

AGREEMENT

THIS AGREEMENT, entered into this ^{25th} day of ^{April} March 2019, by and between UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION (hereinafter "UKRF"), whose address is 109 Kinkead Hall, Lexington, Kentucky 40506-0057 and LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT, an urban county government of the Commonwealth of Kentucky, created pursuant to KRS Chapter 67A (hereinafter called the "LFUCG"), whose address is 200 East Main Street, Lexington, Kentucky 40507.

RECITALS

WHEREAS, by being awarded the Lexington Overdose Outreach Project (LOOP) grant (Award Number: 2018-AR-BX-K059) by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, LFUCG must ensure that the evaluation processes described in the program narrative ("Exhibit A") are successfully accomplished.

WHEREAS, LFUCG has selected UKRF to complete the evaluation based on the experience and knowledge possessed by the personnel and staff, which is needed to complete the evaluation;

WHEREAS, because of the uniqueness of the evaluation, UKRF has been selected as a sole source provider;

NOW THEREFORE, in consideration of the foregoing and mutually agreed upon promises, conditions, and covenants herein expressed, LFUCG and UKRF agree as follows:

1. The above recitals are incorporated herein by reference, as if fully stated.

2. SCOPE OF WORK

LFUCG agrees to engage UKRF to perform the following services, outlined and more specifically described in Exhibit A, which are attached hereto and incorporated herein by reference:

(a) Evaluate the effectiveness of the Lexington Overdose Outreach Project.

The evaluation will include formative and process, impact, and outcome evaluation:

(b) Add to the body of evidence-based programs to address drug overdose.

(c) Conduct focused stakeholder interviews with officers and paramedics to determine potential barriers of implementation and to foster adoption of the program with fidelity at multiple points throughout the grant period. Interviews will be used to identify any needed program design modifications for ongoing process or quality improvement.

(d) Attend and provide evaluation updates during Continuous Quality Improvement meetings to measure and address issues related to implementation and on-going challenges.

(e) Determine the reach of different prongs of the LOOP to determine the number of individuals served by each, the potential for increasing the impact and the uptake of both treatment and harm reduction services.

(f) Submit semi-annual reports that include both process and local level outcome evaluation data.

3. COMPENSATION AND TERM

(a) LFUCG agrees to retain UKRF from March, 2019 through September 30, 2020 with a final report to be provided within 60 days of the contract end date.

(b) LFUCG shall compensate UKRF for the proposed services in an amount which shall not exceed **one hundred ninety eight thousand six hundred thirty eight dollars (\$198,638.00)** as outlined in the grant budget (Exhibit "B"), which is attached hereto and incorporated herein by reference.

(c) Method of Payment

Upon execution of this Agreement, UKRF will submit monthly invoices for services provided.

4. The terms and conditions of this Agreement may be extended or amended at any time by mutual agreement of the parties in writing. Any alterations or modifications in the nature of the services or duties must be in writing and shall be in compliance with the Notices section of this Agreement.
5. The parties agree that each shall remain, independent contractors with respect to all services performed under this Agreement. Nothing is intended or should be construed in any manner as creating or establishing the relationship of co-partners between LFUCG and UKRF, or as constituting either party as the agent, servant, representative, or employee of the other for any purpose of in any manner whatsoever. Furthermore, UKRF represents that it has, or will secure at its own expense, all personnel required in performing the services under this Agreement. Such personnel shall not be

employees of or have any contractual relationship with the LFUCG. All of the personnel engaged in the work shall be fully qualified to perform such services.

