



Department of
**Mental Health &
Substance Abuse Services**



Announcement of Funding

**Substance Use Prevention, Intervention, and Recovery Support Programs –
Shelby County**

Tennessee Department of Mental Health & Substance Abuse Services

Division of Substance Abuse Services

Completed Proposals Due: **May 15, 2026**



Introduction

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) announces the availability of funding opportunities to strengthen substance use prevention, intervention, and recovery support efforts in Shelby County, Tennessee. Through this Announcement of Funds (AOF), applicants will have the opportunity to pursue funding from one or more program categories. Evaluators will assess proposers based on their ability to present a clear and realistic depiction of their ability to serve Shelby County.

Program Goals and Objectives

Programs under this AOF share a common purpose to promote mental health, prevent substance misuse, strengthen recovery supports, and build community capacity to respond effectively to mental health and substance use challenges. The focus will be on the continued implementation of the Substance Use Prevention, Intervention, and Recovery Support Programs in Shelby County:

1. Expand Access to Recovery Supports and Services

- Provide peer-based recovery support and care coordination for individuals impacted by substance use and co-occurring disorders.
- Connect individuals to treatment, recovery resources, and supportive services through warm hand-offs and follow-up.

2. Strengthen Community Capacity

- Build and maintain active coalitions and partnerships that engage different sectors of the community.
- Increase organizational and regional capacity to implement evidence-based strategies and respond to emerging substance use trends.

3. Promote Education and Awareness

- Deliver evidence-based and evidence-informed education on substance use prevention.
- Increase public awareness of available resources, treatment options, and recovery supports.
- Reduce stigma associated with substance, mental health and recovery through education utilizing lived experience.

4. **Implement Evidence-Based Strategies**

- Utilize evidence-based strategies to guide prevention planning and implementation.
- Initiate new recovery support groups and prevention activities where community needs are identified.
- Utilize proven approaches such as screening, referral, and follow-up to support individuals at high risk of overdose.

5. **Improve Outcomes for Individuals and Communities**

- Decrease the incidence and frequency of substance use and co-occurring disorders.
- Reduce overdose deaths through timely intervention, education, and resource distribution.
- Support long-term recovery and community well-being through sustained engagement and collaboration.

Applicants must demonstrate organizational capacity, experience, and commitment to the goals of the selected program(s). For programs involving peer-based services—Lifeline Peer Project, Regional Overdose Prevention Specialists (ROPS), and Care Coordination—applicants must show a strong interest and ability to support individuals in recovery from mental health and substance use disorders.

This AOF includes the following programs. Applicants may apply for one (1), two (2), or all three (3) programs; however, each program application must clearly outline the scope of work and budget specific to the selected program(s). Applicants proposing to implement multiple programs may demonstrate enhanced capacity for comprehensive service delivery across the continuum of prevention, intervention, and recovery support.

- **First Responder Care Coordination and Community Response** – Peer-based care coordination and regional outreach and overdose prevention through Regional Overdose Prevention Specialists.
- **Lifeline Peer Project** – Peer-led recovery support and community education.
- **Substance Use Prevention Coalitions (SUPCs)** – Community-based substance use prevention strategies using the Strategic Prevention Framework.

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1 GENERAL CONDITIONS

TDMHSAS seeks proposals to implement initiatives that advance the Department’s mission of creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders..

Program Category

Program Title	Funding Amount	Project Period	*Funding Type
Substance Use Prevention Coalition	\$124,789	July 1, 2026 – June 30, 2027	Recurring
Lifeline Peer Project	\$72,300	July 1, 2026 – June 30, 2027	Recurring
First Responder Care Coordination and Community Response	\$300,000	July 1, 2026 – September 29, 2027	Recurring

1.1 Funding Information

1.1.1 **Project Period:** As funds are available and subject to provider’s performance, there may be additional Grant Contract periods for this service. Subject to the availability of funds, the funds for this project are expected to be recurring and future years of funding would follow the timeline of the funding source. Funding term for selected proposals will be based on the program(s) applied for and is expected to be:

July 1, 2026 – June 30, 2027

Lifeline Peer Project

Substance Use Prevention Coalitions

July 1, 2026 – September 29, 2027

First Responder Care Coordination and Community Response

- 1.1.2 **Allocations:** Funding allocations will be awarded based on how well a Proposer addresses guidelines and criteria of this Announcement.
- 1.1.3 ***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.
- 1.1.4 **Grant Contract Requirements:** Grant contracts awarded as a result of this announcement of funding must comply with all contract requirements and will be subject to both programmatic and fiscal monitoring. Proposers should review the TDMHSAS Grantee Manual located on the Grants Management section of the department's website, located [here](#). This manual includes resources about the grant contracting process, highlights key contract provisions, reviews the programmatic and fiscal requirements for grant contracts, outlines the department's monitoring process, and provides resources related to grant management. Any selected Grantee will be subject to monitoring by the Department as required by [Department of General Services, Central Procurement Office Policy 2013-007](#) and state and federal regulation.
- 1.1.5 **Cost-Reimbursement Grant Contract:** This award will result in cost-reimbursement grant contracts between the State and awarded Grantee. All invoices paid or payments made by the State are to be cost reimbursed; specifically, **awarded Grantees must first pay for a given cost out-of-pocket, and then the State reimburses the Grantee for such cost.**

1.2 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.

SCHEDULE OF EVENTS:

Date	Event
April 1, 2026	TDMHSAS releases Announcement
April 9, 2026	Proposers' Written Questions Regarding the Announcement are due
April 15, 2026	TDMHSAS issues written responses to questions posted on the State's website at https://www.tn.gov/behavioral-health/department-funding-opportunities.html
May 15, 2026	Proposals are due via email
June 19, 2026	TDMHSAS Makes Announcement of Accepted Proposal(s).
	Contract shall be effective upon gathering all required signatures and approvals from the State in accordance with Section D.1 Required Approvals

1.3 Proposer Eligibility

1.3.1 The proposer, for purposes of this Announcement, must:

- Be registered with the Tennessee Secretary of State or will be registered with the Tennessee Secretary of State no later than the contract start date.
- Have IRS Form 990 (Return of Organization Exempt from Income Tax); must submit most recently filed form as an attachment to the proposal.
- For nonprofit or 501(c)(3) organizations, must be registered with TN Department of Revenue for sales tax exemption – TDMHSAS does not reimburse sales tax expenses with grant funds to a nonprofit or 501(c)(3) organization; must submit documentation to verify registration as an attachment to the proposal. More information can be found using the following link: <https://www.tn.gov/revenue/taxes/sales-and-use-tax/exemptions-certificates-credits.html>. If applicable, a non-profit agency that is a 501(c)(3) entity as defined and described in the Internal Revenue Code, 26 United States Code (USC) § 501 acting as the **Fiscal Agent** for a Coalition or a governmental entity acting as the **Fiscal Agent** for a Coalition.

- Questions specific to eligibility for this Announcement may be asked in writing at any time. Please contact Bev Fulkerson bev.fulkerson@tn.gov for all eligibility-related questions.

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

1.4 Scope of Services

Each program's Scope of Services will be contained in Section A. of the respective State Grant Contract. For applicants selected for multiple programs, a separate Scope of Services will apply to each awarded program. See Appendix for each Scope of Service.

1.5 Communications

1.5.1 The following Coordinator shall be the main point of contact for this Announcement of Funding: Bev Fulkerson bev.fulkerson@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.

1.5.2 **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 Bev Fulkerson bev.fulkerson@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.

- 1.5.3 **Questions and Requests for Clarification:** Questions and requests for clarification regarding this Announcement should be submitted in writing on or before April 9, 2026, to Bev Fulkerson bev.fulkerson@tn.gov in order to be answered. Questions submitted in writing after this deadline will not be answered.
- 1.5.4 **State's Response to Questions and Requests for Clarification:** By April 15, 2026, the State will provide written responses to all questions and requests for clarifications received by April 9, 2026. The State's written responses will be posted on the State's website [here](#). 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.

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

- 1.6.1 **Proposal Preparation:** The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.
- 1.6.2 **Proposal Formatting Requirements:** The 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 May 15, 2026.
 - Proposals must address all applicable project narrative questions and label the sections accordingly within the proposal, for each program applied for.
 - Proposal pages must be typed, single-spaced on standard 8 ½" x 11" paper, in font size twelve (12), with 1" margins. The spacing and margin requirements do not apply when preparing the attachment worksheets.

- The Project Narrative must be a minimum of three (3) pages per program requested and may not exceed fifteen (15) total pages, regardless of whether the applicant applies for one (1), two (2), or all three (3) programs. This limitation does not include required attachments.
- The proposed budget should include the summary, detail, salary, and budget justification. This may be sent as PDF or Excel. The budget narrative is limited to one page.

- 1.6.3 **Proposal Submission:** Proposals should be submitted to the State via e-mail to Bev Fulkerson bev.fulkerson@tn.gov by the deadline May 15, 2026, and meet other submission criteria detailed in this Announcement to be eligible for review.
- 1.6.4 **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.
- 1.6.5 **State's Right to Reject Proposals:** The State reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement 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/departments-funding-opportunities.html>, and notice of the posting will be distributed via the proposer e-mail list.

1.7 Proposal Review, Components, Scoring, and Selection

- 1.7.1 **Proposal Review:** Proposals will be scored based on the ability to demonstrate the intended success of the project. Incomplete and non-compliant proposals will not be reviewed. Applicants may submit a proposal for one (1), two (2), or all three (3) programs (Lifeline Peer Project, Substance Use Prevention Coalitions (SUPCs), and First Responder Care Coordination and Community Response); each program requested will be reviewed independently based on the criteria outlined below. Grantees are selected in accordance with state policy, department duties, department powers, and commissioner duties and

powers as related to serving as the state's mental health and substance abuse authority, creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders.

