



Opioid Abatement Council Meeting

December 1, 2025

12:00pm - 3:00pm CT

Ellington Agriculture Center Ed Jones Auditorium Nashville, TN

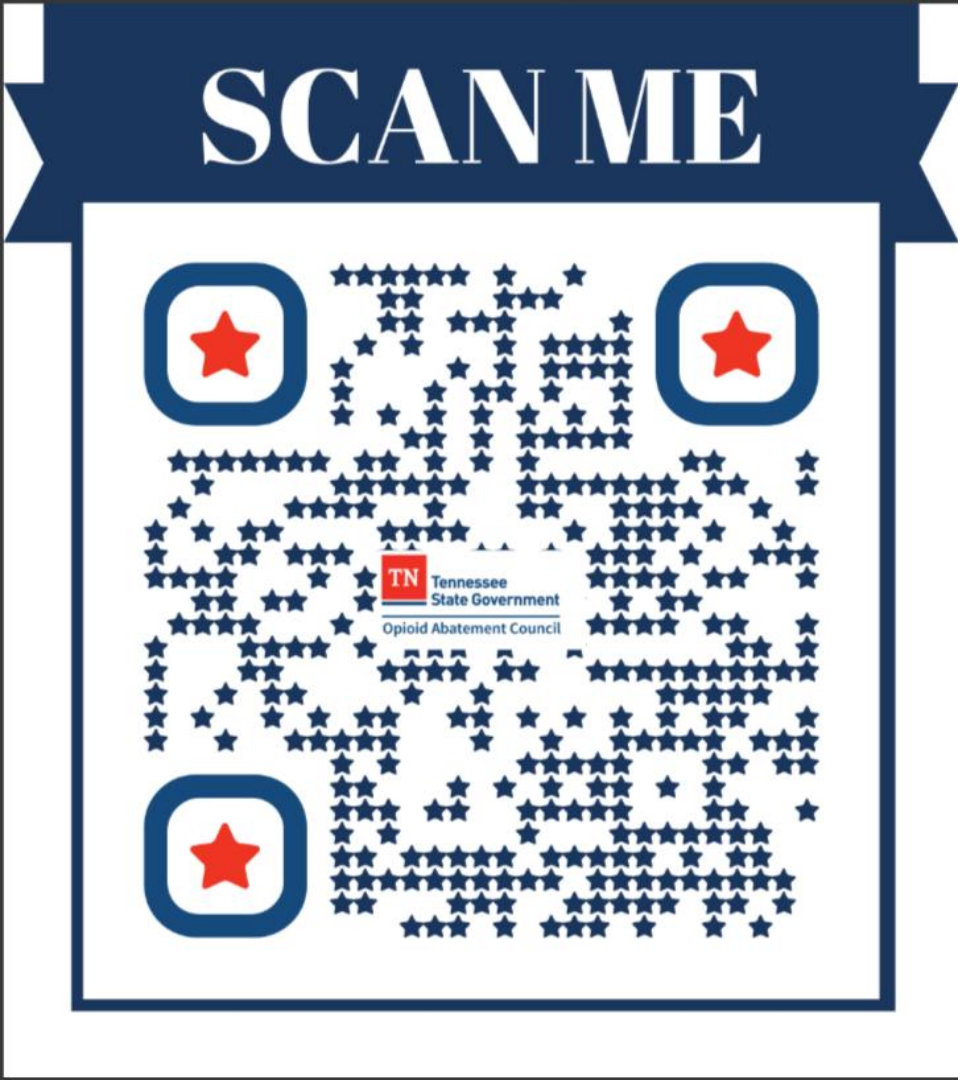


Contact Us

Opioid Abatement Council

opioid.abatement@tn.gov

tn.gov/oac



Opioid Abatement Council Meeting

- Thank you for joining the Council meeting.
- This meeting is being recorded and photographed, and the video and photos will be posted on the OAC website.
- The meeting will begin at 12:00 PM CT.

Attending Virtually?

- If you are a **Guest**, please turn off your camera and mute yourself
- If you are a **Council member**, please leave your camera on and mute yourself

Introductions & Roll Call

- **Dr. Stephen Loyd** - Chair, Opioid Abatement Council
- **Mary Shelton**, Executive Director, Opioid Abatement Council
- **Determine if there is a quorum.**

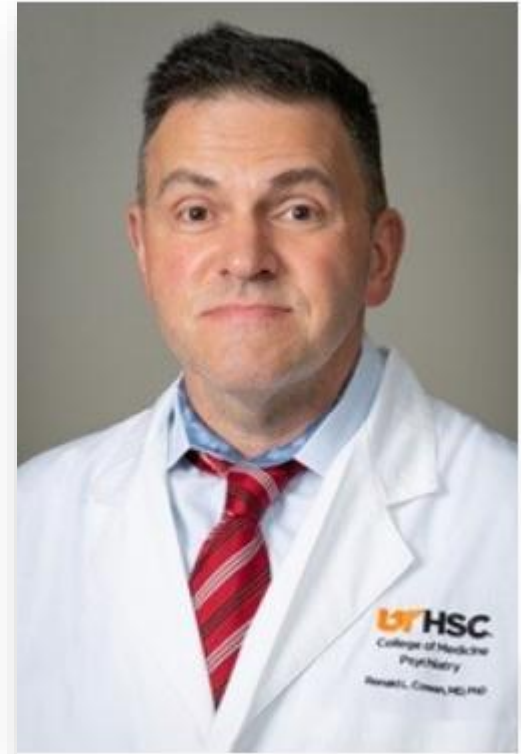
New Council Member: Dr. Ronald Cowan

Dr. Cowan is appointed by Lt. Gov. McNally and will serve an initial term of four (4) years.

Dr. Ronald Cowan is the Harrison Distinguished Professor and Chair of the Department of Psychiatry and Professor in the Department of Anatomy and Neurobiology in the College of Medicine, and Professor in the Department of Health Promotions and Disease Prevention in the College of Nursing at UT Health Science Center.

Dr. Cowan serves as the co-director of the Center for Addiction Science in the College of Medicine at UT Health Science Center, and as Medical Director for the UT University Clinical Health Addiction Medicine Clinic.

Dr. Cowan completed his PhD at the University of Tennessee (UT) Health Science Center in the Department of Anatomy and Neurobiology in the Neuroscience Graduate Program. Dr. Cowan earned his MD from the Weill Cornell Medical School.



Introductions

- **Commissioner Marie Williams**
- **Shawn Smith**, Deputy Director, OAC
- **Sam Boukli**, Counsel to the OAC (*TDMHSAS Deputy General Counsel*)
- **J.P. Urban**, Senior Deputy Attorney General, Financial & Regulatory Section

PROMISE TO CALL

A simple promise to yourself, your friends, and your loved ones:



I promise to call and talk to someone if I ever have thoughts of taking my own life.



I promise to listen without judging if someone reaches out to me in their time of need.



I promise to learn about resources to connect people with professionals who can help.

PromiseToCall.com

Our Why – Recovery Transformation



Our Why – Recovery Transformation



Our Why – Recovery Transformation



Our Why – Recovery Transformation



Our Why – Recovery Transformation



Review & Approval of Minutes

- Dr. Stephen Loyd

Minutes from:

- October 7, 2025

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TN

Motions from the Previous Meeting

Motions from the Previous Meeting

- This is a recurring agenda item
- The motions from the past meeting(s) will be shared at the following OAC Quarterly Meeting
- This will assist with continuity of business between meetings

Motions from October 7, 2025 OAC meeting

Motion to allow two (2) OAC members to attend the Rx Summit paid for with OAC funds. Dr Jackson proposed funding more to go to the Summit if they wanted to.	carried
Motion to approve the members of the Community Advocacy Panel	carried
Motion to approve the revised County allocations	carried
Motion for Cycle 1 Grantees to forfeit funds not spent by Nov. 1	carried
Motion to approve the Corrective Action and Termination Process	carried
Motion to not proceed with the three (3) additional Community Grants Cycle 2 Proposals	carried
Motion that next funding meeting is either full day or 2 days	carried
Motion to approve the timeline for Community Grants Cycle 3	carried
Motion to approve \$10,000 for additional customization for SmartSimple	carried
Motion to approve the Proposed Requirements for Community Grants Cycle 3 applications	carried
Motion to add a Request for Proposal for a Pilot RISE Project within the Announcement of Funding	carried
Motion to approve the Preliminary Budget for Community Grants Cycle 3	carried
Motion to adjourn	carried



TN

Community Advocacy
Panel

Community Advocacy Panel

- **This is a new recurring agenda item to update the Council on the operations and progress of the Panel.**
 - One member from Region 6 (*West TN except Shelby*) has stepped down. The Application Portal for Region 6 only will open on **December 1, 2025** and close on **December 8, 2025**.
 - Nathan and Mary have met with Chair Betty Mason and Co-Chair Patti van Eys
 - Next steps:
 - Betty, Patti and Nathan will work to create the agenda for the 1st Panel meeting
 - Target time for the 1st Panel meeting is mid-January/February

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Fiscal Updates

Opioid Abatement Trust Fund

- At each meeting, the OAC Office will share the current monthly Opioid Abatement Trust Fund Statement
- Please note that the information is current to date the statement was created

September 2025 Opioid Abatement Trust Fund Balance

Opioid Abatement Fund Activity	
As of the Period Ended September 2025 - FY26 Prd 3	
Description	Cash
FY 2021 Settlement Deposits	13,264,291.13
FY 2022 Settlement Deposits	95,062,962.57
FY 2023 Settlement Deposits	119,181,380.68
Distributor Settlement 7.31.24 - AmerisourceBergen	19,618,907.88
Distributor Settlement 7.31.24 - Allergan	5,733,961.61
Distributor Settlement 7.31.24 - TEVA	5,836,067.13
Distributor Settlement 7.31.24 - CVS	5,081,031.27
Distributor Settlement 7.31.24 - ENDO	8,468,085.32
Walgreens Payment 3 4.16.25	4,935,462.14
McKinsey Deposit 4.3.25	651,080.54
Kroger Payment 5.31.25	5,468,546.82
K-V-A-T Food Stores, Inc. Payment 8.6.25	5,600,000.00
Distributor Settlement 8.28.25 - Allergan Limited	5,733,961.61
Distributor Settlement 8.29.25 - TEVA	5,836,067.13
Distributor Settlement 8.29.25 - AmerisourceBergen	19,618,907.87
Distributor Settlement 8.29.25 - CVS Payment	10,154,011.46
FY 22 Interest Earned	27,134.50
FY 23 Interest Earned	2,847,782.95
FY 24 Interest Earned	6,185,314.06
FY 25 Interest Earned	9,296,652.89
County Distributions	(86,960,961.33)
Community Payments	(45,618,078.78)
Payments to Department Health	(301,707.88)
Departmental Expenses Reimbursed by Opioid Abatement Fund	(4,563,398.21)
Totals	211,157,463.36
Descr	Combined
Equity in Treasurer Cash	215,286,144.02
Accounts Payable (Community Payments)	(4,128,650.66)
Cash Available	211,157,493.36
Departmental Expenses Not Reimbursed by OAC	(319,396.50)
Net Cash Available	210,838,096.86



OAC Total Awarded & Paid Funding

OAC	Total Awarded Funding	Total Paid Funding	%
Community Grants Cycle 1	\$ 221,844,449.00	\$ 52,507,696.46	24%
Community Grants Cycle 2	\$ 63,726,463.49	\$ -	0%
County FY23	\$ 31,425,152.77	\$ 31,425,152.77	100%
County FY24	\$ 31,073,223.55	\$ 31,073,223.55	100%
County FY25	\$ 24,462,584.99	\$ 24,462,584.99	100%
County FY26	\$ 16,938,399.03	\$ -	0%
Vendors	\$ -	\$ 2,109,935.55	
TOTALS	\$ 389,470,272.83	\$ 141,578,593.32	36%

To Begin January 2026

To Be Paid March 2026



OAC Office Discretionary Fund Update

On April 28, 2025, the OAC approved a **\$10,000/ year** discretionary fund for the Executive Director to spend on OAC expenses with no other restrictions. The Fund is calculated on a calendar year basis.

Discretionary Fund Reimbursements for 1/1/2025-12/31/2025		
Date	Description	Amount Paid
4/24/2025	OAC Office Team Meeting - Team Updates	\$ 296.53
4/30/2025	Owl Camera System for OAC Meetings	\$ 2,547.00
5/15/2025	OAC Office Team Meeting - Team Updates/Team Building	\$ 100.74
5/23/2025	3 Acrylic Awards	\$ 292.01
8/7/2025	Community Grants Monitoring Kick Off Training	\$ 40.03
8/26/2025	OAC Office Team Luncheon/Volunteer Event (IOAD)	\$ 104.24
9/11/2025	OAC Office Team Meeting (Process Sheets/Team Building)	\$ 254.01
11/5/2025	OAC Office Team Shirts with OAC Logo	\$ 865.78
		\$4,500.34



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OAC Office Event Sponsorships

OAC Office Event Sponsorships

OAC Office is interested in co-sponsoring various public-facing events with TDMHSAS.

