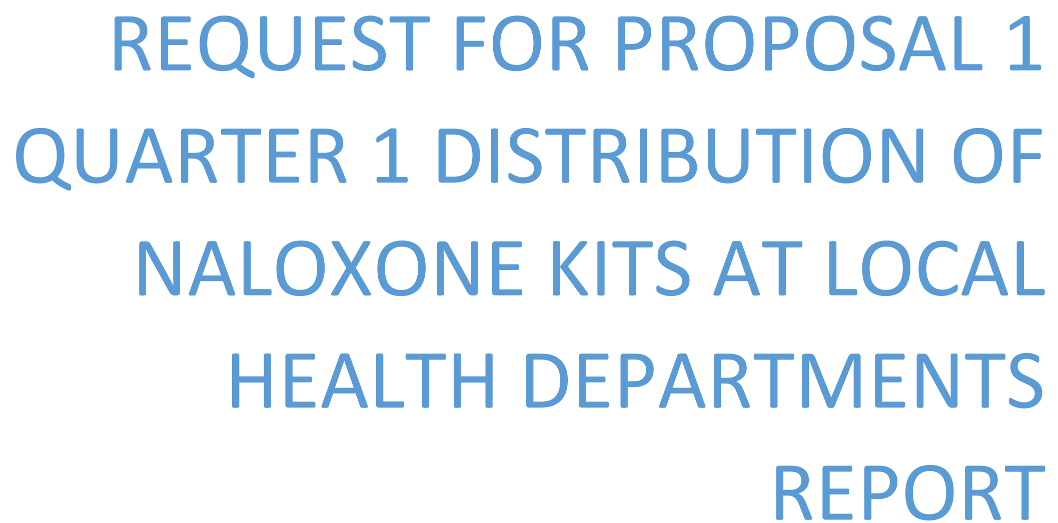

REQUEST FOR PROPOSAL 1 QUARTER 1 DISTRIBUTION OF NALOXONE KITS AT LOCAL HEALTH DEPARTMENTS REPORT

Indiana State Department of Health

Division of Trauma and Injury Prevention

Indiana State
Department of Health

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Background

Indiana is 17th in opioid-related deaths in the United States, as of 2015. This high ranking in opioid-related deaths is, in part, a result of the rise in opioid-based prescription drug overdoses in Indiana and across the nation. The most common drugs involved in prescription drug overdose deaths include Hydrocodone (e.g., Vicodin), Oxycodone (e.g., OxyContin), Oxymorphone (e.g., Opana) and Methadone (especially when prescribed for pain). Naloxone is a safe, non-addictive medication that inhibits the effects of a prescription drug overdose and allows regular breathing to resume.

A Memorandum of Understanding (MOU) was created between the Indiana Criminal Justice Institute (ICJI) and the Indiana State Department of Health (ISDH) for the purpose of delegating funds to increase the training and distribution of naloxone in communities. The funds provided by ICJI were to allow ISDH to gather and distribute naloxone kits to state and local first responders and counties and to perform quarterly reporting of those receiving treatment and the number of naloxone kits distributed and used across the state.

Methods

In order to meet the MOU requirements, ISDH sent out a Request for Proposal (RFP) to local health departments (LHDs) to provide education and distribute naloxone in their respective communities. The RFP describes the ISDH efforts and requirements for expanding the distribution of naloxone kits. The dates for implementing the RFP were set for September 1, 2016, to August 31, 2017. The quarterly reporting schedule is:

- **Quarter 1 (Q1) September-November 2016**
- Quarter 2 (Q2) December-February 2017
- Quarter 3 (Q3) March-May 2017
- Quarter 4 (Q4) June-August 2017

Twenty LHDs across the state applied and were accepted for the naloxone kit distribution program: Boone, Clark, Clinton, Dearborn, Delaware, Fayette, Fountain-Warren, Franklin, Hendricks, Henry, Howard, Jackson, Jefferson, Madison, Marion, Monroe, Randolph, Ripley, Scott, and Washington. The location and distribution of the counties are depicted as the highlighted counties in **Figure 1**. Each LHD was given a different number of kits based on the number of kits requested by the health department; priority was given to high-burden counties depicted in **Figure 2**. The ISDH provided a total of 3,473 kits for the 20 participating LHDs (**Figure 3**).