1.7.2 **Proposal Components:** Applicants may apply for one (1), two (2), or all three (3) programs. For proposals that include multiple programs, clearly separate and label all required components for each program. Each proposal should contain the following sections. Please note, incomplete proposals will not be reviewed:

- Cover letter
- Cover sheet (Attachment A, signed by authorized representative)
- Table of Contents
- Project Narrative
 - Minimum three (3) pages per program requested; maximum fifteen (15) pages total. Narrative sections must be clearly separated and labeled by program. Proposals not meeting these requirements may not be reviewed.
- Proposed Budget and Budget Justification (Attachment C)
 - Must be clearly separated by program requested
- Letters of Agreement (Attachment D)
 - Must be clearly separated by program requested

Failure to clearly separate and label components by program may result in the proposal being deemed non-responsive.

1.7.3 **Proposal Scoring:** Applications will be scored separately for each program requested. Submission of a proposal for multiple programs does not guarantee funding for all programs requested. Proposals will be evaluated and awarded independently. Each proposal is allocated a maximum point value that determines the range within which reviewers will assign specific points. The number of points allocated to each component below represents the maximum number of points a reviewer may assign per program. Reviewed proposals may receive a total score between zero (0) and one hundred (100) per program. Failure to clearly separate program-specific components (Project Narrative, Budget, and Letters of Agreement) may result in the proposal being deemed non-responsive.

Proposal Component	Score
Cover Letter	0 points, but essential
Cover Sheet (Attachment A)	0 points, but essential
Table of Contents	0 points, but essential
Project Narrative: The following components are scored per program requested <ul style="list-style-type: none"> • Organizational Profile (5 points) • Statement of Need (10 points) • Relevant Experience (15 points) • Community Integration/Participation (25 points) • Utilization of Peer Perspective and Experience (15 points) 	70 points
Organizational Chart(s) (Attachment B) <i>Provide an organizational chart for the entity submitting the proposal that clearly demonstrates where the proposed program(s) under the Announcement of Funding for Substance Use Prevention, Intervention, and Recovery Support Project(s) will fit within the overall organizational structure of the entity.</i>	0 points, but essential
Proposed Budget and Budget Narrative (Attachment C) <i>Appropriate and realistic budget must be submitted along with a narrative justifying the budget. Budgets must be clearly separated by program requested.</i>	25 points
Letters of Agreement (Attachment D) <i>Must correspond to each program requested, as applicable.</i>	5 points

1.7.4 **Proposal Selection:** The State will notify all Proposers selected for contracting by close of business June 19, 2026. Applicants may be selected for one (1), two (2), or all three (3) programs, as each program is evaluated and awarded independently.

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.

1.8 State's rights and obligations under this Announcement

- 1.8.1 The State reserves the right to make any changes to this Announcement of Funding, timeline of events, proposals selected, the scopes 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/departments-funding-opportunities.html> and notice of this posting will be distributed via the proposer e-mail list.
- 1.8.2 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/departments-funding-opportunities.html> and notice of the posting will be distributed via the proposer e-mail list.
- 1.8.3 The State reserves the right to make any changes to the Scopes of Services as deemed necessary before issuing the final Grant Contract.
- 1.8.4 The State reserves the right to not issue any Grant Contracts in response to this Announcement.
- 1.8.5 The State reserves the right to further negotiate proposals selected to be awarded funds prior to entering into a Grant Contract.
- 1.8.6 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 within the specified Grant Contract term.
- 1.8.7 Grant contracts awarded as a result of this announcement of funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the State reserves the right to terminate Grant Contracts upon written notice to the Grantee.

2 PROPOSAL NARRATIVE

The Proposal Narrative must be structured and titled consistently according to the sections below. Applicants may apply for one (1), two (2), or all three (3) programs. For proposals that include multiple programs, clearly separate and label all required components for each program.

Note: *Applicants applying for multiple programs must include Organizational Profile and Statement of Need for each program proposal, along with any applicable program-specific requirements.*

The narrative must be a **minimum of three (3) pages per program and not exceed fifteen (15) pages**. Narrative content must be clearly delineated by program. Proposals that do not meet the page requirement may not be reviewed.

If selected for award, the Proposal Narrative will be incorporated as an attachment to the grant contract.

Narrative responses should address the following items, as applicable to the program(s) requested:

2.1. Organizational Profile: The Proposer shall provide a comprehensive overview of its organization, including its history, mission, vision, and demonstrated experience in implementing state-funded and federal grant programs (if applicable). This overview should emphasize initiatives related to community engagement, education, and awareness-building. Additionally, the Proposer shall describe its experience and expertise relevant to the specific program(s) requested in serving individuals affected by mental health and/or substance use disorders, highlighting relevant organizational knowledge and capabilities.

The description should include specific examples of measurable outcomes that reflect success in community building, awareness efforts, resource connection, and the effective implementation of services requiring collaboration with a variety of stakeholders across sectors and communities. The Proposer shall also detail its partnerships with Tennessee-based organizations and agencies that support individuals facing mental health and substance use challenges, illustrating how these collaborations contribute to recovery and overall community well-being.

2.2. Statement of Need: Proposer shall provide a clear and succinct statement of need specific to the proposer's targeted area and for each program. Applicants must include quantitative and/or qualitative data to support the identified need. For proposals that include multiple programs, clearly separate and label all required components for each program. **For each program proposal, address the following:**

- **Substance Use Prevention Coalitions (SUPCs):** Describe the need for community-based prevention strategies, including coalition development and utilization of evidence-based strategies.
- **Lifeline Peer Project:** Describe the need for peer-based recovery support and community education in the targeted area.
- **First Responder Care Coordination and Community Response:** Describe the need for care coordination, overdose prevention, and community-based outreach for individuals at high risk of overdose.

2.3 Relevant Experience: Briefly describe your organization's experience, capacity, and commitment relevant to each program. This may include primary substance use prevention, mental health and substance use education, stigma reduction, recovery awareness, peer-based services, care coordination, overdose prevention, strengthening linkages to mental health and substance use infrastructure, and building recovery capital.

For applicants applying for Substance Use Prevention Coalitions (SUPCs):

1. Describe your organization's experience in community coalition development and management.
2. Coalitions are expected to engage different community sectors. Describe your experience engaging in the following sectors and provide at least one example of engagement with each sector:
 - Youth
 - Parents
 - Business
 - Media
 - Schools
 - Youth-serving Organizations
 - Law Enforcement
 - Religious Organizations
 - Civic or Volunteer Groups
 - Healthcare Professionals
 - State or Local Agencies
 - Other agencies working in substance use/treatment

For applicants applying for Lifeline Peer Project:

1. Describe your organization's experience providing peer-based recovery support services and community education.
2. Describe how peer staff will be utilized to engage individuals in recovery and support recovery-oriented outcomes.
3. Describe your approach to outreach and engagement, including how individuals will be connected to recovery supports and services.
4. Describe any experience supporting individuals with co-occurring mental health and substance use challenges.
5. Describe how your organization ensures quality, supervision, and ongoing development of peer staff.

For applicants applying for First Responder Care Coordination and Community Response:

1. Describe your organization's experience providing care coordination and/or working with individuals at high risk of overdose.
2. Describe your experience collaborating with first responders, emergency departments, or other community partners to identify and engage individuals in need of services.
3. Describe your approach to follow-up, engagement, and connection to services for individuals who have experienced an overdose or are otherwise high risk.
4. Describe your organization's experience with overdose prevention efforts, including education and distribution of overdose reversal resources.
5. Describe how your organization will coordinate outreach and service delivery across the targeted area(s), including any regional or community-based approach.

- 2.4. Community Integration/Participation:** Describe the strategy/plan to engage community stakeholders in support of the proposed program(s). Please include specific partners, roles of each partner, engagement frequency, and referral pathways. For proposals that include multiple programs, clearly separate and label all required components for each program.

For each program proposal, address the following:

•**Substance Use Prevention Coalitions (SUPCs):** Describe plans to engage different community sectors and strengthen coalition-driven prevention efforts.

•**Lifeline Peer Project:** Describe plans for outreach, engagement, and collaboration to support peer-based recovery services and community education.

•**First Responder Care Coordination and Community Response:** Describe plans to collaborate with first responders and community partners to support outreach, engagement, and connection to services for individuals at high risk of overdose.

2.5 Utilization of Peer Perspective and Experience: Describe how individuals with lived experience and/or Peers are incorporated into the design, implementation, and ongoing operation of services. For proposals that include multiple programs, clearly separate and label all required components for each program.

For each applicable program, address the following:

•**Lifeline Peer Project:** Describe how peer staff are integrated into service delivery, outreach, and engagement, and how lived experience informs program design and implementation.

•**First Responder Care Coordination and Community Response:** Describe how peer perspectives are incorporated into care coordination, outreach, and engagement with individuals at high risk of overdose, and how lived experience strengthens outcomes.

***Note:** This section is not required for proposals that apply exclusively for Substance Use Prevention Coalitions (SUPCs).*

3 ATTACHMENTS

The following attachments must be submitted, as applicable to the program(s) requested. Where multiple programs are included in a single application, attachments must be clearly labeled and separated by program, as applicable.

Attachment A Cover Sheet

Attachment B Organizational Chart

Attachment C Proposed Budget and Budget Narrative (must be submitted separately for each program requested)

Attachment D Letters of Agreement

Attachment A

COVER SHEET |

Legal Name of Proposer	
Federal ID#	
Edison Vendor ID#	
Targeted Coverage of Program (County/Counties and Region)	
CONTACT INFORMATION	
Name of Contact Person	
Title of Contact Person	
Address of Contact Person	
E-mail Address of Contact Person	
Phone Number of Contact Person	
AUTHORIZED REPRESENTATIVE INFORMATION	
Name of Authorized Representative <i>(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.)</i>	
Title of Authorized Representative	
Address of Authorized Representative	
E-mail Address of Authorized Representative	
Phone Number of Authorized Representative	

Signature of Authorized Representative

Date

Attachment B

ORGANIZATIONAL CHART

Provide an organizational chart for the entity submitting a proposal, demonstrating where the proposed program(s) under the Announcement of Funding for Substance Use Prevention, Intervention, and Recovery Support Project will fit into the overall structural organization of the entity submitting the proposal.