6. UKRF shall not contract any portion of the scope of work to a Third Party unless consent is given by LFUCG. LFUCG is not obligated or liable hereunder to any Third Party who completes any work specific to this Agreement.
7. UKRF will be liable for any property damage or personal injury caused by the willful conduct of its employees while on LFUCG property and shall survive the termination of this Agreement. UKRF agrees to be responsible for claims arising as a result of its actions under this contract, but only in the manner and to the extent expressly permitted by KRS 44.072-44.160 or KRS 49.030-49.180; further, this contract is intended for the sole benefit of the parties hereto and no rights under this contract shall be bestowed upon any third party or parties as a result of this provisions contained herein.
8. UKRF shall, at such time, and in such form as LFUCG may require, furnish such periodic reports concerning the status of the project as may be requested by LFUCG. UKRF shall furnish LFUCG, upon request, with copies of all documents and other materials prepared or developed in relation with or as a part of the assessment.
9. UKRF shall maintain full and accurate records with respect to all matters covered under this Agreement. LFUCG shall have free access at all proper times to such records and the right to examine and audit the same and to

make transcripts therefrom, and to inspect all assessment data, documents, and/or activities.

10. This Agreement contains the entire Agreement between the parties, and no statement, promises, or inducements by either party or agent of either party that is not contained in this written Agreement shall be valid and binding; and this Agreement may not be enlarged, modified, or altered except in compliance with the Modification section of this Agreement.

11. **Notice.**

All notices allowed or required to be given hereunder must be in writing dispatched by United States mail, or hand-delivered to the parties at the following:

For LFUCG:
Lexington-Fayette Urban County Government
200 East Main Street, 3rd floor
Lexington, Kentucky 40507
ATTN: Commissioner Chris Ford

For UKRF:
University of Kentucky Research Foundation
109 Kinkead Hall
Lexington, Kentucky 40506-0057
ATTN: Patrick J. Elzinga

IN WITNESS WHEREOF, this Agreement is executed as of the day first written above.

**LEXINGTON-FAYETTE URBAN
COUNTY GOVERNMENT**



Linda Gorton, Mayor

APR 25 2019

Date

UKRF

MTC *Kim Carter*

Kim C. Carter, Associate Director
University of Kentucky Research Foundation
ospa@uky.edu

3/27/19
Date

EXHIBIT A

PROGRAM NARRATIVE

1. Statement of the Problem

If funded, the Lexington Overdose Outreach Project (LOOP) will be implemented in Lexington-Fayette County, which is centrally located in Kentucky. The Lexington-Fayette Urban County Government (LFUCG) is a fully merged city-county government with the powers of both a city of the second class and a county. LFUCG will coordinate and oversee this collaborative project involving the Lexington Police Department (LPD), the Lexington Fire Department (LFD) and community partners.

According to 2015 U.S. Census estimates, Lexington- Fayette County's population is 314,488, which is 76% white, 15% black, 7% Hispanic or Latino, and 3% Asian. Census data estimates 5% of KY's population has limited English proficiency (LEP) and 9% are foreign born. While Lexington-Fayette County is considered urban, many of the surrounding communities are rural.

Like many cities across the U.S., Lexington-Fayette County is experiencing a sharp increase in the number of overdose deaths. According to the Kentucky Office of Drug Control Policy's *2014 Overdose Fatality Report*, there were 112 overdose deaths in 2014 in Lexington-Fayette County. This is an increase from 74 overdose deaths in 2012 and 86 in 2013. The number of overdose deaths increased again in 2015 with 141 overdose deaths in Lexington-Fayette County (Kentucky Office of Drug Control Policy's *2015 Overdose Fatality Report*). Preliminary data for 2016 show 150 overdose deaths, yet another increase in fatal overdoses for Lexington-Fayette County (Shea Willis, Fayette County Coroner's Office).

Table 1: Overdose Deaths in Fayette County, Kentucky, 2012-2016

| 2012 | 2013 | 2014 | 2015 | 2016 |
|------|------|------|------|------|
| 74 | 86 | 112 | 141 | 150 |

In addition to the sharp increase in overdose fatalities, Lexington-Fayette County has seen a dramatic increase in overdose calls to the LFD, including emergency medical services that required the administrations of naloxone. The number of doses of naloxone administered by the LFD has significantly increased over the past four years. As illustrated in the table below, each year since 2013 Lexington-Fayette County has seen a dramatic increase in the number of naloxone administrations. In 2013, 653 doses were administered. That number increased to 867 in 2014 and 1,214 in 2015. In 2016, the number of naloxone administrations rose to 1,550 (Source: Lexington Fire Department).

