



## Roane County Opioid Abatement Funding Request

The following is a request application that provides information to the Roane County Opioid Abatement Committee for consideration for funding. Funding requests are received during selected periods determined by the Committee and based on specific strategies. This form consists of:

1. **Funding Request Information about your project, program and/or services**
2. **A guide list of possible projects, programs and/or services we support and will consider**
3. **A flow chart to better understand the process of your application**

### **Read before submitting your request:**

- The **Committee reserves the right** to change the request application requirements, guidelines related to funding and freedom to approve or deny funding requests.
- Funds must be **used during the agreed-on time frame** of the project, programs and/or services and for **approved expenditures**
- Funds **can be requested** as long as the Committee entertains applications
- Only requests that have **fully completed the form and meet the outlined eligibility** will be considered
- Funds will be **paid out in full, and within 45 days**, upon approval
- Once your application is received you will receive a confirmation email within 5 days

## SECTION 1: SELF IDENTIFY - ELIGIBILITY

All boxes must be checked in order to be eligible:

1. My organization is non-profit of Roane County or a part of the Roane County government system:  (I.E. 501c3/5/6/7/8; school, police, medical services, county, city or townships)
2. We have a physical presence, service or work in Roane County:
3. If approved for funding, the funding of our project, program and/or services will benefit only Roane County residents:
4. Our project falls under the approved list of strategies found in the provided reference list:
5. We are willing to provide an in-person presentation to the Opioid Abatement Committee or representatives if requested:
6. We commit to only use funds for expenses outlined in the submission:

## SECTION 2: THE BASICS

### Organization Information

1. Organization name:
2. Organizational mission:
3. Organization address:
4. Physical address for your Roane County location (if more than one address exists, please provide the most pertinent):
5. Primary Contact
  - a. Name:
  - b. Phone number:
  - c. E-mail:
6. Name of Chief Executive Officer or President of the organization:
  - a. Name:
  - b. Phone number:
  - c. E-mail:
7. (EIN) Identification Number:
8. Is your organization represented as a member on the Roane County Opioid Abatement Committee?      Yes       No   
If Yes, please list name of Committee member:

*\*If your organization has a representative on the Roane County Opioid Abatement Committee it does not disqualify your request, but helps the Committee better follow up with the related member on your submission and will direct the committee to dismiss the member for discussion about your submission, and due to any conflict of interest, that related member will not be allowed to vote on the funding decision of your application.*

### **SECTION 3: YOUR PROJECT/PROGRAM/SERVICE BASED ON YOUR REQUEST**

**Strategy of Focus** (see approved list of strategies provided at the end of the application)

1. Primary Prevention
2. Harm Reduction
3. Treatment
4. Recovery Support

#### **Innovation, Expansion or Continuation**

Which of the following best describes your proposed project/program/service/support?

- It is new**
- It is an expansion of an existing project/program/service/support**  
(Please explain with evidence of past success)
  
- It is to strengthen or support an existing project/program/service/support (present operations)**  
(Please explain with evidence of past success)

#### **Abstract (Please provide any uploads to better provide the following information)**

1. **Alignment:** Summarize how your project/program/service/support specifically aligns with the work being done to combat the opioid crisis in Roane County.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
2. **Project Summary:** Provide a summary of your project/program/services that clearly defines the issue to be addressed and the proposed solution(s) and based on your selection in Strategy of Focus.

**Problem statement and target service area**

1. What focus area and strategy(ies) will be implemented?
2. What need does the proposed project address?
3. Specify the target audience based on evidence of need:
4. More specifically, how does the proposed project help solve the opioid challenges in Roane County?
5. If successful, how many Roane County residents will your proposed project positively impacted and how?

## **Outcomes and Measurements**

1. What are the desired outcomes of your project?
2. How will you collect performance measures and what measured results are you expecting?
3. List any methods that will be used to validate the need and measure the impact in implementation?

## **Collaboration and Sustainability**

1. What community partners are/will be involved in the proposed project and any already committed to partner in your project/program/services/support and if so how?
2. How will the project financially sustain itself after and beyond the initial funding period?

## **Funding Amount Requested:**

## **Funding Summary and Narrative (Use of Funds/Upload)**

Please provide a detailed budget summary

## **SECTION 4: AGREEMENTS**

### **If approved, we agree to:**

- Use the approved funds solely for the purposes outlined in the grant proposal.
- Maintain accurate financial records and documentation of all related funding expenditures.
- Comply with all reporting requirements and deadlines
- Allow committee representatives access to project/program/services/support during operations.
- Adhere to all relevant laws, regulations, and ethical standards during implementation.
- Notify the committee promptly of any significant changes or developments that may affect the project/program/services/support's implementation or outcomes.
- Roll over any unused funds beyond the funding cycle for continued related use.
- Participate in any evaluation or assessment activities requested by the committee.
- Maintain open communication with committee reps and promptly address any concerns or issues that may arise during the implementation period.
- Promote Roane County as a funding supporter of the project/program/service/support in all on- and off-line communications, marketing and promotions

### **UPLOADS:**

- 1. 501c3 Determination Letter** (Required)
- 2. Project/Program/Service Budget (Funding Summary/Narrative)** (Required)
- 3. Last Audit or 990** (Recommended)
- 4. If Audit is not available, please upload two consecutive years (current and prior year) Balance Sheets, and Profit/Loss Statements**

# Roane County Opioid Abatement Council Remediation Strategies and Reference List

## Primary Prevention

- Implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction or support for people in treatment or recovery
- Engaging non-profits and faith-based communities as systems to support prevention
- 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
- Funding for media campaigns to prevent opioid use
- Funding for community drug disposal programs

## Harm Reduction

- Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports
- 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
- Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals

## Treatment

- Increase distribution of medication for opioid use disorder (MOUD) to individuals who are uninsured or whose insurance does not cover the needed service. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders
- 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
- Increase funding for jails to provide treatment to inmates with OUD
- Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MOUD, as well as counseling, psychiatric support, and other treatment and recovery support services
- Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
- Expand services such as navigators and on-call teams in hospital emergency departments
- Support the work of first responders to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event
- Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions

## Recovery Support

- Expand warm hand-off services to transition to recovery services;
- 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
- Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions
- 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
- 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

## Funding Request Process

