

AGREEMENT

THIS AGREEMENT, made and entered into on this 4 day of December, 2018, by and between **LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**, an urban county government pursuant to KRS Chapter 67A, and located at 200 East Main Street, Lexington, Fayette County, Kentucky 40507 (hereinafter referred to as "GOVERNMENT"), and **LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT** whose address is 650 Newtown Pike, Lexington, Kentucky 40508, (hereinafter referred to as "SUBRECIPIENT").

WHEREAS, GOVERNMENT has been awarded federal funds (CFDA #92.243) from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention Office for implementation of the First Responders and Community Partners Overdose Prevention Project (Grant # 1H79SP080309-01);

WHEREAS, the approved grant application provides for the SUBRECIPIENT to provide services as described in the grant application;

WHEREAS, the GOVERNMENT'S responsibility for ensuring compliance with all grant requirements necessitates a written agreement with the SUBRECIPIENT;

NOW, THEREFORE, in consideration of the foregoing and mutually agreed upon promises, conditions, and covenants hereinafter set forth, pursuant to grant requirements, the parties hereto agree as follows:

I. SCOPE OF SERVICES

A. Activities

The SUBRECIPIENT agrees to serve on the multi-disciplinary First Responders and Community Partners Overdose Prevention Project Advisory Council established by the Lexington-Fayette Urban County Government Department of Social Services, to coordinate with the GOVERNMENT to provide training on the administration of naloxone and the signs and symptoms of overdose and to distribute naloxone to the Fayette County Sheriff's Office staff, community members and to individuals who utilize the needle exchange program and to participate in all aspects of the program as provided by the approved grant program narrative (Exhibit "A"). The SUBRECIPIENT agrees to complete the scope of work in the approved program narrative (Exhibit "A"). The services shall be operated in a manner satisfactory to the GOVERNMENT and in compliance with all local, state, and federal laws and regulations.

The SUBRECIPIENT'S specific responsibilities include providing naloxone to the Fayette County Sheriff's Office, participants of the needle exchange

program and community groups, providing data on naloxone distribution to GOVERNMENT and to the evaluator of the grant. SUBRECIPIENT also agrees to participate in monthly program implementation meetings.

B. Reporting

The SUBRECIPIENT shall be responsible for submission of progress reports to GOVERNMENT. Reports shall provide information on project activities, including the number of naloxone kits distributed during the needle exchange program, the number of community classes held during the quarter and the number of naloxone kits distributed during community classes. The information must be valid and auditable. The progress reports shall be submitted to the Department of Social Services, Lexington-Fayette Urban County Government in accordance with the following schedule:

Period	Due
October 2018-January 2019	February 15, 2019
February 2019-April 2019	May 15, 2019
May 2019-July 2019	August 15, 2019
August 2019-October 2019	November 15, 2019

In addition, the SUBRECIPIENT agrees to cooperate with evaluation and data collection activities by SAMHSA and local grant evaluator. The SUBRECIPIENT shall submit all information requested by SAMHSA and local grant evaluator to the Department of Social Services, Lexington-Fayette Urban County Government.

The SUBRECIPIENT agrees to submit a final programmatic report providing a summary of progress toward achieving the goals and objectives of the award, significant results, and total number of naloxone recipients. Final report in a form to be determined shall be submitted to the Department of Social Services, Lexington-Fayette Urban County Government no later than November 15, 2019.

C. Performance Monitoring

The GOVERNMENT may monitor the performance of the SUBRECIPIENT under the terms of the Agreement. Substandard performance as determined by the GOVERNMENT shall constitute noncompliance with the Agreement. If action to correct such substandard performance is not taken by the SUBRECIPIENT within a reasonable period of time after being notified by the GOVERNMENT, Agreement suspension or termination procedures will be initiated.

D. Evaluation

The SUBRECIPIENT agrees to participate in Evaluation Component of the project as described in the approved grant application.

II. TIME OF PERFORMANCE

The term of this Agreement shall be December 6, 2018, through September 30, 2019.

III. USE OF FEDERAL FUNDS

Federal funds from the federally funded First Responders and Community Partners Overdose Prevention Project in the amount of \$262,800 is available to support the herein described activities in accordance with the approved budget over the grant period.

IV. PAYMENT

It is expressly agreed and understood that the total amount to be paid by the GOVERNMENT under this Agreement shall not exceed \$262,800 throughout the duration of year one of the grant. The SUBRECIPIENT shall invoice the GOVERNMENT quarterly for reimbursement of expenditures incurred through the purchase of naloxone. Reimbursement will be limited to costs incurred for the purchase of naloxone only. SUBRECIPIENT'S invoice must be for the expenses in the approved budget. SUBRECIPIENT'S invoice must include copies of receipts for naloxone purchases.