Table 2: Lexington Fire Department Naloxone Administrations, 2013-2016

| 2013 | 2014 | 2015 | 2016 |
|------|------|-------|-------|
| 653 | 867 | 1,214 | 1,550 |

Just as the incidence of overdose fatalities and naloxone administrations has increased in Lexington-Fayette County, it has also experienced an increase in overdose visits to the city's emergency departments (ED), particularly between 2014 and 2015. The data in Table 3 includes overdose visits to Lexington emergency departments from 2010 to 2015 (Data Source: Kentucky Outpatient Claims File, Office of Health Policy, Cabinet for Health and Family Services, produced by the Kentucky Injury Prevention and Research Center).

Table 3: Overdose Emergency Department Visits-Lexington, KY, 2010-2015

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|------|------|------|------|------|-------|
| 449 | 548 | 542 | 596 | 737 | 1,000 |

Due to ever-increasing overdose rates in Lexington-Fayette County, in September 2016, the LPD began carrying naloxone. The number of naloxone administrations by the LPD since they began carrying the lifesaving drug is documented in Table 4.

Table 4: Naloxone Administrations by the Lexington Police Department, 9/16-2/17

| 09/2016 | 10/2016 | 11/2016 | 12/2016 | 01/2017 | 02/2017 |
|---------|---------|---------|---------|---------|---------|
| 2 | 4 | 3 | 5 | 9 | 8 |

As evidenced by the data in the previous tables, Lexington-Fayette County has experienced an increasingly high number of overdoses and overdose fatalities. This proposal would allow LFUCG to create an Overdose Outreach Project Coordinator position and strategically station him or her within the Lexington Fire Department. Placing the Project Coordinator within the LFD will allow for the Project Coordinator to connect with overdose survivors soon after the overdose occurred. Currently, LFUCG does not have a program in place to connect an overdose survivor with substance use disorder treatment or recovery services following LPD or LFD involvement.

While this project would address the current gap in services, to fully implement it, funding for the project is needed. To address this gap in services, the LFUCG will coordinate and oversee a collaborative project involving the LPD and the LFD. The overall goal of the Overdose Outreach Project will be to reduce the number of overdose fatalities and the abuse of opioids. The Project Coordinator will work directly with the LPD and the LFD who will share information with him or her regarding overdose calls received. The Project Coordinator will follow-up with the survivor of the overdose as soon as possible after the incident to facilitate entry into substance use disorder services (for those who are ready to enter substance use disorder services). For those not ready to enter services, if they are willing, they will be connected with lifesaving naloxone and other harm reduction services.

Although LFUCG lacks a strategic plan that focuses solely on the prevention of overdose and overdose fatalities, there are a number of efforts occurring throughout Lexington-Fayette

County focused on the prevention of overdose and overdose fatalities. For example, LFUCG, the submitter of this grant proposal, created the Substance Abuse and Violence Intervention Program in July 2015 to focus on substance use disorder issues impacting the city, including non-fatal overdoses and overdose fatalities. The LPD has assigned two detectives to work exclusively on overdose cases. Additionally, in September 2016, officers of LPD began carrying naloxone to prevent overdose fatalities. LFUCG has a Memorandum of Understanding with the Fayette County Health Department to partner with Syringe Exchange Program to provide on-site substance use disorder education and referrals to treatment and recovery services during the exchange. This partnership allows city government and the local health department to reach those at greatest risk of overdose by providing education and referrals to substance use disorder treatment and recovery services. The health department also contracts with a naloxone provider and educator to provide free naloxone to anyone who requests it during the needle exchange; however, a person is not required to be a syringe exchange participant in order to receive a naloxone kit. Friends or family of someone at risk of overdose can receive a free kit as well.

Lexington-Fayette County is home to community-based programs that provide overdose education and naloxone to family members, friends, and those at high-risk for overdose. Additionally, LFUCG and community partners created and maintain an online substance use disorder treatment locator, GetHelpLex.org, to assist those throughout the community who are looking for substance use disorder treatment services. This resource was created in response to numerous family members and friends being unable to locate treatment and recovery services for their loved ones. Lastly, LFUCG is a part of a citywide initiative called drugfreelex. Drugfreelex is a partnership of local organizations and individuals who share resources and knowledge to educate and reduce substance use disorder in Lexington-Fayette County,

Kentucky. The reduction of opioid abuse as well as non-fatal and fatal overdose prevention is currently a focus of the partnership.

This proposed Overdose Outreach Project aligns with the current overdose prevention activities in Lexington because it provides another opportunity to connect those who have suffered a non-fatal overdose and those who are at great risk of an opioid overdose with lifesaving substance use disorder services. This initiative will connect the Project Coordinator with an overdose survivor to assist him or her with navigating a sometimes overwhelming system of substance use disorder services. He or she will provide education on the various types of programming available, work one-on-one with programs to help facilitate admission to the program, work with the community to provide substance use disorder education, and help reduce the shame and stigma associated with addiction.

Numerous agencies and programs have demonstrated their commitment to this important initiative. They include: Kentucky Office of Drug Control Policy, Voices of Hope, Chrysalis House, Stop Heroin Lexington, the Fayette County Health Department, the Hope Center Recovery Programs for Men and Women, the Office of Homeless Prevention and Intervention, the Lexington Fire Department, the Lexington Police Department, Bluegrass.org, and the Kentucky Injury Prevention and Research Center.

Like many cities and counties across the United States, Lexington-Fayette County's lack of available funding for this initiative is a barrier to successfully implementing it. While Lexington-Fayette County has a number of resources in place to battle overdose and opioid misuse, there is currently no program that works directly with the hundreds of overdose survivors to facilitate substance use disorder treatment and recovery services. The Overdose Outreach Project will fill this gap in services.

2. Project Design and Implementation

If funded, the Lexington Fayette Urban County Government will implement an Overdose Outreach Project that will work directly with those who have experienced a non-fatal overdose in an effort to prevent future, possibly fatal overdoses. The initiative will be strategically placed at the LFD placing the Project Coordinator in the location where overdose calls in Lexington-Fayette County are received. Likewise, the coordinator will work directly with LPD due to the high number of overdose calls it receives.

The Lexington Overdose Outreach Project will be a system-wide initiative and an innovative approach to promoting substance use disorder treatment and recovery support. This innovative model will allow the LPD and the LFD to work together to identify survivors of overdose and connect them with a Project Coordinator experienced in substance use disorder services. The Project Coordinator will then connect the survivor with survivor with substance use disorder treatment and recovery services or provide access to lifesaving naloxone and other harm reduction strategies. Many in the substance use disorder treatment and recovery system in Lexington-Fayette County are supportive of this initiative as evidenced by their support letters (attached). This project is in line with the Sequential Intercept Model developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D., in conjunction with the GAINS Center because it enables those with opioid use disorder who have experienced a non-fatal overdose to interface with the LPD and the LFD in a way that has not been done before in Lexington-Fayette County. If funded, the Lexington Overdose Outreach Project will provide a point person for the LPD and the LFD to assist a survivor in navigating the sometimes challenging substance use disorder services system.

Further, the Lexington-Fayette County Overdose Outreach Project will allow the LPD another opportunity or intercept point to link an individual who has experienced a non-fatal overdose to the substance use disorder treatment and recovery system. This initiative supports the goal of Intercept 0 by aligning systems and services and connecting individuals in need with lifesaving treatment and recovery services at the earliest stages of interaction with the criminal justice system (SAMHSA's GAINS Center, Policy Research Associates).

The primary role of the Project Coordinator will be to engage those who have experienced a non-fatal overdose and to work with them in an effort to prevent future, possibly fatal overdose. The Project Coordinator will engage survivors using Screening, Brief Interventions and Referral to Treatment (SBIRT) strategies. Per the SAMHSA-HRSA Center for Integrated Health Solutions, there are 3 major components to SBIRT: screening, brief intervention, and referral to treatment. When the Project Coordinator initially engages the survivor, he or she will assess for dangerous substance use behavior. Because the survivor has experienced an overdose, he or she will most likely meet the criteria for dangerous substance use behavior. The coordinator will continue to engage the survivor in a brief conversation regarding why the Project Coordinator is there meeting with him. After the coordinator and the survivor have established a rapport, the coordinator will further engage the survivor regarding his overdose with the ultimate goal of referring the survivor to substance use disorder treatment and recovery services.

When the LPD and/or LFD respond to a non-fatal overdose call, they will share information regarding the incident with the Project Coordinator. Utilizing information obtained from officers, firefighters and other the Project Coordinator will attempt to make initial contact with the overdose survivor. Although many overdoses occur at places other than a person's

residence (on the street, in a parking lot, in a public restroom, at a homeless shelter, etc.), information obtained by the LFD often includes residence information of the survivor increasing the probability the Project Coordinator will locate and engage the survivor. If the survivor is homeless, every effort will be made to locate him based on available data. Once the Project Coordinator has located the survivor, he will engage him using brief intervention strategies.

If the survivor agrees to meet with the Project Coordinator, the Project Coordinator will utilize Motivational Interviewing (MI) techniques to engage the survivor. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MI is a clinical approach that helps people with mental health and substance use disorders make positive behavioral changes to support better health. MI utilizes four principles: expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy. Whether the initial contact is made at the survivor's home, at the emergency department or at another location, the Project Coordinator will begin the process of engaging the survivor using proven SBIRT strategies and motivational interviewing to essentially meet the survivor where he is regarding readiness for substance use disorder treatment and recovery services.

Once the Project Coordinator has engaged the survivor using SBIRT strategies and MI techniques, he will talk with him about his history of substance use, previous treatment episodes, previous overdose history, treatment readiness and treatment options. If the survivor is ready to consider treatment, the coordinator will provide information on different treatment modalities and options. If the survivor agrees to go to treatment, (medical detoxification, social detoxification, outpatient, intensive outpatient, residential, long-term residential, medication assisted treatment, etc.), the coordinator will work with the survivor to begin the process of

locating treatment and recovery programming. The treatment may occur within Lexington-Fayette County or outside of the city, depending on the needs of the survivor.

While every effort will be made to get the survivor into treatment very as soon as possible, some factors may impact how quickly the treatment admission occurs. If the survivor needs to make preparations prior to going to treatment or if the treatment program has a long waiting list, the amount of time between the overdose and the treatment admission may increase. If the survivor is unable to enter treatment immediately, the Project Coordinator will contact providers of free naloxone in an effort to connect the survivor with free naloxone. If free naloxone is not available, the Project Coordinator will educate the survivor regarding how to obtain naloxone.

Whether or not an overdose survivor is ready to go to treatment or recovery services likely depends on where he or she falls on the Prochaska and DiClemente Stages of Change Model. The model identifies five stages of change: pre-contemplation, contemplation, preparation, action and maintenance. A person can be at any stage of change depending on where they are regarding their personal journey of recovery from substance use disorder. Some survivors may consider treatment as an option for them at some point (contemplation) while others are ready to go to treatment as soon as possible (preparation). As long as the participant is willing to stay engaged, the Project Coordinator will continue to work with the survivor regardless of where he or she is in the change process.

If the survivor is not ready to go to treatment following overdose, the Project Coordinator will attempt to leave communication lines open and encourage the survivor to contact him if he becomes ready to consider treatment or recovery services. The Project Coordinator will provide

information on naloxone and other harm reduction strategies and treatment and recovery information to the survivor.

As evidenced by the data shared in the needs assessment, the Project Coordinator will have access to a number of data sources owned by the LFUCG or are accessible to LFUCG. LFD and the LPD naloxone administration data is owned by LFUCG and will be available to the Project Coordinator and the evaluator. Overdose fatality data from the Fayette County Coroner's Office and the Kentucky Office of Drug Control Policy and data outlining Lexington-Fayette County overdose emergency department visits from the Kentucky Injury Prevention and Research Center (KIPRC) are available to LFUCG. The Project Coordinator will utilize these data sources when closely working with the BJA's Training and Technical Assistance (TTA) provider to:

- Identify the needs of the community, including collecting and analyzing administrative and overdose data;
- Work with the project staff to design an appropriate outreach and prevention strategy based on the data;
- Convene regular stakeholder discussions surrounding project implementation;
- Respond to requests for data, reports and information about the proposed initiative;
- Ensure continued project implementation and redirection if needed; and
- Work with the BJA selected evaluator throughout the life of the grant and following its completion.

3. Capabilities and Capacities

The Project Coordinator will dedicate 100% of his or her time to the position. The person who fills the position must have a vast knowledge of substance use disorder treatment and

recovery services and experience working in the field of substance use disorder services. Additionally, he or she must have vast knowledge of treatment and recovery resources in Lexington and surrounding cities. The Project Coordinator position is currently vacant. Duties of the Project Coordinator include:

- Implement the day-to-day tasks of the Lexington Overdose Outreach Project;
- Work with the Lexington Police Department and the Lexington Fire Department to identify survivors of non-fatal overdose;
- Provide information to overdose survivors about substance abuse treatment and recovery programming;
- Assist survivors of overdose in accessing substance abuse treatment and recovery resources;
- Provide referrals to substance abuse treatment services to overdose survivors;
- Develop and maintain partnerships with organizations and pharmacists that provide free naloxone;
- Connect overdose survivors, their family and friends with providers of free naloxone;
- Develop and maintain partnerships with substance abuse treatment and recovery programming in Lexington and surrounding areas;
- Maintain contact with overdose survivors following overdose;
- Develop and maintain a partnership with the Fayette County Health Department's Needle Exchange Program;
- Collect and maintain all data related to the implementation of the Lexington Overdose Outreach Project;

- Attend Motivational Interviewing (MI) and Screening, Brief Intervention and Referral to Treatment (SBIRT) training;
- Develop a working knowledge of the Sequential Intercept Model, including Intercept 0;
- Report data in a timely and accurate manner to the TTA;
- Respond to requests for data, reports and information regarding the project;
- Develop and convene regular stakeholder meetings;
- Collaborate with community partners to further strengthen cross-system planning; and,
- Other Lexington Overdose Outreach Project related duties, as needed.

Reporting directly to the Chief Administrative Officer, the Division of Grants and Special Programs has responsibility for the planning, administration, coordination and regulatory oversight for all state, federal, and foundation grants applied for and awarded to the Lexington-Fayette Urban County Government (LFUCG). The LFUCG Division of Grants and Special Programs will be responsible for financial management of this project.

The LFD will house the Project Coordinator and he or she will be managed by Battalion Chief Brian Wood. Chief Wood has been a member of the LFD for 24 years. For the last 8 years he has been in charge of Emergency Medical Services. As such Wood has seen the effects of addiction, mainly heroin, in the Lexington community from a broad vantage point. He has watched it take lives and destroy families. Wood has seen heroin go from just another street drug to an epidemic taking lives across Lexington.

The combined experience and knowledge of the yet-to-be hired Project Coordinator, Battalion Chief Wood, and the staff in the Division of Grants and Special Programs as well as the support for this important project from the LPD and community partners ensures that the project will be successfully implemented.

Quality data collection is key to successful project implementation and outcomes. The Project Coordinator and Battalion Chief Wood will work with the Training and Technical Assistance provider and the evaluator of the project to ensure that data related to the Overdose Outreach Project is shared in an accurate and timely manner.

The Lexington Overdose Outreach Project is supported by community partners across the city as well as partners at the state level. The Chrysalis House, the Hope Center, Bluegrass.org, the Fayette County Health Department, Voices of Hope, Stop Heroin Lexington, the Lexington Police Department, the Lexington Fire Department, the Kentucky Injury Prevention and Research Center, the Kentucky Office of Drug Control Policy, the Office of Homelessness Prevention and Intervention, and the Office of Congressman Andy Barr have submitted letters of support for this important project.

