
GRANT SUMMARY SHEET

Grant Name: Comprehensive Opioid Abuse 20-25 Amend 2

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF JUSTICE

**Pass-Through Grantor
(If applicable):**

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

The goal of this program will be to reduce fatal non-fatal overdoses in Davidson County. This will be achieved through the following objectives: • Coordination and analysis of existing and new data sets. • Regular data reporting to stakeholders. • Adoption of the ODMAP system. • Establishing an Overdose Fatality Review Panel. • Implementation of intercepts as identified by the Overdose Reduction Workgroup (ORW). The ORW is grounded in a collective impact framework including public-private partnership and cross-departmental collaboration. Amendment 1 extended the end date of the grant by one year from 09/30/2022 to 09/30/2023. Amendment #2 extends the contract end date with an additional year from the 09/30/2023 to 09/30/2024.

Plan for continuation of services upon grant expiration:

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:		Comprehensive Opioid Abuse 20-25 Amend 2					
Grantor:		U.S. DEPARTMENT OF JUSTICE				Other:	
Grant Period From:		10/01/19	(applications only) Anticipated Application Date:				
Grant Period To:		09/30/24	(applications only) Application Deadline:				
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	COMPETITIVE	Total Award:		\$0.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	16.838	Is Council approval required?		<input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>The goal of this program will be to reduce fatal non-fatal overdoses in Davidson County. This will be achieved through the following objectives: • Coordination and analysis of existing and new data sets. • Regular data reporting to stakeholders. • Adoption of the ODMAP system. • Establishing an Overdose Fatality Review Panel. • Implementation of intercepts as identified by the Overdose Reduction Workgroup (ORW). The ORW is grounded in a collective impact framework including public-private partnership and cross-departmental collaboration. Amendment 1 extended the end date of the grant by one year from 09/30/2022 to 09/30/2023. Amendment #2 extends the contract end date with an additional year from the 09/30/2023 to 09/30/2024.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?		Fund		Business Unit			
Is not budgeted?		Proposed Source of Match:					
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		2.60		Actual number of positions added:		1.25	
Departmental Indirect Cost Rate		23.54%		Indirect Cost of Grant to Metro:		\$244,903.33	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 19.05%		Ind. Cost Requested from Grantor:		\$198,239.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>		Metro or Community-based Partners:					

Part Two

Grant Budget											
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor	
Yr 1	FY20	\$262,940.25	\$0.00	\$0.00	\$0.00		\$0.00	\$262,940.25	\$61,896.13	\$50,102.25	
Yr 2	FY21	\$345,394.50						\$345,394.50	\$81,305.87	\$65,813.50	
Yr 3	FY22	\$344,892.00						\$344,892.00	\$81,187.58	\$65,718.00	
Yr 4	FY23	\$87,144.25						\$87,144.25	\$20,513.76	\$16,605.25	
Yr 5	FY24										
Total		\$1,040,371.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,040,371.00	\$244,903.33	\$198,239.00	
Date Awarded:				08/16/22		Tot. Awarded:		\$0.00		Contract#:	
(or) Date Denied:						Reason:					
(or) Date Withdrawn:						Reason:					

Contact: juanita.paulsen@nashville.gov
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Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

John Cooper, Mayor
Gill C. Wright III MD FAAFP MMM
Director of Health
Board of Health
Tené Hamilton Franklin MS, Chair
Calvin M. Smith III MD, Vice-Chair
Carol Etherington MSN RN FAAN
David A. Frederick MS
A. Alex Jahangir MD MMHC FACS
Lloyda B. Williamson MD DFAPA FAACAP

July 20, 2023

To: Kandia Conway
State Policy Advisor
South Central Division
Program Office
BJA

From: Anidolee Melville-Chester, Ph.D
Anidolee.Melville-Chester@nashville.gov

RE: Request for Project Period Extension
Award Number: 2019-AR-BX-K036
Original Project Period: 10/1/2019 to 9/30/2022
Requesting extension for 12 months:
Last day of requested period: 9/30/2024

Please see the information below regarding the request for the Project Period Extension for Award Number: 2019-AR-BX-K036 and let me know if any additional information is needed.

Opioid Overdose Reduction Program

Explanation of the delay which is preventing the completion of the project activities before the current project end date. This should be detailed, specifically addressing the obstacles that caused the delay

Local COVID-19 response required epidemiologist that was hired for the grant to continue their duties until July/August 2020 despite being hired in May 2020. There were delays in hiring the program coordinator position as the position had to be created as a new position in the HR system, posted internally for 5 days and then externally twice to find an appropriate candidate, who then had to give notice. The Program Coordinator was hired in September of 2020. We gained some traction with achieving the deliverables, however the impact of COVID-19 as well as massive staff turnover in 2022 presented a barrier to moving forward. Most of the program staff including the Division Director either retired and/or accepted other positions and those vacancies were unable to be filled for 9 months. A new Division Director was hired in March of 2023 with a renewed focus on the Opioid Epidemic and its impact on the Community.

If Project Period Extension is post-Close-Out (past the award project period) please explain why this was not submitted earlier

The Project Extension is not post-close out.

The unexpended Funds are:

\$354,699.73

Description of the activities that have been completed to date as they relate to the goals and objectives of your project.

Epidemiologist Goals and Objectives

Objective: Identification and Integration of existing and new data sets

1. Epidemiologist created a policy and procedures manual that details all existing data sets utilized for reporting. Data sets are described by system access, description of data set, responsible agency, use/purpose, supporting documentation (including data sharing agreements, memorandums of understanding, etc.), and reporting timeline.
2. Create an inventory of available data
3. Epidemiologist created a data inventory spreadsheet that describes all data sets integrated into the overdose surveillance system by data system name, agency that owns the dataset, description of data set, number of variables, whether the data set contains protected health information (PHI), geographic range of data (county, state, or national), geographic level (street address, ZIP Code, county), data set contact, virtual location of data set files, and website where data set is located. This is being continually updated.

Objective: Adoption of ODMAP system

1. Adoption of ODMAP system
 - a. Develop data bridge between EMS system and ODMAP through sub-award

By utilization of grant funds, costs associated with the development of a data bridge and implementation of ODMAP were achieved by July 2020 and continues to be instrumental in informing our stakeholders about prevention, education and treatment strategies.

