

## **Jefferson County Opioid Settlement Funding**

## 2025 Announcement of Funding

Due to the extensive damage and loss of life caused by the opioid crisis that was brought on by the unethical and over-prescribing of opioid medications, the state of Tennessee will be receiving over \$1 billion over 18 years in settlement funds from several large corporations. Jefferson County has been allocated a portion of these funds, which will be received in annual payments. The County has established the Jefferson County Opioid Board to oversee the spending of these funds to ensure they are used to remediate the opioid crisis and save lives. The Board will invite community organizations to apply for these funds annually.

#### **Availability of Funds**

The selection process for funding will utilize a competitive process, and the number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available and dates of application submissions and awards will differ annually. The amount of funds available for the 2025 funding cycle will be \$240,598.01, and proposals will be accepted between August 1st and September 1st, 2024.

Up to 20% of the available funds can be held back at the discretion of the Jefferson County Opioid Board each funding cycle for urgent needs that may arise between annual funding periods. If the holdback funds are not allocated prior to the next funding cycle, they will be included in the total amount available for distribution.

#### **Eligibility**

Applications will be accepted from any organization that serves residents of Jefferson County but will only be distributed to those that provide services that fall within the approved remediation uses set forth by the TN Opioid Abatement Council, listed below in Allowable Uses of Funds and outlined in <a href="Exhibit E">Exhibit E</a>. If an applying organization is located outside of Jefferson County, funds will only be awarded to that organization if they are used to serve Jefferson County residents. The Jefferson County Opioid Board will dispense funds in accordance with all applicable rules and regulations that counties must adhere to when allocating funds to community organizations.

#### **Required Documents for Application Submission**

Proposals are due by **September 1st, 2024 at 11:59 pm**, and must be submitted to the Jefferson County Mayor's Office by emailing opioid@jeffersoncountytn.gov with the following required documents:

- Returning grantee application for funding with a completed budget and work plan
- Current annual operating budget
- State certification, licensure, or accreditation if applicable
- County funding annual report

#### **Selection and Award Process**

The Jefferson County Opioid Board will review and score all applications received. The board will consider scores and along with other factors to make funding decisions. These factors may include county priorities, community needs, funds available, cost-effectiveness, and federal and state regulations. If the total amount requested is higher than the total amount available for distribution, applicants may be contacted to discuss possible project and/or budget revisions.

The County Mayor and Jefferson County Commission will have final approval of any funding recommendations provided by the Jefferson County Opioid Board.

Notice of award is expected to occur by **November 1st, 2024**. Following the notice of award, the organizations will be contacted to discuss the contract process and specific metrics that must be reported back to the county.

The funding period will be *12 months in duration* beginning **January 1st, 2025** unless an alternative project start date is agreed upon by the awardee and Jefferson County finance director.

#### Allowable Uses of Funds & Funding Restrictions

Awarded funds cannot be used for administrative or indirect costs. Activities must meet the definition of opioid remediation, be evidence-based strategies or promising practices, and align with the core strategies and allowable uses outlined by <a href="Exhibit E">Exhibit E</a>. The Tennessee Opioid Abatement Council (TN OAC) adjusted Exhibit E into the <a href="Remediation List Strategies">Remediation List Strategies</a>. Organizations will be asked to use this document when applying and for reporting purposes if funded. Core strategies include:

- Naloxone or other FDA-approved drugs to reverse opioid overdoses
- Medication-assisted Treatment (MAT) distribution and other opioid-related treatment
- Address the needs of pregnant and postpartum women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm hand-off programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

#### **Requirements if Awarded Funding**

Organizations awarded funding are required to:

- Utilize funds within the defined funding period as agreed upon in the contract. If those funds are not used as agreed in the contract the applicant may:
  - Return any remaining funds to the Jefferson County Opioid Board at the end of the funding period, OR
  - Request an extension to use the funds past the funding period, OR
  - Request an amendment to their current contract to use the remaining funds for additional strategies
- Ensure utilization of funds supplements, rather than supplants, existing funding
- Ensure all funds are used in alignment with remediation uses approved by the TN Opioid Abatement Council as described above
- Ensure funds are not used for administrative or indirect costs
- Provide data on program outputs, outcomes, impact, and effectiveness as determined by the Jefferson County Opioid Board
- Complete and submit required quarterly and annual reports to the county

#### **Reporting Requirements**

Organizations should provide **quarterly progress reports** to <u>opioid@jeffersoncountytn.gov</u> starting April 15th, 2025, or *14 days after the first project quarter* if an alternative start date is agreed upon. The reports must outline the following:

- Staff working on the project
- Community partners involved with the project
- Challenges and barriers experienced within the associated timeframe
- Successes experienced within the associated timeframe
- Anticipated next steps
- Strategies addressed
- Number of Jefferson County residents served with settlement funding
- All project-specific metrics determined by the Jefferson County Opioid Board

An **annual report** is to be provided following project close by January 31st, 2026, or *30 days after project close* if an alternative start date is agreed upon. The annual report must include all the above data and be submitted to opioid@jeffersoncountytn.gov.

