; 25% African American, 16.5% White, and 13.8% Hispanic youth. There was an overall increase in the rate of healthcare visits for drug abuse-related illnesses among Nashville's young residents aged 10 to 24, from 98.5 visits per 10,000 in 2013 to 138.1 visits per 10,000 in 2017 (a 40.2% increase). The rate increased by age group (10-14, 15-19, 20-24) and was highest among 20 to 24-year-olds from 2013 through 2017

who also had the highest increase from 144.8/10,000 population in 2013 to 222.1/10,000 population in 2017 (increase of 53.4%). Among those 15-19, the rate increased by about 35% from 111.8 per 10,000 in 2013 to 150.9 per 10,000 in 2017. **Cigarette smoking, vaping, e-cigarette use:** In Tennessee, the 2017 CDC high school behavioral risk survey shows that 31% of high school students had tried cigarette smoking; 9.4% reported they had smoked on one day during the past 30 days; 2.8% smoked on 20 days during the past month; and 2% smoked daily. Vaping and e-cigarette use increased 78% between 2017 and 2018. In 2017, 40.3% of youth reported that they had ever used an e-vapor product. The percentage reporting increased by grade from 9<sup>th</sup>-12<sup>th</sup> (34.2%, 38.8%, 43.4% and 44.1%). The percentage reporting they currently use (11.5% overall) also increased by grade (9<sup>th</sup>-8.3%, 10<sup>th</sup>-10.8%, 11<sup>th</sup>-11.3%, 12<sup>th</sup> -15%) (CDC.gov). It should be noted that research has found teen vaping can lay the groundwork for illicit drugs; a 2018 Pediatrics study entitled “Electronic Cigarettes and Future Marijuana Use: A Longitudinal Study,” found that 25% of teens who use e-cigarettes will try marijuana, as opposed to 12.5% of teens who do not vape; additionally, **e-cigarette users had increased risks of seeking more dangerous drugs, including cocaine and heroin.**

Although, children through young adults are the primary project focus, this project will also review data related to adult use/misuse. As stated by TDMHASAS, “Early substance use leads to an increased risk of adult substance use, and the best way to combat the risk of long-term community problems with drug use is to provide evidence-based prevention service to Tennessee youth.” **Adult statistics:** The age-adjusted drug overdose death rate across all ages in Davidson County was higher than the state rate and increased from 18.5 deaths per 100,000 in 2014 to 33.4 deaths per 100,000 in 2018. The 2019 Nashville Community Health + Wellbeing Survey was conducted with a countywide sample of 1,805 adults and found that 13.2% of Nashvillians reported they are current smokers. The smoking rate varies greatly across the county with the rate in the east region double the county average at 26.3%. Smoking was more prevalent among those with lower education; 23.6% of those not completing high school smoked, compared to 1.5% of those with advanced degrees. The survey results showed that 25.3% of all adults reported use of a vaping product at least once. The current use of e-cigarette and vaping products is lower than that of combustible tobacco products at 6.6%, but a higher percentage of 18-29-year-olds report vaping than smoking at 13.7% compared to 12.2% (<https://www.nashville.gov/Health-Department>).

**Gaps:** While there are experienced service providers in Nashville/Davidson county working to address aspects of prevention related to the abuse/misuse of substances, there is a **lack of infrastructure** to effectively coordinate service delivery; a **dearth of data** and **lack of capacity** to collect and analyze data; and a **need for integrated systems** of communication to disseminate consistent messaging and modify programming based on shared findings and lessons learned. Through the use of the Strategic Prevention Framework (SPF), this project will provide upstream work to create an integrated and coordinated system for primary prevention through strengthening the infrastructure of service providers’ capacity to address prevention activities for substance misuse and building new capacity to address vaping. Partners will share data, leverage existing efforts, and onboard additional partners to increase impact.

