

# REQUEST FOR PROPOSAL 1 QUARTER 3 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 regulated for use under the following conditions: ISDH would gather and distribute naloxone kits to state and local law enforcement and public health agencies and counties across the state, as well as perform quarterly reporting of who received treatment, the number of naloxone kits distributed and the number of kits used across the state.

## Methods

To meet the MOU requirements, ISDH issued a Request for Proposal (RFP) to local health departments (LHDs) to provide education and distribute naloxone in their communities. The RFP describes the ISDH efforts and requirements for expanding the distribution of naloxone kits. Funding for kits was broken down into two RFP reporting periods. The dates for implementing the first set of kits in RFP 1 were set for Sept. 1, 2016, to Aug. 31, 2017. The quarterly reporting schedule was:

- 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 RFP 1 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 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 in RFP 1. 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 increase 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 provided for local health departments by the Indiana State Department of Health**

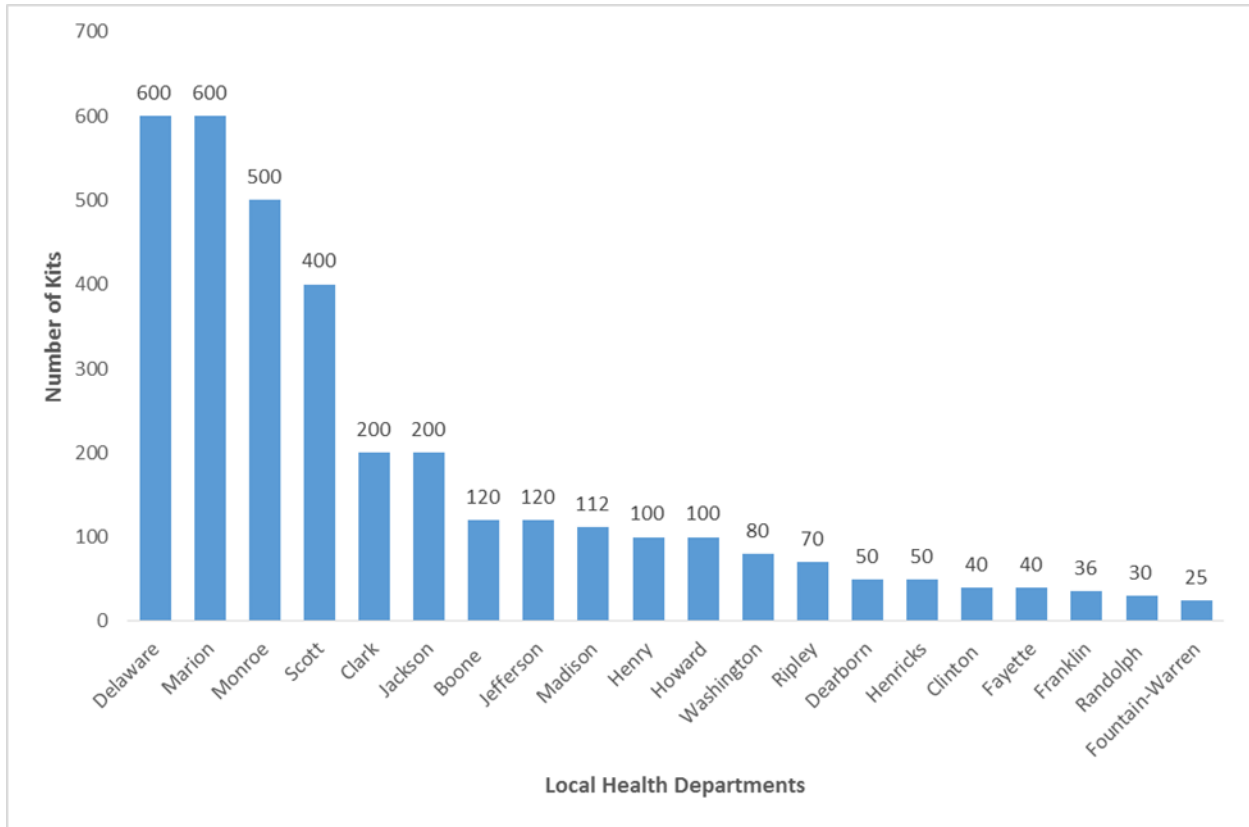


Figure 3 depicts the total number of naloxone kits that were provided for local health departments by the Trauma and Injury Prevention Division at the Indiana State Department of Health during RFP 1 to be distributed quarterly. The Delaware County Health Department received the most kits, 600, while the Fountain-Warren Health Department received the smallest number, 25.

