Opioid Settlement Task Force
Anderson County Courthouse
Monday, August 14, 2023
Room 312 5:00 p.m.

MINUTES

Members Present: Commissioners Shelly Vandagriff, Sabra Beauchamp, Aaron Wells, Tim Isbel, Tyler Mayes, Josh Anderson

Others in attendance: Commissioners Robert Smallridge, Denise Palmer, Phil Yager, Mayor Terry Frank, Judge Ryan Spitzer, and Kate Hall

Meeting was called to order at approximately 5:05 p.m. by Chairman Josh Anderson.

Election of the Chairman. Motion by Commissioner Mayes, second by Commissioner Beauchamp to nominate Commissioner Vandagriff as Chairman. With no other nominations made, nominations closed and Commissoner Vandagriff was unanimously elected by acclamation.

Election of Vice-Chairman. Motion by Commissioner Isbel, second by Commissioner Mayes to nominate Commissioner Aaron Wells as Vice-Chairman. With no other nominations made, nominations closed and Commissioner Wells was unanimously elected by acclamation.

Chairman Vandagriff recognized several guests who spoke to the committee.

- Mayor Frank spoke about the settlements and the funds, and distributed a memo that had been distributed to the Budget Committee in March, 2023. (See attached)
- Judge Spitzer spoke on possible programs for funding, and referenced exhibits he had distributed by email. (See attached)
- Kate Hall of the Free Medical Clinic spoke about needs for mental health funding for a full-time nurse practitioner that could be targeted for addiction, and referenced a document that she had emailed members. (See attached)

Following much discussion by members of the Committee, a meeting was set for September 7, 2023 at 5:30 p.m. with an invitation to go out to ASAP, and possibly others.

Commissioner Beauchamp moved to adjourn the meeting, second by Commissioner Wells, with unanimous approval. Meeting was adjourned at approximately 5:52 p.m.

ANDERSON COUNTY GOVERNMENT

TERRY FRANK
COUNTY MAYOR

Memo

Date: March 9, 2023

To: Anderson County Budget Committee
Anderson County Board of Commissioners
From: County Mayor Terry Frank
Finance Director Robby Holbrook

RE: Understanding the types of payments for the Opioid Settlements for Anderson County

The funds Anderson County has received, and will receive fall into two (2) categories.

1. Subdivision Funds
2. Abatement Funds

These 2 Funds must be kept separately as they each have different reporting requirements, and use limitations.

Each of these funds comes from the same primary source, but Anderson County receives it in two (2) different ways. We receive some funding directly (called Subdivision Funds), and some funds from the State Opioid Council, (called Abatement Funds).

Example: Tennessee and a coalition of local subdivisions reached an agreement with pharmaceutical distributors AmerisourceBergen Corporation, Cardinal Health Inc., and McKesson Corporation ("Distributors) and manufacturer J&J. Anderson County receives a smaller amount of the settlement directly as Subdivision Fund payment. The State of Tennessee receives a settlement amount from these same companies into their trust fund managed by the Opioid Abatement Council. Anderson County will receive a share of these funds from Tennessee through the Council, and these funds are known as Abatement Funds.

What are Subdivision Fund payments to Anderson County?

Every county in Tennessee is a *political subdivision* of the State of Tennessee.
Subdivision Fund payments are payments made directly to Anderson County Government as a political subdivision. These payments originate from the national settlements. These funds have very few or limited reporting requirements, and the use of these funds are defined by the

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settlement agreements. These direct fund payments to Anderson County are intended to be used to address damages already incurred by opioid damage, ongoing needs, or future needs.

The reference to the use of these funds can be found in the definition section of the settlement agreement on page 6 under SS. "Opioid Remediation." See attachment with circled definition defining use.

What are Abatement Fund payments to Anderson County?

