Statement of the Problem: This project will support the pilot implementation of a multi-disciplinary overdose response team under Category 1b in Sullivan County, Tennessee. Sullivan County is in Northeast TN, with an estimated population of (156,644) and is also a standalone Judicial District (2nd). It is the ninth largest county in the State. ***OPIOIDS STATEWIDE:*** Between FY2011 and FY2016 there has been a (35%) increase in the rate of admissions per 10K poverty population to Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) funded treatment services for opioids (excluding heroin and methadone) among individuals ages (25-44). Over the same period the rate of admissions among individuals ages (18-24) has decreased by (62%).[i] The total number of prescription opioid related treatment admissions (5,952) in FY2016 has been declining since FY2013, but are still (15%) higher than FY2011 levels.[ii] Rates of opioid (non-heroin or methadone) treatment admissions are lowest in urban areas, while the highest rates per 10K poverty population are found in the eastern half of the state for the period of FY2014-2016.[iii] There has been a (38%) increase in prescription opioid injection users between FY2011-FY2016. The number of opioid (non-heroin or methadone) users who inject rose sharply from FY2012 – 2013, but like prescription opioid use overall, has since leveled off between FY2013-FY2015 and then begun to fall during FY2015-FY2016 to a total of (2,378) individuals.[iv] Opioid and heroin treatment admissions combined have increased as a percentage of total treatment admissions from (39.8% - 5,558 admissions) in CY2011 to (49.5% - 7,632 admissions) in CY2016.[v] This is largely the result of an increase in heroin admissions (+414%) during that time period, while opioid admissions have increased only (+15%).[vi] There were (1,631) drug related overdose deaths in Tennessee in CY2016. (73%) of all drug overdose deaths in TN were opioid-related in 2016. Opioid related deaths, which include both heroin and other opioids, have increased by (70%) from 2012-2016. Overdose

deaths which involve both opioids and benzodiazepine have increased (110%) during that same period.[vii] Opioid overdose death rates in Tennessee are highest in rural areas in East and Middle Tennessee, while heroin overdose deaths are concentrated in urban areas (Shelby, Davidson and Knox County).[viii] Individuals that are using prescription opioids are also committing crimes. Opioid (+28%) and heroin (+797%) related crimes have increased from 2009-2016 based upon the number of people arrested. Drug seizures from 2009-2015 have decreased by (18%) for opioids, but they have increased by (630%) for heroin. Opioid-related crimes are highest in small towns and rural areas, while heroin related crimes are highest in urban areas.[ix] Statewide allegation data from the Department of Children's Services shows a continuing high number of cases reported as a result of drug exposure. During FY2017 (62,054 – 30.2%) of the (202,561) allegations reported to DCS were related to drug exposure. The number of total commitments to state custody during FY2017 was (6,519) at a rate 3.9 per 1,000 population of the same age. While the number of commitments has fluctuated during the 2012-2017 period, this 2017 data represents a reduction in the total number and rate of commitments when compared to 2012 (7,210 – 4.3 rate).[x] According the Tennessee Division of Healthcare Finance and Administration there were 1,197 babies born with Neonatal Abstinence Syndrome (NAS) in CY2015, (178) of which were placed into DCS custody within a year of their birth.[xi] Letters of support from Sullivan County Anti-Drug Coalition Partners: **Law Enforcement** (First Responders) Bristol Police Department, Sullivan County Sheriff's Department, Kingsport Police Department and Bluff City Police Department; **Behavioral Health**, Frontier Health and **Victim Services**, Sullivan County Family Justice Center are attached. ***Strategic Plan*: TN Together** is a statewide multi-faceted strategic plan, comprised of legislation, $30 million (state and federal funds) through Governor Haslam's proposed 2018-19 budget and other executive actions to attack the

state's opioid epidemic through three major components: 1) Prevention, 2) Treatment and 3) Law Enforcement.[xii] **Prevention** strategies include: placing limits on opioid prescriptions; increasing public education; and creating best practice standards around addiction medicine competencies, and pain management. **Treatment** strategies include additional funding for recovery services for individuals without existing means to acquire treatment; expansion of staffing of peer recovery specialists in targeted, high-need emergency departments; supplying naltrexone in the state's recovery courts and through a voluntary county jail treatment pilot project to decrease opioid dependence and the risk of overdose; expansion of residential treatment programs in prisons; improving data sharing to identify hot-spots in the community; and creating recovery compliance courts and infant mental health courts across the state. **Law enforcement** initiatives include increasing state funding to attack the illicit sale and trafficking of opioids through additional law enforcement agents and training; updating the controlled substance schedules to better track, monitor and penalize the use and unlawful distribution of dangerous and addictive drugs including fentanyl analogues. Law enforcement and other first responders in Sullivan County currently work with a **Regional Overdose Prevention Specialist (ROPS)**, which is a position funded by TDMHSAS through the SAMHSA Opioid STR grant. Together they coordinate regional education and intervention strategies. However, this collaboration has not yet progressed to the implementation of a full-scale multi-disciplinary overdose response team where specific individuals and their family and friends are targeted for engagement and continuing follow-up care. ***Services in Place:*** Law Enforcement Naloxone Distribution Project: The Tennessee Department of Finance and Administration – Office of Criminal Justice Programs (SAA) has partnered with TDMHSAS (SSA) and the Tennessee Association of Chiefs of Police to support the distribution of naloxone kits to law enforcement agencies throughout the state. In

