



**New Hampshire Department of Safety**  
**Division of Fire Standards and Training & Emergency Medical**  
**Services**

**FR-CARA Cooperative Agreement Application**

**NH Project FIRST**

**First responders Initiating Recovery, Support, & Treatment**

**APPLICANT: CITY OF LACONIA-FIRE DEPARTMENT**

|                    |  |
|--------------------|--|
| <b>SECTION I</b>   | <b>APPLICANT INFORMATION</b>                         |
| <b>SECTION II</b>  | <b>PROGRAM NARRATIVE</b>                             |
| <b>SECTION III</b> | <b>PROGRAM SUMMARY INFORMATION</b>                   |
| <b>SECTION IV</b>  | <b>PROGRAM COMPONENTS ELIGIBLE COSTS</b>             |
| <b>SECTION V</b>   | <b>COMPLIANCE CONDITIONS</b>                         |
| <b>SECTION VI</b>  | <b>SIGNATURE &amp; CERTIFICATION PAGE</b>            |
| <b>APPENDIX A</b>  | <b>MOBILE INTEGRATED HEALTH (MIH) PLAN CHECKLIST</b> |

Please read the FR-CARA Cooperative Agreement Guidance prior to filling out the application. If you have any questions or need clarification please contact the FR-CARA Program Staff for assistance at [NHProjectFirst@dos.nh.gov](mailto:NHProjectFirst@dos.nh.gov).



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services



### I. APPLICANT INFORMATION

|  |
|--|
| Requesting Community: CITY OF LACONIA  |
| Community/Agency DUNS Number: <u>088582523</u>   |
| Is the DUNS Number active on SAM.gov? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if no, registration is required)<br>*Please include screen shot of SAM.gov *Active* status to application packet* |

**Mailing Address:**

|                                  |                                 |
|----------------------------------|---------------------------------|
| Street <u>45 Beacon Street E</u> |                                 |
| City: <u>LACONIA</u>             | New Hampshire ZIP: <u>03246</u> |

**Contact Information**

*\*Please note: the requesting community represents the entity that will become the subrecipient (fiscal agent) of this grant. All contacts below for the grant must be affiliated with the community applying. Regional programs are allowed but only one community may be the subapplicant/subrecipient and must be the fiscal agent for the grant. Include copies of Agreements and/or Memoranda of Understanding (MOA) for regional programs. See FR-CARA Grant Guidance for more information.*

**Primary Contact:**

|                            |  |
|----------------------------|--|
| Name: <u>KIRK BEATTIE</u>  | Title: <u>ASSISTANT FIRE CHIEF</u>       |
| Phone: <u>603-524-6881</u> | Email: <u>LFDASSTCHIEF@laconianh.gov</u> |

**Secondary Contact:**

|                            |                                    |
|----------------------------|------------------------------------|
| Name: <u>SHAWN RILEY</u>   | Title: <u>DEPUTY FIRE CHIEF</u>    |
| Phone: <u>603-524-6881</u> | Email: <u>LFDEMS@laconianh.gov</u> |

**Fiscal/Financial Agent:**

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Name: <u>DONNA WOODAMAN</u>        | Title: <u>FINANCE DIRECTOR</u>        |
| Phone: <u>603-524-3877 EXT.225</u> | Email: <u>DWOODAMAN@laconianh.gov</u> |

**Independent Audit Report:**



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services



Has an Independent Audit Report been submitted to the NH Department of Safety?  
 YES    NO (if no, please include a copy of most recent audit with the application packet)  
 \*For more information on the Independent Audit Report please refer to the FR-CARA Grant Guidance\*

### II. PROGRAM NARRATIVE

A. Please describe how your first responder organization(s) will implement the following program components. *(see Grant Guidance for more details)*

1. Training: Attend Division supplied training on opioid use disorder, compassion fatigue, and naloxone administration.
2. Mobile Integrated Healthcare (MIH) Program:
  - a. Distribute Division supplied naloxone kits to at-risk individuals and their support systems;
  - b. Deliver Division supplied training on naloxone administration and CPR and rescue breathing (non-certified);
  - c. Conduct follow-up visits with at-risk individuals to discuss treatment and recovery options available, and facilitate referral based on training and materials supplied by the Division in collaboration with community partners/stakeholders.
3. Other Activities: Collaborate with community partners/stakeholders to promote and educate the public and at-risk individuals/support systems on opioid use disorder and naloxone. Some examples include public events, forums, media, print materials, and other communication methods.
4. Data Collection: Required program information through Quarterly Progress Reports.