Figure 1: Map of local health departments selected for naloxone kit distribution

Figure 1 shows a map of counties which have local health departments participating in the naloxone kit distribution program. These counties are highlighted in blue.

Figure 2: Map of prescription drug overdose priority counties through Indiana's Prescription Drug Overdose Prevention for States Program

Figure 2 shows a map of counties that are considered priority for preventing prescription drug overdose through Indiana's Prescription Drug Overdose Prevention for States program. The Prevention for States program is a part of the Centers for Disease Control and Prevention's (CDC) ongoing efforts to scale up prevention activities as part of a national response to the opioid overdose epidemic. Prevention for States provides resources and support to advance comprehensive state-level interventions for preventing prescription drug overuse, misuse, abuse and overdose.

Figure 3: **Total number of naloxone kits given to local health departments by the Indiana State Department of Health**

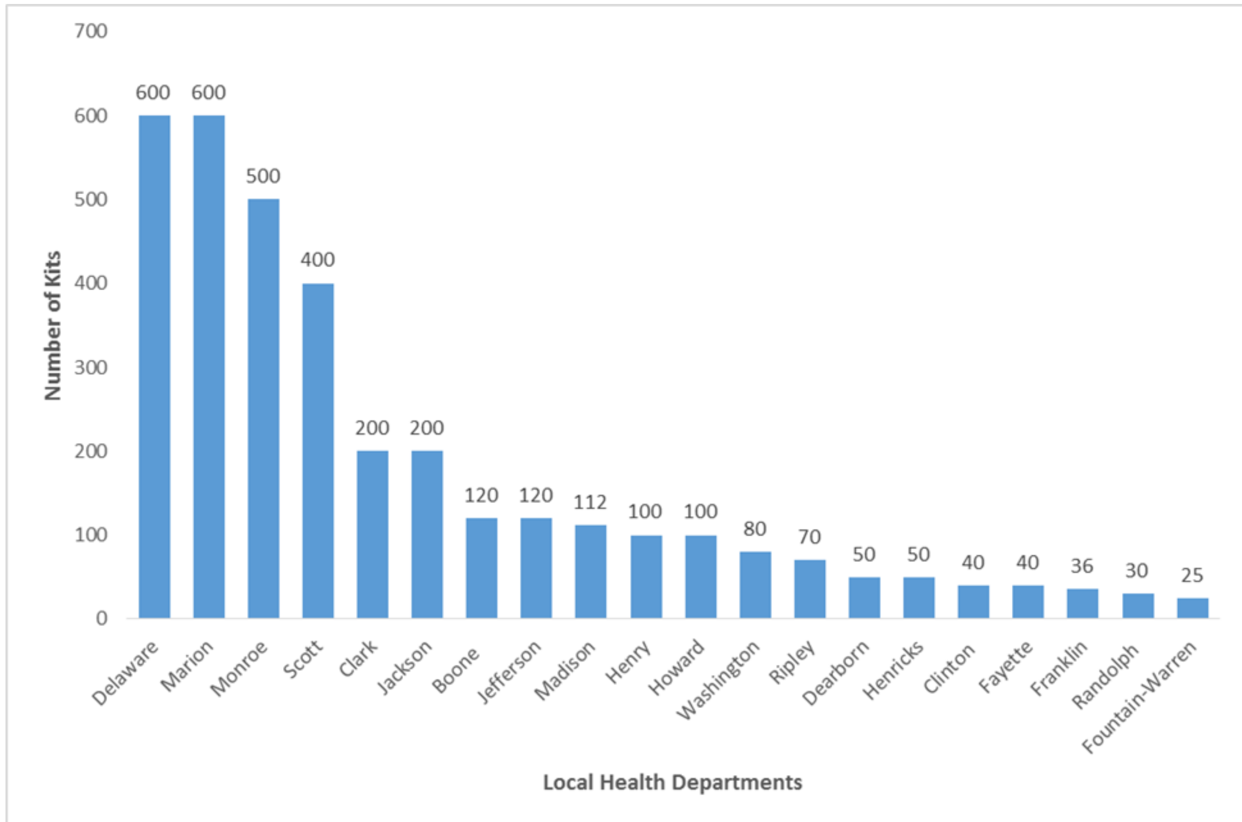

Figure 3 depicts the total number of naloxone kits that were given to local health departments by the Trauma and Injury Prevention Division at the Indiana State Department of Health. The Delaware County Health Department received the most kits, 600, while the Fountain-Warren Health Department received the smallest number, 25.

