



Williamson County Opioid Settlement

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Prepared By:



Office of Prevention
Science and Recovery

Request for Proposals



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Funding Opportunity Description

In 2022 Williamson County had 46 fatal overdoses, which is a 53% increase in overdoses since 2020. To attend to community needs such as this, the Tennessee Opioid Abatement Council has distributed relief funding to all 95 counties in Tennessee provided from national opioid lawsuit settlements. Williamson County has also received funds directly from the settlements.

The Williamson County Opioid Task Force has chosen to disseminate these funds directly into the community to repair damages caused by the opioid crisis. **Funding is available for the abatement and remediation of opioid use and misuse benefitting Williamson County residents.**

Funding will be used to positively impact the community within the Tennessee Opioid Abatement Council's six main strategy areas:

Tennessee Opioid Abatement Council 6 Main Strategy Areas

1. Primary Prevention
2. Harm Reduction
3. Treatment
4. Recovery Support
5. Education and Training
6. Research and Evaluation

Proposals will be received for this funding opportunity annually in September, pending continued annual payout funding from national opioid lawsuit settlements. The Williamson County Opioid Task Force reserves the authority to award or deny funding to community organizations based on their application review outlined in this Request For Proposals document. **Awards are subject to the approval of the Williamson County Board of Commissioners.**

This Request For Proposals document overviews all eligibility requirements for organizations requesting funding, outlines the application and submission process for organizations, and clearly identifies how proposals will be scored to inform funding decisions made by the Williamson County Opioid Task Force.

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Funding Opportunity Description continued...

Applications will be received and reviewed from the following entities:

- For-profit entities,
- Nonprofit entities (detailed below)
- Governmental agencies.

According to Tennessee State Law, T.C.A. 5-9-109, Williamson County may appropriate funds for the financial aid of any nonprofit charitable organization, any chamber of commerce exempt from IRS Code 501(c)(6), or any nonprofit civic organization, all subject to certain guidelines and subject to County Commission approval.

A non-profit charitable organization is defined as one in which no part of the net earnings benefit from any private shareholder or individual and which provides service benefitting the general welfare of the residents of the county.

Organizations described in section 501(c)(3) are commonly referred to as charitable organizations. Organizations described in section 501(c)(3), other than testing for public safety organizations, are eligible to receive tax-deductible contributions in accordance with Code section 170. The organization must not be organized or operated for the benefit of private interests, and no part of a section 501(c)(3) organization's net earnings may inure to the benefit of any private shareholder or individual.

Importantly, this statute imposes some requirements for such appropriations, which include the organization filing a report "of its business affairs and transactions". The report must contain an annual audit, description of the program that serves the residents of the county, and the proposed use of the county assistance.

Any suspected fraud in connection with a Williamson County Opioid Settlement Application should be reported to the County for immediate review. The County reserves the right to decline funding or participation if it is determined that fraud has occurred. You can also report fraud directly to the Tennessee Comptroller of the Treasury on their website.



Award Information

Eligible agencies are permitted to submit one application per year to receive a 12-month grant award, with a project period beginning January 1st. Awardees are eligible to re-apply for funding after successful completion of their grant term.

The maximum funding request per agency will be determined by the Williamson County Opioid Task Force upon the nature of the request and available funding. Awards are subject to the approval of the Williamson County Board of Commissioners.

If awarded, funding will be reimbursement based on a monthly schedule with supporting documentation required for proper invoicing. Up front disbursements will be allowed on a case-by-case basis through the Williamson County Contracts Office. Williamson County allows for electronic fund transfers to accommodate timely payments.

Awards will be announced in November by the Williamson County Opioid Task Force. To be considered for funding during the annual review of applications, applicants must submit their entire application by **August 17th**. The Task Force will review scored applications following the August 17th deadline at their meeting in September.

*Williamson County reserves the right to reject any or all applications, or to waive any formality or technicality in any application in the interest of Williamson County. Williamson County reserves the right to revise or withdraw the terms of this Request for Proposals at any time without notice by updating this document and denoting the date of the most recent update on the first page of this Request for Proposals. By applying to this grant, applicants agree to such revisions and agree to periodically visit the Williamson County Opioid Task Force website for the most up-to-date version of this Request for Proposals.