Attachment C (1 of 2)

PROPOSED BUDGET | Announcement of Funding for Substance Use Prevention, Intervention, and Recovery Support Project

Please download the Excel budget template available at this link to **complete a proposed budget for each program proposal** (Lifeline Peer Project, Substance use Prevention Coalitions, and First Responder Care Coordination and Community Response). 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. State of Tennessee Cost Reimbursement Grant. Proposers should submit a budget based upon twelve (12) month budget.

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

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

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

Attachment C (2 of 2)

BUDGET NARRATIVE | Announcement of Funding for Substance Use Prevention, Intervention, and Recovery Support Projects

A written Budget Narrative must be submitted for each program requested under this Announcement of Funding. Applicants applying for multiple programs must submit a separate Budget Narrative for each program, clearly labeled and aligned with the corresponding Proposed Budget (Attachment C).

Each Budget Narrative must provide sufficient detail to justify all requested funds and explain how each line item supports the proposed scope of work for the specific program.

Budget Narratives may not exceed one (1) page per program and must be single spaced.

Attachment D

Letters of Agreement

Provide documentation that demonstrates established direct collaboration with community partners who will act as key partners in the continued implementation of the proposed program(s) under the Substance Use Prevention, Intervention, and Recovery Support Project in Shelby County.

Applicants applying for multiple programs may submit combined letters of agreement; however, each letter must clearly identify the specific program(s) it supports.

This attachment and its documentation do not count toward the overall page limit of the proposal.

Appendix

Draft Scope of Service, Coalition

A.2. Service Definitions:

- a. "Coalitions" are partnerships of the many sectors of a community that gather together collaboratively to solve the community's problems and guide the community's future.
- b. "Prevention Specialist" is a certified professional who designs, implements, and evaluates strategies to prevent or reduce substance misuse and related high-risk behaviors in communities, schools, and families.
- c. "Primary prevention of substance use" are interventions that target the general, selective, and indicated populations before the initiation of substance use.
- d. "Strategic Prevention Framework (SPF)" is a planning process for preventing substance use and misuse. The five (5) steps and two (2) guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.
- e. "Substance Use Prevention Coalitions (SUPCs)" are coalitions that work to prevent dependence and addiction to harmful and potentially lethal substances such as prescription drugs, alcohol, and tobacco using the Strategic Prevention Framework (SPF).
- f. "Universal prevention measures" are measures that address an overall population (national, local, community, school, or neighborhood) with messages and programs aimed at preventing or delaying the use of alcohol, tobacco, and other drugs (ATOD).

A.3. Service Recipients:

The service recipients are countywide SUPC members who serve all citizens of _____ County, Tennessee.

A.4. Program Goals:

- a. To coordinate the implementation of substance use prevention environmental strategies within the Grantee's communities to address: underage drinking among persons ages twelve to twenty (12-20) years; binge drinking among persons ages twelve to twenty-five (12-25) years; tobacco use among persons ages twelve to twenty (12-20) years; the non-medical use of prescription drugs among persons ages twelve to twenty-five (12-25) years, and marijuana use among persons ages twelve to twenty-five (12-25) years in their community, region, and statewide.
- b. To reduce the past thirty (30) day underage drinking rate among persons ages twelve to twenty (12-20) years in _____ County, Tennessee.
- c. To reduce the past thirty (30) day binge drinking rate among persons ages twelve to twenty-five (12-25) years in _____ County, Tennessee.
- d. To reduce the past thirty (30) day tobacco use rate among persons ages twelve to twenty (12-20) years in _____ County, Tennessee.
- e. To reduce the past thirty (30) day non-medical prescription drug use rate among persons ages twelve to twenty-five (12-25) years in _____ County, Tennessee.
- f. To reduce the past thirty (30) day marijuana use rate among persons ages twelve to twenty-five (12-25) years in _____ County, Tennessee.
- g. To reduce substance use related problems in _____ County, Tennessee.
- h. To build community level prevention capacity and infrastructure to prevent the onset and reduce the progression of substance use in _____ County, Tennessee.
- i. To strengthen capacity and infrastructure at the state and community levels in support of substance use prevention in Tennessee.
- j. To contribute to a reduction of the past thirty (30) day underage drinking rate among persons, ages twelve to twenty (12-20) years in Region ___ by five percent (5%), as reported in the Substance Abuse and Mental Health Services Association (SAMHSA), Center for Behavioral Statistics and Quality, National Survey on Drug Use and Health (NSDUH).
- k. To contribute to a reduction of the past thirty (30) day binge-drinking rate among persons, ages twelve to twenty-five (12-25) years in Region ___ by five percent (5%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- l. To contribute to a reduction of the past thirty (30) day tobacco use rate among persons, ages twelve to seventeen (12-17) years in Region ___ by five percent (5%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.

- m. To contribute to a reduction of the past thirty (30) day non-medical prescription drug use rate among persons ages twelve to twenty-five (12-25) years in Region ___ by five (5%) percent, as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- n. To contribute to a reduction of the past thirty (30) day marijuana use rate among persons, ages twelve to twenty-five (12-25) years in Region ___ by five percent (5%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- o. To contribute to a statewide reduction of the past thirty (30) day underage drinking rate among persons, ages twelve to twenty (12-20) years by _ percent (%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- p. To contribute to a statewide reduction of the past thirty (30) day binge drinking rate among persons, ages twelve to twenty-five (12-25) years by _ percent (%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- q. To contribute to a statewide reduction of the past thirty (30) day tobacco use rate among persons ages twelve to twenty (12-20) years by five percent (5%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- r. To contribute to a statewide reduction of the past thirty (30) day non-medical prescription drug use rate among persons ages twelve to twenty-five (12-25) years by five percent (5), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- s. To contribute to a statewide reduction of the past thirty (30) day marijuana use rate among persons, ages twelve to twenty-five (12-25) years by five (5) percent (5%), as reported in the SAMHSA, Center for Behavioral Statistics and Quality, NSDUH.
- t. To leverage, redirect, and realign state-wide funding streams for substance use prevention.

A.5. Structure:

- a. Staffing; Training; Resources; Policies and Procedures; and Compliance with Laws, Rules, and Regulations. The Grantee shall:
 - (1) Facilitate or support the Coalition's members to maintain at least one (1) staff person, or contracted consultant acting as staff, whose position is funded through this Grant Contract (unless approved by the State), who shall devote an average of at least forty (40) hours weekly to the overall coordination of approved project activities. This person shall be the liaison to the State for programmatic information and communications.
 - (2) Maintain, or facilitate, or support the Coalition's members to each maintain, at least one (1) Prevention Specialist certified by International Certification &

Reciprocity Consortium (IC&RC) standards. The identified individual(s) must be on staff or contracted for an average of forty (40) hours per week and the position description must specifically describe responsibilities of oversight and quality assurance for the delivery of evidence-based prevention programs and strategies with fidelity. The designated Prevention Specialist(s) name(s), credential(s), and title(s) must be submitted to the State no later than July 15th.

- i. The Grantee shall notify the State within ten (10) calendar days if the designated Prevention Specialist(s) is/are no longer available or unable to perform required oversight and quality assurance functions.
 - ii. Within thirty (30) calendar days of notifying the State, the Grantee must designate at least one (1) individual who is currently certified or will be certified within twelve (12) months of the notification date to perform the responsibilities of oversight and quality assurance for the delivery of evidence-based prevention programs and strategies with fidelity. If this timeline cannot be achieved, the Grantee must submit a written plan to the State before the twelve (12) month period is complete, explaining any issues with meeting this deadline and providing an updated timeline for completion.
 - iii. To ensure that prospective candidates understand the nature and scope of services to be provided, the State shall assist with the selection of the Coalition Director.
- (3) Facilitate or support the Coalition's members to maintain a staff person, or contracted consultant acting as staff, funded by this Grant Contract that devotes an average of at least one (1) hour weekly to the overall supervision of approved project activities. Supervisor responsibilities shall include, but not be limited to:
- a. Submitting quarterly supervisor reports by the tenth (10th) of the month following the end of the quarter. Conduct supervisory meetings with program staff for at least one (1) hour per week to include, but not limited to, the following:
 - 1) Ensuring data entry is up to date; and
 - 2) Providing support on implementation strategies;
 - b. Reviewing flyers, outreach materials, etc., as needed;
 - c. Helping build community partnerships;

- d. Managing media campaign activities;
 - e. Attending all State-organized program trainings; and.
 - f. Ensuring all staff and contracted consultants acting as staff understand the goals and requirements of this Grant Contract.
- (4) Facilitate or support the Coalition's members in arranging and providing for trainings, approved, in writing, by the State; and with travel, pre-approved by the State, that is associated with prevention-specific training.
- (5) Ensure that all staff members and contracted consultants acting as staff to the Coalition, and whose salary is funded in whole or in part under this Grant Contract, complete training as follows: 1) at least five (5) of the prevention courses provided through the State's prevention on-line self-education tool; 2) at least one (1) of the required courses must be on substance use language guidance; and 3) at least one (1) of the required courses must be completed in the first six (6) months of this Grant Contract term and the remaining required courses must be completed by the end of this Grant Contract term. The specific course titles for the courses to be completed must be pre-approved by the State. Other prevention-specific training may be substituted with advance written approval from the State's Office of Prevention.
- (6) Facilitate or support the Coalition's members in providing Coalition staff with computer systems or other immediate access to the Internet. Computer systems shall be capable of fully accessing, downloading, and using information from the State's online reporting website, and other linked or referenced Internet sites.
- i. Coalition staff must maintain a system for file storage and backup so that in the event of staff turnover, natural disaster, or other unforeseeable events, Coalition files and records are accessible.
- (7) Facilitate or support the Coalition's members in being capable of transmitting and receiving information through electronic mail (e-mail) at an address unique to the Coalition. The Grantee shall maintain an e-mail address unique to the Coalition and shall provide the State with any change in the e-mail address(es) within two (2) workdays of the effective date of the change.
- (8) Facilitate or support the Coalition's members in being capable of transmitting and receiving information through postal services at a mailing address unique to the Coalition.

