GRANT SUMMARY SHEET

Grant Name:	Opioid Abatement Council Community Grant 25-27
Department:	HEALTH DEPARTMENT
Grantor:	TENNESSEE OPIOID ABATEMENT COUNCIL
Pass-Through Grantor (If applicable):	
Total Award this Action:	$6,353,570.00
Cash Match Amount	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	CONTINUATION

Program Description:

A Grant to apply a multi-component approach to remediate the effects of opioid use in Nashville/Davidson County. The focus will be countywide while prioritizing the geographic areas and populations associated with the greatest fatality rates and overdose rates including homeless, formerly incarcerated, recently hospitalized, and those previously administered Naloxone and/or referred by outreach services and EMS follow-up.

Plan for continuation of services upon grant expiration:

Services will be discontinued.

Grants Tracking Form

Part One

Pre-Application ○ Application ○ Award Acceptance ◉ Contract Amendment ○

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	TN Opioid Abatement Council Community Grant 25-27		
Grantor:	TENNESSEE OPIOID ABATEMENT COUNCIL	**Other:**	
Grant Period From:	07/01/24	(applications only) **Anticipated Application Date:**	
Grant Period To:	06/30/27	(applications only) **Application Deadline:**	
Funding Type:	STATE	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	COMPETITIVE	**Total Award:**	$6,353,570.00
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	N/A	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

A grant to remediate the effects of opioid use in Davidson County. This grant should follow the application that is attached to the contract as Attachment 2. **Application was approved at the end of September 2023.**

Plan for continuation of service after expiration of grant/Budgetary Impact:

Services will be discontinued

How is Match Determined?

Fixed Amount of $		**or**		**% of Grant**	**Other:** ☐

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:	17.00	**Actual number of positions added:**	17.00	
Departmental Indirect Cost Rate	19.54%	**Indirect Cost of Grant to Metro:**	$1,241,487.58	
***Indirect Costs allowed?** ◉ Yes ○ No **% Allow.**	13.39%	**Ind. Cost Requested from Grantor:**	$850,557.00	**in budget**

***(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)**

Draw down allowable? ☐

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	FY25	$2,114,527.00						$2,114,527.00	$413,178.58	$307,533.00
Yr 2	FY26	$2,122,053.00						$2,122,053.00	$414,649.16	$274,239.00
Yr 3	FY27	$2,116,990.00						$2,116,990.00	$413,659.85	$268,785.00
Yr 4	FY									
Yr 5	FY									
Total		$6,353,570.00	$0.00	$0.00	$0.00		$0.00	$6,353,570.00	$1,241,487.58	$850,557.00

Date Awarded:	09/18/24		$6,353,570.00	**Contract#:**	
(or) **Date Denied:**					
(or) **Date Withdrawn:**					

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

JP

Rev. 5/13/13
5708

/GCP Received 9/18/2024

GCP Approved 9/19/2024

TENNESSEE OPIOID ABATEMENT COUNCIL COMMUNITY GRANT CONTRACT

Begin Date	End Date	Agency Tracking #	Edison ID
July 1, 2024	June 30, 2027	N/A	

Grantee Legal Entity Name	Edison Vendor ID
Metropolitan Government of Nashville and Davidson County	00004

Grantee Program Name

Funding —

FY		TOTAL Grant Contract Amount
FY2025 (7/1/2024-6/30/2025		$2,114,527.00
FY2026 (7/1/2026-6/30/2027)		$2,122,053.00
FY2027 (7/1/2025-6/30/2026)		$2,116,990.00
TOTAL:		$6,353,570.00

Speed Chart (optional)	Account Code (optional)	Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations
		Gene Wood

GRANT CONTRACT
BETWEEN THE TENNESSEE OPIOID ABATEMENT COUNCIL
AND
Metro Government of Nashville and Davidson County

This Grant Contract, by and between the State of Tennessee, Tennessee Opioid Abatement Council, hereinafter referred to as the "Opioid Abatement Council" or "State" and **Metropolitan Government of Nashville and Davidson County**, hereinafter referred to as the "Grantee," is for the provision of Opioid Abatement and Remediation, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # **00004**

A. SCOPE OF SERVICES AND DELIVERABLES:

A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. Definitions.

a. "Opioid Abatement Fund" for the purposes of this Grant Contract means the designated repository of funds that are either dedicated to Opioid Abatement or Remediation or are otherwise directed to abatement or remediation and that are received by the State pursuant to a judgment on opioid-related claims, a recovery in bankruptcy on opioid-related claims, or a settlement of opioid-related claims as specified under Tenn. Code Ann. § 9-4-1304.

b. "Opioid Abatement Council" for the purposes of this Grant Contract means the council created pursuant to Tenn. Code Ann. §§ 33-11-101, *et seq*., and who is responsible for disbursing funds from the Opioid Abatement Fund for proceeds received from a statewide opioid settlement agreement with McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, Allergan Finance, LLC, CVS Health Corporation, Teva Pharmaceutical Industries Ltd., Walgreen Co., Walmart Inc., or K-VA-T Food Stores, Inc. or affiliates or subsidiaries of these entities that are deposited in the Opioid Abatement Fund, as outlined in Tenn. Code Ann. § 33-11-103(p). The Opioid Abatement Council operates as a state entity and is therefore an extension of the State of Tennessee.

c. "Opioid Abatement and Remediation" for the purposes of this Grant Contract means purposes that are specifically approved by the Opioid Abatement Council and include activities on the list of approved programs created by the Opioid Abatement Council, as specified under Tenn. Code Ann. § 33-11-103(r) and are specified on Attachment 3 of this Grant Contract.

d. "Grantee's Application" for purposes of this Grant Contract means the application submitted by the Grantee to the Opioid Abatement Council specifying the activities or services this Grantee seeks to perform in return for receiving funding from the Opioid Abatement Council

A.3. This Grant Contract utilizes funding from the Opioid Abatement Fund to disburse funds to the Grantee based upon approval and selection of the Opioid Abatement Council.

A.4. The activities funded pursuant to this Grant Contract are those which are stated in Grantee's Application, under which this Grant Contract is awarded, and is incorporated into this Grant Contract, as Attachment 2. The Grantee shall comply with and perform all services, functions, and/or requirements as stated in Attachment 2, the Grantee's Application. All activities, including those outlined in Attachment 2, must be focused on Opioid Abatement and Remediation as

specified in Attachment 3. All grant funds must be spent on prospective Opioid Abatement and Remediation activities in accordance with Tenn. Code Ann. § 9-4-1302.

A.5. Data Collection and Reporting: The Grantee shall collect and maintain data relating to grant project activities and program performance. Specifically, the Grantee shall submit semi-annual reports to the Opioid Abatement Council in a format and timeframe prescribed by the Opioid Abatement Council staff, detailing how the Grantee has met the remediation core strategies and uses specified in the Grantee's Application, Attachment 2.

A.6. Grantees shall seek compensation from third party payers or sources, such as Medicaid or other grant sources, prior to billing against this Grant Contract, for reimbursable services and supports delivered under this Grant Contract. Funding under this Grant Contract should not supplant other funding sources but should supplement the activities and expenses outlined in Attachment 2 that are otherwise non-reimbursable from third-party payors or sources.

A.7. The Grantee shall be subject to programmatic and fiscal monitoring on an annual basis or as otherwise determined by the Opioid Abatement Council. The results of this monitoring shall be reported publicly to the Opioid Abatement Council during quarterly meetings and shall be discussed publicly by the Opioid Abatement Council during these quarterly meetings. The Grantee's compliance with their Application, Attachment 2 and the other measures of the Grant Contract shall be considered as part of the monitoring of the Grantee.

A.8. Incorporation of Additional Documents: Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

a. This Grant Contract with any attachments or exhibits; and

b. The Opioid Abatement Council Grant Proposal Solicitation as issued on July 15, 2023 (Attachment 4), and as may be amended, if any.

B. TERM OF CONTRACT:

B.1. This Grant Contract shall be effective for the period beginning on **July 1, 2024** ("Effective Date") and ending on **June 30, 2027,** ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

B.2. Term Extension. It is understood and agreed that the State may extend the Term an additional period of time, not to exceed twelve (12) months beyond the expiration date of this Grant Contract, under the same terms and conditions. In no event, however, shall the maximum Term, including all extensions or renewals, exceed a total of sixty (60) months.

B.3. Annual spending under this Grant Contract shall be restricted by the Term denoted on each annual grant budget. The maximum annual expenditure amount for each year of this Grant Contract shall be determined by the annual grant budget.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed **Six million, three hundred fifty-three thousand, five hundred seventy dollars ($6,353,570.00**) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment One (1) is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.

C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.

C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

OAC.Grantees@tn.gov

a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).

(1) Invoice/Reference Number (assigned by the Grantee).
(2) Invoice Date.
(3) Invoice Period (to which the reimbursement request is applicable).
(4) Grant Contract Number (assigned by the State).
(5) Grantor: Opioid Abatement Council
(6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
(7) Grantee Name.
(8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
(9) Grantee Remittance Address.
(10) Grantee Contact for Invoice Questions (name, phone, or fax).
(11) Itemization of Reimbursement Requested for the Invoice Period— it must detail, at minimum, all of the following:

i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
ii. The amount reimbursed by Grant Budget line-item to date.
iii. The total amount reimbursed under the Grant Contract to date.
iv. The total amount requested (all line-items) for the Invoice Period.

b. The Grantee understands and agrees to all of the following.

(1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
(2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
(3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.

C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to ten percent (10%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.

C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit quarterly grant disbursement reports within thirty (30) days following September 30, December 31, March 31, and a final invoice and grant disbursement reconciliation report within forty-five (45) days of the Grant Contract end date and in form and substance acceptable to the State.

a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by Section C of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit said refund with the final grant disbursement reconciliation report.

b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.

c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.

d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.

C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Central Procurement Office Policy Statement 2013-007 or any amendments or revisions made to this policy statement during the Term.

C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.

C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.

