Announcement of Funding

Community Grants

Opioid Abatement Council

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

Introduction

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

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

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

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

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

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

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

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

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

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GENERAL CONDITIONS

1.1. Funding Information

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

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

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

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

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

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

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

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

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

1.2. Timelines

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

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

SCHEDULE OF EVENTS:

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

1.3 Proposer Eligibility

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

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

Other considerations for the Proposer:

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

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

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

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

1.4 Scope of Services

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

1.5 Communications

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

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

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

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

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

Please provide the following information:

1. **Organization name**

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

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

Subject Line**: Intent to Apply**

Please provide the following information:

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

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

Subject Line: **AOF Question**

Please provide the following information along with the question:

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

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

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

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

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

Subject Line**: Portal question**

Please provide the following information:

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

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

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

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

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

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

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

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

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

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

1.7 Proposal Review, Components, Scoring, and Selection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Community Grant Application

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

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

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

Organization Information

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

Funding Request

1. Project name:

2. Select the strategy that bests fits this project:

    a. Primary Prevention

    b. Harm Reduction

    c. Treatment

    d. Recovery Support

    e. Education/ Training

    f. Research or Evaluation of Abatement Strategy Efficacy

3. Funding amount requested:

    a. Please attach an itemized budget for the project showing all sources of income and proposed expenditures for the project that clearly indicates how the requested funds will be used. See Attachment B.

4. What is the proposed timeframe for spending the funding?

    a. 1 Year

    b. 2 Years

    c. 3 Years

5. Brief description of the project: (*200-word limit*)

    Detailed Project Description

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

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

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

Impact

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

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

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

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

4) How will inequities in care be remediated?

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

Innovation

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

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

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

Integration

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

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

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

Evidence Base

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

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

Feasibility

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

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

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

Sustainability

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

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

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

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

Credibility

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

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

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

Attachment A

Tennessee's Opioid Abatement & Remediation Uses

Tennessee Opioid Abatement Council

Revised & Adopted September 30, 2022

EXHIBIT E

Tennessee's Opioid Abatement Remediation Uses

Schedule A
Core
Strategies

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

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

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

1. Increase distribution of MAT to individuals who are uninsured

or whose insurance does not cover the needed service;

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

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

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

C. PREGNANT & POSTPARTUM WOMEN

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

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

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

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

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

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

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

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

F. TREATMENT FOR INCARCERATED POPULATION

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

G. PREVENTION PROGRAMS

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

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

4. Funding for community drug disposal programs; and

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

H. EXPANDING SYRINGE SERVICE PROGRAMS

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

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

Schedule B
Approved
Uses

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

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

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

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

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

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

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

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

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

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

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

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

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

11. Offer scholarships and supports for behavioral health

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

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

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

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

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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

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

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

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

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

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

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

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

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

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

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

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

including reducing stigma.

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

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

14. Create and/or support recovery high schools.

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

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

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

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

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

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

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

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

begin MAT in hospital emergency departments.

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

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

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

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

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

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

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

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

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

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

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

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

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

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

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

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

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

    5. Officer intervention strategies such as the Leon County,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART TWO: PREVENTION

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

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

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

2. Training for health care providers regarding safe and responsible

opioid prescribing, dosing, and tapering patients off opioids.

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

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

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

    1. Increase the number of prescribers using PDMPs;

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

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

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

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

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

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

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

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

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

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

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

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

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

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

6. Public education relating to emergency responses to overdoses.

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

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

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

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

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

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

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

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

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

J. LEADERSHIP, PLANNING AND COORDINATION

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

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

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

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

4. Provide resources to staff government oversight and management

of opioid abatement programs.

K. TRAINING

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

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

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

L. RESEARCH

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

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

2. Research non-opioid treatment of chronic pain.

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

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

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

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

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

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

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

Attachment B

PROPOSED BUDGET | Opioid Abatement Council, Community Grants

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

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

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

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

Attachment C

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

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

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

Attachment D

REMEDIATION LIST STRATEGIES | Opioid Abatement Council, Community Grants

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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