Additional proposals from the same applicant within the same grant period are not encouraged and will be addressed on a case-by-case basis, in the complete discretion of Williamson County.

Activity Requirements

Proposed activities in the funding request must be permitted from the Tennessee Opioid Abatement Council's Approved Remediation List of activities. See **Appendix G** to reference the approved remediation list. Each recipient will be required to identify which of the Tennessee Opioid Abatement Council main strategies their funding request is targeting: Primary Prevention, Harm Reduction, Treatment, Recovery Support, Education and Training, and Research and Evaluation.

Reporting Requirements

If funded, the recipient agency will be required to collect and report information quarterly relating to the impact the program has on the target population. The information collected from the agency will be collated into a report for the Tennessee Opioid Abatement Council to establish efficacy of the funding and to measure the impact of the funds within the community to reduce opioid use and misuse.

Submission Requirements

Proposals must be submitted through the online submission portal by 11:59 pm (CST) of August 17, 2026. Applicants will receive an automated email confirming their successful submission. The portal will close to new submissions at midnight.

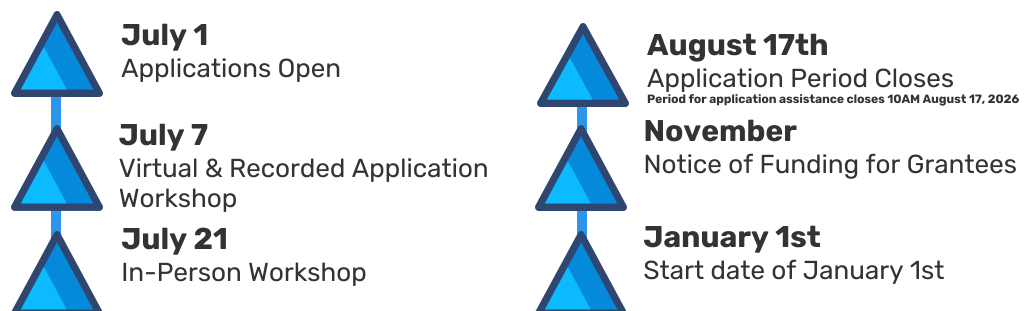
For questions regarding the grant application, please refer to the FAQ section of the MTSU Office of Prevention Science and Recovery website (mtsu.edu/chhs/opsr).

Outstanding questions about the grant application can be answered at the public grant workshops offered by the MTSU OPSR team. Limited pre-submission technical assistance is available until 10AM on August 17, 2026.

Proposals will be voted on by Board members during the Williamson Opioid Taskforce Meeting in September.

See Appendix A for a checklist to ensure all sections of the proposal are complete.

Timeline



**DEADLINE TO RECEIVE
APPLICATION FOR
REVIEW**

**August 17,
2026**



Application & Submission

PROPOSAL REQUIREMENTS

Project Summary

This section overviews the applicant's proposal and identifies a target population, outlines goals and objectives, selects a main strategy, anticipates number of people served, provides a cost statement, and more. Applicants must also include the identification of an assigned agency contact for overseeing and reporting on grant progress.

Project Narrative

The narrative of the proposal focuses on describing the population served, identifying the need that you will address, outlining the goals and objectives used to measure success, identifying evidence-based practices for implementation, planning for metrics to measure progress and success, and explaining your organization's capacity to achieve your goals. Each section has character limits (which include "spaces" in the count).

SECTION HEADERS	SECTION DETAILS
Need Statement & Target Population	Define the specific community that will be served and why they will specifically benefit. Include information and data that clearly support the need and justification for the evidence-based services or program.
Identification of Activities	Identify and describe the selected main strategy and allowable activities that will be utilized for this funding request. Refer to Appendix G for the list of main strategies and allowable activities. For each allowable activity in your proposal, identify the activity's section number. For example, the activity section number for "Expand Naloxone training for first responders, schools, community support groups and families" is "A1".

Continue to next page ...