Results:

All 20 counties have reported on their data. There are some general trends from the reporting counties. Only 12 of the 20 counties were able to distribute naloxone. An atomizer recall by the manufacturer affected this result. Eighteen of the health departments reported receiving a bad product, and 8 did not distribute naloxone for the first quarter due to the atomizer recall.

Figure 4: Naloxone kits distributed to the community by LHDs in quarter 1

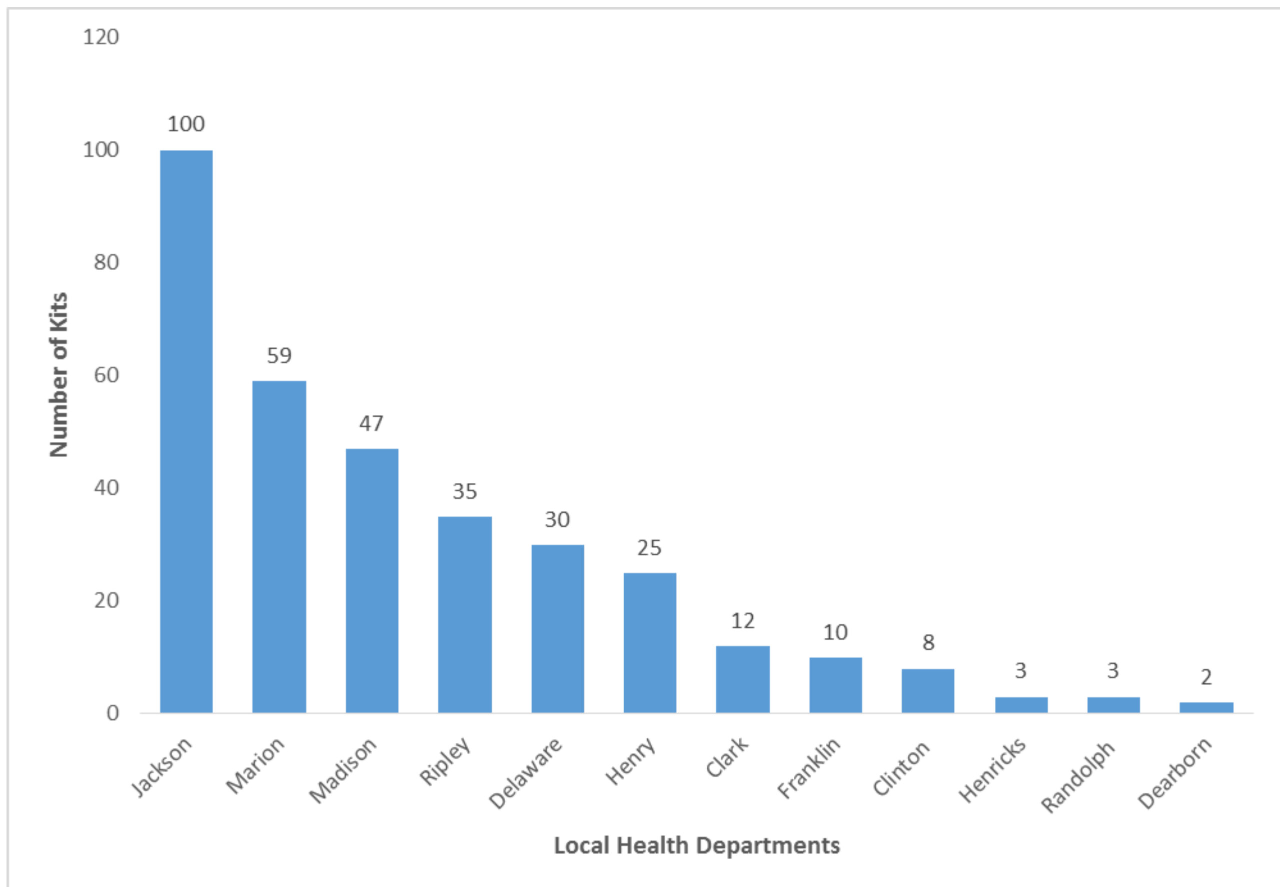

Figure 4 displays the number of kits the LHDs (shown on the horizontal axis) distributed in their communities during the first quarter. The following LHDs did not distribute kits: Monroe, Scott, Boone, Jefferson, Howard, Washington, Fayette, and Fountain-Warren.