1. Training on opioid use disorder, compassion fatigue and naloxone administration will be achieved by the division at the Laconia Central Fire station. All 36 Firefighters will attend the trainings on duty. Of note, we have had prior training (2016) on the stigmatization of opioid use disorder and compassion fatigue. This will serve as a great review and an insightful training opportunity to newly hired firefighters.
2. The MIH: a. Our organization will utilize a Recovery Coordinator (Firefighter/Paramedic also trained as a Recovery Coach) to distribute naloxone kits to at risk individuals and/or their families. This will be done following an overdose, and also for those who proactively seek naloxone by contacting the Recovery Coordinator.



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services



b. Our Recovery Coordinator will execute quarterly naloxone training (including non-certified CPR/Rescue breathing) as well as naloxone distribution to individuals in the community. This will be done alongside a workshop called "The Science of addiction, those affected or afflicted" that is offered through Navigating Recovery of the Lakes Region, a community based nonprofit peer recovery center located on Main Street in Laconia, NH.

c. The recovery coordinator will conduct follow up to individuals immediately after they suffer an overdose. This is achieved through various means including a 24/7 Fire Department issued cellular phone (phone coaching). The LRGH Emergency Department and Laconia first responders (police and fire) have business cards with this cell phone number and contact info for our Recovery Coordinator. The cards are issued to individuals and/or their family, following an overdose. Members of the public who seek recovery in a proactive manner are given the same business card and contact information. Our Recovery Coordinator will also directly follow-up with individuals in the emergency department or at the fire station as needed and available throughout the individuals road to recovery. Established community stakeholders with the Laconia Fire Department currently include, Laconia Police Department, Lakes Region General Hospital, Navigating Recovery of the Lakes Region, Horizons counseling, and the Lakes Region Partnership for Public Health.

3. The Recovery Coordinator will attend public events and informational sessions in and around the Laconia community such as overdose awareness vigils, community awareness events, health and wellness fairs, and community workshops at the local community recovery center. We also will organize and attend talks at local church groups and rotary events on public awareness regarding opioid and substance use disorder. Radio public service announcements, local media coverage via newspaper and social media will be utilized to create awareness of the program and the naloxone events. The above have all already been established and accomplished through our stakeholders and networking in the community.
4. Data collection for the contact and referral of individuals who seek and maintain recovery will be tracked through direct data entry into a secure excel spreadsheet and tracked for trends and reporting purposes. This information will support the required quarterly reporting.



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services



*(Please use additional pages if more room is needed)*

### III. PROGRAM SUMMARY INFORMATION

#### A. Program Components and Cost to Implement

*(See Section IV for description of components and breakdown of eligible costs.)*

|   |                   |
|---|-------------------|
| 1. Training                                   | \$ 1848.00        |
| 2. Local Mobile Integrated Healthcare Program | \$ 4620.00        |
| 3. Supplies, Equipment, & Other Activities    | \$ 504.00         |
| 4. Data Collection                            | \$ 2184.00        |
| <b>*Total Cost of Projects (100%)*</b>        | <b>\$ 9156.00</b> |

SEE ATTACHED COST  
BREAKDOWN AND NEW  
TOTALS.

#### B. Naloxone

Naloxone Kits: 50 kits *(See Grant Guidance)*

**Are you aware all first responders must be licensed to administer naloxone in the State of New Hampshire?**

YES    NO

**Do all your first responders have the appropriate licensure?**

YES    NO *(if no- see the Grant Guidance for information on becoming licensed)*

#### C. Identify Partners





# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

Please identify local partners/stakeholders who you intend to collaborate with on this project.

*(See Grant Guidance for suggested partners/stakeholders)*

Lakes Region General Hospital- This partnership will be broad and consist of working with social workers employed by the hospital who work with the fire department in aligning appropriate resources, we are able to have a clear and consistent communication pathway from what happened on the emergency scene, (moment of crisis) through to the follow up after recovery/treatment services have been provided. The partnership also consists of the emergency department staff issuing business cards for the Recovery Coordinator at the emergency department. This offers a path to recovery services for patients prior to their discharge.

