

STATE OF MARYLAND
Local Abatement Plan

For the State Subdivision Agreement, the Local Abatement Plan is required to be filed out by participating subdivisions at least every 5 years in order to receive Targeted Abatement grant funds. These funds account for 45% of the total funding received through Maryland's settlements, whereas local direct accounts for 25%. Qualifying charter counties (Baltimore City and Anne Arundel, Baltimore, Frederick, Harford, Howard, Montgomery, and Prince George's) are not required to complete this, but are strongly encouraged to for public transparency purposes.

Jurisdiction/Subdivision Name	City of Greenbelt
Office Name	Administration/CARES
Office Phone	301-474-8000
General Office Email	info@cityofgreenbelt.org
Date of Submission (plans are valid for 5 years)	Monday, September 22, 2025

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. We will reward those only for presentation purposes if needed, please @ your request for an edit.

This proposal focuses on provision three areas: Naloxone Access, School Education and Other Evidence Based Treatment.

Naloxone Access: Improving access to naloxone medications proven to prevent or reverse an overdose.

The City of Greenbelt Police Department and Fire Departments are trained in Naloxone administration and have access to Naloxone to use within the community. The City Public Works and Recreation Department will oversee the placement of Naloxone in City buildings. The Naloxone will be located near other first aid devices already in place in city buildings.

School Education: Organizing primary and secondary school education campaigns to prevent opioid use, including administrative expenses.

The City of Greenbelt will take a multi-prong approach to provide opioid prevention education to primary and secondary school aged youth. The Greenbelt Public Information Office, Police Department and Greenbelt CARES will work together to develop and implement an education campaign.

Other Evidence Based Interventions: Supporting and expanding other evidence based interventions for overdose prevention and substance use treatment.

Greenbelt CARES is a department within the City of Greenbelt that provides outpatient mental health services to youth and families. CARES will provide evidence based interventions for youth focused on substance use prevention. CARES staff will use the Screening, Brief Intervention and Referral to Treatment (SBIRT) to assess youth's involvement with substances. Staff will provide direct intervention to youth with assessed substance use using ACRA - Adolescent Community Resource Approach.

Goals and Performance Measures

Please fill the chart out below. We encourage multiple measures for each project, please feel free to add rows as needed. This format is very similar to the annual report, just without numerical targets. We encourage you to develop those targets proactively as you will have to report on them, but given this timeline is for 5 years we are not asking for it here.

References:

TABLE
LSDM guidelines

Project Title	Select the relevant Exhibit B heading from the Drop-down list provided. <u>Exhibit Schedule A</u> <u>Core Activities, or Schedule B Approved Activities</u>	Specific activity under Exhibit B heading	Goal-What is the overall goal of this program?	Process measure- measures specific aspects of program activities or steps in processes that lead to an outcome. Consider: "What are we doing and how well are we doing it?" Other are exact actions or verify a step has occurred.	Output Measure - demonstrates the immediate results of program delivery such as the amount of services delivered, the reach of services, or how much was accomplished. They answer the question, "What did we deliver?" or "How many people did we reach?" Other are number of services, materials, or appointments reached.	IMP - Quantitative measures of specific results that address impact or changes achieved by the program. These commonly relate to quality, health outcomes, changes in behavior. Should be tied to your goal. Think of questions like "What difference did we make?" or "Are we achieving our goal?" Recommended using CSDE if a Schedule A core activity. <u>Strategy per project/measure</u>	Data source - where will you collect the data to track your IMP?
EXAMPLE: Naloxone access training for the community	5.A. A. NALOXONE OR OTHER FDA APPROVED DRUG TO REVERSE OPIOID OVERDOSES	2 Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.	Increase the ability of community members to intervene in an opioid overdose emergency	Number of naloxone training events held	Number of naloxone doses dispensed	Number and percentage of attendees who self report confidence in ability to intervene in overdose situation	Post training survey
Naloxone Access in Community	5.A. A. NALOXONE OR OTHER FDA APPROVED DRUG TO REVERSE OPIOID OVERDOSES	2 Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.	Increase access to Naloxone in community	Number of Naloxone boxes installed	Number of Naloxone doses used in community	Number of Naloxone doses used in community	Track Naloxone doses placed in boxes
Opioid Prevention Education	5.B. G. PREVENTION PROGRAMS	10 Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.	Increase public access to prevention information and to discourage or prevent substance misuse	Number of social media posts	Number of social media engagements	Number of social media engagements	Social media account
Assessment and Intervention Services for Children and Adolescents	5.B. G. PREVENT NALOXONE USE OF OPIOIDS	10 Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.	Increase access to SBIRT and ACRA for youth	Number of SBIRT assessment provided	Number of youth assessed using SBIRT model	Percentage of youth referred for SUD treatment	Assessment referral note
			Team Staff in SBIRT and ACRA models	Number of ACRA model treatment provided	Number of youth served with ACRA model	Percentage of youth who report reduced use of substance	pre and post treatment surveys
				Number of staff trained in SBIRT	Number of staff trained in SBIRT	Percentage of trained staff who completed training	training completion certificate
				Number of staff trained in Acra	Number of staff trained in Acra	percentage of trained staff who completed training	training completion certificate

Spend Plan

Detailed explanation of planned expense. Please provide an estimated % of funds (or dollar amount if you wish) allocated each project, if salaries are included include include TTY per position

Budget Detail For Local Allocation	Amount Per Year	Cost calculations are for FY 2026 and 2027, costs are stepped down thereafter
1. Naloxone Containers: 10 Naloxone x 275 each + 1000 shipping = 2,850	2850	
2. Public Education Campaign:		
PIO staff -12 hours a month x \$50/hr x 2 staff x 12 months	14,400	
CARES Staff at community events - 4 events a year - 10 hour per event x 2 staff x \$75/hr x 12 months = \$6,000	6,000	
Police Staff - 4 events a year - 10 hour per event x 2 staff x \$75/hr x 12 months = \$6,000	6,000	
Event Supplies (4 events x \$1,688 per event)	6,750	
3. Evidence Based Assessment and Intervention:		
CARES staff - 10 hours a month x 4 staff x \$75/hr x 12 months = \$36,000	36,000	
Total Local	72,000	
Budget Detail For Targeted Abatement	Amount per year:	
1. Naloxone Containers: 10 Naloxone x 275 each + 1000 shipping = 2,850	2850	
2. Public Education Campaign:		
PIO staff -10 hours a month x \$50/hr x 2 staff x 12 months = \$12,000	12,000	
CARES Staff at community events - 4 events a year - 10 hour per event x 2 staff x \$75/hr x 12 months = \$6,000	6,000	
Police Staff - 4 events a year - 10 hour per event x 2 staff x \$75/hr x 12 months = \$6,000	6,000	
Event supplies (4 events x \$1,913 per event)	7,650	
3. Evidence Based Assessment and Intervention:		
CARES staff - 8 hours a month x 2 staff x \$75/hr x 12 months = \$14,400	14,400	
Total TAG	\$46,900	

Reprints below are given to remind the applicant/submitter funds are provided through the Targeted Abatement Fund in accordance with the plan established above and the allowable uses under State Finance and Procurement Article 21A and Exhibit E of the national settlement.

Additionally, your signature below certifies that your county/municipality has established a Local Abatement Fund, as required by the State Subdivision Agreement, and that all apportioned funds will be held in the fund.

BY AUTHORIZED OFFICIAL SIGNATURE		EWALLET
Date:		9/26/2025
Printed Name:	Josiah Salmemni, MBA, PMP	
Title:	City Manager	