November 2017 a $1,000,000 Justice Assistance Program Grant was established between OCJP and TDMSHAS. The purpose of the project is to reduce the number of overdose related deaths through the proportional distribution of the overdose reversing medication throughout the state to law enforcement first responders who frequently come into contact with individuals experiencing an opioid overdose. The naloxone kits are being distributed based upon the results of a statewide naloxone needs assessment survey of police and sheriff's departments, as well as epidemiological data. TDMHSAS staff has developed a list of high-risk counties as well as a centralized process through which the kits can be purchased, distributed, and tracked by Regional Overdose Prevention Specialists (ROPS) who are supported by the Opioid STR grant. To date ROPS have distributed (5,987) units of naloxone to (171) law enforcement agencies across the state. Sullivan County has a ROPS assigned to their substance abuse prevention coalition – the Sullivan County Anti-Drug Coalition. Units of naloxone are being distributed to law enforcement partners in Sullivan County through the OCJP grant. The administration of those units is being tracked through a database housed by the **Tennessee Dangerous Drugs Task Force**, which is part of the **Tennessee Bureau of Investigation**. While the immediate law enforcement response to overdoses is currently being supported financially, there is no Overdose Response Team in place in Sullivan County to conduct the other essential strategies associated with the Naloxone Plus Framework: Rapid Engagement; Rapid Access to Treatment; Screening and Clinical Assessment; Continued Tight Integration; Medication Assisted Treatment; Recovery Support Services; and Naloxone being made available post-overdose to the individual or in their household. This project funding is needed to provide the support for a **Sullivan County Overdose Response Team (SCORT)** coordinator, behavioral health staff, peer support staff and victim services staff to establish an active overdose response team. ***Overdose Data -***

Statewide, Tennessee: The State of Tennessee has seen the number of opioid related drug overdose deaths increase from 2013-2016 from (756) to (1,186) +56.8%. The total number of non-fatal outpatient admissions in the state rose from (12,257) to (13,034) between 2013 and 2015, while the number of non-fatal inpatient admissions fell from (7,302) to (7,092). The total morphine milligram equivalents prescribed in Tennessee has fallen by (-8.1%) since 2013, but this is largely the result of more MMEs being prescribed from Medication Assisted Treatment (MAT) as opposed to pain. ***Sullivan County, Tennessee:*** Sullivan County has seen the number of opioid related drug overdose deaths increase from 2013-2016 from (9) to (36) +300%. There have been (5) heroin related deaths in the past four years. The total number of non-fatal outpatient admissions in the county rose from (330) to (370) between 2013 and 2015, while the number of non-fatal inpatient admissions fell from (220) to (187). The total morphine milligram equivalents prescribed in Sullivan County has risen by (5.7%) since 2013, but this is largely the result of more MMEs being prescribed from Medication Assisted Treatment (MAT) as opposed to pain. Sullivan County law enforcement began receiving and administering grant funded naloxone kits in February 2018 and has administered (5) to date.

Project Design and Implementation: ***Goal 1***: Help overdose victims and their family members in Sullivan County TN access treatment and recovery support services. ***Objective 1a***: Expand law enforcement and victim service partnerships through the creation of a multi-disciplinary overdose response team within the first 4 months of the project start date; ***Objective 2a***: Increase the number of individuals who overdose who receive initial engagement by a multi-disciplinary team member to (42) in year 1 and (62) in year 2. ***Objective 3a***: Increase the number of children and family members affected by an opioid overdose event who are referred to services to (26) in year 1 and (42) in year 2. ***Objective 4a***: Increase the number of individuals who have

experienced a non-fatal overdose event who enroll in treatment from (25%) of all clients who receive initial engagement by the team in year 1, to (35%) in year 2. **Goal 2**: Reduce deaths and repeat incidences of overdose by individuals in Sullivan County TN. ***Objective 1b***: Reduce the average response time for initial engagement by the multi-disciplinary team by (50%) from the end of year 1 to the end of year two. ***Objective 2b***: Improve identification of opioid users who are high-risk, high frequency utilizers of multiple systems, such as jails, emergency room visits; and the child welfare system; ***Objective 3b***: Increase the number of individuals engaged by the Sullivan County Overdose Response Team who are enrolled in appropriate medication assisted treatment within three weeks of initial engagement to (20%) of all clients who receive initial engagement by the SCORT in year 1 to (30%) in year 2. ***Objective 4b***: Increase the average frequency of follow-up contacts with individuals and family members who have been engaged by the SCORT by (30%) from the end of year 1 to the end of year two. ***Objective 5b:*** Reduce the number of overdose deaths by individuals engaged by the SCORT within six months and one year of initial engagement by (20%) at the end of year 1 to the end of year 2.