Options include:

- Media campaigns focused on anti-stigma and on substance use disorder awareness, in collaboration with TDMHSAS
- Live, public facing events include **overdose awareness day, drug takeback days**, and **illicit fentanyl awareness days** in collaboration with TDMHSAS (includes buying products and assembling kits)
- This funding will be **in addition to** the existing funding and will expand the education and health promotion events across the state

Discussion & Decision Points

- Will the OAC consider a motion to allow the Executive Director to engage in conversations with TDMHSAS and explore possibilities for statewide education programs and health promotion collaborations?

**Motion
&
Council Vote**



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Community Grants Cycle 1

Community Grants Cycle 1

Executive Leader: Shawn Smith

- **Community Grants Cycle 1 have been executed,**
- **Grantees are invoicing, receiving reimbursement & submitting Outcome Reporting Plans, and**
- **The OAC Office is monitoring for fiscal & programmatic compliance**

Community Grants Cycle 1

113 executed Community Grants
\$222.8 million
funding over 3 years

Community Grants Payments as of 11/13/2025

	# of Invoices	Amount Paid (or in Process)	
FY 2025	915	\$	31,533,348.53
July-25	68	\$	2,420,853.28
August-25	74	\$	5,153,353.51
September-25	101	\$	4,967,245.54
October-25	93	\$	4,757,859.66
November-25	80	\$	3,675,035.94
	1331	\$	52,507,696.46

Program Monitoring Updates

Community Grant Program Monitoring September 1 - November 31, 2025					
Visit	# of Recommendations	# of Discrepancies	# of Concerns	# of Findings	Open CAPS
1	0	0	0	0	0
2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	5	1
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
10	0	0	0	0	0

Fiscal Monitoring Updates as of 11/13/2025

Fiscal Monitoring Results Summary

Visit	# of Recommendations	# of Discrepancies	# of Concerns	# of Findings	Unallowed Costs
FY25 (15 Visits)	24	10	5	9	\$ 72,537.37
16	0	0	0	0	\$ -
17	2	2	1	2	\$ 21,044.83
18	2	0	0	0	\$ -
19	3	0	0	0	\$ -
20	2	0	1	0	\$ -
21	0	0	0	0	\$ -
22	1	0	0	1	\$ 410.17
23	2	0	0	0	\$ -
24	0	0	0	0	\$ -
25	2	0	2	2	\$ 3,259.09
26	0	0	0	0	\$ -
27	2	0	0	1	\$ -
28	1	0	0	0	\$ -
29	1	1	0	0	\$ -
30	0	1	0	1	\$ -
31	0	1	0	1	\$ -
32	0	0	0	0	\$ -
33	1	0	0	1	\$ -
34	1	1	0	3	\$ 42,023.81
35	0	0	0	0	\$ -
36	4	1	0	0	\$ 70.56
37	1	0	0	0	\$ -
38	0	0	0	0	\$ -
YTD	49	17	9	21	\$ 139,345.83

Total
unallowable
costs to date:
\$139,345.83

Cycle 1 Updates: FY25 Unspent Grant Funds

- **FY25 Grant Funds Carryover Requests**
 - All Cycle 1 Community Grant carryover requests (95) have been processed.
 - A total of **\$31,977,312.76** in unspent funds were carried over from budget year FY25 to FY26.
- **FY25 Invoices Updates**
 - All FY25 Invoices have been received.
 - **No Cycle 1 Grantees' FY25 unspent funds were forfeited** due to failure to submit FY25 invoices by the OAC Office's October 31, 2025, deadline.

Community Grants Cycle 1 Update: Church Health Center of Memphis

Church Health Center of Memphis (d.b.a., Memphis Area Prevention Coalition) is closing its OAC Community Grant Project effective December 31, 2025.

Project Name: Expanding Syringe Service Program

Project Strategy: Harm Reduction

Total Community Grant Project Budget: \$204,598 (3yr contract term)

Brief description of the project: The Community Grant project expands the Grantee's existing syringe service program (i.e., Safe-Point) by purchasing harm-reduction supplies to:

- increase capacity to open a new site and driving route,
- implement a media campaign to recruit new clients, and
- host a community education summit to strengthen opioid prevention efforts and remove community barriers to syringe service program services.

Community Grants Cycle 1 Update: Church Health Center of Memphis

Community Grant Project Close-Out Activities:

- The OAC Office performed a final fiscal and program monitoring review on 11/4/2025.
- The OAC Office has **identified another Community Grants Cycle 1 Agency** in the Memphis area with the capacity to assume Church Health Center of Memphis' Community Grant Project: **A Betor Way**
- Currently, A Betor Way is **the only other Community Grantee in the Memphis area** who operates a syringe service program.
- A Betor Way currently has a **working relationship with Church Health Center** and is willing to assume Church Health Center grant project, which Church Health Center supports.

Discussion & Decision Points

- Will the OAC consider a motion to 1) revert the funds to the Trust Fund **OR** 2) permit the OAC Executive Director to engage in conversations with OAC Legal Counsel to transfer Church Health Center Community Grant project to **A Betor Way** and move forward with the transfer if OAC Legal Counsel agrees?

Motion
&
Council Vote

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Community Grants Cycle 2

Community Grants Cycle 2

Executive Leader: Shawn Smith

- **Community Grants Cycle 2 have been awarded**
- **Grantees have been notified of their awarded grant**

Community Grants Cycle 2

42 awarded Community Grants
\$24 million first year funding
\$63.7 million funding over 3 years

Community Grants Cycle 2 Updates

- Of the 42 Community Grants Cycle 2 awards, 38 grant budgets have been received.
- The OAC Community Grant contract templates have been finalized and the OAC Office has initiated the process of preparing all grant contracts for Grant Awardees' signature.
- The goal is to fully execute all Community Grants Cycle 2 contracts **by January 1, 2026**. Any grant contracts executed after 1/1/2026 will be deemed retroactively effective as of **January 1, 2026**.



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Community Grants Cycle 3

Community Grants Cycle 3

Executive Leader: Mary Shelton

- **Community Grants Cycle 3 is currently in the design phase**

Timeline & Budget for Community Grants Cycle 3

SCHEDULE OF EVENTS:

January 12, 2026	OAC Releases Announcement of Funding for Cycle 3 and posts copy of Application on OAC website
January 26, 2026	Proposers' Written Questions Regarding the Announcement of Funding and Application are due
January/ February	OAC to post various Technical Assistance materials
February 13, 2026	OAC to post Frequently Asked Questions in response to written questions
March 2, 2026	Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal opens at 8:30amCT
April 3, 2026	Sub-Recipient Grant Management Enterprise Solution, State of Tennessee Portal closes at 4:00pmCT
January 15, 2027	Anticipated date: OAC makes announcement of accepted proposals.
July 1, 2027	Anticipated date: Contracts 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.

**Approved
Budget**

\$28,000,000/ year

\$84,000,000/ 3 years

Proposed New Date for Portal Closing

- The approved date for the Portal Closing is a State Holiday
- April 3, 2026
- The OAC Office proposes moving the Portal Closing date to April 6, 2026 at 4:00PM CT.

Discussion & Decision Points

- Will the OAC consider a motion to approve the Portal Closing date by changed to April 6, 2026 at 4:00PM CT?

**Motion
&
Council Vote**

New webpage for Community Grants Cycle 3

The screenshot shows the Opioid Abatement Council website. The header includes the TN logo, the text "Opioid Abatement Council", a search bar labeled "Search OAC", and a "Go to TN.gov" link. A navigation menu contains: "About Us", "Meetings", "Community Funding", "County Funding", "Publications", "Community Advocacy Panel", and "Contact Us". The main content area is titled "Community Grants Cycle 3" and includes a paragraph: "Please check this page for updates and announcements regarding **Community Grants Cycle 3** which will accept applications in **Spring 2026**." Below this is a bolded statement: "All publicly available information concerning Community Grants Cycle 3 will be posted on this page." A callout box contains the text: "If the Opioid Abatement Council is currently accepting applications, this page will display the application timeline and relevant details. If no such information is shown, the Council is not accepting applications at this time." A "SCHEDULE OF EVENTS:" section lists dates from January 12, 2026, to July 1, 2027, with descriptions of events such as funding announcements, written questions, technical assistance, and grant management solutions. A sidebar on the left lists "Community Funding" and "Community Grants Cycle 1", "2", "3", and "Dashboard".

All publicly available information concerning Community Grants Cycle 3 will be posted on this page.

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Community Grants Dashboard

Community Grants Dashboard



Opioid
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Community Grants Dashboard

Dashboard Overview: Transparent Use of Tennessee Opioid Abatement Trust Funds

By making this information public, the Tennessee Opioid Abatement Council is ensuring accountability and transparency of the funds disbursed to the contracted Grantees. This Community Grants Dashboard is to inform Tennesseans how the Tennessee Opioid Abatement Council is using funds from the Tennessee Opioid Abatement Trust Fund to support communities through Community Grants. It currently highlights Community Grants awarded in Cycle 1 and will expand to include future cycles, showing where funds are going and what types of programs are being supported.

The Community Grants Dashboard reflects this line from the Council's vision: ***"To bring hope and recovery to Tennesseans impacted by opioid addiction — through effective, transparent work that supports prevention, treatment, and family support."***

The Tennessee Opioid Abatement Council logo, consisting of the letters "TN" in white on a red square background.

Community Grants Dashboard

- On September 9, 2025, the OAC Office published the Community Grants Dashboard to the OAC website
- This Dashboard was created with our data vendor, SAS
- The Dashboard will “refresh” with updated invoice information every month

Grant & Payment Exploration

Grant & Payment Exploration Community Grant Details



Opioid Abatement Council

Total Amount Paid
\$41.65M

Total Approved Funding: \$221,844,450

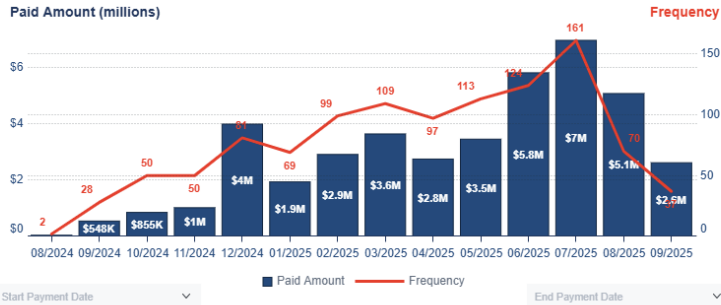
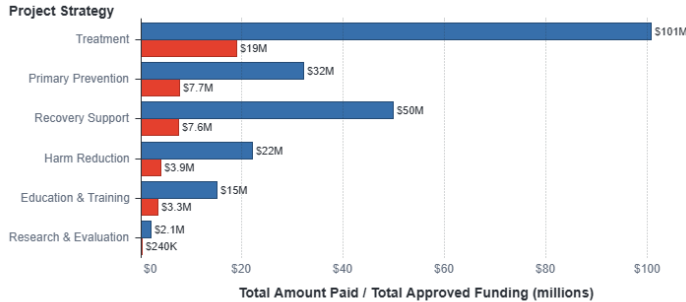
Total Approved Funding
\$221.8M

Grant Cycle ▼

Filter

Select all

- 21st District Recovery Court
- A Betor Way
- A C T I O N Coalition
- Allied Behavioral Health Solutions LLC
- Belmont University
- Bethany Christian Services Of Tennessee
- Big Brothers Big Sisters Of Middle Tenne
- Blount County Government
- Boys & Girls Clubs In TN
- Buffalo Valley Inc
- Carter County Drug Prevention
- CASA Inc



Vendor Name	Project Strategy	Total Amount Paid	Number of Payme...	Total Approved Funding
21st District Recovery Court	Treatment	\$41,400	6	\$248,400
A Betor Way	Harm Reduction	\$493,331	12	\$1,578,352
A C T I O N Coalition	Recovery Support	\$227,247	13	\$707,150
Allied Behavioral Health Solutions LLC	Treatment	\$1,265,728	5	\$6,144,433
Belmont University	Harm Reduction	\$1,130,747	6	\$6,477,024
Bethany Christian Services Of Tennes...	Primary Prevention	\$387,956	13	\$1,485,286
Big Brothers Big Sisters Of Middle Tenne	Primary Prevention	\$199,222	12	\$699,600
Blount County Government	Treatment	\$164,758	4	\$660,000
Boys & Girls Clubs In TN	Primary Prevention	\$539,276	13	\$1,860,000
Buffalo Valley Inc	Recovery Support	\$678,588	5	\$2,764,383
Carter County Drug Prevention	Primary Prevention	\$156,246	13	\$434,087
CASA Inc	Recovery Support	\$28,921	12	\$75,000
Centerstone Of Tennessee Inc	Treatment	\$612,136	13	\$2,387,322
Chattanooga CARES Inc	Harm Reduction	\$90,047	9	\$90,100
Christ Community Health Services Inc	Treatment	\$144,072	10	\$581,028
Church Health Center Of Memphis Inc	Harm Reduction	\$65,801	7	\$204,598
Coach TN	Education & Training	\$225,318	13	\$484,003
Cumberland Heights Foundation Inc	Recovery Support	\$322,100	13	\$1,444,440
Cumberland Heights Foundation Inc	Research & Evaluation	\$148,430	12	\$473,608
Cumberland Prevention Coalition	Primary Prevention	\$101,185	13	\$300,000
Drugfree Wilco	Primary Prevention	\$72,456	14	\$226,158
East Tennessee State University	Harm Reduction	\$131,612	10	\$400,806
East Tennessee State University	Recovery Support	\$234,564	11	\$1,174,306
East Tennessee State University	Recovery Support	\$101,297	9	\$386,786
East Tennessee State University	Education & Training	\$266,820	12	\$905,244