Goals, Objectives and Activities

Goal One: Reduce the number of overdose fatalities in Lexington-Fayette County, KY.

Objective: Develop multi-disciplinary projects that leverage key data sets (e.g., emergency department visits, naloxone administrations, fatal and non-fatal overdose data, drug arrests, etc.) to create a holistic view of the environment and develop interventions based on this information.
(Performance Measure #430)

Activity One: Hire a full-time Project Coordinator to work with the LPD and LFD to implement the Overdose Outreach Project.

Activity Two: Collect baseline data on overdose fatalities, emergency department overdose visits and naloxone administrations by the LFD and the LPD.

Activity Three: Utilize multi-disciplinary data sources, including LFP and LPD naloxone administration data, the Kentucky Office of Drug Control Policy's overdose fatality report data,

the Fayette County Coroner's Office overdose death data and Lexington-Fayette County emergency department overdose visit data to support the need to develop a holistic view of interventions that will reduce the number of overdose deaths in Lexington-Fayette County.

Activity Four: Engage a minimum of 600 overdose survivors regarding substance use disorder treatment and recovery services and naloxone access and other harm reduction strategies throughout the grant period.

Activity Five: Provide an overview of the Overdose Outreach Program to treatment and recovery programs, the needle exchange program and emergency departments throughout Lexington-Fayette County, Kentucky.

Activity Six: Follow-up with overdose survivors at six months and one year using LFD and LPD data to determine if future overdoses occurred.

Goal Two: Reduce opioid use disorder in Lexington-Fayette County Kentucky.

Objective: Increase admissions of overdose survivors to substance use disorder treatment and recovery programming.

Activity One: Engage overdose survivors identified by the LPD, LFD, and other potential referral sources and assist in the facilitation of their admission to lifesaving substance use disorder treatment and recovery programming.

Activity Two: Work with substance use disorder treatment and recovery providers to facilitate the admission of overdose survivors into their programs.

Activity Three: Track and maintain data related to treatment admissions and retention.

Goal Three: Demonstrate the effectiveness of the Lexington Overdose Outreach Project.

Objective: Coordinate with the Training and Technical Assistance (TTA) provider to analyze program related data.

Activity One: Obtain baseline overdose related data from the LPD, LFD, the Fayette County Coroner's Office, Kentucky Injury Prevention and Research Center and any data sources identified by the TTA to be necessary for the successful implementation of the program.

Activity Two: Obtain follow-up overdose related data from the LPD, LFD, the Fayette County Coroner's Office, Kentucky Injury Prevention and Research Center and any data sources identified by the TTA to be necessary for the successful implementation of the program.

Activity Three: Track Overdose Outreach Program data related to substance use disorder treatment and recovery services, including referrals, admissions and retention.

Activity Four: Track data related to naloxone access and distribution.

Goal Four: Comply with all BJA travel and training requirements.

Objective: Attend all BJA annual, semi-annual, and regional meetings

Activity One: Attend all BJA required meetings in Washington, DC

Activity Two: Attend all BJA required regional meetings (location TBA)

While the goals of the project are clearly defined, a sound implementation plan is in place, and there is a great deal of support for this project at the local and state level, the volume of overdose calls received could potentially be a barrier. If it does become a barrier, the Project Coordinator will work with Battalion Chief Brian Wood to develop a strategy to serve as many survivors as possible without compromising the quality of services provided or data collected.

4. Plan for collecting the Data required for this Solicitation's Performance Measures

The Project Coordinator will be responsible for collecting the data required for this solicitation's performance measures and reporting the collected data to BJA and the grant evaluators. The Project Coordinator will collect data related to:

- The number of individuals that received substance use disorder treatment and recovery services that survived a non-fatal overdose;
- The number of individuals engaged in services for 30 days or more;
- The number of individuals referred to substance use treatment and recovery services;
- The number of survivors that experience a future overdose (6-12 month follow-up);
- The number of family members and friends who received information and naloxone or access to naloxone, and,
- The number of survivors who received naloxone information and/or naloxone kits.

