

First Responders and Community Partners Overdose Prevention Project

Lexington-Fayette Urban County Government

Evaluation Plan

The proposed evaluation plan for the SAMHSA-funded (1H79SP080309-01) “First Responders and Community Partners Overdose Prevention Project” will utilize a mixed-methods design with quantitative and qualitative data collection to evaluate the completion of three project goals. The University of Kentucky Center on Drug and Alcohol Research (UK-CDAR) will be responsible for completing the evaluation. Each project goal and corresponding set of objectives are presented below as well as the quantitative and qualitative measures that will be used to evaluate the program.

Goal 1: Train and provide resources to first responders and key community sectors in Lexington-Fayette County on carrying and administering naloxone.

Objective 1.1 Coordinate with the Fayette County Health Department to maintain the Naloxone Education and Distribution Program (NEDP) at the Needle Exchange Program.

- a. Quantitative data (Source: Project Director)
 - i. Date of monthly NEP staff meeting(s)
 - ii. General information on who attends meetings
- b. Quantitative data (Source: Project Director)
 - i. Date of NEP expansion workgroup meeting(s)
 - ii. General information on who attends meetings
- c. Quantitative data (Source: Project Director)

- i. Date of grant advisory team meeting(s)
- ii. General information on who attends meetings

Objective 1.2 Identify key community sectors across Lexington-Fayette County to receive naloxone administration training annually.

- a. Quantitative data (Source: Project Director)
 - i. Number and name of sectors identified annually
 - ii. Changes in sectors across years
- b. Qualitative data (Source: Annual Process Evaluation)
 - i. Participants: Program and Project Directors
 - ii. Determine how sectors were identified and any barriers encountered

Objective 1.3 Distribute 3,600 naloxone kits annually to those at greatest risk of overdose

- a. Quantitative data (Source: Project Director)
 - i. Date of training events
 - ii. Number of individuals trained at each event
 - iii. Number of kits distributed at each event
 - iv. Demographics and questionnaires completed by participants
- b. Quantitative data (Source: Health Department via Project Director)
 - i. Number of naloxone refills per month
 - ii. Demographics and any questionnaires completed by participants
- c. Qualitative data (Source: Annual Process Evaluation)
 - i. Participants: Project Director and naloxone training staff
 - ii. To determine how the grant affected:
 - 1. The availability of naloxone

2. Opportunities to offer training activities
3. Ability to reach community members in need

Goal 2: Establish processes, protocols and mechanisms for referral to appropriate treatment and recovery communities.

Objective 2.1 Develop strategies to reach those at greatest risk of overdose and those who have survived a previous overdose.

- a. Qualitative data (Source: Annual Process Evaluation)
 - i. Participants: Program and Project Directors
 - ii. To determine the process used to reach individuals in need

Objective 2.2 Provide education on grant activities to local substance use disorder treatment and recovery services, harm reduction programs, emergency departments, health clinics and other key partners that may serve as referral sources and/or treatment or recovery service providers for those in need of services.

- b. Quantitative data (Source: Project Director)
 - i. Date of communication/education
 - ii. Content of communication/education
 - iii. Recipient of communication/education

Objective 2.3 Identify evidence-based screening and assessment tools.

- c. Quantitative data (Source: Project Director)
 - i. Document tool(s) selected
 - ii. Date tool is selected
 - iii. Data tool utilization is initiated in the field

Objective 2.4 Implement policies and strategies, using promising and evidence-based practices, which increase treatment and recovery services admissions to those that survived an overdose and to those at risk of overdose and are ready to go to treatment by providing referral to substance use disorder treatment and recovery services and to provide access to naloxone to project participants that do not enter services after surviving an overdose.

a. Quantitative data (Source: Project Director)

- i. How/where were individuals identified
- ii. Number contacted
- iii. Number assessed/screened
- iv. Number referred
- v. Place(s) of referrals

b. Qualitative data (Source: Annual Process Evaluation)

- i. Participants: Program and Project Directors
 1. To determine how the grant has affected referrals and provision of or access to care for those at risk for an overdose

Goal 3: Provide education on Kentucky’s Good Samaritan Law that permits bystanders to alert emergency responders to an overdose or to administer naloxone without fear of civil or criminal penalties.