- b. Implement ODMAP reporting protocols and overdose alert mechanisms

ODMAP reporting protocols and alert mechanisms, along with other utilized data systems, are included in the policies and procedures manual and have been implemented and continue to be utilized. Once ODMAP was operationalized in July 2020, a daily threshold for suspected overdose incidents occurring in the county was set and shared with multiple community partners including local emergency medical services. During this time, alert-level overdose activity has been successfully detected by ODMAP while also being utilized to validate alert-level activity observed in other data systems (i.e., syndromic surveillance at local emergency departments and medical examiner reported overdose deaths).

CAOP Project Coordinator Goals and Objectives

Objective: Establish Overdose Fatality Review Panel

1. Establish Protocols for the panel

- a. Project coordinator attended multiple COSSAP webinars and learning collaboratives to understand the best practices to start an OFR. In addition to learning about OFRs, the project coordinator also connected with local team members of the Fetal and Infant Mortality Review (FIMR) and was able to sit in on a review to learn their process. The coordinator also met with multiple OFR sites that have been successful including Indiana and Philadelphia. These conversations helped shape the legislation, protocols, process, and development of the Davidson County OFR. After collecting COSSAP resources, the coordinator formed confidentiality agreements and data sharing agreements to bring to the stakeholders. **Retaining a new Project Coordinator is essential to the continuation of these activities.**

2. Identify relevant member for panel and first meeting.

- a. The project coordinator convenes established partners to explain the purpose and value of an OFR, then continued to research sectors that Metro Public Health Department had not worked with previously but would bring value by attending. Davidson County averages 20 stakeholders per monthly meeting from different sectors of public health, public safety, treatment, law enforcement, first responders and judicial branches. Planning and recruitment took between 4-6 months. **Our Behavioral Health and Wellness Director has continued these activities since March 2023 to ensure that deliverables of the grant could be met. Hiring a new project coordinator is needed to maintain the momentum of the project.**

3. Conduct first meeting and establish a regular meeting schedule.

- a. Davidson County Overdose Fatality Review Panel first convened in March 2021. Currently, the panel members meet monthly and discuss 1-2 cases virtually due to COVID19. The virtual meetings have not proven to be less effective, because the meeting time is 90 minutes and the majority of panelists prefer the option to virtually attend. There is discussion within the panel to create a hybrid meeting as in-person discussion may be more valuable. A regular meeting schedule is in place.

Description of the pending activities to be completed during the requested extension period as they relate to the goals and objectives of your project

Epidemiologist Goals and Objectives

Objective: Identification and integration of existing and new data sets

1. integration of existing and new data sets – PENDING/ONGOING
 - a. Secure and standardize reporting requirements with existing data sets – PENDING/ONGOING
2. Data reporting to stakeholders – PENDING/ONGOING
 - a. Maintain a reporting protocol for outward facing data reports to drive overdose reduction strategies – PENDING/ONGOING

Objective: Data Reporting to Stakeholders

Reporting protocol included in the policy and procedures manual to describe all reports generated, which data sets are used, the reporting timeline for each report, and who the report is to be shared with (internal partners versus public facing).

- a. Maintain and enhance data monitoring and reporting –ONGOING.

Data monitoring and reporting is currently being conducted on a daily, routine basis.

Enhancements to data monitoring and reporting occur as new data sets and community partners are identified, novel psychoactive substances are detected and merit modifications to monitoring and reporting. New case definitions or new drug classes are set forth by state or national agencies such as the Tennessee Department of Health, the Centers for Disease Control and Prevention, or the Council of State and Territorial Epidemiologists.

- b. Initiate data sharing activities –ONGOING.

Multiple data sharing activities have been initiated with community partners including a monthly data-to-action meeting with local prevention partners and law enforcement which details hot spot areas over the previous

three months to allow for a targeted and timely interventions. Other data sharing activities include providing weekly surveillance reports to internal partners including public safety and a monthly mapping analysis depicting local hot spots of fatal and nonfatal drug overdose activity delivered to law enforcement.

CAOP Project Coordinator Goals and Objectives

4. Plan and implement integration of reporting from panel into stakeholder reporting. ONGOING

- a. Since March 2021, there have been multiple changes to the OFR data criteria. There must be some manual selection of the cases due to the lack of data available. By bringing the cases with the most data, the panel can track the number of encounters within the criminal justice and hospital system. Most cases average over 14 encounters from various public health or public safety systems but it makes comparison difficult when all cases are compiled with unequal data. The panel has been able to make several observations as the OFR panel meets monthly to review at least 2 cases. Most recommendations focus on systems or policy change.
- a. In the beginning stages of establishing Davidson County OFR, it was clear that legislation would need to be passed. The project coordinator connected with Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Knox County Health Department, and other statewide stakeholders to draft the model legislation and was filed in January 2022. Most recently The Overdose Fatality Review Act under SB2220/HB2272 was passed by the Senate in March 2022 and House approval is still pending.
- b. The project coordinator meets monthly with Tennessee's OFR Collaborative. This meeting allows all counties that have OFR activity or similar activity to meet and discuss processes and best practices. Starting in early 2022, at least 3 additional counties have been interested in developing their own OFR. **The Davidson County project coordinator along with the OFR Collaborative can connect and mentor these new sites in hopes of providing some standardization.** This collaborative effort is extremely helpful to the success of the OFR. The project coordinator is also a member of the TDMHSAS Region IV Substance Abuse Committee which allows the OFR recommendations to be brought to a larger group that can influence policy and system change.
- c. **To move the project forward, a new project coordinator is needed to initiate next of kin interviews and/or create follow up resources for families that can connect them to grief resources and provide information that the current data sets are missing.** This could be within law enforcement, the medical examiner's office or even with an expansion of the Davidson County OFR team at Metro Public Health Department. Data is one of the largest barriers for Davidson County OFR. In addition to treatment data there is a need for next of kin interviews. There continues to be a lack of knowledge about the background of an individual including housing, education, employment, insurance, and lifestyle. It would be essential to get these pieces to understand where intervention would be most effective.
- d. It was important for Davidson County's OFR to start small with a group of trusted stakeholders until legislation could pass. During the stakeholder recruitment process, the project coordinator and the epidemiologist worked with technical assistance to understand the best route for data gathering. Davidson County OFR uses Medical Examiner, EMS, Hospital Discharge data and Criminal Justice information to portray each decedent, but there is a data gap in what else has

happened to the individual. The technical assistance team helped shape conversations with state data and various platforms to receive treatment data, but that is not an option for Tennessee right now. The plan is that when OFR legislation is passed the state will be less hesitant to share sensitive data. **This work has continued with the arrival of a new Director and needs to be sustained.**

Explanation of how the grant funds will be utilized during the requested extension period (if applicable)

Grant funds will support the following staff positions as described in the original grant submission: Health Manager 1-overseeing the continuation of grant implementation, the Program Coordinator at 1FTE,- Coordination of stakeholders and community activities, Epidemiologist 2 at 1FTE and Finance Officer 2 at 25%. Grant funds will also support non-personnel needs as follows: software renewals, travel to national meeting for the grant, cell phones, and office supplies.