Lakes Region Partnership for Public Health- This partnership includes community outreach and working with the Director of Substance Use Disorder Systems Integration. We are able to utilize one another for community events, mental health, and substance misuse summits that are held in the community, throughout the year. We will assist in Naloxone distributions that the Lakes Region Partnership for Public Health puts on.

Horizons Counseling Center-We have established a working partnership with Jacqui Abikoff (Executive Director) of Horizons Counseling Center who will be a direct resource for questions we encounter along the way. She offers supervision to all recovery coaches at our partner Navigating Recovery of the Lakes Region in Laconia.

Navigating Recovery of the Lakes Region-This partnership offers individuals who we come in contact with, who have suffered an overdose, or are seeking recovery a seamless transition to services. Our Recovery Coordinator sits on the board of directors for this organization. They are open for walk-in referrals six days a week. Individuals can receive services through peer recovery, and they offer 12 step programs (AA & NA). We will work together to organize community strengthening events and fundraisers for this nonprofit community recovery center.

Laconia Police Department- We will work directly with the Laconia Police Department's "Prevention, Enforcement & Treatment" (P.E.T.) Officer/Coordinator. This is a community resource and a point of contact for recovery. From the first responder perspective we will have two points of contact for individuals who refuse transport to the emergency department. The P.E.T. officer and Recovery Coordinator will work together to target individuals who are in need of resources and having this cohesive and clear communication channel between the police and fire department is invaluable for timely transitions to recovery.



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services



**\*Please include copies of agreements, letters of description, and/or memoranda of understanding (MOU) for partners/stakeholders if established \***

### D. Mobile Integrated Healthcare (MIH) Plan

A Division approved MIH Plan is required for NH Project FIRST. See Appendix A for checklist. Complete and send to the Division at [NHProjectFIRST@dos.nh.gov](mailto:NHProjectFIRST@dos.nh.gov).

### E. Project Milestones: *If more room is needed please attach an additional page.*

List the key milestones anticipated during the performance period from the date of the anticipated grant award through the grants expiration. See the sample application in the Grant Guidance for an example. Approximate timeframe should be a length of time versus a date, i.e. 30 days, 1-2 weeks, 3 months, etc.

| Milestone   | Approximate Timeframe |
|---|-----------------------|
| <u>All Laconia Firefighters to receive the 2 hour training on opioid use disorder.</u>  | <u>1 month</u>        |
| <u>Create an updated resource guide with all community recovery resources.</u>  | <u>1 month</u>        |
| <u>Distribute pamphlets and rack cards to all community health centers/shelters/public assistance organizations in Laconia.</u> | 3 months              |



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services



|   |                  |
|---|------------------|
| <u>Recovery Coordinator to make contact with surrounding fire departments and create contact persons for opioid use disorder trainings (in house training by the Recovery Coordinator).</u> | <u>6 months</u>  |
| <u>Have 100% of all overdoses in Laconia receive at a minimum a phone call from the recovery coordinator within 48 hours of overdose.</u>   | <u>12 months</u> |
| <u>Maintain and expand our local partnerships in the community, and establish partnerships with any new recovery resources that are new to our area.</u>                                    | <u>12 months</u> |

#### IV. Program Components - Eligible Costs

*(See corresponding Budget Worksheet)*

##### 1. Training:





# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

OD in the 603 Course: Cost for personnel to attend 2 hour Division delivered training.

Complete Personnel Calculation Sheet

### 2. Mobile Integrated Health (MIH) Program

Funding for implementing the program. Costs can include salary and wages for personnel's time to plan, design, develop, and implement the program. (See *Salary and Wages in the Grant Guidance*)

Complete Personnel Calculation Sheet  
(For more than 2 personnel otherwise use Budget Worksheet)

Submit MIH Plan (See Appendix A for checklist)

### 3. Supplies, Equipment, & Other Activities

Supplies are items that are expended or consumed during the course of the planning and conduct of the program (i.e., copy paper, printer ink, etc.). Equipment needs will be considered on a case by case basis (*see Grant Guidance*). Other activities may include promotional and educational event costs, to promote and educate the public and at-risk individuals/support systems on NH Project FIRST. Light snacks not to exceed \$3.00 per person are allowable for trainings, workshops, or community events. All costs must be reasonable, allocable, and necessary.

