

REQUEST FOR PROPOSAL 1 QUARTER 4 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

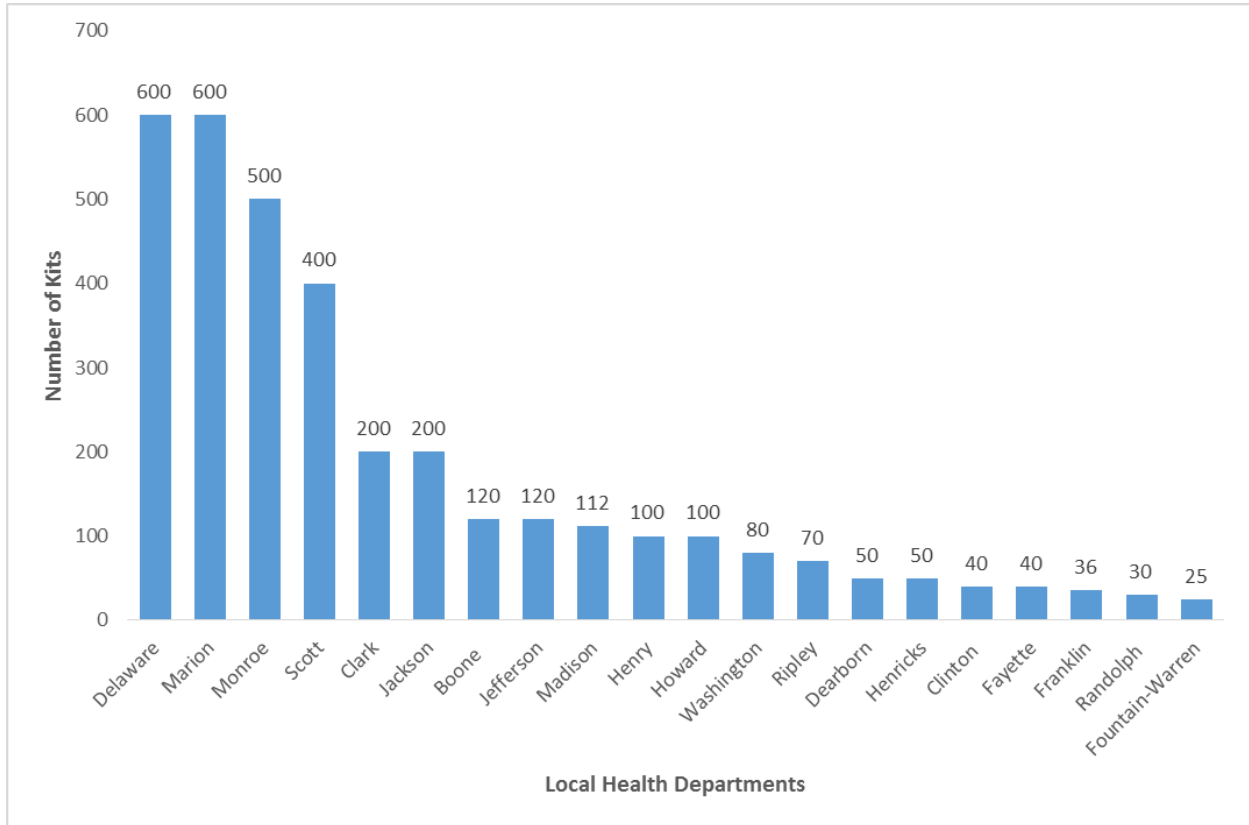


Figure 3 depicts the total number of naloxone kits that were provided for local health departments by the Trauma and Injury Prevention Division at the Indiana State Department of Health during RFP 1 to be distributed quarterly. The Delaware County Health Department received the most kits, 600, while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

Results:

All 20 counties have reported their data, with a total of 774 kits distributed for quarter 4. There are some general trends from the reporting counties. Of the LHDs that reported, almost all of the counties were able to distribute naloxone. Only Fountain-Warren was not able to distribute kits due to staffing constraints. Due to challenges with the atomizer recall only Fayette, Jackson, Jefferson, and Ripley LHDs were able to distribute all of the kits provided by the ISDH by the end of quarter 4. The rest of the LHDs were requested to complete an additional quarterly report to capture the naloxone distribution data on the remaining kits.