A detailed project timeline for the revised project period that includes all remaining goals and objectives is attached.

COAP Project Timeline Attachment:

Objective	Task	Responsible	Year 1				Year 2				Year 3			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Coordination of existing and new data sets.	1. Secure and standardize reporting requirements with existing data sets.	Epidemiologist	█	█										
	2. Create an inventory of available data.	Epidemiologist	█	█	█									
Data Reporting to Stakeholders (both Metro agencies and community at large)	1. Create a reporting protocol for creation of outward facing data reports to drive overdose reduction strategies.	Epidemiologist	█	█										
	2. Maintain and enhance data monitoring and reporting.	Epidemiologist	█	█	█	█	█	█	█	█	█	█	█	█
Adoption of ODMAP system	1. Develop data bridge between EMS system and ODMAP through sub-award.	COAP Project Coord.	█	█	█	█								
	2. Implement ODMAP reporting protocols and overdose alert mechanisms.	COAP Project Coord.	█	█	█	█	█	█	█	█	█	█	█	█
Establish Overdose Fatality Review Panel	1. Establish protocols for panel.	COAP Project Coord.	█	█										
	2. Identify relevant members for panel and first meeting.	COAP Project Coord.	█	█	█									
	3. Conduct first meeting and establish regular meeting schedule.	COAP Project Coord.	█	█	█	█								
	4. Plan and implement integration of reporting from panel into stakeholder reporting.	COAP Project Coord.	█	█	█	█	█							

"Q1" Quarter 1 etc. Responsibilities: All tasks will require the COAP Program Coordinator and Epidemiologist to function as a team. Oversight will be provided by the existing Opioid Response Coordinator.

Program Narrative

The Metro Public Health Department of Nashville/Davidson County (MPHD) in Tennessee is applying for a Category 1, Subcategory 1a federal grant in response to the “Comprehensive Opioid Abuse Site-based Program FY 2019 Competitive Grant Announcement.” The purpose of this application is to secure federal funding in order to provide staff and data support to abate the burgeoning opioid epidemic in Nashville.

a. Statement of the Problem

The Current Drug Overdose Epidemic

Like many parts of the United States, Nashville is being significantly impacted by the opioid epidemic. In Tennessee and Nashville specifically, opioid prescription rates have consistently been higher than the national average. The number and rates of drug overdose deaths involving opioids in Nashville has increased over the last three years. Moreover, coinciding with the latest wave of overdose deaths involving synthetic opioids, drug overdose death rates involving fentanyl have drastically increased in Nashville. Further, emergency responders have reported an increase in suspected overdose events and the administration of Naloxone, especially in economically-distressed communities in Nashville.

Prescription of Opioids

As with the rest of the nation, prescription opioids have been the main driver in the continued rise in overdose activity in recent years. In 2017, Tennessee reported the third highest opioid prescribing rate in the U.S. (94.4 prescription per 100 persons) while Nashville had 73.7 prescriptions per 100 persons. As such, the opioid prescribing rate is higher in this region compared to the national average of 58.7 prescriptions per 100 persons demonstrating a need for federal assistance. Nashville is disproportionately impacted by the opioid epidemic and

represents an emerging hotspot area where federal assistance is required (CDC, U.S. Opioid Prescribing Rate Maps, 2017).

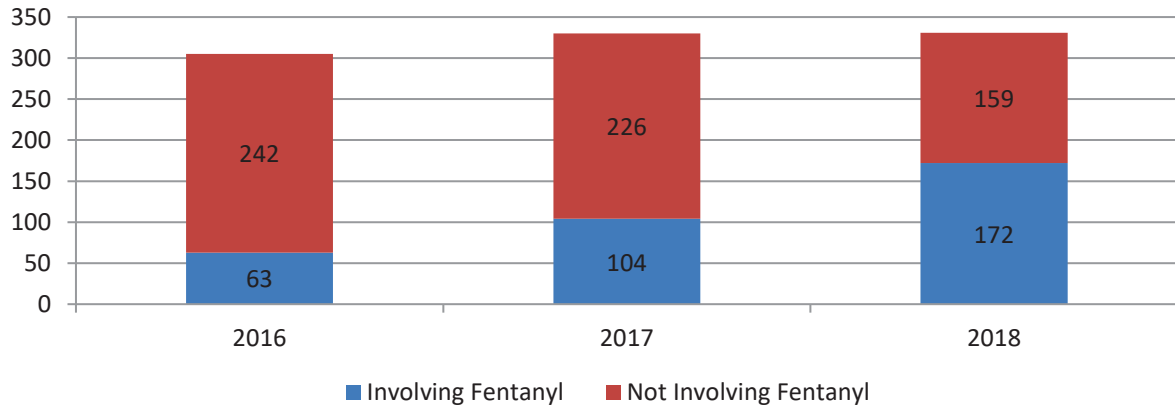
Drug Overdose Deaths

Over the last five years, drug overdose deaths in Tennessee have increased while consistently remaining higher than the national rate. For example, in 2017 the drug overdose death rate in Tennessee was 26.6 per 100,000 people compared to the U.S. rate of 21.7. Notably, the observed increases in drug overdose death rates from 2015-2016 (10.4%) and 2016-2017 (8.6%) were statistically significant in Tennessee (CDC, Drug Overdose Deaths, 2017).

While the Tennessee overdose death rate alone is higher than the national average, Nashville is faring even worse. Over the last three years, more than 950 Nashvillians have died as a result of a drug overdose. In addition to overdose deaths, there has been a notable uptick in nonfatal overdoses from prescription and illicitly-manufactured drugs that has overburdened first responders and emergency departments (EDs) in the area. In Nashville, the annual number of drug overdose deaths increased by 7.9% between 2016 and 2018. In 2018, the drug overdose death rate was 47.8 per 100,000 persons. Across demographic categories, the largest increase in overdose deaths over the last three years was among individuals between the ages of 25 to 44 years of age.

Between 2016 and 2018, the number of overdose deaths involving fentanyl has increased by 63% in Nashville. Furthermore, in 2018, deaths involving fentanyl comprised more than half of all fatal overdoses (Figure 1).