Through Tennessee State legislation, Abatement Funds are funds that go into a State of Tennessee Fund known as the Opioid Abatement Fund. These funds are disbursed by the Opioid Abatement Council. By statute, 35% of these funds are paid to counties across Tennessee. By statute, *these funds must be spent on programs and uses approved by the Opioid Abatement Council.* Attached to this memo is the 16-page approved list of expenditures. Expenditures must be reported/submitted to the Council.

How often will we receive the funds, and will they be the same each year?

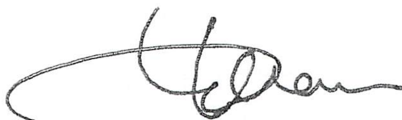
We will receive payments annually, and payments will be roughly in the same amount each year. Settlement agreements are structured to pay out over 18 years, so with our current payments received, we will receive future payments for the next 16 years.

Special notes/exceptions to this:

- Figures for payments coming from the Abatement Funds will be reconfigured every four (4) years. The reasoning? If our use of funds is able to mitigate the effects of opioids, for instance, lowering of overdoses, a portion of our funds may be used in other areas of the state where their overdoses have increased.
- Johnson and Johnson/Janssen Subdivision Fund Payment: our first payment of $154,348.89 represents a pre-payment of funds is for years 1-5.

More Settlements

Lastly, a second wave of payments built upon same model of Subdivision Funds and Abatement Funds is currently in progress. The companies for second wave are two manufacturers: Allergan and Teva, and three pharmacy chains: CVS, Walgreens, Walmart



Terry Frank
County Mayor

Robert Holbrook
Finance Director

100 North Main Street, Suite 208 • Clinton, Tennessee • 37716
Phone: (865) 457-6200 • Email: tfrank@andersontn.org

Receipts -

Date/Time: 3/9/2023 10:16 AM 101-46845 Transactions

Date	Transaction Type	Number	Reference	Batch ID	Posting Status	Void	Description	Debit	Credit
12/15/20...	Misc Receipt	19327	J&J - years 1-5		Posted		NATIONAL OPIOIDS SETTLEMENT		$154,348.89
11/10/20...	Misc Receipt	18863	*Distributor Year 1		Posted		NATIONAL OPIOIDS SETTLEMENT		$40,518.40
9/14/2022	Misc Receipt	17814	* " Year 2		Posted		WILMINGTON TRUST OBI		$38,554.03

Subdivision Funds

Use defined by SS. opioid remediation

can be expenditures tied to past, current, or future

National Opioid Settlements - Payment

Adreyan O. Caldeyro <acaldeyro@browngreer.com>

To: Terry Frank <tfrank@andersoncountytn.gov>

Cc: Roma Petkauskas <rpetkauskas@browngreer.com>;Andrew Oxenreiter <aoxenreiter@browngreer.com>

Good Afternoon,

On 7/29/2022, the Directing Administrator initiated a Distributor payment of $38,554.03 to your Subdivision for Payment Year 1. Please let me know if you encounter any issues or obstacles with this payment.

Thank you, received 9/14/2022

Adreyan Caldeyro
Case Manager
BROWNGREER PLC
250 Rocketts Way
Richmond, Virginia 23231
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Facsimile: (804) 521-7299
www.browngreer.com

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Opioid Settlement - Second Distributor Payment

Chris A. Dunbar <Chris.Dunbar@ag.tn.gov>

Cc: Michael Leftwich <Michael.Leftwich@ag.tn.gov>

Hello,

BrownGreer, the national administrator for the settlement with the three national pharmaceutical distributors (AmerisourceBergen, Cardinal Health, McKesson), is ready to move forward with the second distributor payment. As with the first distributor payment, the payment process can be quickened if there is consensus regarding the payment calculations for Tennessee and its participating counties and cities.

Please see the attached document, "Distributor Second Payment Info for Subdivisions," for a description of the second payment calculations and the review process. (This document also describes the other two attachments.) The calculations merely apply the allocations determined by the Tennessee State-Subdivision Opioid Abatement Agreement, by statute, and by the distributor and J&J settlement agreements. Please note that there is a deadline of September 21, 2022, for any objections.