## **Section B: Proposed Approach**

### **B-1 Goals & Measurable Objectives**

STARS will lead the Nashville SPF-PFS project to build capacity among existing partnerships with the Metro Public Health Department (MPHD), Oasis, Big Brothers Big Sisters of Middle Tennessee (BBBS), and Nashville Prevention Partnership (NPP) to address e-cigarette and other

substance misuse as well as service gaps within Davidson County, TN. Partners have identified three primary project goals:

**Goal 1.** To increase the capacity of diverse stakeholders, including youth service providers and community organizations, to prevent the on-set and decrease the progression of e-cigarette and other substance misuse among children and youth ages 25 and under.

*Objective 1.1* – By the end of Q1, partners will create a coalition with an Inter-agency Advisory Board (IAAB) to develop an infrastructure to improve communication, share data, prioritize strategies, analyze results, and modify approaches. This coalition will recruit both traditional partners (prevention agencies, youth serving agencies, schools) and nontraditional partners (juvenile court, fire/law enforcement agencies) to be on boarded by the end of year 1.

*Objective 1.2* – By the end of Year 1, the coalition will provide training in the SPF framework (i.e. Continuous Quality Improvement, CQI, and Culturally and Linguistically Appropriate Services, CLAS) for partnering agencies with subsequent training in following years as new partners are added. By the end of Year 1, the coalition will identify, and develop a plan to meet technical assistance and training needs for partners, to be reviewed and revised annually.

*Objective 1.3* - By the end of Year 1, the coalition will develop a plan for long-term sustainability of program outcomes, to include a plan for ongoing leveraging of resources such as sharing of data, facility space for trainings/meetings, and partner networks, while also jointly pursuing additional sources of funding to support EBP strategies identified for implementation beyond the grant period. The plan will outline specific metrics for subsequent years.

**Goal 2.** To implement a comprehensive prevention approach, including a mix of evidence-based programs, policies and practices, to decrease and prevent e-cigarette and other substance misuse among youth populations.

*Objective 2.1* - By the end of Year 1, the coalition will create a logic model, based on community wide indicators, that identifies priority problematic substances, factors that influence risk factors, and EBP strategies to address risks. This logic model will serve as a live, working document that will be revised annually based on progress.

*Objective 2.2* - Beginning Year 1, partners will implement the following identified EBP primary prevention strategies:

- STARS will provide Catch My Breath Curriculum for 500 students annually with 80% reporting on the post-test that they have more awareness concerning the dangers of juuling, tobacco, vapes, e-cigarettes and combustibles; they learned new reasons to not use these items; that they are less likely to use these items.
- BBBS will provide mentoring for 50 youth annually with 95% achieving positive outcomes (in addition to the 1,000+ youth already served)
- Oasis will engage 60 students annually in TOPS to decrease substance abuse (in addition to the 340 they already serve).
- MPH will present Know the Risks to schools and youth groups, reaching 500+ students annually. Additional strategies may be added in subsequent years based on the SPF process

**Goal 3.** To develop and disseminate community-wide messaging designed to prevent e-cigarette and other substance misuse.

*Objective 3.1* - By the end of Year 1, the coalition will work with Prevention Technology Transfer Centers (PTTCs) to identify effective messaging and create a comprehensive plan to implement universal and targeted strategies, making modifications as needed using CQI.

*Objective 3.2* - NPPP, through its broad distribution channels, will lead partners in disseminating video, print, and broadcast messaging, for a total of 715,000 impressions in year 1, and 1.49 million impressions per year in Years 2-5.

*Objective 3.3* - MPHD will lead partners in collecting and analyzing program data and progress that will be used to develop an annual report each year of the grant, with progress toward outcomes, for the community and stakeholders.

## **B-2 Implementation of Required Activities as stated in Section I**

*Partners will use SPF* to build capacity for the implementation of culturally competent, data-informed strategies to prevent e-cigarette and other substance misuse and to accomplish:

1) *Preventing the onset and reducing the progression of substance misuse:* STARS will build an SPF coalition of relevant stakeholders to facilitate alignment of existing and new activities, communication between partners, data collection, and sharing of program results, including success stories and lessons learned. Currently, there is not a cohesive dialogue across the youth-serving community in Nashville/Davidson County. To remedy this, STARS will connect existing coalitions, including the Middle Tennessee Opioid Prevention (MTOPI) Coalition, The Nashville Prevention Partnership (NPP), ACE Collaborative Partnership (ACP), National Child Traumatic Stress Initiative Partnership (NCTS), and others through the coalition. Using the SPF process, the coalition will convene and facilitate working meetings to prioritize strategies and develop consistent, effective prevention messaging.