FIGURE 1. Number of drug overdose deaths, 2016-2018 – Davidson County, TN

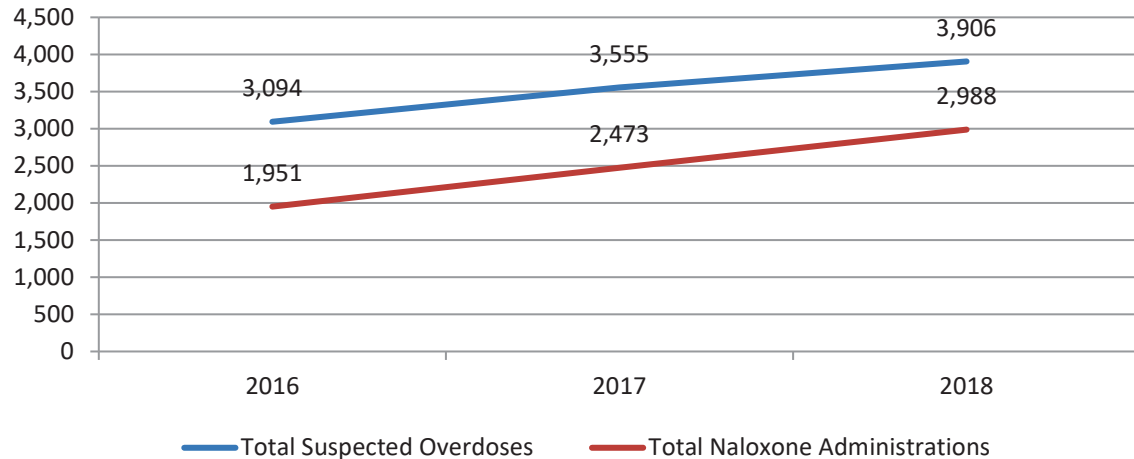


Source: Davidson County Medical Examiner’s Office. Accessed April 10, 2019.

Suspected Overdose Events

In 2018, there were 3,906 suspected overdose events reported by the Nashville Fire Department EMS in Davidson County, representing a 26% increase since 2016. As shown in Figure 2 (below) there has been a steady increase in both suspected overdose events and Naloxone administration in Nashville over the last three years.

FIGURE 2. Number of suspected overdose events compared to Naloxone administrations, 2016-2018 – Davidson County, TN



Source: Nashville Fire EMS. Accessed April 10, 2019.

Furthermore, from 2016 to 2018, the rate of suspected overdose events also increased by 25% from 450.1 events to 564.0 events per 100,000 persons.

Identify existing strategic plans relevant to the program and areas of opportunities.

MPHD convened an Overdose Reduction Workgroup (ORW) to gain community consensus and formulate priorities and strategies to reduce overdoses in Davidson County. The ORW is a systems change initiative aimed at preventing fatal and non-fatal overdoses, relieving the burden on public safety, and promoting recovery by increasing community treatment options and capacity. The ORW is grounded in a collective impact framework including public-private partnership and cross-departmental collaboration. ORW stakeholders represent multiple perspectives including first responders, law enforcement, prevention specialists, treatment programs, emergency departments and pharmacists.

The ORW met for two half-day facilitated meetings in March and April 2019. These meetings yielded community-driven focus areas (Table 1) to address critical gaps in preventing and reducing fatal and non-fatal overdoses. A key opportunity identified in these meetings is the need to enhance data gathering, integration and timely reporting on opioid overdose activity, building on existing resources and securing additional resources to address system response gaps. Mobilizing more efficient and effective use of data, public safety, and treatment resources across Metro government and community partners will improve systems by aligning appropriate resources with specific needs.

Table 1: Identified strategies for overdose interventions

Educate the Public	Increase Availability of Services	Educate Patients
Promote Primary Prevention	Inform Policy Change	Adopt Best Practices for Patient Care
Eliminate Barriers to Access	Implement Collaborative Approach	Use Data of Drive Action

Explain the inability to fund the proposed program without federal assistance and describe any existing funding or resources that are being leveraged to support the proposed program.

MPHD currently supports a full-time ‘Opioid Response Coordinator’ position. At this time, MPHD does not have additional local or State funds to employ additional staff to support the proposed efforts. In addition there are no funds available to support developing the technical infrastructure necessary for implementation of ODMAP, which is central to timely access to data and interventions. We are leveraging existing voluntary efforts through the ORW, who has identified the lack of access to timely data for decision making to drive action.

This application is being submitted for Subcategory 1a.

Using the Sequential Intercept Model as the framework, describe the existing services and the service gaps. If diversion programs currently exist, describe these in detail.

Currently in Nashville/Davidson County there are no diversion efforts specifically responding to the opioid crisis. Existing broader substance abuse diversion efforts reside within the Davidson County Drug Court (“DC4”) and fall under Intercept 3 (Jails/Courts) of the Sequential Intercept Model.

The “DC4” drug court program was initially a Department of Justice funded program. It has since developed into an inpatient program that can house 40 female and 76 male long-term residents for treatment of chemical dependency. Each of the six existing Davidson County Criminal Courts handles approximately 2000 cases per year. Approximately 80% of these cases will involve drugs or alcohol. In addition, research/data indicates that at least 60% of the people charged in those cases have a chemical dependency problem.

Davidson County has a Mobile Crisis response team for mental health intercepts. The community also has access to the statewide opioid/addiction information and referral line

coordinated by Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) and funded by the Tennessee Department of Mental Health and Substance Abuse Services. This grant is an opportunity to further define local intercept gaps and needs and then to activate stakeholder interventions.

The ORW is focusing its efforts on the recognized gaps before Intercept 3 to develop interventions in Intercepts “0 - Community Services” and “1 - Law Enforcement” of the Sequential Intercept Model. For any intervention to occur along these Intercepts a strong foundation in data is first needed. The ORW stakeholders include the needed partners to initiate intercepts as indicated by data. This would include possible intercepts at EMS response, engagement with law enforcement, ED presentation and identified ‘super -utilizers’.

b. Project Design and Implementation

This project will work closely with BJA’s designated training, technical assistance provider and researcher as needed.

This project will be implemented through the building of a data and monitoring system that will drive (including adoption of ODMAP) decision making and intervention design through existing collective impact efforts described elsewhere in this application. An Overdose Fatality Review Panel will also be established to further deepen our understanding of community needs to address this crisis. The staffing and resource needs to successfully establish this system are set out in this narrative and the budget documents attached.

Describe which areas the proposed project will address (refer to the “Allowable Uses of Funds”.

The proposed project will address the following areas:

“Support the timely collection of data and/or data integration with other data sets (such as PDMP records) to provide an understanding of drug trends, support program evaluation, inform clinical decision making, identify at-risk individuals or populations, or support investigations...