Application & Submission Requirements

SECTION HEADERS	SECTION DETAILS
Goals and Objectives	Provide an explanation of the proposal's goals and objectives. Include measurable outcomes and outputs with specific timeframes for completion of goals. For objectives, include specific steps that will be completed to achieve your goal. Use S.M.A.R.T goals to draft measurable and time-sensitive goals in the narrative. Refer to Appendix D for guidance on exemplary S.M.A.R.T. goals.
Program Design	Outline the evidence-based or evidence-informed practices that will be used to achieve your goals. Include a summary of your timeframe for completion and the steps necessary for successful implementation. Identify possible challenges that will be addressed to ensure successful implementation. State how quickly you can begin implementation if selected for funding. Refer to Appendix E for guidance on common evidence-based practices.
Evaluation Plan	Explain how progress and success will be measured, including what data will be collected as part of the evaluation process. Both qualitative and quantitative outputs and outcomes can be included as data. Reference Appendix F for detailed information on examples for data reporting metrics in each main strategy.
Organizational Capacity	Detail the applicant's capacity to effectively implement the outlined activities. Reference prior experience, prior program successes, current institutional capabilities & community partnerships that will support successful implementation if funded. Attaching letters of support is encouraged.
Sustainability	Due to the limited nature of funding in the future with decreasing availability over time, the Taskforce wants to encourage agencies to outline how they will work to make their program sustainable without continued reliance on abatement funding.

Project Budget

Include a detailed budget breakdown with a description of line items, any in-kind support from the agency, and budget justification for each line item requested. Indirect cost recovery is not allowable for this funding opportunity. See **Appendix B** for the required budget template for submission.



Application & Submission continued...

PROPOSAL REQUIREMENTS

Required Attachments

NON-PROFIT ORGANIZATION	GOVERNMENT ORGANIZATION
Copy of Annual Audit	Copy of Annual Audit
Budgeted Revenues & Expenses for the Current Year	Budgeted Revenues & Expenses for the Current Year
Budgeted Revenues & Expenses for the Prior Year	Budgeted Revenues & Expenses for the Prior Year
Actual Revenue and Expenses for the Prior Year	Actual Revenue & Expenses for the Prior Year
Salary Schedule (if proposing grant funding for salary position)	Salary Schedule (if proposing grant funding for salary position)
Letters of Support (if applicable)	Letters of Support (if applicable)
501 (c)(3) Determination Letter (if applicable)	
FOR-PROFIT ORGANIZATION	
Fee Schedule of "at-cost" services being requested	* Must also include all attachments required for non-profit applicants as well

For-Profit applicants will be required to submit all documents that are required for Non-Profit applicants, PLUS the inclusion of a fee schedule for services provided through this request. **Abatement funds will only cover "at-cost" expenses for services rendered.**



Application Review

WILLIAMSON COUNTY OPIOID TASK FORCE EVALUATION PROCESS

The Williamson County Opioid Task Force will review all applicants following the August 17th application deadline at their Task Force meeting in October.

Each application will be scored on a 100 point rubric by members of the task force, alongside the MTSU Office of Prevention Science and Recovery, and will be assigned a score to their proposal. Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner.

The Williamson County Opioid Task Force will use these scores to inform their funding decisions. The Task Force retains the power to award partial funding as they deem necessary. All rankings and scores will be available for feedback to all applicants regardless of the Task Force's funding decision. **Awards are subject to the approval of the Williamson County Board of Commissioners.**

The chart on the following page illustrates the breakdown of eligible points that can be awarded per application section. This chart can also be used to organize your proposal into the requisite order to ensure that all components have been addressed.

For a full scoring rubric used for all proposals, see **Appendix C.**

Continue to next page ...



Application Review continued...

EVALUATION CRITERIA

Proposal Section	Maximum Points Available
Project Summary	5
Project Narrative	
• <i>Need Statement & Target Population</i>	10
• <i>Identification of Activities</i>	5
• <i>Goals and Objectives</i>	10
• <i>Program Design</i>	15
• <i>Evaluation Plan</i>	5
• <i>Organizational Capacity</i>	10
• <i>Sustainability</i>	5
Project Budget	
• <i>Budget Detail on Excel Template</i>	10
• <i>Budget Justification</i>	20
Required Attachments	5
Total	100



Application Review

Williamson OPIOID Taskforce EVALUATION PROCESS

The application review process is a 2-stage process to examine the application components identified in this Request for Proposals.

The MTSU Office of Prevention Science and Recovery will receive all applications on behalf of the Taskforce, will ensure that all required components are included, and provide ranking recommendations based on the evaluation criteria outlined below.