Filter

Select all

- Education & Training
- Harm Reduction
- Primary Prevention
- Recovery Support
- Research & Evaluation
- Treatment

Start Payment Date ▼

End Payment Date ▼

Community Grant Details

Project Strategy Organization Name Grand Division



Opioid Abatement Council

Project Count

113

Total Amount Paid

\$41.65M

Total Approved Funding

\$221.8M

Number of Payments Made

1,090

Vendor Name	Project Name	Project Strategy	State Grand Division	Number of Payments Made	Total Amount Paid	Total Approved Funding	Percent Spent	Years
21st District Recovery Court	21st JDRC Expanded Treatment	Treatment	Middle	6	\$41,400	\$248,400	16.7%	3
A Betor Way	Addressing the Syndemic: SSP in West TN	Harm Reduction	West	12	\$493,331	\$1,578,352	31.3%	3
A C T I O N Coalition	A.R.R.C (A.C.T.I.O.N Recovery Resource Center)	Recovery Support	East	13	\$227,247	\$707,150	32.1%	3
Allied Behavioral Health Solutions LLC	Resilient Roots Family Wellness Center	Treatment	Middle	5	\$1,265,728	\$6,144,433	20.6%	3
Belmont University	BU TRAINS: Belmont University Mobile Clinic and...	Harm Reduction	Middle	6	\$1,130,747	\$6,477,024	17.5%	3
Bethany Christian Services Of Tennessee	Safe Families for Children/Parent Cafe - Bethany ...	Primary Prevention	Statewide	13	\$387,956	\$1,485,286	26.1%	3
Big Brothers Big Sisters Of Middle Tenne	Big Brothers Big Sisters Youth Mentoring	Primary Prevention	Middle	12	\$199,222	\$699,600	28.5%	3
Blount County Government	Journey Court	Treatment	East	4	\$164,758	\$660,000	25.0%	3
Boys & Girls Clubs In TN	Prevention Works	Primary Prevention	East	13	\$539,276	\$1,860,000	29.0%	3
Buffalo Valley Inc	Buffalo Valley's Opioid Enhanced Recovery Program	Recovery Support	Middle	5	\$678,588	\$2,764,383	24.5%	3
Carter County Drug Prevention	Using Strategic Prevention Framework to Prevent...	Primary Prevention	East	13	\$156,246	\$434,087	36.0%	3
CASA Inc	CASA Volunteer Advocacy - Safe Babies Court an...	Recovery Support	Middle	12	\$28,921	\$75,000	38.6%	3
Centerstone Of Tennessee Inc	Centerstone's MAT Program	Treatment	Middle	13	\$612,136	\$2,387,322	25.6%	3
Chattanooga CARES Inc	STEP TN - Harm Reduction & SSP Rural Outreach	Harm Reduction	East	9	\$90,047	\$90,100	99.9%	1
Christ Community Health Services Inc	Enhancing and Expanding Medication Assisted Tr...	Treatment	West	10	\$144,070	\$581,028	24.8%	3
Church Health Center Of Memphis Inc	Expanding Syringe Service Program	Harm Reduction	West	7	\$65,801	\$204,598	32.2%	3
Coach TN	Clinician and Community Education for OUD	Education & Training	Statewide	13	\$225,318	\$484,003	46.6%	2
Cumberland Heights Foundation Inc	Post-Discharge Planning and Follow-Up	Recovery Support	Middle	13	\$322,100	\$1,444,440	22.3%	3
Cumberland Heights Foundation Inc	Research Study- Understanding Risk and Protecti...	Research & Evaluation	Middle	12	\$148,430	\$473,608	31.3%	3
Cumberland Prevention Coalition	Older adult prevention specialist	Primary Prevention	Middle	13	\$101,185	\$300,000	33.7%	3
Drugfree Wilco	DrugFree WILCo Prevention Project	Primary Prevention	Middle	14	\$72,456	\$226,158	32.0%	3



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Community Grants Outcomes & Successes

Community Grants: Outcomes Reporting Plan

- **The Outcomes Reporting Plan intends to show how the Community Grants perform:**
 - ***Individually***, as an agency
 - Within the ***Strategy*** - Treatment, Prevention, Education & Training, Harm Reduction, Recovery Support, and Research & Evaluation
 - Statewide ***population health level***

Process and Performance Measures

- Each Grantee will identify a minimum of
 - **two (2) Process Measures**, with a maximum of six (6) Process Measures for reporting – **Cycle 1**
 - **three (3) Process Measures**, with a maximum of ten (10) Process Measures for reporting – **Cycle 2**
- Each Grantee will select **one (1) Performance Measure** for their approved Community Grant.
- This Performance Measure will **show how well** the Grantee implemented the program plan for their Community Grant.

Example – First TN Development District

Instructions	Tennessee Opioid Abatement Council	Outcome Measures Worksheet			2024–2025 Community Grant Cycle		
Instructions for Step #1	To assist with determining the effectiveness of the Tennessee Opioid Abatement Council's funded Community Grants, each Grantee will complete Outcome Measures Worksheet Step #1 by September 15, 2024 . Please submit to OAC.Graantees@tn.gov . The Grantee will identify a minimum of TWO Process Measures and ONE Performance Measure for reporting to the Tennessee Opioid Abatement Council. (The Grantee may collect information and data on multiple Performance Measures, but only ONE will be submitted to the OAC for review.) The information entered into this template will be included in publicly available Opioid Abatement Council reports and documents. ***Please note - this worksheet is NOT locked. Please only edit the areas for the Grantee. Thank you.***						
Instructions for Step #2	Step #2 of this Outcome Measures Worksheet is due to the Opioid Abatement Council (OAC.Graantees@tn.gov) with each Semiannual report through each approved funding cycle. The Grantee will populate the fields which are white in color. For technical assistance or for questions about this worksheet, please contact tnoac.grant@tn.gov						
Step #1	Step #1: Populate the white boxes below. Stop at Step #2.						
Grantee populates	Grantee Name: First Tennessee Development District	Project Strategy (choose from list):	<input type="text" value="Recovery Support"/>	Project Name: Caring Workplaces 2.0			
Grantee populates	Date Completed: 9/14/2024	Contact Name: Deanna Wood		Contact Email: dwood@ftdd.org			
Outcome measure instructions to be answered to determine the measure	Opioid Abatement Strategy <i>What is the primary strategy for this Grant?</i>	Remediation List <i>What is the remediation element associated with the Grant?</i>	Grantee Measure of Success <i>How will you determine the measure the success of the Grant?</i>	Grantee Application Narrative <i>What are the goals you track?</i>	Grantee Process Measures <i>How much did you do?</i>	Grantee Performance Measure <i>How well did you do it?</i>	Grantee Performance Measure Data <i>Is anyone better off?</i>
Instructions for the boxes below	Select the primary strategy for this Grant [Please select one (1) strategy - select from list]	Remediation List element from the Proposal which drives the Performance Measure. [Select from Remediation List tab 1]	Populate with information from the narrative from Impact Question #2	Populate with information from the narrative from Impact Question #2	Identify methods of capturing the work accomplished; minimum of two (2) Process Measures for reporting	Identify one (1) Performance Measure for reporting	Identify the method of measuring success of the Performance Measure
Grantee populates	<input type="text" value="Recovery Support"/>	Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare	Success will be measured by the achievement of our grant impact goals to be tracked quarterly. Elements of data to be collected and the instrument of collection will be designed by CW2.0 and partnering agencies will be responsible for their own data collection to be shared monthly with CW2.0 for overall data collection and reporting. ETSU's Addiction Science Center co-director, will provide basic dissemination and implementation work.	These goals or performance measures will include elements such as : number of clients served, number of clients receiving PRR housing and completing training, number of clients receiving first month housing and becoming employed, number of new CW employers, number of employee trainings, number of clients hired by Caring Workplace employers, employment retention numbers (30, 60, 90 day, 6 m, 1 year +) and number of Caring Workplaces employers who achieve CW certification(s), number of clients earning National Career Readiness Certifications (NCRC's), number of clients enrolled in TCAT and number of graduates, number of churches receiving transportation training, number of church/other volunteer drivers and number of clients given rides.	OUTPUTS: Number of Clients Receiving Peer Supported Services Number of Clients Enrolled in Certification Programs Number of recovery housing intake application fees paid Cumulative months of recovery housing paid Number of rides to employment and / or training	OUTCOMES: Number of Clients Employed	Employment Data for Enrolled Individuals

Example – First TN Development District

Step #2	Step #2: Populate the white boxes below with outcome measures and collection data on a semiannual basis. This template will accompany the Grantee Semiannual Report.						
Reporting Results	Reporting Results						
Types of Measure	Process Measures (minimum of 2 required)				Performance Measure (1 required)		
Instructions for Step #2		Individual Process Measures	Timeframe of Collection	Results	Performance Measure Method	Timeframe of Collection	Results
Grantee to populate	Measure #1	# of clients receiving peer supported services	July 1-2024-Dec. 31st 2024	171	Total number of clients receiving employment	July 1 2024- December 31st, 2024	62
	Measure #2	# of clients enrolled in certification programs	July 1-2024-Dec. 31st 2024	68			
	Measure #3	# of recovery housing intake application fees paid	July 1-2024-Dec. 31st 2024	1			
	Measure #4	Cumulative (total) number of months of recovery	July 1-2024-Dec. 31st 2024	1			
	Measure #5	# of transportation rides given to clients to	July 1-2024-Dec. 31st 2024	0			
	Measure #6						

First Tennessee Development District and OAC Quality Director have worked together to strengthen their Performance Measure to **"60% of clients will still be employed after 90 days."**

This will give FTDD a more robust goal for showcasing outcomes.



Example – First TN Development District

Step #2: Populate the white boxes below with outcome measures and collection data on a semiannual basis. This template will accompany the Grantee Semiannual Report.

Reporting Results						
Process Measures (minimum of 2 required)				Performance Measure (1 required)		
	Individual Process Measures	Timeframe of Collection	Results	Performance Measure Method	Timeframe of Collection	Results
Measure #1	# of clients receiving peer supported services	Jan 1-2025-June 30, 2025	514	60% of clients will still be employed after 90 days	Jan 2025-June 30, 2025	of 342 employed, 336 were still employed after 3 months for a 98% retention rate.
Measure #2	# of clients enrolled in certification programs	Jan 1-2025-June 30, 2025	37			
Measure #3	# of recovery housing intake application fees paid	Jan 1-2025-June 30, 2025	48			
Measure #4	Cumulative (total) number of months of recovery housing paid for clients	Jan 1-2025-June 30, 2025	107			
Measure #5	# of transportation rides given to clients to employment and/or training	Jan 1-2025-June 30, 2025	623			
Measure #6	# of certifications earned by clients in recovery	Jan 1-2025-June 30, 2025	102			



Data from Outcomes Reporting Plans

July 1, 2024 through June 30, 2025

Primary Prevention Community Grants

- Over **42,000** people were served or impacted (*Not including a comprehensive media campaign in East Tennessee*).

Education & Training Community Grants

- Over **11,000** people (mostly medical professionals) were trained or educated about opioid treatment.

Harm Reduction Community Grants

- Over **37,000** Narcan/Naloxone doses were distributed to reverse overdoses.

Recovery Support Community Grants

- Almost **20,000** people were served.

Treatment Community Grants

- Over **11,000** people were served.