C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other

agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").

b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Opioid Abatement Council Office
Department of Mental Health and Substance Abuse Services
Andrew Jackson Building, 6th Floor
500 Deaderick Street
Nashville, TN 37243
OAC.Grantees@tn.gov

The Grantee:

Joanna Shaw-Kaikai, MD, Interim Director

Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue, Nashville, TN 37209
Joanna.shaw-kaikai@nashville.gov
615-340-8654

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

D.8. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.9. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.10. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.

a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.

b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.

c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.

D.11. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq*., or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

D.12. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a Grant Contract with the Tennessee Opioid Abatement Council." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

D.13. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

D.14. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon

reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

D.15. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.16. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested, and in the format proscribed.

D.17. Annual and Final Reports. The Grantee shall submit, within forty-five (45) days of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within forty-five (45) days of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the State. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the State. Annual and final report documents to be completed by the Grantee shall appear on the State 's website or as an attachment to the Grant Contract.

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D.18. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.

At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

D.19. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.327 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars ($5,000.00).

D.20. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.

D.21. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

D.22. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.

D.23. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State

within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

D.24. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.

D.25. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.

D.26. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract..

D.27. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

D.28. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.

D.29. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.

D.30. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

D.31. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

D.32. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.33. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;

b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and

d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

D.34. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law. The obligations set forth in this Section shall survive the termination of this Grant Contract.

D. 35. Anti-Israel Boycott. Pursuant to Tenn. Code Ann. § 12-4-119, Grantee certifies that it is not currently engaged in, and will not for the duration of the Grant Contract, engage in a boycott of Israel, as defined by Tenn. Code Ann. § 12-4-119(a)(1).

D.36. State Sponsored Insurance Plan Enrollment. The Grantee warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with Grantee unless Grantee first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

E. SPECIAL TERMS AND CONDITIONS:

E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

E.2. Prohibited Advertising. The Grantee shall not refer to this Grant Contract or the Grantee's relationship with the State under this Grant Contract in commercial advertising in such a manner

as to state or imply that the Grantee or the Grantee's goods or services are endorsed. The obligations set forth in this Section shall survive the termination of this Grant Contract.

E.3. Transfer of Grantee's Obligations.
The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer or restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.

E.4. Americans with Disabilities Act. The Grantee must comply with the Americans with Disabilities Act (ADA) of 1990, as amended, including implementing regulations codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities," and any other laws or regulations governing the provision of services to persons with a disability, as applicable. For more information, please visit the ADA website: http://www.ada.gov.

E.5. Part 2 Compliance. The State and the Grantee shall comply with obligations under Part 2 of the Confidentiality of Substance Use Disorder Patient Records, and its accompanying regulations as codified at 42 C.F.R. §§ 2.1 *et seq*. ("Part 2").

a. The Grantee warrants to the State that it is familiar with the requirements of Part 2 , and its accompanying regulations, and will comply with all applicable requirements in the course of this Grant Contract.

b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by Part 2 , and its regulations, in the course of performance of the Grant Contract so that both parties will be in compliance with Part 2.

c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by Part 2, and that are reasonably necessary to keep the State and the Grantee in compliance with Part 2. This provision shall not apply if information received by the State under this Grant Contract is NOT "patient identifying information" as defined by Part 2, or if Part 2 permits the State to receive such information without entering into a business associate agreement or signing another such document.

E.6. Additional Subcontracting Requirements. If subcontracts are approved by the State, they shall contain, in addition to those sections identified in D.5., sections on "Licensure", "Environmental Tobacco Smoke", "Confidentiality of Records", "HIPAA Compliance", and "Part 2 Compliance" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall be the prime contractor and shall be responsible for all work performed.

E.7. Suspension of Payment.

a. The State may suspend payment under this Grant Contract on the following grounds:

i. Grantee's failure to comply with the terms of Section A of this Grant Contract.
ii. More than one instance, after written notice, of Grantee's failure to address reportable findings in a Monitoring Report issued by the State.
iii. Grantee's failure to comply with any terms of this Grant Contract, which the State determines is detrimental to the welfare or best interests of Grantee's service recipients.

b. The State will provide written notice to Grantee for the suspension of payments under this Grant Contract. The State may suspend payment pending resolution of an investigation or until

Grantee corrects a finding of non-compliance with the terms of this Grant Contract. Suspension of payments shall not exceed two hundred and forty (240) days. Failure to comply with the terms of this Grant Contract or correct the State's finding of non-compliance within two hundred and forty (240) days entitles the State to exercise any right at law or in equity, including without limitation, termination of this Grant Contract.

E.8. License. State hereby grants to Grantee the non-exclusive, non-transferable license, privilege and authority to use the Property in connection with the project as approved, set out in this Contract at Section A all other rights being reserved to State for the Term of this contract as provided below.

a. Property. The "Property" licensed mark:

i. Exclusivity. None.

ii. Territory. Worldwide.

b. Term. Grantee shall begin to use the Property as set out in Contract Section A and shall cease upon termination of the Contract unless otherwise agreed to herein.

c. Use Limitations and Collateral Materials. The Property may be used on signs, promotional materials, marketing materials, Grantee's visitor website, and/or as otherwise set out in Contract at Section A. The License also includes the right to create and use promotional, advertising and packing material in connection with marketing of the services. In advertising and promoting with use of the Property, Grantee shall seek prior approval as set out in this Section. The Grantee does not have any rights to use the Property on any consumer products or merchandise rights.

d. Use of Signage and Other Materials. Upon expiration of this License, Grantee shall cease use of the Property on current materials. If this License is terminated earlier then contemplated by this Contract, Grantee and State shall negotiate in good faith the wind up of the License.

e. Sub-licensing. Sub-licensing is not allowed.

f. Approvals. All use of the Property shall require State's prior written approval. Failure to obtain approvals at all stages shall be cause for termination of Grantee's use of the Property, only, and not the remainder of the Contract unless failure to use the Property results in a material breach.

g. Intellectual Property Notices. The Property shall always be displayed with the "®" symbol and the following notice shall appear, where space permits, on all marketing or collateral materials bearing the Property:

is a registered trademark and is used under license to the Grantee.

h. Exclusive Property of State. The Property is and shall remain the exclusive property of State and all rights arising from the use of the Property, shall inure to State. Grantee acknowledges that it does not now have and in the future will not assert any right, title or interest of any kind or nature whatsoever in or to the Property nor will it change or contest any of State's rights therein.

i. Royalty Rate. This License shall be royalty free.

FOR THE PROVISION OF THE TENNESSEE OPIOID ABATEMENT COUNCIL COMMUNITY GRANT CONTRACT:

IN WITNESS WHEREOF,

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

DocuSigned by:
Joanna Shaw-Kaikai
F0EB3ACD4AFC4C1...

9/18/2024

GRANTEE SIGNATURE **DATE**

Joanna Shaw-Kaikai

1:32pm

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

TENNESSEE OPIOID ABATEMENT COUNCIL:

MARY SHELTON, EXECUTIVE DIRECTOR **DATE**

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Joanna Shaw-kaikai
F0EB3ACD4AEC4C1...
Interim Director, Metro Public Health Department — 9/18/2024
Date

Signed by:
Tenné Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Board of Health — 9/18/2024
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw
Director, Department of Finance — 9/26/2024 | 11:21 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services — 9/27/2024 | 3:24 PM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney — 9/27/2024 | 3:21 PM CDT
Date

FILED:

Metropolitan Clerk — Date

ATTACHMENT 01 - Budget

GRANT BUDGET SUMMARY

Agency Name: Metropolitan Government of Davidson County

Program Code Name: 833966 OAC Community - Prevention 1

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN 7/1/2024 END: 6/30/2027

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$4,897,141.00	$0.00	$4,897,141.00
4, 15	Professional Fee, Grant & Award [2]	$220,000.00	$0.00	$220,000.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$175,151.00	$0.00	$175,151.00
11. 12	Travel, Conferences & Meetings [2]	$92,161.00	$0.00	$92,161.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$118,560.00	$0.00	$118,560.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$850,557.00	$0.00	$850,557.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$6,353,570.00**	**$0.00**	**$6,353,570.00**

[1] Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, *and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).*

[2] Applicable detail follows this page if line-item is funded.

GRANT BUDGET FY2025

Agency Name: Metropolitan Government of Davidson County

Program Code Name: 833966 OAC Community - Prevention 1

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN 7/1/2024 END: 6/30/2025

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$1,584,374.00	$0.00	$1,584,374.00
4, 15	Professional Fee, Grant & Award [2]	$86,000.00	$0.00	$86,000.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$66,300.00	$0.00	$66,300.00
11. 12	Travel, Conferences & Meetings [2]	$30,800.00	$0.00	$30,800.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$39,520.00	$0.00	$39,520.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$307,533.00	$0.00	$307,533.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$2,114,527.00**	**$0.00**	**$2,114,527.00**

[1] Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, *and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).*

[2] Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

Agency Name:	Metropolitan Government of Davidson County 833966 OAC
Program Code Name:	Community - Prevention 1
Begin Date:	1-Jul-24
End Date:	30-Jun-25

SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	$1,139,837.00
Benefits and Taxes	$444,537.00
TOTAL	**$1,584,374.00**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Media Campaign	$55,000.00
NAEMT course	$7,000.00
Translation Services	$1,500.00
Lanaguage Line	$3,000.00
Facilitation	$15,000.00
Grant Training	$4,500.00
TOTAL	**$86,000.00**

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies	$25,000.00
Telephone	$8,000.00
Printing and Publication	$5,300.00
Communication Event	$10,000.00
Dedoose software, SAS Software, Adobe, scheduling software	$6,000.00
Narcan & Associated	$12,000.00
TOTAL	**$66,300.00**

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel	$8,600.00
Training and Conferences Attended by Staff	$14,200.00
Conferences and Training Provided by Agency	$8,000.00
TOTAL	**$30,800.00**

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Suicide Prevention in Africian American Faith Communities (SPAAFC)	$39,520.00
TOTAL	**$39,520.00**

INDIRECT COST	AMOUNT
Indirect Cost	$307,533.00
TOTAL	**$307,533.00**

Agency Name: Metropolitan Government of Davidson County
Program Code Name: 833966 OAC Community - Prevention 1

