

SERVICES AGREEMENT

THIS SERVICES AGREEMENT (“Agreement”), made on the 4 day of December 2018, by and between the **LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**, an urban county government created pursuant to KRS Chapter 67A (hereinafter “LFUCG”), located at 200 East Main Street, Lexington, Kentucky 40507, by an through its Sponsor, the **DEPARTMENT OF SOCIAL SERVICES** (hereinafter “SPONSOR”), and **RED7E, Inc.** (hereinafter “CONSULTANT”), located at 637 West Main Street, Louisville, Kentucky 40202.

RECITALS

WHEREAS, LFUCG has been awarded a federal grant under the Comprehensive Addiction and Recovery Act (CARA) Program, in order to create a First Responders and Community Partners Overdose Prevention Project consisting of a multidisciplinary partnership with law enforcement, fire and emergency services, treatment providers, recovery advocates, and community outreach partners.

WHEREAS, the partnership believes it necessary to develop materials for an overdose prevention awareness campaign, with a focus on designed awareness of KRS 218A.133 “Good Samaritan Law”, encouraging community to call 911 to prevent fatal overdoses.

WHEREAS, LFUCG solicited Requests for Proposals for an “Overdose Prevention Awareness Campaign” (RFP #33-2018”).

WHEREAS, the CONSULTANT submitted a response to RFP #33-2018, which was deemed by LFUCG and its SPONSOR to be the best and most responsive proposal to implement the campaign.

NOW, THEREFORE, LFUCG and CONSULTANT, in consideration of their mutual covenants herein agree in respect of the performance of campaign creation and development by CONSULTANT and the payment for those services by LFUCG as set forth below:

1.0 SCOPE OF WORK

1.1 Incorporated Documents

CONSULTANT shall perform the work as outlined in RFP #33-2018 (“Exhibit A”) and CONSULTANT’S Response to RFP #33-2018 (“Exhibit B”) both of which are attached hereto and incorporated by reference herein as if fully stated.

All of the terms and provisions of the RFP, including but not limited to the General Conditions and the Risk Management Provisions and the Response are attached hereto and incorporated herein by reference. To the extent of any conflict between or among the documents, the terms of this Agreement shall take precedence, followed by the RFP and the Response.

1.2 Timely Reports and Invoices

CONSULTANT shall provide reports of all activities and services in conjunction with quarterly invoices to the assigned LFUCG project manager.

2.0 TERM

2.1 Effective Term

This Agreement is effective as of date of LFUCG's signature ("Effective Date") and will continue for a period of seven (7) months.

2.2 Termination

LFUCG may terminate performance of this Agreement, or a portion thereof, upon thirty (30) days written notice, or if the CONSULTANT materially breaches any provision of this Agreement. Upon receipt of a written notice (which shall describe the circumstances that lead to a material breach), CONSULTANT shall have thirty (30) calendar days to cure the default.

3.0 PAYMENTS TO CONSULTANT

Payments for the services rendered hereunder shall not exceed a total of **THIRTY-FIVE THOUSAND AND 00/XX DOLLARS (\$35,000.00)**

3.1 Time of Payment

CONSULTANT shall submit detailed quarterly invoices and reports indicating work completed. Documentation for any and all reimbursable expenses shall be submitted along with invoices.

3.2 Other Provisions Concerning Payments

3.2.1 In the event the Agreement is terminated by LFUCG without fault on the part of the CONSULTANT, the CONSULTANT shall be paid for actual work performed or services rendered and delivered to LFUCG prior to termination, as determined by mutual agreement between LFUCG and CONSULTANT.

3.2.2 In the event that the Agreement is terminated by LFUCG for fault on the part of the CONSULTANT, the CONSULTANT shall be paid for actual work performed or services rendered and delivered to LFUCG prior to termination, as determined by LFUCG.

3.2.3 In the event that the Agreement is terminated by the CONSULTANT because of gross delays caused by LFUCG, the CONSULTANT shall be paid as set forth in 3.2.1

4.0 SUCCESSORS AND ASSIGNS

CONSULTANT binds itself, and its partners, successors, executors, administrators, assigns, agents, and legal representatives to this Agreement with respect to all covenants, agreements, and obligations.

5.0 ASSIGNMENT AND DELEGATION

CONSULTANT shall not assign any interest, obligation, or benefit of this Agreement or transfer any interest in the same, whether by assignment or novation, without prior written consent of LFUCG.

CONSULTANT shall not subcontract more than fifty percent (50%) of the Services based upon dollar value, to be provided under this Agreement. CONSULTANT shall obtain written approval prior to delegating or assigning any services contained in this Agreement. LFUCG's consent to the delegation or assignment of any part of this Agreement shall not be construed to relieve CONSULTANT of any responsibility for compliance with the provisions of this Agreement.

6.0 FORCE MAJEURE

CONSULTANT shall not be liable to LFUCG for any delay in performance or any failure in performance hereunder caused in whole or in part by reason of *force majeure*, which shall be deemed to include war (whether an actual declaration thereof is made or not), sabotage, insurrection, riot and other acts of civil disobedience, action of a public enemy, failure or unavoidable delays in mass transportation, laws, regulations or acts of any national, state or local government (or any agency, subdivision or instrumentality thereof), judicial action, labor dispute, disease, accident, fire, explosion, flood, storm or other act of God, unforeseeable shortage of labor, fuel, raw materials, machinery or unforeseen technical failures. LFUCG shall not refuse to accept delivery by reason of delays occasioned by *force majeure*. Any delay resulting from *force majeure* shall correspondingly extend the time for performance by CONSULTANT. Notwithstanding the above, CONSULTANT acknowledges that it will not be excused from full performance of any contractual provision contained herein or separately contained in any Statement of Work or Change Order if an act or occurrence resulting in any delay in performance or failure in performance could have been avoided through CONSULTANT's exercise of due care.

7.0 OPTIONAL TASKS AND SERVICES

LFUCG may desire to have CONSULTANT perform work or render services in connection with this Project other than provided by the expressed intent of this Agreement. Such work shall be considered as "Optional Task and Services," subject to a change order, supplemental to this Agreement, setting forth the character and scope thereof and the compensation therefore. Work under such change order shall not proceed until written authorization is given by LFUCG.

8.0 RIGHTS IN WORK PRODUCT

Unless otherwise agreed by the parties in a separate Agreement, all Services rendered by CONSULTANT under this Agreement and the product or proceeds of such Services, including any and all information and data owned or controlled by LFUCG, or otherwise manifested in programs and documentation purchased, produced, or delivered to or on LFUCG's behalf ("Work Product") shall belong to and be owned by LFUCG. CONSULTANT and third party service and software providers shall retain sole and exclusive ownership, right, title and interest, including ownership of copyright, with respect to their respective, independently developed intellectual property in accordance with federal copyright and other applicable laws.

