STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

ANNOUNCEMENT OF FUNDING

Intensive Long-Term Support

TENNESSEE FISCAL YEAR 2021

July 1, 2020 to June 30, 2021

Completed proposals due: January 15, 2020

Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services
Andrew Jackson Building, 6th Floor, 500 Deaderick Street
Nashville, TN 37243
tn.gov/behavioral-health
Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services

Intensive Long-term Support
Announcement of Funding

Table of Contents

1. INTRODUCTION

2. GENERAL CONDITIONS
   2.1 Funding Information
   2.2 Timelines
   2.3 Proposer Eligibility
   2.4 Scope of Services
   2.5 Communications
   2.6 Proposal Preparation, Formatting, Submission, Withdrawal, and Rejection
   2.7 Proposal Review, Components, Scoring, and Selection
   2.8 State’s rights and obligations under this Announcement
   2.9 Prohibitions on Use of Federal Mental Health Block Grant (MHBG) Funds

3. PROPOSAL NARRATIVE
   3.1. Statement of Need
   3.2. Program Design
   3.3. Key Partners
   3.4. Proposed Staffing
   3.5. Project Sustainability
   3.6. Programmatic Data Collection/Monitoring
   3.7. Trauma-Informed Care
   3.8. Safety and Security
4. ATTACHMENTS

Attachment A Cover Sheet
Attachment B Organizational Chart
Attachment C Proposed Budget and Budget Justification
Attachment D Existing Agreements and Third-Party Revenue Source(s)
Attachment E Letters of Support
Attachment F Proposed Scope of Services
Attachment G Planning & Policy Regional Map
Attachment H Sample of Grant Note and Restrictive Covenant Documents
1. INTRODUCTION

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Mental Health Services (the “State”) is requesting proposals from Community Mental Health Providers and Community Affordable Housing Providers interested in providing Intensive Long-term Supportive (ILS) Residential Services for existing clients served in Intensive Long-term Supportive (ILS) Residential Services in TDMHSAS Planning and Policy Council Region IV; see Attachment G for a map showing the geographical area for Region IV. Ongoing operations of this service are described in the Proposed Scope of Services (Attachment F).

The goal of the Intensive Long-term Support program is to provide quality, safe, and affordable permanent supportive housing for individuals discharging from the State's Regional Mental Health Institutes who would otherwise not be able to successfully live in the community due to the lack of available housing with the capacity to meet their specific needs. For the purposes of this Announcement of Funding (AOF), the program intends to serve, at a minimum, eighteen (18) individuals who have discharged from Middle Tennessee Mental Health Institute (MTMHI) and are currently served by the Intensive Long-term Support (ILS) program in TDMHSAS Planning and Policy Council Region IV. The program also intends to ensure any and all future vacancies to be occupied by individuals who are discharging from MTMHI.

Facilities providing ILS Residential Services are required to be licensed by TDMHSAS as Mental Health Adult Supportive Residential facilities. Minimum program requirements for these types of facilities are outlined within the TDMHSAS Rules.
Chapter 0940-05-51. Adult Supportive Residential facilities are mental health residential programs that provide twenty-four (24) hours residential care with a treatment and rehabilitation component less intensive than required in a Residential Treatment Facility. Coordinated and structured services are provided for adult service recipients that include personal care services, training in community living skills, vocational skills, and/or socialization. Access to medical services, social services, and mental health services are insured and are usually provided off-site, although limited mental health treatment and rehabilitation may be provided on site.

2. GENERAL CONDITIONS

2.1. Funding Information

2.1.1 Project Period: Funding term for selected proposals will be July 1, 2020 – June 30, 2021. As funds are available and subject to provider performance, there may be additional Grant Contract periods for this service. The funds for this program are expected to be recurring and future years of funding would follow the state fiscal year, July 1- June 30.

2.1.2 Funding Amount: State of Tennessee Cost Reimbursement Grant Contracts may be available to eligible proposers up to the amount of $1,000,000.00 (1 million) dollars for a full year (12 months). Proposers should submit a budget based upon a full year of program implementation, for each year of contract service. If the proposer requires funds to support acquisition, rehabilitation, and/or new construction of a facility (ies), then a separate budget and budget justification should be submitted with this proposal.

Funding awarded for program services under this announcement will be supported with Federal Community Mental Health Services Block Grant (MHBG) funding. The MHBG program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act (PDF | 253 KB). The MHBG program funds target ILS services for adults with serious mental illnesses. This includes persons age 18 and older who have a diagnosable
behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as: Basic daily living (for example, eating or dressing); Instrumental living (for example, taking prescribed medications or getting around the community); Participating in a family, school, or workplace.

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

2.1.4 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 State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2.1.5 Grant Note, Restrictive Covenant, and Property Deed: To protect State's interest in a property purchased and/or renovated using State funds provided through this grant, the following three (3) documents will be required from each awarded Grantee:

- Grant Note for the amount of State funding involved, signed by an authorized agent of Grantee and notarized, wherein the buyer acknowledges its obligation to assure the property is used to serve the specified service requirements, as described in the Proposed Scope of Services (Attachment F), for a specified Affordability Period; and
- Restrictive Covenant, signed by an authorized agent of Grantee and so notarized, and properly recorded in the appropriate county acknowledging the State’s interest in the property, and to make the property available for service recipients for the duration of the Affordability Period; and
- A copy of the most recently filed property deed showing the property is owned by the Grantee (if new construction or renovation).
Grant Note and Restrictive Covenant documents for each awarded property will be provided to the grantee during the contract development period for signature and notarization. See Attachment H for a sample of the Grant Note and Restrictive Covenant documents.