2) *Reducing substance misuse-related problems:* Through the coalition, partners will have a greater understanding of existing treatment and wrap-around programming, as well as improved systems of communication to more effectively refer students and families for appropriate services. They will also develop processes for tracking referrals and collecting outcomes to determine efficacy of the systems, making modifications as needed.

3) *Strengthening prevention capacity/infrastructure at the community level:* Training in SPF, including CQI and CLAS, will increase partners' capacity to effectively deliver services. Implementation of SPF will help partners identify gaps in inter-agency processes as well as areas where service delivery needs to be enhanced. The coalition will create economies of scale as partners create shared messaging and pool resources to disseminate that messaging through their respective networks. A system of shared data will ensure partners have real-time awareness of progress toward goals.

4) *Leveraging other funding streams and resources for prevention:* This project will build upon the existing prevention programming of partners, thus leveraging a total of \$2.4 million (partners' combined budgets) as well as the decades of experience and training that each partner offers. STARS, Oasis Center, and BBBS are all housed in the Youth Opportunity Center (YOC); this centrally located facility can be used for training and meeting space. As the coalition builds infrastructure from a systems approach, partners will have greater capacity to leverage existing programmatic resources, create efficiencies, and strengthen relationships for informed targeted programmatic work as well as funding procurement.

5) *Implementing a comprehensive prevention approach:* Prevention partners will build upon existing programming to provide education and awareness on the risks related to e-cigarette use and the misuse of other substances. Current evidence based programming includes the following: STARS Student Assistance Program (SAP) has counselors in place in schools throughout Davidson County, providing prevention, intervention and aftercare support services to staff, students and families, including prevention education through assemblies and classroom presentations; early intervention for students exhibiting problem behaviors; counseling to small

groups and individuals; promotion of health with faculty teams and student leaders; and links to additional appropriate services in the school and community. STARS will incorporate Catch My Breath (CMB) curriculum into SAP programming. CMB is an evidence-based youth E-cigarette and JUUL prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health. The program provides up-to-date information to teachers, parents, and health professionals to equip students with the knowledge and skills they need to make informed decisions about the use of E-cigarettes, including JUUL devices. CATCH My Breath utilizes a peer-led teaching approach and meets National and State Health Education Standards. STARS will implement a train-the-trainer model for other partners to incorporate this curriculum (all or portions) into their respective programs.

Oasis implements the evidence based Teen Outreach Program (TOP) to delay the onset of, reduce, and eliminate alcohol and drug abuse. TOP's youth development research approach combines school-based skill building discussion groups with hands-on service learning projects. It develops healthy behavior, life skills, and a sense of purpose as youth contribute to their communities in meaningful ways.

BBBS Mentoring One of the greatest protective factors young people can experience is the availability of a safe, stable, and caring adult in their lives. BBBS provides evidence-based, one-to-one mentoring services for youth at-risk for substance misuse through Community, Site-Based, and Site-Based Facilitated mentoring, including professional match support and case management. MPHD educates schools and youth groups through "Know the Risks: A Youth Guide to E-cigarettes" a research-based presentation.

NPP facilitates the Rep Your Voice initiative which provides a platform for youth voice, promoting healthy expressions of life and community. Through Rep Your Voice TV (RYV TV), youth participants produce public service ads promoting an alcohol and drug-free lifestyle.

Preliminary work for combustible tobacco product policies have been put in place in Metro schools (MNPS) and housing developments (MDHA). As the coalition is built, partners will explore vaping policies in these and other settings.<sup>6</sup> *Identifying technical assistance (TA) and training needs:* Throughout the grant period, the PD will email quarterly surveys to all partners to identify process challenges, assess progress toward attaining goals, and to identify TA and training needs.

- *Build capacity to address the top substances affecting the jurisdiction:* Preliminary review of data suggests that it is vital to address the usage of e-cigarettes by young people to prevent a number of health issues as well as the initiation of misuse of other substances. The Epidemiologist, working with the IAAB, will conduct a comprehensive assessment of Davidson County's prevention needs by collecting and analyzing existing data (TDMHSAS Tennessee Together Student Survey data to be published in 2020, ER visits, etc.). The coalition will use this assessment to inform the prioritization of challenges to be addressed based on magnitude, severity, trend and changeability. Once priorities are established, the coalition will assess risk and protective factors related to the issues as well to further inform strategies and to develop the logic model.
- *Collect and report community-level data:* All partners are experienced in data collection, analysis, and reporting. However, this information is currently solely used at an agency level. Through the Research Electronic Data Capture (REDCap) system, partners will have the ability to share data. NPP is experienced at tracking the impact of awareness campaigns and will provide an annual log of all materials developed and a dissemination list that includes each recipient and count of each material disseminated to that recipient. YouTube ads will be



tracked using google analytics; Facebook and Instagram ads will be tracked using Ads Manager. Ads broadcast on television will be tracked using seeps ratings.

- *Utilize community coalition building strategies to advance substance abuse prevention efforts:* Collective impact will serve as a framework for building the coalition. STARS will serve as the backbone support for the coalition. With this model, over time, the coalition will bring together stakeholders from multiple sectors, such as community based organizations, schools, justice, healthcare, and grassroots work groups, in order to tackle complex issues that may be deeply-rooted in communities. Partners will develop a shared vision, agenda and approach and reach agreement on the measures and methods for monitoring and sharing progress, impact and success. Components for success will include establishing the infrastructure, strategic alignment and data driven planning, community involvement and evaluation for improvement and sustainability. A consensus-based facilitation set of tools, Technology of Participation (ToP) will be used to enable members of the group to fully participate and share a sense of ownership of the work. MPH staff are trained in ToP and will provide facilitation to generate and prioritize the work of the initiative, as a part of their ongoing support to the community.
- *Develop and Disseminate Messaging and Strategies:* 1) NPP and STARS will review existing materials from SAMHSA, NIDA, and PTTC to create an overall Awareness Plan and develop specific messages targeted to youth/young adults in Davidson County. Messages and themes will be consistent with messages developed for the primary prevention presentations outlined under *Objective 2. 2)* Messages will create awareness on the prevalence and risks of e-cigarette use and other substance misuse. 3) Partners will utilize multiple avenues to disseminate messages including their respective websites and social media sites, speaking engagements, parent and school faculty meetings, local broadcast radio and television, and distribution to faith communities and public health centers. 4) Presentations will be made available for download on partner websites and social media sites to increase availability and access of messages. Work with TOP and STARS students to incorporate school-based outreach projects as part of their service learning activities.
- *Utilize and share effective resources with PTTCs:* The coalition will benefit from the resources of PTTCs and will also share materials, messaging, and success stories with the PTTCs for the benefit of others.

**B-3 Timeline, Activities, Milestones, and Responsible Personnel:**

Activity	Responsible	YR 1	YR2	YR3	YR4	YR5
<b>First Quarter: Sept. 1 to Nov. 30</b>						
Establish agency contracts	PD	●				
Hire, train & onboard new positions	PP HD					
Coalition formation-partner engagement at community level	PD PP HD	●				
Establish coalition processes; identify comprehensive, data-driven substance abuse prevention strategies	IAAB	●				
Identify TA & training needs; provide training to partners on SPF model & coalition processes	PD	●				
Develop behavioral health disparities impact statement	PD PP	●				
SPARS reporting: Progress report data, Community level process data	PD		●	●	●	●
Implement existing EBP strategies	PP		●	●	●	●
<b>Second Quarter: Dec. 1 to Feb. 28</b>						
Develop/implement plan to recruit additional partners	IAAB	●				
Leverage existing funding; identify new sources	PD	●				

SPARS reporting: Progress report data	PD		•	•	•	•
Project performance assessment reporting	PD	•				
<b>Third Quarter: Mar. 1 to May 31</b>						
Identify community wide indicators (existing datasets and data collection efforts; <ul style="list-style-type: none"> <li>• facilitate discussions to identify priorities; review existing data;</li> <li>• identify factors that influence risk;</li> <li>• review partners' existing EB strategies;</li> <li>• identify additional EBP strategies</li> <li>• identify service gaps;</li> <li>• develop a logic model</li> </ul>	Ep, PD PP	•				
Develop prevention messaging/dissemination strategies.	PD PP	•				
<b>Fourth Quarter: June 1 to Aug. 31</b>						
Share effective resources for best practices in substance misuse prevention with PTTCs	PD NPP	•				
Develop electronic platform for collecting process measures and train partners <ul style="list-style-type: none"> <li>• Identify gaps in data collection</li> <li>• Establish, train &amp; deploy data collection platform</li> </ul>	Ep	•				
Community-level data collection: # of community prevention activities; # of individuals participating; Extent to which National Outcome Measures have improved in the community.	Ep PP		•	•	•	•
Implementation of selected EBPs	PP		•	•	•	•
Process monitoring	PD		•	•	•	•
On-going recruitment of partners and on-boarding	IAAB		•	•	•	•
Project performance assessment reporting	PD	•	•	•	•	•
Quarterly IAAB Meetings	PD IAAB		•	•	•	•
Annual evaluation (interviews/surveys; data collection)	PD Ep		•	•	•	•
CQI activities including facilitated discussion to identify adjustments based on data, what's working well and barriers to implementation. Use tools such as root cause analysis and PDCA cycle for improvement.	PD IAAB PP		•	•	•	•
SPARS reporting: Progress report data; Community level process data; Outcome data	PD	•	•	•	•	•
Grantee meetings with SAMHSA staff (as requested)	PD EP	•	•	•	•	•
Staff: Project Director (PD); Prevention Partners (PP) includes Oasis, BBBS, NPPP; Health Department (HD); Epidemiologist (Ep); Interagency Advisory Board (IAAB)						

**Section C: Staff, Management, and Relevant Experience**

**C-1 Organization Experience & Partners:** Established in 1984, the mission of STARS is to support young people in overcoming social and emotional barriers through creative and innovative programs centering on prevention, intervention, treatment, training and compassion. STARS' Student Assistance Program (SAP) is the only evidence-based prevention and intervention program in the Southeast. The SAP is recognized by the Substance Abuse & Mental Health Services Association's (SAMHSA) National Registry of Evidence Based Programs and Practices (NREPP) as one of three Evidence-Based practices to address intervention services for youth ages 6 to 17. This accomplishment was the result of over 18-years of research, service delivery and over 1 million young people and families served in Tennessee. STARS received one of the highest scores for fidelity and effectiveness to promote positive change, most especially in the outcome areas of: substance use and abuse; attitudes unfavorable toward drug use and experimentation;

school bonding; positive social attitudes and social bonding; and rebelliousness and violent attitudes. STARS has managed multiple projects of similar size which have received state and federal funding. Most recently, STARS was named a 2018 U.S. HHS Office on Women's Health grant recipient, receiving a \$100,000 to fund STARS' Prevention of Opioid Misuse in Women Initiative. STARS is one of only 16 organizations—and the only one in Tennessee—to receive this grant from HHS. Initial partners in Nashville's SPF-PFS project include: Metro Public Health Department, Nashville Prevention Partnership, Oasis Center, and Big Brothers Big Sisters of Middle Tennessee. A representative from each partnering organization will serve on the IAAB. Committee members will oversee implementation of strategies by staff within their respective organizations. Committee members will submit monthly reports on their respective project activities and outcomes and meet at least quarterly to ascertain whether the project is on track to meet its goal and objectives, to discuss challenges and successes, and to adjust plans as necessary. The Logic Model will serve as the foundation for agenda-driven communication and to maintain continuous momentum by identifying next steps within a context of performance monitoring.

**C-2 Key Personnel (position descriptions and resumes attached):**

Project Director (PD) - STARS will hire a full-time PD to provide daily oversight of Nashville's SPF-PFS project. The PD will oversee the implementation of project activities, internal and external coordination, developing materials, and conducting meetings. Sandy Schmahl, Chief Operating Officer since 2020, will serve on the IAAB and will provide management support to the Project Director. Ms. Schmahl has a Bachelor's of Social Work and Masters of Science in Non-Profit Management, with 18 years of experience. SAP Counselors, in each of the partnering schools, will present primary prevention education and conduct post-testing, disseminate awareness information to parents and faculty. All SAP counselors are required to have a Master's degree in counseling or social work; 3+ years of related experience; knowledge in education and counseling services, including drug, alcohol, and violence prevention; knowledge and experience of social service referral sources in the community.

Epidemiologist (Ep) - MPH will hire a full-time Ep who has expertise in substance abuse, research and evaluation, and is knowledgeable about the population of focus. The Ep will be responsible for all data collection and reporting. MPH's Director of Epidemiology, DUC ANH NGO, MD DrPH, will supervise this position. MPH's Tobacco Coordinator, Lillian Maddox-Whitehead, will provide education for students in schools and through youth groups. She is currently receiving training in the Lifeskills program, an evidence-based substance abuse prevention program designed to prevent teenage drug and alcohol abuse, tobacco use, violence and other risk behaviors by teaching students self-management skills, social skills, and drug awareness and resistance skills. MPH's Director of Community Development & Planning, Tracy Buck will provide support to the project, serving on the IAAB, supervising the Tobacco Coordinator, and helping recruit additional community partners. MPH coordinates ACE Nashville, a collaborative which has brought over 100 organizations together to address Adverse Childhood Experiences.

Nashville Prevention Partnership - Provides access to a coalition of more than 300 members; experience and expertise in creating substance abuse prevention campaigns; partnerships with law-enforcement and government officials; relationships with broadcast media; video production services and expertise; programming for students through Rep Your Voice. DeWayne Holman, Executive Director, will represent NPP on the IAAB and will provide guidance, oversight, and tracking of the Awareness Campaign.

Oasis Center - has been highly successful for over four decades in reaching vulnerable youth offering them a full range of opportunities and services, while building a community that is more

responsive to the needs of youth and families. Due to Nashville's increasing cultural diversity, Oasis adapted the TOP model at three schools to create ITOP (International Teen Outreach Program). Uniquely designed for New American youth, ITOP helps immigrant and refugee teens connect to community so they feel a sense of belonging and confidence in who they are. Oasis will hire a Prevention Specialist to implement the ITOP in an additional high school and will also have a representative on the IAAB.

Big Brothers Big Sisters - connects children with positive adult mentors that can help empower and inspire youth to reach their full, inherent potential, especially youth of color who are disproportionately impacted by systemic barriers. BBBS provides professionally supported mentoring for more than 1,000 youth every year. Through this project, BBBS will serve an additional 50 youth, their families, and their mentors. BBBS will also have a representative on the IAAB. Additional organizations will be invited to participate in facilitated discussions about prevention activities and potential for positive organizational partnerships that could improve community outcomes. Additional partners include Metro schools, other service providers, justice representatives, first responders, and other coalition representatives such as the ACE's coalition and the Opioid Workgroup. This multi-sector partnership approach leverages alignment for additional funding and strengthens prevention efforts across sectors to bring positive change in systems, processes, and policies.

#### **Section D: Data Collection and Performance Assessment**

**Data Collection:** The Research Electronic Data Capture (REDCap) software will be used for data collection. REDCap is a web-based application developed by Vanderbilt University to capture data for research and to create databases and projects. It is used by researchers and evaluators worldwide. REDCap is secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA). The system utilizes inputs from data entry, forms, and surveys to create databases, which can be exported for use with other data analysis/data management software. Furthermore, databases are generated in formats compatible with statistical packages such as SAS, R, and Stata and can be used to produce visuals based on data elements. The epidemiologist will extract descriptive statistics from the REDCap system that includes percentages, means, and measures of variation. For more advanced statistical procedures not available through the REDCap system, data will be downloaded, and univariate or multivariate statistics will be computed using SAS 9.4. The statistical approach will be based on appropriateness for each data metric and each purpose, e.g. pre/post tests, trends, run charts. Partners will collect participant level data at prevention education sites on an ongoing basis, as they enroll participants and deliver interventions. Partners will collect written consent from participants. Site level information will be collected biannually and will include variables such as population served, staffing and organizational information, training records (e.g., EBPs, CLAS standards), and EBPs. The director and the epidemiologist will monitor all data relevant to meeting the objectives on a quarterly basis. Participants' data will be collected at each site using program specific forms. Project staff will design processes that define the specific methods, timing, and location within a site for completing participant data entry for standardization, creating efficiencies, and decreasing errors such as the loss of data forms. As participants are enrolled, the epidemiologist will identify any individual that participates in more than one program and assign them a unique identifier to reflect their type and level of participation. To assure data entry accuracy, a quarterly sample from all EBP intervention recipients during that time period will be selected and checked for accuracy. The epidemiologist will track and monitor the accuracy rate over time, reporting results to each partner. Any errors will be corrected. REDCap's coding, formatting and SAS dataset automation system will also reduce errors in

