OPIOID OPERATIONAL COMMAND CENTER
ORF Targeted Abatement Grant Program
Local Abatement Plan

IMPORTANT NOTE: Please review the instructions provided in the Call for Proposals document prior to completing this form.
The application package should be submitted via Smartsheet Form to the link below.
https://app.smartsheet.com/b/form/7abd36feaa304e9dad2e776c198e857f

Jurisdiction/subdivision: City of Salisbury

Point of Contact:

First/Last Name: Rob Frampton

Mailing Address: 125 N. Division Street
Salisbury, MD 21801

Position: Fire Chief
Phone: 410-548-3120
Email: rframpton@salisbury.md

Total Allocated Funds $

Primary State Finance and Procurement Article 7-331/Chapter 270 Legislative Provision Local Abatement Plan will fulfill (click here to review these legislative bills):

Please select the ORF provision which most accurately represent the primary focus/foci of the local abatement plan (you may identify more than one).

(i) Improving access to medications proven to prevent or reverse an overdose;
(ii) Supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high–risk populations;
(iii) Increasing access to medications that support recovery from substance use disorders;
(iv) Expanding the Heroin Coordinator Program, including for administrative expenses;
(v) Expanding access to crisis beds and residential treatment services for adults and minors;
(vi) Expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers;
(vii) Supporting the behavioral health crisis hotline;
(viii) Organizing primary and secondary school education campaigns to prevent opioid use, including for administrative expenses;
(ix) Enforcing the laws regarding opioid prescriptions and sales, including for administrative expenses;
(x) Research regarding and training for substance use treatment and overdose prevention, including for administrative expenses; and
(xi) Supporting and expanding other evidence–based interventions for overdose prevention and substance use treatment

I. PLAN SUMMARY *The plan summary must provide a clear summary of the projects to be funded and the activities that will be conducted in service of the Local Abatement Plan, and clearly tie to the provisions of the legislation identified above.*

The Salisbury Fire Department's SWIFT program will implement a Buprenorphine induction program to provide recovery resources immediately following an opioid overdose. The implementation of this program includes the purchase of a SUV which will be wrapped with opioid awareness theme graphics such as One Pill Can Kill, Narcan, and 988. Operating at least five days a week in conjunction with our Minor Definitive Care Now (MDCN) program, the vehicle will also be used for numerous community outreach events throughout the year. This new program will focus on many of the ORF provisions as listed below;

- **(i) Improving access to medications proven to prevent or reverse overdose;**
  SWIFT will have Narcan available to the public in this new unit. The team will work with the Wicomico County Health Department to create a walk-in Narcan training program at all firehouses for Narcan use and distribution.
- **(ii) Supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high risk populations;**
  SWIFT will create a partnership with the Wicomico County Health Department's, Community Outreach and Addictions Team (COAT), which is a peer lead support team that will respond on all overdoses where Buprenorphine is started in the field. COAT will assist in the navigation of resources to improve recovery chances.
  The City of Salisbury will also create a partnership with the Recovery Resource Center to establish a training program to train and certify peer support specialists, locally.
- **(iii) Increasing access to medications that support recovery from substance use disorder;**
  SWIFT has partnered with several recovery centers that use MOUD (Medication for Opioid Use Disorder). SWIFT also has three nurse practitioners who work with the program and can assist in prescribing medications to bridge any gaps in appointments to recovery centers.
- **(vi) Expanding and establishing safe stations, mobile crisis response, and crisis stabilization centers;**
  Safe station supplies will be carried by the team, which will include Fentanyl and Xylazine test strips, syringes and other hygiene supplies. The team will be out daily in various communities and easily accessible to the public. SWIFT will partner with the mobile crisis teams and the crisis center in the area to establish warm handoffs for individuals in crisis. The team will also encourage all members to be trained in crisis intervention and mental health first aid.
- **(x) Research regarding and training for substance use treatment and overdose prevention, including for administrative expenses;**
  Data will be collected and recorded in such a way that it is available for sharing with other organizations who are doing research. The data will also be used to create heat maps to show where the higher activity of drug use is and the team will be able to target those areas for community outreach. SWIFT will develop a presentation to highlight work being done by the team in regards to SUD and MOUD that will be available to present at various regional and/or national conferences.

- **(xi) Supporting and expanding other evidence-based interventions for overdose prevention and substance use treatment;**
  SWIFT will work to use data and research to develop, implement and administer, in conjunction with our recovery partners, a LAI (long acting injectable) program to treat SUD. The team would be able to go into the community and administer these medications in the homes, or place of shelter for those who lack transportation or have other disabilities which would make travel to a clinic a hardship.