Future distributor payments will be made annually, with the next scheduled for July 2023.

For counties and municipalities receiving payments from the J&J settlement, we expect to have information regarding the 2022 payment to you within the next week or so.

If you have any questions or concerns please contact Michael Leftwich (Michael.Leftwich@ag.tn.gov) and Chris Dunbar (Chris.Dunbar@ag.tn.gov) or, if you are represented by outside counsel, you should contact them.

Thank you for your time.

Respectfully,
Chris Dunbar

Chris Dunbar | Assistant Attorney General
Consumer Protection Division
Office of the Tennessee Attorney General
UBS Building, 20th Floor
315 Deaderick Street, Nashville, Tennessee 37243
Mailing Address:
P.O. Box 20207, Nashville, Tennessee 37202
p. 615.741.3519
Chris.Dunbar@ag.tn.gov

MAKING THE CASE FOR TENNESSEE
TENNESSEE ATTORNEY GENERAL

This email may contain PRIVILEGED and CONFIDENTIAL information. If you are not the intended recipient, you are hereby

received 11/10/2022

Opioid Settlement Subdivision Payment Spreadsheet - Distributor Payment 2

1	2	3	4	5	6	7
State ID	Subdivision	County/City	County/Counties	Updated Exhibit G %	Share of Subdivision Payment 2 $3,358,830.11	Participating Subdivision (Yes/No)
TN 1	Alexandria	City	DeKalb	0.00279130850%	$93.76	Yes
TN 2	Algood	City	Putnam	0.00327411360%	$109.97	Yes
TN 3	Anderson County	County	Anderson	1.20632490260%	$40,518.40	Yes
TN 5	Arlington	City	Shelby	0.00365663090%	$122.82	Yes
TN 8	Bartlett	City	Shelby	0.07305615660%	$2,453.83	Yes
TN 9	Baxter	City	Putnam	0.00049720970%	$16.70	Yes
TN 10	Bedford County	County	Bedford	0.52762388930%	$17,721.99	Yes
TN 12	Benton County	County	Benton	0.52166080680%	$17,521.70	Yes
TN 13	Bledsoe County	County	Bledsoe	0.13985808200%	$4,697.60	Yes
TN 14	Blount County	County	Blount	1.91964655810%	$64,477.67	Yes
TN 15	Bradley County	County	Bradley	1.04302175520%	$35,033.33	Yes
TN 16	Brentwood	City	Williamson	0.04782086000%	$1,606.22	Yes
TN 17	Bristol	City	Sullivan	0.54268711500%	$18,227.94	Yes
TN 19	Campbell County	County	Campbell	1.59743705590%	$53,655.20	Yes
TN 20	Cannon County	County	Cannon	0.32054539500%	$10,766.58	Yes
TN 21	Carroll County	County	Carroll	0.44380607850%	$14,906.69	Yes
TN 22	Carter County	County	Carter	0.84355968910%	$28,333.74	Yes
TN 23	Celina	City	Clay	0.02778139200%	$933.13	Yes
TN 24	Centertown	City	Warren	0.00013215380%	$4.44	Yes
TN 26	Chapel Hill	City	Marshall	0.00436015290%	$146.45	Yes
TN 27	Chattanooga	City	Hamilton	0.49812370280%	$16,731.13	Yes
TN 28	Cheatham County	County	Cheatham	0.82099987810%	$27,575.99	Yes
TN 29	Chester County	County	Chester	0.17513991180%	$5,882.65	Yes
TN 30	Claiborne County	County	Claiborne	1.19294123570%	$40,068.87	Yes
TN 31	Clarksville	City	Montgomery	0.22968151920%	$7,714.61	Yes
TN 32	Clay County	County	Clay	0.29836952500%	$10,021.73	Yes
TN 33	Cleveland	City	Bradley	0.55312822520%	$18,578.64	Yes
TN 34	Clifton	City	Wayne	0.00224276150%	$75.33	Yes
TN 36	Cocke County	County	Cocke	0.87462574700%	$29,377.19	Yes
TN 37	Coffee County	County	Coffee	0.89535516980%	$30,073.46	Yes
TN 39	Collierville	City	Shelby	0.06173753870%	$2,073.66	Yes