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the contract period

Position Title	Name	Monthly Salary	Percent of Month Working on Program	# of Months working	Salary Allocated for Program (C*D*E)	Taxes & Benefits as % of Salary	Taxes and Benefits allocated for Program (F*G)
Health Manager 2	Vacant	$6,970	100.00%	12	$83,639	39.00%	$32,619
Finance Specialist	Vacant	$5,990	100.00%	12	$71,879	39.00%	$28,033
Administrative Assistant	Vacant	$5,187	100.00%	12	$62,250	39.00%	$24,277
Epidemiologist 2	Vacant	$7,549	100.00%	12	$90,593	39.00%	$35,331
Health Manager 1	Vacant	$5,815	100.00%	12	$69,785	39.00%	$27,216
Public Health Administrator 1	Vacant	$5,815	100.00%	12	$69,785	39.00%	$27,216
Public Health Administrator 2	Vacant	$6,970	100.00%	12	$83,639	39.00%	$32,619
Public Health Administrator 2	Vacant	$6,970	100.00%	12	$83,639	39.00%	$32,619
Public Health Administrator 2	Vacant	$6,970	100.00%	12	$83,639	39.00%	$32,619
Public Health Administrator 2	Vacant	$6,970	100.00%	12	$83,639	39.00%	$32,619
Program Specialist 3	Vacant	$4,807	100.00%	12	$57,680	39.00%	$22,495
Program Specialist 3	Vacant	$4,807	100.00%	12	$57,680	39.00%	$22,495
Program Specialist 3	Vacant	$4,807	100.00%	12	$57,680	39.00%	$22,495
Program Specialist 3	Vacant	$4,807	100.00%	12	$57,680	39.00%	$22,495
Outreach Worker	Vacant	$3,518	100.00%	12	$42,211	39.00%	$16,462
Outreach Worker	Vacant	$3,518	100.00%	12	$42,211	39.00%	$16,462
Outreach Worker	Vacant	$3,518	100.00%	12	$42,211	39.00%	$16,462
TOTAL					**$1,139,837**		**$444,537**

GRANT BUDGET FY2026

Agency Name: Metropolitan Government of Davidson County

Program Code Name: 833966 OAC Community - Prevention 1

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN 7/1/2025 END: 6/30/2026

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$1,631,905.00	$0.00	$1,631,905.00
4, 15	Professional Fee, Grant & Award [2]	$79,500.00	$0.00	$79,500.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$66,300.00	$0.00	$66,300.00
11. 12	Travel, Conferences & Meetings [2]	$30,589.00	$0.00	$30,589.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$39,520.00	$0.00	$39,520.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$274,239.00	$0.00	$274,239.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$2,122,053.00**	**$0.00**	**$2,122,053.00**

[1] Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, *and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).*

[2] Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

Agency Name:	Metropolitan Government of Davidson County 833966 OAC
Program Code Name:	Community - Prevention 1
Begin Date:	1-Jul-25
End Date:	30-Jun-26

SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	$1,174,032.00
Benefits and Taxes	$457,873.00
TOTAL	**$1,631,905.00**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Media Campaign	$55,000.00
NAEMT course	$5,000.00
Translation Services	$1,500.00
Lanaguage Line	$3,000.00
Facilitation	$15,000.00
TOTAL	**$79,500.00**

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies	$25,000.00
Telephone	$8,000.00
Printing and Publication	$5,300.00
Communication Event	$10,000.00
Dedoose software, SAS Software, Adobe, scheduling software	$6,000.00
Narcan & Associated	$12,000.00
TOTAL	**$66,300.00**

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel for 11 staff members .6655 per mile	$8,464.00
Training and Conferences Attended by Staff	$22,125.00
TOTAL	**$30,589.00**

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Suicide Prevention in Africian American Faith Communities (SPAAFC)	$39,520.00
TOTAL	**$39,520.00**

INDIRECT COST	AMOUNT
Indirect Cost	$274,239.00
TOTAL	**$274,239.00**

Agency Name: Metropolitan Government of Davidson County
Program Code Name: 833966 OAC Community - Prevention 1

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the contract period

Position Title	Name	Monthly Salary	Percent of Month Working on Program	# of Months working	Salary Allocated for Program (C*D*E)	Taxes & Benefits as % of Salary	Taxes and Benefits allocated for Program (F*G)
Health Manager 2	Vacant	7,179	100.00%	12	$86,148	39.00%	$33,598
Finance Specialist	Vacant	6,170	100.00%	12	$74,035	39.00%	$28,874
Administrative Assistant	Vacant	5,343	100.00%	12	$64,117	39.00%	$25,006
Epidemiologist 2	Vacant	7,776	100.00%	12	$93,311	39.00%	$36,391
Health Manager 1	Vacant	5,990	100.00%	12	$71,879	39.00%	$28,033
Public Health Administrator 1	Vacant	5,990	100.00%	12	$71,879	39.00%	$28,033
Public Health Administrator 2	Vacant	7,179	100.00%	12	$86,148	39.00%	$33,598
Public Health Administrator 2	Vacant	7,179	100.00%	12	$86,148	39.00%	$33,598
Public Health Administrator 2	Vacant	7,179	100.00%	12	$86,148	39.00%	$33,598
Public Health Administrator 2	Vacant	7,179	100.00%	12	$86,148	39.00%	$33,598
Program Specialist 3	Vacant	4,951	100.00%	12	$59,410	39.00%	$23,170
Program Specialist 3	Vacant	4,951	100.00%	12	$59,410	39.00%	$23,170
Program Specialist 3	Vacant	4,951	100.00%	12	$59,410	39.00%	$23,170
Program Specialist 3	Vacant	4,951	100.00%	12	$59,410	39.00%	$23,170
Outreach Worker	Vacant	3,623	100.00%	12	$43,477	39.00%	$16,956
Outreach Worker	Vacant	3,623	100.00%	12	$43,477	39.00%	$16,956
Outreach Worker	Vacant	3,623	100.00%	12	$43,477	39.00%	$16,956
TOTAL					**$1,174,032**		**$457,873**

GRANT BUDGET FY2027

Agency Name: Metropolitan Government of Davidson County

Program Code Name: 833966 OAC Community - Prevention 1

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN 7/1/2026 END: 6/30/2027

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$1,680,862.00	$0.00	$1,680,862.00
4, 15	Professional Fee, Grant & Award [2]	$54,500.00	$0.00	$54,500.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$42,551.00	$0.00	$42,551.00
11. 12	Travel, Conferences & Meetings [2]	$30,772.00	$0.00	$30,772.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$39,520.00	$0.00	$39,520.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$268,785.00	$0.00	$268,785.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$2,116,990.00**	**$0.00**	**$2,116,990.00**

[1] Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, *and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).*

[2] Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

Agency Name:	Metropolitan Government of Davidson County 833966 OAC
Program Code Name:	Community - Prevention 1
Begin Date:	1-Jul-26
End Date:	30-Jun-27

SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	$1,209,253.00
Benefits and Taxes	$471,609.00
TOTAL	**$1,680,862.00**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Media Campaign	$30,000.00
NAEMT course	$5,000.00
Translation Services	$1,500.00
Lanaguage Line	$3,000.00
Facilitation	$15,000.00
TOTAL	**$54,500.00**

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies	$8,360.00
Telephone	$3,600.00
Printing and Publication	$5,300.00
Communication Event	$10,000.00
Dedoose software, SAS Software, Adobe, scheduling software	$3,291.00
Narcan & Associated	$12,000.00
TOTAL	**$42,551.00**

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel	$8,647.00
Training and Conferences Attended by Staff	$22,125.00
TOTAL	**$30,772.00**

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Suicide Prevention in Africian American Faith Communities (SPAAFC)	$39,520.00
TOTAL	**$39,520.00**

INDIRECT COST	AMOUNT
Indirect Cost	$268,785.00
TOTAL	**$268,785.00**

Agency Name: Metropolitan Government of Davidson County
Program Code Name: 833966 OAC Community - Prevention 1

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the contract period

Position Title	Name	Monthly Salary	Percent of Month Working on Program	# of Months working	Salary Allocated for Program (C*D*E)	Taxes & Benefits as % of Salary	Taxes and Benefits allocated for Program (F*G)
Health Manager 2	Vacant	$7,394	100.00%	12	$88,732	39.00%	$34,606
Finance Specialist	Vacant	$6,355	100.00%	12	$76,256	39.00%	$29,740
Administrative Assistant	Vacant	$5,503	100.00%	12	$66,041	39.00%	$25,756
Epidemiologist 2	Vacant	$8,009	100.00%	12	$96,110	39.00%	$37,483
Health Manager 1	Vacant	$6,170	100.00%	12	$74,035	39.00%	$28,874
Public Health Administrator 1	Vacant	$6,170	100.00%	12	$74,035	39.00%	$28,874
Public Health Administrator 2	Vacant	$7,394	100.00%	12	$88,732	39.00%	$34,606
Public Health Administrator 2	Vacant	$7,394	100.00%	12	$88,732	39.00%	$34,606
Public Health Administrator 2	Vacant	$7,394	100.00%	12	$88,732	39.00%	$34,606
Public Health Administrator 2	Vacant	$7,394	100.00%	12	$88,732	39.00%	$34,606
Program Specialist 3	Vacant	$5,099	100.00%	12	$61,192	39.00%	$23,865
Program Specialist 3	Vacant	$5,099	100.00%	12	$61,192	39.00%	$23,865
Program Specialist 3	Vacant	$5,099	100.00%	12	$61,192	39.00%	$23,865
Program Specialist 3	Vacant	$5,099	100.00%	12	$61,192	39.00%	$23,865
Outreach Worker	Vacant	$3,732	100.00%	12	$44,781	39.00%	$17,465
Outreach Worker	Vacant	$3,732	100.00%	12	$44,781	39.00%	$17,465
Outreach Worker	Vacant	$3,732	100.00%	12	$44,781	39.00%	$17,465
TOTAL					**$1,209,253**		**$471,609**

General Project Information

Project Name:
The Opioid Care System Project

Project Strategy:
Primary Prevention

Brief description of the project:
We will use a multi-component approach to remediate the effects of opioid use in Nashville/Davidson County. We will implement a sustainable strategic plan to decrease overdose incidence among the population. In Nashville. The county overdose fatality rate increased by 125% from 32 per 100,000 population in 2017, to 72 per 100,000 in 2021. From 2020-2022, there were 2,100 drug overdose fatalities, representing an 83% increase from the 3 years previous (2017-2019), in which 1,143 deaths occurred.
Our focus will be countywide while prioritizing the geographic areas and populations associated with the greatest fatality rates and overdose rates including homeless, formerly incarcerated, recently hospitalized, and those previously administered Naloxone and/or referred by outreach services and EMS follow-up.
Strategies will incorporate direct service, outreach education, a communications campaign, and partnership network to engage the highest risk communities. Services will include care coordination, clinician counseling, peer navigation, naloxone training, syringe exchange, recovery support, evidence-based primary prevention programs (e.g., drug take-back, and linkages to care). Adults and youth will be referred to evidence based programming. We will lead a culturally tailored media campaign and culturally and linguistically appropriate direct services. A robust process and outcome evaluation plan will be implemented.