In no case shall a grantee draw any funds from this grant prior to completion of the following:

- Signing a Grant Note with notarization; and
- Signing a Restrictive Covenant with notarization; and
- Submittal of the original signed and notarized Grant Note, the original signed and notarized Restrictive Covenant, and a copy of the most recently filed property deed to TDMHSAS.

2.2. Timelines

The following schedule of events represents the State's best estimate of the schedule that shall be followed. The State 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 State's website at: https://www.tn.gov/behavioral-health/department-funding-opportunities.html and notice of the posting will be distributed via the proposer e-mail list.

Intensive Long-term Support AOF SCHEDULE OF EVENTS

11/18/2019  TDMHSAS Releases Announcement.

11/22/2019  Proposers’ Written Questions Regarding the Announcement are due by 3:00pm (CST) on 11/22/2019.

12/4/2019  TDMHSAS hosts a conference call to respond to questions and/or TDMHSAS issues written responses to questions posted on https://www.tn.gov/behavioral-health/department-funding-opportunities.html

1/15/2020  Proposals are due via email by 3:00pm CST on 1/15/2020.
2/7/2020  TDMHSAS sends a written notice to applicants and opens files for public inspection.

7/1/2020  Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with contract section D.1. Required Approvals.

2.3  **Proposer Eligibility**

2.3.1 The proposer, for purposes of this Announcement, must be:

a. Entities currently licensed by TDMHSAS to provide mental health services are eligible to submit a proposal, unless prohibited under Section 2.3.1.b. Further, the following requirements apply to this Announcement of Funding:

1. Submitted proposals shall provide, at a minimum, safe, quality, affordable permanent housing and supports (as described in the Scope of Services and the Mental Health Supportive Living licensure category) to serve eighteen (18) individuals currently served by the Intensive Long-term Support (ILS) program in TDMHSAS Planning and Policy Council Region IV.

2. Submitted proposals shall ensure quality continuity of care for existing eighteen (18) individuals currently served by the Intensive Long-term Support (ILS) program in TDMHSAS Planning and Policy Council Region IV.

3. Submitted proposals shall ensure that facility/facilities will be ready, including TDMHSAS Mental Health Supportive Residential licensure, and available for residential occupancy and service provision for all eighteen (18) individuals by no later than July 1, 2020.

4. Submitted proposals shall provide facilities and services that are capable of serving our highest acuity-level patients exiting Middle Tennessee Mental Health Institute (MTMHI). Proposers are encouraged to consider facilities and services that are capable of serving individual(s) on the sex offender registry. A submitted
proposal that does not detail the specific plan to serve individuals experiencing a hearing-impairment, vision-impairment, or non-ambulatory disability will not be considered for funding.

5. Proposers shall ensure all available beds, including vacancies incurred at any time in the identified ILS facility (ies), will be filled by individuals discharging from Middle Tennessee Mental Health Institute (MTMHI) who meet the level of need for the ILS program.

b. A Proposer, for purposes of this Announcement, must not be (and the State will not enter into a Grant Contract with):

1. 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 purpose of furthering the private interest or personal profit of any person; or,

2. Any individual or entity involved in assisting the State in the development, formulation, or drafting of this Announcement or its Scope of Services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other Proposers); or

3. For the purposes of applying the requirements of this Section, the State 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.

Questions specific to eligibility for this Announcement may be asked in writing at any time. Please email Tessa.J.Antonelli@tn.gov for all eligibility-related questions.
2.4 **Scope of Services**

See Attachment F for this program's proposed Scope of Services, which is Section A. of a State Grant Contract. Please note that the State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

2.5 **Communications**

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

Tessa Antonelli  
Email address: Tessa.J.Antonelli@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 TDMHSAS may result in disqualification.

2.5.2 **Proposer E-Mail List:** The State will create an e-mail list to be used for sending communications related to this Announcement. If you wish to be added to this list, please promptly send your contact information, including e-mail address, to Tessa.J.Antonelli@tn.gov. Any delay in sending such information may result in some communications not being received. The State assumes no responsibility for delays in being placed on the list.

2.5.3 **Questions and Requests for Clarification:** Questions and requests for clarification regarding this announcement must be submitted in writing on or before November 22, 2019 to Tessa.J.Antonelli@tn.gov. Questions submitted after this deadline will not be answered. A conference call will be held to respond to questions submitted on December 4, 2019.

2.5.4 **State’s Response to Questions and Requests for Clarification:** By December 4, 2019, the State will provide written responses to all questions and requests for clarifications received by November 22, 2019. The State’s written responses will be posted on the State’s website at https://www.tn.gov/behavioral-health/department-funding-opportunities.html. Only the State’s official, written responses and
communications will be binding with regard to this Announcement. The State will consider oral communications of any type to be unofficial and non-binding. The State assumes no responsibility for a proposer's failure to view the State's written responses to questions and requests for clarification.

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

2.6.1 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.

2.6.2 Proposal Formatting Requirements: The State'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 e-mail by the deadline of January 15, 2020 at 3:00pm CST.
- Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal.
- Proposals must be typed, single-spaced on standard 8 ½ inch x 11 inch paper, in font size twelve (12), with 1 inch margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.
- All proposal pages and attachments must include a header with Proposer name and page number.
- The combined proposal length should not exceed eighteen (18) pages, including all attachments. The length of the proposal is limited to ten (10) pages for the project narrative and four (4) pages for the proposed budget including summary, detail, salary and budget justification (Attachment C). NOTE: Proposers should submit a budget based upon a full year of program implementation, for each year of contract service. If the proposer requires funds to support infrastructure (acquisition, rehabilitation, and/or new construction of a facility(ies)), then a separate proposed budget and budget justification should be submitted with this proposal; this would include an additional four (4) pages including summary, detail, salary and budget.
justification, making the combined proposal length a maximum of twenty-two (22) pages.