National Opioid Settlements – Payment – Anderson County

Jamie McHenry <jmchenry@browngreer.com>

To: Terry Frank <tfrank@andersoncountytn.gov>
Roma Petkauskas <rpetkauskas@browngreer.com>;Adreyan O. Caldeyro <acaldeyro@browngreer.com>

…od Afternoon:

On 11/3/2022 the Directing Administrator initiated the payments detailed in the table below to your Subdivision for Payment Years 1-5.

BGEntityID	CrossLinkID	State	Beneficiary Type	Beneficiary Name	Payment Type	Payment A
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 1	$13,72
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 2	$32,02
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 3	$25,62
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 4	$39,35
10371	CL-129548	Tennessee	General Purpose Government	Anderson County	Janssen Payment Year 5	$43,61

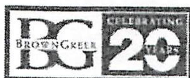
Please reach out to your State's Attorney General's Office if you have any questions regarding how your Subdivision's payment amount was calculated or how your Subdivision can use Settlement Funds.

Please let me know if you encounter any issues or obstacles with this payment.

Thank you,

received 12/15/2022

Jamie McHenry
Case Manager
BrownGreer PLC
250 Rocketts Way
Richmond, Virginia 23231
Telephone: (888) 441-2010 Ext 6108
Facsimile: (804) 521-7299
www.browngreer.com



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Subdivision funds

→ USE: ←

SS. "*Opioid Remediation.*" Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures[1] except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic. Exhibit E provides a non-exhaustive list of expenditures that qualify as being paid for Opioid Remediation. Qualifying expenditures may include reasonable related administrative expenses.

TT. "*Opioid Tax.*" Any tax, assessment, license fee, surcharge or any other fee (other than a fixed prospective excise tax or similar tax or fee that has no restriction on pass-through) imposed by a State on a Settling Distributor on the sale, transfer or distribution of opioid products; *provided*, *however*, that neither the Excise Tax on sale of Opioids, Article 20-D of New York's Tax Law nor the Opioid Stewardship Act, Article 33, Title 2-A of New York's Public Health Law shall be considered an Opioid Tax for purposes of this Agreement.

UU. "*Overall Allocation Percentage.*" A Settling State's percentage as set forth in Exhibit F. The aggregate Overall Allocation Percentages of all States (including Settling States and Non-Settling States) shall equal one hundred percent (100%).

VV. "*Participating Subdivision.*" Any Subdivision that meets the requirements for becoming a Participating Subdivision under Section VII.B and Section VII.C. Participating Subdivisions include both Initial Participating Subdivisions and Later Participating Subdivisions.

WW. "*Participation Tier.*" The level of participation in this Agreement as determined pursuant to Section VIII.C using the criteria set forth in Exhibit H.

XX. "*Parties.*" The Settling Distributors and the Settling States (each, a "*Party*").

YY. "*Payment Date.*" The date on which the Settling Distributors make the Annual Payment pursuant to Section IV.B.

ZZ. "*Payment Year.*" The calendar year during which the applicable Annual Payment is due pursuant to Section IV.B. Payment Year 1 is 2021, Payment Year 2 is 2022 and so forth. References to payment "*for a Payment Year*" mean the Annual Payment due during that year. References to eligibility "*for a Payment Year*" mean eligibility in connection with the Annual Payment due during that year.

AAA. "*Preliminary Agreement Date.*" The date on which the Settling Distributors are to inform the Settling States of their determination whether the condition in Section II.B has been satisfied. The Preliminary Agreement Date shall be no more than fourteen (14) calendar days after the end of the notice period to States, unless it is extended by written agreement of the Settling Distributors and the Enforcement Committee.

BBB. "*Prepayment Notice.*" As defined in Section IV.J.1.