TN

TN Dept of Health Overdose Data

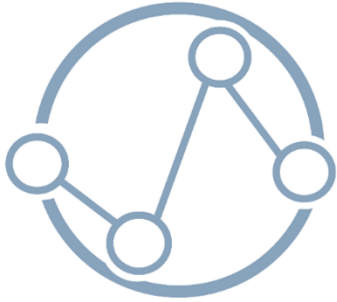
The State of Drug Overdose in Tennessee

**Office of Informatics & Analytics
Overdose Surveillance Program
December 1, 2025**

Presentation Overview

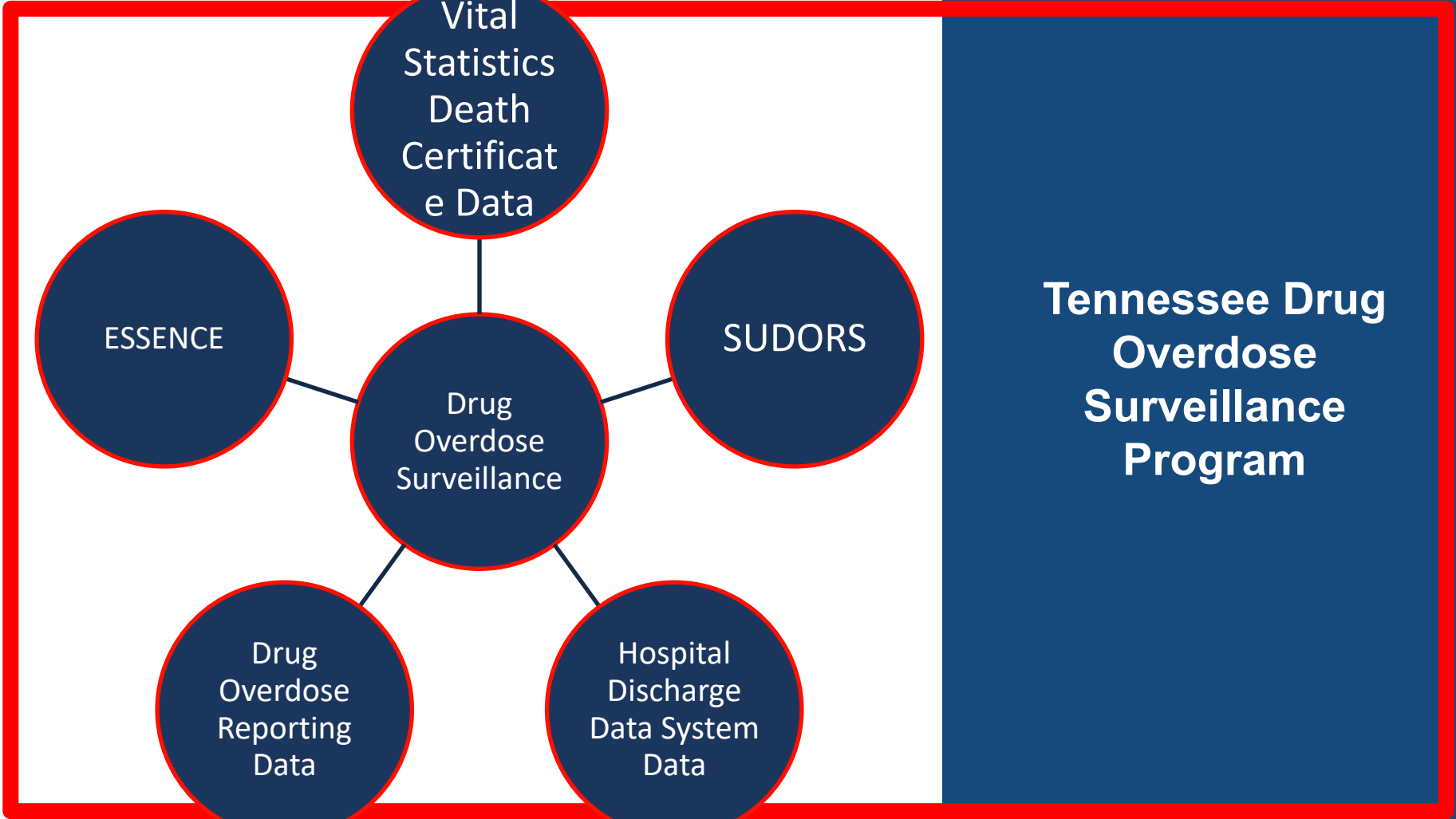
- OIA Introduction
- Fatal Drug Overdoses: Comparing Tennessee to Other Jurisdictions
- Fatal Drug Overdoses: Statewide Trends
- Nonfatal Drug Overdoses: Statewide Trends

Who We Are



Office of Informatics & Analytics

- **Since its inception in 2016, the Office of Informatics & Analytics (OIA) has worked to be a trusted leader in providing data-driven solutions for public health in TN**
- **OIA consists of 3 units:**
 - Data Governance
 - Core Informatics
 - Advanced Analytics & Visualization
- **Trusted leader in providing data & analyses on drug overdose & the evolving overdose epidemic**
- **Contact:**
 - TDH.Analytics@tn.gov



Vital
Statistics
Death
Certificate
Data

ESSENCE

SUDORS

Drug
Overdose
Surveillance

Drug
Overdose
Reporting
Data

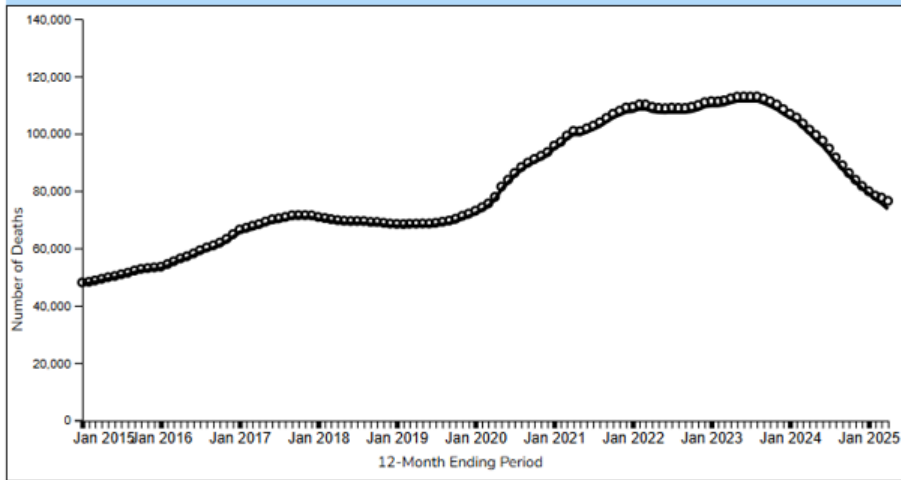
Hospital
Discharge
Data System
Data

**Tennessee Drug
Overdose
Surveillance
Program**

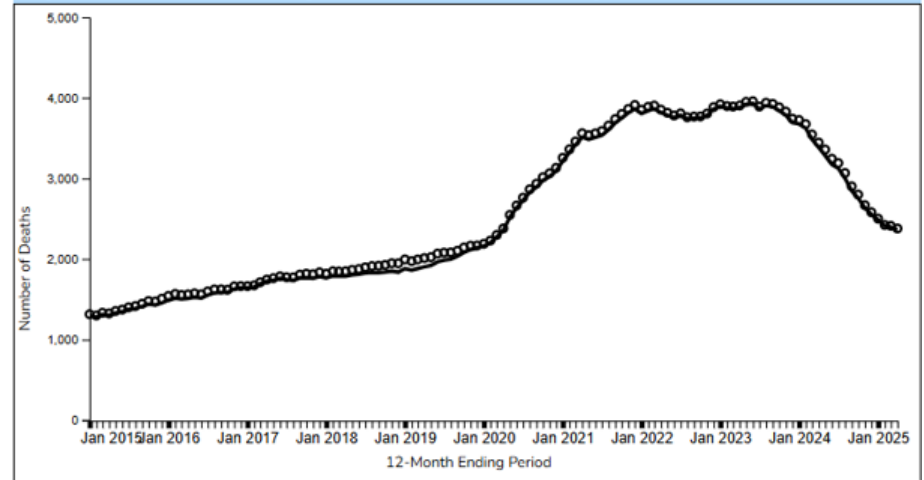
National Context: Provisional Fatal Overdose Counts

- The fatal overdose trend in TN mirrors the national trend.

United States: 12 Month-ending Provisional Counts of Drug Overdose Deaths as of September 7, 2025

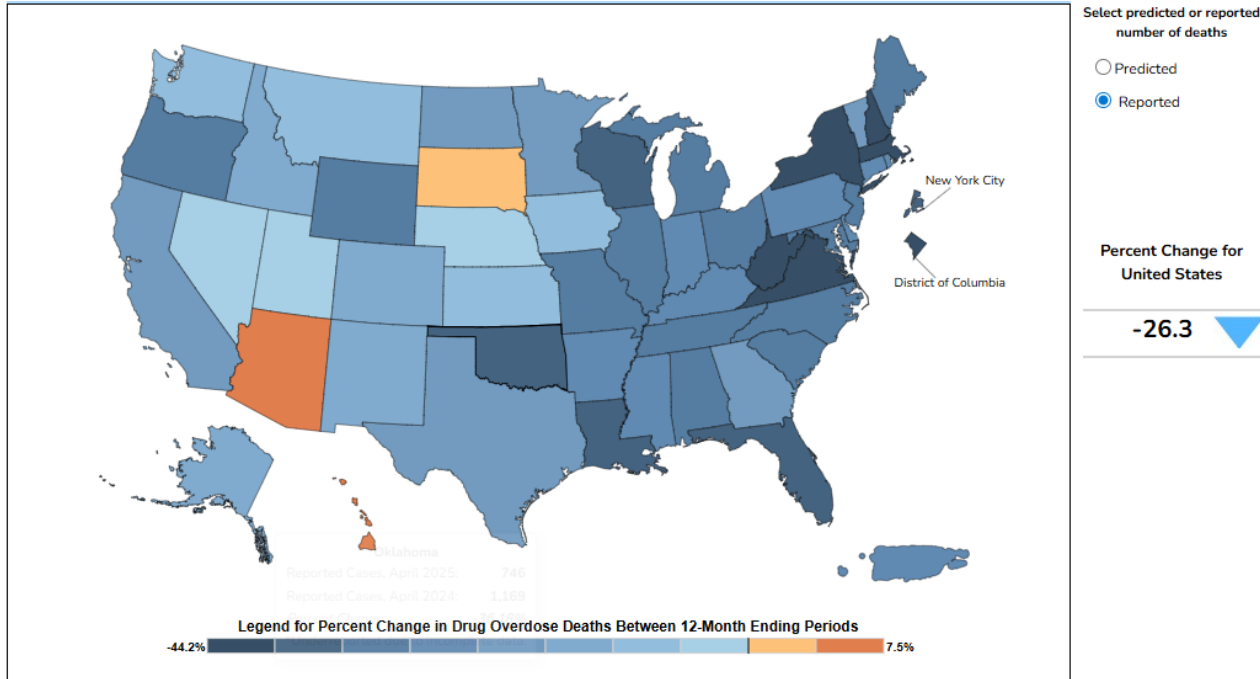


Tennessee: 12 Month-ending Provisional Counts of Drug Overdose Deaths as of September 7, 2025



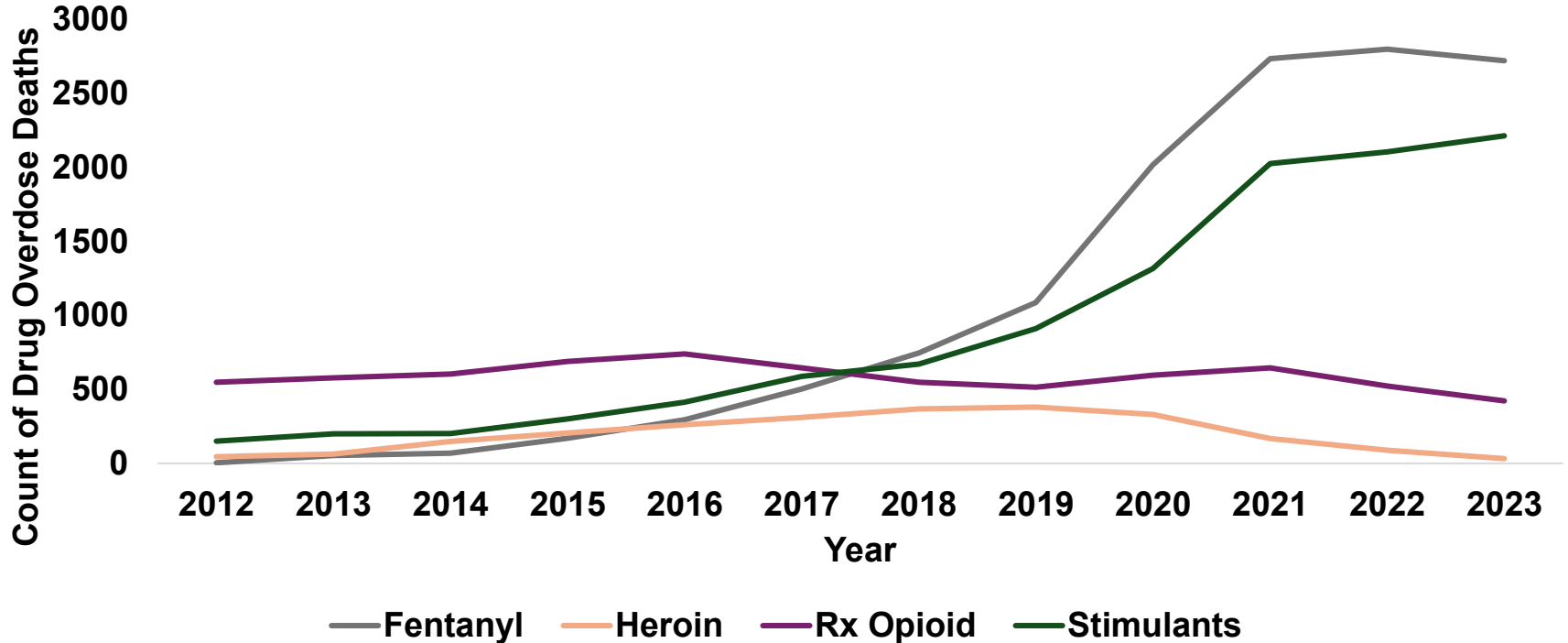
National Context: Comparing to Other Jurisdictions

Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: April 2024 to April 2025



CDC reports a **30.3%** decrease in TN from April 2024 to April 2025. This is higher than the national decrease of 26.3%.