Figure 4: Number of naloxone kits distributed

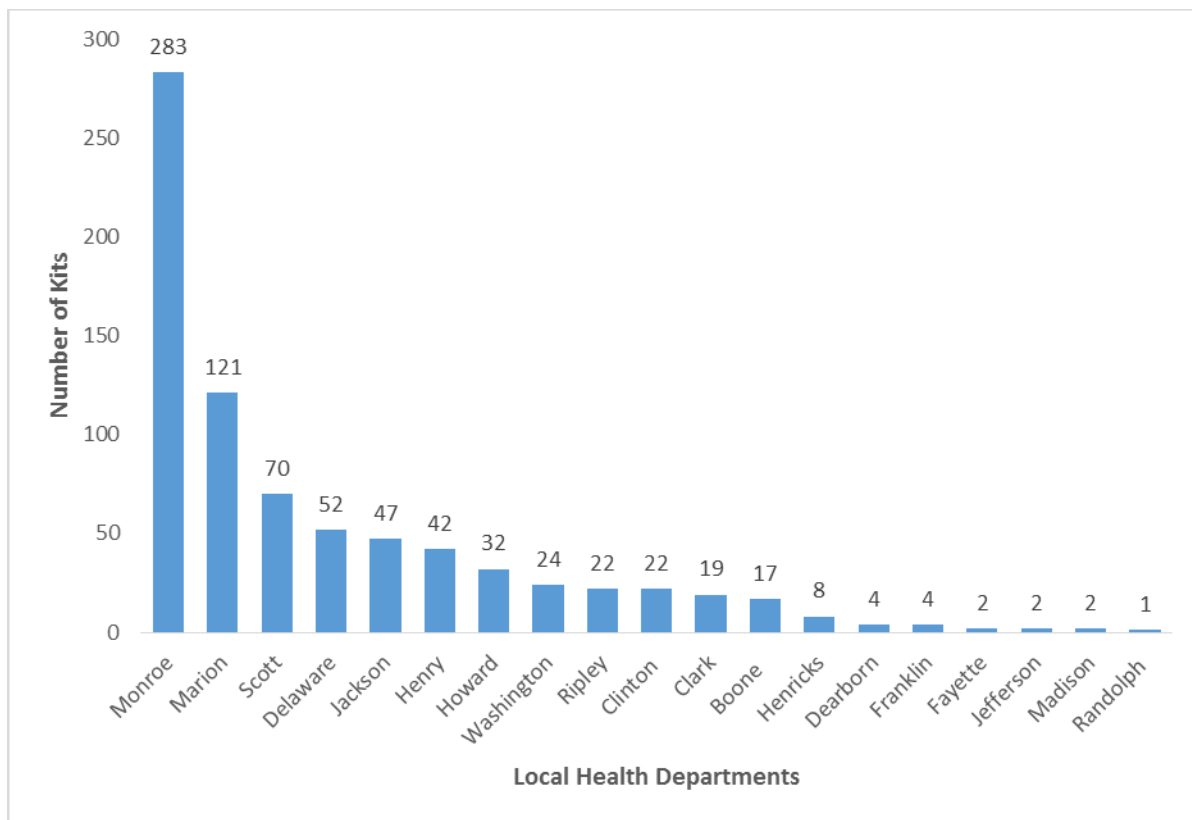


Figure 4 shows the number of kits distributed by LHDs to their communities during quarter 4. The lowest number of kits distributed was zero for Fountain-Warren County.

Table 1: Services co-offered, partner agencies involved in training and naloxone training outreach LHDs

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Outreach
Boone	<ul style="list-style-type: none"> •Education regarding HIV/Hep C testing •Information on Mental health and substance abuse treatment 	None	<ul style="list-style-type: none"> •Flyers in the community •Radio •Facebook •Newspaper •Email •Website •Word of mouth
Clark	<ul style="list-style-type: none"> •List of agencies in several surrounding counties that offer alcohol and drug abuse treatment, counseling, support groups, smoking cessation services, help lines, educational services, and assessments 	<ul style="list-style-type: none"> •LifeSpring Services •Jeff Clark Prevention •C.A.S.I. (Community Action of Southern Indiana) •Clark County C.A.R.E.S. (Community Addiction Resources, Education & Support) •Family Health Center of Clark County 	<ul style="list-style-type: none"> •Facebook •Advertising through Clark County C.A.R.E.S. •Press releases in the newspaper •Resource Fair
Clinton	<ul style="list-style-type: none"> •Treatment resources •Resource list of treatment agencies •HIV and Hepatitis C testing •Support for family members •Follow-up •Education •Additional counseling referrals 	<ul style="list-style-type: none"> •Healthy Communities of Clinton County •Parents of Addicted Loved Ones •Center Township Trustee •Clinton County Probation Office •Open Door Clinic •Clinton County Drug and Alcohol Coalition •Clinton County EMS 	<ul style="list-style-type: none"> •Facebook •Newspaper article •Clinton County Daily News •Flyers •Booth at International Overdose Awareness Event
Dearborn	<ul style="list-style-type: none"> •Local resource information •Hep C/HIV testing dates •Brochures about Hep C and Hep B, and local physicians accepting new patients •Information about the hospital's detox unit and other local treatment facilities 	<ul style="list-style-type: none"> •The Lawrenceburg Police Dept. and special QRT (Quick Response Team) unit •CASA (Citizens against Drug Abuse) •The Dearborn County Board of Health •Dearborn Clinic 	<ul style="list-style-type: none"> •Calls and emails from community members asking about the program
Delaware	N/A	<ul style="list-style-type: none"> •Bridges (Homeless Service Agency) •Albany Police Department •Delaware County Community Corrections •Abundant Family Health •Eaton EMTs •Eaton Police Department •Delaware Co Sheriff •Delaware Co Sheriff Reserves •Delaware County Jail •Road to Redemption Support Group •Briana's Hope Support Group •Delaware County EMS •Albany Fire Department, DCHD Staff •Indiana State Police •Heritage Hall 	<ul style="list-style-type: none"> •Email •Word of mouth •Monthly meetings
Fayette	<ul style="list-style-type: none"> •Syringe exchange •Harm reduction education •HIV/HCV testing •Education referrals to treatment •Referrals to services for insurance, detox, addiction treatment and rehab, housing and food, addiction group therapy, and job assistance referrals 	None	<ul style="list-style-type: none"> •Local newspaper •Local tv station •Facebook - Point of Hope Fayette County Health Department Harm Reduction Program •Word of mouth.