9.0 EQUAL EMPLOYMENT OPPORTUNITY

During the performance of the services under this Agreement, the CONSULTANT agrees as follows:

- 9.1 The CONSULTANT will not discriminate against any employee or application for employment because of race, color, religion, national origin, sex, age or handicap. The CONSULTANT will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, national origin, sex, age or handicap. Such action shall include, but not be limited to the following: employment upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeships. The CONSULTANT agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this non-discrimination clause.
- 9.2 The CONSULTANT will, in all solicitations or advertisements for employees placed by or on behalf of the CONSULTANT, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, sex, age (between forty and seventy), or handicap.

10.0 MODIFICATIONS

No extension, modification, or amendment of this Agreement shall be effective unless it is set forth in writing and signed by the Parties.

11.0 DISPUTE RESOLUTION

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. CONSULTANT acknowledges and agrees that any claims, legal proceedings or litigation arising in connection with this Agreement or the Services provided hereunder shall be brought solely in Fayette County, Kentucky.

12.0 SEVERABILITY

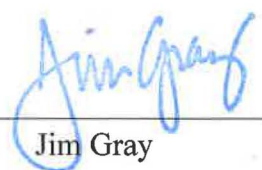
If any particular provision of this Agreement is determined to be invalid or unenforceable, that determination will not affect any other provision hereto, which will be construed in all respects as if the invalid or unenforceable provision were omitted. No extension, modification, or amendment of this Agreement will be effective unless it is described in writing and signed by the Parties.

IN WITNESS WHEREOF, the parties hereto have executed this Contract as of the date and year above written.

LEXINGTON-FAYETTE URBAN COUNTY
GOVERNMENT

ATTEST:

Clerk of the Urban County Council

BY: 
Jim Gray
MAYOR

Red7e
BY: 
JAMES HOYLAND,
Vice-President/Chief Operating Officer

COMMONWEALTH OF KENTUCKY
COUNTY OF Jefferson

The foregoing instrument was subscribed, sworn to and acknowledged before me by James Hoyland as VP & COO for and on behalf of Red 7e, on this the 28 day of November, 2018.


My commission expires: June 8, 2019

First Responders and Community Partners Overdose Prevention Project Proposal

Section A: Statement of Need

A-1

There are a number of projects and initiatives being implemented by Lexington-Fayette Urban County Government (LFUCG) related to the prevention of overdose fatalities. For example, LFUCG, the submitter of this 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. Goals of the program include increasing access to substance use disorder treatment and recovery services and to reduce the stigma associated with substance use disorder. The Lexington Police Department (LPD), a component of the LFUCG, 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 implements an outreach program to faith communities called the *Substance Use Disorder Education and Community Outreach to the Faith Community*. This program was designed to work with churches throughout the city to provide substance use disorder education, reduce stigma associated with substance use disorder and to provide training on naloxone and its administration. When available, naloxone is distributed to anyone who attends the training.

LFUCG has a Memorandum of Understanding with the Fayette County Health Department to partner with the Needle 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. Since April 2016, more than 130 people have utilized the program. Participants have received referrals and many have entered medical detoxification, medication assisted therapies, outpatient and residential treatment services.

Additionally, LFUCG and community partners created and maintain an online substance use disorder treatment locator called GetHelpLex.org to assist those throughout the community who are looking for substance use disorder treatment and recovery 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. Currently, information on more than 160 treatment and recovery programs are included in the locator. Since its inception in 03/2016, hundreds of people each month have visited the site to locate substance abuse treatment and recovery programming. In January 2018, another treatment locator, FindHelpNowKY.org was released to help individuals locate treatment services, as well.

LFUCG implements a conference every other year called *It Takes a Village*. One of the tracks of the conference is substance abuse education for professionals and advocates throughout Lexington. Each year the conference is attended by those from the public school system, law enforcement, social workers, advocates, counselors, and others. The conference was last held in September 2017.

Although it is not administered by LFUCG, there is a law in place in Kentucky that benefits overdose victims throughout the state, including Lexington-Fayette-County. In March 2015, the Kentucky legislature passed Senate Bill 192. SB 192 increases the availability of naloxone and encourages people to call for help when overdose victims need it by including a Good Samaritan provision. The provision is designed to shield people from prosecution when they seek help for someone who overdoses.

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.

A-2

If funded, the First Responders and Community Partners Overdose Prevention Project 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 community partners from across Lexington-Fayette County.

According to 2015 American Community Survey (ACS) estimates, Lexington- Fayette County’s population is 314,488, which is 76% white, 15% black, 7% Hispanic or Latino, and 3% Asian. ACS 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*). Sadly, data for 2016 reflects 162 overdose deaths, yet another increase in fatal overdoses for Lexington-Fayette County (Kentucky Office of Drug Control Policy’s *2016 Overdose Fatality Report*).

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

2012	2013	2014	2015	2016
74	86	112	141	162

Data from the Kentucky Office of Drug Control Policy’s *2016 Overdose Fatality Report*, which is compiled using data from the Kentucky Medical Examiner’s Office, the Kentucky Injury Prevention and Research Center and the Kentucky Office of Vital Statistics, demonstrates that Fayette County ranks second in Kentucky for the number of heroin-related overdose deaths with 48 in 2016 and fentanyl related deaths with 59 deaths and third in the state for heroin and fentanyl in combination with 20 deaths. Lastly, Fayette County’s average annual rate of fatal overdose per 100,000 residents is 27.03.

In addition to the sharp increase in overdose fatalities, Lexington-Fayette County has seen a dramatic increase in overdose calls to the Lexington Fire Department (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 and rose again in 2017 to 2,376 (Source: Lexington Fire Department).

Table 2: Lexington Fire Department Naloxone Administrations, 2013-2017

2013	2014	2015	2016	2017
653	867	1,214	1,550	2,376

Just as the incidences of overdose fatalities and naloxone administrations have increased in Lexington-Fayette County, it has also experienced an increase in overdose visits to the city's emergency departments (ED). The data in Table 3 includes overdose visits to Lexington emergency departments from 2012 to 2017 (Data Source: Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2018. Data source: Kentucky Outpatient Services Database, Office of Health Policy).

Table 3: Overdose Emergency Department Visits-Lexington, KY, 2012-2017

2012	2013	2014	2015	2016	2017
389	427	529	721	900	1,021

Due to ever-increasing overdoses 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. From 01/2018 to 04/2018 there has been a 25% increase in the number of naloxone administrations since the same time period in 2017.

Table 4: Naloxone Administrations by the Lexington Police Department, 9/16-04/2018

09/2016-12/16/2016	2017	01/2018-04/2018
17	149	47

As evidenced by the data in the previous tables, Lexington-Fayette County has experienced an increasingly high number of overdoses and overdose fatalities.