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[1] Reimbursement includes amounts paid to any governmental entities for past expenditures or programs.

Anderson County
Miscellaneous Receipt

Misc. Receipt No: 20745
POS Receipt No: 117769
Receipt Date: 03/09/2023

Receipted By: Grace Rutherford
Receipted On: 03/09/2023 9:00 AM

Customer ID: 1055
Name: STATE-TN PAY
Description: OPIOID ABATEMENT COUNTY DISTRIBUTIONS

Miscellaneous Receipt Total
$425,159.28

GL Account Number	GL Account Description	Debit	Credit
101. -46845	Opioid Settlement Funds	$0.00	$425,159.28
Miscellaneous Receipt Totals:		**$0.00**	**$425,159.28**

Thank You!

Abatement
Funds
from Tennessee
opioid council

* use defined by
16 page document

think future
for these funds

Use of Abatement Funds

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 Guideline, 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. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>

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. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>

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 Guideline, 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.

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Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

This format was created to assist with reporting on funding received by Tennessee counties and community grants.

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Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

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 Abatement Strategy Efficacy	JJ4	Provide resources to staff government oversight and management of opioid abatement programs
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

Remediation List Strategies

(Primary Prevention, Treatment, Harm Reduction, Education/Training, Recovery Support, Research/Evaluation of Abatement Strategy Efficacy)

		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

The Free Medical Clinic
Opioid Treatment Program

Free Medical Clinic

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FMC Opioid Treatment Program Outline and Summary

I. Introduction

The Free Medical Clinic (FMC) provides no charge primary care to the low-income and uninsured residents of Anderson, Morgan, and Roane Counties as well as special medical events that includes surrounding counties. We also provide the same care to members of our medical program that include Roane State Community College and Tennessee College of Applied Technology.

As a part of our comprehensive primary and preventive care we offer special medical programs to help address community health and health disparities. This includes our Hepatitis C program that offers testing, screening, and full treatment for a cure in 12 weeks for Hep C patients.

There is no present no charge program for Opioid Treatment for the low-income and uninsured in our county. The Free Medical Clinic is proposing using Opioid funding provided to the counties of Tennessee where FMC serves as a way to launch this much needed treatment for the working poor.

FMC Opioid treatment will play a crucial role in enhancing the overall quality of life for recovering addicts by addressing both the physical and psychological aspects of addiction. Through medication-assisted treatment, counseling, and support, individuals experience improved well-being, reconnection with loved ones, and a chance to rebuild their lives.

Medication-assisted treatment (MAT) alleviates the intense physical cravings and withdrawal symptoms associated with opioid addiction. This allows individuals to regain control over their lives, as they are no longer consumed by the need to obtain and use opioids. With the support of MAT, individuals can focus on personal growth and recovery without the constant struggle against cravings.

Additionally, our opioid treatment program will provide vital psychological and emotional support. Counseling and therapy sessions help recovering addicts understand the root causes of their addiction, develop coping strategies, and learn healthier ways to manage stress and triggers. This not only aids in preventing relapses but also contributes to improved mental well-being and self-esteem.

Recovering addicts often find themselves isolated from family and friends due to their addiction. The FMC Opioid treatment program will emphasize rebuilding and strengthening these relationships. By addressing the damages caused by addiction, individuals can mend broken bonds, rebuild trust, and establish a solid support network. This social reintegration contributes significantly to an enhanced quality of life, providing emotional stability and reducing the sense of isolation that addiction often brings.

Moreover, as individuals progress through opioid treatment, they have the opportunity to regain a sense of purpose and direction in life. With their physical health improved, their minds clearer, and their support network in place, recovering addicts can pursue personal interests, education, or employment. The ability to set and achieve goals adds a sense of accomplishment and self-worth, further contributing to an improved overall quality of life. We believe the FMC Opioid Treatment Program will increase community health, have a positive economical impact, as well as decrease health disparities for our county.