## Results:

All 20 counties have reported their data, with a total of 785 kits distributed for quarter 3. There are some general trends from the reporting counties. Of the LHDs that reported, almost all of the counties were able to distribute naloxone. Although most of the LHDs were able to distribute naloxone a few were still affected by the naloxone atomizer recall that occurred last fall.

**Figure 4: Number of naloxone kits distributed**

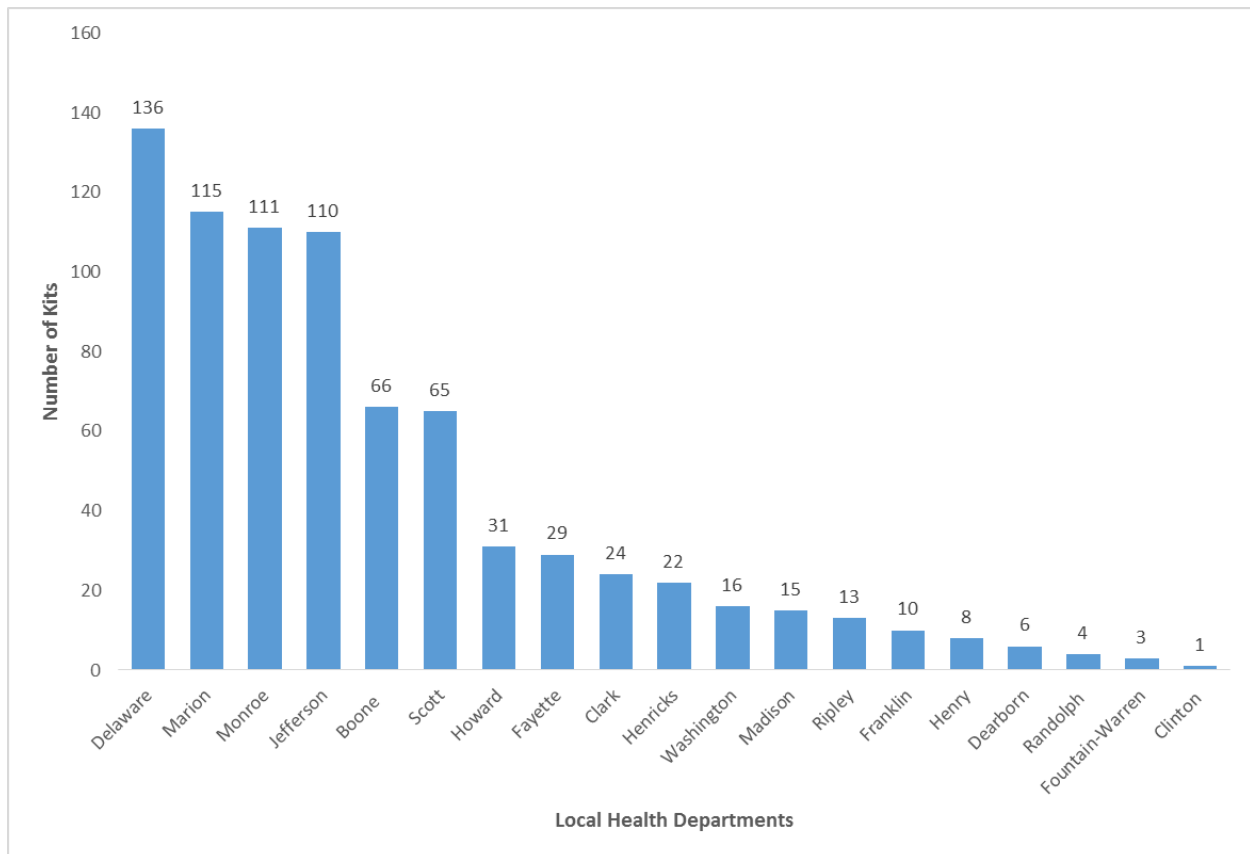


Figure 4 shows the number of kits distributed by LHDs to their communities during quarter 3. The lowest number of kits distributed was zero for Jackson County.