Fatal Drug Overdose Trends in Tennessee, 2012-2023



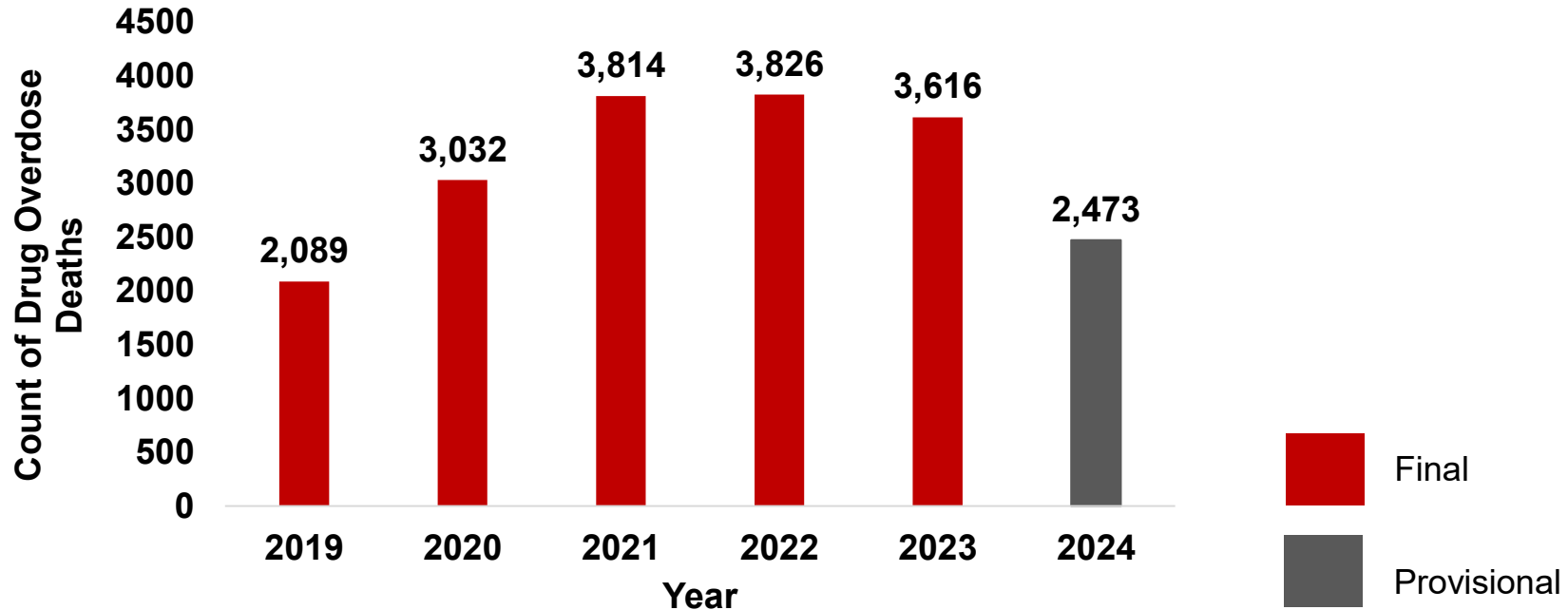
Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). Limited to TN residents. Data Source: TN Death Statistical File.

Tennessee Provisional Data 2024 & 2025

- The next few slides show provisional drug overdose data from death certificates. These are meant to provide a high-level summary of drug overdose death patterns.
- 2024 & 2025 death data is still being collected & finalized by the Division of Vital Records & Statistics.
- The count of overdose deaths may change as causes of death originally reporting as pending are updated.
- The information in this data brief may change upon finalization.
- Common reasons for fluctuations include causes of death that are originally reported as pending due to prolonged death investigations, & the collection of additional deaths of Tennessee residents that occur out of state.

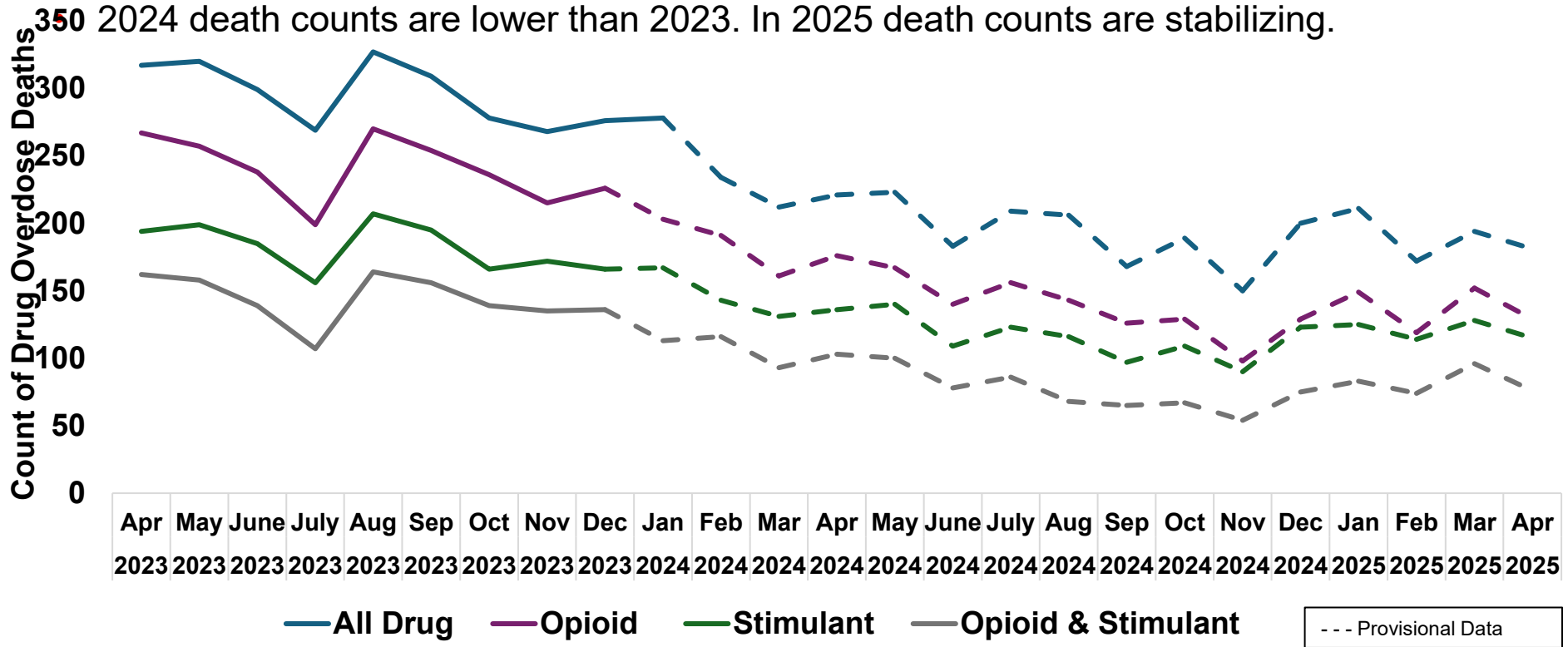
Drug Overdose Deaths among TN Residents, 2019-2024

- Provisional Data from Vital Statistics shows a **31.6% decrease** from 2023 to 2024.



Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). 2024 data is provisional. Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File.

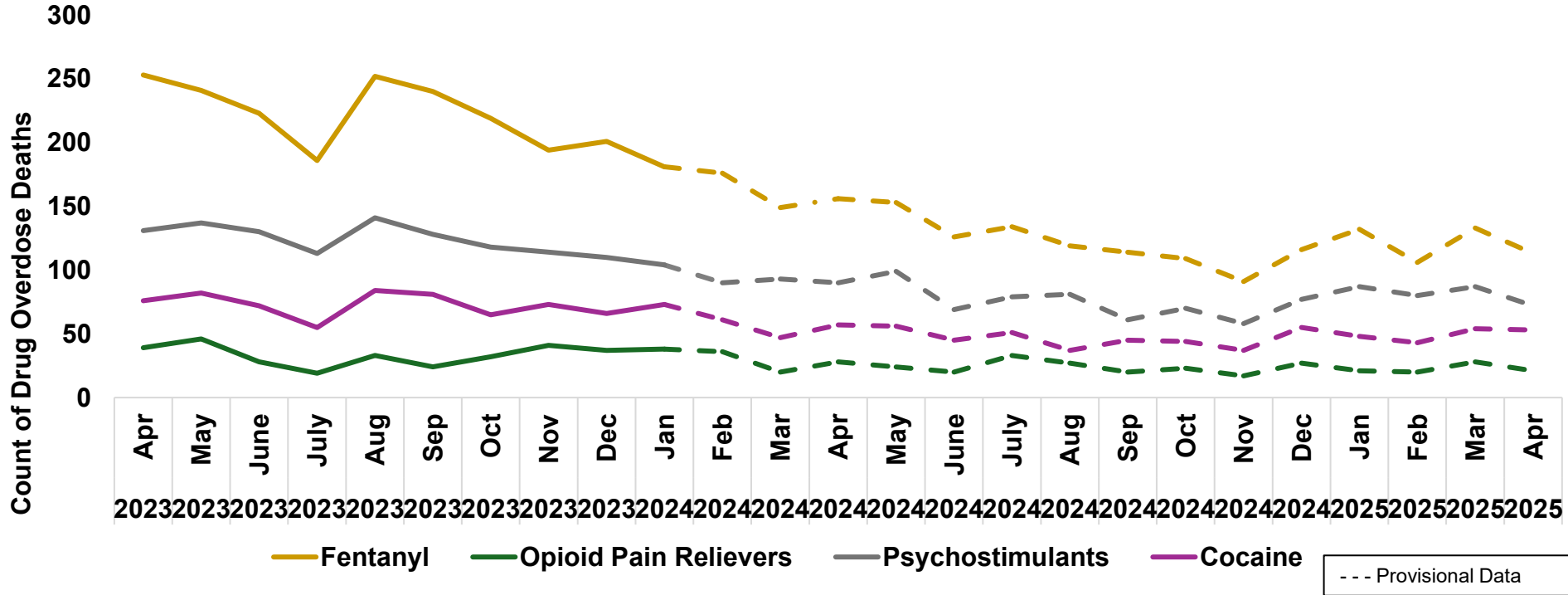
Count of All Drug Overdose Deaths in TN, 2023-2025



Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). 2024 & 2025 data are provisional. Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File.

Count of Overdose Deaths in TN by Drug Type, 2023-2025

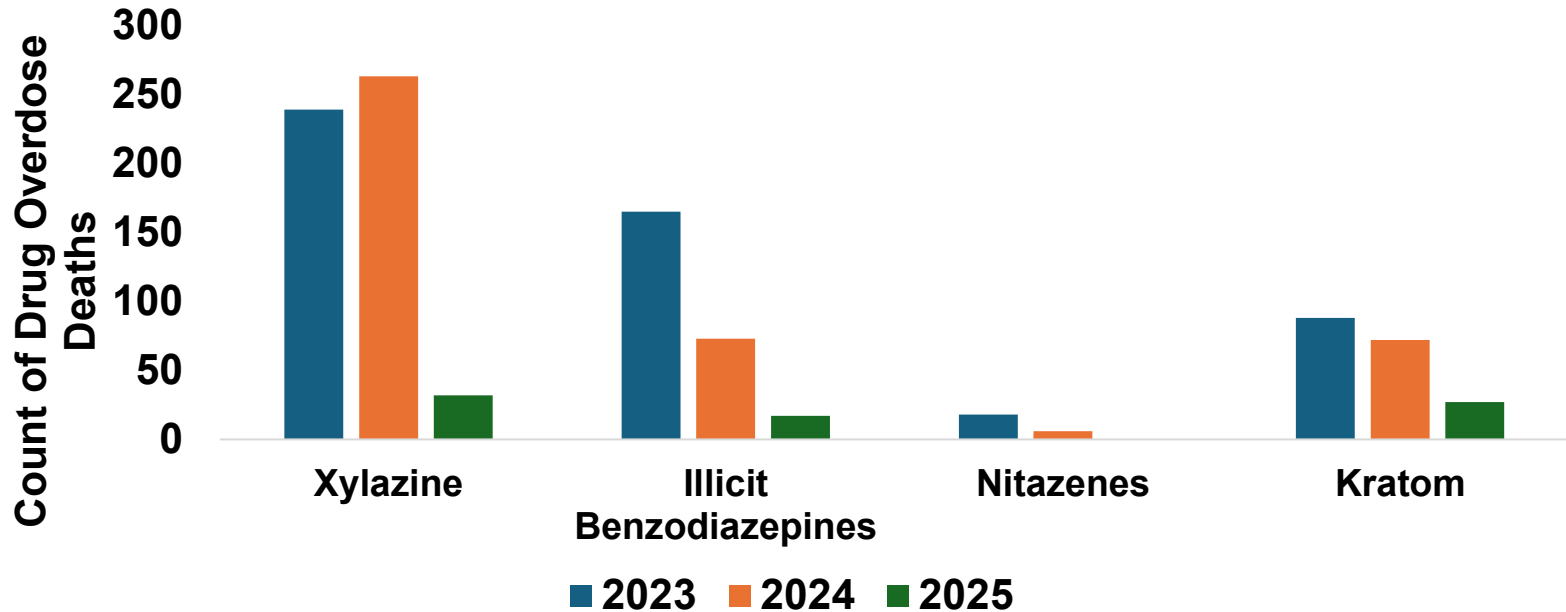
- Counts of all categories of drugs are stabilizing in 2025.