Attach an itemized breakdown of supplies, equipment, etc.

I agree that I have followed all applicable federal, state, and local procurement policies.

## V. COMPLIANCE CONDITIONS

Agreement to the following conditions is required for consideration of the grant application. Failure to fulfill any of these conditions may jeopardize receipt of



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

federal funds, pursuant to 45 CFR 75.371/Remedies for Noncompliance and 75.207/Specific Award Conditions.

1) By checking the box below, I certify that I agree to comply with all federal, state, and local laws, regulations, codes, standards, ordinances, etc.

I understand and agree to abide by all applicable laws and standards as they apply to the project contained within this application.

2) By checking the box below, I certify that federal funds received through the FR-CARA grant will be used to supplement and not replace or supplant non-federal funds.

I understand and agree that FR-CARA funds will not be used to supplant existing program funds as they apply to the project contained within this application.

3) By checking the box below, I certify that I have read and I understand the NH FR-CARA Grant Guidance and any remaining grant compliance requirements outlined within.

I understand and agree that I have read and understood the NH FR-CARA Grant Guidance and any remaining grant compliance requirements outlined within.

4) By checking the box below, I certify a Mobile Integrated Health (MIH) Plan will be submitted to the Division for approval and the project may not be started until such plan is approved and the grant is awarded.

I understand and agree an MIH Plan must be submitted to the Division for approval and may not start until the plan and the grant award are approved.

5) Assurances

A copy of the Assurances -Non-Construction Programs (Standard Form 424B) has been signed and included in the application packet.

### VI. SIGNATURE & CERTIFICATION PAGE

**PLEASE NOTE:** Priority will be given to applications that are all-inclusive.



**New Hampshire Department of Safety**  
**Division of Fire Standards and Training & Emergency Medical**  
**Services**

**Certification by Official Authorized to Sign**

I certify I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks of the Official Authorized to Sign as they relate to the requirements of this grant application; and, that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subrecipient.

\_\_\_\_\_  
 Print/Type Name & Title

**Statement of Acknowledgment/Signature**

By signing below, I am attesting that the information I provided in this application is true and accurate to the best of my ability. I also acknowledge failure to provide accurate and/or misleading information may be grounds for application disqualification. Lastly, I certify I understand this application **DOES NOT** constitute a grant award. Initiation of the proposed project identified in this application will **NOT** be paid for or begin until official notification of award and MIH plan acceptance have been formally received from the FR-CARA staff.

\_\_\_\_\_  
 Print/Type Name and Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Email completed application to:**

NH Department of Safety  
 Fire Standards & Training and Emergency Medical Services  
 Attn: Liz Lufkin, Program Specialist II  
[NHProjectFIRST@dos.nh.gov](mailto:NHProjectFIRST@dos.nh.gov)  
 33 Hazen Drive  
 Concord, NH 03305  
 (603) 223-4384

**APPENDIX A: Mobile Integrated Health (MIH) Plan Checklist**

**Mobile Integrated Healthcare**



**New Hampshire Department of Safety**  
**Division of Fire Standards and Training & Emergency Medical**  
**Services**  
**Prerequisite Protocol**  
**Checklist**



- 1. Prerequisite Application signed by both EMS Unit leader and Medical Director.
- 2. Letter of Intent
- 3. Scope of Project
- 4. General Project Description and Needs Assessment
- 5. Patient Interaction Plan
- 6. Staffing Plan
- 7. Training Plan
- 8. Medical Direction/Quality Management Plan  
A letter from the Medical Director attesting to the training and competency of the providers.
- 9. Data Collection and Plan  
Name of Medical Director or designee overseeing training.



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

### REVISION HISTORY

| Version # | Implemented By | Revision Date | Reason          |
|-----------|----------------|---------------|-----------------|
| 001       | Lufkin         | 8/7/18        | Initial Release |
|           |                |               |                 |
|           |                |               |                 |
|           |                |               |                 |
|           |                |               |                 |