Performance measure data will be collected each time the Project Coordinator receives a referral from the police department, fire department or other referral source and each time he or she has contact with the overdose survivor or their family or friends. The Project Coordinator will track each contact with project participants. For example, if a participant is referred to a treatment or recovery service, the data related to that event would be monitored and reported on a quarterly basis. If the same survivor enters a substance use disorder treatment or recovery program, that data will be tracked, as well.

As previously mentioned, LFUCG owns or has access to a number of data sources directly related to this grant solicitation. LFD and LPD naloxone administration data is owned by LFUCG and will be used to establish baselines related to naloxone distribution. The Kentucky Office of Drug Control Policy's *Overdose Fatality Reports* from 2014 and 2015 as well as future iterations of the report will be utilized to support grant activities, as well. Emergency department overdose visit and Fayette County Coroner's Office data will also be.

The LFD tracks naloxone administered by the fire department and the LPD tracks naloxone administered by the police department. The Project Coordinator will utilize data

collected by the LFP and the LPD to track length of time between overdose and treatment engagement. Additionally, the Project Coordinator will work with overdose survivors, who choose to do so, to track treatment retention.

Data collection related to treatment admission and retention could potentially be a barrier if the survivor is not willing to complete necessary paperwork (Release of Information) allowing the treatment center or recovery program to disclose treatment information to the Project Coordinator. Federal regulation 42 CFR Part 2 specifically prohibits disclosure of information related to substance use disorder treatment services requiring the treatment center to protect the confidentiality of their client. If the survivor chooses not to complete the necessary paperwork to allow the exchange of information, the Project Coordinator will make every attempt to gather information from the survivor following his successful or unsuccessful treatment or recovery program episode.

5. Impact/Outcomes, Evaluation and Sustainment

Lexington has never had a project like the Lexington Overdose Outreach Project (LOOP) that dedicates a full-time position to responding to non-fatal overdoses. This project will create positive outcomes for the community, not only by increasing access to substance use disorder treatment and recovery services, but also by connecting survivors with lifesaving naloxone. In achieving these outcomes, LOOP will reduce the number of overdose deaths and decrease opioid misuse throughout Lexington. The impact of this project on the community is less loss of life from overdose and preventing future overdoses and overdose deaths through direct intervention of treatment services immediately following a non-fatal overdose. Another impact is a reduction in opioid use disorder due to increased utilization of substance use disorder treatment and recovery services for those that enter programming following an overdose.

The Project Coordinator will be responsible for all data collection. Accurate data collection will be imperative to demonstrate the success of this lifesaving project. All data will be reported to BJA in a timely, complete, and accurate manner in the required grant reports. The following metrics will be tracked.

1. All contacts with each survivor and his family and friends will be documented and tracked by the Project Coordinator, including the initial contact and all subsequent contacts.
2. Whether or not the survivor received a referral to a treatment or recovery program will be documented.
3. Whether or not he entered a treatment or recovery program or received naloxone will be documented.
4. Whether or not he suffered another overdose within a six to twelve month period.
5. Whether or not his friends or family received services.

The Project Coordinator's supervisor Battalion Chief Brian Wood will monitor the Project Coordinator and the data he or she collects for timeliness and completeness.

Data related to overdose deaths, emergency department visits, and naloxone administrations by the LFD and the LPD will be collected when the grant period begins in order to establish a baseline to evaluate the effectiveness of the project. After the grant period begins, available data will be collected semi-annually thereafter to measure the impact of the grant on overdose deaths and naloxone administrations by the LFD and LPD. The expected long-term results of the project are a reduction in overdose deaths, a decrease in opioid misuse, and an even stronger community collaboration to fight the opioid epidemic.

Although the Overdose Outreach Project is not currently funded by LFUCG, the city is committed to design strategies to reduce overdose and overdose fatalities. If this project is successful in reducing overdose deaths and opioid misuse, there is a greater prospect for it to become a permanent program.

There are no policies, statutes or regulations that will need to be put in place to sustain the Overdose Outreach Project.