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

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Outreach
<b>Boone</b>	<ul style="list-style-type: none"> <li>•Offer information on Mental Health/Substance Abuse services</li> <li>•Information on Free HIV/Hep C testing</li> <li>•Local support groups</li> </ul>	None	<ul style="list-style-type: none"> <li>•Radio</li> <li>•Facebook</li> <li>•newspaper</li> <li>•word of mouth</li> <li>•flyers</li> </ul>
<b>Clark</b>	<ul style="list-style-type: none"> <li>•HIV/STD testing,</li> <li>•TB testing</li> <li>•Medical services at Life Spring/Turning Point</li> <li>•Gastroenterology services at Gastroenterology &amp; Assoc.</li> <li>•Health insurance through the State of Indiana through Community Action of Southern Indiana</li> <li>•Syringe Exchange Program Services</li> </ul>	<ul style="list-style-type: none"> <li>•Syringe Exchange Program</li> <li>•Clark County C.A.R.E.S.</li> </ul>	<ul style="list-style-type: none"> <li>•Facebook</li> <li>•Community organizations</li> <li>•Syringe Exchange Program</li> <li>•Word of mouth</li> </ul>
<b>Clinton</b>	<ul style="list-style-type: none"> <li>•Information from Overdose Lifeline and PALS</li> <li>•HIV and HepC testing</li> <li>•Information on NAR ANON support group and meeting</li> </ul>	<ul style="list-style-type: none"> <li>•Healthy Communities of Clinton County Coalition</li> <li>•PALS, Inc</li> <li>•Clinton County EMS</li> <li>•Operation Overdose</li> <li>•The Open Door Clinic</li> <li>•The Center Township Trustee's office</li> </ul>	<ul style="list-style-type: none"> <li>•Flyers at the County Health Fair</li> <li>•Newspaper</li> <li>•2-1-1</li> <li>•Flyers</li> <li>•E-mail</li> <li>•Facebook</li> <li>•Community contacts</li> <li>•Word of mouth</li> </ul>
<b>Dearborn</b>	<ul style="list-style-type: none"> <li>•A bag of local related resources such as- out Hep C/HIV testing dates, brochures about Hep C, and local physicians accepting new patients.</li> <li>•Refer participants to the hospital's detox unit and other local treatment facilities</li> </ul>	<ul style="list-style-type: none"> <li>•Lawrenceburg Police Dept. and QRT (Quick Response Team) unit</li> <li>•CASA (Citizens against Drug Abuse)</li> <li>•Dearborn County Board of Health</li> </ul>	<ul style="list-style-type: none"> <li>•Local newspaper article</li> </ul>
<b>Delaware</b>	N/A	<ul style="list-style-type: none"> <li>•Bridges (Homeless Service Agency),</li> <li>•Albany Police Department,</li> <li>•Delaware County Community Corrections,</li> <li>•Abundant Family Health,</li> <li>•Eaton EMTs,</li> <li>•Eaton Police Department,</li> <li>•Delaware Co Sheriff,</li> <li>•Delaware Co Sheriff Reserves,</li> <li>•Delaware County Jail,</li> <li>•Road to Redemption Support Group,</li> <li>•Briana's Hope Support Group,</li> <li>•Delaware County EMS,</li> <li>•Albany Fire Department,</li> </ul>	<ul style="list-style-type: none"> <li>•Email,</li> <li>•word of mouth</li> <li>•monthly meetings</li> </ul>
<b>Fayette</b>	<ul style="list-style-type: none"> <li>•Syringe exchange services and sterile injection supplies</li> <li>•Education for safer injection</li> <li>•Wound care</li> <li>•Proper syringe disposal</li> <li>•Nutrition,</li> <li>•Hepatitis and HIV testing</li> <li>•Treatment information and prevention education</li> <li>•Immunizations for hepatitis A &amp; B,</li> <li>•Tdap and HPV.HIP 2.0 presumptive eligibility</li> <li>•Personal hygiene products</li> <li>•Referrals to treatment</li> </ul>	None	<ul style="list-style-type: none"> <li>•Local TV3</li> <li>•Facebook</li> <li>•FCHD website</li> </ul>