Kentucky's percentage of illicit drug dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2013-2014. In Kentucky, about 96,000 individuals aged 12 or older (2.6% of all individuals in this age group) per year in 2013-2014 were dependent on or abused illicit drugs within one year prior to being surveyed. The percentage did not change significantly from 2010-2011 to 2013-2014 (Source: SAMHSA,

Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2011 to 2013-2014).

While Kentucky's annual average for treatment for illicit drug use among individuals aged 12 or older with drug dependence or abuse (18.1%) was similar to the annual average for the nation (14.1%) from 2010-2014, 81.9% of individuals did not receive treatment for illicit drug use (Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health).

A-3

In an effort to combat the increasing number of overdose deaths, Lexington-Fayette County must strengthen its overdose prevention and intervention infrastructure. The infrastructure would be strengthened by increasing the availability and accessibility of naloxone to those at greatest risk of overdose death, training and providing resources to first responders and key community sectors, removing barriers to substance use disorder treatment and recovery services, and increasing awareness of the Good Samaritan law.

The Office of the Sheriff in Fayette County plays a crucial role in the battle against opioid overdose. As previously stated, Lexington had 162 overdose deaths in 2016 and emergency services administered 1,550 doses of naloxone. In 2017, fire and emergency services administered 2,376 doses of naloxone and preliminary data suggests there were 179 overdose deaths in Lexington-Fayette County (Office of the Fayette County Coroner). In their role as first responders, the deputies see overdoses daily in an area near their offices as well as in the community. However, deputies are not trained in the administration of or equipped with naloxone. Funding this application would allow these first responders to receive training on and receive the lifesaving drug. This would enable them to immediately respond to overdoses and prevent possible overdose fatalities in Lexington.

Naloxone is a vital component in the reduction of overdose fatalities. The limited availability of naloxone at the Lexington Fayette County Health Department's Needle Exchange Program is a potential gap in service that weakens the overall overdose prevention and intervention infrastructure in Lexington. This project would strengthen the already strong partnership between LFUCG and the Lexington-Fayette County Health Department by providing naloxone to those at great risk of fatal overdose throughout the grant period. Participants have stated that their lives and the lives of others that also inject opioids depend on having access to the lifesaving drug. As the number of exchange participants has risen to approximately 200 per week, it is imperative that a solution be found to the problem of a limited amount of naloxone.

From September 2, 2016 to April 7, 2017, 925 naloxone kits were distributed to Needle Exchange Program participants at the Lexington-Fayette County Health Department. Approximately 50% of that naloxone accounted for refills given to participants who administered the lifesaving drug on someone experiencing an overdose. Refills were given to prevent future fatal overdoses.

In March, 2015, the Kentucky legislature passed SB 192 which addressed a number of heroin related issues in the state. The legislation included a Good Samaritan provision that

permits bystanders to alert emergency responders to an overdose or to administer naloxone without fear of civil or criminal penalties. While this portion of the law could potentially save the lives of those experiencing an overdose, many people are unaware of the law and fear the repercussions of contacting emergency services. Raising awareness to this lifesaving law would strengthen the overall prevention and intervention infrastructure in Lexington, KY.

Section B: Proposed Approach

B-1

The purpose of the proposed project is to: (1) train and provide resources to first responders and key community sectors in Lexington-Fayette County on carrying and administering naloxone, (2) establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities, and, (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.

Lexington-Fayette County continues to experience increases in overdose fatalities. Training first responders and providing naloxone to those at great risk of overdose would decrease the number of overdose fatalities in Lexington, KY. Facilitating admission to substance use disorder treatment and recovery services and increasing awareness of the Good Samaritan Law has the potential to lower the incidence of fatal overdose, as well.

The goals and objectives of the proposed First Responders and Community Partners Overdose Prevention Project are intentional and were developed to reduce the number of overdose fatalities throughout Lexington, KY.

The first goal of the program is to train and provide naloxone to first responders and key community sectors in Lexington-Fayette County on carrying and administering naloxone. This goal will be achieved by increasing the number of first responders that carry naloxone, by coordinating with the Fayette County Health Department to provide naloxone to the participants of the Needle Exchange Program, and by working with key community sectors across Lexington to receive training on and administering naloxone.

The Fayette County Health Department averages approximately 200 participants per week at its Needle Exchange Program (*source: Fayette County Health Department*). Although naloxone is currently available at the health department through a grant, the supply of naloxone will likely not sustain through 2018. If another community class is offered, it will deplete the supply completely. If this grant application is funded, it is estimated that 175-185 naloxone kits would be distributed at the Needle Exchange Program per month (approximately 2,160 kits per year) to those at greatest risk of fatal overdose. With funding from the First Responders-Comprehensive Addiction and Recovery Act, through a partnership with LFUCG, the Lexington-Fayette County Health Department would be able to continue the naloxone distribution thus equipping those at greatest risk of overdose death with lifesaving naloxone.

Deputies from the Fayette County Sheriff's Office are often the first responders on the scene of an emergency situation. The location of the Sheriff's Office is near an area of the city

where there is a relatively high level of drug use. In their role as first responders, deputies see overdoses daily throughout the community. The Sheriff and Sheriff's Deputies currently are not trained and do not carry naloxone. LFUCG proposes to coordinate with the Fayette County Sheriff's Office to train them on naloxone and provide it for them to carry. Equipping the sheriff and sheriff's deputies with lifesaving naloxone could potentially reduce the number of overdose deaths in Lexington, KY.

Additionally, goal one will enable the program to work with key community sectors each year of the grant allowing the program to maximize the number of community members reached through naloxone training and distribution. It is estimated that approximately 1,080 naloxone kits will be distributed annually through trainings with key community sectors.

Goal two establishes processes, protocols and mechanisms for referral to appropriate substance use disorder treatment and recovery programming and the distribution of naloxone to those not ready to enter treatment or recovery services when they experience a non-fatal overdose (those entering treatment would also be able to receive naloxone due to increased risk of experiencing an overdose following treatment if a relapse occurs). The development of strategies to intervene with those at greatest risk of overdose and those who have survived overdose is key to successful implementation of this goal. It is imperative that the Project Director provide education on grant activities to local substance use disorder treatment and recovery programs, harm reduction programs, emergency departments, health clinics, and law enforcement because they are the entities that will likely come in contact with those who have experienced a non-fatal overdose.

Those who are ready to enter a treatment or recovery program will work with the Project Director to locate a substance use disorder services. Programs may be located in Lexington or outside of Lexington depending on the need of the survivor and the availability of services. The Project Director will educate the participant on the types of services available (residential, long-term residential, medication assisted treatment, intensive outpatient treatment, etc.). The Project Director will utilize Motivational Interviewing (listed in SAMHSA's National Registry of Evidence-Based Practices and Programs) techniques when working with participant regarding treatment and recovery services. If services are not immediately available, the Project Director will work with the participant to access naloxone. For those who are not ready to enter treatment or recovery services, the Project Director will work with them to access naloxone.