V. NOTICES

All notices hereunder shall be sufficiently given and shall be deemed given when delivered or mailed by certified mail, postage prepaid, return receipt requested, to the parties at their respective addresses as first set out herein.

VI. ADMINISTRATIVE REQUIREMENTS

A. Financial Management

The SUBRECIPIENT shall expend and account for all federal funds received under this agreement in accordance with 2 CFR part 200, including 2 CFR part 200, subpart D, which covers Standards for Financial and Program Management and agrees to adhere to the accounting principles and procedures required therein, use adequate internal controls, and maintain necessary source documentation for all costs incurred.

B. Documentation and Record-Keeping

1. Records to be Maintained

The SUBRECIPIENT shall maintain all records required by the federal regulations specified in 2 CFR part 200, and the Terms and Conditions of the Grant Award. Such records shall include but not be limited to:

- a. Records providing a full description of each activity undertaken;
- b. Records required to determine the eligibility of activities and the clients being served;
- c. Financial records.

2. Retention

In accordance with regulations, the SUBRECIPIENT shall retain all records pertinent to expenditures incurred under this Agreement for a period of three (3) years after the termination of all activities funded under this Agreement. Records of non-expendable property acquired with funds under this Agreement shall be retained for three (3) years after final disposition of such property. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the three-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the three-year period, whichever occurs later.

3. Data

The SUBRECIPIENT shall maintain data regarding the number of units of naloxone distributed to the Fayette County Office of the Sheriff, the community at-large and to individuals who receive naloxone at the needle exchange program. All identifying information shall be considered protected health information and fall under the purview of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Non-identifying information shall be made available to government monitors or their designees for review upon request.

4. Disclosure

The SUBRECIPIENT understands that client information collected under this Agreement is private and the use or disclosure of such information, when not directly connected with the administration of the GOVERNMENT'S responsibilities with respect to services provided under this Agreement, is prohibited unless written consent is obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian.

5. Close-outs

The SUBRECIPIENT'S obligation to the GOVERNMENT shall not end until all close-out requirements are completed. Activities during this close-out period shall include, but are not limited to: making final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to the GOVERNMENT and determining the custodianship of records).

6. Audits and Inspections

The SUBRECIPIENT must be audited as required by 2 CFR part 200, subpart F when it is expected that the SUBRECIPIENT's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in §200.501 Audit requirements.

SUBRECIPIENT shall submit a copy of the audit report to the Federal Audit Clearinghouse within 30 days after receipt of the audit report, but not later than nine months after the end of the audit period. Concurrently with the submission of the audit report to the Federal Audit Clearinghouse, SUBRECIPIENT shall submit a copy of the audit report to the GOVERNMENT'S Division of Grants and Special Programs. Any deficiencies noted in audit reports must be fully cleared by the SUBRECIPIENT within 30 days after receipt by the SUBRECIPIENT. Failure of the SUBRECIPIENT to comply with the above audit requirements will constitute a violation of this Agreement and may result in the withholding of the future payments.

All SUBRECIPIENT records with respect to any matters covered by this Agreement shall be made available to the GOVERNMENT, grantor agency, their designees or the federal government, at any time during normal business hours, as often as the grantor agency deems necessary, to audit, examine, and make excerpts or transcripts of all relevant data to meet the requirements of 2 CFR part 200.

The SUBRECIPIENT must submit to monitoring of its activities by the GOVERNMENT as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of this agreement.

C. Procurement

The SUBRECIPIENT shall procure all materials, property, or services in accordance with the requirements of 2 CFR §200.318 - §200.326.

VII. PERSONNEL AND PARTICIPANT CONDITIONS

A. Civil Rights

1. Compliance

The SUBRECIPIENT agrees to comply with Title VI of the Civil Rights Act of 1964 as amended, Title VIII of the Civil Rights Act of 1968, as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11063, and with Executive Order 11246 as amended by Executive Order 11375 and as supplemented in Department of Labor regulations (41 CFR chapter 60).

The SUBRECIPIENT agrees that no person shall on the ground of race, color, creed, religion, sex, age, handicap, disability, ancestry, national origin, marital status, familial status, or any other basis prohibited by applicable law be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded under this agreement.

2. Nondiscrimination

The SUBRECIPIENT agrees to comply with Title VII of the Civil Rights Act of 1964 as amended. The SUBRECIPIENT will not discriminate against any employee or applicant for employment because of race, color, creed, religion, ancestry, national origin, sex, disability or other handicap, age, marital/familial status, or status with regard to public assistance. The SUBRECIPIENT will take affirmative action to insure that all employment practices are free from such discrimination. Such employment practices include but are not limited to the following: hiring, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, rates of pay or other forms of compensation, and selection of training, including apprenticeship. The SUBRECIPIENT agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting agency setting forth the provisions of this nondiscrimination clause.

3. Section 504

The SUBRECIPIENT agrees to comply with any federal regulations issued pursuant to compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 706), which prohibits discrimination against the handicapped in any federally assisted program. The Grantee shall provide the SUBRECIPIENT with any guidelines necessary for compliance with that portion of the regulations in force during the term of this Agreement.

B. Affirmative Action

1. Approved Plan

The SUBRECIPIENT agrees that it shall be committed to carry out pursuant to the GOVERNMENT'S specifications an Affirmative Action Program in keeping with the principles as provided in President's Executive Order 11246 of September 24, 1965. The GOVERNMENT shall provide Affirmative Action guidelines to the SUBRECIPIENT to assist in the formulation of such program.

2. W/MBE

The SUBRECIPIENT will use its best efforts to afford minority- and women-owned business enterprises the maximum practicable opportunity to participate in the performance of this Agreement. As used in this Agreement, the term "minority and female business enterprise" means a business at least fifty-one (51) percent owned and controlled by minority group members or women. For the purpose of this definition, "minority group members" are African-Americans, Spanish-speaking, Spanish surnamed or Spanish-heritage Americans, Asian-Americans, and American Indians. The SUBRECIPIENT may rely on written representations by businesses regarding their status as minority and female business enterprises in lieu of an independent investigation.

3. EEO/AA Statement

The SUBRECIPIENT will, in all solicitations or advertisements for employees placed or on behalf of the SUBRECIPIENT, state that it is an Equal Opportunity or Affirmative Action employer.

4. Subcontract Provisions

The SUBRECIPIENT will include the provisions of Paragraphs VII A, Civil Rights, and B, Affirmative Action, in every subcontract or purchase order, specifically or by reference, so that such provisions will be binding upon each of its own subcontractors. SUBRECIPIENT shall also obtain written certification from all its subcontractors that they are in compliance with Executive Order 12549 on Debarment and Suspension.

VIII. GENERAL CONDITIONS

- A. The SUBRECIPIENT agrees to comply with the requirements of all applicable federal, state, and local laws, regulations, and policies governing the operation of herein described grant-supported services. The SUBRECIPIENT further agrees to use funds available under this Agreement to supplement rather than supplant funds otherwise available.

- B. The SUBRECIPIENT agrees to defend, indemnify, and hold harmless GOVERNMENT from any and all losses or claims of whatever kind, that are in any way incidental to, or connected with, or that arise or alleged to have arisen, directly or indirectly, in whole or in part, from the execution, performance, or breach of this agreement by SUBRECIPIENT, including any environmental problems, including, without limitation, soil and/or water contamination, and remedial investigations and feasibility studies thereof, which exist at or prior to the agreement commencement date, regardless of when such losses or claims are made or incurred. This indemnity agreement shall in no way be limited by any financial responsibility, or loss control requirements below, and shall survive the termination of this agreement;

For the purposes of this Indemnity Provision:

1. The word “defend” includes, but is not limited to, investigating, handling, responding to, resisting, providing a defense for, and defending claims, at SUBRECIPIENT’S expense, using attorneys approved in writing by GOVERNMENT, which approval shall not be unreasonably withheld.
 2. The word “claims” includes, but is not limited to, claims, demands, liens, suits, notices of violation from Governmental agencies, and other causes of action of whatever kind.
 3. The word “losses” includes, but is not limited to: attorney fees and expenses; costs of litigation; court or administrative costs; judgments; fines; penalties; interest; all environmental cleanups and remediation costs of whatever kind; and any liability arising from death, injury, or damage of any kind, to any person, including employees and agents of SUBRECIPIENT and GOVERNMENT, and damage to, or destruction of, any property, including the property of GOVERNMENT.
- C. The SUBRECIPIENT shall provide Workers' Compensation insurance coverage for all its employees involved in the performance of this Agreement.
- D. This Agreement, or any part hereof, may be amended from time to time hereafter only in writing executed by the GOVERNMENT and the SUBRECIPIENT.
- E. This Agreement, in accordance with 28 CFR 66.43 can be terminated if SUBRECIPIENT fails to comply with any term of the award. This

Agreement may be terminated for convenience in accordance with 28 CFR 66.44 upon written notice by the GOVERNMENT.