Table 1: Project Number of Unique Clients to be Served – O=Overdose Victim; V=Victims/Family of Overdose Victim; C=Children; T=Total

Service by Unduplicated # of Clients	Year 1 O/V/C/T	Year 2 O/V/C/T	Total O/V/C/T
Screening and Assessment	42/13/13/68	62/21/21/104	104/34/34/172
Prescription/Medication Management	26/9/0/35	33/12/0/45	59/21/0/80
Outpatient/Individual Counseling	18/10/9/37	21/15/15/51	39/25/24/88
Outpatient/IOP Group Counseling	11/10/0/21	22/13/0/33	33/23/0/54
Medication Assisted Treatment	8/1/0/9	19/1/0/20	27/2/29
Recovery Support Services	30/13/0/43	35/15/0/49	65/18/0/92

This project will support the establishment of a coordinated multi-disciplinary response team in Sullivan County, TN, which will include law enforcement, behavioral health service providers (Criminal Justice Behavioral Health Liaisons), a full-time Project Coordinator, a full-time peer specialist, and a victim advocate (Victim Outreach Specialist). Support services will be secured for child victims and other family members affected by substance abuse through the delivery of

evidence-based parenting classes. Sullivan County Overdose Response Team Policy and Procedure development will be accomplished through a collaborative stakeholder process between the SCORT Coordinator (to be hired), consultants, such as representatives from the Tennessee Alliance for Drug Endangered Children (TADEC), community-based law enforcement, behavioral health, public health, victim services and peer support providers. Many of these relationships already exist through the Sullivan County Anti-Drug Coalition and will be leveraged to support the centralized implementation of the SCORT. The SCORT will likely begin as in an **Outreach** and **Self-Referral** capacity to start with the goal of moving toward implementation of the full **Naloxone Plus framework** with immediate engagement of participants in response to a 911 overdose call. The staffing provided through the grant and the strength of existing working relationships will enable to team to move toward full implementation within one year. Travel funding will be budgeted to team members to visit other functioning sites which have implemented the full naloxone plus model. The **Project Coordinator** will work with both the grant funded evaluator as well as BJA's assigned technical assistance provider in any way necessary. **Performance measurement data** will be tracked in multiple systems including DI3 and the TDMHSAS Electronic Health Records System TNWITS, which includes a module for the Criminal Justice Behavioral Health Liaisons where SCORT staff will be able to enter data that isn't currently captured in DI3 such as the number of referrals to treatment and recovery support services, referrals for MAT and time from referral to placement into MAT or other treatment. ***General Services:*** The grant funded Coordinator, CJL, Peer Specialist, and Victim Advocate will provide support services to both individuals who have overdosed and victims while also providing administrative grant support. These full–time dedicated staff for the SCORT will partner with law enforcement, and other first responder

personnel (predominantly off-shift) who are serving as a flex-team of consultants who will be compensated hourly through grant funding. SCORT teams will deploy with representation from a minimum of (4) staff representing a cross-section of disciplines (law enforcement, EMS/Fire, Behavioral Health – CJL, Peer Support, and Victim Advocate). All staff on the SCORT will be trained in the science of addiction, consent protocols, safety protocols before entering the community to engage in home visits. The team will collectively with ensure that overdose clients are engaged on a regular and continual basis until they enter treatment or until the refuse follow-up engagement by the team. Every effort will be made to connect the client to **Medication Assisted Treatment (MAT)**, the full spectrum of which is available through the primary behavioral health treatment provider partner in Sullivan County – Frontier Health. Clients will also be engaged by the victim advocate, peer support specialist and CJL via face-to face and phone contacts to ensure comprehensive access to treatment and recovery support services. Official follow-up with clients by SCORT staff will be reduced over time as they become more clinically stable and engaged in recovery supports in the community. Confidentiality standards and information sharing protocols will be established and explained to team members, clients, and their family members. Sullivan County has a behavioral health treatment provider (Frontier Health) that offers **Medically Monitored Detoxification Services**.

Victim Services: The Victim Advocate position will be incorporated through grant funding into the Sullivan County Overdose Response Team and will dedicate (100%) of their time to assisting with in-reach into the home with drug endangered children and family members. Their responsibilities will include functioning as a liaison between the various victim and child services providers, making referrals to appropriate services, and providing case management and data tracking for services delivered to victims under the project. The Victim Advocate will also

coordinate with the **Tennessee Alliance for Drug Endangered Children (TADEC)** and the Sullivan County District Attorney's Office through the Sullivan County Family Justice Center. The FJC serves residents of Sullivan County by providing one safe place for victims of family or sexual violence to access all services they need to move toward a life of safety. ***Child Referral for Trauma Services:*** Branch House Family Center (The Family Justice Center of Sullivan County), will employ the SCORT Victim Advocate who will work to assist non-offending family members impacted by drug abuse access counseling, emergency shelter, and other community services. (TADEC) will develop a **specialized training** for responding to an encounter when a child has been affected by an overdose in the home or has been exposed to substance abuse. Technical assistance will be contracted through TADEC with grant funding to assist in the development of educational materials, response protocols, data sharing rules which will be incorporated into the Sullivan County Overdose Response Team by the Victim Outreach Specialist and the SCORT Coordinator. Team members will regularly consult with staff from the Tennessee Alliance for Drug Endangered Children, which is a statewide organization dedicated to educating and bringing awareness to all citizens of Tennessee on what can be done collectively to protect the children affected by drug environments. ***Evidence-Based Parenting Classes***: To support the implementation of parenting classes with SCORT clients and their family members. Sullivan County will partner with TDMHSAS will sponsor an end user trainings on the **Celebrating Families![xiii] Curriculum** which is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse. The CF! program uses a cognitive behavioral theory (CBT) model to achieve three primary goals: 1) Break the cycle of substance abuse and dependency within families, 2) decrease

substance use and reduce substance use relapse, and 3) facilitate successful family reunification. A CJL and Peer Specialist will partner to will deliver CF! to parents and children in weekly sessions over a 16-week period which emphasize healthy lifestyle choices and practicing parenting skills. CF! will be incorporated into the treatment plans of parents who's substance use or co-occurring mental health disorder has been clinically stabilized, and are ready to progress to family reunification efforts (when applicable). ***Priority Considerations:*** During CY2014 and CY2015 the rates of drug **overdose deaths involving opioids increased at a higher rate in TN than in the United States as a whole**. Sullivan County had the 6th highest number of total drug overdose deaths in the state in 2016. All data on overdose response incidents by the SCORT will initially be submitted into the statewide tracking system that is already in place through the Tennessee Dangerous Drugs Task Force (DI3). The SCORT Coordinator will be responsible for exporting and uploading all relevant data into the ***Overdose Detection Mapping Application Program (ODMAP) data collection tool.*** A data sharing agreement will be negotiated between the Tennessee Bureau of Investigation's Dangerous Drugs Task Force and the developers of the ODMAP application to ensure that any data extracted from DI3 and imported into ODMAP is acceptable to the TBI. A SCORT **project evaluator** will be hired to provide action research and technical assistance services to the SCORT including identification and utilization of all available data sources related to overdoses in Sullivan County, identification of obstacles to data sharing such as those between law enforcement and other first responder agencies, identification of priority outreach strategies in collaboration with the SCORT Coordinator, and evaluation of process and outcomes of the team and its clients. The lead agency in charge of implementation of the overdose response team in Sullivan County will be the **Sullivan County Anti-Drug Coalition**, which is the anti-drug coalition for the area.

Through a SAMHSA funded grant (Opioid STR), the State Department of Mental Health and Substance Abuse Services has been funding ***Regional Opioid Prevention Specialists (ROPS)*** which are located throughout the state of Tennessee as a point of contact for **training and education** and for the distribution of naloxone. The ROPS have varied backgrounds, including peer nurses' that are in recovery, paramedics, and peer specialists. They work in conjunction with the community anti-drug coalitions and in counties without coalitions. The ROPS provide trainings to medical professionals, law enforcement, pharmacists, treatment providers, key stakeholders, and other audiences on topics such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorder, referrals to treatment programs, chronic pain management without opioids, signs and symptoms of overdose, and preventing overdose. Sullivan County Coalition is the regional coordinator of the Overdose Prevention Program tasked with: 1) Raising Awareness about the Opioid Addiction and Overdose Epidemic through Education and Training; 2) Dispensing Overdose Prevention Safety Tool-kits with treatment & Prevention resources; and 3) Serving as an informational resource. The Sullivan County Coalition will collaborate with the following additional partners for this project: ***Law Enforcement***: Bristol Police Department, Sullivan County Sheriff's Office, Kingsport Police Department and Bluff City Police Department will provide direct assistance to the individual who has overdosed. Officers will utilize discretion to offer treatment in lieu of arrest. The will also work with their Narcotics division to reduce trafficking. Off-shift officers will participate as flex-team consultants for the SCORT. ***Sullivan County Fire Department*** staff will provide direct assistance to the individual who has overdosed. ***Frontier Health (licensed behavioral health providers)*** will hire the Criminal Justice Behavioral Health Liaison (CJL) and the Certified Peer Recovery Support Specialist (CPRS) to staff the SCORT. They will also