2.6.3 Proposal Submission: Proposals should be submitted to the State via email to Tessa.J.Antonelli@tn.gov by 3:00pm CST on January 15, 2020. Proposals must be complete and comply with all requirements of this Announcement in order to be eligible for review.

2.6.4 Proposal Withdrawal: Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements and all deadlines of this Announcement.

2.6.5 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 if it is in the best interest of the State as determined in the State's sole discretion. In the event such action is taken, notice of such action will be posted on the State’s website at https://www.tn.gov/behavioral-health/department-funding-opportunities.html and notice of the posting will be distributed via the proposer e-mail list.

2.7 Proposal Review, Components, Scoring, and Selection

2.7.1 Proposal Review: Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and noncompliant proposals will not be reviewed. The State recognizes the need to ensure that funding provided for the Intensive Long-term Support (ILS) provides the maximum benefit to the citizens of Tennessee. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and powers as related to service as the state's mental health and substance abuse authority responsible for planning for and promoting the availability of a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports that meets the needs of service recipients in a community-based, family-oriented system.
2.7.2 Proposal Components: Each proposal should contain the following sections. Please note incomplete proposals will not be reviewed:

- Cover Letter
- Coversheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative
- Organization Chart(s) (Attachment B)
- Proposed Budget and Budget Justification (Attachment C)
- Existing Agreements and Third Party Revenue Source (Attachment D)

2.7.3 Proposal Scoring: Each proposal is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Reviewed proposals may receive a total score between zero (0) and one hundred (100).

<table>
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<tr>
<th>Proposal Component</th>
<th>Score</th>
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<tbody>
<tr>
<td>Cover Letter</td>
<td>0 points, but essential</td>
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<tr>
<td>Cover Sheet (Attachment A)</td>
<td>0 points, but essential</td>
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<tr>
<td>Table of Contents</td>
<td>0 points, but essential</td>
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<tr>
<td>Project Narrative (10 page limit)</td>
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<tr>
<td>Statement of Need (5 points)</td>
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<tr>
<td>Program Design (40 points)</td>
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<td>Key Partners (5 points)</td>
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<td>Proposed Staffing (10 points)</td>
<td></td>
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<tr>
<td>Project Sustainability (5 points)</td>
<td>80 points</td>
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<tr>
<td>Programmatic Data Collection/Monitoring (5 points)</td>
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<td>Trauma-Informed Care (5 points)</td>
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<td>Safety and Security (5 points)</td>
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Organizational Chart(s) (Attachment B) (10 page limit)

Organizational chart for the entity submitting the proposal, demonstrating where the Intensive Long-Term Support fits within the overall structural organization of the entity submitting the proposal.

| 0 points, but essential |

Proposed Budget and Budget Justification (Attachment C) (4 page limit)

Appropriate and realistic budget must be submitted along with a narrative justifying the budget.

| 15 points |

Existing Agreements and Third Party Revenue Source (Attachment D)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to the Intensive Long-term Support (ILS) program. List any current third party revenue sources that contribute to the long term sustainability of the Proposing entity. This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.

| 5 points |

Letters of Support (Attachment E)

This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative or the eighteen (18) page limit of the overall proposal.

| 0 points, but essential |

2.7.4 Proposal Selection: The State will notify all Proposers selected for contracting by close of business 2/7/2020.

All grant proposals are reviewed and evaluated by a group of state employees selected by TDMHSAS. Based upon the evaluations, proposal selections will be made and submitted for final approval to the Commissioner of the Department of Mental Health and Substance Abuse Services and/or Commissioner’s designee.
The State reserves the right to further negotiate proposals selected to be awarded funds. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

2.8 **State's rights and obligations under this Announcement**

2.8.1 The State 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 State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State’s website at https://www.tn.gov/behavioral-health/department-funding-opportunities.html and notice of this posting will be distributed via the proposer email list.

2.8.2 The State reserves the right to cancel, or to cancel and re-issue this Announcement. In the event such action is taken, notice of such action will be posted on the State’s website at: https://www.tn.gov/behavioral-health/department-funding-opportunities.html and notice of the posting will be distributed via the proposer email list.

2.8.3 The State reserves the right to make any changes to the scope of services as deemed necessary before issuing the final Grant Contract.

2.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.

2.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.

2.8.6 State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the Grantee and the State and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations. The State shall have no obligation for services rendered by the Grantee which are not period within the specified Grant Contract term.
2.8.7 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 State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2.9 Prohibitions on Use of Federal Mental Health Block Grant (MHBG) Funds

Pursuant to federal laws and regulation, the Grantee shall not use any federal Community Mental Health Services Block Grant (now MHBG, formerly CMHS BG) funds made available under this Grant Contract for any of the following purposes:

a) To provide inpatient services;
b) To make cash payments to intended recipients of health services;
c) To purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, or to purchase major medical equipment;
d) To satisfy any requirement for the expenditure of non-federal funds for the receipt of federal funds;
e) To provide financial assistance to any entity other than a public or non-profit private entity.