Applications must clearly articulate how the proposed collection of data or data integration efforts is part of a larger collaborative effort with multiple project partners.”

“Establish and implement an overdose fatality review team within Nashville/Davidson County”

Describe the deliverables to be produced.

Deliverables for this grant are three-fold: 1) A robust and close-to live overdose reporting system will be established through the use of ODMAP, 2) establishment of an Overdose Fatality Review Panel, and 3) creation of policies and procedures manual that includes forms, and other relevant project materials to be provided to BJA no later than 24 months from the time of the award.

ODMAP will be used for triggering rapid overdose response actions when unusual overdose activity is noted. Additionally the ODMAP data will be analyzed alongside other available overdose data to establish regular reports that note trends, raise questions or otherwise demand that response strategies be formulated. We also seek to coordinate Nashville’s ODMAP use with other law enforcement jurisdictions where appropriate.

Having this system operational would allow Davidson County to produce regular reports on overdose activity for both public health and safety use. In addition, reporting can be used with the ORW to effectively implement targeted overdose reduction strategies in response to the identified community priorities.

The Overdose Fatality Review Panel (OFRP) will allow an opportunity to critically explore selected overdose death cases to look for trends, other underlying issues, missed opportunities for referral to treatment, and/or predictive data for further examination. Results of the OFRP will guide systems change to address areas identified through such in-depth reviews.

The end goal of both ODMAP and PFRP will be improved access to and use of data and improved community understanding and response to reduce overdose activity in Nashville/Davidson County. This will create efficiencies across systems and services thereby improving alignment of public and private resources.

If applicable, describe how the applicant will address the priority considerations.

In order to address priority considerations, the applicant will do the following:

Conduct periodic evaluations of outcomes in the disproportionately-impacted areas in Nashville to assess progress. This includes the evaluation of local opioid prescribing rates, suspected drug overdoses, and drug overdose deaths, among other metrics.

Incorporate the use of Overdose Detection Mapping Application Program (ODMAP) data collection tools to track near real-time fatal and non-fatal overdose data in order to facilitate public safety (especially in Qualified Opportunity Zones -QOZs), behavioral health, and/or public health partnerships to inform prevention, outreach, and enforcement activities.

Confirm the proposed project is not a current BJA COAP-funded site.

A search of the current BJA COAP website, <https://www.coapresources.org>, does not indicate that the Nashville/Davidson County area is a currently a BJA COAP-funded site.

c. Capabilities and Competencies

Describe the management structure and staffing, specifically identifying the key person (or people) responsible for carrying out program or project activities.

The proposed project will be carried out by two key personnel, a COAP Project Coordinator and an Epidemiologist. In addition, the current ‘Opioid Response Coordinator’ will act as grant manager and supervisor to the two new positions. These positions will reside within the broader management structure of the MPHD Behavioral Health and Wellness division.

Identify each partner agency that has demonstrated commitment to this effort via... letter of support. Discuss any previous collaboration...

Through the work of the Overdose Reduction Workgroup (ORW) there is a track record of commitment from multiple stakeholders on reducing overdose activity. The letters of support (Attachment A) come from agencies and organizations that play an important role in this workgroup. In addition, Table 2 indicates the range of stakeholders that currently engage with the work of the ORW:

Table 2: Overdose Reduction Workgroup Participants.

Belmont University College of Pharmacy	Renewal House (Recovery Program)
Center for Non-Profit Management	Syringe Services Program
Centerstone, Inc. (Mental Health Provider)	Tennessee Association of Mental Health Organizations
Davidson County Medical Examiner’s Office	Tennessee Department of Mental Health and Substance Abuse Services
DC4 Drug Court	Tennessee Hospital Association
Foundations Recovery Network	The Next Door (Recovery Program)
Meharry Medical College	Tennessee Association of Alcohol, Drug and other Addiction Services
Metro Nashville Fire EMS	Tennessee Department of Health
Metro Nashville Police Department	Tennessee Pharmacy Association
Nashville Academy of Medicine	TriStar Hospitals
Nashville Prevention Partnership	Vanderbilt Addiction Center
Nashville Public Television	Vanderbilt Medical Center
Qsource (QI with Medicare and Medicaid)	Welcome Home Ministries (Recovery Program)

Previous collaborations among these agencies include:

- Collection of EMS and basic analysis of data on suspected drug overdoses in Nashville.

- Collection and basic analysis of medical examiner data on drug overdose deaths in Nashville.
- Sharing of overdose data and coordination of intervention/response strategies with Tennessee Department of Health.
- Exploration of attachment of Peer Recovery Specialists to First Response units.
- Development of a resource guide for those at risk of overdose.
- Creation and implementation of a '2018 Addiction Summit'.

Provide letters of support or interagency agreements (ATTACHMENT A).

Demonstrate the capability to implement the project successfully.

Attach position descriptions for key personnel (ATTACHMENT C).

Organizational Information

Metro Public Health Department is the applicant agency and has served the public health needs of Nashville and Davidson County residents for over 154 years. MPHD has 511 employees, 46 programs and 6 locations, to serve the approximately 692,000 Nashville/Davidson County residents. The mission of MPHD is to "protect, improve, and sustain the health and well-being of all people in Metropolitan Nashville." MPHD seeks to achieve excellence in personal, environmental, and community health by providing direct care services, regulatory authority, research, and leading collaborative capacity building and collective impact initiatives across the city. MPHD is governed by an appointed Board of Health (BOH) and is organized into five operating units or bureaus: Finance and Administration, Communicable Disease and Public Health Preparedness, Community Health Services, Environmental Health, and Population Health. MPHD has a long established working relationship with the state health department, the federal government, national and private organizations and foundations, community agencies and safety net providers.

The Behavioral Health and Wellness Division (BHW), within the MPHD Bureau of Population Health, engages with the community to improve behavioral health systems, support those most vulnerable to addiction and mental health issues, prevent and mitigate Adverse Childhood Experiences (ACE)s, and provide suicide prevention education. The BHW Division leads MPHD's efforts to define and fulfill its role in promoting emotional well-being through a public health/population health approach. In addition to the Opioid/Overdose Prevention Initiative, BHW works in the areas of providing non-emergent substance abuse assessments and brief mental health screenings, recommendations, and referrals for uninsured adults and adolescents in Davidson County. BHW partners with the Tennessee Department of Corrections to provide educational sessions around substance use/ abuse and addiction for participants in the Day Reporting Center in Davidson County. BHW also addresses the decriminalization of mental illness through the Community Mental Health Systems Improvement Workgroup. BHW raises awareness of ACEs and seeks to mitigate their impact through the All Children Excel (ACE) collective impact initiative. Lastly Suicide Prevention Education is provided by means of free evidence based trainings – Question, Persuade, Refer (OPR).