Objective 3.1 Develop a citywide campaign to educate the community about the Good Samaritan Law.

a. Quantitative data (Source: Project Director)

- i. Date of meetings

- ii. Meeting attendees and affiliations
- iii. Date of any campaign pilot testing
- b. Qualitative data (Source: Process Evaluation)
 - i. Participants: Program and Project Directors
 - ii. To understand how the content for the campaign was developed/selected

Objective 3.2 Utilize available data to identify areas throughout Lexington-Fayette County where a targeted campaign regarding the Good Samaritan Law would make the greatest impact.

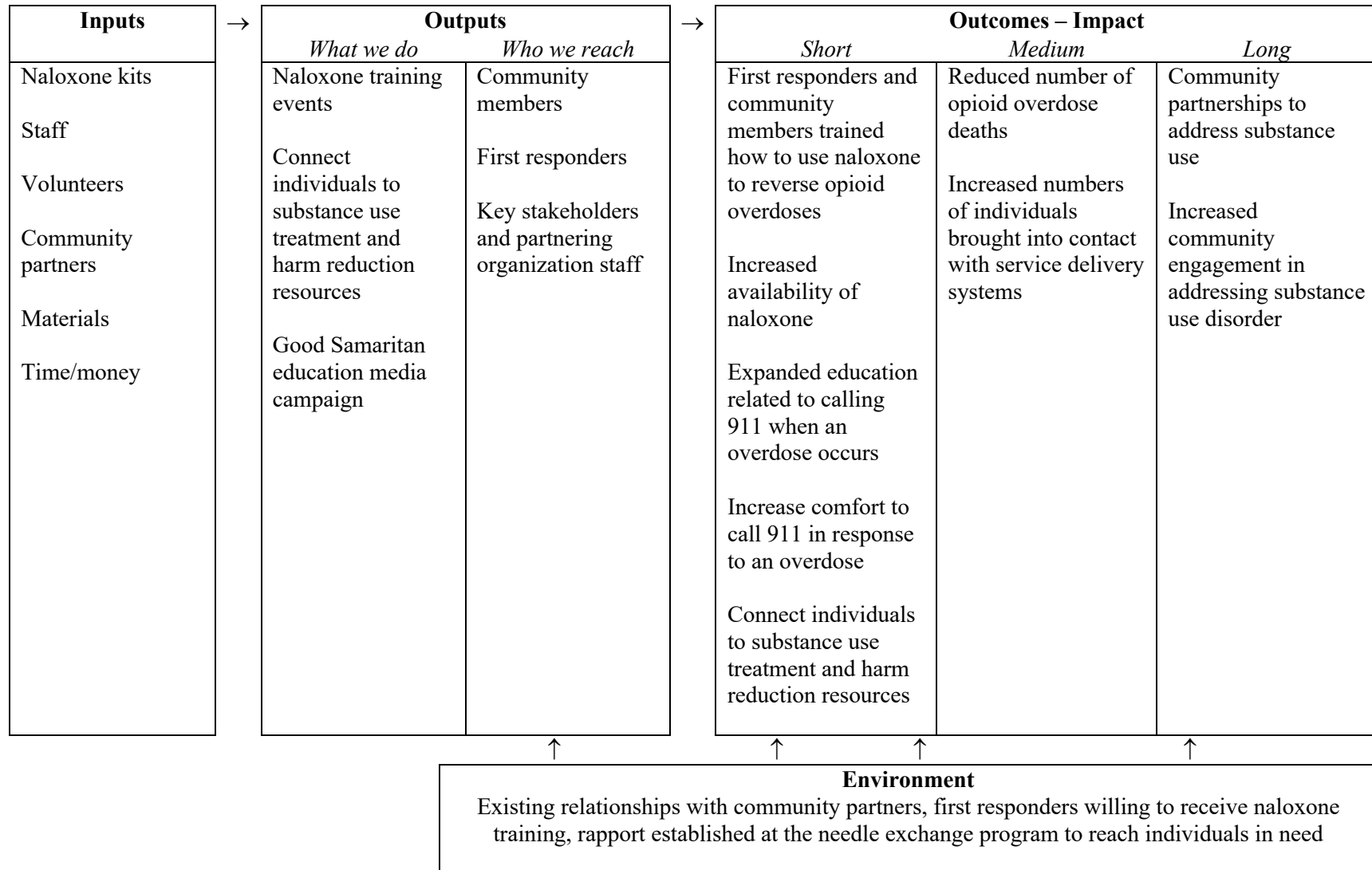
- a. Quantitative data (Source: Project Director)
 - i. Date of campaign rollout and duration
 - ii. Campaign type (e.g., bus wrap, billboard)
 - iii. Location of campaign
- b. Quantitative data (Source: Community members via Project Director at Naloxone Training)
 - i. Understanding of the Good Samaritan Law
 - ii. Comfort with the Good Samaritan Law protections and calling 911 in response to an overdose
 - iii. Types of advertisements seen, if any
 - iv. Impact of media campaign on comfort calling 911 in response to an overdose
 - v. Overdose risk factors, naloxone training received, past use of naloxone to respond to an overdose, and whether or not they have seen someone overdose/called 911 for an overdose
- c. Qualitative data (Source: Annual Process Evaluation)
 - i. Participants: Program and Project Directors