The FMC Opioid Treatment Program addresses addiction comprehensively, leading to a significantly improved quality of life for recovering addicts. By alleviating physical cravings, offering psychological support, reestablishing social connections, and empowering individuals to pursue meaningful goals, our program provides a second chance for individuals to lead fulfilling, healthier lives, especially for the rural and minority working poor that is uninsured.

II. Objectives of the FMC Opioid Treatment Program

The objectives of the FMC Opioid Treatment Program (OTP) is centered around helping rural, minority, low-income and uninsured individuals overcome opioid addiction, manage withdrawal symptoms, and achieve sustained recovery. OTPs play a critical role in addressing the opioid epidemic by providing evidence-based treatments and support. Here are some key objectives of the FMC Opioid Treatment Program:

1. **Reduce Opioid Use:** The primary goal of the FMC OTP is to help individuals reduce or completely cease their use of opioids, including prescription painkillers, heroin, and other illicit opioids.
2. **Stabilize Individuals:** FMC OTP aims to stabilize patients by providing them with medically supervised withdrawal management (detoxification) to manage the physical and psychological symptoms of opioid withdrawal.
3. **Provide Medication-Assisted Treatment (MAT):** MAT involves the use of medications such as naltrexone, along with counseling and behavioral therapies, to help individuals reduce cravings, prevent withdrawal symptoms, and maintain their recovery.
4. **Address Co-Occurring Disorders:** Many individuals with opioid addiction also have co-occurring mental health disorders or medical conditions and in our cause a lack of basic primary care medical access and attention. Our OTP aims to address these issues simultaneously to support holistic recovery. This will also be true of our present and future Hep C patients.
5. **Offer Counseling and Behavioral Therapy:** The FMC OTP provides counseling and behavioral therapies to address the psychological and emotional aspects of addiction. These therapies help individuals develop coping strategies, life skills, and relapse prevention techniques.
6. **Promote Harm Reduction:** FMC OTP plays a role in harm reduction by providing a controlled environment where individuals can access medications, reducing the risks associated with obtaining opioids from unsafe sources.
7. **Improve Overall Health:** FMC OTP, as stated above, FMC offers medical and health services to address any physical health issues that have arisen due to opioid use. This can include HIV and hepatitis testing, vaccinations, and general health check-ups.
8. **Enhance Social Support:** FMC OTP helps to connect individuals with support groups, peer counseling, and other resources to foster a sense of community and reduce isolation.
9. **Assist in Reintegration:** FMC OTP will help with referrals with our present and future social service partners to help individuals reintegrate into society, such as vocational training, education, and support in finding housing.
10. **Prevent Overdose Deaths:** By providing MAT and a controlled environment for medication distribution, FMC OTP contributes to reducing the risk of overdose and related deaths.
11. **Continuum of Care:** FMC OTP will offer a continuum of care, including different phases of treatment (induction, stabilization, maintenance), ensuring that individuals receive appropriate support throughout their recovery journey.

12. Track Progress: FMC OTP will monitor and evaluate the progress of individuals in treatment, adjusting treatment plans as needed to ensure the best possible outcomes. This includes "in-real-time" data with our EMR (ATHENA) charting database.

Overall, the objectives of the FMC Opioid Treatment Program are centered on helping individuals break free from opioid addiction, improve their quality of life, and achieve long-term recovery.

III. Assessment and Enrollment

As a part of the FMC OTP we will have a comprehensive assessment of participants' medical, psychological, and social needs as we vet the patient during the registration process. This will include the evaluation of participants' readiness for treatment and commitment. We will also provide an explanation of the program's structure, services, and expectations and as we do with normal patient registration we will implement a patient consent and enrollment process. This is a process that is already found in our patient registration process and medical program approval.