<b>Fountain-Warren</b>	<ul style="list-style-type: none"> <li>•Resource list of treatment agencies</li> </ul>	No new partner agencies	None
<b>Franklin</b>	<ul style="list-style-type: none"> <li>•Information / teaching on frequently asked questions</li> </ul>	<ul style="list-style-type: none"> <li>•Southeast Indiana Health Center (SEIHC)</li> </ul>	<ul style="list-style-type: none"> <li>•Newspaper,</li> <li>•Flyers,</li> <li>•Email,</li> <li>•Facebook,</li> <li>•Community contacts,</li> <li>•Word of mouth</li> <li>•Outreach to individuals / businesses</li> </ul>
<b>Henricks</b>	<ul style="list-style-type: none"> <li>•Central Indiana Substance Abuse Treatment Resource Guide</li> <li>•Educational sheet about common opioid drugs and signs/symptoms of an overdose</li> <li>•List of other Hendricks County Naloxone providers</li> <li>•Referrals to the local Parents of Addicted Loved Ones support group</li> <li>•Information about STI/HIV/HEP C testing and safe sharps disposal as requested</li> <li>•Nurses given a CPR and Naloxone protocol info sheet from the American Heart Association</li> </ul>	<ul style="list-style-type: none"> <li>•Hendricks County Health Partnership's Substance Abuse Work Group</li> <li>•Schools</li> <li>•Hendricks County Health Department's Nursing Clinic</li> </ul>	<ul style="list-style-type: none"> <li>•TV interview about Naloxone with RTV6</li> <li>•Program flyers were included in Tox-Away Days (drug drop off days) resource bags, and shared with the Substance Abuse Task Force and the Hendricks County Health Partnership's Substance Abuse Work Group.</li> <li>•Facebook/Twitter posts</li> <li>•Word of mouth</li> </ul>
<b>Henry</b>	<ul style="list-style-type: none"> <li>•HIV and Hepatitis C testing</li> </ul>	<ul style="list-style-type: none"> <li>•New Castle Fire Department</li> <li>•BRV School</li> </ul>	<ul style="list-style-type: none"> <li>•Word of mouth</li> </ul>
<b>Howard</b>	<ul style="list-style-type: none"> <li>•Information on treatment resources</li> <li>•List of community substance abuse support agencies</li> <li>•Harm reduction information</li> </ul>	None	<ul style="list-style-type: none"> <li>•Social media outlets (twitter and Facebook)</li> <li>•Newspapers</li> <li>•Flyers at various locations around the community (transportation office, college bulletin boards, housing office, and the women's shelter)</li> </ul>
<b>Jackson</b>	<ul style="list-style-type: none"> <li>•Jackson County Resource Guide</li> <li>•Mental Health &amp; Addiction Resource list</li> </ul>	<ul style="list-style-type: none"> <li>•Volunteer fire departments who make medical runs</li> <li>•Section 8 housing unit</li> <li>•Emergency Medical Services</li> <li>•Seymour Community Schools</li> </ul>	<ul style="list-style-type: none"> <li>•Monthly Health "E" Newsletter</li> <li>•Radio spots</li> <li>•Handbills</li> </ul>
<b>Jefferson</b>	<ul style="list-style-type: none"> <li>•Referrals to education and service agencies</li> <li>•HIV, Hep C and STD testing</li> <li>•Vaccinations</li> </ul>	None	<ul style="list-style-type: none"> <li>•Flyers distributed to: Jefferson County Justice, Treatment and Prevention group, Substance abuse meeting at JCHD, Jefferson County LEPC, Jefferson House (Substance abuse home), D9 Healthcare Coalition and all local physicians</li> </ul>
<b>Madison</b>	<ul style="list-style-type: none"> <li>•Syringe exchange services</li> <li>•HCV/HIV testing</li> <li>•substance abuse treatment referral</li> <li>•primary health care referral</li> <li>•HIP enrollment referral</li> <li>•Other needed services</li> </ul>	None	<ul style="list-style-type: none"> <li>•Word of mouth with syringe exchange programs</li> </ul>
<b>Marion</b>	<ul style="list-style-type: none"> <li>•SUOS ToolKit is distributed with each kit</li> </ul>	<ul style="list-style-type: none"> <li>•MCPHD Northwest District Office</li> <li>•Indianapolis Urban League</li> <li>•MCPHD Hazmat Team</li> <li>•Celebrate Freedom Men's Recovery House</li> <li>•Julian Center Outreach staff IMPD Southwest District</li> </ul>	<ul style="list-style-type: none"> <li>•Individualized flyers</li> <li>•Community outreach</li> <li>•Word of mouth</li> </ul>