Goal three focuses on providing education and promotion of Kentucky's Good Samaritan law. This law permits bystanders to alert emergency responders to an overdose or to administer naloxone without fear of civil or criminal penalties. LFUCG will develop a citywide campaign to increase awareness of the law. Available data will be utilized to identify areas throughout Lexington-Fayette County where a targeted campaign regarding the Good Samaritan law would make the greatest impact. The campaign will appear on billboards, buses, social media, television, radio and other mediums to get the word out about this important law.

Goals and process and measurable objectives for the project are below:

Goals	Process Objectives	Measurable Objectives
-------	--------------------	-----------------------

<p>Goal One: Train and provide resources to first responders and key community sectors in Lexington-Fayette County on carrying and administering naloxone.</p>	<ol style="list-style-type: none"> 1. Coordinate with the Fayette County Health Department to continue the Naloxone Education and Distribution Program (NEDP) at the Needle Exchange Program to provide naloxone to program participants. 2. Coordinate with the Fayette County Sheriff's Office to provide training on carrying and administering naloxone. 3. Identify key community sectors across Lexington-Fayette County to receive training on and administering naloxone annually. 4. Distribute approximately 3,216 naloxone kits annually to those at greatest risk of overdose (including their family, friends, and those who consume opiates with the person struggling with opiate use disorder). 	<ol style="list-style-type: none"> 1. Increased knowledge of overdose risks as measured by GPRA. 2. Increased knowledge of overdose risks as measured by GPRA. 3. Increased access to naloxone among first responders and providers as demonstrated by participation in the Naloxone Education and Distribution Program. 4. Increased access to naloxone among individuals at high risk for overdose through participation in the Naloxone Education and Distribution Program.
<p>Goal Two: Establish processes, protocols and mechanisms for referral to appropriate treatment and recovery communities.</p>	<ol style="list-style-type: none"> 1. Develop strategies to reach those at greatest risk of overdose and those who have survived a previous overdose. 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 	<ol style="list-style-type: none"> 1. Increase identification of individuals at high-risk for opioid relapse as a result of outreach efforts. 2. Increased number of health care providers trained on the use of naloxone and overdose risks.

	<p>treatment or recovery service providers for those in need of services.</p> <ol style="list-style-type: none"> 3. Identify evidence-based screening and assessment tools. 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. 	<ol style="list-style-type: none"> 3. Increased use of evidence-based screening approaches for high risk drug use. 4. Increased substance use disorder and recovery services admissions and the number of naloxone kits distributed.
<p>Goal Three: 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.</p>	<ol style="list-style-type: none"> 1. Develop a citywide campaign to educate the community about the Good Samaritan Law. 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. 	<ol style="list-style-type: none"> 1. Increase awareness of Kentucky’s Good Samaritan Law through implementation of a city wide campaign. 2. Increase awareness of the Good Samaritan Law in targeted, at-risk areas of Lexington/Fayette County.

B-2

First Responders and Community Partners Overdose Prevention Project Timeline

Activities	Who	When
Lexington-Fayette Urban County Government (LFUCG) will announce the grant award through press	LFUCG	10/2018

Lexington-Fayette Urban County Government
Project Narrative

release, community meetings and via email.		
The Project Director will be hired.	LFUCG	by 01/2019
Project evaluation will begin.	Lead Evaluator	by 02/2019
Develop strategies to reach those at greatest risk of overdose and those who have survived a previous overdose.	Project Director	will begin by 02/2019
The Advisory Council composition will be finalized.	Project Director	02/2019
Collaborate with the Fayette County Health Department to continue the Naloxone Education and Distribution Program at the Needle Exchange Program.	Project Director Project Evaluator	02/2019
Work with the Fayette County Office of the Sheriff to begin the process of training on naloxone administration.	Project Director Project Evaluator	02/2019
Collect baseline data on overdose fatalities, emergency department visits, and naloxone administrations.	Lead Evaluator	02/2019
Identify evidence-based screening and assessment tools.	Project Director Project Evaluator	02/2019
The Advisory Council will hold its initial meeting (followed by quarterly meetings throughout the life of the cooperative agreement).	Project Director, Lead Evaluator	03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020, 12/2020, 03/2021, 06/2021, 09/2021, 12/2021, 03/2022, 03/2022, 06/2022, 09/2022
Referrals from the Lexington Fire Department and the Lexington Police Department will begin.	Project Director	03/2019
Distribute 3,216 naloxone kits annually.	Project Director, Fayette County Health Department, community-based organizations	ongoing, 12/2018-09/2022
Provide an overview of the project to treatment and recovery programs, medical	Project Director	04/2019

facilities and other key community sectors.		
Identify key community sectors to receive naloxone education and training on how to administer it.	Project Director	04/2019, 04/2020, 04/2021, 04/2022
Gather and utilize available data to identify areas throughout Lexington-Fayette County where a targeted campaign regarding the Good Samaritan Law would make the greatest impact.	Project Director	05/2019
Work with marketing professionals to develop effective messaging and promotion of Good Samaritan campaign.	Project Director	05/2019
Travel to Washington, DC to meet with CSAP and other grantees (estimated travel dates)	Project Director and Lead Evaluator	05/2020 and 05/2022 (estimated dates)

B-3

The activities listed in the timeline are directly related to the goals of the project which were selected specifically reduce overdose fatalities, to train and provide resources to first responders and other key community sectors on carrying and administering naloxone, establishing processes, protocols, and mechanisms for referral to appropriate substance use disorder treatment and recovery services, and implementing a city wide campaign to educate and spread awareness about the Good Samaritan law.

Activities outlined in the timeline will improve outcomes by reducing overdose deaths, improving access to substance use disorder services and increasing awareness regarding the Good Samaritan law. By equipping the Office of the Sheriff with naloxone, they will be able to immediately intervene when they find someone who is suffering an overdose. Enabling the sheriff's office to administer naloxone will likely save lives in Lexington, KY.

By partnering with the Fayette County Health Department's Needle Exchange Program, hundreds of individuals using heroin and other opiates will have continued access to naloxone. Funding this project will provide continued access to those suffering with opioid use disorder access to the lifesaving drug likely decreasing the number of overdose fatalities in Lexington, KY.

Improving access to substance use disorder treatment and recovery services will reduce the number of deaths because it provides an opportunity for someone with substance use disorder

to gain the tools he or she needs to achieve long-term recovery. Assisting the facilitation of a person with opioid use disorder will reduce the number of overdose deaths in Lexington, KY.

Kentucky's Good Samaritan law is relatively new (it became law in March 2015) and many individuals struggling with substance use disorder and often those around them are unaware of it. Although the law permits bystanders to alert emergency responders to an overdose or to administer naloxone without fear of civil or criminal penalties, a lack of awareness of the law and fear of prosecution often discourages people from calling 911. Fear of calling 911 has led to those suffering an overdose to die alone or to be dropped off outside of a hospital which could lead to a preventable overdose death. A citywide awareness campaign will raise awareness about the law and potentially increase the number of individuals who call 911 when someone has overdosed. The awareness campaign has the potential to reduce the number of overdose deaths in Lexington, KY.

