

Virginia Opioid Abatement Authority Application for Awards for Cooperative Projects Involving Cities and Counties

1. Contact Information

This application is for cooperative projects consisting of a cooperative partnership between at least two cities and/or counties within the same Department of Behavioral Health and Developmental Services (DBHDS) region.

Complete this table for all cities and/or counties involved in the cooperative partnership.

Name of City/County	Contact Person	Mailing Address	Phone #	Email
Henrico County	Michael Feinmel	P.O. Box 90775 Henrico VA 23273	8045017580	fei@henrico.us
Charles City County	Michele Johnson	9950 Courthouse Road Charles City VA 23030-3434	8048296600	mjohnson@charlescitivityva.us
New Kent County	Rodney Hathaway	12007 Courthouse Circle New Kent VA 23124	8049669683	rahathaway@newkent-va.us

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2. Fiscal Agent

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible to ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent: Henrico County
- c. Physical address: 4301 E. Parham Road, Henrico VA 23273
- d. Mailing address: PO Box 90775 Henrico VA 23273
(If different than physical address)
- e. Contact Person for this application
 - i. Name: Michael Y. Feinmel
 - ii. Job Title: Deputy County Manager
 - iii. Office Phone: 804-501-7580 Cell Phone: 8046989652
 - iv. Email: fei@henrico.us

3. Agreements

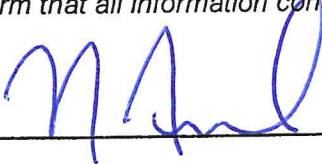
- a. Attach a copy of the cooperative partnership agreement between the participating cities and/or counties for the project. The agreement should also designate the city or county selected as fiscal agent for the cooperative project. A SAMPLE agreement is available here.
 - i. If any participating city and/or county elects to allocate a portion of its Individual Distribution from the OAA to this regional project, the Cooperative Partnership Agreement should clearly document the commitment and amount.

4. Signature

Signature section must be completed by a person designated with signatory authority in the MOU/MOA noted in Part 3.a of this application.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature _____



Print Name Michael Y. Feinmel

Title Deputy County Manager

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Projects Involving Cities and Counties**

Date April 25 2023

5. Project Proposal

Complete the information below for the project the cooperative partnership is requesting to be funded.

a. Is this project:

A new effort for the participating cities/counties. X

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? _____

A combination of enhancing an existing project/effort with new components.

How long has the project existed? _____

b. Provide a brief narrative description of the proposed project including the requested term (1-5 years).

For several years, Henrico, New Kent and Charles City have worked independently through separate task forces to address substance use disorders in their localities. This proposed project combines the efforts of the three counties and seeks to unify the efforts related to pregnant and parenting women who also have a substance use disorder. The intent of this program is to provide the maximum amount of support for this priority population utilizing existing funding options, community partnerships and VA Opioid Abatement Authority funding. The National Alliance to End Homelessness, 2006, states that women with substance use disorders experiencing homelessness are often reluctant to seek treatment for fear of losing custody of their children. This effort hopes to reduce this concern. The program seeks to offer intensive services including individual and group treatment, substance use case management, peer support, time limited financial assistance with housing, vocational support and collaboration with the recovery community, social services, and medical and behavioral health services for both the mother and child. The proposed program is a four phase approach to support participants in incremental independence and recovery. There is an expectation that participants pay a portion of their housing costs initially, however, the expectation is that all participants are responsible for their entire rent as they transition to the later phases. All referrals will receive a full comprehensive needs assessment to include an ASAM assessment, all completed by a licensed professional. A comprehensive treatment plan will be developed with the individual and will address all areas of need. The case managers and peer will support the individual and her children with meeting the agreed upon goals. Evidenced based services will be provided to all participants. These services may include Seeking Safety groups, Nurturing Parent Curriculum, Cognitive Behavioral Therapy, Matrix Model, and/or Living in Balance Curriculum.