3. PROPOSAL NARRATIVE

Proposal narrative responses should address each of the following items, as applicable. The narrative should be structured and titled consistently according to these narrative selections. There is a maximum of ten (10) pages for the proposal narrative section.

3.1 Statement of Need (Up to 5 points for this section): The purpose of Intensive Long-term Support (ILS) residential services is to provide community-based residential recovery services that safely and successfully meet the recovery needs of people experiencing serious mental illness or co-occurring mental illness and substance use disorders, who would otherwise require longer stays in Middle Tennessee Mental Health Institute (MTMHI)
and (1) who may also have non-emergent medical needs (e.g. assistance with Diabetes control, etc.), (2) who may have a history of behavioral problems in group homes, and/or (3) who may have a criminal history. This is accomplished by providing more intensive staffing described in Attachment F: Proposed Scope of Service, Section A.3.a. Further, the intent is to serve these individuals who are TennCare enrollees as well as those who are not (i.e. uninsured). Provide a clear and succinct statement of need to serve the eighteen (18) individuals who have discharged from Middle Tennessee Mental Health Institute (MTMHI) and are currently served by the Intensive Long-term Support (ILS) program in the TDMHSAS Planning and Policy Council Region IV.

3.2. Program Design (Up to 40 points for this section):

a. Describe the facility or facilities proposed to house this service including:
   1. The number, location and address(es) of the facility or facilities where the ILS beds and services will be housed;
   2. Whether the applicant currently has site control of the property and the nature of that site control (ownership, lease with owner, contract to purchase, etc.);
   3. The acquisition plan and timeline to gain site control if not currently controlled;
   4. The size and configuration of the facility or facilities including number of bedrooms, baths, common rooms. Please attach a floor plan and/or pictures if available (these attachments are not included in the 10 page limit); and
   5. The TDMHSAS license category for the facility or facilities.

b. Describe the plan and timeline to have the facility or facilities ready for existing residents to move in including:
   1. The proposed source(s) and timeline to acquire any additional funding required for acquisition and renovation beyond that provided through the start-up funding described in this Announcement of Funding;
   2. If zoning or neighborhood resistance concerns are to be expected;
   3. The target closing date to acquire the facility or facilities;
4. The target date for start and completion of renovations;
5. The general contractor and architect for renovation; and
6. The target date that the building(s) will be ready for occupancy.

c. If an agency other than the applicant will own the property where the program is housed, please describe the agency that will own the property, including how long they have been in business, if they are non-profit or for-profit, what is their scope of business, what is their annual budget, and what is the history of the relationship between this agency and the applicant.

d. State the applicant’s philosophy and/or goals related to providing these services.

e. List the applicant’s current license(s) with TDMHSAS. Also, list what TennCare services the applicant currently is contracted to provide with each of the Managed Care Organizations.

f. Describe the applicant’s history and experience in providing illness recovery support services in residential settings to people with serious mental illness and co-occurring disorders. Include names, education, and experience of staff member(s) who will be leading this service, if known. If not known, please describe the qualifications that will be required of someone applying for this position.

g. Describe partnerships and network relationships with community providers, including housing providers, Middle Tennessee Mental Health Institute (MTMHI), alcohol and drug/co-occurring providers, peer support providers and other local community mental health providers that can provide additional resources to program residents that can assist in their recovery and transition to more independent living and community integration.

h. Identify opportunities that will be pursued to leverage additional resources within the state and the community to support and expand resources for this program, such as TennCare, Behavioral Health Safety Net, SSI and SSDI for residents, community business, and foundation support, etc.
i. Considering the purpose and intent of this program described in Section 3.1, describe the criteria and individualized intake assessment process to be used for any future service recipients of this program. Assuming all referrals initiated by MTMHI have been clinically cleared for discharge from MTMHI describe any criteria, client characteristic, or item in the potential resident's history that would result in automatic denial of admission.

j. Describe a typical week for residents in this program. Include the frequency of any education activities, life skill development, peer support services, recreational activities, outings, on-site treatment / medication checks, etc. How will the residents access mental health, substance abuse, and co-occurring treatment?

k. Give examples of the types of physical concerns (ADA accessibility, vision-impaired, hearing-impaired, etc.) and diseases that the on-site nursing staff members are prepared to handle versus those that would need to be treated elsewhere. Please describe how primary health issues needing off-site treatment will be handled including any transfer arrangements with local hospital(s) and primary care providers.

l. Describe the staffing pattern planned for each shift—day, evening, nights, and weekends. Describe the emergency back-up plan for psychiatric and/or physical health emergencies.

m. Explain the agency's commitment to the provision of peer support services, history providing such services, and partnerships in the community with other peer support opportunities.

n. Describe the staff's capacity to develop and implement an individualized recovery plan. As an example, outline a plan to address the needs of a resident who has polydipsia.

o. Describe how the agency will assess residents' progress in recovery and their readiness to move to a less intensive, less restrictive supportive housing, or alternative community living environment.
p. Describe your agency’s policy on use of seclusion, restraint, and “as needed” (PRN) medication for behavior control in this program.

q. Describe the applicant’s safety procedures and security measures utilized to ensure the safety of staff, residents, and the community.

3.3. **Key Partners (Up to 5 points for this section):** Describe the applicant’s core community and which role they will play in assessing, implementing, and sustaining the Intensive Long-term Support (ILS) program. Include letters of support as Attachment E ([letters of support do not count toward the ten (10) page limit of the Proposal Narrative or the eighteen (18) page limit of the overall proposal]).

3.4. **Proposed Staffing (Up to 10 points for this section):** Detail the range and mix of professionals required to implement and sustain the Intensive Long-term Support (ILS) program. Proposed staffing should be displayed on an organizational chart indicating the relationships among staff and interdependences within the applicant’s agency, and among identified core partners. Please provide sketch descriptions of the key positions including duties and responsibilities, required skills and knowledge, and supervisory relationships. Minimum expectations for staffing include the following: on-site psychiatric services by a physician or nurse practitioner for service recipients served in each of these ILS facilities; case management services, with case managers specifically dedicated to this program; access to Certified Peer Recovery Specialist(s); access to supported employment (IPS) programming specialist(s); and access to SSI/SSDI Outreach, Access and Recovery (SOAR) specialist(s).

3.5. **Project Sustainability (Up to 5 points for this section):** Please describe the applicant’s sustainability plan in detail. Information should be provided relative to provider reimbursement mechanisms, supplemental grants, and other municipal, county, state, or federal funding. Provide information describing how managed care organizations have been engaged in the project design.

3.6. **Programmatic Data Collection/Monitoring (Up to 5 points for this section):** The Intensive Long-term Support (ILS) program grantee will be required to collect and report data for the purposes of program outcomes and accountability. This will include maintaining records to document
Intensive Long-term Support (ILS) activities and submitting quarterly, intake, and discharge reports to the State. What processes will be put into place to internally monitor program success?

3.7. **Trauma-Informed Care (Up to 5 points for this section):** How will the applicant ensure its Intensive Long-term Support (ILS) program is trauma-informed? Please list specific strategies to reduce re-traumatization and to support healing and resiliency among the population served.

3.8. **Safety and Security (Up to 5 points for this section):** Describe in detail what safety and security procedures and guidelines will be put into place to minimize risk to residents and staff.
## CONTACT INFORMATION

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<th>Name of Contact Person</th>
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## AUTHORIZED REPRESENTATIVE INFORMATION

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<th>Name of Authorized Representative</th>
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<tbody>
<tr>
<td>(For Non-Profit, if someone other than the Board Chairperson is named as the Authorized Representative, a signed copy of the resolution of appointment must be submitted.)</td>
</tr>
<tr>
<td>Title of Authorized Representative</td>
</tr>
<tr>
<td>Address of Authorized Representative</td>
</tr>
<tr>
<td>E-mail Address of Authorized Representative</td>
</tr>
<tr>
<td>Phone Number of Authorized Representative</td>
</tr>
</tbody>
</table>

**Signature of Authorized Representative**

**Date**
Attachment B

ORGANIZATIONAL CHART(S)

Provide organizational chart(s) for the entity submitting a proposal, demonstrating where the Intensive Long-term Support (ILS) will fit into the overall structural organization of the entity submitting the proposal.
Please download the Excel budget template using the following link to complete a proposed budget: The budget template has four tabs: Instructions, Summary, Detail, and Salaries. Summary, Detail and Salaries tabs must be included. Please review the Instructions tab before completing the proposed budget. Proposers should submit a budget based on a full year of program implementation. If the proposer requires funds to support acquisition, rehabilitation, and/or new construction of facilities, then a separate budget and budget justification should be submitted with this proposal.

<table>
<thead>
<tr>
<th>POLICY 03 Object Line-item Reference</th>
<th>EXPENSE OBJECT LINE-ITEM CATEGORY</th>
<th>GRANT CONTRACT</th>
<th>GRANTEE PARTICIPATION</th>
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<td>$0.00</td>
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</table>

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://w w w .tn.gov/assets/entities/finance/attachments/policy3.pdf)
² Applicable detail follows this page if line-item is funded.
BUDGET JUSTIFICATION

Intensive Long-Term Support (ILS)

Please include a written budget justification of funds needed to support the Intensive Long-term Support (ILS) proposal for program services implementation.

If the proposer requires funds to support acquisition, rehabilitation, and/or new construction of facilities, then a separate budget justification should be submitted with this proposal.

The justification summary, or summaries, should provide detail to support the Grant Contract funds included in each line-item.

The budget justification(s) should be no longer than one page, single spaced.
Attachment D

EXISTING AGREEMENTS AND THIRD-PARTY REVENUE SOURCE(S)

Provide documentation of any existing agreements with community stakeholders that provide additional resources to support the Intensive Long-term Support (ILS).

List any current third party revenue sources that contribute to the long term sustainability of the Proposing entity.

This attachment and its documentation do not count toward the ten (10) page limit of the Proposal Narrative.
PROPOSED SCOPE OF SERVICES
For Information Purposes Only and May be Revised Prior to Contract Award/Execution

Intensive Long-term Support (ILS)

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. Services and supports under this Contract shall be delivered in a manner that promotes resiliency, recovery, and independence for individuals and families served. The Division of Mental Health Services prioritizes key values critical to serving Tennesseans with behavioral health needs including programs and practices focused on promotion, intervention, and recovery support services which:

- Encourage co-occurring competent and co-occurring friendly programs;
- Support culturally responsive and linguistically competent services;
- Uphold System of Care core values and principles;
- Aim to prevent and mitigate the impact of adverse childhood experiences (ACEs);
- Promote trauma informed approaches and;
- Prioritize evidence-based and/or evidence-informed services resulting in strong outcomes.