B-4

A project like this one could be broadly replicated if certain conditions existed in the city interested in it. Funding for the project could be a hurdle for many cities due to the ever increasing cost of naloxone. However, if funding was not an issue, the project could be broadly replicated. First responders who did not carry naloxone could carry it after being trained on how to safely administer it. A city must also have a needle exchange program and a willingness to distribute naloxone to its participants. Successful implementation would also require buy in from other community sectors and partners willing to serve on the Advisory Council to help ensure the goals of the project are being met. If local and state laws allow the administration of naloxone by first responders and the needle exchange program is willing and has the financial resources to distribute naloxone, a city could reach individuals at great risk of overdose and reduce overdose fatalities by replicating the project.

B-5

Successful implementation of this project will require a number of entities working together to reduce the number of overdose fatalities by equipping first responders and other key community sectors with naloxone (after training on administration), improving access to substance use disorder treatment and recovery services and educating and spreading awareness on Kentucky's Good Samaritan Law.

The project's successful implementation will depend a great deal on community partners throughout Lexington that are engaged in efforts to prevent opioid overdose related deaths. LFUCG has requested entities that will be a part of the successful implementation of the project to also serve on the Advisory Council. Those entities include the Lexington Police Department, Lexington Fire Department, University of Kentucky's Center on Drug and Alcohol Research, Fayette County Health Department, Chrysalis House, Hope Center Recovery Programs for Men and Women, Fayette County Detention Center, District 9 Probation and Parole Re-Entry Officer, Voices of Hope, Fayette County Sheriff's Office and Antioch Baptist Church.

The project will coordinate with a number of agencies, programs and other entities in order to successfully implement the project. The role each entity plays will vary and will bring

its own perspective. For example, the Lexington Police Department and the Office of the Sheriff will bring a law enforcement perspective while the Lexington Fire Department and the Fayette County Health Department will bring an emergency services and medical perspective. The Fayette County Detention Center brings the perspective of long-term substance use disorder programming while incarcerated. The Chrysalis House and the Hope Center Recovery programs will bring the substance use disorder treatment and recovery perspective and Antioch Baptist Church will represent the perspective of the faith based community. Voices of Hope will bring the perspective of community based organizations that provide overdose response education and distribute naloxone, and Probation and Parole Re-Entry will bring the re-entry perspective to the project. In addition to being entities that are currently engaged in opioid overdose prevention, all have agreed to be a part of the Advisory Council.

B-6

This project has the support of the Lexington Police Department and the Office of the Sheriff. Both entities have agreed to serve on the Advisory Council (commitment letters can be found in Attachment 1). Although the Lexington Police Department has already been trained to administer naloxone and have had many occasions to administer the lifesaving drug to those suffering an overdose, the Office of the Sheriff will be trained to administer naloxone as a result of this grant. Substance use disorder treatment and recovery programs (the Hope Center for Men, the Hope Center for Women and the Chrysalis House) will serve on the Advisory Council alongside the Lexington Police Department and the Office of the Sheriff. Lexington experienced 162 overdose deaths in 2016 and law enforcement in Lexington, KY, like all entities on the Advisory Council, is looking for ways to greatly reduce that number. The Project Director of this project will supply up-to-date treatment and recovery resources to all law enforcement agencies.

B-7

Like all new projects, this one is likely to face barriers and challenges during its implementation. One barrier that exists throughout Lexington is there is not enough residential treatment and recovery programming. It is not uncommon for a residential program to have a waiting list. When this happens, or when a participant requests it, the Project Director will encourage the participant to consider a program outside of the Lexington area. Another barrier that will likely be encountered is locating medication assisted therapy (MAT) for someone without private insurance or Medicaid. To overcome that barrier, the Project Director will work with the suboxone and methadone program operated by the local comprehensive care center. The Advisory Council will be made aware of each barrier and challenge encountered and encouraged to assist in the resolution to the problem.

B-8

The project will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in a variety of ways. The project will comply with the Governance, Leadership and Workforce Standard by educating and training governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an

ongoing basis. LFUCG, the submitter of this proposal, operates the Global Engagement Center. This center provides multilingual assistance, cross-cultural education and links to the international communities to all divisions of the LFUCG and to the community at-large. The Director of the center will provide training to the Advisory Council, Project Director, Project Evaluator, and others involved with the project on culturally and linguistically appropriate policies and practices. After the initial training, follow-up trainings will occur, as needed.

The project will comply with Communication and Language Assistance Standard by offering language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. Funding for translation services is requested in the budget of this grant application. If funded, interpreters will be utilized as needed and a language interpretation phone line will be available to those who require translation services. Additionally, the Project Director will work with the Global Engagement Center to ensure the participants needs are being met.

Additionally, the project will adhere to the Engagement, Continuous Improvement, and Accountability Standard by creating conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. The project will enact this standard by working under the guidance of and partnering directly with the Global Engagement Center to develop conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

B-9

LFUCG will form an Advisory Council that will provide on-going advice and guidance to the project throughout the four years of the grant. The council will create workgroups to monitor progress and ensure that the goals of the project are being met. The entire council will meet quarterly with workgroups potentially meeting more often to meet the goals of the grant.

The Advisory Council represents many key sectors of the community. Law enforcement, fire and emergency services, re-entry, faith based communities, substance use disorder treatment and recovery services, medical services, education, harm reduction programs, and detention centers are all represented on the Advisory Council. Each sector will bring their unique perspective to the project and collectively the council will play an important role in the successful implementation of the grant.

The Advisory Council is made up of representatives from the Lexington Police Department, the Lexington Fire Department, the Fayette County Detention Center, the Fayette County Office of the Sheriff, Probation and Parole Re-Entry Office, Antioch Baptist Church, Voices of Hope, Chrysalis House, the Hope Center Recovery Programs, University of Kentucky Center on Drug and Alcohol Research and the Fayette County Health Department.

Section C: Staff Management and Relevant Experience

C-1

LFUCG has experience in working with those at greatest risk of fatal overdose. In an effort to reduce the number of overdose deaths, LFUCG has equipped first responders with lifesaving naloxone and developed partnerships to reach those at greatest risk of overdose death through treatment and recovery referrals. In 2016, the Lexington Police Department began carrying naloxone in order to save lives when an officer responds to call where a person is experiencing a life-threatening overdose. Additionally, in 2016, Lexington Fayette Urban County Government entered into a Memorandum of Understanding with the Fayette County Health Department to provide substance use disorder treatment and recovery services referrals to those at the Needle Exchange Program who are ready to enter services. To date, more than 130 needle exchange participants have utilized this service.

LFUCG is fortunate to have a Global Engagement Center that provides multilingual assistance, cross-cultural education and links to the international communities to all divisions of the local government. If an issue arises related to culturally appropriate or competent services, the center will be consulted to ensure that the participant's needs are being met in a culturally competent manner. Additionally, funding for translation services is being requested in the budget of this proposal.

C-2

Those partnering with LFUCG to successfully implement this project are engaged in efforts to prevent opioid overdose related deaths. All of the agencies selected to work with LFUCG on the implementation of this grant have experience in working with those at risk of overdose death in one aspect or another and are capable of successfully partnering with LFUCG to implement this important project. The Lexington Fire Department and the Lexington Police Department are first responders on the scene of an overdose. The Fayette County Health Department works directly with those at greatest risk of overdose and provides the Needle Exchange Program. The Fayette County Detention Center provides long-term substance use disorder programming and re-entry services. Voices of Hope provide overdose response training throughout Lexington. Antioch Baptist Church is one of the churches leading the charge in faith-based outreach regarding opioid epidemic. Probation and Parole refers offenders with opioid use disorder to lifesaving substance use disorder treatment and recovery services. The Chrysalis House provides long-term substance abuse treatment services to women with substance use disorder. The Hope Center for Men and Women provides long-term recovery services to those struggling with substance use disorder. Each of the programs and entities have committed to serving on the Advisory Council of the grant. Their letters of commitment can be found in Attachment 1.

C-3

The Project Director and Lead Evaluator will be assigned to the First Responders and Community Partners Outreach Prevention Project.

The Project Director position is currently vacant and will be fully funded by the grant, if it is awarded. 100% of his or her effort will be dedicated to the project. The role of the Project

Director will be to coordinate all activities related to the grant. It will be the responsibility of the Project Director to successfully implement the project. The Project Director will be licensed or certified in his or her field, and the position will be filled by someone in a social service related field.

The evaluation will be conducted by the University of Kentucky College of Medicine Center on Drug and Alcohol Research under the direction of Dr. Michele Staton. Dr. Staton has led evaluation teams for SAMHSA projects since 2007.

C-4

While the Project Director position is currently vacant, it will be filled by someone who is experienced in the field of substance use disorder services and has demonstrated an ability to develop treatment, prevention and intervention infrastructure. The candidate must have a minimum of five years of experience in addiction services and must have a clear understanding of the various modes of treatment and recovery services available in the community. The Project Director will be held to a high standard and will be expected to work with the community, the Advisory Council, the Substance Abuse and Mental Health Services Administration and the Lead Evaluator to successfully implement this important project.

The evaluation will be conducted by the University of Kentucky College of Medicine Center on Drug and Alcohol Research under the direction of Dr. Michele Staton. Dr. Staton has led evaluation teams for SAMHSA projects since 2007.

Section D: Data Collection and Performance Management

D-1

The evaluation will be conducted by the University of Kentucky College of Medicine Center on Drug and Alcohol Research under the direction of Dr. Michele Staton. Dr. Staton has led evaluation teams for SAMHSA projects since 2007. The evaluation approach for this grant is conceptualized as a mixed methods process evaluation and outcome study incorporating a pre/posttest design with GPRA baseline data on the training curriculum, at the end of the training event, and 30-day follow-up to the training. Based on other SAMHSA evaluations, it is anticipated that a minimum 80 percent of all participants will successfully complete the follow-up data collection waves. This evaluation will comply with GPRA that includes, but is not limited to, collecting baseline and follow-up data using the GPRA Performance Measures.

Performance Measures: The Government Performance and Results Act of 1993 (P.L. 103-62, or "GPRA") and the GPRA Modernization Act of 2010 mandates accountability and performance-based management by Federal agencies. The standardized GPRA instrument for best practices and training satisfaction will be used in this evaluation. These tools are part of the Center for Substance Abuse Treatment (CSAT) Best Practices (BP) programs which examine how substance abuse treatment practitioners adopt new substance abuse treatment techniques as they are tested and proven effective.

D-2

Data Collection: Under the direction of the Project Evaluator, data will be collected at baseline on all participants of the training curriculum, at the end of the training event, and 30-day follow-up to the training. Data will be collected using GPRA standard data collection tools to assess training effectiveness including the CSAT Training Satisfaction Survey (https://www.samhsa-gpra.samhsa.gov/CSAT/view/docs/BP_Baseline-Satisfaction-Survey-Training-Form_final.pdf) for both baseline and follow-up assessments, and supplemented with measures to specifically address the impact of program implementation. Upon collection of the data, in accordance with SAMHSA requirements, GPRA data are to be collected and then entered into SAMHSA's Common Data Platform (CDP) within 7 days of data collection. Evaluation staff will be trained on data collection collecting, tracking and follow-up, as well as data entry, using SAMHSA webinars and specified resources. The evaluation team is committed to quality data collection of performance measures in order to enable the funding agency to report on the National Outcome Measures (NOMs), measures which provide data on key priority areas relating to training on substance abuse. Data will be collected for both baseline and follow-up by evaluation research assistants under the direction of the Project Evaluator in accordance with CSAT guidelines and the University of Kentucky Institutional Review Board.

Data Management: Data management is a priority for the evaluation team. The established data management system used in other federally funded studies in the UK College of Medicine/Center on Drug and Alcohol Research will be modified and used for this evaluation project. Confidentiality of records, crucial for the integrity of the self-report data, has been maintained in ongoing studies. GPRA measures will be entered into the on-line data platform system within 7 business days of the forms being completed. For this Project, common identifiers for the respondents will be available only to the Project Evaluator. The Project Evaluator and the Research Assistant will have all information necessary to contact respondents for follow-up data collection. The Project Evaluator will prepare the schedule for the Research Assistant with all identifiers removed and a project ID assigned to the interview. All further data handling will be done with no access to personal identifiers. The Project Evaluator will check for completeness and internal consistency, and quickly contact the Research Assistant about omissions or inconsistencies. Data management will include (1) data entry and initial data cleaning on PCs using SPSS/DE; (2) storage and access; and (3) further data cleaning, data reduction, and reanalysis with SPSS programs. The existing data system permits data entry, data cleaning, and data reduction to occur simultaneously with continuing data collection from new respondents.

Data Analysis & Reporting: Successful outcomes of this project will include implementation of the first responder training curriculum, as well as application of core learning objectives and dissemination of knowledge into the community. Outcome data collected for the evaluation will be analyzed at the local level using both univariate and multivariate statistics. Chi-square analyses, t-tests, and multivariate analyses will be used to examine the hypothesized differences for the outcome measures. Follow-up data will be available to examine changes over time from intake. Analysis of variance and covariance will be used to examine differences for each outcome (dependent variables) included in the proposed instruments. Outcome scores will also be combined into an overall outcome composite score to provide a picture of efficacy of the training curriculum and health care trainings and analyzed using multivariate regression analysis.

