



**First Responders-Comprehensive Addiction Recovery Act-
Cooperative Agreement- Substance Abuse Mental Health Services
Administration-Announcement SP-17-005**

In an effort to mitigate opioid overdose related mortality rates, fortify efficacy of first responses to overdose, and coordinate care for overdose survivors, HHSC Texas will be pursuing this funding opportunity to implement a project in the Bexar county area. Bexar has been chosen based on prevalence of Opioid Use Disorder, which has been determined by the rate of treatment admission/county of residence. This data indicator reveals that a third of Texas' Opioid Use Disorder admissions are from Bexar. To view the funding opportunity announcement:

<https://www.samhsa.gov/grants/grant-announcements/sp-17-005>

In response, we are proposing a collaborative project that provides comprehensive overdose prevention and care coordination training for first responders, identification and implementation of a statewide public health surveillance system for real time overdose mapping and overdose spike prediction, and connection of overdose survivors to recovery coaches in the Emergency Departments for engagement and referral to treatment and recovery services. The outcomes will include decreased rates of repeat overdose episodes, increased rates in treatment and recovery support engagement, and increased number of naloxone units available to the community. Accordingly, we will move forward with the following proposal, framed by three overarching functions, Train, Disseminate, and Connect, preceded by a local needs assessment to inform implementation.

- **Training First Responders-** Trainings will be tailored to First Responders and consist of Overdose Prevention Content plus guidance for connecting the survivors to services, with an evidence based explanation of how these connections reduce repeat overdose episodes.
 - In FY 1, in Bexar County targeting approximately 900 EMS, Fire, Law Enforcement, and other related Hospital/Medical staff.
 - In FY2, targeting traditional first responders as described above but expanding to incorporate other first responders, such as citizens, employees in high frequency urban locations, educators, etc, as determined by FY 1 Needs Assessment.
- **Disseminate Materials and Information-**In each year of the project, each training conducted,

FY1 and 3 Budget:

<i>Item</i>	<i>Cost</i>	<i>Description</i>
<i>Total Award</i>	\$800,000	Per year X 4
<i>Project Coordinator</i>	\$90,000	1 FTE (with fringe)
<i>Administrative</i>	\$80,000	10% of award max
<i>Evaluation</i>	\$160,000	20% of award max
<i>RSS Amendments</i>	\$220,000	4 RC FTE's (with fringe)
<i>Trainings</i>	\$9000	6 trainings = 840 people
<i>Naloxone</i>	\$286,000	\$200,200 intranasal kits \$86,800 intramuscular kits
<i>Total</i>	\$0	11,060 doses into the community

FY2 and 4 Budget:

<i>Item</i>	<i>Cost</i>	<i>Description</i>
<i>Total Award</i>	\$800,000	Per year X 4
<i>Project Coordinator</i>	\$90,000	1 FTE (with fringe)
<i>Administrative</i>	\$80,000	10% of award max
<i>Evaluation</i>	\$160,000	20% of award max
<i>RSS Amendments</i>	\$440,000	8 RC FTE's (with fringe)
<i>Trainings</i>	\$9000	6 trainings = 840 people
<i>Naloxone</i>	\$21,000	\$14,700 intranasal kits \$6,300 intramuscular kits
<i>Total</i>	\$0	812 doses into the community

Required Measures:

1. The number of first responders and members of other key community sectors equipped with a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;
2. The number of opioid and heroin overdoses reversed by first responders and members of other key community sectors receiving training and supplies of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;
3. The number of responses to requests for services by the entity or sub-grantee, to opioid and heroin overdose; and
4. The extent to which overdose victims and families receive information about treatment services and available data describing treatment admissions.