Fountain-Warren	•Resource list of treatment agencies	No new partners	None
Franklin	None	<ul style="list-style-type: none"> •Southeast Indiana Health Center (SEIHC) •EMS 	<ul style="list-style-type: none"> •Newspaper articles about Narcan and law enforcement uses •Articles about naloxone availability to lay persons and the clinic contact details
Henricks	<ul style="list-style-type: none"> •Central Indiana Substance Abuse Treatment Resource Guide •Educational sheet about common opioid drugs and signs/symptoms of an overdose •List of Hendricks County Naloxone providers •Referrals to the local Parents of Addicted Loved Ones support group •Information about STI/HIV/HEP C testing and safe sharps disposal •School staff given a CPR and Naloxone protocol info sheet from the American Heart Association 	<ul style="list-style-type: none"> •Hendricks County Health Partnership's Substance Abuse Work Group and the county's LCC Substance Abuse Task Force •Law enforcement •Hendricks County Health Department's Nursing Clinic 	<ul style="list-style-type: none"> •Information provided and shared at Indiana Youth Institute Opioid Use and Youth Lunch Seminar, Hendricks County Health Partnership Quarterly Meeting •Program flyers distributed at mobile food pantry, Tox-Away Day (drug and sharps take back day) •Flyers posted at community gathering locations •Facebook/Twitter posts •Word of mouth
Henry	•HIV and Hepatitis C testing	<ul style="list-style-type: none"> •Community Corrections •Tri High School 	•Word of mouth
Howard	<ul style="list-style-type: none"> •Information on treatment resources •List of community substance abuse support agencies •Harm reduction information •Referrals for HIV/ STD testing and additional services 	None	<ul style="list-style-type: none"> •Newspaper •Flyers •Social Media (facebook, twitter, instagram) •Contact cards •Word of mouth •Radio interview
Jackson	None	None	<ul style="list-style-type: none"> •Articles •Flyers •Facebook •Community meetings
Jefferson	<ul style="list-style-type: none"> •Referrals made to education and service agencies located in the area •HIV, Hep C and STD testing available •Vaccinations available on 	None	<ul style="list-style-type: none"> •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
Madison	<ul style="list-style-type: none"> •Syringe exchange services •HCV/HIV testing •Substance abuse treatment referral •Primary health care referral •HIP enrollment referral •Any other needed services. 	•MCHD Syringe Exchange Program	•Word of mouth through syringe exchange program
Marion	<ul style="list-style-type: none"> •HIV and HEP testing information •Substance Use Outreach Services (SUOS) Toolkit •Information about local treatment centers 	<ul style="list-style-type: none"> •Tindall Armory Army Reserve outreach staff •Southside community members •Community Outreach Network •Julian Center Domestic Violence Center 	<ul style="list-style-type: none"> •Word of mouth •Session flyers •Email lists
Monroe	<ul style="list-style-type: none"> •Birth certificates •Immunizations •HCV and HIV testing •DIS services •Family Planning •Harm reduction training •Mental health services •Treatment resources •Resource list of treatment agencies •Support for family members •Follow-up •Education •Addiction counseling •Case management and counseling for those living with HIV 	<ul style="list-style-type: none"> •Positive Link (IU Health Bloomington Hospital) •Centerstone •Bloomington Police Department •Monroe County Sheriff Department •Monroe County Health Department •Indiana Recovery Alliance •Monroe County Public Health Clinic 	<ul style="list-style-type: none"> •Facebook •Contacting partners to encourage training •Media interviews •Newspaper articles •County email •Discussing naloxone training for government staff with county officials