A.3. Service Definitions:

a. The Intensive Long-term Support Services Program (ILS) is designed to promote an increase in the number of service recipients discharged from Middle Tennessee Mental Health Institute (MTMHI). The Grantee shall adhere to the priority scheme noted in Section A.4. for service recipients being discharged into ILS facilities identified in Section A.6.a. The ILS provides funding to maintain the service recipients in the community in ILS facilities. Services offered through the ILS include
psychiatric services; nursing services; case management services; wrap-around and recovery services; transportation services; personal care services such as vision and dental; and treatment services which complement existing services provided by the State which have not sufficiently met the specialized needs of the service recipients of the ILS.

b. “Co-occurring disorders,” for purposes of this Grant Contract, means combined conditions of mental illness and substance use disorder.

c. “Mental illness,” for purposes of this Grant Contract, means a psychiatric disorder as diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or more current edition.

d. “Substance use disorder,” for purposes of this Grant Contract, means a substance-related disorder as diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or more current edition.

e. “Trauma-Informed Care”, for purposes of this Grant Contract, refers to a strengths-based service delivery approach that has a foundation in an understanding of the impact of trauma, and resulting responsiveness to such impact. Trauma-informed care focuses on the total person, including physical, psychological, sociological, and emotional well-being and recovery.

f. “Peer Recovery Support”, for purposes of this Grant Contract, is an individual, recovery focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process.

g. “Supported Employment Services”, for purposes of this Grant Contract, refers to service provisions wherein people with disabilities, including intellectual disabilities, mental health, and traumatic brain injury, among others, are assisted with obtaining and maintaining employment.

h. “SSI/SSDI Outreach, Access and Recovery (SOAR)”, for purposes of this Grant Contract, is a program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA)
for eligible individuals who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring disorder.

A. 4. Service Recipients:

a. The eighteen (18) individuals who have discharged from Middle Tennessee Mental Health Institute (MTMHI) and are currently served by the Intensive Long-term Support (ILS) program in TDMHSAS Planning and Policy Council Region IV.

b. Any and all future vacancies of the ILS facility(ies) shall be occupied by any Tennessee adult eighteen (18) years of age or over whom has received inpatient psychiatric treatment for a mental illness or co-occurring disorder and who has been discharged from Middle Tennessee Mental Health Institute (MTMHI).

c. Exceptions to these requirements are not permitted without State approval. Requests for exceptions to these requirements for eligibility shall be sent, in writing (e-mail is acceptable), to the State's Office of Housing and Homeless Services for approval.

A.5. Service Goals:

a. To enable seriously mentally ill service recipients to be discharged from MTMHI in accordance with the priority scheme described in Section

b. To support seriously mentally ill service recipients who are placed in community supportive housing in order to prevent admission or readmission to inpatient psychiatric hospitalization.

A.6. Structure:

a. The Grantee shall provide Intensive Long-term Support (ILS) services as needed, twenty-four hours per day/seven days per week/three hundred sixty-five days per year (24/7/365) for the existing ILS clients. The ILS facilities identified for funding through this Grant Contract and the number of placements per facility:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>ZIP Code</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>
b. The Grantee shall provide a minimum of eighteen (18) Intensive Long-term Support housing opportunities for the current ILS service recipients in middle Tennessee.

c. The Grantee shall ensure that ILS programming complements existing services funded by the State, including but not limited to: case management services, outpatient psychiatric services, mobile crisis services, Peer Recovery Support Centers, medication and medication management services, SSI/SSDI Outreach, Access and Recovery (SOAR) services, supported employment services (IPS), and other programs assisting persons diagnosed with mental illness, which have not been able to sufficiently meet the specialized needs of the service recipients of this program.

d. The Grantee shall ensure that existing and future ILS services are designed to meet the individual needs of the service recipients (including wheelchair accessibility and facilities that meet the specific needs of the hearing- and vision-impaired), enabling each service recipient to reside in a stable community placement with minimal readmission to inpatient psychiatric hospitals.

e. The Grantee shall ensure the assignment of a sufficient number of mental health personnel, either case managers or other mental health personnel, to this program to assure there is at least one (1) staff member awake and on duty for every five (5) residents in each facility twenty-four hours per day/seven days per week/three hundred sixty-five days per year (24/7/365) providing services when appropriate and as described in this Scope of Services.

A.7. Process:

a. The Grantee shall establish and maintain licensed ILS facilities. The facility and services supported by this Grant Contract must meet and comply with applicable codes, zoning, and State licensure requirements.

b. The Grantee shall provide on-site psychiatric services by a physician or nurse practitioner for service recipients served in this ILS facility. Services are to be provided at least every two (2) weeks and more frequently if needed.
c. The Grantee shall provide case management services, with case manager(s) specifically dedicated to this program.

d. The Grantee shall provide a schedule of treatment, skills training, or leisure activities, with such activities occurring both at the ILS facility and in the community. The schedule for the ILS facility shall provide for daily activities.

e. The Grantee shall conduct service coordination meetings of ILS facility staff, case management staff, and mental health treatment staff, or supervisory staff as needed. Service coordination meetings shall occur at least every two (2) weeks at the ILS facility with more frequent meetings, if needed.

f. The Grantee shall request that each service recipient complete one (1) State-approved satisfaction survey, or survey prescribed by the State, by the end of each Grant Contract year and when the resident leaves the program. Copies of these completed satisfaction surveys shall be maintained for at least two (2) years and shall be made available upon request of the State. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

g. The Grantee shall ensure program staff members are appropriately trained in the following areas with updates a minimum of one (1) time per state fiscal year except CPR which must remain current and completed once every two (2) years. Each new employee in his or her first three (3) months of employment must complete all required training. Upon request of the State, the Grantee shall provide documentation showing the time; location; and person delivering the training for each of the program staff members:

(1) Philosophy of supported housing;

(2) Teaching interpersonal and living skills (such as Motivational Interviewing, budgeting skills, and other such skills);

(3) Cardiopulmonary Resuscitation (CPR);

(4) Managing aggressive behavior;

(5) Working with service recipients to achieve their housing goal;
(6) Consumer rights in group homes;
(7) Sensitivity to cultural diversity and;
(8) Client-centered services and treatment.
(9) Trauma-informed care (as defined by the TDMHSAS).

h. The Grantee shall maintain records to document Intensive Long-term Support (ILS) activities and submit monthly, intake and discharge reports according to the accepted State format. Monthly reports should be submitted to the State by the fifteenth (15th) of the month following the end of each month. Monthly reports shall be completed and submitted prior to or at the time of submission of the monthly invoice. Intake reports shall be completed upon service recipient admittance into the ILS program. Discharge reports shall be completed upon service recipient discharge from the ILS program. The year-end deadline for submission of all programmatic reports is the fifteenth (15th) of the month following the last month of the fiscal year (specifically, July 15th). Failure to submit these reports within the specified time frame could result in delay in reimbursement until the Grantee complies with this requirement. It is expressly understood and agreed that the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

i. The Grantee shall provide nursing services as needed to address either medication compliance issues or health care needs.

j. The Grantee shall provide emergency services as necessary to prevent readmission to inpatient psychiatric hospitalization, including proactive intervention when possible. If a service recipient requires readmission to an inpatient psychiatric hospital, efforts shall be made to facilitate the service recipient’s return to the community as soon as clinically feasible.

k. The Grantee shall provide other treatment and/or support services, as needed, to enable the discharge of service recipients from MTMH, in accordance with the priority scheme described in Section A.4. The Grantee shall also provide other treatment and/or support services as needed to maintain service recipients in
the community who have received inpatient psychiatric treatment at MTMHl in accordance with the priority scheme described in Section A.4.

l. The Grantee shall transition service recipients to a less restrictive environment when appropriate to meet the service recipient’s needs.

m. The Grantee shall utilize ILS funds to provide services in the community that cannot be fully funded by Tennessee’s Medicaid program, TennCare; the Behavioral Health Safety Net; Medicare; or other third-party payers. Grantees are strongly encouraged to seek compensation from third party payers, such as Medicaid, when possible for reimbursable services and supports delivered under this contract therefore allowing this contract to help offset the activities and expenses that are non-reimbursable by third party payers.

n. The Grantee shall comply with the State’s evaluation process including reports prescribed by the State and assure access to all program and financial data to verify these reports and contract compliance.

A.8. Outcome – Access:

When vacancies arise, MTMHl and the Grantee shall refer seriously mentally ill service recipients to ILS facilities with ILS in accordance with the priority scheme described in Section A.4.

A.9. Outcome – Capacity:

a. This ILS facility shall serve the existing eighteen (18) beds service recipients as indicated by the number of beds shown in Section A.6.a. and confirmed by monthly reports submitted in compliance with Section A.7.h. Service recipient records shall be made available upon request of the State to verify these reports.

b. The Grantee shall ensure vacancies in the identified ILS facilities will be filled by individuals discharging from MTMHl within thirty (30) days, and each subsequent thirty (30)-day term that the vacancy remains unfilled, unless prior approval is granted by the State for an extension in the thirty (30) day term. This data shall be indicated in the monthly reports submitted in compliance with Section A.7.h. Service recipient records shall be made available upon request of the State to verify these reports.
c. ILS shall be provided to all residents at this ILS facility as indicated by monthly reports submitted in compliance with Section A.7.h. Service recipient records shall be made available upon request of the State to verify these reports.

A.10. Outcome – Effectiveness:

a. Service recipients shall experience increased community tenure after moving into this ILS facility. The Grantee shall make appropriate service recipient records available upon request of the State to verify this measure.

b. Service recipients shall experience reduced number of psychiatric hospitalization days since entering this facility over a period of time compared to a similar period of time prior to entering this facility.

A.11. Grantee shall ensure the following executed documentation, as applicable, is provided to the State to protect State's interest in the property or properties purchased and/or renovated using State funds provided through this contract:

Grant note(s), provided by State, for the amount of State funding involved, signed by an authorized agent of Grantee and so notarized, wherein buyer acknowledges its obligation to assure the property is used to serve specified service recipients for the specified period and the consequences if this obligation is not met;

A copy of a Restrictive Covenant(s), provided by State, signed by an authorized agent of Grantee and so notarized, and properly recorded in the appropriate county acknowledging the State's interest in the property or properties; Grantee shall also make property available for service recipients for the duration of Affordability Period as specified in the Restrictive Covenant, recorded with the Office of the Register of Deeds in the county where the property is located.

A copy of the most recently filed property deed showing the property is owned by Grantee (if contract is for new construction or renovation).
Attachment H
Sample of Grant Note and Restrictive Covenant Documents

Prepared by Tennessee Department of Mental Health and Substance Abuse Services

GRANT NOTE

AMOUNT: ______________________ ($____________)

On demand after date, for value received and hereby acknowledged, ______ (“Grant Recipient”), promises to pay to the order of Tennessee Department of Mental Health and Substance Abuse Services (“TDMHSAS”) the principal sum of ___dollars ($__), in legal tender, with interest thereon from this date at zero percent (0%) per annum. Principal shall be payable at the offices of TDMHSAS or such other place as TDMHSAS may designate.