- (9) Facilitate or support the Coalition's members in being capable of transmitting and receiving information by telephone at a number unique to the Coalition.
- (10) Facilitate or support the Coalition's members in being an active participant of the Tennessee Prevention Advisory Council (TN PAC) Regional Workgroup at quarterly meetings for the Grantee's region.
- (11) Facilitate or support the Coalition's members in the onboarding of all staff, or contracted consultants acting as staff, whose position is funded through this Grant Contract. Proof of onboarding shall be submitted upon request of the State.
- (12) Facilitate or support the Coalition's members in the development, implementation, and maintenance of written, organized policies and procedures; and the creation and maintenance of a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State and include policies and procedures on, but not limited to, the following:
 - i. Non-discrimination including Title VI (see also Section A.5.a.(12));
 - ii. Staff and Contractor management and oversight;
 - iii. Maintaining a Drug Free Workplace;
 - iv. Charitable Choice, if applicable;
 - v. Coalition Membership Agreement;
 - vi. Inventory and management of Coalition equipment and materials;
 - vii. Appropriate staffing for the provision of this Grant Contract's services and, for submission to the State, in writing, a description of position titles and job descriptions for prevention direct service care staffing and all staff positions funded in whole or in part by this Grant Contract, including required qualifications, licenses, certifications, and other such credentials. Proof of all credentials, licenses, and certifications shall be submitted upon request of the State;
 - viii. Staff turnover and training for new staff, to ensure that staff transitioning into new roles are able to perform their job responsibilities and requirements; ensuring that e-mail addresses of former staff or contracted consultants acting as staff shall forward emails to the new staff members so that communication is streamlined and not disrupted;

- ix. No later than December 31st, develop and provide to the State a Coalition-specific employee performance evaluation process to include, but not be limited to, Objective Setting; Assessment of Performance; Feedback; and Development Planning; and
 - x. Employee and Volunteer Code of Ethics.
- (13) Facilitate or support the Coalition's members in meeting and complying with all licensure and certification requirements for personnel; applicable federal grant requirements; and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention or treatment programs funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.
- (14) Facilitate or support the Coalition's members in acknowledging the funding source of certain materials as follows: In accordance with Section D.13. of this Grant Contract, ensure that any publications including but not limited to websites, brochures, billboards, or public service announcements (PSAs) created using any portion of the funding from this Grant Contract contain a statement that meets the requirements of Section D.13.
- (15) Ensure all notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the Tennessee Department of Mental Health and Substance Abuse logo as provided by the State. All notices by the Grantee in relation to this Grant Contract shall be pre-approved by the State.
- (16) Ensure the Coalition is structured and organizationally linked to a governing body, which must be submitted to the State no later than July 15, 2026.
- (a) The governing body must include at a minimum the following:
 - i. Chair;
 - ii. Vice Chair;
 - iii. Secretary; and
 - iv. Treasurer.
 - (b) Staff members or contracted consultants acting as staff to the Coalition whose salary is funded in whole or in part under this Grant Contract shall not serve on the Coalition's governing body.

- (17) Ensure the Coalition facilitates or supports the Coalition's members to have a youth substance use prevention coalition or to work collaboratively with another youth group in the community.
- (18) Submit to the State a completed Agency Information Form including, but not limited to, information on agency staff, governing body make-up, and Coalition meeting dates and frequency.
- (19) Ensure all materials, resources, communications, and activities supported under this Grant Contract are consistent with applicable federal and state laws, regulations, Executive Orders, and State guidance in effect during this Grant Contract term as determined by the State.

b. Monitoring. In accordance with Section D.16., the State shall conduct program monitoring as follows:

- (1) State monitors shall notify the Grantee of their arrival, prior to site visit inception. The Grantee shall make available all relevant personnel at the scheduled time chosen by the State, unless otherwise arranged with the State. Deviations from the proposed site visit date must be approved by the State no later than two (2) weeks prior to the site visit date;
- (2) The Grantee shall comply with all requests for information as issued by the State and is required to have all information scheduled for review, present and ready on the day and time of the review. All requested information shall be prepared as specified by the State;
- (3) Following completion of the program and fiscal monitoring visits, the Grantee shall receive from the State a monitoring report (Monitoring Report). If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall submit a Corrective Action Plan (CAP) for the State's approval. The CAP must include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;
- (4) Grantee correspondence concerning the CAP must be submitted to the State electronically, as an attachment, via electronic mail (e-mail); and must include a cover letter on the Grantee's letterhead; conform to the State-approved format; and be submitted within the timeframe specified by the State. No facsimile CAP information shall be accepted by the State; correspondence should be emailed to Monitoring.TDMHSAS@tn.gov; and
- (5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive a CAP Disapproval Letter from the State requesting amendment and resubmission

to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. It is expressly understood and agreed by the Parties that the obligations set forth in this Section shall survive the termination of this Grant Contract as specifically indicated herein.

c. Provision of Services. The Grantee shall:

- (1) Have a current implementation plan approved by the State no later than December 31, 2026. Steps one (1) through five (5) of the Planning Process Documents must be updated at least every three (3) years and must reflect current data trends. Implement the plan, or facilitate or support the Coalition's members in implementing the plan, in accordance with the five (5)-step SPF model, as prescribed in the federal grant associated with this Grant Contract, and as approved by the State. The five (5) step SPF model includes:
 - i. Through community and student surveys and a review of archival data, SUPCs shall perform or update a needs assessment to determine the specific binge drinking, tobacco, and non-medical prescription drug use consumption and related consequences in their community;
 - ii. By reviewing the infrastructure, SUPCs shall perform or update a capacity assessment to determine available or needed resources;
 - iii. Using information gleaned from their needs and capacity assessments, SUPCs shall create or update a strategic plan that defines their vision and goals for the project;
 - iv. Using the information gleaned from the needs and capacity assessments as well as the goals set forth in the strategic plan, SUPCs shall select and implement evidence-based programs, policies, and practices;
 - v. Through the administration of various instruments and surveys approved by the State, SUPCs shall assess the effectiveness of the implemented evidence-based prevention programs, policies, and practices;
 - vi. Complete a community assessment process that includes representatives from across community sectors; and
 - vii. Ensure sustainability principles and activities are integrated into service planning and delivery.

- (2) Facilitate or support the Coalition's members in the utilization of the information gleaned from the needs and capacity assessments, as well as the goals set forth in the strategic plan, to coordinate the implementation of selected evidence-based prevention strategies;
 - (3) Facilitate or support the Coalition's members in assessing the effectiveness of the implemented evidence-based prevention strategies;
 - (4) Facilitate or support the Coalition's members in developing or enhancing the capacity of the members of the Coalition;
 - (5) Facilitate or support the Coalition's members in coordinating the implementation of a written implementation plan;
 - (6) Assist, or facilitate or support the Coalition's members in assisting, as necessary with all project events and activities as directed by the State; and
 - (7) Facilitate or support the Coalition's members in holding coalition meetings at a minimum on a quarterly basis. Copies of agendas, minutes, and sign-in sheets must be made available to the State upon request.
- d. Review the Administrative Program Guidelines (APG) reference document located at www.tn.gov/behavioral-health/substance-abuse-services/contract-faq to provide clarification and additional details on the requirements specified in this Grant Contract. This online information is essential for supporting delivery of this Grant Contract's services to the service recipients.

A.6. Process:

- a. The Grantee shall facilitate or support the Coalition's members in submitting the following reports in a format and timeframe established by the State. It is expressly understood and agreed by the Parties that the obligations set forth in this Section shall survive the termination of this Grant Contract as specifically indicated herein:
 - (1) Bi-weekly reports of National Outcome Measures (NOMs) submitted via the State's data system, excluding the last two (2) weeks of a quarter, which are due no later than the fifteenth (15th) of the month following the end of each quarter;
 - (2) Quarterly project reports are due no later than the fifteenth (15th) of the month following the end of the quarter; and
 - (3) An end-of-year report is due no later than the last day of the month following the end of the Grant Contract term.
- b. The Grantee shall facilitate or support the Coalition's members in ensuring that all reports are based on progress toward goals, objectives, and measures identified in

Section A.4., and by the five (5)-step SPF model, and include such progress as well as work done within the six (6) Center for Substance Abuse Prevention (CSAP) Strategies. The six (6) CSAP Strategies include:

- (1) Information Dissemination;
 - (2) Education;
 - (3) Alternatives;
 - (4) Environmental;
 - (5) Community-Based Process; and
 - (6) Problem Identification and Referral.
- c. The Grantee shall facilitate or support the Coalition's members in collecting and meeting NOMs and participating in other evaluation projects as specified by the State.
- d. The Grantee shall facilitate or support the Coalition's members in the utilization of the State's data system for NOMs collection, including service recipient demographic information and use of evidence-based practice; service recipient encounters, including service types provided and duration and length of service; and program information, including goals, objectives, and evaluation information.
- e. The Grantee shall facilitate or support the Coalition's members in ensuring that all staff having access to the State's data system sign the State's Authorized User Agreement. The Grantee shall facilitate or support the Coalition's members in maintaining copies of all signed Authorized User Agreements and making them available upon request of the State.
- f. The Grantee shall facilitate or support the Coalition's members in providing other services that may include, but are not limited to, the following:
- (1) Preparing reports and presentations as identified by the five (5)-step SPF model described in Section A.5.c. and providing other reports, presentations, and documentation in accordance with formats and timelines as directed by the State;
 - (2) Submitting to the State all required financial, statistical, program, and supporting documentation in the timeframe prescribed; and
 - (3) Convening and participating in scheduled meetings, workgroups, and conferences as designated by the State.