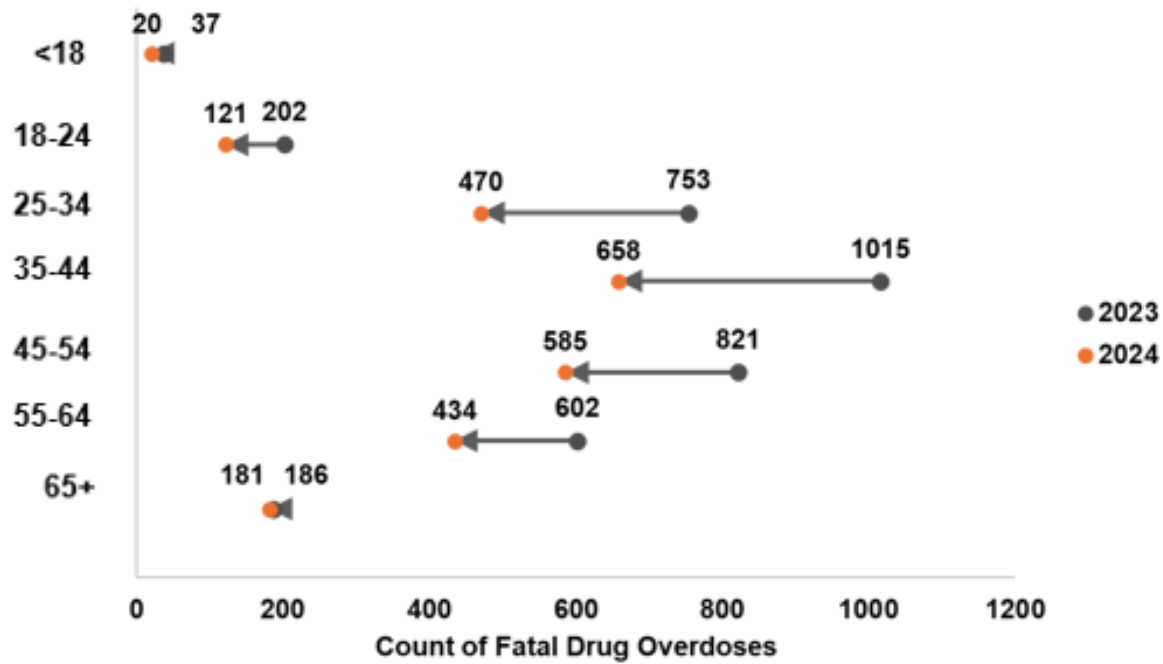
Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). 2024 & 2025 data are provisional. Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File.

Count of Overdose Deaths in TN by Drug Type, 2023-2025

- Emerging and other substance of interest trends are decreasing. We detected 2 medetomidine deaths in Tennessee so far, 1 in 2023 & 1 in May 2025.



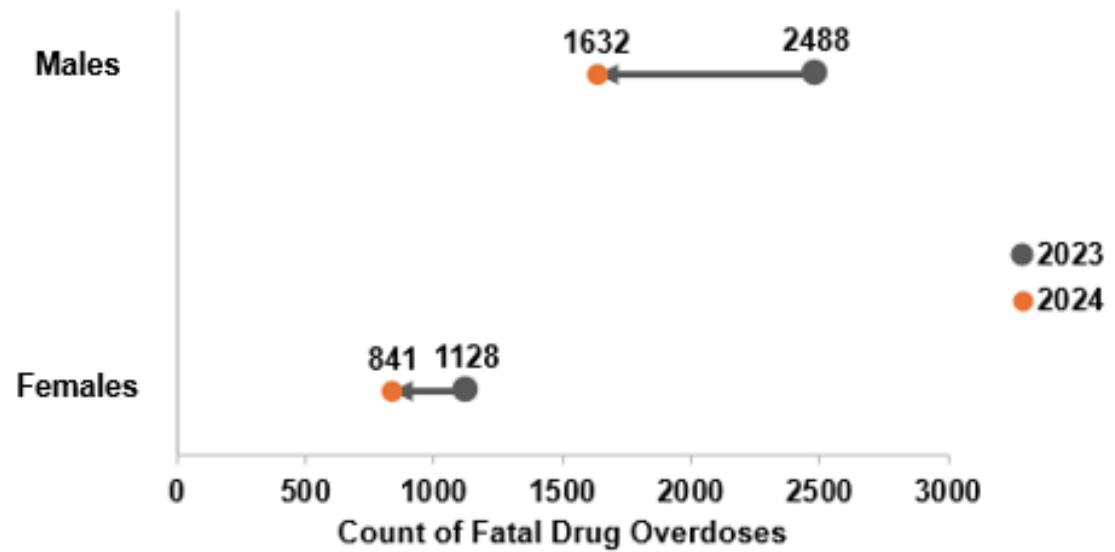
Change in Counts of Fatal Drug Overdoses by Age, 2023-2024



All age groups experienced a decrease in counts in 2024; however, the decrease varied between age groups. The <18 age group experienced the largest percent decrease at 46% while the 65+ age group experienced the smallest percent decrease at 3%.

Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). 2024 data is provisional. Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File.

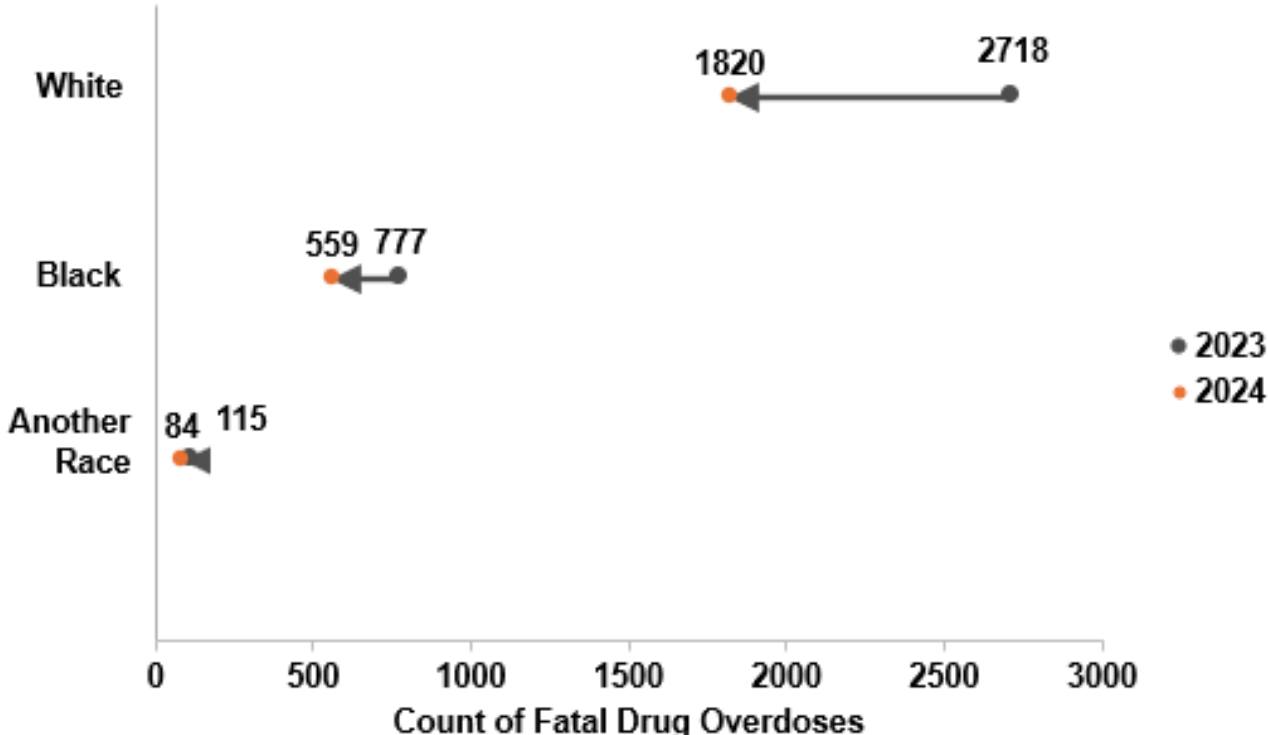
Change in Counts of Fatal Drug Overdose by Sex, 2023-2024



Both males & females experienced a decrease in overdose deaths from 2023 to 2024, however, the decrease was not equal. Males experienced a 34% decrease while females experienced a 25% decrease.

Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). 2024 data is provisional. Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File.

Change in Counts of Fatal Drug Overdoses by Race, 2023-2024

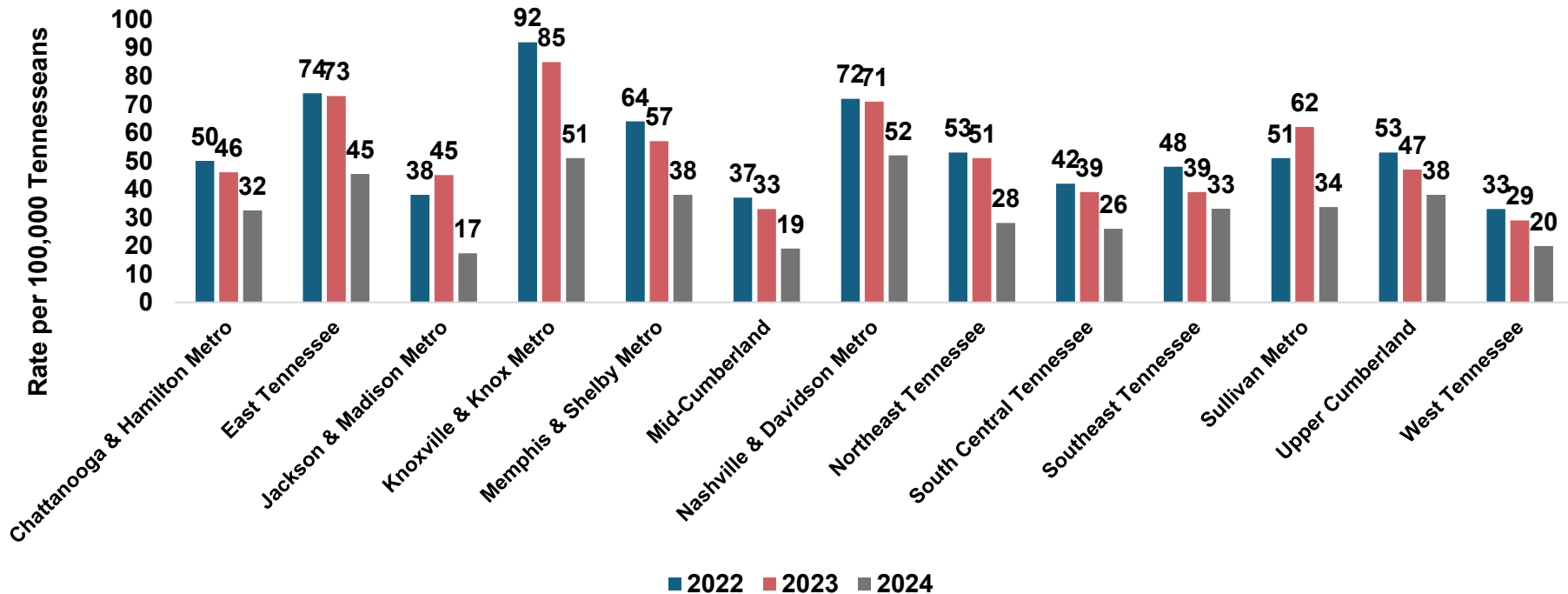


All race groups experienced a decrease in counts of overdose deaths from 2023 to 2024. The magnitude of change differed between groups. White Tennesseans experienced a 33% decrease while Black Tennesseans experienced a 28% decrease & Tennesseans of Another Race experienced a 27% decrease.

Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File.

Age-Adjusted Rates of Drug Overdose Deaths by Region & Year

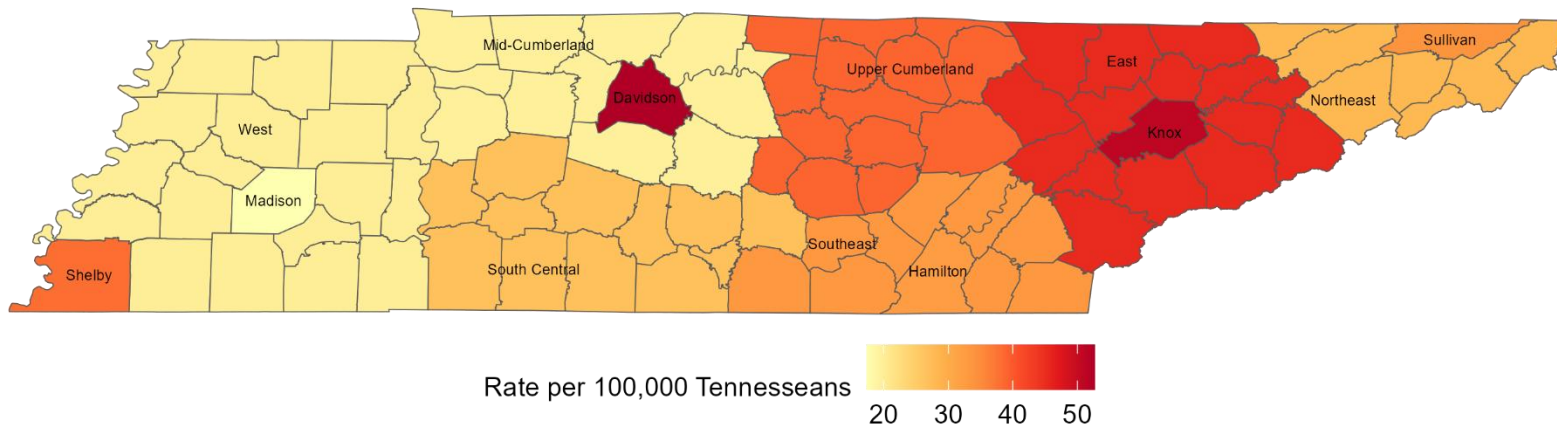
- All regions experienced a decrease in deaths in 2024. Nashville Davidson Region & Knox Metro Region have the highest rates of overdose deaths in 2024.



