

Exhibit A- EFRCPOPP Proposed Implementation Approach

B1-With the overall goal of reducing the number of overdose fatalities in Lexington, the EFRCPOPP, with its partners at the Lexington-Fayette County Health Department Harm Reduction Services Program, the University of Kentucky Center on Drug and Alcohol Research and key community partners and stakeholders throughout city propose to:

Provide naloxone to participants at the Syringe Service Program located at the Lexington-Fayette County Health Department. Evaluation data of the current FR-CARA grant that reflect that 49% of individuals who receive naloxone and overdose prevention training as well as training on the dangers of fentanyl and its analogs at the Syringe Service Program (SSP) and in the various trainings in the community are receiving training for the first time. Based on that data, it is anticipated that approximately 1,225 unduplicated individuals at the SSP will receive naloxone and overdose prevention education, including education on the dangers of fentanyl annually. Because current FR-CARA reflects that 51% of individuals receiving training and naloxone are receiving a refill, it is anticipated that 2,500 naloxone kits will be distributed at the SSP. Established policies for referral to appropriate treatment will be followed.

Provide 500 unduplicated individuals in various community trainings will receive naloxone and overdose prevention training as well training on the dangers of fentanyl and its analogs, as well as other illicit drugs annually. It is anticipated that 500 additional individuals in the community will receive a naloxone refill bringing the total of projected naloxone distributions in the community to 1,000. Established policies for referral to appropriate treatment will be followed.

Provide naloxone to individuals who survived an overdose with the aid of Division of Fire and Emergency Medical Services (911). The Community Paramedicine, a division within the DFEMS, will attempt to locate and contact the overdose survivor, provide him or her with naloxone and education on how to prevent overdose and on the dangers of fentanyl and its analogs currently so prevalent in the local drug supply. Established policies for referral to appropriate treatment will be followed.

Provide naloxone and overdose prevention education as well as education on the dangers of fentanyl and its analogs to officers joining the Lexington Police Department as well as refills for officers that administered naloxone or those who need to replace an expired naloxone kit.

Number of **Unduplicated** Individuals to be Trained with Grant Funds

Year 1	Year 2	Year 3	Year 4	Total
SSP-1,250	SSP-1,250	SSP-1,250	SSP-1,250	SSP-5,000
LPD-150	LPD-150	LPD-150	LPD-150	LPD-600
LBP-400	LBP-400	LBP-400	LBP-400	LBP-1,600
Community-500	Community-500	Community-500	Community-500	Community-2,000
Total: 2,800	Total: 2,800	Total: 2,800	Total: 2,800	Total: 9,200

SSP-Syringe Service Program, LPD-Lexington Police Department, LBP-Leave Behind Program

- Continue to facilitate quarterly meetings of the Mayor’s Substance Use Disorder Advisory Council (MSUDAC) to ensure that FR-CARA requirements will be met.

- Continue to implement trauma-informed care practices in all components of the EFRCPPOP, including additional training of individuals working with the various programs that make up the EFRCPPOP

B-2- LFUCG will build on the successes of the current FR-CARA grant to continue to connect, remove barriers, and provide access to lifesaving harm reductions services as well as linkages to various SUD treatment and others services to some of the most vulnerable individuals in Lexington. LFUCG and its partners at the Lexington-Fayette County Health Department will continue Naloxone Distribution and Overdose Prevention Training Program at the Syringe Service Program (SSP) and to individuals and entities throughout the community that may witness or suspect someone is experiencing an overdose. Because fentanyl and its various analogs have been a deadly component of illicit drug use in Lexington for a number of years, training on the dangers of it are currently included in the Overdose Prevention Training and Naloxone Distribution Program provided to SSP participants and the community at large.

As of 01/01/2022, the current FR-CARA grant had provided 10,329 naloxone kits to vulnerable individuals in Lexington and to individuals and entities that want to be prepared in the event they witness or suspect someone is experiencing an overdose since 03/2019. If this proposal receives funding, LFUCG will continue to partner with the LFCHD Harm Reduction Services Program to provide overdose prevention training and naloxone to SSP participants and community members. Because much of the local drug supply contains fentanyl or one of its analogs, the overdose prevention training contains a component on the dangers of it. As previously stated, funding for this lifesaving program is scheduled to conclude in 09/2022. Of the current \$2,000,000 FR-CARA budget, more than \$1,100,000 was used to purchase naloxone for individuals at increased risk of opioid overdose. If this proposal receives funding, \$1,260,000 will be used to purchase naloxone for the various initiatives detailed in this proposal.

In an effort to reach an even greater number of individuals at risk of experiencing a fatal overdose, the scope of the current grant activities will be expanded to include two additional programs that will assist in the effort to reduce overdose fatalities in Lexington by providing naloxone to those at greater risk of overdose and to officers joining the Lexington Police Department (LPD). These programs will join the naloxone distribution and overdose prevention training program provided at the SSP and to programs and individuals in the community that may suspect or witness a potential opioid overdose.

The first program that will be added to FR-CARA activities in Lexington is the Leave Behind Program (LBP), implemented by the Community Paramedicine Program (CPP), is a component of the Lexington Division of Fire and Emergency Medical Services. CPP consists of three firefighters/paramedics, two certified social workers, and one out-of-uniform police officer. This program follows-up with survivors of overdose and individuals around them to provide overdose prevention training and naloxone. This training also includes information on the toxicity of illicit fentanyl and its analogs and its presence in a large portion of the illicit drug supply in Lexington. Like the training offered at the SSP, individuals are provided with information on substance use intervention services, including harm reduction services. Currently, this vital

program is not guaranteed funding after 06/2022. If this proposal is funded, the Leave Behind Program will provide approximately 400 naloxone kits to overdose survivors annually.

The LBP will increase the number of vulnerable individuals who receive an SUD related service and have increased risk of overdose because it is a mobile unit that literally meets the survivor where they are. Some of the individuals who receive services from the LBP do not go to the SSP at the health department or to other SUD related service providers for a variety of reasons. This program increases access to naloxone and overdose training to some of the most vulnerable individuals in Lexington. In addition to working with the individual who survived the overdose, the team also works with people around the survivor. It is well documented that addiction affects the loved ones of the person with a SUD. When appropriate to do so, the team gently meets with others at the location and provides them with information on local resources available to them. On occasion, the team does not connect with the overdose survivor, but they connect with their loved ones or friends. Contact information for the CPP team is provided in addition to a resource guide for survivor and his or her loved ones.

It is not uncommon for the team to meet with the survivor a number of times before the he or she is willing to consider treatment options. Individuals who come in contact with the LBP have typically experienced a number of traumatic experiences in their lives. The overdose of themselves or a loved one is typically the most recent of many traumatic experiences they have had throughout their lives. The CPP team is aware that inadvertently re-traumatizing the overdose survivor or those around him or her can be detrimental to building trust with the with the individual(s) and may impact whether or not they seek treatment or recovery services in the future (Source: *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, HHS Publication No. (SMA) 14-4884).

The second new component of that will be added to current FR-CARA programming in Lexington if this proposal is funded is providing overdose prevention education and naloxone to officers joining the Lexington Police Department. This training will be provided by experienced trainers from the Lexington Fire Department. This training includes information on the dangers of fentanyl, carfentanyl and its analogs. The LPD first issued a General Order regarding naloxone in 09/2016. Per the order it is the policy of the Lexington Police Department to recognize the substance abuse issues within the community and to attempt to decrease injury or death resulting from opiate overdose by rendering assistance, including the administration of naloxone, to reverse the effects of an apparent opiate overdose (Source: Lexington Police Department, General Order 2016-01). Since LPD officers began carrying naloxone, funding for the medication has come from various donations and sources, but it has lacked a steady funding source. The need for consistent funding for this program is critical at a time when overdose fatalities in Lexington have drastically increased and dozens of new officers will likely join the force within the next several years to replace those who are retiring. LPD officers are called to overdose calls regularly and are on the frontlines of this battle. Many LPD officers have administered naloxone to individuals experiencing an overdose. If funded, FR-CARA will provide up to 150 naloxone kits annually to new officers as well as replace kits administered by LPD officers.

While each of the programs proposed for funding as a component of the EFRCPOPP proposal provide naloxone, overdose prevention education and as well as information on the dangers of counterfeit pills containing fentanyl and others forms of fentanyl and its analogs, each of the trainings is tailored to meet the needs of its specific audience and the environment in which the training is offered. For example, training new police officers in a classroom setting is very different than providing overdose prevention education to a person that just survived an overdose and their loved ones in their home.

In addition to the Leave Behind Program and providing overdose prevention education and naloxone to new Lexington Police Department, FR-CARA activities in Lexington would continue to include overdose prevention training and naloxone distribution at the during the Syringe Service Program and in the community to individuals and organizations that may witness or suspect an overdose.

Each participant of the SSP is offered no-cost naloxone by program staff each time they visit the program. If they have never received naloxone from the SSP before, they receive comprehensive training on overdose prevention, including information on the dangers of fentanyl and its prevalence in the local drug supply. The training is provided by a nurse with expertise in harm reduction. Feedback provided by individuals attending the training is a key component of it. Program participants have an intimate understanding of the local illicit drug landscape and often share information that can help influence program direction. If the participant wants a naloxone refill, he or she does not have to receive the training again. He or she is asked questions regarding what happened with their previous naloxone kit (if it was used, lost, stolen, etc.). Information collected from the surveys can also help guide how the program provides services for individuals who use drugs.

Each program participant is asked if they are interested in talking with someone about substance use disorder treatment in a way that is hopefully received with no judgement or expectation. The goal is for participants to know that a person if there if and when they are ever ready to have that conversation. The Overdose Prevention Coordinator is also a certified Peer Support Specialist and individuals with expertise in harm reduction and SUD treatment are available during the SSP. The treatment navigators are located in a room where participants can get snacks, toiletries or clothing and they are very intentional about not pushing treatment on a participant, but letting them know why they are at the SSP and again stressing that there is no expectation that they begin treatment services, but if they choose to do so, they do not have to navigate the sometimes overwhelming treatment network.

If a participant wants to discuss SUD treatment, he or she meets privately with a treatment navigator to begin the discussion. Participants who choose to do so complete consent forms. Participants are encouraged to speak directly with potential treatment providers to complete the initial screening. If the participant agrees, the goal would most likely be a warm handoff to the treatment provider. While the participant is encouraged to talk directly with the treatment provider himself or herself, there might be a situation where the treatment navigator talks with a treatment provider. If so, it is necessary for the participant to give complete a Release of

Information that allows the navigator to speak with the provider. Every attempt is made to resolve barriers to the participant following through with their plan to go to treatment.

Naloxone distribution and overdose prevention education will continue in the community, as well. The Overdose Prevention Coordinator, (OPC) a full-time position on this project, coordinates with programs and entities across the community to provide trainings outside of the SSP. These trainings occur on regular basis at recovery residences/Oxford Houses, treatment and recovery programs, hotels, hospitals, faith-based organizations and other entities. In year three of the current FR-CARA grant, more than 100 community trainings occurred. Community trainings are heavily concentrated at programs and locations where individuals have recently stopped using drugs and are at increased risk for overdose if a return to use occurred. The OPC also serves as a treatment navigator for individuals seeking services. Policies and procedures regarding service referrals were established during the current FR-CARA grant. Copies of consents and releases are located in the attachment section. All participant data is maintained in a locked cabinet in a locked, private office.

EFRCPOPP program staff, SSP staff and Community Paramedicine staff are aware that individuals who are receiving FR-CARA services have likely experienced a great deal of loss and trauma throughout their lives. Trauma and substance use disorder often-go hand-in-hand. Because of this, FR-CARA programs must utilize a trauma informed approach when working with program participants. SAMHSA identifies six key principles to a providing a trauma-informed approach to services (Safety, Trustworthiness, Peer Support, Collaboration, Empowerment and Awareness of Cultural, Historical and Gender Issues) (Source: *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, HHS Publication No. (SMA) 14-4884*). While interactions with some individuals will be brief, all staff must approach each interactions with these principals guiding their interactions. Staff will receive training on the importance of providing services in a trauma-informed manner.

Advisory Committee. When LFUCG was originally awarded FR-CARA funding in October 2018, a Grant Advisory Council (GAC) was created to guide and advise grant activities and to ensure grant goals and objectives were being met. Because the GAC is composed of key community stakeholders and due to the success of the current FR-CARA project, in 2020, the GAC became the Mayor's Substance Use Disorder Advisory Council (MSUDAC) and in doing transitioned to a permanent advisory council. In addition to Mayor Linda Gorton, the MSUDAC is made up of representatives from the Lexington Police Department, the Fayette County Commonwealth Attorney's Office, the U.S. Attorney's Office, the Veterans' Administration, University of Kentucky Center on Drug and Alcohol Research, various treatment and recovery programs, individuals in recovery, LGBTQ+ individuals in recovery, faith leaders, African Americans in recovery, the LFCHD Harm Reduction Services Program, the Fayette County Detention Center, the Community Paramedicine Program, representatives from each of the local hospitals and individuals who lost a loved one to substance use disorder. The MSUDAC will continue to meet at least quarterly with committees within the council meeting more often, when necessary. The current FR-CARA Project Director, Amy Baker and a member of Mayor Gorton's Office, staffs the MSUDAC.