The Taskforce will consider recommendations from the review committee and make their final funding decisions. If the Williamson Opioid Taskforce votes to award an application, that application then must also be approved by the Williamson County Commission's Budget Committee. This may delay the timing in which an organization receives grant funding by up to a month.

All rankings and scorings will be available for feedback to all applicants regardless of the Board's funding decision. The Board intends to prioritize funding requests for new projects and programs over continuation requests.

EVALUATION CRITERIA

There are a maximum of 100 points available during the review process. Proposals will be reviewed and scored by a committee from the MTSU Office of Prevention Science and Recovery.

Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner. Proposals for new programs and projects will be prioritized during funding decisions.

For a full scoring rubric used for all proposals, see **Appendix C**.



Appendix

- A** APPLICATION CHECKLIST
- B** BUDGET TEMPLATE
- C** PROPOSAL SCORING RUBRIC
- D** S.M.A.R.T. GOAL DEVELOPMENT GUIDANCE
- E** EVIDENCE-BASED STRATEGIES GUIDANCE
- F** EVALUATION METRICS GUIDANCE
- G** TENNESSEE'S OPIOID ABATEMENT & REMEDIATION USES



Appendix A

Application Checklist

Proposal Section	Maximum Points Available
Project Summary	5
Project Narrative	
• <i>Need Statement & Target Population</i>	10
• <i>Identification of Activities</i>	5
• <i>Goals and Objectives</i>	10
• <i>Program Design</i>	15
• <i>Evaluation Plan</i>	5
• <i>Organizational Capacity</i>	10
• <i>Sustainability</i>	5
Project Budget	
• <i>Budget Detail on Excel Template</i>	10
• <i>Budget Justification</i>	20
Required Attachments	5
Total	100

Appendix B: Budget Template

	Budgeted Cost	Budget Item Justification	Cited Allowable Expense <i>See Appendix H (example: A1)</i>	Explanation of Budget Section
a. Salaries				Enter compensation, fees, salaries, and wages paid to grant employees.
<i>Project Director:</i> Name, % FTE spent on the grant, base salary * FTE %.				
Subtotal	\$ -			
b. Benefits & Taxes				Enter (a) the organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the organization's portion of payroll taxes such as social security and medicare taxes and unemployment and workers' compensation insurance for grant funded employees.
<i>Project Director:</i> Name, Full fringe rate, or just FICA (7.65%)				
Subtotal	\$ -			
c. Professional Fees				Enter any fees associated with contracting for professional services associated with grant implementation.
Subtotal	\$ -			
d. Supplies				Enter the organization's expenses for grant focused office supplies.
Subtotal	\$ -			
e. Telephone				Enter the organization's expenses for telephone, cellular phones, telephone equipment maintenance, and other related grant related expenses.
Subtotal	\$ -			
f. Occupancy				Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, and similar expenses on this grant project.
Subtotal	\$ -			
g. Travel				Enter the organization's expenses for grant travel, including transportation, meals and lodging, and per diem payments. Include gas, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences.
Subtotal	\$ -			
h. Insurance				Enter the organization's expenses for grant project focused liability insurance and other insurance. Do not include employee-related insurance.
Subtotal	\$ -			
i. Specific Assistance to Individuals				Enter the organization's direct payment of expenses of clients, patients, and individual beneficiaries on the grant project. Include such expenses as medicines, medical and dental fees, clothing, transportation, insurance coverage, and wage supplements.
Subtotal	\$ -			
j. In-Kind Expenses				Enter the organization's in-kind expenses regarding the value of contributed resources donated to the grant program. Including any other Opioid Abatement funding from other state or county sources.
Subtotal	\$ -			
	Requested Grand Total			
k. Total Direct Costs	\$ -			

Appendix C

Williamson Opioid Taskforce Scoring Rubric Guidance

Instructions: Read the application summary and budget first, then read the narrative sections. Once you have read through the entire application package, review the rubric guidance for each application section. Refer to guidance and application while you complete the fillable rubric according to the scoring criteria and point allocations.

Project Summary

Points Available: 5 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1	2	3	4	5

- Is there a clearly defined target population?
- What is the overall goal or outcome of the program? Is it clearly communicated and feasible given the timeframe?
- Is the cost statement reasonable and justifiable?

Need Statement & Target Population

Points Available: 10 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1-2	3-4	5-6	7-8	9-10

- Is there a clearly identified target population?
- What kind of data is provided to support the need? Do they have national, state, regional or local data to support the need?
- Is there a clear explanation in how the target population will benefit from the program?

Identification of Activities

Points Available: 5 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1	2	3	4	5

- Did the applicant identify a main strategy from the available options? Primary Prevention, Treatment, Recovery, Harm Reduction, Research, or Education?
- Did the applicant identify allowable activities that are appropriate for the program? Did they provide the activity number code and fully explain how that intervention will be implemented?
- Are the identified activities appropriate for the population and have a reasonable expectation to be positively impacted?

Williamson Opioid Taskforce Scoring Rubric Guidance

Goals & Objectives

Points Available: 10 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1-2	3-4	5-6	7-8	9-10

- Program identifies goals and objectives.
- Goals provided are measurable and offer a timeframe for completion. objectives weakly aligned.
- Provided objectives align with the provided goals and are reasonable for the timeline.
- Application utilizes SMART Goals: Specific, Measurable, Achievable, Relevant and Timebound.
- The goals and objectives directly demonstrate impact on the target population.

Program Design

Points Available: 15 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1-3	4-6	7-9	10-12	13-15

- Will evidence-based (preferred) or evidence-informed (allowable) practices be utilized?
- Is there a clear and reasonable implementation plan for the scope proposed?
- What challenges and barriers are identified that may inhibit success, and what are the potential solutions to those barriers?
- Does the program identify adequate staff/partners/ implementation needs that would lead to reasonable success with the expected positive impact?

Evaluation Plan

Points Available: 5 pts

Scoring Criteria:

Poor	Adequate		Exceptional	
1	2	3	4	5

- Does the applicant identify data collection metrics that will illustrate success if funded?
 - Are the data metrics adequate to determine efficacy?
 - Is the data collection plan reasonable for the proposed program?
 - Are the metrics appropriately tied to the stated goals and objectives?
-

Williamson Opioid Taskforce Scoring Rubric Guidance

Organizational Capacity

Points Available: 10 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1-2	3-4	5-6	7-8	9-10

- Does the organization demonstrate their agency's prior and current experience working with the target population OR implementing similar programs?
- Will the organization utilize existing staff or add new staff to support the program? Do the staff have appropriate skills or certifications for successful implementation? Ex: recovery housing with SAFE certifications
- Does the organization have a reasonable expectation of being able to successfully implement this proposal?

Program Sustainability

Points Available: 5 pts

Scoring Criteria:

Poor	Adequate		Exceptional	
1	2	3	4	5

- As these funds are diminishing, what is the plan to sustain these activities beyond the grant term?
- Are potential funding sources identified? Ex: federal funders, state funders, alternative local government funds, sliding scale fees, directed giving from private foundations and donors?

Budget Detail (Excel Template)

Points Available: 10 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1-2	3-4	5-6	7-8	9-10

- Is the budget request adequate in terms of scope of service delivery?
 - Do the budgeted needs align with the project needs and seem reasonable in terms of projected expenditures & costs?
 - Is there adequate detail in the budget in how funding will be allocated to determine appropriateness of funds?
-

Williamson Opioid Taskforce Scoring Rubric Guidance

Budget Justification

Points Available: 20 pts

Scoring Criteria:

Poor		Adequate		Exceptional
1-4	5-8	9-12	13-16	17-20

- Do the budget justifications for the line items have appropriate activity numbers to indicate allowable activities?
- Is there alignment with project narrative or funding needs?
- Are staffing/personnel line items clearly indicated as direct services and not able to be classified as administrative costs?

Required Attachments

Points Available: 0 | 5 pts

Scoring Criteria:

Missing	Present
0	5

- Required attachments are missing or incomplete.
- All required attachments have been submitted and are complete.



Developing Goals and Measurable Objectives

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. The information below will help applicants in developing goals and objectives for use in your Project Narrative. It also provides examples of well-written goals and measurable objectives.

Goals

Definition – a goal is a broad statement about the long-term expectation of what should happen because of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved.
- Goals describe the behavior or condition in the community expected to change.
- Goals describe who will be affected by the project.
- Goals lead clearly to one or more measurable results.
- Goals are concise.