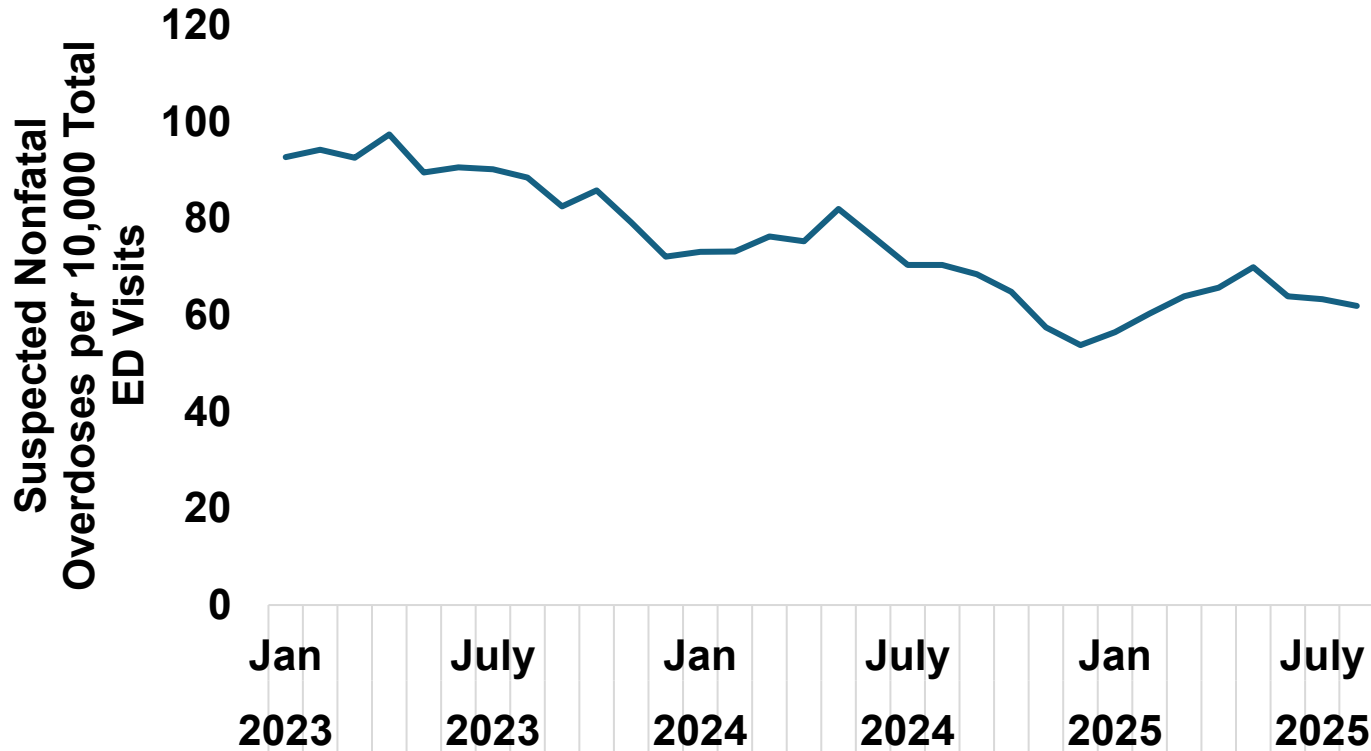
Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). 2024 Data is Provisional. Final numbers are subject to change. Limited to TN residents. Data Source: TN Death Statistical File. Rates are calculated using 2022, 2023, & 2024 data from the TDH Population Health Assessment Division.

Age-Adjusted Rates of Drug Overdose Deaths by Region, 2024

- All regions experienced a decrease in deaths in 2024. Nashville Davidson Region & Knox Metro Region have the highest rates of overdose deaths in 2024.



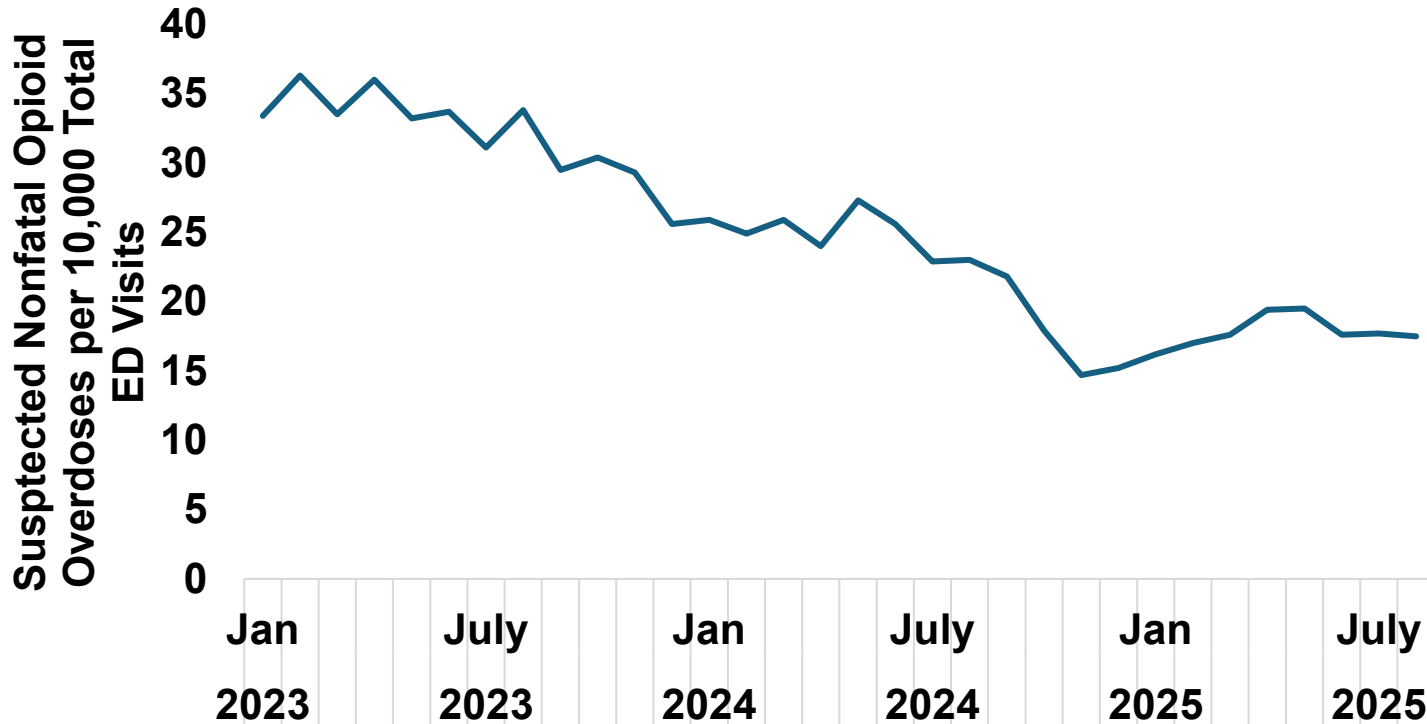
Suspected All Drug Nonfatal Drug Overdose Trends, 2023-2025



- Suspected All Drug Overdoses treated in the ED & reported to CDC for the Drug Overdose Surveillance and Epidemiology Syndromic Surveillance (DOSE-SYS) System

Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). Data is from ESSENCE identifying suspected nonfatal overdoses based on a text syndrome. This graph is for overall trend purposes only. Confirmed overdose numbers will be available from Hospital Discharge Data System Data when the data become finalized early 2026.

Suspected Opioid Nonfatal Drug Overdose Trends, 2023-2025



- Suspected Opioid Drug Overdoses treated in the ED & reported to CDC for the Drug Overdose Surveillance and Epidemiology Syndromic Surveillance (DOSE-SYS) System

Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). Data is from ESSENCE identifying suspected nonfatal overdoses based on a text syndrome. This graph is for overall trend purposes only. Confirmed overdose numbers will be available from Hospital Discharge Data System Data when the data become finalized early 2026.

Suspected Stimulant Nonfatal Drug Overdose Trends, 2023-2025



- Suspected Stimulant Drug Overdoses treated in the ED and reported to CDC for the Drug Overdose Surveillance and Epidemiology Syndromic Surveillance (DOSE-SYS) System

Analysis by the Office of Informatics and Analytics, TDH (last updated November 12, 2025). Data is from ESSENCE identifying suspected nonfatal overdoses based on a text syndrome. This graph is for overall trend purposes only. Confirmed overdose numbers will be available from Hospital Discharge Data System Data when the data become finalized early 2026.

Key Takeaways

- In 2024, provisional data shows 2,473 Tennesseans died of a drug overdose. This is a 31.6% decrease from deaths in 2023, but preventable deaths still occur.
- We see a decreasing trend in nonfatal overdoses as well.
- Counts of drug overdose deaths decreased for most substances between 2023 & 2024.
- Drug overdose deaths have not decreased as much for Black & other non-White Tennesseans compared to White Tennesseans.
- 1 Medetomidine death was identified in May 2025.
- We will continue to monitor trends & update data products on our website & the data portal as new trends emerge.



- Any Questions?
- Any Data Products that would be helpful to you?



For questions, please contact
TDH.Analytics@tn.gov

Technical Notes: Tennessee Drug Overdose Death Indicators

Category	Criteria
Primary Criteria	<p>Only Tennessee residents</p> <p>Excludes voided death certificates</p>
All Drug Overdose	<p>Deaths that have been coded with any of the following ICD-10 codes as the underlying cause of death:</p> <p>X40-X44: Accidental poisoning by drugs</p> <p>X60-X64: Intentional self-poisoning by drugs</p> <p>X85: Assault by drug poisoning</p> <p>Y10-Y14: Drug poisoning of undetermined intent</p>
Drug Overdose Deaths Involving Opioids	<p>Must meet criteria for All Drug Overdose deaths AND contain at least one of the following ICD-10 codes as a contributing cause of death:</p> <p>T40.0: Poisoning by opium</p> <p>T40.1: Poisoning by heroin</p> <p>T40.2: Poisoning by natural and semisynthetic opioids</p> <p>T40.3: Poisoning by methadone</p> <p>T40.4: Poisoning by synthetic opioids other than methadone</p> <p>T40.6: Poisoning by other and unspecified narcotics</p> <p>Must meet criteria for All Drug Overdose deaths AND contain the following text in the contributing cause of death text fields: 'FENTAN', 'FENTA', 'FANTAN' and some other misspellings when no opioid code is available</p>

Technical Notes: Tennessee Drug Overdose Death Indicators

Category	Criteria
Drug Overdose Deaths Involving Opioid Pain Relievers	Must meet criteria for All Drug Overdose deaths AND contain at least one of the following ICD-10 codes as a contributing cause of death:
	T40.2: Poisoning by natural and semisynthetic opioids
	T40.3: Poisoning by methadone
Drug Overdose Deaths Involving Heroin	Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
	T40.1: Poisoning by heroin
Drug Overdose Deaths Involving Fentanyl	Must meet criteria for All Drug Overdose deaths AND contain the following text in the contributing cause of death text fields: 'FENTAN', 'FENTA', 'FANTAN' and some other misspellings
Drug Overdose Deaths Involving Any Stimulant	Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
	T43.6: Poisoning by psychostimulants with abuse potential
	T40.5: Poisoning by cocaine

Technical Notes: Tennessee Drug Overdose Death Indicators

Category	Criteria
Drug Overdose Deaths Involving Stimulants Other than Cocaine (Psychostimulants)	Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
	T43.6: Poisoning by psychostimulants with abuse potential
Drug Overdose Deaths Involving Cocaine	Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
	T40.5: Poisoning by cocaine
Drug Overdose Deaths Involving Xylazine	Must meet criteria for All Drug Overdose deaths AND contain the following text in the contributing cause of death text fields: 'XYLAZINE' and some other misspellings



TN

Requests from Counties

County Funding Requests

- Counties are asking if these items may be purchased with Opioid Trust Funds from the Opioid Abatement Council
- The response is for the counties to consult the Remediation List
- Some of the requests are being marketed to the counties by private companies who cite other states opioid settlement funding paying for the items
- The counties are continuing to ask if the OAC will review the list

Discussion & Decision Points

- Will the OAC consider a motion to 1) not give additional guidance to the counties and direct counties to continue to use the Remediation List for reference **OR** 2) to give additional guidance to the counties?

Motion
&
Council Vote

The logo consists of a red square containing the white letters 'TN' in a serif font. Below the red square is a thin dark blue horizontal bar.