provide inpatient behavior health services to include detox, MAT and treatment to the individual who has overdosed as well as provide outpatient services to include counseling and support groups once patient is in recovery. The ***Lifeline Program*** will provide peer support services to individuals seeking treatment and assist with locating facilities to provide the individual with rapid placement. A new Enhanced Lifeline project will become available in Sullivan and other surrounding counties in the summer of 2018 which will focus on connecting individuals who have experienced a non-fatal overdose to treatment services by responding in person at local emergency departments. While the Enhanced Lifeline program will complement and coordinate when appropriate with the SCORT project, the Lifeline peer support staff associated with the SCORT will be new personnel dedicated specifically to the SCORT and its response to overdoses in the field rather than at the ER. The SCORT Lifeliner position will also assist with identifying transportation to the inpatient facility if needed. Flex funding for services will be incorporated into the grant project budget to obtain immediate transportation for clients in need of long distance travel to treatment in another program in the State. The ***Sullivan County Family Justice Center*** will partner to provide counseling, shelter and other community services to secondary victims of the overdose incident to include children and other family members in the household. The Tennessee Bureau of Investigation supports the Tennessee Drug Investigation database (DI3), which is the **central statewide database** and repository on drug intelligence and information and is used by law enforcement as an investigative tool to share information and intelligence. DI3 has Geographic Information System (GIS) capabilities and plots incidents, suspects, associates, significant locations such as pharmacies, hospitals and quarantined locations and places them within boundaries identified by the user. The DI3 also serves as the statewide clearinghouse for all meth lab seizures, meth offenders, and

precursor/chemical monitoring and is used to receive, analyze, and disseminate information regarding doctor shopping and prescription fraud. The DI3 is also available to the public and anti-drug coalitions across the state through a non-law enforcement portal.[xiv] The Coordinator for the Sullivan County SCORT will be responsible to collecting and reporting overdose response data including incidences of naloxone administration into the DI3. This data will then be exported and submitted into the **Overdose Detection Mapping Application Program (ODMAP)** data collection tool. TDMHSAS staff will visit multiple sites that are operating multi-disciplinary teams such as the Quick Response Team in Colerain Township, Ohio during the summer of 2018 to discuss operating practices including methods for maintaining HIPPA compliance while engaging with individuals. A template for SCORT, HIPPA compliant data sharing protocols and forms will be delivered to the Sullivan County group within two months of the project start date. Consent forms for the SCORT will be created and approved within three months of the project start date.

Capabilities and Competencies: ***Sullivan County Overdose Response Team (SCORT)***

SCORT consultant team members will provide direct response to individuals and families who have experienced a non-fatal overdosed within 24-48 hours. The SCORT rapid response team identifies and engages the individual affected by a non-fatal overdose incident until the individual enters treatment. The SCORT provides assessments and victim services to stabilize the individual and family. The SCORT also provide follow up and comprehensive wrap-around support for the individual, their children and family members. SCORT Consultants include a team of law enforcement, behavior health, and community services professionals. Clients will be engaged by at least one SCORT team member **daily via face-to face or phone contact until they enter treatment,** unless a client refuses contact. The ***Program Coordinator*** **(1.0 FTE)**

responsibilities include 1) provide project oversight to ensure that the individual who has overdosed received rapid response and treatment and the other family members in the household receive services needed; 2) coordinate with all community stakeholders and Coalition partners to ensure timely response to an overdose incident; 3) review client files to ensure that proper follow up and referrals are conducted; 4) conducts routine SCORT Partnership meetings to review files and determine if additional services/ supports are needed to reduce family relapse and improve individual and family success; 5) increases awareness of the program to the faith-based community and neighborhood associations; 6) coordinates with Regional Overdose Prevention Specialists to provide Naloxone training and free Naloxone as requested and available; 7) ensures that Naloxone is readily available; 8) provides documentation needed by the State Program office. The Coordinator will be supervised by Sullivan County Anti-Drug Coalition Director. ***First Responders*** (Law Enforcement Consultants) are members of the SCORT Rapid Response Team and ensures that SCORT responds to an overdose incident within 24-48 hours. Provides direct rapid response services. Law Enforcement utilizes community policing strategies to build trust with the individual and to ensure individual, family and community safety and wellbeing. They will work closely with County and City Narcotics Detectives to reduce drug trafficking. They will collaborate with district attorney's office to offer diversion to treatment in lieu of jail time and they will work alongside the CJL to ensure that the individual receives rapid access and transportation to treatment / behavior health service providers. ***Criminal Justice Behavioral Health Liaison (1.0 FTE):*** TDMHSAS funded Criminal Justice Behavior Health Liaisons (CJLs) assist individuals who are in the legal system as a result of their mental health symptoms and/or substance use and promote diversion from jail to meaningful support services and resources in the community. As a member of the SCORT Rapid Response Team that provide