Table 1: Services co-offered and partner agencies involved in training and distributing naloxone kits at LHDs

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Educational Outreach to Agencies and Departments
Boone	N/A	None	•Medical Reserve Corps (MRC)
Clark	•Resource list of alcohol & drug abuse agencies for all ages.	•Clark County Cares	•Clark County Cares •Local homeless shelter
Clinton	•Distributed info on Overdose Lifeline •Parents of Addicted Loved ones (PALS) at training	•Healthy Communities of Clinton County	N/R
Dearborn	•Needle cleaning instructions •Condoms •Info on HIV/Hep C testing •Other local drug related and mental health counseling resources.	•The City of Lawrenceburg's Quick Response Team (QRT)	N/R
Delaware	None	•Bridges (Homeless Service Agency) •Albany Police Department •Delaware County Community Corrections •Abundant Family Health.	N/A
Fayette	•Syringe exchange •Harm reduction supplies and education •HIP 2.0 PE •Vaccinations for HPV •Tdap •Hep B and Hep A •Referrals to services, testing for HIV and Hep C	•Local school corporation	•Local school corporation •Mental health centers
Fountain-Warren	Planning for Overdose Lifeline to help organize a community event	Local Coordinating Council (Fountain Warren Department of Health will be providing training at end of January)	•Fountain and Warren County Fire Departments •Bi-County Safe House •Wabash Valley Alliance •Hope Spring Domestic Violence Safe House
Franklin	•Harm reduction •Treatment options •Support for family members •Recommendation for self help for family members	•Southeast Indiana Health Center •Staying Alive •Franklin County EMS •Cierra's Club,	•Local EMS
Hendricks	•Central Indiana Substance Abuse Treatment Resource Guide •List of other Hendricks County Naloxone Providers •Information about Safe Sharps Disposal •Overdose Lifeline training	•Overdose Lifeline •Hendricks Regional Health •Fairbanks Outpatient Office •The Hendricks County Health Partnership's Substance Abuse Work Group •The Hendricks County Health Department's Nursing Clinic	•Systems of Care Coalition •Joining Community Forces •Community Foundation events •Substance Abuse Task Force •Parents of Addicted Loved Ones Support Group •County NA groups •Mental Wellness Work Group •Hope Healthcare, Hendricks County Senior Services •Sheltering Wings •Various county food pantries. •All county police and fire departments
Henry	•HIV testing •Hepatitis C testing	•Fire Departments of New Castle, Mooreland, and Mt. Summit •Police Department in Mooreland	•AIRES Board in Henry County
Howard	None	None	•Gilead House •Family Service Association •Trinity House at St. Vincent Kokomo •Howard County Criminal Justice Center •Howard County Probation Department
Jackson	•Brochures on HIV and the Hep C	•Priority One	•Drug Free Council •Human Services •Turning Point •PFLAG
Jefferson	N/R	N/R	N/R
Madison	•Syringe exchange •HCV/HIV testing •Substance abuse and primary care referral •Harm reduction services	•MCHD Syringe Exchange Program	•SEP participants in Grant County
Marion	•Assisting individuals get into treatment •Substance Use Outreach Services (SUOS) toolkit •Other treatment resources	•The Marion County Public Health Department Substance Use Outreach •Services (SUOS) •HEPT staff •Community Based Care Nurses •Indianapolis Emergency Medical Service	•IMPD and IEMS in Marion County
Monroe	•Training HIV case management at Positive Link •Training and communicable disease follow-up •Nursing care at Monroe County Public Health Clinic •Training and Disease Intervention Services and Health •Education at Monroe County Health Department •Training and mental health/substance abuse case management at Centerstone	•Indiana Recovery Alliance •Positive Link •Centerstone •Monroe County Public Health Clinic •Bloomington Police Department •Monroe County Health Department	•Indiana Recovery Alliance in Monroe County •Centerstone •Positive Link
Randolph	•Current list of Rehabilitation Centers, Group Meetings, and HIV testing sites and dates.	None	N/R
Ripley	•Education for patients	•Ripley county EMS •Southern Ripley county EMS •Milan Rescue 30 •Sunman Rescue 20 •Batesville EMS	•Police Department - Ripley County
Scott	•Education •Addiction counseling referrals •Medical treatment referrals.	•Scott County EMS	•Scott County EMA •Scott County EMS •Austin PD •Scottsburg PD •Scott County Sheriff •LifeSpring Mental Health Agency •District IX Local Health Department Coalition.
Washington	•Treatment resources •Resource list of treatment agencies •Support for family members •Follow-up •Education	•Life Springs Substance Abuse Council	N/R