<b>Monroe</b>	<ul style="list-style-type: none"> <li>•Positive Link -</li> <li>•HIV, HCV testing</li> <li>•Counseling</li> <li><b>Centerstone</b></li> <li>•Mental Health Counseling</li> <li>•Substance abuse treatment</li> <li><b>MCHD</b></li> <li>•Birth and death certificates</li> <li>•Health counseling and referral</li> <li>•Family planning</li> <li>•HIV/STD testing</li> <li>•Counseling</li> <li><b>Bloomington Police Department</b></li> <li>•public safety</li> <li><b>Monroe County Sheriff</b></li> <li>•Public Safety</li> <li><b>Monroe County Public Health Clinic</b></li> <li>•Immunizations</li> <li>•Health counseling and referrals</li> <li>•Disease follow-up</li> </ul>	<ul style="list-style-type: none"> <li>•Positive Link (IU Health Bloomington Hospital)</li> <li>•Centerstone</li> <li>•Bloomington Police Department</li> <li>•Monroe County Sheriff Department</li> <li>•Monroe County Health Department</li> <li>•Indiana Recovery Alliance</li> <li>•Monroe County Public Health Clinic</li> </ul>	<ul style="list-style-type: none"> <li>•Facebook</li> <li>•Email</li> <li>•Community organizations</li> <li>•Webpage</li> <li>•Word of mouth</li> </ul>
<b>Randolph</b>	<ul style="list-style-type: none"> <li>•Free Hep C &amp; HIV testing,</li> <li>•A list of resources for treatment of addiction along with groups that will help pay for treatment</li> </ul>	None	<ul style="list-style-type: none"> <li>•Outreach at addiction group meetings</li> <li>•FaceBook</li> <li>•Flyers</li> </ul>
<b>Ripley</b>	N/R	•Southeast Indiana Health Center	•Cold calling to local EMS facilities
<b>Scott</b>	<ul style="list-style-type: none"> <li>•Information on rehab services and availability</li> <li>•Options for birth certificates</li> <li>•HIP insurance</li> <li>•HIV Testing</li> <li>•Care Coordination for HIV positives</li> <li>•Immunizations of Tetanus</li> <li>•HEP A/B</li> <li>•Flu</li> <li>•Pneumonia</li> <li>•Counseling</li> <li>•Medical and Infectious Disease medical treatment referrals and appointments</li> </ul>	<ul style="list-style-type: none"> <li>•Scott County EMA</li> <li>•Scottsburg Police Department</li> <li>•Austin Police Department</li> <li>•Johnson Township Volunteer Fire Department</li> </ul>	<ul style="list-style-type: none"> <li>•WMPI Radio</li> <li>•Scott County Journal</li> <li>•FaceBook</li> <li>•Word of mouth</li> <li>•Preparedness and Public Health trainings and presentations within the community</li> <li>•Preparedness Coordinator and others from SCHD staff as requested</li> </ul>
<b>Washington</b>	<ul style="list-style-type: none"> <li>•Treatment resources</li> <li>•Resource list of treatment agencies</li> <li>•Support for family members</li> <li>•Follow-up</li> <li>•Education</li> </ul>	•Life Springs Substance Abuse Council	<ul style="list-style-type: none"> <li>•Newspaper</li> <li>•Flyers</li> <li>•Community contacts</li> <li>•Word of mouth</li> </ul>