rapid response and direct support to victims after an overdose within 24-48 hours a designated CJL will provide (50%) of time with the individual and (50%) of time helping victims such as children or other family members in the home. The CJL assesses the family dynamics and works with the individual and family to identify immediate services and supports needed to access immediate treatment for the individual and services for the victim. The CJL provides screening and clinical assessment on at the residence. The CJL assists the individual and family in accessing detox and treatment within 24-48 hours after the non-fatal overdose by collaborating with Lifeline Peer Support staff and other direct service providers. The CJL will provide additional services/ referrals needed to immediately stabilize individual and family which include (but not limited to) the following: assisting with medical insurance application, referrals to treatment, referrals to the family justice center, referrals to the children's services, referrals for housing, etc. Provides lay person training on overdose reversal and distributes Naloxone to family members. ***Victim Advocate (1.0 FTE)*** provides victim support services and grant support. Coordinates with rapid response team and follows up with the family to ensure that individual and family are receiving services. Identifies additional supports needed for individual victim, children and family. The Victim Advocate will work with community stake holders (EMS, Fire Department, Behavioral Health Service Providers, Drug Court, DA's office, law enforcement and other youth and family services) to identify a continuum of care that supports child and family stabilization. Identifies programs and services that will provide comprehensive, wraparound support services to reduce incidents of relapse and fatal overdose as well as reduce adverse childhood experiences (ACE's) for children in the household. While the individual is receiving inpatient treatment, the Victim Advocate will assist the children and family with setting goals to build family resiliency, and assist the family in accessing services that prepare

the family unit for reunification and recovery. The Victim Advocate provides referrals to additional support services as needed to include (but not limited to) recovery groups, faith based coalitions, stable housing, employment placement, etc. The Victim Advocate will provide services as needed, for six to nine months to an individual and their family post-overdose response. ***Certified Peer Recovery Support Specialist (Life Line Program) (1.0 FTE)*** provides client engagement for the individual who has overdosed, as well as certified peer support and access to treatment. They provide follow-up to ensure that the individual and family members are connected recovery support services. ***SCORT Evaluator (0.5 FTE Consultant Services)*** develops and implements a comprehensive evaluation plan that analyzes overdose data, access to treatment and relapse data in relation SCORT approach to reducing overdose fatalities and submits quarterly updates to Program Coordinator and Agency Director. **(MPA)** will serve as the project evaluator for the SCORT program under this award. is an independent evaluation consultant based in . She brings extensive evaluation experience to this project having conducted or participated in evaluations of various components of the criminal justice system. She is skilled in the design and implementation of policy studies as well as the conducting of statistical analyses of large data sets using various software tools. She has experience evaluating grant funded pre-arrest diversion programs as well as adult drug court program across the state. She has previous action research experience related to jail diversion programs, pre-trial intervention programs, police department staffing standards, and adult drug courts. In her work with the TDMHSAS and later as an independent consultant, she has created and analyzed surveys for mental health and substance abuse programs, written policy briefs to document the results of statistical studies, applied statistical techniques to test hypothesis, performed descriptive, predictive and inferential statistical analysis using various

statistical software packages and techniques, defined study parameters, developed data collection methods using statistically valid data collection method, conducted research and reviewed data for mental health and substance abuse programs to inform policymaking, utilized data analysis and visualization techniques to produce clear and concise evaluation reports, created biannual written reports documenting achieved milestones and program outcomes, reviewed evaluation progress at monthly team meetings, and conducted a comprehensive data analysis on multiple grants pertaining to drug court programs and early diversion. Letters of support, position descriptions and a project timeline are attached. Sullivan County has willing partners who are eager to collaborate as soon as resources are available. The only significant **barriers** anticipated are related to the SCORTs ability to identify the most effective method of engagement for clients and families through trial and error. The SCORT will have to work to manage expectations around the effectiveness of treatment services in the short terms as well as educate community members about harm reduction strategies and the chronic nature of addiction.