Covariates will be selected from variables that are strongly correlated with outcomes. As appropriate, outcome data will be examined by demographics in order to assure that appropriate populations are being served and that disparity in services and outcomes are minimized.

Process data will include descriptive information and a narrative of the curriculum implementation. The process evaluation will also include a description of curriculum; key players involved in trainings, who provided them, when, and where they were provided. Reports will be prepared for the Principal Investigator and grant team for regular and on-going Continuous Quality Improvement meetings to measure and address issues related to implementation and on-going challenges. In addition, an annual report including both process and local level outcome evaluation data will be prepared for the funding agency.

D-3

The opioid epidemic remains a high priority for the federal government as illustrated through specific targeted initiatives like the Comprehensive Addiction and Recovery Act programs. Increasing access to life-saving drugs like naloxone is a critical part of that initiative. The evidence-base for the use of naloxone delivered intra-nasally to reverse opioid overdose has grown considerably in recent years (e.g., Klebacker et al., 2017; Robinson & Wermeling, 2014). Specifically, when naloxone is available and used by first responders in cases of opioid overdose, success rates have been noted as high as 99% (Avetian, et al., 2017). Despite the compelling evidence for the use of naloxone, there are still limitations in access in the service delivery sector. This evaluation will be conceptually grounded in the evidence-based implementation science methodology demonstrated by Aarons and colleagues (2011) to understand the impact of evidence-based interventions in public sector services. Specifically, the EPIS (exploration, preparation, implementation, and sustainment) model will be used to assess the impact of increasing naloxone access to first responders to reduce opioid overdoses in central Kentucky. Table 5 below highlights the stages of the EPIS model (Aarons et al., 2011) and the targeted outcome measures that will be used to assess each stage of the program.

Table 5: EPIS Model for Program Evaluation

EPIS Model Stage	Conceptual definition	Measurement domains
Exploration	Assessing the awareness of the opioid problem and the potential benefits of naloxone	Outer context (state policies) Inner context (organization, key stakeholders)
Preparation	Decisions about training approaches, resources, and referrals	Outer context (state policies) Inter-organizational networks Inner context (organization, leadership)
Implementation	Implementing training programs, increasing access to naloxone, increased resources	Outer context (contracting, networks, trainers, leadership) Inner context (priorities/goals, organizational readiness for change, climate)

Sustainment	Assessing factors associated with continued use of the innovation	Outer context (leadership, state policies) Inner context (organizational level changes in culture and practice; fidelity and staffing)
--------------------	---	---

In addition to GPRA, measurement domains will be assessed using evidence-based tools outlined in Aarons et al. (2017) including the Multifactor Leadership Questionnaire, Implementation Leadership Scale, Implementation Climate Scale, Evidence-Based Practice Attitude Scale, and the Stages of Implementation Completion measure.

D-4

The local performance assessment will be conducted using a process evaluation methodology. The process evaluation will focus on assessing the development and implementation of the proposed first responder training curriculum using semi-structured open-ended interviews with key informants, patients, and providers, as well as standardized implementation measures. The local performance assessment will be used to periodically review the performance data reported to SAMHSA, and to engage in continuous quality improvement with the advisory board. The local performance assessment will be designed to help determine successful achievement of grant goals, objectives and outcomes and any needed adjustments to make to the project. Performance assessments will be used to determine whether the project is having/will have the intended impact on provision of training to address overdose risk. The local performance assessment will enable reporting on progress achieved, barriers encountered, and efforts to overcome barriers in semi-annual reports.

As a part of the process evaluation, opinions and feedback will be solicited from the first responders who have been trained as to how well the curriculum prepared them for practice. The process evaluation will include detailed information (monitored and tracked by the Project Director) on: number of first responders trained, types and number of differing specialties trained during the project period, number and length of training lectures, content and length of simulated experiences, number of training events held for local and state-wide medical communities, number of technical assistance events held and number of people trained at these sessions, ratings of the program, and barriers/solutions to the implementation. The process evaluation will also include qualitative interviews with key informants on the barriers/solutions to the implementation. Table 6 below includes targeted measureable objectives of interest for the local performance assessment.

Table 6: Goals, Objectives, and Outcomes of the Local Performance Assessment

Goals	Process Objectives	Measureable Outcomes
Goal One: Train and provide resources to first responders and key community sectors in Lexington-Fayette	1. Coordinate with the Fayette County Health Department to establish the Naloxone Education and Distribution	1. Increased knowledge of overdose risks as measured by GPRA

<p>County on carrying and administering naloxone.</p>	<p>Program (NEDP) at the Needle Exchange Program.</p> <ol style="list-style-type: none"> 2. Coordinate with the Fayette County Sheriff's Office to establish the Naloxone Education and Distribution Program (NEDP) at the Needle Exchange Program. 3. Identify key community sectors across Lexington-Fayette County to receive training on and administering naloxone annually. 4. Distribute 3,216 naloxone kits annually to those at greatest risk of overdose (including their family, friends, and those who consume opiates with the person struggling with opiate use disorder). 	<ol style="list-style-type: none"> 2. Increased knowledge of overdose risks as measured by GPRA 3. Increased access to naloxone among first responders and providers as demonstrated by participation in the NEDP. 4. Increased access to naloxone among individuals at high risk for overdose through participation in the NEDP.
<p>Goal Two: Establish processes, protocols and mechanisms for referral to appropriate treatment and recovery communities.</p>	<ol style="list-style-type: none"> 1. Develop strategies to reach those at greatest risk of overdose and those who have survived a previous overdose. 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. 	<ol style="list-style-type: none"> 1. Increase identification of individuals at high-risk for opioid relapse as a result of outreach efforts. 2. Increased number of health care providers trained on the use of naloxone and overdose risks. 3. Increased use of evidence-based

	<ol style="list-style-type: none"> 3. Identify evidence-based screening and assessment tools. 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. 	<p>screening approaches for high risk drug use.</p> <ol style="list-style-type: none"> 4. Increased substance use disorder and recovery services admissions and the number of naloxone kits distributed.
<p>Goal Three: 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.</p>	<ol style="list-style-type: none"> 1. Develop a citywide campaign to educate the community about the Good Samaritan Law. 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. 	<ol style="list-style-type: none"> 3. Increase awareness of Kentucky’s Good Samaritan Law through implementation of a city wide campaign. 4. Increase awareness of the Good Samaritan Law in targeted, at-risk areas of Lexington/Fayette County.