- g. The Grantee shall provide fiscal oversight and act as the administrative agent for the Coalition’s members for the purposes of implementation of Coalition project requirements at local and regional levels, which may include but not be limited to the following:
 - (1) Acting as fiscal liaison between the Coalition’s members and the Tennessee Comptroller of the Treasury’s Office for all fiscal audits;
 - (2) Disbursing all funds in a timely fashion to the Coalition’s members and pursuant to State requirements; and
 - (3) Providing monthly invoices to the State, no later than the fifteenth (15th) of each month for the preceding month, and only after the invoices have been signed and reviewed by an authorized Grantee staff member.
- h. The Grantee shall facilitate or support the Coalition’s members participating in other activities as prescribed and authorized by the State.
- i. The Grantee shall facilitate or support the Coalition’s members in using the State’s designated technical assistance provider as required by the state.

A.7. Outcome – Access:

Services shall be available to those identified in Section A.3.

A.8. Outcome – Capacity:

Services shall be provided to one hundred percent (100%) of those identified in Section A.3.

A.9. Outcome – Effectiveness:

The State shall continually review the progress reports submitted pursuant to Section A.6. to determine whether, and to what extent, the goals stated in Section A.4. and the objectives and measures identified by the five (5)-step SPF model described in Section A.5.c. have been met.

Draft Scope of Service, Lifeline Peer Project

A.2. Service Definitions:

- a. “Behavioral Health” is the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

- b. "Co-occurring" is any combination of two (2) or more substance use disorders and mental disorders. No specific combinations of mental and substance use disorders are defined uniquely as co-occurring disorders.
- c. "Director of Faith-Based Initiatives" is the individual responsible for leading a team that partners with and leverage local faith communities and congregations, engaging them in a discussion of what it means to support the substance use and mental health community with a vision of increasing outreach and building recovery pathways.
- d. "Faith-based Community Coordinator" is the point of contact in the faith community for establishing recovery programs, providing educational presentations, and facilitating communication and coordination of substance abuse treatment, recovery services, and mental health services to individuals who would benefit from referral and linkage to treatment and recovery support services.
- e. "Formal Presentations" are typically provided at coordinated events offering access to behavioral health education and recovery resources.
- f. "Non-formal Presentations" are small group discussions about behavioral health, the Lifeline Coordinator role, or the work of the Office of Faith-Based Initiative and are more in depth than networking and resource sharing. These presentations do not require a slideshow
- g. "Lifeline Coordinator" is the point of contact in the community for establishing evidence-based addiction and recovery programs as well as education presentations for civic groups, faith-based organizations, and community leaders to increase the understanding of the disease of addiction and support for recovery strategies.
- h. "Lifeline Peer Project" is a project established to reduce stigma related to mental health challenges, the disease of addiction, and increase community support for policies that provide for treatment and recovery services.
- i. "Recovery" is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- j. "Recovery Support Groups" are self-help groups that provide communal support, skill development, accountability, and encouragement for individuals living with substance use disorder. Examples of recovery support groups include but are not limited to Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), and SMART Recovery.

- k. "Substance abuse" is a patterned use of a drug in which the user consumes the substance in amounts or by methods that are harmful to themselves or others.
- l. "Substance misuse" is to use a drug for purposes for which it is not intended.

A.3. Service Recipients:

- a. The service recipients are countywide Substance Abuse Prevention Coalition (SAPC) members who serve all citizens of Mental Health Planning and Policy Region [insert number (#) here] [also insert North or South as appropriate], comprised of the following [use County if only one, Counties if more than one]:
- b. Individuals and groups of individuals who are in need of recovery support/resources for substance use disorder and/or mental illness.

A.4. Program Goals:

- a. To increase the availability of evidence-based and evidence-informed education concerning behavioral health challenges.
- b. To initiate new recovery support groups where communities have identified a need.
- c. To increase awareness of the practices, and procedures that connect individuals into evidence-based behavioral health services, treatment, and recovery programs.
- d. To decrease the incidence and frequency of relapses experienced by individuals recovering from substance use disorder and/or mental illness.
- e. To support communities in identifying gaps and resources concerning behavioral health needs.
- f. To decrease stigma associated with behavioral health through education, lived experience, and access to resources.
- g. To assist individuals in accessing treatment and/or recovery options in their community.
- h. To assist the TN RedLine operated by the Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS) in providing warm hand-offs and direct referrals to treatment and/or recovery services.

A.5. Structure:

a. Staffing; Training; Testing; Resources; Policies and Procedures; and Compliance with Laws, Rules, and Regulations. The Grantee shall:

- (1) Facilitate the hiring of a Lifeline Coordinator who is or is eligible to become a Certified Peer Recovery Specialist (CPRS)/Certified Young Adult Peer Support Specialist (CYAPSS) and who shall be the liaison to the State for programmatic information and communications. To ensure that prospective candidates understand the nature and scope of services to be provided, the State shall assist with the selection of the Lifeline Coordinator;
- (2) Support the Lifeline Coordinator in the maintenance or obtaining of their Certified Peer Recovery Specialist Certification as outlined in the CPRS Handbook: <https://cprs.tn.gov/home>;
- (3) Support the hiring of an individual who must be on staff or contracted for a minimum of thirty-seven and one-half (37.5) hours per week. Service time includes holidays, vacation time, and approved personal days in accordance with the Grantee's personnel policy. Grantees shall incorporate paid personal time into the service contract language due to the extensive travel requirements of the project and the stressful nature of service delivery;
- (4) Notify the State within five (5) calendar days if a designated Peer Specialist(s) leaves the position, is no longer available, or is unable to perform required functions. If any personnel issues arise that may result in the Lifeline Coordinator position termination, the Grantee shall work with the State and keep the State informed prior to taking any final action;
- (5) When the position becomes vacant, the Grantee shall advertise the opening and may send the job description and relevant details to TN Peer Services at michelle.webster@tn.gov, as well as to surrounding prevention coalitions. A current list of coalitions is available at: <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/anti-drug-coalition.html>;
- (6) Within thirty (30) calendar days of notifying the State of the vacancy, the Grantee shall designate at least one (1) individual who is either currently certified or who will obtain certification within ten (10) months of the notification date to deliver project strategies;
- (7) Support the Lifeline Coordinator who shall attend mandatory training sessions and/or meetings as defined by the State. These meetings include,

but are not limited to:

- i. Annual One Team One Vision Conference;
 - ii. Monthly Individual Lifeline Meetings; and
 - iii. Other specific training sessions and/or meetings identified by the State.
- (8) Support the Lifeline Coordinator(s) by providing notifications to the Director of Faith-Based Initiatives, and the Tennessee Redline concerning any absences, (e.g., vacations, leaves, sickness), so that calls may be redirected to the closest coordinator in the area;
 - (9) Provide, through grant funding under this Grant Contract, the Lifeline Coordinator with the necessary supplies to accomplish the service goals under Section A.4. (i.e., dedicated work cellphone, laptop, computer, etc.);
 - (10) Support the Lifeline Coordinator in collaborating with prevention coalitions within their region;
 - (12) Support the Lifeline Coordinator in increasing the availability of evidence-based recovery programs, such as but not limited to, the NA and AA twelve (12)-step model within their region. The State recognizes that this requirement necessitates the availability of a broad array of evidence-based interventions, and SAPCs shall be permitted the flexibility to propose to the State options that best fit local and regional circumstances;
 - (13) Support the Lifeline Coordinator by providing weekly supervision to determine if the requirements of this scope are being met, to check-in with the Lifeline Coordinator concerning hours worked, upcoming events, self-care provisions, overall well-being, to provide any support needed to achieve this Grant Contract's goals. Monthly supervision reports detailing the listed information shall be submitted to the State by the close of business on the last day of each month, at the following:
https://stateoftennessee.formstack.com/forms/ofbi_supervisor_monthly_check_in;
 - (14) Attend bi-monthly supervisor meetings and corresponding one-on-one supervisor meetings with the Director of Faith-Based Initiatives;
 - (15) Acknowledge that all materials developed as part of the Office of Faith-Based Initiatives (OFBI) are the property of the State, including but not limited to

PowerPoint presentations, surveys, and one-page documents. Any use or dissemination of these materials shall be restricted to activities within the scope of this Grant Contract and to individuals currently funded through this Grant Contract. It is expressly understood and agreed by the Parties that the obligations set forth in this Section shall survive the termination of this Grant Contract as specifically indicated herein; and

- (16) Submit to the State all required financial, statistical, program, and supporting documentation in the timeframe prescribed by the State.

b. Data Collection and Reporting Requirements. The Grantee shall:

- (1) Ensure the Lifeline Coordinator is submitting obtained data within the specified collection format before the close of business each Friday, and the close of business on the last day of each month, at the following: https://stateoftennessee.formstack.com/forms/project_lifeline;
- (2) Ensure the Lifeline Coordinator enters event calendar information in the specified collection format for all public-facing events being provided by the OFBI a minimum of one (1) month prior to the event, at the following: https://stateoftennessee.formstack.com/forms/ofbi_calendar;
- (3) Verify each event has a flier, registration method, agenda, sign-in sheet, and pre-and post-assessment (when applicable); and
- (4) Assist the Lifeline Coordinator in submitting all new or updated presentations to the Director and/or Assistant Director of Faith-Based Initiatives for approval a minimum of fourteen (14) days prior to the presentation.

c. Monitoring. In accordance with Section D.16., the State shall conduct program monitoring as follows:

- (1) State monitors shall notify the Grantee of their arrival, prior to site visit inception. The Grantee shall make available all relevant personnel at the scheduled time chosen by the State, unless otherwise arranged with the State. Deviations from the proposed site visit date must be approved by the State no later than two (2) weeks prior to the site visit date;
- (2) The Grantee shall comply with all requests for information as issued by the State and shall have all information scheduled for review, present and ready on the day and time of the review. All requested information shall be prepared as specified by the State;
- (3) Following the monitoring visit or desk review, the Grantee shall receive from the State a monitoring report (Monitoring Report). If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall submit a Corrective Action Plan (CAP) for the State's approval. The CAP must

include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;