- ii. To understand how sectors and campaign type (e.g., bus wrap, billboards) were selected

Evaluation Questions

1. Did the FR-CARA grant increase the number of first responders that are trained to administer naloxone and provide naloxone for them to carry on duty?
2. Did the FR-CARA grant increase the number of naloxone administration training events conducted in the community and provide naloxone kits to community members?
3. What processes, protocols, or mechanisms were established as a result of the FR-CARA grant funding to allow for the identification of individuals in need for substance use treatment and navigation to treatment and harm reduction resources for individuals in need?
4. Did individuals at risk (e.g., those visiting the county needle exchange program) report seeing the FR-CARA grant funded education campaign on the Good Samaritan Law?
5. What types of ads launched through the FR-CARA grant activities impact individuals' comfort calling 911 to report an overdose?

Logic Model



Analysis Plan

Quantitative data will be analyzed using descriptive statistics including counts, frequencies, percentages, and means. Outcomes collected at multiple time points (e.g., first responders knowledge prior to naloxone training compared to post-training knowledge) will also be analyzed across time using paired samples t-tests and McNemar's tests. Statistical tests will be two-tailed using $p < .05$ as the significance level. Analyses will be performed using current grant year data, as well as cumulative grant data. Qualitative data will be transcribed and analyzed using content analysis to identify key themes.

Dissemination Plan

Annual reports will be provided to the Lexington-Fayette Urban County Government (LFUCG) Department of Social Services and will focus on data addressing the three project goals and associated objectives. At their discretion, the report will be available to community partners and the public. The final report will be presented to the LFUCG Urban County Council and Fayette County Board of Health. The report will be available to the public, including being published on the LFUCG Department of Social Services website.

Continuous Quality Improvement

Program and data collection activities will be monitored closely for the duration of the project to quickly identify and address any issues that arise. Furthermore, data monitoring will help identify opportunities for program enhancement. Continuous Quality Improvement will be achieved through three ongoing activities:

1. **Weekly:** The evaluation team will review data received from LFUCG and communicate with the Project Director to resolve any issues immediately
2. **Monthly:** The evaluation team will provide the LFUCG project team with a data summary report including the number of individuals trained in naloxone administration and the number of individuals referred to substance use and related services.
3. **Quarterly:** The evaluation team and LFUCG project team will meet to review the data and grant activities to ensure project goals are being met and to identify opportunities for further project enhancement.

Finally, annual evaluation reports will be submitted by UK-CDAR that document progress toward program goals.