IV. Medication-Assisted Treatment (MAT)

Medication-Assisted Treatment (MAT) is a comprehensive approach used to treat individuals who are struggling with opioid use disorder (OUD). It involves combining medications with behavioral therapies and counseling to provide a holistic and effective approach to managing opioid addiction. MAT aims to reduce cravings, alleviate withdrawal symptoms, and support individuals on their path to recovery. **Here's a breakdown of how MAT works:**

1. Medication Component: MAT employs specific medications that are approved by the U.S. Food and Drug Administration (FDA) for treating opioid addiction. These medications work in different ways to help individuals overcome the challenges of addiction. The FMC OTP will be utilizing Naltrexone as a part of our treatment process, so we will only list that medication in this proposal:
- **Naltrexone:** An opioid antagonist that blocks the effects of opioids and reduces cravings. It can be administered as a daily pill or a monthly injection.

2. Behavioral Therapies and Counseling: In addition to medication, our MAT program incorporates counseling and behavioral therapies. These therapies address the psychological aspects of addiction, helping individuals develop coping skills, address triggers, and make behavioral changes that support long-term recovery. Behavioral therapies can be delivered in both individual and group settings.

3. Personalized Treatment Plans: MAT is tailored to the individual's needs, taking into consideration factors such as the severity of addiction, medical history, and treatment preferences. An FMC healthcare provider will work closely with the patient to create a treatment plan that suits their unique circumstances.

4. Reduced Cravings and Withdrawal: The medications used in MAT help stabilize individuals by reducing the intense cravings for opioids and mitigating the discomfort of withdrawal symptoms. This allows individuals to focus on their recovery without constantly seeking the euphoric effects of opioids.

5. Medical Supervision: MAT is conducted under medical supervision to ensure the safe and appropriate use of medications. This supervision helps prevent misuse, overdose, and adverse interactions with other

substances. Dr. Ann Carter is the FMC Medical Director, Kate Hull, our Director of Nursing, Jessica Freytag, our Pharmaceutical Tech working with medical resources and we will have a special designated Mental Health Team that includes a Mental Health Practitioner, nurse and admin dedicated to the FMC OTP.

6. Relapse Prevention: MAT equips individuals with strategies to prevent relapse and cope with triggers that might lead to opioid use. Behavioral therapies teach skills to manage stress, build healthy relationships, and make positive lifestyle changes.

7. Long-Term Approach: MAT can be a long-term treatment option. Some individuals may gradually taper off medication under medical guidance, while others may benefit from ongoing medication support to maintain their recovery. For FMC, this is about increasing community health, decreasing health disparities and creating a better future for our county.

8. Positive Outcomes: Research has shown that MAT can significantly increase treatment retention rates, reduce opioid use, decrease criminal activities related to drug seeking, and lower the risk of fatal overdoses. This helps to create a better future for individuals, families, and our communities.

Overall, Medication-Assisted Treatment offers a comprehensive approach to addressing opioid addiction. By combining medication with behavioral therapies and counseling, MAT helps individuals manage their addiction, improve their quality of life, and work towards sustained recovery and finally defeat the Opioid crisis in our service area, this is FMC's part in trying to join government and community organizations to make this a reality.

V. FMC OTP Education and Prevention

Addressing the opioid epidemic requires a multifaceted approach that includes education and prevention efforts to empower individuals with knowledge and tools to make informed decisions and avoid opioid misuse. Various tools and resources have been developed to raise awareness, provide information, and promote healthier choices. These initiatives focus on diverse audiences, from youth to healthcare professionals, in order to combat opioid misuse at different levels. Key aspects of these FMC education and preventive tools include:

1. Public Awareness Campaigns: FMC campaigns utilize mass media, social media, and community events to disseminate information about the risks of opioid misuse, addiction, and overdose. They emphasize the importance of safe medication practices, proper disposal of unused opioids, and recognizing signs of opioid-related problems.

2. Healthy Back to School and Pediatrics: Educational initiatives in our newly launched back to school programs and pediatric department in schools aim to equip students with the knowledge to resist peer pressure, make informed choices, and understand the dangers of opioids. They incorporate age-appropriate materials and interactive discussions to engage students and encourage open conversations about substance use.