- (4) Grantee correspondence concerning the CAP must be submitted to the State electronically, as an attachment, via electronic mail (e-mail); and must include a cover letter on the Grantee's letterhead; conform to the State-approved format; and be submitted within the timeframe specified by the State. No facsimile CAP information will be accepted by the State; and
- (5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive from the State a CAP Disapproval Letter requesting amendment and resubmission to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. It is expressly understood and agreed by the Parties that the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

A.6. Process:

- a. The Grantee shall support the Lifeline Coordinator in collecting all project-related data and participating in other evaluation activities as specified by the State.
- b. The Grantee shall support the Lifeline Coordinator in providing other services that may include, but are not limited to, the following:
 - (1) Preparing reports, presentations, and documentation in accordance with formats and timelines as directed by the State; and
 - (2) Convening and participating in scheduled meetings, workgroups, and conferences as designated by the State.
- c. The Grantee shall provide fiscal oversight and act as the administrative agent for the Lifeline Coordinator to implement project requirements at local and regional levels, which may include but not be limited to the following:
 - (1) Acting as fiscal liaison between the Lifeline Coordinator and the office of the Tennessee Comptroller of the Treasury for all fiscal audits;
 - (2) Disbursing all funds under this Grant Contract in a timely fashion pursuant to State requirements; and
 - (3) Establishing a written Memorandum of Agreement with the SAPC's governing body that identifies the responsibilities of both parties for the management

and oversight of funds and the supervision of staff or contracted consultant acting as staff.

- d. The Grantee shall support the Lifeline Coordinator in the participation in other activities as prescribed and authorized by the State.

A.7. Outcome – Access: Services shall be available to those identified in Section A.3.

A.8. Outcome – Capacity: Increase the number of evidence-based recovery programs by collaborating with community partners to host and/or facilitate meetings and programs, creating more access points to recovery.

- a. Coordinate and present a minimum of ten (10) trainings/events/presentations per month, consisting of:

- (1) A minimum of two (2) non-formal presentations per week to community, civic groups/and or Faith-Based Organizations on the stigma associated with behavioral health challenges and Lifeline services. Each training/event/presentation shall be provided, when relevant, in collaboration with the Director of Faith-Based Initiatives, Hybrid Lifeline Coordinator, Director of Collegiate Recovery, and the Faith-Based Community Coordinator.

- (2) A minimum of two (2) formal presentations, per month, to community, civic groups and/or Faith-Based Organizations on the stigma associated with behavioral health challenges, and Lifeline Services. Each formal presentation shall be provided, when relevant, in collaboration with the Director/Assistant Director of Faith-Based Initiatives, Project Lifeline Coordinator, Director of Collegiate Recovery, and the Faith-Based Community Coordinator.

- i. The two (2) formal presentations per month may be provided at either internally or externally coordinated events within the Lifeline Coordinator’s region.

- (3) Provide a minimum of thirteen (13) warm handoffs per month to treatment, recovery support, and/or other recovery services.

A.9. Outcome – Effectiveness:

- a. The State shall continually review the progress reports submitted pursuant to Section A.6. to determine whether, and to what extent, the goals stated in Section A.4. and the objectives and measures described in Section A.5.c. have been met.
- b. Service recipients shall gain an increased knowledge of recovery services in their area, as shown through pre- and post-surveys.
- c. Service recipients shall gain a greater understanding of behavioral health challenges in their community and will be positively impacted by the education provided by the OFBI, as shown through pre- and post-surveys.
- d. Service recipients shall reduce personal stigma surrounding behavioral health challenges and be more willing to assist someone with finding help, as shown through pre- and post-surveys.

Draft Scope of Service, First Responder Care Coordination

A.2. Service Definitions:

- a. "Care Coordinator" is an individual who works through the established substance use prevention coalition to provide care coordination, conduct screening/assessments for referrals, identify treatment/recovery support needs/refer to supports, and follow up with referrals at determined intervals.
- b. "Tennessee State Opioid Response (SOR) IV Community Response program" is funded by a federal grant awarded to Tennessee by the United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) to address the opioid crisis by expanding access to treatment and support services for opioid use disorder and other substance use disorders.
- c. "Harm Reduction" is a set of evidence-based ideas and interventions that seek to reduce the harms associated with drug use by acknowledging the dignity and humanity of people who use drugs, and bringing them into a community of care in order to minimize the negative consequences and promote optimal health and support.
- d. Medication Assisted Treatment/Medication for Opioid Use Disorder (MAT/MOUD) are any FDA-approved medication used for the treatment of substance use disorder (SUD) as part of a "whole-patient" approach. Usage of these medications are clinically

driven and tailored to meet each patient's needs, These medications support patients in sustaining recovery and preventing/reducing overdose.

- e. "Overdose reversal medication" is any Federal Food, Drug, and Cosmetic Act (FDA) approved drug available for the treatment of a known or suspected overdose and provided by the Tennessee Department of Mental Health and Substance Abuse Services,
- f. "Peer support" is a model in which people with lived experience of substance use helps others experiencing similar situations. Through mutual understanding, respect and mutual empowerment, peer support workers help people become and stay engaged in the recovery process, reduce the harms associated with substance use, and reduce the likelihood of relapse. Peer support workers are guided by the standards, procedures, and ethics outlined by Tennessee's Certified Peer Recovery Specialist certification. This program prioritizes individuals with lived experience of substance use as peers.
- g. "Regional Overdose Prevention Specialists (ROPS)" are located throughout the state of Tennessee and serve as a point of contact for training, education, and the distribution of overdose reversal medication. They work in conjunction with the community substance use prevention coalitions and in counties without coalitions.
- h. "Substance Use Prevention Coalitions (SUPCs)" are partnerships of the many sectors of a community which gather together collaboratively to address the community's substance misuse/use challenges and guide the community's future.

A.3. Service Recipients:

The target population for this program are non-fatal drug overdose survivors and/or individuals with substance use disorder in the service area defined by the State.

A.4. Service Goals:

The purpose of the program is to reduce the number of overdose deaths and help high risk and overdose survivors to be connected to appropriate resources.

- a. Increase access to evidence-based treatment, recovery, and harm reduction services.

A.5. Structure:

- a. The Grantee shall implement a peer-based care coordination model capable of serving target population service recipients.
- b. The Grantee shall support the goals and activities of the Care Coordinator and encourage collaboration in the region with all Regional Overdose Prevention Specialists.

- c. The Grantee shall develop, implement, and maintain written organized program policies and procedures; and create and maintain a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State and shall minimally include policies and procedures on the following:
- (1) Title VI of the Civil Rights Act of 1964, including posting legal notices of non-discrimination in accordance with this Grant Contract;
 - (2) Staffing and personnel requirements, to include full job descriptions, job requirements, credentials, licensure, education, and so on;
 - (3) Drug Free Workplace;
 - (4) Notifying the State's Office of Consumer Affairs of any complaints lodged against the Grantee. Documentation must include how to lodge a complaint; who to notify in the event of a complaint; and assistance in the investigation of a complaint as necessary; and
 - (5) Staff and volunteer code of ethics.
- d. The Grant shall ensure that the Grantee Policy and Procedures require that every Grantee employee directly or indirectly connected to this program will meet the requirements outlined in the "Determination of Suitability". <https://ojp.gov/funding/Explore/Interact-Minors.htm> . Within fifteen (15) days of this Grant Contract execution, the Grantee shall certify to the State that the Grantee is in compliance of this requirement.
- e. The Grantee shall maintain a supervision staff person, or contracted consultant acting as staff, funded by this Grant Contract that devotes an average of at least five (5) hours monthly to the overall coordination of approved project activities. This person shall be the liaison to the State for programmatic information and communications. Supervisor responsibilities shall include, but are not limited to:
- (1). Submit monthly supervisor reports in a format determined by the State by the tenth (10th) of each month;
 - (2) Conduct supervisory meetings with the Care Coordinator for at least (1) hour a week to include, but not limited to, the following:
 - i. Check in on outreach and referral activity;
 - ii. Ensure timely data entry; and,
 - iii. Provide support on outreach strategies.

- (3) Review flyers, outreach materials, etc., as needed;
 - (4) Help build community partnerships/raise awareness of care coordination services;
 - (5) Attend all State organized program trainings, calls, meetings, conferences, and other events as dictated by the State; and
 - (6) Submit quarterly progress reports by the thirtieth (30th) day of the month following the end of the quarter.
- f.. The Grantee shall have (1) one FTE Care Coordinator. The Care Coordinator responsibilities shall include, but are not limited to:
- (1) Complete training in Question, Persuade, Refer (QPR), Motivational Interviewing (MI), Screening, Brief Intervention, and Referral to Treatment (SBIRT) training for the purpose of identifying, preventing, and reducing harmful drug use practices for individuals at high risk of overdose;
 - (2). Utilize QPR, MI, and SBIRT to connect individuals with recovery support services;
 - (3) Attend all State organized program trainings, calls, meetings, conferences, and other events as dictated by the State;
 - (4) Maintain Certified Prevention Recovery Specialist (CPRS) status for the duration of employment. If Care Coordinator does not have CPRS when hired, begin the certification process within six (6) months of employment start date; and
 - (5) Submit monthly reports in a format determined by the State by the tenth (10th) of each month.
- g. The Grantee shall maintain a file on each service recipient and update records within (1) week of activity.
- h. Monitoring. In accordance with Section D.16., the State shall conduct program monitoring as follows:
- (1) State monitors shall notify the Grantee of their arrival prior to site visit inception. The Grantee shall make available all relevant at the scheduled time chosen by the State, unless otherwise arranged with the State. Deviations from the proposed site visit date must be approved by the State no later than two (2) weeks prior to the site visit date.
 - (2) The Grantee shall comply with any and all requests for information as issued by the State and is required to have all information scheduled for review,

present and ready on the day and of the review. All requested information is to be prepared as specified by the State.