Project Narrative

Impact (30%)

The citizens of Tennessee are experiencing epidemic levels of addiction, overdoses, and death secondary to opioid use disorder. Therefore, having a positive impact on Tennessee's opioid crisis is imperative. The responses below should explain how the project will impact Tennesseans and define the target population (including age and other relevant demographic information).

Question 1: How many persons will be impacted? How will they be affected and for how long do you expect the impact to last?

How many people will be impacted?
64020

How long do you expect the impact to last?
5+ years

How will the people be affected?
The county will be served and areas at highest risk will be prioritized: North Nashville 37201, 37207, 37208, 37209, 37218, 37115, 37228 and South Nashville 37113, 37210, 37211, 37013, 37217 based on EMS response to overdose and fatalities, disparities in poverty (adults/children), education, unemployment, and crime. We anticipate serving: 270 directly affected by care processes (care

coordination, counseling, and peer navigation); 450+ organizational representatives naloxone administration trained; 60,000 high-risk residents (adults/youth) exposed to a prevention/response educational campaign; up to 2,250 youth and 1,050 adults referred and participate in evidence-based practice prevention programs (primary, secondary, tertiary). We estimate individual success at 75% for those who receive direct behavioral health service will be retained due to expansion of provider system, increased capacity, and active partnership linkages that provide direct service and referrals.

Question 2: How will your organization measure the success of the project? What outcomes will you track and what will be the frequency of assessment?

How will your organization measure the success of the project?
Success will be measured by continuous data collection and compilation at the community, organizational, and individual levels. An evaluation plan and logic model will include short and intermediate term factors including participation, retention, satisfaction, epidemiology statistics to include ER visits, hospitalizations, overdose, and fatalities and system improvement process indicators i.e., barriers and successes, based on determined changes to linkage and referral.

What outcomes will you track and what will be the frequency of assessment?
Outputs and outcomes will be tracked by creating an on-line data tracking system to capture number served, program participant retention, exposures to interventions, campaign, and education. The effects of behavioral health enhanced staffing (i.e., 3 Care Coordinators, 4 Clinical Counselors, 5 Peer navigators and bed management coordinator) provided by this grant will be assessed to quantify metrics of enhanced community capacity with reach into the most distressed communities. Secondary research will determine the estimated metrics for persons served per population.

Question 3: When developing a proposal for the opioid crisis the organization must consider how accessible their services will be to those affected by the crisis.

How will the organization ensure accessibility to the proposed services?
We will establish and deploying a model that is tailored, culturally relevant and accessible through direct outreach and communication. Partnerships will include entities that are trusted by community member and provide services in the targeted area. All providers will be trained in CLASS standards. In addition, auxiliary resources will be provided to recipients such as transportation to attain services, telehealth, and a hybrid approach as needed. Listening sessions with affected community members will help inform the strategies and interventions.

Question 4: How will inequities in care be remediated?
System changes in resource linkage will increase access to and receipt of behavioral health services and assure needed resources to thrive are met. The system effectiveness will be continually evaluated so that barriers to accessing care, housing, food, clothing, and other social determinants of health will be addressed.

Question 5: What area(s) of Tennessee will be served by the project?
Davidson - All Davidson County Zip Codes

Innovation (13%)

The opioid crisis has existed for decades, and innovative measures have been used, but must continue to be developed to assist in combating the epidemic. The responses below should highlight how your organization plans to incorporate innovative measures such as medical technologies, partnerships, alternative paths, etc.

Question 1: What new approaches to existing challenges are proposed in this project?

The MPHD Opioid Prevention Hub, as an innovative approach to process-based system improvements, will leverage collective values and resources on an ongoing basis to continuously improve the system of care, decrease inequities, opioid incidence, and rates. Partner data sharing will occur through HIPPA compliant agreements. Collaborative success will be achieved by addressing key elements of innovation: collaboration, ideation, implementation, and shared values. We have had success with this approach by establishing Nashville's Safety Net Consortium that began with a MPHD led grant and has a 25+ year history of collaboration that improves health outcomes among the uninsured.

Question 2: Is there a plan to share learnings with the medical and larger communities? If so, how will this be accomplished?

Is there a plan to share learnings with the medical and larger communities?
Yes

If so, how will this be accomplished?
Learning will be shared with medical/behavioral health providers and community members. Providers will be informed through meetings, conferences, websites, and dashboards. Linguistically and culturally tailored sharing and listening sessions will occur with community members through trusted entities such as faith communities, community centers, resource sites and neighborhood gathering spaces. We will utilize a facilitated approach to assure that content is appropriately mapped to each community. Input from all consumers will be incorporated into the improvement plan. We will use social media platforms to convey stories from the field as a strategy that addresses the initiative logistics, prevention education and outcomes.

Integration (13%)

When combating an epidemic, organizations must often research, collaborate and use resources from other community efforts to be effective. In this section, the applicant must briefly explain how their services (existing and proposed) integrate with existing efforts.

Question 1: How does the proposed project fit within the existing ecology of opioid prevention and care?

Building on existing and planned opioid prevention work, we will expand system-wide collaborations through new partnerships, positions, and linkages. We lead two system change initiatives that improve behavioral health outcomes. The Partners in Care program implements arrest diversion by pairing a clinician and crisis trained officer to respond and divert the distressed person to a crisis center. The REACH program pairs a clinician with EMS paramedic offering mental health care to reduce the load on emergency departments and ambulatory care. We will continue to build an infrastructure for sustainable systems-wide changes.

Question 2: Are there plans to incorporate collaboration with other community resources? If so, please describe these plans.

Are there plans to incorporate collaboration with other community resources?
Yes

Please describe these plans.
We will expand our partnerships to create a more robust system of community-based organizations, faith-based communities, schools, Metro agencies, clinics, hospitals, mental/behavioral health organizations, social services, housing, food, and other resources that address the social determinants of health. We will assure resources are culturally appropriate to meet the unique needs of our diverse communities. Additional staff will be hired to fill the gaps in our communities, including peer navigators, care coordinators, case managers, clinicians and a bed management coordinator who expedites processes to meet patients' needs. These enhancements will create a more robust and responsive continuum of mental/behavioral health care.

Evidence Base {5%)

Question 1: Please describe the evidence that supports your proposed approach. Include relevant references.
The project will use evidence from community strategies that reduce opioid-related overdose deaths. The Opioid-overdose Reduction Continuum of Care Approach (ORCCA) organizes the Evidence Basted Practices (EBP), strategies, and resources to facilitate implementation. These will include assessment, overdose education and naloxone distribution, and medication for opioid use disorder (MOUD). We will also address stigma through training and increasing knowledge around the efficacy and purpose of MOUD treatment among providers, pharmacists, and community. (1) The collective strategies will be implemented by expansion of partners, linkages, training, and distributing collateral support. Service delivery will be enhanced with protocols for behavioral treatment, virtual retention approaches care coordination, and reducing barriers related to Improving the social determinants of health such as access to resources, e.g., housing, transportation, childcare etc. Multiple EBP strategies will be applied within multiple settings across health care, justice and community settings that have promise to curtail the opioid epidemic in Nashville (1,2). These include priority settings such as Emergency Departments, overdose, and recovery organizations, and adding programs upon release from prison/jail (3).

We will form and convene a Community Advisory Board (CAB) consisting of project partners representing organizations that serve the affected populations on the continuum of care/touchpoints through post-recovery as well as community member peer advocates. The CAB will regularly, and review data related to strategies successes and barriers and use facilitated processes to make recommended adjustments as needed. The collaborative will facilitate the implementation of changes.

This systems approach through establishing a collaborative Hub will help fill the

gaps that are created by working in isolation so that the implementation will be more integrated across the community through awareness and collaboration, maximize resources, and the use of data for decision making.

We will incorporate the communities' input by implementing listening sessions/key informant interviews/surveys periodically to assess perceptions that address satisfaction, utilization, and retention and identify barriers as well as successes. This approach will enable us to tailor the processes/strategies to assure uptake and meet the diverse community's needs. Community groups, coalitions who are trusted entities within the community will facilitate the process. Each facilitator and participants will receive a payment or concession to stimulate the interest to participate for the opportunity to make a difference in the output/outcomes investing in the process.

Primary prevention efforts will include education introduced in multiple settings and a part of a comprehensive public messaging campaign tailored to the unique audiences. Messaging educational effectiveness has been shown when it is a part of a comprehensive campaign in which the messages are clear and include action steps, i.e., Delivering the right message to the right audience through the right channels. All will be culturally and linguistically tailored. (4)

References: 1) https://pubmed.ncbi.nlm.nih.gov/36780768/ 2) https://pubmed.ncbi.nlm.nih.gov/33075691/ 3) https://pubmed.ncbi.nlm.nih.gov/33091842/ 4) https://opioid-toolkit.mhoa.com/evidence-based-opioid-prevention-examples/

Feasibility (13%)

The response in this section should describe the applicant's management plans such as supervision of program, qualifications of management and staff, etc.

Question 1: Please describe your business and/or management plan for the proposed project.

