Hickman County Opioid Settlement Board
Work Plan for Opioid Funding Application

Organization: Hickman County Schools Behavioral Health Department: Hope and Healing Project
Date: August 27, 2024

Objective	Activities	Outcomes	Measures of Success	Timeframe	Accountability	Funds Requested
What is the measurable result you are seeking to achieve?	What activities will be completed that help achieve the corresponding objective?	What outcome do you hope to achieve?	How will the success of the objective be assessed? What data points will be measured?	When will this part of the project begin and end?	Who is responsible for each project activity?	What are the requested grant funds for this part of the project?
Develop and Implement Data Measurement & Screening Tools	Utilize screening tools to measure opioid use trends, screen for misuse and evaluate the impact of family substance use on yoluth mental health. Analyze data to identify patterns and informa targeted interventions	Enhaced data on opiod use trends, early detections of misuse, increase accuracy in identifying at-risk youth and mental health needs. Increase effective intervention	High accuracy in identifying at-risk youth and their mental health needs	Immediately; pricing is for 12 months. Fee represents start-up costs; will change annually.	Olivia Felts	$30,000.00
Recovery Support, Treatment, Education & Training	Oversight & implementation of program	Comprehensive program implementation	Meeting each objective and maintaining positive outcomes as measured by data and screening tool	Immediately	Olivia Felts	$7,540.00
Recovery Support, Treatment, Education & Training	Implementation of program	Facilitating program needs, providing school-based & community-based, evidence-based interventions	Measured by data and screening tool	Immediately	Raven Hickok	$7,540.00
Recovery Support, Treatment, Education & Training	Implementation of intervention	Providing school-based evidence-based intervention	Measured by data and screening tool	Upon hire	To be hired	$49,920.00
To facilitate the Bernard Center in providing a safe space for displaced youth	Furnish the safe spaces	Youth displaced due to opioid misuse & addiction have a safe space while in DCS custody	To have a functioning and utilized space	As soon as possible	Olivia Felts	$5,000.00

Total Funds Requested

HICKMAN COUNTY
TENNESSEE

Hickman County Opioid Committee
FY 2024-2025 Opioid Settlement Funding Quarterly Report

Agency Name: Hickman County Schools - Behavioral Health
Name of Reporting Individual:
Date Report Submitted:

Organizations should provide **quarterly progress reports** to mayor@hickmancountytn.gov and crystal.fitzgerald@hickmancountytn.gov. All sections of this document must be completed in full to meet the reporting requirements. **Please include a quarterly expense report when submitting this document.** Reports will be due 14 days after each project quarter:

- 1st Quarter due April 14th, 2025
- 2nd Quarter due July 14th, 2025
- 3rd Quarter due October 14th, 2025
- 4th Quarter due January 14th, 2026

Report Period: ☐ 1st Quarter (January – March) ☐ 2nd Quarter (April – June)

☐ 3rd Quarter (July – September) ☐ 4th Quarter (October – December)

Quarterly Summary:
Type to provide responses to each of the following inquiries. Only provide information for the corresponding quarter.

1. Staff working on the project:

2. Community partners involved with the project:

3. Challenges and barriers experienced within the associated timeframe:

4. Successes experienced within the associated timeframe:

5. Anticipated next steps:

6. Strategies addressed from the Remediation List (found here). *Please list the strategy, section number, and how your activities address the corresponding strategies.*

7. Number of people served with settlement funding (please indicate whether these are Hickman County residents or not):

Quarterly Performance Measures:
Type in text boxes to complete the table for each approved activity. Please add rows as necessary and only provide information for the corresponding quarter.

ACTIVITY 1: Hiring of the LADAC	
Performance Indicator	**Response**
Proposed hire date	
Date of hire	
Date of orientation	
Activity Narrative ***(if needed, provide a brief description of the activity metrics)*****:**	

ACTIVITY 2: Utilize screening tools to measure opioid use trends, screen for misuse and evaluate the impact of family substance use on youth mental health. Analyze data to identify patterns and inform targeted interventions and programs.		
Screening		
Screening Tool Used/Developed	**Number of people screened**	**Trend(s) Identified**
Interventions & Programs		
Intervention or Program Type	**Number of people served**	**Rate of Attendance/Participation**
Activity Narrative *(please provide a brief description of the activity metrics)*:		
[Please attach or include a link for the developed/used screening tools or materials.]		

ACTIVITY 3: Supporting the Bernard Center in providing a safe space for youth displaced by OUD/SUD by providing furnishings.	
Type of Furnishing Provided	**Cost of Furnishing**
Activity Narrative *(please provide a brief description of the activity metrics)*:	