The participants of this program are eligible to apply for the Permanent Supportive Housing vouchers that have been awarded to Henrico Area Mental Health & Developmental Services. In addition, this program proposes to collaborate with the Virginia Association of Recovery Residences to offer financial reimbursement for recovery housing that offers a place for both a mom and an infant to age 1. This reimbursement will be awarded to those recovery homes that apply for consideration and adhere to

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some additional stipulations (above and beyond VARR standards) such as special staff training and ratios, enhanced security, alterations (child proofing) to the physical plan, assistance with transportation and enhanced coordination with service providers. Annual inspections will occur and be overseen by the Director of Henrico Community Corrections. The enhanced daily reimbursement rate provided by Henrico County via this project will support capacity building in these localities specifically for recovery housing for women with children up to age 1.

Additionally, program staff will work to develop relationships with property owners in all three counties in order to assist with transition from recovery housing (if needed) to independent living. Our three county collaborative partnership seeks funding for the program for 5 years.

c. Describe the objectives of this project:

The overall goal of this project is to increase the number of mothers able to maintain/regain custody of their children by providing needed treatment for their substance use disorder and the supports necessary to maintain a healthy home environment for their children. The Recovery Research Institute report that 70% of women entering into addiction treatment have children and face more barriers to treatment than men because they usually have the primary responsibility for caretaking children. According to a study of recovery housing (Oxford House model) by Jasone & Ferrari, (2010), two years after entering the recovery home, over 30% of the women who had lost custody had regained custody of their children compared to the only 12.8% in a control group thereby reducing the impact of trauma associated with separation for both parents and children. An important part of this goal is the mother's recovery from substance use. Additional goals include linking women (pregnant and parenting) who have a substance use disorder to a full range of treatment and recovery services such as mental health treatment, substance use treatment which may include medication assisted recovery if needed, peer support, OBGYN and primary care, employment supports, housing resources, food resources, transportation resource and parenting resources. Moreover, another important goal is to link the children to developmental assessments, medical care, childcare and behavioral health care as needed. Securing safe and affordable housing is an added goal of the program. This is a four phase program. Each individual will be assessed will begin services in the phase most appropriate given their assessed needs. The early phases include comprehensive needs assessment and service planning, coordination with recovery homes for placement if needed and appropriate. During this time, the primary case management functions relate to linking the individual and her child/children to needed resources. Examples can include Obtaining entitlements, childcare, transportation, vocational assistance, linking to medical care and behavioral health care, coordinating developmental assessments to infants if needed, etc. Clinical focus during this time is learning to live without substances, developing functional coping skills, attending parenting groups, addressing mental health and trauma, linking to medication assisted treatment if appropriate, linking to psychiatric medication if needed. Frequent outreach and communication with peer support is a hallmark of the early stages as well. The later phases offer more and more opportunities for independence. A major focus of these phases is long term stable housing and the ability to fund this housing independently. This may require a mother to consider a roommate, move to an affordable area, live with family, etc. Vocational support is common throughout all of the phases as well. HAMHDS collaborates with the Department of Assistive and Rehabilitative Services who provide onsite interviews at two HAMHDS locations. Clinically during these phases, the individual will continue work done in the early phases but will also develop a relapse prevention plan with a focus on growing natural community supports.

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d. How was the need determined and how does that need relate to abatement?

Henrico, New Kent and Charles City Counties have sought to be innovative in their creation of separate task forces and sought to cater interventions specifically to the needs of their communities. In November 2022, an ad hoc work group was created to identify needs of pregnant and parenting women with substance use disorders. This community work group included representatives from the recovery community, people with lived experience, VCU Motivate Clinic, VCU OBGYNs, Richmond Henrico Health District, Chickahominy Health District, Henrico County Manager's Office, Charles City Social Services, New Kent Assistant Finance Director, Henrico Community Revitalization, Henrico Area Mental Health & Developmental Services, Safe Harbor, Commonwealth Attorney's office, New Kent Sheriff's Office, Charles City Sheriff's Office, Henrico Sheriff's Office and others. One of the primary needs identified was the lack of recovery housing options for parenting women as well as the challenges in securing permanent independent housing in the community. This was a universal need across the three counties. Other needs included: affordable childcare, transportation, financial assistance, parenting support, specialized medical care for mom and child(ren), access to behavioral health treatment and specialized programming such as medication assisted treatment. The work group also considered information from the Treatment Initiation Center Analysis Report prepared by the Master's Center for Addiction Medicine; Bon Secours Richmond 2022 Community Health Needs Assessment; data provided by Henrico County Sheriff's Office, the number of pregnant and parenting women receiving services from Henrico Area Mental Health & Developmental Services; Henrico, New Kent and Charles City census information, and Virginia Department of Health statistics. Some of the most compelling statistics used are in 2022, 2317 women were booked into the regional jail that serves all three counties, 42 were pregnant. Of these 42, 13 received MAT. Many more of these 2317 women were mothers who have a substance use disorder. Also, in fiscal year 2022, 71 women receiving substance use services at HAMHDS (whose catchment area includes all three counties) identified as pregnant or parenting. In the current fiscal year, HAMHDS has served 7 pregnant women and 30 parenting women with a Substance Use Disorder.