#### **Application Checklist for Returning Grantees**

To be	e considered a complete application and qualify for funding, the following items must be submitted:
	Grant application for funding
	Completed budget & budget narrative

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Completed budget & budget narrative
Completed work plan
Current annual operating budget
State certification, licensure, or accreditation if applicable
County settlement funding annual report

## **Opioid Settlement Grant Application for Returning Grantees**

# Application Details Application due date September 1st, 2024 at 11:59 pm Anticipated notice of award November 1st, 2024

Anticipated funding period January 1st, 2025 to December 31st, 2025

#### **Section One: Organizational Information**

Submission date

Organization Name: Federal Tax ID #:							
Street Address:		City:		Zip code:			
Type of organization:	Non-profit and/or 501(c)	(3) For profit	Gove	ernmental			
Annual operating budget (r	nust attach documentation):						
Is the organization licensed	d or accredited by the stat	te of TN?	Yes	(must attach de	ocumentation)		
Project contact name:		Contact titl	e:				
Phone number:	Email:						
Section Two: Fundir	g Information						
Total Funding Request: \$							
What percentage of the <i>total project cost</i> will the requested funds cover?							
What percentage of <i>funds requested</i> will be used to serve residents of Jefferson County?							
Funding received from Jefferson County opioid settlement funding last year:							
Amount:	Purpose:						

#### **Budget Template for Opioid Settlement Funding**

*Instructions:* Add or delete rows as necessary. The <u>TN OAC's remediation list</u> must be used to determine which strategies are addressed.

**Organization:** [enter name]

Expense or Activity	Description	Strategy Addressed	Cost	Quantity	Total Cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
				Project Total =	\$0.00

#### **Budget Narrative**

Please provide a detailed	justification for each line iter	n in the budget, explaining	now these expenses support	tine project's objectives and goals.

## **Section Three: Project Information**

#### **Project Details**

Project title:								
Strategies that will be addressed with funds (Select all that apply):	Primary Prevention	Recovery Support						
	Harm Reduction	Education & Training						
	Treatment	Research & Evaluation						
Target population and geographical are	ea:							
Anticipated number of people served w	ith requested funds:							
Project description (Explain if and/or hor recommended to complete the Work Pl		year's funding. It is						
Internal staffing for this project:								
External project partners or collaborato	rs (Please specify if they are new or	existing partners on the project.):						
Sustainability								
The county's settlement payments will decrease over time. If funding is not available for this project, what impact will it have on the project's status? Will the services provided by the project still be available?								

Please provide information about how this project will be sustained after the funding period. Include details such as other grants or funding sources that the organization has or plans to obtain.							
Project Revenue							
Will you charge a fee or bill in	nsurances for	the services prov	ded with this project?		No		Yes
If yes, please describe for wh	nat and the es	timated amount:					
Subcontracts							
Will your organization subcor	ntract for serv	ices?			No		Yes
If yes, what organization will	receive funds	from you?					
Organization contact name:			Email or phone:				
Subcontract amount:	E	xpected activities					
Project Impact							
As part of your submission, your provided annual report to While we acknowledge that the crucial in assessing the impaction of the notation.	emplate and po ese figures re tof the projec	opulate it with the present ongoing part up to this point.	current total project norogress and not final	netrics acc annual m	cumula: etrics, t	ted thu they a	us far. re
funding.							
Project outcomes (List your e expected outcomes yet? If ou						all its	

### **Project Work Plan**

*Instructions:* Add or delete rows as necessary. The <u>TN OAC's remediation list</u> must be used to determine which strategies are addressed.

**Organization:** [enter name]

Total Funds Requested: [enter amount]

Overall Goal(s) of Project: [enter at least one goal]

Objectives  What is the measurable objective you are seeking to achieve?	Activities  What activities will be completed that help achieve the corresponding objective?	Remediation Strategy Please use the TN OAC's table (linked).	Outcomes  What measurable results are you seeking to achieve by completing the corresponding activities?	Measures of Success How will the success of the outcomes be assessed? What data points will be measured?	Timeframe When will this part of the project begin and end?	Accountability Who is responsible for each project activity?	Funds Requested What are the requested grant funds for this part of the project?