Examples

Unclear Goal	Critique	Improved Goal
Increase the substance use and HIV/AIDS prevention capacity of the local school district.	This goal could be improved by <i>specifying an</i>	Increase the capacity of the local school district to reduce high-risk

	<i>expected program effect in reducing a health problem.</i>	behaviors of students that may contribute to substance use and/or HIV/AIDS.
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use.	This goal is not concise.	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

Objectives

Definition – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2020, 75% of program participants will be placed in permanent housing. To be effective, objectives should be clear and leave no room for interpretation.

SMART is a helpful acronym for developing objectives that are ***specific, measurable, achievable, realistic, and time-bound***:

Specific – Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the

population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

Measurable – How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/20 increase by 10% the number of 8th, 9th, and 10th grade students who disapprove of marijuana use as measured by the annual school youth survey.

Achievable – Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

Realistic – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

Time-bound – Provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

Examples

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the	The objective is not SMART because it is not specific,	By June 1, 2022, LEA supervisory staff will have

selected evidence-based substance use prevention curriculum.	measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	trained 75% of health education teachers in the local school district on the selected, evidence-based substance use prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not specific or time-bound. It can be made SMART by indicating who will conduct the activity, by when, and who will participate in the lessons on assertive communication skills.	By the end of the 2022 school year, district health educators will have conducted classes on assertive communication skills for 90% of youth in the middle school receiving the substance use and HIV prevention curriculum .
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not specific, measurable or time-bound. It can be made SMART by specifically indicating who is responsible for the training, how many people will be trained, who they are, and by when the training will be conducted.	By the end of year two of the project, the Health Department will have trained 75% of EMS staff in the County Government on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

Last Updated: 06/05/2023

Source: <https://www.samhsa.gov/grants/how-to-apply/writing-completing-application/goals-measurable-objectives>



Drug Overdose

[Drug Overdose Home](#)

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

There are strategies that can assist community leaders, local and regional organizers, non-profit groups, law enforcement, public health, and members of the public in understanding and navigating effective ways to prevent opioid overdose in their communities. **Use this information as a reference for evidence-based practices that have been successfully implemented in the U.S.**

[Evidence-Based Strategies for Preventing Opioid Overdose \(PDF – 40 pages\)](#) 



Guiding Principles

There are overarching principles that serve as a guide for the design and implementation of effective overdose prevention strategies. The four guiding principles below are lessons learned from previous public health emergencies.

1. **Know your epidemic, know your response.**

Opioid overdose is driven by many different mechanisms and human experiences, and people may follow a variety of paths toward opioid misuse and overdose. The realities faced by people who use drugs may be common across regions or vary within tight social groups.

2. **Make collaboration your strategy.**

Effectively responding to the opioid overdose epidemic requires that all partners be at the table. Make collaboration your strategy by ensuring that all community entities are able to fulfill their necessary roles.

3. **Nothing about us without us.**

Prevention strategies need to take into account the realities, experiences, and perspectives of those at risk of overdose. Those affected by opioid use and overdose risk should be involved in developing the solutions. The design, implementation, and evaluation of interventions help assure those efforts are responsive to what's happening in the local community and can achieve the desired goals.

4. **Meet people where they are.**

The guiding principle of “meeting people where they are” means more than showing compassion or tolerance to people in crisis. This principle also asks us to acknowledge that all people we meet are at different stages of behavior change. Recognizing these stages helps set reasonable expectations for interacting with people.

Successful Strategies for Preventing Opioid Overdose

The ten evidence-based strategies highlighted below are actions that states and jurisdictions can take today to prevent overdoses tomorrow.

Appendix E

Ten Evidence-Based Strategies for Preventing Opioid Overdose

1. Targeted Naloxone Distribution
2. Medication-Assisted Treatment (MAT¹)
3. Academic Detailing
4. Eliminating Prior-Authorization Requirements for Medications for Opioid Use Disorder
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT¹ in Criminal Justice Settings and Upon Release
9. Initiating Buprenorphine-based MAT in Emergency Departments
10. Syringe Services Programs

