Virginia Opioid Abatement Authority Application for Planning Grants for Individual Cities and Counties

| 1. | Co | entact Information | | |
|----|------------------|--|--|--|
| | a. | Name of City or County: Chesterfield County □ city ✓ county | | |
| | b. | Physical address: 9901 Lori Road Chesterfield, VA 23832 | | |
| | C. | Mailing adress: | | |
| | | (if different than physical address) | | |
| | d. | Contact Person for this application | | |
| | | i. Name: James Worsley, Ph.D. | | |
| | | ii. Job Title: Deputy County Administrator, Human Services | | |
| | | iii. Office Phone: 804-748-1212 Cell Phone: 704-351-7202 | | |
| | | iv. Email: worsleyj@chesterfield.gov | | |
| 2. | Cost and Funding | | | |
| | a. | What is the total cost of the planning effort? \$491,950.00 | | |
| | b. | Does this city or county intend to provide a monetary match from its Direct Distribution from the settlement administrator(s)? | | |
| | | √ Yes | | |
| | | □ No | | |
| | | If Yes, how much? \$49,195.00 | | |
| | C. | Does the city or county intend to provide a monetary match from its Individual Distribution from the OAA? | | |
| | | Yes | | |
| | | ✓ No | | |
| | | If Yes, how much? | | |
| | | Note that if the Individual Distribution is used as a monetary match, this will serve as application to the | | |

OAA for this portion of the city or county's Individual Distribution from the OAA.

Application for Planning Grants for Individual Cities and Counties

| d. | Does the city or county intend to provide a monetary match from its general fund? | | |
|-------------|---|--|--|
| | ☐ Yes | | |
| | ✓ No | | |
| | If Yes, how much? | | |
| e. | What is the total funding requested from the OAA for the planning grant? \$\frac{\$442,755.00}{} | | |
| Information | | | |
| a. | Does the city or county intend to contract with a vendor or other organization to support this effort? | | |
| | ✓ Yes | | |
| | □ No | | |
| | If Yes, attach a copy of the procurement documents (scope of work, request for proposal, etc). that defines the scope of services to be provided. | | |
| b. | Narrative | | |
| | i. Provide a narrative description of the goals of this effort. | | |
| | Chapterfield County has identified the wood for a tracture at facility/dues in contany within the county but has yet | | |

Chesterfield County has identified the need for a treatment facility/drop-in center within the county but has yet to determine the exact model to be implemented. Additional planning time is needed to fully consider the different models that exist (e.g., short-term withdrawal management unit, 24/7 drop-in center, 24/7 crisis stabilization unit with medical services, assessment and triage center, 23-hour unit) and how these models fit with the funding and staffing that is available. Additional planning is also needed to consider various public-private partnerships that could be pursued. During the planning period, the county will contract with a planning coordinator to assist the local planning team in developing a set of requirements for different facility models, identify facilities or centers in communities of similar size to Chesterfield County that meet the team's requirements, arrange virtual meetings with these facilities/centers, and select five sites for in-person meetings. Once a model is selected, the planning coordinator will work with the planning team to identify potential sites within the county for the facility/center. At this time, it is anticipated that an existing building will be renovated versus pursuing new construction. As such, an RFP will be issued to hire a firm to develop plans to renovate the facility. The deliverable at the conclusion of the planning grant is an implementation plan and a detailed project budget.

c. Budget

3.

i. Provide a line-item budget for this effort that includes projected expenditures as well as any funding resources identified or requested in section 2.

Application for Planning Grants for Individual Cities and Counties

4. Signature

Signature section must be completed by the person designated with signatory authority by the city or county's governing body.

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

| Signat | ure |
|---------|-------------------------|
| Print N | ame Dr. Joseph P. Casey |
| Title C | County Administrator |
| Date | May 2, 2023 |