Metro Public Health Department (MPHD), Division of Behavioral Health under the direction of Dr. Ann Melville-Chester, will serve as the lead organization. A management plan and a work plan will guide the management and overarching operations at multiple levels (community wide, organizational) and individual staff level for MPHD. The plans will address each organizational role, responsibilities and deliverables. The workplan will include the aims and objectives, strategies to meet the objectives, performance metrics objectives, processes, barriers, and successes. A logic model for each objective will identify the outputs and short-, intermediate-, and long-term outcomes. The plan will include timelines, deliverables, and performance metrics. For each strategy, roles, and responsibilities of MPHD staff members and partner contributions will be defined. Process flowcharts will illustrate the operations and mechanisms for the linkages between organizations and corresponding operations. The plans will include descriptions of quality improvement efforts and continuous data tracking, evaluation and reporting that corresponds to the data management plan. A Share Point site will be established for communication and information storage with links to portals for data collection at the organizational level. MPHD will provide evaluation/tracking activities of the project with organizational access for de-identified data sharing as needed.

Question 2: Please provide information about staff and resources allocated to the project and available infrastructure.

Director of Behavioral Health: Provide oversight of the initiative and supervise the Project Manager and evaluators.

Evaluator/Analysts(2): Develop custom designed data capture systems (REDCap); run reports; conduct quantitative and qualitative analysis on metrics and narrative collected.

Project Grant Manager: Provide daily management of operations including coordinating meetings, workgroups, and collaborations; lead the CAB meetings and serve as convener of the collaboration.

Care Coordinators(3): Bridge communication among medical providers, outside professionals, internal behavioral health providers and keep patients engaged in their care; provide same-day care for patients in need who come in for appointments by reviewing skills, care plans, and/or connecting to resources.

Clinical Therapists(4): Identify, analyze, and treat patients; monitor progress; write reports; implement case management techniques; make referrals and collect data.

Certified Peer Recovery Navigators(5): Provide relevant information to help clients overcome barriers to engagement, retention, or re-engagement in treatment.

Sustainability (13%)

The applicant must consider if and how the proposed project will continue once abatement funding has ended. In this section, please explain if you intend to extend the project past the abatement funding period. What strategies you plan to employ to ensure sustainability?

Question 1: Does this organization plan to extend this project beyond the funding period? If so, what will be the funding mechanism(s) to continue the project?

Does this organization plan to extend this project beyond the funding period?

Yes

What will be the funding mechanism(s) to continue the project?

We plan to continue the project beyond the funding period, through the sustained partnership collective generating systems changes for more efficient operations between and within organizations. These improvements will increase community access to services and needed resources to thrive. We anticipate continuation of leveraged volunteer partners participation based on shared vision, and commitment to decrease and eliminate opioid overdose and fatalities. We will establish data sharing, and collaboration agreements to continue beyond the grant period.

We anticipate partnership efforts to bring additional funding to Nashville through

grants and foundations. We anticipate requesting funding support from Metro Government to provide staff to support the continuation of the efforts provided by the new staff hired to support the efforts in the Division of Behavioral Health. We plan on estimating a Return on Investment to demonstrate the community wide benefits of the initiative and will seek funding from local and national foundations.

Question 2: What percentage of the proposed project's budget will be carried by abatement funding?
100%

Question 3: What are the other sources of funding for the proposed program?
• MPHD provides community space for grant convenings with partners and community members

• MPHD provides facilitation services for coalition meetings to assure objectives are met.

• MPHD Integrates de-identified data, successes, and lessons learned into existing public health data dashboard to continually build awareness and education for the county.

• MPHD Implements a public health communications campaign to create communitywide awareness that corresponds to and supports the paid campaign through a Metro contract.

• The participation of numerous volunteer partners that participate in making vital changes to the system of care and linkages.

• MPHD Division of Public Health Emergency Preparedness Division provides support through offering trainings and educational opportunities to community partners and community members.

• MPHD's coexisting work in opioid response and prevention that can align with the work of the newly created Nashville and Davidson County Opioid Coalition that seats volunteer organizations

Credibility (13%)

Explain the commitment of the organization's project to the community such as the marketing strategy, public education opportunities, etc.

Question 1: What is the service track record of the organization in Tennessee?
Since 1994, the MPHD Division of Behavioral Health has provided assessments, training, and counseling and serves as convener/facilitator/data stewards of efforts to decrease opioid overdose partnership collaborations to create system change efforts.

MPHD grants include:

• Bureau of Justice Assistance: Opioid Overdose Reduction Program (OORP)

• State of Tennessee: High-Impact Area substance misuse epidemic response

• National Association of City County Health Officials: Implementing Overdose Prevention

We provide support to specific collaborations:

• the Metro Nashville Police Department co-response model - Partners in Care.

• the Nashville Fire Department co-response model, Responders Engaged and Committed to Help (REACH).

Question 2: Please provide links or references to relevant previous projects that your organization has overseen. Make sure to double check that the provided links (URLs) are the full address and are accurate in spelling.
MPHD provides community-wide reporting of the incidence and prevalence of the effects of Opioids on the community; advisories and surveillance. Below are links to examples: Resources, Prevention, Naloxone, Syringe Services Program, SPIKE Auto Text Program, Drug Overdose Data Reports, Public Health, and Safety Advisories, https://www.nashville.gov/departments/health/drug-overdose-information

Metro Public Health Department Warns of Potential for Drug Overdose Deaths Involving Xylazine | Nashville.gov Metro Public Health announces participation in new overdose spike text notification pilot program | Nashville.gov Public Health Advisory Fentanyl Contributing to Increase in Fatal Drug Overdoses | Nashville.gov Overdose_Response_Update_2023_Q2.pdf (nashville.gov)

Tennessee Opioid Abatement Council
Revised & Adopted September 30, 2022

EXHIBIT E

Tennessee's Opioid Abatement & Remediation Uses

Schedule A
Core Strategies

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT *("MAT")* DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment *("SBIRT")* services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services,

including MAT, for women with co- occurring Opioid Use Disorder *("OUD")* and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME *("NAS")*

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant- need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guideline, and current evidence;

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder *("OUD")* and any co-occurring Substance Use Disorder or Mental Health *("SUDMH")* conditions through evidence-based or evidence- informed programs or strategies that may include, but are not limited to, those that:[2]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment *("MAT')* approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine *("ASAM')* continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs *("OTPs")* to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD *(e.g.,* violence, sexual assault, human trafficking, or adverse childhood experiences) and family members *(e.g.,* surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such

trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of2000 *("DATA 2000")* to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co- occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD

and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co- occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new

Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have--or are at risk of developing-OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative *("PAARI");*

    2. Active outreach strategies such as the Drug Abuse Response Team *("DART')*

model;

3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion *("LEAD")* model;

5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

6. Co-responder and/or alternative responder models to address ODD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions *("CTI"),* particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice- involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or

other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome *("NAS'),* through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women---or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.

7. Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed

behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guideline, and current evidence.

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that:

    1. Increase the number of prescribers using PDMPs;

    2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration *("SAMHSA").*

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and

student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list *(e.g.,* health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances *(e.g.,* Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring *("ADAM")* system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Announcement of Funding

Community Grants

Opioid Abatement Council

Completed Proposals Due: **October 16, 2023**

Introduction

The Tennessee Opioid Abatement Council (OAC) is requesting proposals for Community Grants from organizations located in Tennessee to implement opioid abatement remediation strategies. These strategies include Primary Prevention, Harm Reduction, Treatment, Recovery Support, Education & Training for Research, or Evaluation of Abatement Strategy Efficacy people living within Tennessee.

The eligible projects are listed in Tennessee's Opioid Abatement & Remediation Uses in Attachment A and here: https://www.tn.gov/content/dam/tn/mentalhealth/documents/OAC_Remediation_List_Revised_10-10-22.pdf

Community Grants made from this Announcement of Funding (AOF) are funded from the Tennessee Opioid Abatement Trust Fund. Tennessee Code Annotated, § 33-11-103(p) states that 65% of the Trust Fund shall be disbursed for statewide, regional, or local opioid abatement and remediation purposes.

Community Grants must be directed to projects which address Tennessee's opioid epidemic. Funds must be used to deliver services to individuals and communities in Tennessee which focus on Primary Prevention, Harm Reduction, Treatment, Recovery Support, Education/ Training or Research or Evaluation of Abatement Strategy Efficacy.

Opioid Abatement Trust Funds shall not be used to provide payouts to individuals for financial relief nor on past projects.

Opioid Abatement Trust Funds Grant funds shall be the payor of last resort for program development and services (as outlined in the Tennessee's Opioid Abatement & Remediation Uses in Attachment A) when and where applicable.

Applications for OAC Community Grants are only accepted via the Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal, which is a web-based platform.

The Announcement of Funding will be updated with the portal web address on September 1,2023. The link to the portal will be prominently posted on the Opioid Abatement Council's website (tn.gov/oac)

Applications received via any other method will not be reviewed or scored. (*Please see Section 1.5.5 for accommodations if the Proposer doesn't have access to the internet.*)

Table of Contents

GENERAL CONDITIONS

1.1. Funding Information

1.1.1 Project Period: Funding term for selected proposals is expected to start March 1, 2024. Duration is flexible based on Proposer's demonstrated need, timing of the program and OAC approval for either 12 months, 24 months, or 36 months.

1.1.2 Funding Amount: The Opioid Abatement Council has not set a maximum funding amount for each approved application, though requests should be reasonable based on the following guidance:

- Proposers should research industry standard reimbursement and/or funding rates for the projects and/or programs in which they are seeking funding.
- The OAC reserves the right to deny applications if the requested amount exceeds the current range of reimbursement or funding for the program in Tennessee.

1.1.3 Allocations: Funding allocations will be awarded on the basis of how well a Proposer addresses guidelines and criteria of this Announcement of Funding. The actual amount available for a Grant Contract may vary depending on the number and quality of proposals received.

1.1.4 Subject to Funds Availability: Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the Opioid Abatement Council reserves the right to terminate Grant Contracts upon written notice to the Grantee.