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

## Discussion

The number of kits distributed in quarters 2 and 3 are comparable with only a 3% reduction in kits distributed. Reporting varies by county health department. Most health departments distributed kits with the majority distributing around 30 or less and a few distributing within the hundreds. Many of the health departments detailed multiple partners and outreach efforts (**Table 1**). There was a slight overall increase in services offered in quarter 3 compared to quarter 2. The focus on training recipients ranged from first responders to individuals, including syringe exchange clients, schools, hotels, counselors, nurses, corrections, library, shelters, addiction treatment centers and other community organizations. 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. In some areas, the syringe exchange program is one of the top treatment populations.

The original number of kits distributed to LHDs was determined by the need for prescription drug overdose intervention based on the calculated burden in each county. To identify high-burden counties, ISDH 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, and community need, among other factors. **Figure 2** depicts the counties with the highest priority for prescription drug overdose prevention. Delaware and Marion counties were the priority counties where the highest number of naloxone kits distributed. Although most of the local health departments were able to distribute naloxone, there were LHDs still impacted by the national atomizer recall. The atomizer plays an important role in vaporizing the naloxone so that the medicine can be administered intranasally.

Community interest varied among participating LHDs. In some areas, there was a lot of connection and collaboration in the community to reach individuals who need access to naloxone treatment. Some LHDs had support from the first responders in their counties and partnered with the first responders in the distribution of naloxone. In some communities, first responders, such as EMS and law enforcement, provide suggestions on areas to reach out to for training, including truck stops, and other businesses where overdoses are prevalent. Some business are looking to become stocked with naloxone after overdose incidents. There are other communities that had a general disinterest in the naloxone program. Some LHDs reported flyers about naloxone training being taken down. In other areas, businesses rely on first responders having kits rather than getting their own supply. Challenges were also listed in terms of reaching out to rural areas for supplying. Outreach to the target population in need of naloxone is another challenge listed. CPR training is being connected to naloxone training in some counties, which is how some participants in the naloxone distribution program become familiar with the availability of naloxone.

In addition to the data report, LHDs discussed the grant activity that occurred during the third quarter of the reporting period. Many discussed outreach efforts, co-services offered in addition to training and partnering agencies. In general, the outreach that took place was through word of mouth, community organizations, newspaper, flyers, social media, 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 included community organizations,

local health agencies, emergency medical services, and 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 an “Employer,” “Community Organization” and “Syringe Services Program.” Many of the LHDs mentioned communicating directly with community organizations and individuals. The reporting tool has been updated to include specification for the category “Other,” which has resulted in greater delineation of how individuals heard about the naloxone training and a significant decrease in the categorization of “Other.” The top categories of individuals who were trained and given a kit were “Lay Person,” “Community Organizations,” and “Law Enforcement.”

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 the most effective outreach methods. The top treatment population was “Client,” followed by “Other” and “Family Member.” The number categorized as “Other” for treatment population has remained comparable from second to the third quarter. Clear instructions are provided in the reporting tool on what is meant by treatment population and space is provided for LHDs to specify what constitutes “Other.” Some LHDs have mentioned that the trainee will sometimes select “Other” for the person the kit is intended for treating and not specify what the “Other” category is. There are some individuals trained that may not have a specific population in mind for treatment and will list a variety of possibilities. A few LHDs mentioned that individuals were apprehensive about picking up kits because they feared being arrested. This concern may also influence how comfortable training participants are in divulging the intended recipient.

Overall the distribution of naloxone appears to have stabilized since the second quarter of naloxone distribution, and although there continued to be some impact of the naloxone atomizer recall, it appeared to be minimal. The LHDs have become more familiar with the reporting process and more established in partnerships, outreach practices, and services provided. Each LHD focuses on a range of populations for naloxone kit distribution into the community based on community needs and outreach. LHDs will be wrapping up naloxone distribution activities, but due to the naloxone atomizer recall there will likely be subsequent reports after the fourth quarter to document the distribution of the remaining naloxone kits.