Our research and discussion confirmed that women struggling with substance use disorders who have children have difficulty engaging in and staying in treatment due to the many obstacles they face. Many of the women with substance use disorders have abused opioids as either their primary drug or a secondary drug of choice. Some of the individuals in services have had parents who also used opioids. Studies have shown that between 40-60% of an individual's propensity of developing a substance use disorder is due to genetic factors and that the remaining percentage is attributed to environmental issues and lack of positive coping. Therefore, this project will assist with developing nature protective factors for the next generation. By intervening with these populations, we hope to assist with preventing ongoing use or initiation of opiate use and minimize the impact of past opiate use and/or other substance use.

e. Who are the targeted beneficiaries, and how many people are expected to participate per year?

The targeted beneficiaries are pregnant and parenting women who have a substance use disorder and their children. These individuals are residents of Henrico, New Kent and Charles City Counties. While the recovery homes are only willing to accept children up to the age of one, this team can serve women with older children and multiple children as well. The team providing these intensive services can serve up to thirty women and their children per year. Each case manager can serve fifteen

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families (women and children) at one time. As women become more independent and no longer need this level of intervention, they can transition to less intensive services and new referrals can initiate services. It is expected that this intensive level of service will extend up to one year but could be provided for a shorter time based on need. Referral sources include but are not limited to: Self-referral, HAMHDS, Henrico, New Kent and Charles City Sheriff Offices, Henrico Police, Henrico, New Kent and Charles City Social Services, Community Medical Professionals, School Social Workers, Recovery Home Operators, Probation and Parole Officers, Courts, Defense Attorneys, Health Departments, Tribal Leaders, other community members.

- f. Briefly describe (name or organization, description of role, budget, etc.) the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice.

Henrico County – Fiscal Agent

Henrico Area Mental Health & Developmental Services - Treatment providers. All new positions requested for this project will report to HAMHDS, under the direction of the Substance Use Disorder Division Director whose position is paid for by Henrico County Abatement Funding. In addition, the permanent supportive housing vouchers for pregnant and parenting women with a substance use disorder can be utilized if available. Need a contract with the County

Henrico Community Corrections – Oversee Community Recovery Housing applications and inspections/approvals for those VARR accredited homes that apply for reimbursement for housing a mother and her child. Can serve as a referral source. Need a contract with the county?

New Kent, Charles City and Henrico County Departments of Social Services – Referral sources for the program, additionally, may assist with obtaining childcare for the mother as well as other child related resources

Medical Providers – In order to respect choice, each mother will select her own medical provider and that of her child(ren). The project team will support the family by obtaining and following through with all recommended medical care. Potential referral source.

Recovery Homes – Recovery Homes may opt to provide recovery housing for women and children for an increased reimbursement rate over that of the individual rate. This rate may be paid in part or in full by these opiate abatement funds for those enrolled in this program. Recovery homes will not have a formal MOA but will have applied for consideration and will go through a rigorous screening process. Potential referral source.

Property owners – During the first year and ongoing, the project team will work to develop strong partnerships with property owners in order to assist participants with obtaining safe and affordable housing.

- g. Is the project classified as evidence-based?

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Yes. The following evidence based interventions m utilized: Seeking Safety, Cognitive Behavioral Therapy, Matrix Model, Living in Balance, Nurturing Parenting Curriculum

No

If yes, attach supporting information to this application.

h. Is the project classified as evidence-informed?