Plan for Collecting the Data Required for this Solicitation's Performance Measures:

Performance measurement data will be tracked in multiple systems including DI3 and the TDMHSAS Electronic Health Records System TNWITS, which includes a module for the Criminal Justice Behavioral Health Liaisons where SCORT staff will be able to enter data that isn't currently captured in DI3 such as the number of referrals to treatment and recovery support services, referrals for MAT and time from referral to placement into MAT or other treatment. DI3 will continue to be used for tracking **future cases of naloxone administration**. Tennessee uses the TN-WITS web-based system which is a certified EHR to collect data including assessment, military status, arrests, incarcerations, co-occurring disorders, levels of care, discharge information, and other relevant data. DSAS is able to pull data out of the TNWITS

system on a daily basis, through a reporting function that allows for development of customized reports. The SCORT CJL will enter all project data and the SCORT Coordinator will be responsible for reviewing all project data submitted into TNWITS and DI3 before it is entered into the PMT system. The state level administration and oversight of this project will be transferred from the OJCP (SAA) to TDMHSAS (SSA) due to resource limitations and the availability of the TNWITS system at TDMHSAS. The Project Director at the State level will be [redacted] Director of Criminal Justice Services will bear ultimate responsibility for tracking all measureable objectives as well as all required performance measurement data. Project funds are also allocated for travel of two SCORT staff to attend one three-day face-to-face meeting in each year of the grant.

Table 2: Performance Measures: *PD-Project Director; GE-Grant Evaluator; HCC-Sullivan Co Coordinator

Outcome	Data Source	Person Responsible	Frequency
Goal 1: Help overdose victims and their family members in Sullivan County TN access treatment and recovery support services.			
Objective 1a: Expand law enforcement and victim service partnerships through the creation of a multi-disciplinary overdose response team within the first 4 months of the project start date	DI3 TNWITS	PD & SCC	Quarterly
Objective 2a: Increase the number of individuals who overdose who receive initial engagement by a multi-disciplinary team member to (42) in year 1 and (62) in year 2	DI3 TNWITS	PD & SCC	Quarterly
Objective 3a: Increase the number of children and family members affected by an opioid overdose event who are referred to services to (26) in year 1 and (42) in year 2	DI3 TNWITS	PD & SCC	Quarterly
Objective 4a: Increase the number of individuals who have experienced a non-fatal overdose event who enroll in treatment from (25%) of all clients who receive initial engagement by the team in year 1, to (35%) in year 2	DI3 TNWITS	PD & SCC	Quarterly
Goal 2: Reduce deaths and repeat incidences of overdose by individuals in Sullivan County TN			
Objective 1b: Reduce the average response time for initial engagement by the multi-disciplinary team by (50%) from the end of year 1 to the end of year two	DI3 TNWITS	PD & SCC	Quarterly
Objective 2b: Improve identification of opioid users who are high-risk, high frequency utilizers of multiple systems, such as jails, emergency room visits; and the child welfare system	DI3 TNWITS	PD & SCC	Quarterly
Objective 3b: Increase the number of individuals engaged by the Police and Community Overdose Response Team who are enrolled in appropriate medication assisted treatment within three weeks of initial engagement to (20%) of all clients who receive initial engagement by the SCORT in year 1 to (30%) in year 2	DI3 TNWITS	PD & SCC	Quarterly
Objective 4b: Increase the average frequency of follow-up contacts with	DI3	PD & SCC	Quarterly

individuals and family members who have been engaged by the SCORT by (30%) from the end of year 1 to the end of year two.	TNWITS		
Objective 5b: Reduce the number of overdose deaths by individuals engaged by the SCORT within six months and one year of initial engagement by (20%) at the end of year 1 to the end of year 2.	DI3 TNWITS	PD & HCC	Quarterly

Impact/Outcomes, Evaluation, and Sustainment: Upon notification of an award, the evaluator will begin facilitating planning meetings with the SCORT team and TTA provider to develop a consensus around the Action Plan for the project. A review of program data will be undertaken by the evaluator as a part of the development of an Action Plan. The aim of this data review will be to establish, among other things: 1) a priority population and protocol for assessing justice involved individuals affected by opioid use disorder, 2) a program outcomes dashboard to be created by month eight of implementation and updated on a monthly basis thereafter throughout the project, and 3) a process for obtaining project outcome data though in-program and post-discharge assessment as well as other available data sources. The evaluation is intended to meet the objectives of; verifying the extent to which enhanced assessment, treatment and recovery services are implemented as proposed. The evaluation will collect detailed process and fidelity measures to assess implementation, and the general evaluation design includes both outcome and process objectives, with the ultimate goal of ensuring fidelity and satisfactory outcomes. A **process evaluation** of SCORT services will be undertaken to include descriptions of the treatment and recovery services enhancements and consumers will be developed using key informant interviews, focus groups, program observation, records abstraction, and program document review. Qualitative techniques will also be used to assess programmatic, quality of life, and recovery issues. Key informant interviews will be conducted by interviewers with administrators, staff, and service agencies focusing on the participant characteristics, service delivery assumptions, job satisfaction, and program quality. Client interviews will examine participant attributes, program quality, service gaps and use of support services. SCORT clients