1.1.5. Grant Contract Requirements: Grant contracts awarded as a result of this Announcement of Funding must comply with all applicable contract requirements and the Proposers application and will be subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual located on the Grants Management section of the department's website, located here. This manual is for informational purposes only and includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the monitoring process, and provides resources related to grant management.

The Opioid Abatement Council Community Grants will be disbursed in lump sums in amounts to be determined by February 1, 2024. The grants will not require invoicing and the funds are not

considered federal or state. Any selected Grantee will be subject to fiscal and program monitoring which will be performed by TDMHSAS and/or Opioid Abatement Council Office. The Opioid Abatement Council will adopt the monitoring standards developed by the State's Central Procurement Office and in accordance with Central Procurement Office policy.

1.1.6. Semi-Annual Reports: Grantees will submit Semi-Annual Reports to the Opioid Abatement Council Office on a template prescribed by the Council. This report template will be made available to the Grantees no later than February 1, 2024.

1.2. Timelines

The following schedule of events represents the Opioid Abatement Council's best estimate of the schedule that shall be followed. The Opioid Abatement Council reserves the right in its sole discretion to adjust this schedule as it deems necessary. In the event such action is taken, notice of such action will be posted on the Opioid Abatement Council's website located here (www.tn.gov/oac) and notice of the posting will be distributed via the Proposer e-mail list.

Please take note that applications for this initial round of Community Grants will only be accepted September 1 – October 16, 2023. We plan to release an Announcement of Funding for Community Grants at least annually, as long as there are available funds in the Opioid Abatement Trust Fund. At the time of the release of this Announcement of Funding, the next round of Community Grants is planned for September 2024.

SCHEDULE OF EVENTS:

July 17, 2023	OAC Releases Announcement of Funding and posts copy of Application on OAC website
July 17, 2023	Requests “Intent to Apply” responses via e-mail
July & August 2023	OAC to post various Technical Assistance materials
July 31, 2023	Proposers Written Questions Regarding the Announcement of Funding and Application are due.
August 14, 2023	OAC to post Frequently Asked Questions in response to written questions
September 1, 2023	Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal **opens** at 12:00amCT
October 16, 2023	Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal **closes** at 11:59pmCT
February 1, 2024	OAC makes announcement of accepted proposals.
May 1, 2024	Contract shall be effective upon gathering all required signatures and approvals from the Opioid Abatement Council in accordance with grant contract section D.1. Required Approvals.

1.3 Proposer Eligibility

1.3.1 The Proposer, for purposes of this Announcement of Funding, must:

- have physical presence in Tennessee at the time of the application
- be registered with the Tennessee Secretary of State and provide OR constituted an established governmental agency within the State of Tennessee.
- if applying for recovery housing funding, Proposer will be required to show current certification and/or recognition status through a state and/or nationally recognized recovery residence standards organization, any affiliate of any nationally recognized recovery residence standards organization OR the Proposer must be currently funded by the State of Tennessee or a federal department or agency to support and/or create a recovery residence.
- if applying for treatment funding, must be licensed as an agency by a Tennessee State Department (either Department of Health or Department of Mental Health and Substance Abuse Services)

Other considerations for the Proposer:

- May be an established or newly formed organization if the principals have an established history of service in and to the State of Tennessee
- May be in any IRS recognized tax-category (profit, non-profit/ not-for-profit, etc.)
- Organization does not have to have an agency license, unless specified above
- Organization does not have to have a specific dollar amount in their operating budget
- If applying for prevention funding, organization does not need to be certified as a prevention coalition.

1.3.2 A Proposer (with the exception of Tennessee State Departments), for purposes of this Announcement of Funding, must not be:

- An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purposes of furthering the private interest or personal profit of any person; and

- For purposes of applying the requirements above, the Opioid Abatement Council will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

1.4 Scope of Services

The program's Scope of Services is the Proposer's application, once the application is approved and attached to the contract. The main sections of the Scope of Services from the application are Impact, Innovation, Integration, Evidence Base, Feasibility, Sustainability, and Credibility.

1.5 Communications

1.5.1 The following Coordinator shall be the main point of contract for this Announcement of Funding:

Coordinator: **Mary Shelton**
E-mail address: **tnoac.grant@tn.gov**

All proposer communications concerning this procurement must be directed to the Coordinator listed immediately above. Unauthorized contact regarding this Announcement of Funding with other state employees of the Opioid Abatement Council Office or TDMHSAS or any Opioid Abatement Council members may result in disqualification.

1.5.2 Proposer E-Mail List: The Opioid Abatement Council Office will create an e-mail list to be used for sending communications related to this Announcement of Funding. If you wish to be added to this list, please promptly send your contact information, including e-mail address, to **tnoac.grant@tn.gov**. Any delay in sending such information may result in some communications not being received. The Opioid Abatement Council Office assumes no responsibility for delays in being placed on the list. Proposer E-mail List template language:

Subject Line**: Proposer E-Mail List**

Please provide the following information:

1. **Organization name**

2. **E-mail address**
3. **USPS mailing address**
4. **Phone number**

1.5.3 Intent to Apply: The Opioid Abatement Council request that potential Proposers e-mail **tnoac.grant@tn.gov** by July 31, 2023. This e-mail is not binding but rather informative for the Opioid Abatement Council. Intent to Apply template language:

Subject Line**: Intent to Apply**

Please provide the following information:

1. **Organization name**
2. **Number of applications planning to submit**
3. **Applicable Strategy for each application**

1.5.4 Questions and Requests for Clarification: Questions and requests for clarification regarding this Announcement of Funding must be e-mailed to **tnoac.grant@tn.gov** by July 31, 2023. Questions and Requests for Clarification template language:

Subject Line: **AOF Question**

Please provide the following information along with the question:

1. **Organization name**
2. **Applicable Strategy**
3. **Applicable section(s) from Tennessee's Opioid Abatement & Remediation Uses**
4. **Question**
5. **Any other details which will help us better understand the question**

A Frequently Asked Questions document will be posted to the OAC website (www.tn.gov/oac) by August 14, 2023.

1.5.5 No internet connection: If the Proposer does not have stable internet connection to communicate with the Opioid Abatement Council or to submit the application via the Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal, please call Mary

Shelton at 615-946-9193 for alternative accommodations. The call and /or voicemail must be received by September 8, 2023.

1.5.6 Questions about the Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal: Questions about accessing the portal, entering information and application status may be emailed to **tnoac.grant@tn.gov** and shall be sent using the following template language:

Subject Line**: Portal question**

Please provide the following information:

1. **Organization name**
2. **Application ID**
3. **Project Name**
4. **Question**

Technical Assistance videos will be posted to the Opioid Abatement Council's website by September 1, 2023.

1.6 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection

1.6.1 Proposal Preparation: The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.6.2 Proposal Formatting Requirements: The Opioid Abatement Council's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting and content requirements have been established for proposals.

- Proposals must be received via the Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal.

- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- There is a word limit for the narrative responses, which are listed below.
- Proposers must certify that the application was created and written by a human and that the applicant has the capacity to fulfill and/or provide the project described in this application.

1.6.3 Proposal Submission: Proposals must be submitted via **Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal by October 16, 2023 at 11:59PM Central Time**. Proposals must be complete and comply with all requirements of this Announcement of Funding in order to be eligible for review.

1.6.4 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn only by the Proposer. The Proposer may withdraw the proposal in the **Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal.**

1.6.5 State's Right to Reject Proposals: The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement of Funding if it is in the best interest of the State as determined in the Opioid Abatement Council's sole discretion. In the event such action is taken, notice of such action will be posted at this link, and notice of the posting will be distributed via the Proposer e-mail list.

1.7 Proposal Review, Components, Scoring, and Selection

1.7.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and noncompliant proposals, Proposers who are ineligible, and projects which are not listed on Tennessee's Opioid Abatement & Remediation Uses list will not be reviewed. The eligible projects are listed in Tennessee's Opioid Abatement & Remediation Uses in Attachment A and here: https://www.tn.gov/content/dam/tn/mentalhealth/documents/OAC_Remediation_List_Revised_10-10-22.pdf

The Proposer must select at least one section from the Tennessee's Opioid Abatement & Remediation Uses list that aligns with the proposed project. The Proposer will make this selection in the Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal.

The Opioid Abatement Council recognizes the need to ensure that funding provided for the OAC Community Grants provides the maximum benefit to the citizens of Tennessee. Grantees are selected based on how the project's impact, innovation, integration, evidence base, feasibility, sustainability, and credibility within the systems which work towards opioid abatement and remediation.

1.7.3 Proposal Scoring: Each proposal may receive a total score between zero (0) and one hundred (100). Each section of the Project Narrative carries a different weight and the percentage is listed in the table below.

Proposal Component	**Score**
Organizational Information	0 points, but essential
Funding Request	0 points, but essential
Detailed Project Description	0 points, but essential
Project Narrative	
Impact	20%
Innovation	10%
Integration	10%
Evidence Base	10%
Feasibility	20%
Sustainability	15%
Credibility	15%
Proposed Budget and Budget Narrative (***required***) *Appropriate and realistic budget must be submitted along with a narrative justifying the budget.*	0 points, but essential
Most recent audited financial statements (income and balance sheet) (***required***)	0 points, but essential

Proposer's operating budget for its current fiscal year (***required***)	0 points, but essential
Most recent IRS Form 990 and attachments (***if applicable***)	0 points, but essential
Proposer's current IRS determination letter 501(c)(3) status (***if applicable***)	0 points
Any agency licenses through TDOH or TDMHSAS (***if applicable***)	0 points
List of Proposer's board members and their relevant experience (***if applicable***)	0 points

1.7.4 Proposal Selection: The Opioid Abatement Council will notify all Proposers informing them of the outcome of either selected for contracting or not selected for contracting by close of business February 1, 2024.

All grant proposals are reviewed by state employees selected by the Opioid Abatement Council Office and evaluated by members of the Opioid Abatement Council. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Opioid Abatement Council.

The Opioid Abatement Council reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the Opioid Abatement Council reserves the right to consider past performance under other Tennessee contracts.