- (3) Following completion of the program and fiscal monitoring visits, the Grantee shall receive a Monitoring Report. If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall submit a Corrective Action Plan (CAP) for the State's approval. The CAP must include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;
 - (4) Grantee correspondence concerning the CAP must be submitted to the State electronically, as an attachment, via electronic mail (e-mail); must include a cover letter on Grantee letterhead; conform to the State-approved format; and be submitted within the timeframe specified by the State. No facsimile CAP information will be accepted; correspondence should be emailed to Monitoring.TDMHSAS@tn.gov; and
 - (5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive a CAP Disapproval Letter requesting amendment and resubmission to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. 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. Review the Administrative Program Guidelines (APG) reference document located at www.tn.gov/behavioral-health/substance-abuse-services/contract-faq to provide clarification and additional details on the requirements specified in the Grant Contract . This online information is essential to supporting the service delivery to the populations of focus in this Grant Contract.

A.6. Process:

- a. The Grantee shall ensure that service recipients referred to the program within the Grantee's targeted counties, as specified in A.3.
- b. The Grantee shall hire and maintain a Care Coordinator in accordance with the requirements listed below:
 - (1) The Grantee will submit job posting to the State for approval prior to publicly posting;
 - (2) Once the job has been posted, the State in collaboration with Grantee, shall review applications; and

- (3) Prior to extending an offer to an applicant, the Grantee must request and receive written approval from the State to offer position to applicant.
- c. Within the first six (6) months of program start date, the Grantee will initiate a localized planning process involving key stakeholders to identify specific needs and resources available in the region.
- d. Within the first six (6) months of program start date, the Grantee will develop an implementation manual, including logic model, local resources, and policies and procedures. This manual shall be updated, refined, and maintained throughout the grant period and reviewed quarterly.
- e. The Grantee shall provide connection to resources to including, but not limited to, clinical treatment services, Medication Assisted Treatment/Medication for Opioid Use Disorder (MAT/MOUD), recovery resources, harm reduction resources, medical services, social services, and housing.
- f. The Grantee shall collaborate with other TDMHSAS programs within the service area as appropriate and/or as directed by the State.
- g. The Grantee shall input service recipient data into the data system as determined by the State.
- h. The Grantee shall attend and participate in meetings, conference calls, and trainings (including trainings on the use of the data system) as scheduled and required by the State.
- i. The Grantee shall ensure a phone number unique to the Care Coordinator role.

A.7. Outcome – Access:

- a. Care coordination shall be accessible to those identified in Section A.3.

A.8. Outcome – Capacity:

- a. By the end of Month 6, complete the regional action plan.
- b. By the end of Month 6, complete an agency RFR: REST Implementation Manual including care coordination policies, procedures, and protocols.
- c. By end of Month 6, connect with at least ten (10) service providers to expand referral/resource network.
- d. By end of Month 6, begin taking referrals for care coordination through identified partners and first responder agencies.

A.9. Outcome – Effectiveness:

- a. Attempt follow up of one hundred percent (100%) of referrals for care coordination.
 - b. By the end of Quarter 2, provide care coordination services to thirty-five (35) individuals per FTE.
 - c. By end of Quarter 3, provide care coordination services to seventy (70) individuals per FTE.
 - d. By end of Quarter 4, provide care coordination services to one hundred and five (105) individuals per FTE.
- A.10. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment Number (#), is incorporated in this Grant Contract.

Draft Scope of Service, Community Response

A.2. Service Definitions:

- a. "Coalitions" are partnerships of the many sectors of a community that gather together collaboratively to solve the community's problems and guide the community's future.
- b. "Harm Reduction" is a set of evidence-based ideas and interventions that seek to reduce the harms associated with drug use by acknowledging the dignity and humanity of people who use drugs and bringing them into a community of care in order to minimize the negative consequences and promote optimal health and supports.
- c. "Overdose reversal medication" is any Federal Food, Drug, and Cosmetic Act (FDA) approved drug available for the treatment of a known or suspected overdose and provided by the Tennessee Department of Mental Health and Substance Abuse Services.
- d. "Regional Overdose Prevention Specialists (ROPS)" are peer recovery specialists, or other professionals if approved by State prior to hiring, located throughout the state of Tennessee to work with established Substance Use Prevention Coalitions and counties without Coalitions as a point of contact for training, education, and distribution of overdose reversal medication.
- e. "Tennessee State Opioid Response (SOR) III Community Response program" is funded by a federal grant awarded to Tennessee by the United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) to address

the opioid crisis by expanding access to treatment and support services for opioid use disorder and other substance use disorders.

- f. "Trainings," for purposes of this Grant Contract, are formal events in which the State-approved slide deck is presented to an audience, and brief, informational interventions with individuals or small groups that are presented when the full presentation cannot be reasonably presented. Informal trainings include pop up events, tabling at community events, and direct street outreach. Trainings can occur virtually or in-person.

A.3. Service Recipients:

The service recipients are all citizens of Tennessee/ Region _____, Tennessee (hereinafter Region).

A.4. Program Goals:

- a. To decrease the stigma of substance use, substance use disorder, and harm reduction within the region.
- b. To increase knowledge of the overdose crisis and available resources within the region.
- c. To strengthen the capacity of the community organizations to support people who use substances and other behavioral health conditions.
- d. To increase access to overdose prevention tools to priority populations within the region.
- e. To decrease overdose deaths within the region.
- f. To strengthen capacity and infrastructure at the state and community levels in support of overdose prevention and harm reduction in Tennessee.
- g. To leverage, redirect, and realign statewide funding streams for substance use prevention.

A.5. Structure:

- a. Staffing; Training; Resources; Policies and Procedures; and Compliance with Laws, Rules, and Regulations. The Grantee shall:
 - (1) Facilitate or support the Coalition/Agency to maintain a staff person, or contracted consultant acting as staff, funded by this Grant Contract that devotes an average of at least five (5) hours monthly to the overall coordination of approved program activities. This person shall be the liaison

to the State for programmatic information and communications. Supervisor responsibilities shall include, but are not limited to:

- i. Oversee the development and quarterly review of the regional implementation plan;
 - ii. Submit monthly supervisor reports by the tenth (10th) of each month;
 - iii. Conduct supervisory meetings with ROPS for at least one (1) hour per week to include, but not limited to, the following:
 1. Check in on trainings and data entry;
 2. Provide support on outreach strategies; and
 3. Brainstorm on community partnerships.
 - iv. Review flyers, outreach materials, etc., as needed;
 - v. Attend a ROPS training at least bi-monthly, providing professional development and presentation feedback;
 - vi. Help build community partnerships/raise awareness of TN Save a Life program;
 - vii. Manage media campaign activities and ensure submission of State-required reporting;
 - viii. Attend **all** State organized program trainings; and
 - ix. Ensure all data entry, tracking, and submission occurs within the stated timeline.
- (2) Maintain at least one (1) contracted full-time equivalent (FTE) Regional Overdose Prevention Specialist or two (2) part-time (PTE) Regional Overdose Prevention Specialists if approved by the State with a priority of hiring and maintaining staff that are Certified Peer Recovery Specialist/Certified Peer Recovery Specialist-eligible with lived experience of substance use disorder.
- i. Staff shall be hired in accordance with the following requirements:
 1. The Grantee will submit job posting to the State for approval prior to publicly posting;
 2. Once the job has been posted, the State in collaboration with the Grantee, shall review applications; and

3. Prior to extending an offer to an applicant, the Grantee must request and receive written approval from the State to offer position to applicant.
- ii. ROPS responsibilities shall include, but are not limited to:
 1. Provide training and community outreach within the region in accordance with the regional implementation plan and according to State guidelines and priorities;
 2. Attend all required trainings, calls, and events as dictated by the State;
 3. Maintain all required program documentation and data entry of activities and supplies;
 4. Distribute overdose reversal medication, test strips, and other overdose prevention resources according to the guidelines and priorities as established by the State;
 5. Support the overdose prevention efforts across the region; and
 6. If eligible for his/her Certified Prevention Recovery Specialist (CPRS), pursue certification within one (1) year from employment start date and maintain throughout the period of employment.
- (3) Facilitate or support the Agency/Coalition's members in arranging and providing for trainings pre-approved, in writing, by the State.
 - i. Any training (virtual or in person) lasting more than four (4) hours must be pre-approved in writing by the State.
 - ii. Any training requiring a registration fee paid for by this Grant Contract must be pre-approved in writing by the State.
 - iii. Any travel associated with training outside of the catchment area must be submitted in writing using the State Travel Pre-Approval Form at least thirty (30) days in advance for out of state travel and at least two (2) weeks in advance for in state travel.
- (4) Facilitate or support the ROPS supervisor and ROPS with computer systems or other immediate access to the Internet. Computer systems shall be capable of fully accessing, downloading, and using information from the State's online reporting website and other linked or referenced Internet sites.

- i. Coalition/Agency staff must maintain a system for file storage and back up so that in the event of staff turnover, natural disaster, or other unforeseeable events, Coalition files and records will be accessible.
- (5) Facilitate or support the ROPS to maintain a phone number unique to the position.
- (6) Facilitate or support the Coalition's members in being capable of transmitting and receiving information through electronic mail (e-mail) at an address unique to the Coalition/Agency. The Grantee shall maintain an e-mail address unique to the Coalition/Agency and shall provide the State with any change in the e-mail address(es) within two (2) workdays of the effective date of the change.
- (7) Facilitate or support the State Opioid Response Grant in being capable of transmitting and receiving information through postal services at a mailing address unique to the Coalition/Agency.
- (8) Facilitate or support the State Opioid Response Grant in being capable of transmitting and receiving information by telephone at a number unique to the Coalition/Agency.
- (9) Facilitate or support the State Opioid Response Grant in the development, implementation, and maintenance of written organized policies and procedures; and creation and maintenance of a written Policies and Procedures Manual as it pertains to the State Opioid Response Grant guidelines. The Policies and Procedures Manual shall be available upon request of the State and include policies and procedures on, but not limited to, the following:
 - i. Overdose reversal medication storage;
 - ii. Non-discrimination including Title VI;
 - iii. Staff and Contractor management and oversight;
 - iv. Maintaining a Drug Free Workplace;
 - v. Charitable Choice, if applicable;
 - vi. Inventory and management of Coalition equipment and materials;
 - vii. Being appropriately staffed to provide the services described herein and submit to the State, in writing, a description of position titles for all staff positions, including qualifications, licenses, certifications, and

other such credentials. Proof of all credentials, licenses, and certifications shall be submitted upon request of the State;

viii. Staff turnover and training for new staff, to ensure that staff transitioning into their new roles are able to perform their job responsibilities and requirements; and
;

ix. Staff and volunteer code of ethics.