*N/R = not reported
**N/A = not applicable

Discussion

Reporting varies by county health department. Some health departments sent out multiple kits. Others did not distribute any, depending on how they were affected by the atomizer recall. Some health departments detailed multiple partners and outreach efforts, while others described none or a few (**Table 1**). The focus on the recipients of the training ranged from first responders to individuals, including youth. Some communities had more interest in the program than others. Areas that provide the naloxone kits in conjunction with syringe exchange programs seem to have success in distributing kits by collaborating with an existing program.

The original number of kits distributed to LHDs was determined based on the need for prescription drug overdose intervention based on the calculated burden in each county. To select high-burden counties we created a systematic point system that accounts for all drug overdose mortality rates, opioid related overdose mortality rates, non-fatal opioid related emergency department visit rates, community need, and other factors. The highest burden among the LHDs that applied occurred within Marion and Delaware counties. **Figure 2** depicts the counties with the highest priority for prescription drug overdose prevention. Marion, Madison, and Delaware counties were the priority counties where the highest number of naloxone kits distributed. High-burden counties such as Washington and Howard did not distribute any naloxone kits due to McKesson's atomizer recall. The atomizer plays an important role in vaporizing the naloxone so that the medicine can be administered intranasally.

Eighteen of the twenty LHDs reported having faulty kits, but all 20 LHDs submitted a report and 12 LHDs distributed some of their kits from the first shipment of naloxone kits intended for quarters 1 & 2. Jackson County was able to distribute all of the kits provided for quarters 1 and 2 by providing them to EMS which had atomizers that could be used for the naloxone.

In addition to the data report, LHDs discussed the grant activity that occurred during the first quarter of the reporting period. Many discussed outreach efforts, co-services offered in addition to training, and partnering agencies. These results were across the board. In general, the outreach that took place was through: word of mouth, community organizations, newspaper, etc. Services offered with the training were generally substance addiction resources/referrals or medication-assisted treatment/referrals, such as HIV and hepatitis C testing (**Table 1**). The most common partnering agencies and educational outreach to agencies and departments included community organizations, local health agencies, and emergency medical services, police, and fire departments (**Table 1**). Some LHDs worked with existing programs, such as syringe exchanges, to distribute kits.

The top methods of hearing about the training were through a "Community Organization," "Other," and "Employer." Many of the LHDs mentioned communicating directly with community organizations and individuals. The high number in the category of "Other" may be due to limitation in the selection options for hearing about the naloxone kits. The reporting tool has been updated to request that LHDs provide more information if the option "Other" is selected. This additional information may result in a change to the reporting tool.

For each individual trained and provided a kit, the LHDs recorded the targeted population and method of hearing about the training. This information provides insight into the intended recipients of naloxone and what outreach methods are most effective. The top targeted population was "Other," followed by

“Family member.” The high number categorized in ‘”Other” may be due to confusion on what “Target population” means. In order to address any potential confusion, the Division of Trauma and Injury Prevention has adjusted the reporting tool to include clear labeling and definitions for each reporting element. For example, “Targeted population” has been changed to “Treatment population” in the narrative report. With these modifications, the division hopes to see a decrease in the use of “Other.” One LHD mentioned that individuals were apprehensive of picking up kits because of their fear of arrest. This concern may also influence how comfortable training participants are in divulging the intended recipient.

The results in this report were impacted significantly by the atomizer recall. Some of the LHDs are still setting up outreach and others are working on gaining interest for the program in their local communities. Some limitations to this report are areas left blank or improperly filled in the report which may be due to challenges resulting from the atomizer recall and lack of familiarity with the reporting tool. Efforts are currently being made by ISDH to follow up with LHDs to improve: data reporting completeness and accuracy, kit recall replacements, and reporting tool instructions on reporting in order to increase overall data quality. Once these limitations are addressed and the LHDs become more established and familiar with the reporting process the number of kits distributed in the next quarter will likely increase.