A significant amount of the department's overall budget (60%) is comprised of grants from federal, state and local sources. Grants received are managed by the Finance and Administration Bureau (FAB). This division works closely with all grantees to assure accurate billing and payment. The FAB has proven and reliable systems, policies and procedures in place for managing funds, equipment and personnel for grant recipients. All staff responsible for managing a grant contract are required to complete the federal *Grants Management USA training*. FAB provides program managers with projected budgets and monthly budget-to-actual statements to ensure accurate expenditure reporting. FAB also conducts regular monitoring of

grant contracts (reporting deadlines, required expenditure tests, etc.) to ensure timely and consistent review of grant activities and to identify and work with program staff to address financial and contractual obligations. An additional layer of compliance is offered through the Metropolitan Government of Nashville & Davidson County Finance Department. The Metro Government Finance Department oversees all contracts for each of the 52 Metro Government Departments (including MPHD) and includes a Grants Monitoring Division which conducts fiscal monitoring and annual audit to ensure compliance with federal, state and local laws, regulations, stated outcomes and results, and specific requirements of the grant program.

With the ability to fund two positions, a COAP Project Coordinator and an epidemiologist, we fully expect to be capable of implementing the proposed project successfully. The COAP Project Coordinator will provide subject matter expertise and provide daily oversight and management of project activities. They will also strengthen existing and build new collaborative relationships within the community, and coordinate the execution of project deliverables, among other activities. The Epidemiologist will manage the program's central data system which includes importing data from community partners, creating and running routine reports, and interfacing with the program's central data server; manage, monitor, and provide oversight of data collection from community partners; maintain and conduct reporting of program performance measures; develop and present data reports to stakeholders through written, electronic and oral presentations; and support the program's planning process and grant administration by supplying data and reports to relevant parties.

All of these activities will occur under the oversight of the existing 'Opioid Response Coordinator'. The Opioid Response Coordinator has spent nearly two years laying the collaborative groundwork in the community for building a robust response to this issue. They

will ensure that all activities continue to best align community resources and response to overdose activity and ensure that data is appropriately used to drive intervention strategies.

Indicate each project objective, activity, expected completion date, and responsible person...

Objective	Task	Responsible	Year 1				Year 2				Year 3						
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Coordination of existing and new data sets.	1. Secure and standardize reporting requirements with existing data sets.	Epidemiologist	█	█													
	2. Create an inventory of available data.	Epidemiologist	█	█	█												
Data Reporting to Stakeholders (both Metro agencies and community at large)	1. Create a reporting protocol for creation of outward facing data reports to drive overdose reduction strategies.	Epidemiologist	█	█													
	2. Maintain and enhance data monitoring and reporting.	Epidemiologist	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Adoption of ODMAP system	1. Develop data bridge between EMS system and ODMAP through sub-award.	COAP Project Coord.	█	█	█	█											
	2. Implement ODMAP reporting protocols and overdose alert mechanisms.	COAP Project Coord.	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Establish Overdose Fatality Review Panel	1. Establish protocols for panel.	COAP Project Coord.	█	█	█												
	2. Identify relevant members for panel and first meeting.	COAP Project Coord.	█	█	█	█											
	3. Conduct first meeting and establish regular meeting schedule.	COAP Project Coord.	█	█	█	█											
	4. Plan and implement integration of reporting from panel into stakeholder reporting.	COAP Project Coord.	█	█	█	█	█										

"Q1" Quarter 1 etc. Responsibilities: All tasks will require the COAP Program Coordinator and Epidemiologist to function as a team. Oversight will be provided by the existing Opioid Response Coordinator.

Describe any potential barriers to implementing the project and the strategies that will be used to overcome those barriers.

Barrier 1

This project relies on the timely access to data sources from multiple sources. Coordination of access to data in a timely manner can be complex across multiple agencies.

Strategy to overcome barrier:

The continued engagement in respectful and collaborative relationships with all stakeholders to meet multiple needs is key to effectively addressing this barrier. We will continue to use our efforts with the Overdose Reduction Workgroup as a collective impact structure to ensure regular communication, focus on a common agenda, alignment of interests and timely sharing of data reports to partners.

Barrier 2

The implementation of ODMAP will rely on a technical fix to provide a data bridge between the EMS data system and ODMAP itself (to avoid duplication of recording activities for first responders). The ePCR vendor has limitation on timeframes from creating and pushing out software changes based on priority customers.

Strategy to overcome barrier:

We have already consulted with the Memphis Fire Department on their successful initiation of ODMAP and their ePCR data bridge. Having established that our EMS system uses the same ePCR vendor, we will build on the success of Memphis and seek to duplicate their vendor software bridge.

Category 1: Locally Driven Responses to the Opioid Epidemic

Describe who will serve as the project coordinator, the project coordinator's project-related duties, the amount of time this position will dedicate to the project per week, and which agency will house the project coordinator.

The proposed project will include a full time 'COAP Project Coordinator' and part of the time of the existing Opioid Response Coordinator. The COAP Project Coordinator will 40 hours per week to the project. While the Opioid Response Coordinator will dedicate .35 FTE, the new full time COAP Project Coordinator will carry out the day-to-day operations of the program, maintain records, provide program reporting and ensure that deadlines are maintained.

The COAP Project Coordinator (also the requested Epidemiologist) position will be housed at the Metro Public Health Department of Nashville/Davidson County. The job descriptions for these two positions are listed below and can also be found in Attachment C.

The existing Opioid Response Coordinator will act as the grant manager and provide overall guidance and direction to the two new staff.

Indicate a willingness to work closely with BJA's designated TTA provider(s), which were selected through a separate BJA COAP TTA program solicitation, as well as an evaluator who may conduct a site-specific or cross-site evaluation in future years.

In order to ensure the successful implementation of the proposed project, the applicant is willing to work closely with BJA's designated TTA provider, which were selected through a separate BJA COAP TTA program solicitation, as well as an evaluator who may conduct a site-specific or cross-site evaluation in future years. MPHD welcomes any and all support through technical assistance and the opportunity to engage with evaluators of the program.

d. Plan for Collecting the Data Required for this Solicitation's Performance Measures

Describe who will be responsible for collecting and reporting the required performance measures and how data will be collected.