Yes

No X

If yes, attach supporting information to this application.

i. Has this project been certified or credentialed by a state/federal government agency, or other organization/non-profit?

Yes

No X

If yes, attach supporting information to this application.

j. Has this project received any awards or recognition?

Yes

No X

If yes, attach supporting information to this application.

k. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved . Women with a substance use disorder other than an opiate use disorder are not disqualified from this project. Approximately, 60% of the women in this project will have an opiate use disorder. However, this type of intervention also serves as a preventive measure as women successfully in this service are far less likely to initiate opiate use than otherwise. Individuals using any type of substances are potential victims of opioid overdoses given addition of fentanyl to many other substances including cocaine, cannabis, counterfeit pills and others.

If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?

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- l. Attach a budget for that minimally includes FY2024 with line-item details for the project. If carry-over of OAA funds from FY2024 into FY2025 is expected, include this in the line-item budget. If there is intention to renew the funding (maximum of 4 renewals), include the projected budget for each subsequent fiscal year.
 - i. If a city or county in the cooperative partnership is allocating any of its Direct Distributions and/ or any of its Individual Distributions from the OAA to this cooperative project, include line items for each as funding sources for the project.
- m. Complete and attach the project timeline workbook for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), complete the timeline for each subsequent fiscal year.
- n. Complete and attach the performance measurement workbook for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), include the complete the performance measures for each subsequent fiscal year.
- o. *(Optional)* Attach any additional narrative materials explaining the project, along with any research, data, plans, letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.

Proposed Budget for Pregnant and Parenting Women with Substance Use Disorder Project

Fiscal Agent: Henrico County		TOTAL CAPACITY	30 mothers and their children	
REVENUE	Justification	One-time	FY24	
Source 1: VA Opioid Abatement Authority			\$	26,244
Source 2 (e.g., Medicaid):	8 Women with Medicaid - estimate		\$	26,244
		TOTAL REVENUE:	\$	26,244
EXPENSES				
Clinical Supervisor				
Salary	FY23 actual plus 8% anticipated increase salary		\$	98,659
Payroll taxes & Fringe	FICA 7.65%; VRS Retirement 16.53% VRS Life 1.4% Healthcare \$ 10748/year		\$	35,284
SUD Case Manager (two positions)				
Salary	FY23 actual plus 8% anticipated increase salary \$ 61732 per position		\$	123,464
Payroll taxes & Fringe	FICA 7.65%; VRS Retirement 16.53% VRS Life 1.4% Healthcare \$ 10748/year		\$	52,200
Peer Specialist				
Salary	FY23 actual plus 8% anticipated increase salary		\$	51,176
Payroll taxes & Fringe	FICA 7.65%; VRS Retirement 16.53% VRS Life 1.4% Healthcare \$ 10748/year		\$	23,475
Other Program Operating Expenses (Itemize)				
	Cell phone and office phone for each staff	\$ 600	\$	2,400
	Laptop, aircard service, Office365	\$ 5,822	\$	2,090
	Van, monthly motor pool charge	\$ 42,131	\$	4,681
Administration & Overhead (Itemize)				
Staff supervision, fiscal management, IT and HR	2% of annual funding		\$	11,708
Ongoing Housing Expenses				
Required Client Assistance				
Security deposits (up to 2 times the monthly rent)	2 times fair market rent above		\$	80,160
Rental application fees	\$ 200 per household		\$	6,000
Hotel/motel assistance while awaiting housing (Not to exceed two weeks; longer stays require approval from DBHDS)	15 households many need hotel stay at \$80/night. 15x14x\$80=\$16,800		\$	16,800
Vacancy payments to landlords (no more than one month at full Fair Market Rent, whichever is higher)	10 households - 1 month per household at fair market rent above		\$	13,336
Recovery home payments - \$80 per day for mother and child	20 families at \$80 for 90 days on average, the amount will reduce as the mother gains em		\$	144,000
Fees for credit and criminal background checks				
Items to set up households (e.g., bedding, pots & pans, cleaning supplies, etc. up to \$1,000 household)	30 individuals @ \$500 each		\$	15,000
Payment of old judgments for rent or utility arrears if necessary to secure housing	20 individuals @ \$ 1000 each		\$	20,000
Fees to obtain identification and birth certificates	15 individuals @ \$10 each for id, @ \$12 each for birth certificate		\$	330
Emergency food (up to \$125)	20 individuals @ \$125 each		\$	2,500
Furnishings (up to \$1,000 per consumer household)	25 households @ \$ 1,000		\$	25,000
Utility deposits (up to \$400 per unit)	25 households @ \$ 400 each		\$	10,000
Other (must be approved)			\$	
		TOTAL EXPENSES:	\$	48,553
		BALANCE:	\$	(48,553)
			\$	(717,019)