3. Healthcare Provider Training: FMC hosts annual Medical professionals training and we will include key training on responsible opioid prescribing practices, pain management alternatives, and identifying patients at risk of developing opioid use disorder. This ensures that healthcare providers play a role in

preventing opioid misuse while effectively addressing pain management needs, as well as FMC referral processes.

4. FMC Prescription Drug Monitoring Programs (PDMPs): These electronic databases track prescriptions for controlled substances, helping healthcare providers identify patients who might be obtaining opioids from multiple sources or engaging in potential misuse.

5. Naloxone Distribution: Naloxone is a medication that can reverse opioid overdoses. Distribution programs provide access to naloxone kits for individuals at risk of overdose and their loved ones, as well as training on how to administer it.

6. Treatment Resources: FMC will have on-line and printed resources that helps offer connection with treatment resources to individuals and patients.

Collectively, these education and preventive tools and resources contribute to a comprehensive strategy for addressing opioid misuse. By equipping individuals with knowledge, promoting awareness, and fostering open conversations, these initiatives empower communities to work together in preventing opioid-related harm and promoting healthier, substance-free lives.

VI. Monitoring and Evaluation

FMC OTP will regular monitor participants' progress and treatment adherence as a part of the comprehensive treatment and will adjust treatment plans based on evolving needs through a monitoring and evaluation. Outcome assessments to measure the program's effectiveness and impact will be a part of the treatment process, as all of our medical and programs, this OTP will be no different as we work for constant quality control management and improvement plans.

VII. Program Sustainability

The program sustainability really comes down to funding. We know we can secure a medical and admin team to support the program, to streamline the care through our present medical services and implement care through our clinic and mobile unit locations. How will we sustain the program from a funding standpoint?

1. **Securing year 1 funding from Opioid funding provided to counties we serve:** We are proposing that Opioid funding provided down, from the State of TN, to local counties will help launch the FMC OTP. This startup funding will allow us to use indirect funding that we receive from other grants and the State of Tennessee Safety Net Funding to work for year 2 and future years.
2. **TN Safety Net Funding:** The Free Medical Clinic receives, on average, $65 per patient encounter for each we provide. This would be true of the FMC OTP. That means if the counties would fund the first year, we could reallocate the Safety Net Funding for year 2 allowing us to stay a hear ahead of costs and expenses for the program. FMC would also be allowed to claim mental health encounters, which would basically double our funding amounts for this program.
3. **Supporting Grants:** After year 1 funding from distributions from the counties we serve, we will secure supportive funding to help enhance program sustainability. Program funding for Opioids is readily available for programs that have proven results, which FMC will.

This sustainability plan ensures all components of our proposal are sustained beyond the year 1 if we can secure Opioid funding from the counties we serve to launch this vital medical care.

FMC OTP Budget Projects

FMC opioid treatment program will be managed by 1 medical mental health practitioner, 1 Licensed Practical Nurse (LPN), and 1 administrative personnel, plus program costs that include the following:

I. Personnel Costs

- Mental Health Medical Practitioner: Annual Salary: $90,000, subcontracted (Non-benefit position)
- Licensed Practical Nurse (LPN): Annual Salary: $50,000; - Benefits (20% of salary): $10,000
- Administrative Personnel: Annual Salary: $40,000 ($21.37 per hour); benefits (20% of salary): $8,000

Total Personnel Costs: $198,000

II. Medication and Medical Supplies

- Naltrexone: $40,000 (submission of grant through pharm partnership)
- Medical Supplies (e.g., needles, testing kits): $12,000 (grant through other funding option)

Total Medication and Medical Supplies: $50,000

III. Counseling and Therapy

- Therapy Materials and Resources: $5,000

IV. Administrative Expenses

- Office Supplies: $3,000
- IT and Software: $5,000
- Marketing and Outreach: $7,000

Total Administrative Expenses: $15,000

V. Training and Professional Development

- Staff Training and Workshops, professional fees: $6,000

VI. Miscellaneous and Contingency

- Unexpected Expenses (10% of total budget): $34,000

Total OTP Budget: $375,000