The program Epidemiologist will be responsible for collecting and reporting the required regular performance data demonstrating the results of the work carried out under the award. This will be completed by reporting shared and project-specific performance measures via the BJA Performance Measurement Tool (PMT, <https://bjapmt.ojp.gov/>) four times per year during the prior three months or if specified otherwise. Further, the goals and objectives questions will be completed by the program epidemiologist twice each year after consulting with our partner agencies. In addition, project-specific performance measures that will be assigned based on approved activities will be completed by the program epidemiologist. This includes performance measures from the category “Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships.”

Discuss what data sources will be used and any legal, policy, or other barriers to gaining access to the data and how those barriers will be addressed.

Data will be collected monthly from the Nashville Fire Department EMS, Metro Nashville Police Department, and the Davidson County Medical Examiner by the program epidemiologist. At this time, there are no legal, policy, or other barriers to gaining access to this data.

Any emerging issues will be sent to the Metro Legal Department and the HIPAA Compliance Officer at MPHD for immediate resolution. For example, prior to sharing Metro Fire Department data with ODMAP, these entities were engaged to ensure HIPAA compliance. Moreover, building upon the intensive collaboration prior to this funding application, due diligence among relevant stakeholders to develop HIPAA-compliant data sharing and access to ensure efficient project implementation will be conducted. Furthermore, relevant stakeholders and MPHD staff have been very cognizant of Code of Federal Regulations Title 42 (CFR42 Part 2) as it relates to

use of patient records when discussing inter-organizational data sharing that will arise from this project.

List any additional performance metrics that will be used to assess the project's effectiveness and the process for collecting the information, including who will be responsible and how data will be collected.

Any additional performance metrics that emerge that are separate from the shared and project-specific performance measures required by the BJA will be the responsibility of the project epidemiologist including the secure and timely collection of such data.

Identify the category of measures the best fits your project activities.

On review of the category options we believe that "Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships" fits best to our activities.

Impact/Outcomes, Evaluation, and Sustainment.

Identify the expected impact of the proposed initiatives, programs, projects, or strategies once implemented.

We expect that the proposed initiative will impact the following:

- Development of overdose response best practices that will positively impact public health and public safety.
- Development of an overdose reporting system based on multiple data sources that will provide comprehensive information for decision making.
- Development of timely regular overdose reports to first responders, emergency response planners and community overdose response planners.
- Development of overdose response strategies and interventions that are accurately targeted. The result of this being reduced overdose incidents over time and more successful referrals to treatment.

- Development of an Overdose Fatality Review panel that will impact further investigation of opportunities to enhance intercepts at critical times to prevent fatal overdoses.

Describe how performance will be documented, monitored, and evaluated. Describe the data that are available and needed for the project

Meetings conducted by the project specialist or project epidemiologist will have an agenda, meeting minutes, and a sign-in sheet that will be stored on a secure internal server which is backed up regularly. Similarly, all data for the project will be collected and maintained by the project epidemiologist along with being stored on a secure internal server that is backed up regularly. All collected data will be logged into a database to document and monitor performance of the data sharing and integration piece of the project. Project evaluation will include assessing progress in establishing and carrying out objectives and goals and its subsequent reporting via the Performance Measurement Tool (PMT). Further, the project epidemiologist will be charged with evaluating the effectiveness of timely collection and integration of data sets to understand drug trends and identify at-risk populations, among other activities.

The sub-award will be closely monitored through the MPHD Finance Department via the Grants Monitoring Team, which is located in the Office of Grants and Contract Management. The Office of Grants and Contract Management maintain and implement a set of grants monitoring procedures for all grants at MPHD.

Data necessary for the project include those already identified and collected from the Metro Fire Department (suspected overdose data) and the Davidson County Medical Examiner (drug overdose death data) as noted in Table 3. However, one of the objectives of this project is to identify and establish data collection and sharing with other entities in Nashville to improve our understanding of drug trends, support program evaluation, identify at-risk populations, and

support investigations. Therefore, obtaining a comprehensive level of data to implement effective interventions is ongoing.

Table 3. Data Source and Organizational Commitment to Safe Data-Sharing Practices

Entity/Data Source	Data Description	Owner	Organizational Commitment to Safe Data-Sharing Practices
Metro Fire Department/EMS	Suspected overdoses	Metro Government of Nashville and Davidson County	HIPAA Compliant Metro Legal
Davidson County Medical Examiner	Drug overdose deaths	Metro Government of Nashville and Davidson County	HIPAA Compliant Metro Legal

Discuss how this effort will be financially sustained after federal funding ends, and the expected long-term results for the program or project. Describe the policies, statutes, and regulations that will need to be put in place to support and sustain service delivery, if any.

Once ODMAP is established there will not be a need for the technical assistance provided by the sub-award of this grant. Data management, analysis and reporting based on ODMAP and the Opioid Fatality Review Panel will continue to need local support. The value that will be demonstrated in more efficient resource allocation and cost savings will be used to justify the request for local support.

MOU's and Data Sharing Agreements will be entered into to formalize the commitment of partners to share data and work collaboratively to achieve the objectives of the grant. Metro Legal will be consulted in the development of MOU's and Data Sharing Agreements.

The ORW will continue on a long-term basis using the collective impact model. It is anticipated that a committee structure will be established for the ORW as the complexity of the work

advances and additional community stakeholders engage with the ORW. This will mirror the evolution of other issue-based collective impact groups the Metro Public Health Department has convened around the decriminalization of mental illness through the Community Mental Health Systems Improvement Workgroup (CMHSI) and the prevention and mitigation of Adverse Childhood Experiences through All Children Excel ACE Nashville. It is anticipated that there could be some intersecting priorities with these other initiatives, providing the opportunity for alignment and embedding change into the infrastructure of the community.

In addition, the Behavioral Health and Wellness Advisory Council (BHWAC) was established by Mayor Briley in May 2018. The purpose of BHWAC is to advise the Mayor regarding community behavioral health needs. BWHAC serves to align and amplify the work of groups such as the ORW, ACE Nashville and CMHSI, developing relationships and avenues to present policy and systems change issues to the Mayor, Metro Council and business leaders. The Opioid Response Coordinator has been invited by BWHAC to present recommendations for overdose prevention for consideration, including funding requests, which can then be advanced to the Mayor for consideration in future budget years. This structure provides a unique route to supporting complex issues which cross Metro Departments as well as supporting public-private partnerships which are vital to sustaining grant efforts beyond federal funding. The ability to influence policy and systems change, undergirded by the opportunity to advocate for necessary funding uniquely positions Nashville to sustain the work of this COAP grant.