1.8 The Opioid Abatement Council rights and obligations under this Announcement of Funding

1.8.1 The Opioid Abatement Council reserves the right to make any changes to this Announcement of Funding, timeline of events, proposals selected, the scope of services, the amount of funding, and any other aspect of this process as deemed necessary before issuing the final Grant Contract. In the event the Opioid Abatement Council decides to amend, add to, or delete any part of this Announcement of Funding, a written amendment will be posted at_this_link and notice of this posting will be distributed via the Proposer e-mail list.

1.8.2 The Opioid Abatement Council reserves the right to cancel, or to cancel and re-issue, this Announcement of Funding. In the event such action is taken, notice of such action will be posted at this link, and notice of the posting will be distributed via the Proposer e-mail list.

1.8.3 The Opioid Abatement Council reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

1.8.4 The Opioid Abatement Council reserves the right to not issue any Grant Contracts in response to this Announcement of Funding.

1.8.5 The Opioid Abatement Council reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

1.8.6 The Opioid Abatement Council obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the Opioid Abatement Council and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations. The Opioid Abatement Council shall have no obligation for services rendered by the Grantee which are not period within the specified Grant Contract term.

1.8.7 Grant contracts awarded as a result of this Announcement of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the Opioid Abatement Council reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2. Community Grant Application

The responses should be structured and titled consistently according to the individual sections. For the Brief Description of the Project, there is a maximum number of 200 words. For Detailed Project Description, there is maximum of number of 2000 words, which is divided between the sections (please see each section for the word limits).

Proposals must be received via the Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal.

The Community Grant Application responses should address each of the following items, as applicable.

Organization Information

1. Organization name:
2. Date organization established:
3. Organization address:
4. Does this organization have an office or physical presence in Tennessee?
    a. Please provide the physical address for the Tennessee location (if more than one address exists, please provide the most pertinent):
5. Primary Contact information:
    a. Name:
    b. Phone number:
    c. E-mail:
6. Name of Chief Executive Officer or President of the organization:
    a. Name:
    b. Phone number:
    c. E-mail:
7. Tax Identification Number:
8. Has this organization Received a 501(c)(3) Determination Letter?
9. Is this organization licensed by the Tennessee Department of Health?
    a. If yes – list license name and number:
10. Is this organization licensed by the Tennessee Department of Mental Health and Substance Abuse Services?
    a. If yes, list license name and number:
11. How many employees are in this organization? How many volunteers serve in this organization?
12. What is the annual operating budget of the organization?

Funding Request

1. Project name:
2. Select the strategy that bests fits this project:
    a. Primary Prevention
    b. Harm Reduction
    c. Treatment
    d. Recovery Support
    e. Education/ Training
    f. Research or Evaluation of Abatement Strategy Efficacy
3. Funding amount requested:
    a. Please attach an itemized budget for the project showing all sources of income and proposed expenditures for the project that clearly indicates how the requested funds will be used. See Attachment B.
4. What is the proposed timeframe for spending the funding?
    a. 1 Year
    b. 2 Years
    c. 3 Years
5. Brief description of the project: (*200-word limit*)

Detailed Project Description

The State of Tennessee and the Opioid Abatement Council are committed to combating the opioid epidemic. The Opioid Abatement Council wants to ensure that proposed approaches have been proven to be effective.

Below are seven categories that will be used in the evaluation process to determine grant funding to aid in prevention, harm reduction, treatment, recovery support, education and training, research and evaluation of abatement strategy efficacy.

Briefly explain how your project will assist in combating this epidemic.

Impact

The citizens of Tennessee are experiencing epidemic levels of addiction, overdoses, and death secondary to opioid use disorder. Therefore, having a positive impact on Tennessee's opioid crisis is imperative. The responses below should explain how the project will impact Tennesseans and define the target population (including age and other relevant demographic information). (*400-word limit for this section*)

1) How many persons will be impacted? How will they be affected and for how long do you expect the impact to last?

2) How will your organization measure the success of the project? What outcomes will you track and what will be the frequency of assessment?

3) When developing a proposal for the opioid crisis the organization must consider how accessible their services will be to those affected by the crisis. How will the organization ensure accessibility to the proposed services?

4) How will inequities in care be remediated?

5) What area(s) of Tennessee will be served by the project? (Please provide zip codes.)

Innovation

The opioid crisis has existed for decades, and innovative measures have been used, but must continue to be developed to assist in combating the epidemic. The responses below should highlight how your organization plans to incorporate innovative measures such as medical technologies, partnerships, alternative paths, etc. (*200-word limit for this section*)

1) What new approaches to existing challenges are proposed in this project?

2) Is there a plan to share learnings with the medical and larger communities? If so, how will this be accomplished?

Integration

When combating an epidemic, organizations must often research, collaborate and use resources from other community efforts to be effective. In this section, the applicant must briefly explain how their services (existing and proposed) integrate with existing efforts. (*200-word limit for this section*)

1) How does the proposed project fit within the existing ecology of opioid prevention and care?

2) Are there plans to incorporate collaboration with other community resources? If so, please describe these plans.

Evidence Base

Much evidence-based strategies have been used over the years to assist with the opioid crisis such as screening for fentanyl, academic detailing, syringe services programs, etc. The response in this section should list the proposed approach and any references that would provide evidence of its success. (*200-word limit for this section*)

1) Please describe the evidence that supports your proposed approach. Include relevant references.

Feasibility

The response in this section should describe the applicant's management plans such as supervision of program, qualifications of management and staff, etc. (*400-word limit for this section)*

1) Please describe your business and/or management plan for the proposed project.

2) Please provide information about staff and resources allocated to the project and available infrastructure.

Sustainability

The applicant must consider if and how the proposed project will continue once abatement funding has ended. In this section, please explain if you intend to extend the project past the abatement funding period. What strategies you plan to employ to ensure sustainability? (*300-word limit for this section*)

1) Does this organization plan to extend this project beyond the funding period?

    a. If so, what will be the funding mechanism(s) to continue the project?

2) What percentage of the proposed project's budget will be carried by abatement funding? What are the other sources of funding for the proposed program?

Credibility

Explain the commitment of the organization's project to the community such as the marketing strategy, public education opportunities, etc. (*300-word limit for this section*)

1) What is the service track record of the organization in Tennessee?

2) Please provide links or references to relevant previous projects that your organization has overseen.

Attachment A

Tennessee's Opioid Abatement & Remediation Uses

Tennessee Opioid Abatement Council

Revised & Adopted September 30, 2022

EXHIBIT E

Tennessee's Opioid Abatement Remediation Uses

Schedule A
Core
Strategies

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT *("MAT")* DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured

or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment *("SBIRT')* services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co- occurring Opioid Use Disorder *("OUD")* and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME *("NAS")*

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant- need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guidelines, and current evidence;

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved
Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder *("OUD")* and any co-occurring Substance Use Disorder or Mental Health *("SUDMH")* conditions through evidence-based or evidence- informed programs or strategies that may include, but are not limited to, those that:[2]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment *("MAT')* approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine *("ASAM')* continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs *("OTPs")* to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD *(e.g.,* violence, sexual assault, human trafficking, or adverse childhood experiences) and family members *(e.g.,* surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health

practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of2000 *("DATA 2000")* to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co- occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management

and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co- occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD,

including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have--or are at risk of developing-OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to

begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative *("PAARI");*

    2. Active outreach strategies such as the Drug Abuse Response Team *("DART')* model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion *("LEAD")* model;

    5. Officer intervention strategies such as the Leon County,

Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

6. Co-responder and/or alternative responder models to address ODD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions *("CTI"),* particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice- involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome *("NAS"),* through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women---or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get

referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.

7. Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guidelines, and current evidence.

2. Training for health care providers regarding safe and responsible

opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that:

    1. Increase the number of prescribers using PDMPs;

    2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

    3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that

may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration *("SAMHSA").*
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management

of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list *(e.g.,* health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances *(e.g.,* Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring *("ADAM")* system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Attachment B

PROPOSED BUDGET | Opioid Abatement Council, Community Grants

The budget template is found in the **Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal.** The Proposer will enter the information listed below directly into the Application via the Portal. Each line will require a justification which the Proposer will type in a text box.

GRANT BUDGET SUMMARY				
Agency Name: Enter on Detail Tab				
Program Code Name: Enter on Detail Tab				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period:		**BEGIN: Enter on Detail Tab**		**END: Enter on Detail Tab**
POLICY 03 Object Line-item Reference	**EXPENSE OBJECT LINE-ITEM CATEGORY [1]**	**GRANT CONTRACT**	**GRANTEE PARTICIPATION**	**TOTAL PROJECT**
1, 2	Salaries, Benefits & Taxes [2]	$0.00	$0.00	$0.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$0.00	$0.00	$0.00
11, 12	Travel, Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$0.00	$0.00	$0.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$0.00**	**$0.00**	**$0.00**

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A.* (posted on the Internet at: http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf)

[2] Applicable detail follows this page if line-item is funded.

Attachment C

DOCUMENTS FOR UPLOADING TO THE PORTAL | Opioid Abatement Council, Community Grants

To assist with entering the information for the application through the **Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal,** here is a list of the required and required, if applicable documents. All documents must be in PDF format and uploaded under the Organizational Information tab. The Budget for the Proposed project will be built in the Portal (see Attachment B)

Document	If applicable OR required
TDMHSAS License	if applicable
TDOH License	if applicable
Certificate of Existence from Secretary of State	if applicable
501(c)(3) Determination Letter	if applicable
Current Fiscal Year Operating Budget	required
Most recent audited financial statements **OR** a copy of the current financial statement	required
List of current board members and their relevant experience	if applicable
Most recent IRS Form 990 and attachments	if applicable

Attachment D

REMEDIATION LIST STRATEGIES | Opioid Abatement Council, Community Grants

This list is the full ***Tennessee's Opioid Abatement & Remediation Uses*** listed by the 6 main strategies: Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy.

When applying for a Community Grant, the Proposers must provide the strategy of the proposed project. Please use this list to determine the strategy.