- **Targeted Naloxone Distribution**
Naloxone – a non-addictive, life-saving drug that can reverse the effects of an opioid overdose when administered in time. Targeted naloxone distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose—especially people who use drugs and first responders— with naloxone kits, which they can use in an emergency to save a life.
- **Medication-Assisted Treatment (MAT) and Medication for Opioid Use Disorder (MOUD)**
MAT is a proven treatment for opioid use disorder. The backbone of this treatment is FDA approved medications. Methadone and buprenorphine activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria; naltrexone blocks the effects of opioids.
- **Academic Detailing**
Academic detailing consists of structured visits to healthcare providers by trained professionals. They provide tailored training and technical assistance, helping healthcare providers use best practices.
- **911 Good Samaritan Laws**
The scope of [911 Good Samaritan Laws](#)  varies across U.S. states, but each is written with the goal of reducing barriers to calling 911 in the event of an overdose. This type of legislation may provide overdose victims and/or overdose bystanders with limited immunity from drug-related criminal charges and other criminal or judicial consequences that may otherwise result from calling first responders to the scene.
- **Syringe Services Programs**
[Syringe services programs](#) (SSPs) are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; testing; treatment for infectious diseases; and linkage to medical, mental health, and social services.

See the full list of strategies in [CDC’s Evidence-Based Strategies for Preventing Opioid Overdose \(PDF – 40 page\)](#)  . Each featured strategy includes why the strategy works, when it works best, a trailblazer example, and supporting research.

Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments

[Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments](#)   supports the implementation of peer support services (PSS) within overdose response and linkage-to-care initiatives. This toolkit includes resources, tools, actionable steps, and real-world examples informed by the latest research, subject matter experts, and experiences from diverse settings across the country. It is designed for audiences including local and state health departments and community partners. The National Council for Mental Wellbeing developed this toolkit with support from the Centers for Disease Control Prevention.

Overdose Response and Linkage to Care: A Roadmap for Health Departments

Appendix E

[Overdose Response and Linkage to Care: A Roadmap for Health Departments](#)   highlights linkage-to-care activities across a range of health department services. The roadmap includes links to guidance from public health agencies, free training resources, sample forms and templates, and monitoring and evaluation metrics. The National Council for Mental Wellbeing developed this roadmap with support from the Centers for Disease Control and Prevention.

Additional Resources (or related pages):

[Promising State Strategies](#)

[Drug-Free Communities](#)

[Overdose Data to Action](#)

[Overdose Prevention](#)



Appendix F

Evaluation Metrics Guidance

This document outlines suggested evaluation metrics within each main strategy that can be included in your grant application to measure success.

Primary Prevention

- Increasing local screening for Opioid Use Disorder (OUD) and Substance Use Disorder (SUD)
- Increasing community knowledge of the risks of substance misuse
- Increasing utilization of local drug disposal units
- Expanding implementation of evidence-based school prevention programs

Harm Reduction

- Expanding distribution of naloxone to all members of the community
- Increasing awareness of first responders on strategies to connect at-risk individuals with behavioral health supports
- Expanding comprehensive syringe service programs with wrap-around services
- Increasing the number of community members trained in naloxone administration

Treatment

- Increasing the distribution of Medication Assisted Treatment (MAT) to uninsured individuals
- Increasing knowledge of MAT to healthcare providers, first responders, and law enforcement
- Expanding integration of medication in residential and outpatient treatment programs
- Expanding MAT to incarcerated individuals



Appendix F

Evaluation Metrics Guidance continued...

Recovery Support

- Expanding warm hand-off services to transition into recovery services
- Increasing local comprehensive wrap-around services including housing, transportation, and job training
- Expanding the capacity of locally trained Peer Recovery Specialists
- Expanding recovery support for individuals transitioning out of the criminal justice system

Education and Training

- Increasing knowledge of MAT within healthcare providers, first responders, and Peer Recovery Specialists
- Increasing awareness in government staff of appropriate procedures to provide services to individuals in recovery
- Decreasing local stigma regarding individuals with OUD and stigma of effective OUD treatment
- Increasing knowledge of emergency room staff on post-discharge planning with opioid overdose patients

Research and Evaluation

- Identifying locally effective opioid abatement strategies with measurable success
- Increasing utilization of local Prescription Drug Monitoring Data to improve local surveillance

Appendix G

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

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

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

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 of 2000 ("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 medication 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 (" <i>PAARI</i> ");
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 (" <i>DART</i> ") 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

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

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