The expected long-term result of this grant is better definition of the problem, implementation of ODMAP, coordination of disparate data sets, and coordination of community response. This positions Nashville to have an effective long-term overdose response plan.

ATTACHMENT C: POSITION DESCRIPTIONS

The job duties for the **COAP Public Health Administrator1/ Program Manager** are as follows:

1. Provide day to day oversight and management of COAP Grant activities
2. Builds and maintains collaborative relationships with community partners and key stakeholders through the Overdose Reduction Workgroup. Initiate and maintain relationships with other drug overdose response programs.
3. Establish Overdose Fatality Review Team (OFRT), including member recruitment, protocol development, facilitating meetings and providing follow-up communications or other actions as determined by the OFRT
4. Develop and provide monthly reports of grant activities and progress to completion of deliverables to MPHD Opioid Response Coordinator and primary community partners.
5. Develop collaborative relationships with community partners and key stakeholders. Initiate and maintain relationships with other drug overdose response programs.
6. Develop and present data reports to stakeholders through written, electronic and oral presentations. Will include public presentations and meetings with small to large groups.
7. Contribute to administrative processes related to oversight of the grant including assistance in the preparation of federal grant reports and applications.
8. Maintain and conduct reporting of program performance measures.
9. Prepare and submit required federal grant reports.

The job duties for the **COAP Program Specialist** are as follows:

1. Monitor progress toward grant deliverables.
2. Coordinate, facilitate and execute work related to grant deliverables with primary grant partners (EMS/Fire, Metro Nashville Police Department and Medical Examiner's Office, MPHD and State staff)
3. Utilize knowledge of the field of addiction, drug overdose parameters and impact on community to support the implementation of grant activities.
4. Work with Epi 1 in the implementation of the program's central data system which includes importing data from community partners, creating, and running routine reports, and interfacing with the program's central data server.
5. Identify other entities that have relevant interests and engage them in the grant activities.
6. Maintain documentation of grant activities and progress toward deliverables.
7. Contribute to administrative processes related to oversight of the grant including assistance in the preparation of federal grant reports and applications.
8. Coordinate activities with primary partners (EMS responders, Fire, Police, Medical Examiner, MPHD, and State staff).
9. Provide staff support to community partners.

The job duties for the project **Epidemiologist 2/ Program Evaluator** are as follows:

1. To maintain accurate, comprehensive, and current data on epidemiologic and demographic indicators – collected, analyzed and interpreted. Identify other data that relates to the program and include in analysis as needed.
2. Be knowledgeable of the drug overdose data system requirements and make improvements to the data collection system where needed.
3. Manage the program's central data system which includes importing data from community partners, creating and running routine reports, and interfacing with the program's central data server.
4. Manage, monitor, and provide oversight of data collection from community partners.
5. Develop and provide routine and ad hoc reports for the program on data and other information collected.
6. Coordinate data activities with primary partners (EMS responders, Fire, Police, Medical Examiner, MPHD, and State staff).
7. Identify other entities that have relevant data and develop/maintain those relationships.
8. Maintain electronic file of current opioid epidemic publications and reports.
9. Design and conduct other data collection and analysis activities and create reports that support program operations and planning.

10. Design and implement special studies and evaluations to review key aspects of the program (drug overdose patterns, special population studies, etc.) and complete special reports.
11. Provide training, technical assistance and resources/tools to collaborating staff, a variety of providers and other grant stakeholders on the collection, use and reporting of data.
12. Support the program's planning process and grant administration by supplying data and reports to relevant parties.

Thompson, Bradley (Health)

Subject: FW: Grant Award Modification for an award from DOJ is Approved

From: Bradberry, Emily (Health) <Emily.Bradberry@nashville.gov>
Sent: Friday, August 25, 2023 2:36 PM
To: Melville-Chester, Anidolee (Health) <Anidolee.Melville-Chester@nashville.gov>; Avedisian, Jenny (Health) <Jenny.Avedisian@nashville.gov>
Subject: Fwd: Grant Award Modification for an award from DOJ is Approved

Greetings,

The GAM has been accepted, so the grant has an extended period end date of 30-Sept-2024 now.

Award Number / ASAP Account ID

2019-AR-BX-K036

ASAP Account Balance ⓘ

\$361,478.83

ROID

4704493

Legal Name

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

UEI

LGZLHP6ZHM55

Project Period Start

01-Oct-2019

Project Period End

30-Sep-2024

Thanks,
Emily

From: Default <do-not-reply@ojp.usdoj.gov>
Sent: Friday, August 25, 2023 8:04:07 AM
To: Bradberry, Emily (Health) <Emily.Bradberry@nashville.gov>; Kandia.Conaway@usdoj.gov <Kandia.Conaway@usdoj.gov>; Stephens, James (MNP) <james.stephens@nashville.gov>; Bradberry, Emily (Health) <Emily.Bradberry@nashville.gov>
Subject: Grant Award Modification for an award from DOJ is Approved

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JUSTgrants

JUSTICE GRANTS SYSTEM

The request for a grant award modification, GAM-578535, for award number 2019-AR-BX-K036 under the solicitation *BJA FY 19 Comprehensive Opioid Abuse Site-based Program* is approved.

Please log into DOJ's JustGrants system at [JustGrants](https://www.justicegrants.usdoj.gov).

For more information go to www.justicegrants.usdoj.gov
JustGrants is operated under the U.S. Department of Justice

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...

Director, Metro Public Health Department

9/19/2023

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

9/19/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw

Finance Director, Department of Finance

10/24/2023 | 1:48 PM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

Director of Risk Management Services

10/25/2023 | 10:59 AM CDT

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

10/25/2023 | 9:46 AM CDT

Date

Freddie O'Connell Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

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Brittany Bryant

brittany.bryant@nashville.gov

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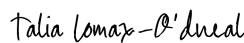
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Talia Lomax-O'dneal

talia.lomaxodneal@nashville.gov

Dep Dir of Finance

Security Level: Email, Account Authentication (None)



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Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication (None)



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ID: 97946d23-4b74-4c5b-a2be-f6ce8e82da9f

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication (None)



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Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)

Balogun Cobb

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Signed using mobile

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Danielle Godin
Danielle.Godin@nashville.gov
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Sally Palmer
sally.palmer@nashville.gov
Security Level: Email, Account Authentication (None)

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Certified Delivered	Security Checked	10/25/2023 10:58:54 AM
Signing Complete	Security Checked	10/25/2023 10:59:07 AM
Completed	Security Checked	10/25/2023 10:59:09 AM

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