A. So long as there is no default with respect to the conditions set forth herein, or as set forth in the Restrictive Covenant executed by ___(AGENCY NAME) related to the properties at ______(location(s)) (herein after referred to as “the properties”), the principal sum due and payable under this Grant Note shall be forgiven at the end of the Affordability Period (as defined herein).

B. TDMHSAS agrees not to make demand for payment under this Grant Note so long as the following conditions are met:

1. The Affordability Period for this grant is ___ years from the date that the state funds are disbursed to the Grant Recipient.

2. All funds advanced hereunder are used for the purpose of defraying acquisition, closing, and rehabilitation costs on the Properties.

3. The Property units are maintained for Tennessee adults (18 and over) behavioral health consumer(s) or family households that include at least one adult who has a Diagnostic and Statistical Manual, Version V (DSM-V) (or current revision) mental illness diagnosis or mental illness and co-occurring
substance use disorder diagnosis and have very low income according to definition of U.S. Department of Housing and Urban Development (HUD) at the time of moving into the unit. The Grant Recipient agrees to maintain documentation that tenant households meet these criteria for the Affordability Period, including attestation by a licensed behavioral health professional regarding diagnosis and documentation of income verification compared to HUD local very low income standard at time of move-in.

4. Neither the Properties, nor any part thereof or interest therein, is sold, leased or otherwise transferred, conveyed or encumbered and no interest in the Grant Recipient is sold or otherwise transferred, conveyed or encumbered during the Affordability Period.

5. The Grant Recipient agrees to all terms and conditions set forth in this Grant Note, the Restrictive Covenants, and the Deed of Trust.

In the event of default hereunder, TDMHSAS shall, at any time thereafter, be entitled, but not required, to immediately demand payment of all amounts due under this Grant Note as of the date of default. Amounts not paid upon demand shall bear interest at the maximum lawful rate from the date of demand until the date payment is received. Should efforts be made to collect this Grant Note, or any part of the indebtedness evidenced hereby, by law or through an attorney, Grant Recipient shall pay all reasonable attorneys’ fees, all court costs and all costs of collection upon demand. Any failure on the part of TDMHSAS to exercise its rights hereunder shall not, in any event, be considered a waiver of any such rights nor shall such failure preclude TDMHSAS from exercising such rights at any time. Grant Recipient hereby waives all rights of protest, notice of demand, protest and demand, notice of protest, presentment, demand, dishonor and non-payment.

GRANTEE

BY: ____________________________________________(signature)

________________________________________(printed name)
Title: ________________________________________

Date: ________________________________________

NOTARY PUBLIC

The individual appeared before me ________________, a Notary Public for _________________ County, State of Tennessee, on the _____ day of ________________, 20__, and affixed his/her signature.

My commission expires on __________________________.

Prepared by Tennessee Department of Mental Health and Substance Abuse Services
This Restrictive Covenant is made and entered into by and between the Tennessee Department of Mental Health and Substance Abuse Services (hereinafter referred to as “State”) and ______________ (hereinafter referred to as “Grantee”).

1. Grantee, for and in consideration of ______________ dollars ($______) (hereinafter referred to as the “State Grant monies”) provided to Grantee for the purchase and/or renovation of real property located at __________________________________ (hereinafter referred to as “the Property”), hereby grants the State of Tennessee an equitable interest in the property and covenants that the restrictions set forth below shall constitute a covenant running with the land benefitting and appurtenant to the real estate and any part thereof:

________________________(address) and
recorded in Book ________, Page ________, Register’s Office of
Register’s Office of

________ County, Tennessee

2. The State’s interest in the Property and the covenant running with the land shall be binding upon Grantee, its successors and assigns, for ____ years from the date of the closing or when State Grant monies are disbursed to the Grantee (Affordability Period).

3. Grantee covenants that the Property is maintained with (# of beds) beds as the primary residence for a Tennessee adult (or a family household that includes such adult), eighteen (18) years of age and older, who is receiving treatment or recovery services for a mental illness diagnosed using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), or current revision, or is diagnosed with co-occurring mental and substance abuse or dependency disorders, and has been certified at the time of closing as falling below the U.S.
Department of Housing and Urban Development’s (HUD’s) “very low income” guideline for the area where the Property is located.

4. Grantee covenants that neither the State’s interest in the Property nor any part thereof or interest therein, shall be sold, leased, or otherwise transferred, conveyed or encumbered during the Affordability Period without written consent of the Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services.

5. If Grantee fails to properly perform its obligations under this Restrictive Covenant, or if Grantee violates the covenants herein, the State shall have the right to immediately enter upon the above named Property and exercise all of its right, title and interest in the Property. Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Restrictive Covenant by Grantee.

6. Grantee agrees to be responsible for the accountability, maintenance, and management of the Property purchased or rehabilitated totally or in part with State Grant monies.

7. The validity, construction and interpretation of this Restrictive Covenant shall in all ways be governed and determined in accordance with the laws of the State of Tennessee.

8. Grantee shall file a copy of this Restrictive Covenant in the Office of the Register of Deeds in the county where the Property is located and assure a recorded copy is provided to the State.

IN WITNESS WHEREOF, this Restrictive Covenant has been signed and executed by Grantee and the State on date below their respective signatures hereeto:

GRANTEE:
Signature

Date

______________________________
Printed Name

NOTARY PUBLIC

This individual appeared before me ____________, a Notary Public for ____________ County, State of Tennessee, on the ___ day of ____________, 2018, and affixed their signature.

My commission expires on _________________.

______________________________
Notary Public

STATE OF TENNESSEE