Charles City, New Kent and Henrico County Virginia Opioid Abatement Authority Cooperative Agreement - 2023

It is agreed, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

and
It is agreed, the OAA operates a financial assistance program to support certain cooperative partnerships of cities and/or counties in Virginia that implement regional efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids; and


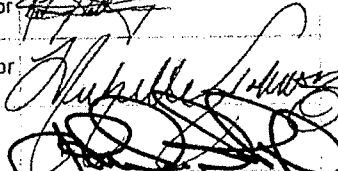

It is agreed, the counties listed below have committed to work together to develop and jointly apply for regional cooperative partnership funding from the OAA; and

It is agreed, at least two of the counties listed below are located within the same region of the Department of Behavioral Health and Developmental Services; and

It is agreed, the counties listed below will execute a legally binding agreement formalizing the cooperating partnership if the application for financial assistance is approved; and

It is agreed, the counties listed below agree that Henrico County will serve as the fiscal agent to execute the cooperative partnership grant application, implementation should funding be awarded and to execute all documents in connection therewith.

It is agreed, the counties listed below seek a total of \$712,019.00 in grant funding from the OAA for Fiscal Year 2024.

Name of City, County, or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature
New Kent County, VA	Rodney A. Hathaway	County Administrator	
Charles City County, VA	Michelle Johnson	County Administrator	
Henrico County VA	John A. Vithoukias	County Manager	

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1. Contact Information

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Complete this table for all cities and/or counties involved in the cooperative partnership.

Name of City/County	Contact Person	Mailing Address	Phone #	Email
Henrico County				
Charles City County				
New Kent County				

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2. Fiscal Agent

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible to ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent: _____
- c. Physical address: _____
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(if different than physical address)
- e. Contact Person for this application
 - i. Name: _____
 - ii. Job Title: _____
 - iii. Office Phone: _____ Cell Phone: _____
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3. Agreements

- a. Attach a copy of the cooperative partnership agreement between the participating cities and/or counties for the project. The agreement should also designate the city or county selected as fiscal agent for the cooperative project. A SAMPLE agreement is available [here](#).
 - i. If any participating city and/or county elects to allocate a portion of its Individual Distribution from the OAA to this regional project, the Cooperative Partnership Agreement should clearly document the commitment and amount.

4. Signature

Signature section must be completed by a person designated with signatory authority in the MOU/MOA noted in Part 3.a of this application.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature _____

Print Name _____

Title _____

Date _____

5. Project Proposal

Complete the information below for the project the cooperative partnership is requesting to be funded.

a. Is this project:

A new effort for the participating cities/counties. X

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? _____

A combination of enhancing an existing project/effort with new components.

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Additionally, program staff will work to develop relationships with property owners in all three counties in order to assist with transition from recovery housing (if needed) to independent living. Our three county collaborative partnership seeks funding for the program for 5 years.

c. Describe the objectives of this project:

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Application for Awards for Cooperative Projects Involving Cities and Counties