and staff will sign a consent form to engage in project evaluation if they are willing to participate. A process map for the program will be developed jointly between the evaluator and the implementation team. An evaluation meeting summary will be produced after each meeting summarizing the: 1) items discussed, 2) current implementation/evaluation challenges, and 3) action steps for remediating those challenges with a person/s responsible for implementation those action steps assigned. The evaluator will be responsible for reviewing the Action Plan every six months and making written recommendations for modification to the implementation team and BJAs selected TTA provider. The results of the semi-annual evaluation report will be presented to the implementation team. A final report will be developed and submitted at the end of the project to BJA and the selected TTA provider with an assessment of the results of the project and recommendations for future implementation strategies. A year three sustainability plan will be developed after first year of project implementation to ensure continuity of services for each court beyond the life of the project by the Project Director, Project Evaluator and SCORT Team Members. Many of the services that are being proposed for expansion under this project, such as those provided by the Family Justice Center, may be sustainable through other funding sources such as VOCA. The Office of Criminal Justice Programs (OCJP) is the SAA for TN and has responsibility for administration of all VOCA formula funding in the State. Staff from OCJP will be incorporated into the sustainability planning meetings with the rest of the implementation team. The Project Coordinator will be responsible for collaborating with the Sullivan County Anti-Drug Coalition to identify potential sources of fundraising to support continued operations of the SCORT. Caseload sizes for the SCORT will be analyzed to determine whether operations can be sustained at a reduced level at the end of the two year project or whether funding enhancements are necessary.

[i] Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016 Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance. Up to three substances can be listed for each treatment admission and all three substances were included; (2) Opioid admissions exclude heroin and methadone.

[ii] Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016 Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance. Up to three substances can be listed for each treatment admission and all three substances were included; (2) Opioid treatment admissions exclude heroin and methadone.

[iii] Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016 Notes: TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance. Up to three substances can be listed for each treatment admission and all three substances were included; (1) Urban = most populated counties; (2) Suburban = centered on an urban cluster with a population >50,000; (3) small town = centered on an urban cluster with a population 10,000 - 50,000; (4) not part of an urban cluster. (5) Opioid treatment admissions exclude heroin and methadone.

[iv] Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016 Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living below the 133% poverty line and have no insurance for which services were billed. Up to three substances can be listed for each treatment admission and all three substances were included; (2) Opioid treatment admissions exclude heroin and methadone.

[v] Tennessee Department of Mental Health and Substance Abuse Services WITS FY2011-FY2016

[vi] Tennessee Department of Mental Health and Substance Abuse Services WITS, FY 2011-FY 2016
Notes: (1) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents age 12 and older, below the 133% poverty line and have no insurance for which there was a bill. Up to three substances can be listed for each treatment admission. (2) opioid treatment admissions include any mention of opioids or methadone; (3) Heroin admissions include any mention of heroin.

[vii] Tennessee Department of Health 2012-2015 (Overdose Deaths)

[viii] Tennessee Department of Health 2013-2015 (Drug Overdose Deaths per 10K population)

[ix] Tennessee Bureau of Investigation (TBI) CJIS Support Center, 2009-2016, Lab data 2009-2015.
Notes: (1) Includes expunged records. (2) Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests with the exception of cocaine and crack-cocaine arrests. Arrestees were only counted once if more than one type of narcotic was present.

[x] Tennessee KidsCount Data Center: Commitment to State Custody Reports: Definitions: Number of young people (dependent and delinquent) under the age of 20 who are committed to state custody during a given state fiscal year (July - June). Rate is per 1,000 population of the same age. Data Source: Counts data provided by the Tennessee Department of Children's Services. Population data were from the Office of Health Statistics, Division of Policy, Planning and Assessment, Tennessee Department of Health. The Kids Count division of the Tennessee Commission on Children and Youth organized the data and calculated rates.

[xi] Data source: Division of Health Care Finance and Administration, Bureau of TennCare. Available at: http://www.tn.gov/tenncare/topic/tenncare-neonatal-abstinence-syndrome-data. Last accessed 07/03/2017.

[xii] https://www.tn.gov/governor/2018-legislative-priorities/tn-together.html

[xiii] Substance Abuse and Mental Health Services Administration, National Registry of Evidence Based Programs and Practices (NREPP) program summary

[xiv] Tennessee Bureau of Investigation Annual Report FY2016/2017