TN

TDMHSAS Planning and Policy Council Updates

Requirement to hear from the Planning & Policy Council

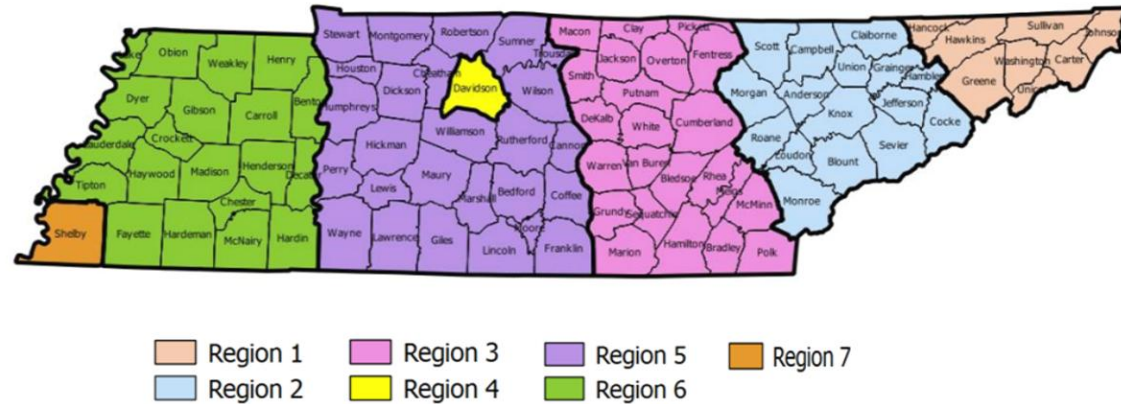
T.C.A. 33-11-105(b)

- Before rendering decisions regarding the disbursement of funds, the council shall receive input from the department's statewide planning and policy council's need assessment process, which is conducted with the assistance of seven (7) regional planning and policy councils

TDMHSAS Statewide Planning & Policy Council

- Councils and Committees consist of mental health and substance abuse service providers, consumers, family members, advocates and other stakeholders.
- 7 Regional Councils and 1 Statewide Council, which administers/partners with several committees, including the Adult Committee, the Children's Committee, and Consumer Advisory Board.
- All Councils and Committees meet quarterly

TDMHSAS Regional Council Map



Needs Assessment

- The Tennessee Department of Mental Health and Substance Abuse Services completes an annual assessment of need in order to prioritize programming.
- TDMHSAS ensures that the most relevant needs are prioritized by asking the Statewide and Regional Planning and Policy Councils to complete an annual Needs Assessment.
- Each Spring, the seven Regional Planning and Policy Councils as well as the Statewide Planning and Policy Council's Committees (Adult, Children's, and Consumer Advisory Board) work independently to identify and prioritize up to three mental health and three substance abuse needs.
- Here is the link to the 2025 Needs Assessment Survey Summary
 - <https://www.tn.gov/content/dam/tn/mentalhealth/planning/FINAL%202025%20NA%20Summary.pdf>

The process helps in two ways:

1. The planning and policy councils help identify regional needs and assets in order to influence the mental health and substance abuse system; and,
2. It provides a method for the Department to target limited state resources to more effectively and efficiently meet the identified needs.

2025 Needs Assessment – Multiple Region Needs

In 2025, multiple regions identified identical/similar substance abuse-related needs:

- ❖ **Continue to increase funding/number of and access to residential services & detox beds for adults and children**
 - ❖ Regional Councils 2, 4, 6, 7 & the Children’s Committee
- ❖ **Continue to increase recovery housing**
 - ❖ Regional Councils 1, 2 & the Adult Committee
- ❖ **Transportation**
 - ❖ Regional Councils 1, 6 & the CAB
- ❖ **Continue workforce development efforts**
 - ❖ Regional Councils 2, 3, 7 & the Adult Committee

**The TDMHSAS Planning and Budget Committee of the Statewide Planning and Policy Council acknowledges that the department has created or expanded programs to address these needs in the past and on an ongoing basis.*



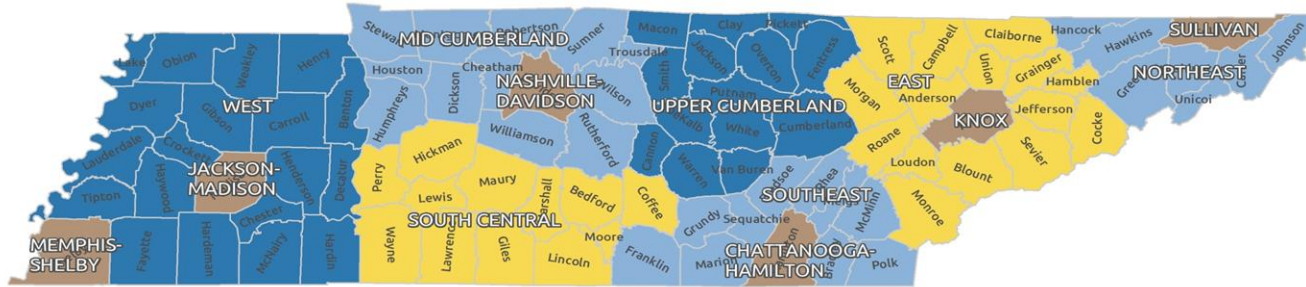
TN

**TN Dept of Health
Patient Bed Matching**



**Healthcare Resource Tracking System
(HRTS) &
Patient Bed Matching (PBM)**

Introduction / Background

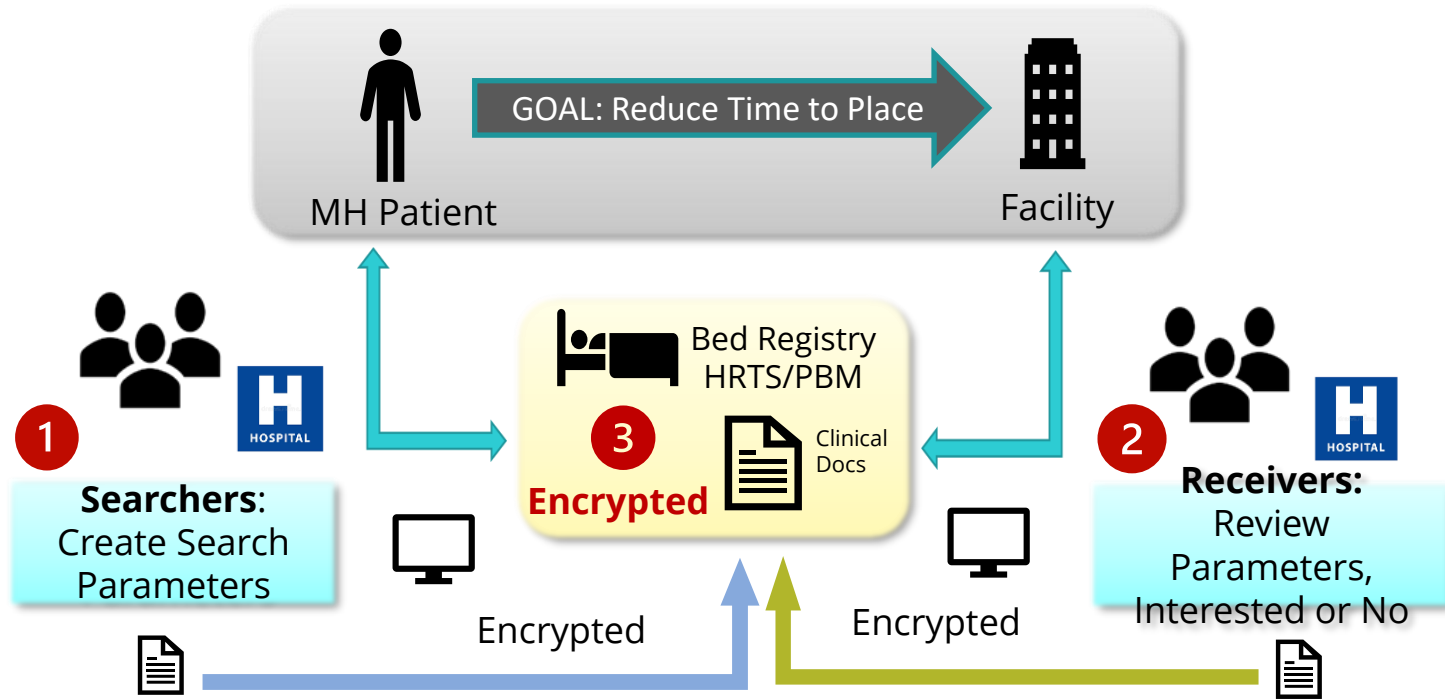


- Tennessee Department of Health-Central Office supports 8 Regional Offices and 6 Metros for day-to-day and emergency operations
- We have 3-4 staff members in each DOH region
- Managed more than 1000 disaster/event responses since 2007

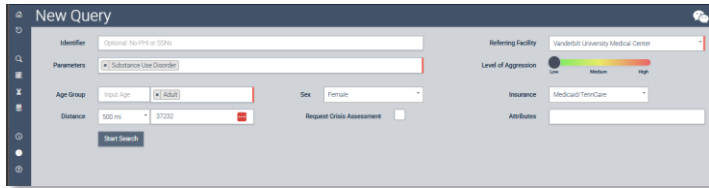
Healthcare Resources Tracking System (HRTS/PBM)

- Launched 2007. 2 Major Rewrites
- 2,000+ Users
- Hospitals, Nursing Homes, Inpatient Psych Facilities, State and Regional Ops Centers and all Warehouses
- Quarterly Releases – Software upgrades
- 2024 added Inventory Module
- Demo

Patient Matching Flowchart

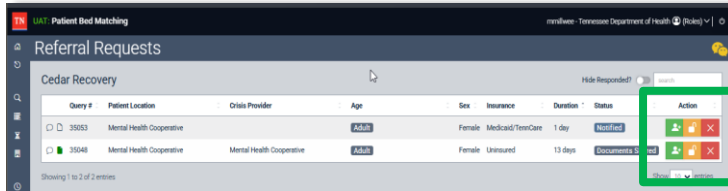
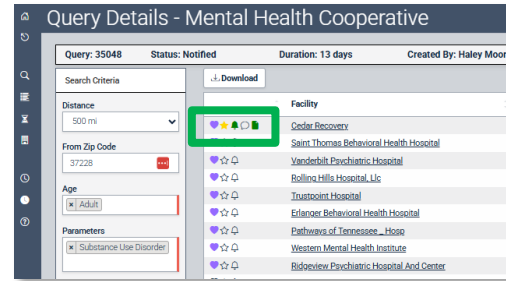


Referral Process



They may then send the request out to facilities of their choosing from a list of available options within a given distance. With a Data Access Agreement, clinical documents can be shared between users to ease the decision-making process, as well as use the chat function to reduce the amount of time spent placing calls back and forth.

Users seeking placement for a patient select generic parameters from a pre-populated dropdown menu to build a profile and receive an auto-generated query number. Each query represents a single patient.



Participants may then follow the referral through the transfer process by clicking through the indicator buttons in the application up to and including Admitted, Canceled, or Non-Admit.

Users at the receiving facility can keep track of the status of each query and respond that they can accept the patient, reserve more time for review, or decline the referral with a list of available reasons.



Patient Bed Matching Proposal

Proposed Financial Support for Adding Substance Use Disorder

Task/Activity	Who	Yr 1 Cost	Annual Ongoing Cost	Notes
Onboard and train facilities users	Contractor Training and Test Specialist	303,000 (3 Analysts)	215,000 (2 Analysts)	215,000 (2)
HRTS/PBM Software Modifications	TDH - BAs and Developers	75,000- 100,000	25,000	25,000
Analytics	Developers and Tableau Team	20,000	10,000	10,000
HRTS/PBM App Maintenance and Infrastructure	Data Center(STS) and Developers	50,000	50,000	50,000
	TOTALS	~\$448,000	\$388,000	

Patient Bed Matching Proposal

Questions

Discussion & Decision Points

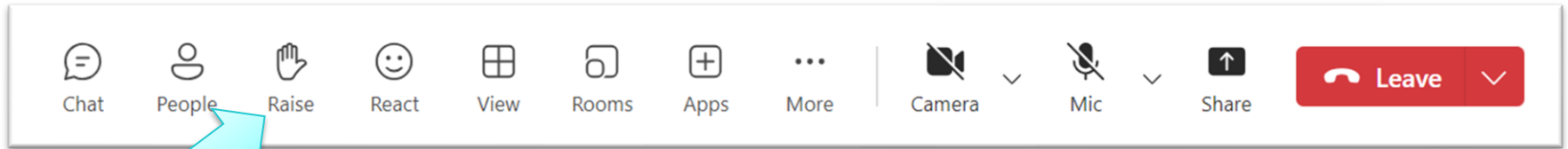
- Will the OAC consider a motion to allow the Executive Director to engage with TDOH, TDMHSAS Division of SAS and the SUD provider network to determine if the providers are willing to participate in the PBM? – and then come back to the OAC for next steps.

**Motion
&
Council Vote**

Public Comment

The Opioid Abatement Council shall reserve a period for public comment to provide the public with the opportunity to comment on matters that are relevant to the items on the agenda for the meeting. At the appropriate time, the Chair will open the meeting for public comment. Guests attending in-person shall make their intent to speak known and the Chair will recognize the individual.

In-Person: please raise your hand



Virtual: please click the “**raise your hand**” icon located on the top menu bar (3rd from the left)

1st Quarter 20256 Meeting

Thursday, March 5, 2026

9:00 AM ET

Oak Ridge



Motion to Adjourn

**Motion
&
Council Vote**



Contact Us

Opioid Abatement Council

opioid.abatement@tn.gov
<https://www.tn.gov/oac.html>