Strategy – Schedule A (Core Strategies)	**Section Number**	**Language**
Education/ Training	A1	Expand training for first responders, schools, community support groups and families
Harm Reduction	A2	Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service
Treatment	B1	Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service
Primary Prevention	B2	Provide education to school-based and youth-focused programs that discourage or prevent misuse
Treatment	B3	Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders
Treatment	B4	Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery

		housing that allow or integrate medication and with other support services
Primary Prevention	C1	Expand Screening, Brief Intervention, and Referral to Treatment *("SBIRT")* services to non-Medicaid eligible or uninsured pregnant women
Treatment	C2	Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co occurring Opioid Use Disorder *("OUD")* and other Substance Use Disorder ("SUD")/Mental Health disorders for uninsured individuals for up to 12 months postpartum
Recovery Support	C3	Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare
Recovery Support	D1	Expand comprehensive evidence-based and recovery support for NAS babies
Recovery Support	D2	Expand services for better continuum of care with infant need dyad
Recovery Support	D3	Expand long-term treatment and services for medical monitoring of NAS babies and their families
Primary Prevention	E1	Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
Recovery Support	E2	Expand warm hand-off services to transition to recovery services;
Recovery Support	E3	Broaden scope of recovery services to include co-occurring SUD or mental health conditions

Recovery Support	E4	Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare
Recovery Support	E5	Hire additional social workers or other behavioral health workers to facilitate expansions above
Treatment	F1	Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system
Treatment	F2	Increase funding for jails to provide treatment to inmates with OUD
Primary Prevention	G1	Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco)
Primary Prevention	G2	Funding for evidence-based prevention programs in schools
Primary Prevention	G3	Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guidelines, and current evidence
Primary Prevention	G4	Funding for community drug disposal programs
Harm Reduction	G5	Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports
Harm Reduction	H1	Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD

		treatment, access to sterile syringes and linkage to care and treatment of infectious diseases
Research/Evaluation of Abatement Strategy Efficacy	I	Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state
Strategy – Schedule B (Approved Uses)	**Section Number**	**Language**
Treatment	AA1	Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment *("MAT')* approved by the U.S. Food and Drug Administration
Treatment	AA2	Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine *("ASAM')* continuum of care for OUD and any co-occurring SUD/MH conditions
Treatment	AA3	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services
Treatment	AA4	Improve oversight of Opioid Treatment Programs *("OTPs")* to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment
Treatment, and Recovery Support	AA5	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose

Recovery Support	AA6	Provide treatment of trauma for individuals with OUD *(e.g.,* violence, sexual assault, human trafficking, or adverse childhood experiences) and family members *(e.g.,* surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma
Treatment	AA7	Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions
Education/Training	AA8	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele-mentoring to assist community-based providers in rural or underserved areas
Treatment	AA9	Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions
Treatment	AA10	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
Treatment	AA11	Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas
Treatment	AA12	Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of2000 *("DATA 2000")* to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver

Treatment	AA13	Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing
Treatment	AA14	Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment
Recovery Support	BB1	Provide comprehensive wrap-around services to individuals with OUD and any co occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare
Treatment, and Recovery Support	BB2	Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
Treatment, and Recovery Support	BB3	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
Recovery Support	BB4	Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services
Recovery Support	BB5	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions

Recovery Support	BB6	Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co occurring SUD/MH conditions
Treatment, and Recovery Support	BB7	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
Recovery Support	BB8	Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions
Recovery Support	BB9	Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery
Treatment, and Recovery Support	BB10	Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family
Education/ Training	BB11	Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma
Education/ Training	BB12	Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment
Recovery Support	BB13	Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans
Recovery Support	BB14	Create and/or support recovery high schools.

Education/ Training	BB15	Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
Education / Training	CC1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment
Primary Prevention, and Harm Reduction	CC2	Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid
Primary Prevention, and Harm Reduction	CC3	Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common
Primary Prevention	CC4	Purchase automated versions of SBIRT and support ongoing costs of the technology.
Treatment	CC5	Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
Education/ Training	CC6	Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services
Treatment	CC7	Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach
Treatment,	CC8	Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons

		with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose
Treatment	CC9	Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event
Treatment, and Recovery Support	CC10	Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any cooccurring SUD/MH conditions or to persons who have experienced an opioid overdose
Recovery Support	CC11	Expand warm hand-off services to transition to recovery services
Primary Prevention, and Treatment, and Recovery Support	CC12	Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people
Education/ Training	CC13	Develop and support best practices on addressing OUD in the workplace
Education/ Training	CC14	Support assistance programs for health care providers with OUD
Treatment	CC15	Engage non-profits and the faith community as a system to support outreach for treatment.
Treatment	CC16	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions

Treatment	DD1.1	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative *("PAARI");*
Treatment	DD1.2	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Active outreach strategies such as the Drug Abuse Response Team *("DART) model*
Treatment, and Harm Reduction	DD1.3	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
Treatment	DD1.4	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Officer prevention strategies, such as the Law Enforcement Assisted Diversion *("LEAD")* model;
Treatment	DD1.5	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established strategies such as Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative
Treatment	DD1.6	Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions; including established

		strategies such as Co-responder and/or alternative responder models to address ODD-related 911 calls with greater SUD expertise
Treatment	DD2	Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services
Treatment, and Recovery Support	DD3	Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions
Treatment	DD4	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison
Treatment	DD5	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities
Treatment	DD6	Support critical time interventions *("CTI"),* particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings
Education/ Training	DD7	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or

		other services offered in connection with any of the strategies described in this section
Recovery Support, and Treatment, and Primary Prevention	EE1	Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women---or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome
Treatment, and Recovery Support	EE2	Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum
Education/ Training	EE3	Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions
Treatment, and Recovery Support	EE4	Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families
Education/ Training	EE5	Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care
Recovery Support	EE6	Provide child and family supports for parenting women with OUD and any co occurring SUD/MH conditions

Recovery Support	EE7	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.
Recovery Support	EE8	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events
Recovery Support	EE9	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training
Education/ Training	EE10	Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use
Education/ Training	FF1	Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the CDC's Updated Clinical Practice Guideline for Prescribing Opioids, the Tennessee Department of Health Chronic Pain Guidelines, and current evidence.
Education/ Training	FF2	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids
Education/ Training	FF3	Continuing Medical Education (CME) on appropriate prescribing of opioids
Education/ Training	FF4	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

Education/ Training, and Research/ Evaluation of Abatement Strategy Efficacy	FF5.1	Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that Increase the number of prescribers using PDMPs
Education/ Training and Research/ Evaluation of Abatement Strategy Efficacy	FF5.2	Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both;
Education/ Training and Research/ Evaluation of Abatement Strategy Efficacy	FF5.3	Supporting enhancements or improvements to Prescription Drug Monitoring Programs *("PDMPs"),* including, but not limited to, improvements that Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules
Research/ Evaluation of Abatement Strategy Efficacy	FF6	Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules
Education/ Training	FF7	Increasing electronic prescribing to prevent diversion or forgery.
Education/ Training	FF8	Educating dispensers on appropriate opioid dispensing
Primary Prevention	GG1	Funding media campaigns to prevent opioid misuse.

Primary Prevention	GG2	Corrective advertising or affirmative public education campaigns based on evidence.
Primary Prevention	GG3	Public education relating to drug disposal.
Primary Prevention	GG4	Drug take-back disposal or destruction programs.
Primary Prevention	GG5	Funding community anti-drug coalitions that engage in drug prevention efforts
Primary Prevention	GG6	Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration *("SAMHSA").*
Primary Prevention	GG7	Engaging non-profits and faith-based communities as systems to support prevention
Primary Prevention	GG8	Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
Primary Prevention	GG9	School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids
Primary Prevention	GG10	Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

Primary Prevention	GG11	Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills
Education/ Training	GG12	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse
Harm Reduction	HH1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
Harm Reduction	HH2	Public health entities providing free naloxone to anyone in the community
Education/ Training	HH3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
Harm Reduction	HH4	Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support
Harm Reduction	HH5	Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals

Harm Reduction	HH6	Public education relating to emergency responses to overdoses
Harm Reduction, and Education/ Training	HH7	Public education relating to immunity and Good Samaritan laws
Education/ Training	HH8	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
Harm Reduction	HH9	Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs
Harm Reduction	HH10	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use
Harm Reduction	HH11	Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions
Education/ Training	HH12	Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions
Education/ Training	HH13	Supporting screening for fentanyl in routine clinical toxicology testing

Education/ Training	II1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs
Education/ Training	II2	Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events
Treatment, and Primary Prevention, and Harm Reduction, and Recovery Support	JJ1	Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list
Research/ Evaluation of Abatement Strategy Efficacy	JJ2	A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes
Treatment, and Primary Prevention, and Harm Reduction, and Recovery Support	JJ3	Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list
Research/ Evaluation of	JJ4	Provide resources to staff government oversight and management of opioid abatement programs

Abatement Strategy Efficacy		
Education/ Training	KK1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis
Education/ Training	KK2	Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).
Research/ Evaluation of Abatement Strategy Efficacy	LL1	Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
Primary Prevention	LL2	Research non-opioid treatment of chronic pain
Primary Prevention	LL3	Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders
Research/ Evaluation of Abatement Strategy Efficacy	LL4	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips
Research/ Evaluation of Abatement Strategy Efficacy	LL5	Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids

Research/ Evaluation of Abatement Strategy Efficacy	LL6	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
Research/ Evaluation of Abatement Strategy Efficacy	LL7	Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring *("ADAM")* system
Research/ Evaluation of Abatement Strategy Efficacy	LL8	Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
Research/ Evaluation of Abatement Strategy Efficacy	LL9	Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes

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Kevin Crumbo/mjw MaryJo.Wiggins@nashville.gov Security Level: Email, Account Authentication (None)	Kevin Crumbo/mjw Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 9/26/2024 11:13:39 AM Viewed: 9/26/2024 11:19:54 AM Signed: 9/26/2024 11:21:33 AM
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Courtney Mohan Courtney.Mohan@nashville.gov Security Level: Email, Account Authentication (None)	Courtney Mohan Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 9/26/2024 11:21:37 AM Viewed: 9/27/2024 3:09:37 PM Signed: 9/27/2024 3:21:30 PM
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