database management. Data validation processes such as cross-tabulations and data checks will be used for verifying and correcting errors in the creation of linked datasets. The organizations and project staff will follow the TDMHSA Cultural Competence Guidelines and the National Standards for Cultural and Language Appropriate Services (CLAS). All staff and partners will receive external training or self-study on the CLAS standards to ensure the project components, processes, and EBP delivery follow policies, practices, and services culturally and linguistically appropriate. **Data Management, Tracking, Analysis, and Reporting:** Each partner will have a password protected login to gain access to the form(s) created on REDCap for entering data. Only the project director, the epidemiologist, and designated staff at each organization will have access to the REDCap databases created. To assure information confidentiality prior to data entry, all intake/enrollment information, participant forms, completed paper surveys, and tests affiliated with each intervention will be stored in a locked cabinet. Keys will only be accessible to project staff at the sites. Participant level data will be de-identified by assigning a numeric value to each participant. The master list of names with identifiers will be kept in a separate file on REDCap, only accessible by the project director and the epidemiologist. The participant informational data elements will be collected and stored specific to each site, allowing for site specific, aggregate statistics, and reporting. For examples, the data elements may include EBP intervention(s) delivered, number and type of exposures (e.g., intervention(s), messaging campaign exposure, etc.), individual and family characteristics of participants, other baseline information as relevant, surveys and pre/post-tests as relevant, individuals' participation level and record of consent, and duration of program intervention. Partners and other project stakeholders will be surveyed annually to share their perceptions of the project strengths, opportunities, weaknesses, and threats (SWOT), taking into consideration external factors at the organizational or community level that may affect progress. The epidemiologist will compile this information and use it to evaluate the program's strategic plan; to evaluate progress toward meeting the goals; for quality improvement activities; and to make relevant and realistic changes as needed within the parameters of the project's operations. **Performance Assessment:** Project staff from partner sites will collect data that will be entered/uploaded into the REDCap system. The project director, with support from the epidemiologist, will complete and upload all reports to SAMSHA according to the reporting format and required schedule. Reports will also be delivered to the IAAB and the partners. To track progress and identify potential improvement, the IAAB and project partners will review all statistical indicator reports at the individual and organizational level as relevant. **Quality Improvement:** The project will use the Continuous Quality Improvement (CQI) model that allows use of an explicit, data driven, evidence-based decision-making process to promote success in strategies and processes guided by the project SMART objectives. CQI incorporates the tools of Plan-Do-Study-Act (PDSA) to improve processes and reduce error rates. PDSA uses a methodical approach based on small rapid cycles of change that answers the following questions: What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement? Additional CQI tools will include root cause analysis to determine barriers, run charts to track performance, decision matrix, and consensus techniques such as multi-voting for prioritization and decision making. Determination of thresholds for performance improvement will be based on a consensus decision among the partners, guided by the statistical analysis of the data and the research literature on the EBPs. Throughout the grant funded period, all CQI activities and resulting changes to processes will be documented and stored in the process database. A summary report will be prepared quarterly and provided electronically to all staff and partners.



**DESCRIPTIONS (Continued from Page 1)**

**Automobile Liability additional insured endorsement.  
RFQ#996667 Contract #405880 Near Peer Leaders for Opportunity NOW**