F. GOVERNMENT and the SUBRECIPIENT each binds himself and his partners, successors, executors, administrators, assigns, and legal representatives of such other party, in respect to all covenants, agreements, and obligations of the Agreement.

G. Prohibited Activity

The SUBRECIPIENT is prohibited from using funds provided herein or personnel employed in the administration of the program for political activities, sectarian or religious activities, lobbying, political patronage, and nepotism activities.

H. Drug Free Workplace

The SUBRECIPIENT shall administer a policy designed to ensure that the SUBRECIPIENT is free from the illegal use, possession, or distribution of drugs or alcohol by its employees and beneficiaries.

I. Assignability

The SUBRECIPIENT shall not assign or transfer any interest in this Agreement without the prior written consent of the GOVERNMENT thereto; provided, however, that claims for money due or to become due to the GOVERNMENT under this Agreement may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer shall be furnished promptly to the GOVERNMENT.

J. Subcontracts

a. Approvals

The SUBRECIPIENT shall not enter into any subcontracts with any agency or individual in the performance of this Agreement without the written consent of the GOVERNMENT prior to the execution of such agreement.

b. Monitoring

The SUBRECIPIENT will monitor all subcontracted services on a regular basis to assure compliance with this Agreement. Results of monitoring efforts shall be summarized in written reports and supported with documented evidence of follow-up actions taken to correct areas of noncompliance.

c. Content

The SUBRECIPIENT shall cause all of the provisions of this Agreement in its entirety to be included in and made a part of any subcontract executed in the performance of this Agreement.

d. Selection Process

The SUBRECIPIENT shall undertake to insure that all subcontracts let in the performance of this Agreement shall be awarded on a fair and open competition basis. Executed copies of all subcontracts shall be forwarded to the Grantee along with documentation concerning the selection process.

- K. SUBRECIPIENT agrees that contractors engaged under contracts for renovation work financed in whole or in part with assistance provided under this contract, shall comply with the regulation of the Department of Labor in accordance with the Davis-Bacon Act, as amended, the provisions of Contract Work Hours and Safety Standards Act, the Copeland "Anti-Kickback" Act and all other applicable federal, state, and local laws and regulations pertaining to labor standards insofar as these acts apply to the performance of this contract.

L. Hatch Act

The SUBRECIPIENT agrees that no funds provided, nor personnel employed under this Agreement, shall be in any way or to any extent engaged in the conduct of political activities in violation of Chapter 15 of Title V United States Code.

M. Conflict of Interest

The SUBRECIPIENT agrees to abide by the provisions of 45 CFR 74.42 with respect to conflicts of interest, and covenants that it will maintain written standards of conduct governing the performance of its employees engaged in the administration of this Agreement.

N. Lobbying

The SUBRECIPIENT hereby certifies that:

- a. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal

loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;

- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- c. It will require that the language of paragraph (d) of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subcontractors shall certify and disclose accordingly; and
- d. Lobbying Certification - Paragraph d

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

O. Copyright

If this Agreement results in any copyrightable material or inventions, the GOVERNMENT and/or grantor agency reserves the right to royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use and to authorize others to use, the work or materials for government purposes.

P. Religious Organization

The SUBRECIPIENT agrees that funds provided under this Agreement will not be used for religious activities, to promote religious interests, or for the benefit of a religious organization in accordance with federal regulations.

Q. Suspension and Debarment

The SUBRECIPIENT certifies, in accordance with Executive Order 12549 (Debarment and Suspension February 18, 1986) that to the best of its knowledge and belief, that it, its principals, and its subcontractors:

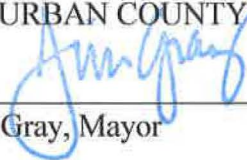
Are not presently debarred, suspended, proposed for debarment, declared negligible, or voluntarily excluded from covered transactions or contract by and Federal department or agency for noncompliance with the Federal Labor Standards, Title VI of the Civil Rights Act of 1964 as amended, Executive Order 11246 as amended or any other federal law;

- a. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- b. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (a) of this certification; and
- c. Have not within a three-year period preceding this proposal had one or more public (Federal, State, or local) transactions or contracts terminated for cause or default.

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IN WITNESS WHEREOF, the parties executed this Agreement the day, month, and year above written.

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT



Jim Gray, Mayor

ATTEST:



Clerk of Urban County Council

LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT




Authorized Official

Nov. 29, 2018

Kraig E. Humbaugh, MD, MPH, Commissioner of Health
Printed Name



Chief Financial Officer- Cara Kay



Clinical Services Officer

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
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<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, 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)
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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
Overdose Project Coordinator (TBD)	Base	Rate	FTE	
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
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