- e. Who are the targeted beneficiaries, and how many people are expected to participate per year?
The targeted beneficiaries are pregnant and parenting women who have a substance use disorder and their children. These individuals are residents of Henrico, New Kent and Charles City Counties. While the recovery homes are only willing to accept children up to the age of one, this team can serve women with older children and multiple children as well. The team providing these intensive services can serve up to thirty women and their children per year. Each case manager can serve fifteen families (women and children) at one time. As women become more independent and no longer need this level of intervention, they can transition to less intensive services and new referrals can initiate services. It is expected that this intensive level of service will extend up to one year but could be provided for a shorter time based on need. Referral sources include but are not limited to: Self-referral, HAMHDS, Henrico, New Kent and Charles City Sheriff Offices, Henrico Police, Henrico, New Kent and Charles City Social Services, Community Medical Professionals, School Social Workers, Recovery Home Operators, Probation and Parole Officers, Courts, Defense Attorneys, Health Departments, Tribal Leaders, other community members.
- f. Briefly describe (name or organization, description of role, budget, etc.) the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice.

Henrico County – Fiscal Agent

Henrico Area Mental Health & Developmental Services - Treatment providers. All new positions requested for this project will report to HAMHDS, under the direction of the Substance Use Disorder Division Director whose position is paid for by Henrico County Abatement Funding. In addition, the permanent supportive housing vouchers for pregnant and parenting women with a substance use disorder can be utilized if available.

Henrico Community Corrections – Oversee Community Recovery Housing applications and inspections/approvals for those VARR accredited homes that apply for reimbursement for housing a mother and her child. Can serve as a referral source.

New Kent, Charles City and Henrico County Departments of Social Services – Referral sources for the program, additionally, may assist with obtaining childcare for the mother as well as other child related resources

Medical Providers – In order to respect choice, each mother will select her own medical provider and that of her child(ren). The project team will support the family by obtaining and following through with all recommended medical care. Potential referral source.

Recovery Homes – Recovery Homes may opt to provide recovery housing for women and children for an increased reimbursement rate over that of the individual rate. This rate may be paid in part or in full by these opiate abatement funds for those enrolled in this program. Recovery homes will not have a formal MOA but will have applied for consideration and will go through a rigorous screening process. Potential referral source.

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Property owners – During the first year and ongoing, the project team will work to develop strong partnerships with property owners in order to assist participants with obtaining safe and affordable housing.

- g. Is the project classified as evidence-based?

Yes. The following evidence based interventions are utilized: Medication Assisted Treatment, Seeking Safety, Cognitive Behavioral Therapy, Motivational Interviewing, EMDR, Contingency Management, Harm Reduction, Peer Support, Nurturing Parenting Curriculum – all delivered in a trauma informed manner.

No

If yes, attach supporting information to this application.

- h. Is the project classified as evidence-informed?

Yes This project will utilize an evidence-informed intervention, AcuDetox.

No

If yes, attach supporting information to this application.

- i. Has this project been certified or credentialed by a state/federal government agency, or other organization/non-profit?

Yes X, while the project has not been credentialed specifically by another entity, it will be provided by our outpatient substance use services which is licensed by the Virginia Department of Behavioral Health & Developmental Services.

No X

If yes, attach supporting information to this application.

- j. Has this project received any awards or recognition?

Yes

No X

If yes, attach supporting information to this application.

- k. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved . Women with a substance use disorder other than an opiate use disorder are not disqualified from this project. Approximately, 60% of the women in this

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project will have an opiate use disorder. However, this type of intervention also serves as a preventive measure as women successfully in this service are far less likely to initiate opiate use than otherwise. Individuals using any type of substances are potential victims of opioid overdoses given addition of fentanyl to many other substances including cocaine, cannabis, counterfeit pills and others.

If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?

- I. Attach a budget for that minimally includes FY2024 with line-item details for the project. If carry-over of OAA funds from FY2024 into FY2025 is expected, include this in the line-item budget. If there is intention to renew the funding (maximum of 4 renewals), include the projected budget for each subsequent fiscal year.
 - i. If a city or county in the cooperative partnership is allocating any of its Direct Distributions and/ or any of its Individual Distributions from the OAA to this cooperative project, include line items for each as funding sources for the project.
 - m. Complete and attach the [project timeline workbook](#) for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), complete the timeline for each subsequent fiscal year.
 - n. Complete and attach the [performance measurement workbook](#) for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), include the complete the performance measures for each subsequent fiscal year.
 - o. *(Optional)* Attach any additional narrative materials explaining the project, along with any research, data, plans, letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.