Randolph	<ul style="list-style-type: none"> •Flyer with addiction recovery groups, assistance with insurance, and many other resources listed 	<ul style="list-style-type: none"> •Brianna's Hope 	<ul style="list-style-type: none"> •Outreach at meetings
Ripley	<ul style="list-style-type: none"> •Answer questions about naloxone, care, well being, safety, emergency plan, etc. 	<ul style="list-style-type: none"> •Ripley County EMS •Southern Ripley County EMS (Rescue 69) •Milan Rescue 30 •Sunman Rescue •Batesville EMS •Southeast Indiana Health Center 	<ul style="list-style-type: none"> •Local newspapers •Flyers
Scott	<ul style="list-style-type: none"> •Services through the OSS (One Stop Shop) •HIP 2.0 enrollment and follow up •Care Coordination for HIV positives •Birth Certificates and referrals for local BMV service •Rehab information and other treatment options available •Needle Exchange Program •HIV/HEP C testing •Hot meals 	<ul style="list-style-type: none"> •Scott County EMA •Scott County EMS •Scott County Sheriff Department •Scottsburg Police Department •Austin Police Department •CEASe (Coalition to eliminate drugs in Scott County) 	<ul style="list-style-type: none"> •Scott County Health Department FaceBook page •Scott County local news media outlets
Washington	<ul style="list-style-type: none"> •Treatment resources •Resource list of treatment agencies •Support for family members •Follow-up •Education 	<ul style="list-style-type: none"> •Life Springs Substance Abuse Council 	<ul style="list-style-type: none"> •Newspaper •Flyers •Community contacts •Word of mouth

*N/R = not reported

**N/A = not applicable

Discussion

The number of kits distributed in quarter 3 and 4 are comparable with only a 1 % reduction in kits distributed. Reporting varies by county health department. Most health departments distributed kits with the majority distributing around 30 or fewer and others distributing within the hundreds. Many of the health departments detailed multiple partners and outreach efforts (**Table 1**). The amount of services offered in quarter 4 were comparable to quarter 3. The focus on identifying recipients for training ranged from first responders to individuals, including syringe exchange clients, schools, medical personnel, nurses, corrections, libraries, shelters, addiction treatment centers and other community organizations. 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. Marion and Delaware counties were the priority counties where the highest number of naloxone kits distributed. Most of local health departments were able to distribute naloxone, only a few LHDs were 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 community connection and collaboration 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 to distribute 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. One local health department mentioned that the rate of overdose deaths decreased, however the rate of overdoses has remained the same compared to the previous year. There are other areas in which the community had a general disinterest in the naloxone program. Some LHDs report flyers about naloxone training being taken down or individuals negatively perceive articles written on the program. In other areas, the syringe exchange program was shut down or additional naloxone was not applied for because first responders and members of the community believed that the naloxone was enabling drug use. One of the local health departments listed syringe return as a challenge, but also listed an example of a participant making progress with staying clean. There were areas in which LHDs report individuals were apprehensive about getting naloxone because of fear of being arrested.

In addition to the data report, LHDs discussed the grant activity that occurred during the second 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 “Health Care Provider.” Many of the LHDs mentioned communicating directly with community organizations and individuals. The reporting tool was 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,” “Law Enforcement,” and “Community Organizations,”

For each individual trained and provided a kit, the LHDs recorded the targeted population and how the participant heard about the training. This information provides insight into the intended recipients of naloxone and the most effective outreach methods. The top treatment population was “Resident,” followed by “Client” and “Self.” The number categorized as “Other” has decreased from the second most prominent category to the fifth most prominent category when compared to the third quarter. This change is a result of clear instructions in the reporting tool on what is meant by treatment population and by providing a space for LHDs to specify what constitutes “Other.” There are some trained that may not have a specific population in mind for treatment and will list a variety of possibilities. 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. A few LHDs mentioned that individuals were apprehensive about picking up kits because they fear 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 and third quarter of naloxone distribution. Although there continued to be some impact of the naloxone atomizer recall, that impact 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 focusses on a range of populations for naloxone kit distribution into the community based on community needs and outreach. A few LHDs have managed to distribute all of the naloxone kits provided by the ISDH, but due to the naloxone atomizer recall there will be subsequent reports to document the distribution of the remaining naloxone kits.