As noted in the table above, the performance assessment will also include a process evaluation. The process evaluation will focus on assessing the implementation of the proposed services using semi-structured open-ended interviews with project administrators, project staff, project participants, and key informants. The process evaluation will also assess the number of project participants who receive the services, as well as comprehensive services. The approach will be used to document adaptations made to the intervention over the three years of the project and will provide descriptive information about program services and factors that lead to desirable and undesirable outcomes (Krisberg, 1980; Scarpitti, Inciardi & Pottieger, 1993). Specifically, the process evaluation will address the extent to which program implementation matched the plan, modifications or deviations from the original plan, factors that led to modifications or changes, and impact of changes on the program. In addition, it will address who provided

(program, staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars). In addition, the process evaluation will include a focus on strategies used to maintain fidelity to the training approach across providers over time, as well as the number of individuals reached through the program. The process evaluation, coupled with an on-going assessment of outcome-based performance indicators, will provide valuable qualitative and quantitative data on: (1) the effect of the intervention on key outcome goals; (2) which program/contextual factors were associated with outcomes; (3) which individual factors are associated with outcomes; (4) sustained effects of the intervention over time; and (5) maintaining project outcomes for follow-up.

D-5

The utilization of evaluation data collection to inform project management and continuous improvements is a priority for the University of Kentucky evaluation team. The GPRA dataset and supplemental instruments provide a number of variables which can be examined for quality improvement on a regular basis including the characteristics of first responders participating, the types of trainings provided, congruence between curriculum and provider needs, and services provided, and evidence of improvements during and following training. Evaluation data will be examined quarterly during the CQI meetings along with secondary data from files in order to provide this information to the Project Director. Findings will be discussed and decisions regarding adjustments or modifications to training delivery will be made as needed. Specifically, the grant team will pay special attention to the “match” between training and the specific needs of first responders to ensure that the training covers relevant material associated with their work.

YEAR 1 - Award amount of \$469,884

**Budget Detail Worksheet
 First Responders and Community Partners Overdose**

A. Personnel - Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

Name/Position	Computation			Level of Effort	Cost
	Annual Rate	Years			
Overdose Project Coordinator (TBD)	63,500	Year 1		75%	\$47,625
TOTAL PERSONNEL					\$47,625

JUSTIFICATION: Describe the role and responsibilities of each position. The First Responders and Community Partners Overdose Prevention Project Coordinator will be responsible for the day-to-day implementation of the project. The Project Coordinator will work with first responders, community partners, the Fayette County Health Department, the Advisory Council, the evaluation team, and federal project officers to successfully impement the grant. The Project Coordinator will be hired approximately 3 months into the federal fiscal year (he or she will dedicate 100% of his or her time to the project but for an estimated 75% of the year due to a lengthy hiring process).

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe Benefits are for the personnel listed in the budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Computation			Cost	
	Base	Rate	FTE		
Overdose Project Coordinator (TBD)					
CERS Pension - Year 1	47,625	0.2148	1	\$10,230	
Fringe Benefits	47,625	0.1000	1	\$4,763	
FICA & Medicare	47,625	0.0765	1	\$3,643	
Unemployment Insurance	47,625	0.0014	1	\$67	
TOTAL FRINGE					\$18,703

JUSTIFICATION: Fringe benefits are commensurate with those of all other civil service classified and unclassified positions of the Lexington-Fayette Urban County Government, and are in accordance with the city's ordinances.

C. Travel - Explain need for all travel other than that required by this application.

Purpose of Travel	Location	Item	Rate	Cost
SAMHSA Mandated	TBD	Airfare	\$650 (avg) x 1 person x 2 trips	\$ -
Training		Lodging	\$250 (avg) x 6 nights x 1 person	\$ -
		Per Diem	\$44/day x 8 days x 1 person	\$ -
		Ground	\$90/trip x 2 trips	\$ -
		Travel		
Local mileage			2000 miles per year x 1 year @ \$.535/mile	\$ 1,070
TOTAL MILEAGE AND TRAVEL				\$ 1,070

YEAR 1 - Award amount of \$469,884

JUSTIFICATION: Year one travel includes only local mileage for local travel to substance use disorder treatment and recovery programs, local health department, medical providers, re-entry service providers, local meetings with Advisory Council members, and other local entities involved with the successful implementation of this project.

E. Supplies - Materials costing less than \$5,000 per unit (federal definition) and often having one-time use

Supply Items	Rate	Cost
Office supplies-paper, pens, printer/copier toner, file folders	\$100 month x 9 months	\$900
Laptop and Software	1 laptop and software x \$2,000	\$2,000
Educational Materials	\$2000 a year x 1 year	\$2,000
Naloxone - Health Dept	240 kits per month x 9 months x \$75 each	\$162,000
Naloxone - Community	136 kits per month x 9 months x \$75 each	\$91,800
Naloxone - Sheriff's Office	2 per deputy x 60 deputies x \$75 each x 1 year	\$9,000
TOTAL SUPPLIES		\$267,700

JUSTIFICATION: Office supplies are needed for the general operation of the program. Educational materials will be used to provide resources to emergency departments, substance abuse treatment and recovery programs and other community programs about the First Responders and Community Partners Overdose Prevention Project. A portion of the budgeted funds will be used to provide substance abuse and overdose prevention educational materials. The largest portion of the Supply Items budget will be used to purchase naloxone for the Fayette County Health Department's Needle Exchange Program, community partners and the Office of the Fayette County Sheriff.

F. Contracts - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. LFUCG's formal written Procurement Policy will be followed.

Name of Consultant	Service Provided	Computation	Cost
University of Kentucky Center on Drug and Alcohol Research	Evaluation Services	20% of award amount of \$469,884	\$ 93,976
Interpreter	Interpreter Services	\$35 per hour x 5 hours per month (average) x 9 months	\$ 1,575
Marketing Company (TBD)	Messaging & Campaign Development for Good Samaritan Campaign	Estimated based on research	\$ 10,000
Radio Advertisements	Advertisements for Good Samaritan Campaign	Estimated based on research (\$623 per month x 9 months)	\$ 5,610
Television Public Service Announcements (PSA)	Advertisements for Good Samaritan Campaign	Estimated based on research (\$480 per month x 9 months)	\$ 4,320

YEAR 1 - Award amount of \$469,884

Billboards	Advertisements for Good Samaritan Campaign	Estimated based on research (\$1,430 per month x 9 months)	\$	12,870
Bus Advertisements	Advertisements for Good Samaritan Campaign	Estimated based on research (\$615 per month x 9 months)	\$	5,535
TOTAL CONTRACTUAL			\$	133,886

JUSTIFICATION: Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

Interpreter services will be used to communicate with clients who have limited English proficiency.

The remaining contracts will be used to develop and administer a citywide campaign that will increase awareness of the Good Samaritan Law. A marketing company will be contracted with to design the message and overall campaign. Radio advertisements, Public Service Announcements (PSA), billboards and bus advertisements will be used.

H. Other Costs -Expenses not covered in any of the previous budget categories.

Description	Computation	Rate	Cost
Cell phone	100 per month x 9 months	1	\$900
TOTAL OTHER COSTS			\$900

TOTAL PROJECT COST: \$469,884