(10) No later than December 31, 2025, develop and provide to the State an agency-specific employee performance evaluation process to include, but not limited to, Objective Setting; Assessment of Performance; Feedback; and Development Planning.

(11) Facilitate or support the State Opioid Response Grant in meeting and complying with all licensure and certification requirements (personnel); applicable federal grant requirements; and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.

(12) Ensure all publications including but not limited to websites, brochures, billboards, and public service announcements (PSAs) created using any portion of funding from this Grant Contract contain a statement acknowledging the Tennessee Department of Mental Health and Substance Abuse Services as the funding source and/or includes the logo as provided by the State. All notices by the Grantee in relation to this Grant Contract shall be approved in writing by the State prior to publication.

(13) Ensure all notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract include the Tennessee Department of Mental Health and Substance Abuse Services logo as provided by the State. All notices by the Grantee in relation to this Grant Contract shall be approved in writing by the State prior to publication.

b. Monitoring. The State shall conduct program monitoring as follows:

(1) State monitors shall notify the Grantee of their arrival prior to site visit inception. The Grantee shall make available all relevant personnel at the scheduled time chosen by the State, unless otherwise arranged with the State. Deviations from the proposed site visit date must be approved by the State no later than two (2) weeks prior to the site visit date;

- (2) The Grantee shall comply with any and all requests for information as issued by the State and is required to have all information scheduled for review present and ready on the day and time of the review. All requested information is to be prepared as specified by the State;
- (3) Following the monitoring visit or desk review, the Grantee shall receive a Monitoring Report. If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall submit a Corrective Action Plan (CAP) for the State's approval. The CAP must include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;
- (4) Grantee correspondence concerning the CAP must be submitted to the State electronically, as an attachment, via electronic mail (e-mail); must include a cover letter on Grantee letterhead; conform to the State approved format; and be submitted within the timeframe specified by the State. No facsimile CAP information will be accepted; and
- (5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive a CAP Disapproval Letter requesting amendment and resubmission to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. 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.

c. Provision of Services. The Grantee shall:

- (1) Develop and maintain a regional implementation plan in alignment with evidence-based interventions, SAMHSA guidelines, State guidance, and available data. Plans must be submitted and approved in writing by the State by the end of the third month after this Grant Contract begins. Plans must be reviewed regularly and formally updated annually.
 - a. Regional Overdose Prevention Specialists will be responsible for collaborating with county stakeholders and coalitions to develop training and outreach locations.
 - b. Regional Overdose Prevention Specialists will work directly with the State employed Program Manager (PM) and Coalition/Agency staff to assess training, outreach, and overdose resource needs in the region.
 - c. Using information gleaned from the collaborative efforts with the Coalition/Agency and Regional Overdose Prevention Specialists, Regional Overdose Prevention Specialists, in conjunction with PM,

shall select and implement evidence-based programs, policies, and practices.

- d. Through the administration of various instruments, surveys, and other evaluative measures approved by the State, Regional Overdose Prevention Specialists shall assess the effectiveness of the implemented evidence-based prevention programs, policies, and practices.
- (2) Through ROPS, facilitate trainings, outreach, and/or partnerships in every county monthly.
 - (2) Through ROPS, facilitate trainings, outreach, and/or partnerships in at least six (6) zip codes monthly.
 - (3) Implement multimodal advertising campaign that provides education, reduces stigma, highlights available resources or other themes, approved in writing by the State, that support program goals.
 - (4) Distribute overdose reversal medication, test strips, and other materials provided by the State according to the priorities and protocols established by the State, including the exchange and distribution of near expiration overdose reversal medication.
 - a. ROPS facilitate the completion of a Memorandum of Agreement at the time of overdose reversal medication distribution and updated annually.
 - b. ROPS ensure the completion of an overdose reversal medication receipt for any agency distribution or exchange of overdose reversal medication.
 - c. Monitor the expiration dates of overdose reversal medication provided to Agencies and follow procedures for the exchange and redistribution of overdose reversal medication. Update all required documentation within one (1) week of receipt/redistribution;
 - (5) Collaborate with other programs through the Tennessee Department of Mental Health and Substance Abuse Services, such as providing training, materials, overdose resource kits, and/or components of kits as instructed by the State.
 - (6) Support the implementation of events for including, but not limited to, Drug Take Back Days, Day of Hope, Fentanyl Awareness Day, and International Overdose Awareness Day across the region.

- (7) Upon request, Regional Overdose Prevention Specialists will mobilize the community to mitigate the circumstances related to overdose outbreaks, clinic closures, and other rapid response events.
- (8) Provide ongoing support to State-approved Syringe Service Programs, including but not limited to providing training, materials, overdose resource kits, and/or components of overdose resource kits.
- (9) Support the development of harm reduction resources within the region.
- (10) Assist, facilitate, or support the Coalition/Agency in assisting, as necessary, with all project events and activities as directed by the State.
- (11) Review the Administrative Program Guidelines (APG) reference document located at www.tn.gov/behavioral-health/substance-abuse-services/contract-faq to provide clarification and additional details on the requirements specified in this Grant Contract. This online information is essential to supporting the service delivery to the populations of focus in this Grant Contract.

A.6. Process:

- a. The Grantee shall ensure the trainings implemented by the Regional Overdose Prevention Specialist follow the standardized materials/guidelines as set by the State, which include, but are not limited to, Substance Abuse and Mental Health Services Administration's (SAMHSA) Overdose Prevention and Response Toolkit, National Institutes of Health (NIH) HEAL Initiative, Tennessee Good Samaritan Law, and the Center for Disease Control's (CDC's) Naloxone Toolkit.
- b. The Grantee shall facilitate or support the supervisor of the Regional Overdose Prevention Specialist in submitting the following reports in a format and timeframe established by the State. 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:
 - (1) Implementation plan that must be completed by the end of the third quarter following the start of this Grant Contract;
 - (2) Annual update of the implementation plan every twelve (12) months;
 - (3). Media reports as requested by the State; and
 - (4) Monthly supervisor reports submitted no later than the tenth (10th) of the month.
- c. The Grantee shall facilitate or support the Regional Overdose Prevention Specialist in submitting the following reports and documentation in a format and timeframe

established by the State. 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:

- (1) Naloxone Request Form for any distributions of more than twenty-four (24) units of overdose reversal medication shall be submitted at least three (3) days in advance of event or training;
 - (2) Weekly reports of trainings submitted via the State's data system;
 - (3) Log of the receipt of overdose reversal medication, test strips, and other materials provided by the State shall be logged within two (2) days;
 - (4) Record of the distribution of overdose resource kits, overdose reversal medication, test strips, and other materials provided by the State within one (1) week of occurrence;
 - (5) All evaluative measures, including but not limited to training evaluations and surveys, by the end of the month of the activity;
 - (6) Overdose reversals reported via the State's data system within one (1) week of occurrence;
 - (7) All required partner agency documents, including, but not limited to, Memorandums of Agreement (MOAs), updated annually, and distribution receipts. These must be provided to the State upon request.
- c. The Grantee shall facilitate or support the Regional Overdose Prevention Specialist(s) and supervisor in providing services, including but not limited to the following:
- (1) Providing training, education, and outreach throughout the region; and
 - (2) Attending and participating in all scheduled meetings, workgroups, trainings.
- d. The Grantee shall facilitate or support the Regional Overdose Prevention Specialist in ensuring that all staff have access to the State's data system.
- e. The Grantee shall provide fiscal oversight and act as the Administrative Agent for the Coalition/Agency for the purposes of implementation of project requirements at local and regional levels, which may include but not be limited to the following:
- (1) Acting as fiscal liaison between the Coalition/Agency and the State Comptroller's Office for all fiscal audits;
 - (2) Disbursing all funds in a timely fashion to the Coalition/Agency pursuant to State requirements;

- (3) Providing monthly fiscal reports to the Coalition's governing body;
 - (4) Providing monthly invoices to the State, no later than the fifteenth (15th) of each month for the preceding month, and only after the invoices have been signed and reviewed by an authorized Grantee staff member; and
 - (5) Establishing a written MOA with the Coalition's governing body that identifies the responsibilities of both parties for the management and oversight of funds and the supervision of staff or contracted consultant acting as staff.
- f. The Grantee shall facilitate or support the Coalition/Agency in the participation in other activities as prescribed and authorized by the State.
 - g. The Grantee shall facilitate or support the Coalition/Agency's members in using the State's designated technical assistance provider as required by the State.
 - h. The Grantee shall facilitate or support the Coalition/Agency to develop a community identity separate from that of the Grantee and, to that end, the Grantee may not act as an officer of the Coalition's governing body.

A.7. Outcome – Access:

Services shall be available to those identified in Section A.3.

A.8. Outcome – Capacity:

Services shall be provided to one hundred percent (100%) of those identified in Section A.3.

A.9. Outcome – Effectiveness:

The State shall continually review the progress reports submitted pursuant to Section A.6. to determine whether, and to what extent, the goals stated in Section A.4. and the objectives and measures identified by the regional implementation plan described in Section A.5 have been met.