II. PLAN PROBLEM STATEMENT *The problem statement section describes why the plan is needed and identifies the most significant issues, problems, trends, or opportunities that will be addressed by the Local Abatement Plan.*

The opioid crisis continues to take lives across the country and Salisbury is no exception. The number of overdoses that are being seen by EMS and law enforcement continues to grow and we know that there are countless more that go unreported. Our plan will take education and resources directly to the streets, where drug use and overdoses are occurring. Research has shown that low income neighborhoods have higher than average health care disparities and that is true with SUD and treatment options as well. Transportation, access and affordability of medication is a tremendous burden for this population and by taking the resources right to the streets we hope it will reduce some of the burden. Our program will also put a large emphasis on reducing stigma and increasing awareness of resources. We will meet individuals where they are and how they are, treat them like human beings, and truly care about their wellbeing. Routine follow ups will be conducted to ensure these communities know there are people who care and are willing to help.

III. PLAN GOALS AND OBJECTIVES *Program Goals and Objectives should define the central aim and principal goals of the Local Abatement Plan that will be addressed by the project activities, and clearly tie to the provisions of the legislation identified.*

While this is a new and uncharted program for the Salisbury Fire Department and there is little to compare it to in our area. The goals and objectives of our plan are three fold. We plan to take prevention, awareness and treatment directly to the communities most effected by the opioid crisis. The plan does have some specific goals which include:

- Wrap new vehicle with opioid awareness, Narcan and 988 graphics to use as a mobile billboard in the community at least five days per week.
- Consent at least 25% of the opioid overdoses converted with Narcan to participate in the Buprenorphine induction program and refer to a recovery program.
- Distribute 25 Fentanyl/Xylazine test strips, and educate in the importance of their use.
- Participate in at least one community outreach event a month to provide public education and training, distribute recovery and resource materials and build community relations so that we may better understand the needs of each community.
- Develop a Narcan training program, including Narcan kits at each fire station, available to the public.
- Establish partnerships with treatment and recovery centers in the region.

IV. PLAN PROGRAM MEASUREMENT/PERFORMANCE INDICATORS

What you will use to measure (a) the effectiveness of the plan's support of the selected Goal/Strategy, (b) how it fills a gap in the region, and (c) how it serves its intended demographic. These measures may be quantitative (numeric) and/or *qualitative (descriptive). These performance measures must be reported on annually, by project and ORF provision.*

Currently there are no mobile outreach/treatment options in our area. This program, being the first of its kind in the area, will provide valuable data. Every area of the plan will be tracked for usage and/or effectiveness. This data will include:

- High use area within the fire district, and create a heat map of high use areas
- Total number of suspected opioid overdoses
- Number of Narcan reversed overdoses
- Narcan use break down by:
    - Layperson
    - EMS
    - Police
- Develop a comprehensive list of recovery and treatment resources
- Track real time overdose data to determine when "bad" drugs enter the area.
- Buprenorphine consents and administration will be documented and tracked through eMeds.
- Education and training will be documented.
- All materials given to the public will be documented, including safe station supplies and recovery resources for further research and future project development.
- Community Outreach events and estimated attendance will be recorded.
- Satisfaction surveys will be provided and the results documented and used to enhance current programs and create new as needed.

V. PLAN TIMELINE

Enter project information as necessary

All goals and measurable listed above are purposed to start on or about July 1, 2024. The program will be a branch of our MIH program SWIFT. All data will be collected and recorded by members of that team and be readily available as needed. The end date for this program has not been discussed. It is our hope that the program is such a success that it will not end until there is no longer a need.

Goal(s)	Key tasks/activities	Person(s) responsible	Progress Measurement	Begin date	End date
Develop a program to educate the public and save lives from opioid overdose by building relationships and trust within the communities	*Develop accessible training and public awareness events. Meet people in the neighborhoods where they live and work. Treat everyone with respect and work to reduce stigma.*	*The SWIFT program will be the lead in the plan but all City employees will be asked to participate.* *SFD and SPD will work closely to reach projected goals.*	*Satisfaction surveys and public participation will be recorded and tracked for effectiveness.* *Overdoes numbers will be tracked. Buprenorphine administration and recovery outcomes will be monitored.*	*The plan will start on or about July 1st, 2024 and implementation will continue throughout the year until all goals are addressed.*	*There is no definitive end date. The plan will hopefully remain in effect until there is no longer a need for such a plan.*

VI. SPEND PLAN DESCRIPTION *Detailed explanation of planned expenses*

Salaries:	$75,000-$100,000 Includes salaries for after-hours Buprenorphine inductions and additional staffing for community events.
Education/Training:	$20,000-$25,000 Training and education for staff, as well as the public.
Supplies:	$10,000-$20,000 Includes vehicle supplies, safe station type supplies, medications, and computer equipment.

To the best of my knowledge, I certify that all the information provided herein is true and correct.

IX. AUTHORIZED OFFICIAL SIGNATURE: _____ Date: 11/6/24
Printed Name: ROB FRAMPTON
Title: Fire Chief

X. ADDITIONAL SIGNATURES

The signatures below serve to convey the coordination of other local entities or government partners involved in the local abatement plan. Additional signatures should be added as necessary

Signature: _____
Printed Name:
Title:

Signature: _____
Printed Name:
Title:

Signature: _____
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Title:

Signature: _____
Printed Name:
Title: