

REQUEST FOR PROPOSAL 2
QUARTERS 1 & 2 REPORT ON
THE DISTRIBUTION OF
NALOXONE KITS AT LOCAL
HEALTH DEPARTMENTS

Indiana State Department of Health
Division of Trauma and Injury Prevention



Indiana State
Department of Health

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Background

Indiana is ranked 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 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 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 March 1, 2016 to Dec. 31, 2017. The quarterly reporting schedule is:

- **Quarter 1 (Q1) March-March 2016**
- **Quarter 2 (Q2) April-June 2017**
- Quarter 3 (Q3) July-September 2017
- Quarter 4 (Q4) October-December 2017

Twenty-two LHDs across the state applied and were accepted for the naloxone kit distribution program: Decatur, Elkhart, Fayette, Fountain-Warren, Gary, Hamilton, Howard, Jackson, Kosciusko, LaPorte, Lawrence, Marion, Marshall, Martin, Orange, Porter, Pulaski, Scott, Tippecanoe, Union, Vanderburgh and Whitley. 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 2,106 kits for the 22 participating LHDs (**Figure 3**).

Figure 1: Map of local health departments selected for naloxone kit distribution in RFP 2



Figure 1: The counties in blue are the local health departments participating in the naloxone kit distribution program.

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



Figure 2 shows 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

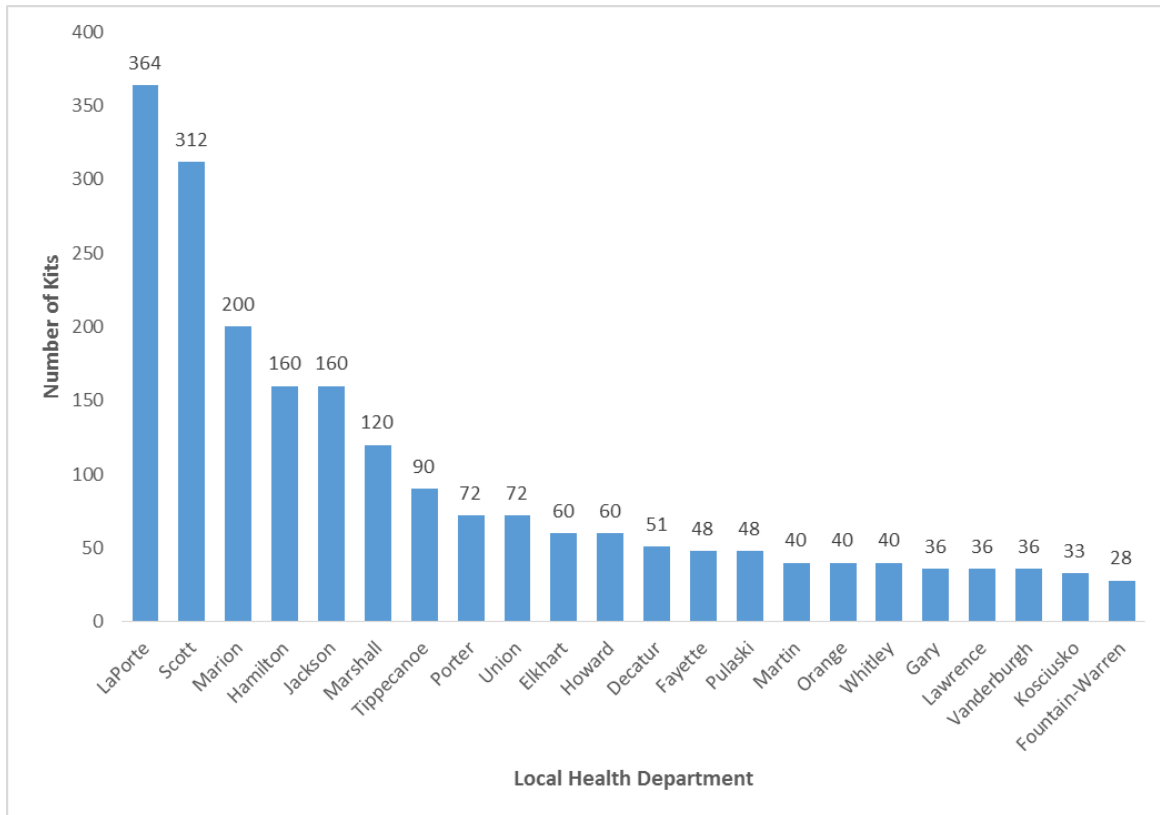


Figure 3 depicts the total number of naloxone kits that were given to the 22 LHDs by the Trauma and Injury Prevention Division at the Indiana State Department of Health for quarters one and two. The LaPorte County Public Health Department received the most kits, 364, while Fountain-Warren County Health Department received the smallest number at 28.

Results:

A total of 460 kits were distributed for quarters one and two for the 20 of the 22 LHDs which reported. There are some general trends from the reporting counties. Marshall, Gary, Marion, and Martin counties distributed the highest percentage of their awarded kits during this time period at 59%, 50%, 50% and 50%, respectively. Of the LHDs that reported, Whitney, Scott, Decatur, and Fountain-Warren LHDs were not able to distribute naloxone due to shipment delays. Some are still distributing kits from the first grant opportunity and experiencing short staffing.

Figure 4: Number of naloxone kits distributed

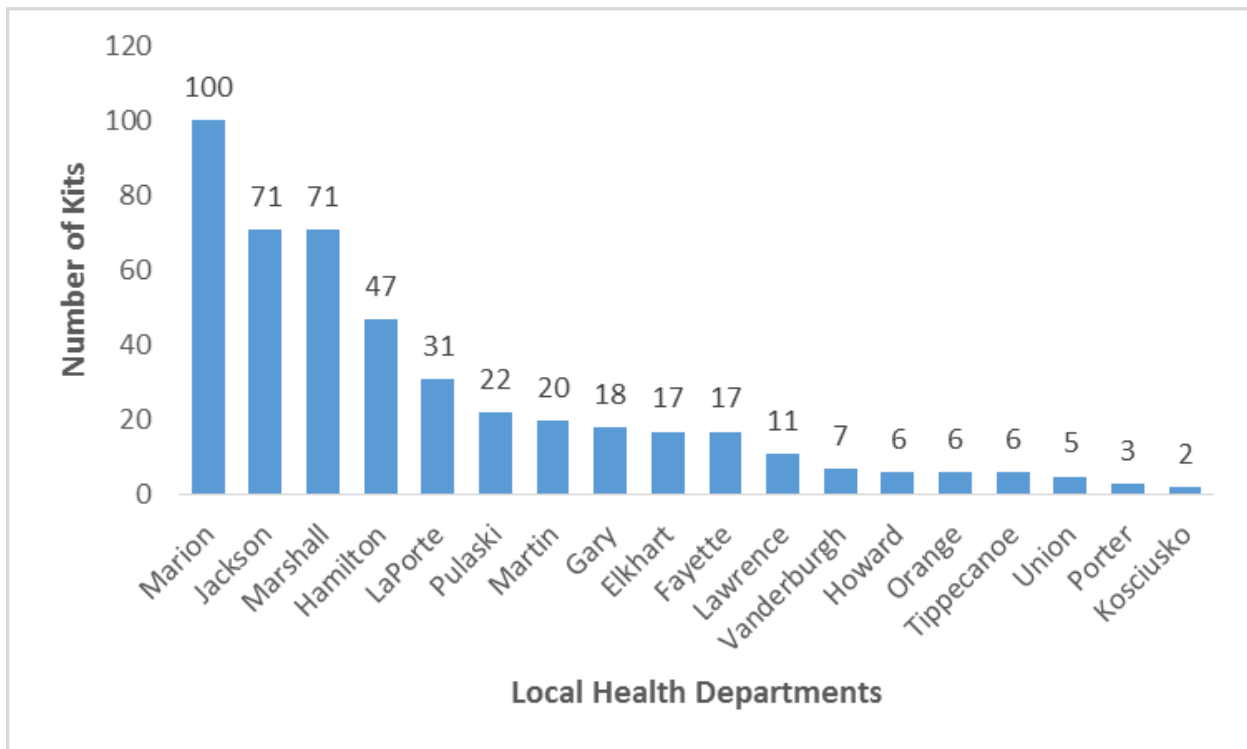


Figure 4 shows the number of kits distributed by LHDs to their communities during quarter one and two. The most kits distributed were from Marion County with 100 kits. The least number of kits distributed were through Decatur, Fountain-Warren, Scott and Whitley at zero.

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	Naloxne Training Outreach Methods
Decatur	N/R	N/R	N/R
Elkhart	<ul style="list-style-type: none"> • Information on treatment and counseling • Testing services 	<ul style="list-style-type: none"> • Gweedos Purple Shamrocks • Nappanee police Department 	<ul style="list-style-type: none"> • Phone calls to police agencies and other first responders
Fayette	<ul style="list-style-type: none"> • Education for safer injection • Hepatitis and HIV testing • HIP 2.0 presumptive eligibility • Immunizations for hepatitis A & B, Tdap and HPV • Nutrition • Personal hygiene products • Proper syringe disposal • Referrals to treatment • Syringe exchange services and sterile injection supplies • Treatment information and prevention education • Wound care 	None	<ul style="list-style-type: none"> • Facebook • Syringe exchange • Word of mouth
Fountain-Warren	N/R	None	None
Gary	N/R	•Edgewater Systems for Balanced Living	N/R
Hamilton	<ul style="list-style-type: none"> • Addiction counseling referrals • Education • Follow-up • HIV and Hepatis C testing • Information on disposal of used and non used medication and sharps • Resource list of treatment agencies • Support for family members • Treatment resources 	None	<ul style="list-style-type: none"> • Community contacts • Email • Facebook • Flyers • Food Banks • Law enforcement agencies • Local Fire Departments • Twitter • Word of mouth
Howard	<ul style="list-style-type: none"> • HIV and Hepatis C testing referrals • List of support groups and mental health resources 	None	<ul style="list-style-type: none"> • Flyers at various locations around the community • Newspapers • Radio interview • Social media (twitter and facebook) •Contact cards at locations which work with high risk individuals
Jackson	<ul style="list-style-type: none"> •Education on HIV/Hepatitis C screening •Resource list •Video and hands-on training for professionals 	<ul style="list-style-type: none"> •EMS •County Community Corrections •Dentist office •Individuals •Law Enforcement agencies •Public/Private school corporations •Volunteer Fire Departments 	<ul style="list-style-type: none"> • Email •Church programs •Facebook •Flyers •Newsletter •Newspaper •Radio spots •Speaking engagements to service clubs •Word of mouth
Kosciusko	<ul style="list-style-type: none"> •A list of treatment facilities given with education •CPR course •HCV and HIV testing provided 	<ul style="list-style-type: none"> •Bowen Center •Lutheran EMS 	<ul style="list-style-type: none"> •Referral service
LaPorte	<ul style="list-style-type: none"> •Handout on naloxone providers •Hands Only CPR •Resource list of treatment agencies 	<ul style="list-style-type: none"> •DrugFree Partnership •Homeless Shelter in Michigan City •Purdue Extension Office 	<ul style="list-style-type: none"> •Eventbrite registering •Flyers •Organizational sharing •Social media outlets
Lawrence	<ul style="list-style-type: none"> •Local resources available •Support groups 	<ul style="list-style-type: none"> •Community Agencies •Local support groups •Mitchell School Corp. •North Lawrence Middle and High Schools •Parents of Addicted Loved Ones (PALS) 	<ul style="list-style-type: none"> •Community meetings •Facebook •Word of mouth

Marion	<ul style="list-style-type: none"> •List of treatment centers •Resources for parents •Substance Use Outreach Services Program Tool Kit •Support group meeting schedules 	<ul style="list-style-type: none"> •Center United Methodist Church •Glendale Church •House of Victory Church •Indianapolis Urban League •IMPD Southwest District •MCPHD Hazmat and IDEM staff 	<ul style="list-style-type: none"> •Educational sessions •Flyers •Word of mouth
Marshall	<ul style="list-style-type: none"> •HIV/HEPC testing •PowerPoint 	<ul style="list-style-type: none"> •Marshall County Coroner •Marshall County Health Officer •Marshall County Sheriffs Department/Jail •Officers from Culver, Bremen, Argos •Plymouth Police Department •Starke County First Responders 	<ul style="list-style-type: none"> •Community contacts •Radio spot
Martin	<ul style="list-style-type: none"> •HIV/HEPC testing at MCHD •List of drug treatment programs •PowerPoint presentation 	<ul style="list-style-type: none"> •IDNR Conservation Officers •Loogootee Police Dept •Martin County Sheriffs Dept •Shoals Police Dept 	<ul style="list-style-type: none"> •Direct telephone communication with department heads
Orange	<ul style="list-style-type: none"> •Community support •Counseling •Direct treatment referral •Emotional support •Follow up as needed •Referrals to other services as needed •Resource treatment list •STD testing or referral for testing •Testing referrals •Training videos •Vaccinations 	<ul style="list-style-type: none"> •IU Health Emergency Department •Southern Hills Counseling Center •Southern Indiana Community Health Care 	<ul style="list-style-type: none"> •Community meetings •Networking •Newspaper •Radio •Word of mouth
Porter	<ul style="list-style-type: none"> •Hepatitis C and HIV testing •HIV and Hepatitis C testing information and availability •List of substance abuse treatment facilities and programs •Printed nasal Naloxone administration sheet •Quick Start Guide •Substance Abuse Resources 	N/R	<ul style="list-style-type: none"> •Newspaper •Overdose Lifeline •Posters in community spaces •Reaching out to an emergency department, probation officer, coroner, and Porter County Substance Abuse Council •Written information given for distribution to individuals who come to the ED having signs of Opioid Substance abuse about the availability of Naloxone
Pulaski	<ul style="list-style-type: none"> •Education •HIV and Hepatitis C testing/information •Mental health referrals for family members •Residential and outpatient treatment •Resource list of substance abuse resources 	<ul style="list-style-type: none"> •Four County Counseling Center •Francesville Medical Clinic •Monterey Medical Clinic •Pulaski County Coroner's office •Pulaski County Drug-Free Council •Pulaski County Sheriff's Office •Pulaski Memorial Hospital 	<ul style="list-style-type: none"> •Community organizations •Newspaper •Online news media. •Word of mouth
Scott	<ul style="list-style-type: none"> •Care Coordination •One Stop Shop •Rehab and Medical Services Referrals •Syringe Services Program 	<ul style="list-style-type: none"> •Austin Police Department •Scott County EMS •Scott County Health Department •Scott County Sheriff Department •Scottsburg Police Department 	<ul style="list-style-type: none"> •Notifications in local newspapers •Regional television media market •Word of Mouth
Tippecanoe	<ul style="list-style-type: none"> •Addiction counseling •Education •Follow-up •Harm reduction kits •HIV and Hepatitis C testing •Referrals •Resource list of treatment agencies •Safe sex supplies and education •Support for family members •Treatment resources •Wound care 	<ul style="list-style-type: none"> •Lafayette Transitional Housing •The Drug Free Coalition 	<ul style="list-style-type: none"> •Drug Free Coalition •Faith based partners •Word of mouth
Union	<ul style="list-style-type: none"> •Information for Aspire services •Opiate treatment center services •Resource information for treatment center placements 	<ul style="list-style-type: none"> •Faith-based •Local Library 	<ul style="list-style-type: none"> •Facebook •Flyers •Word of Mouth

	<ul style="list-style-type: none"> •Resource list of treatment agencies and support agencies •Treatment resources 	<ul style="list-style-type: none"> •Deaconess Cross Pointe •Southwestern Behavioral healthcare, Inc. •Stepping Stone 	<ul style="list-style-type: none"> •Newspaper •TV •Community contacts •Facebook •Online news organizations •Twitter •Web page •Word of mouth
Vanderburgh			
Whitley	None	None	None

*N/R = Not Reported

Discussion

Quarters one and two were combined for this report since the reporting period for quarter 1 for RFP2 was only for one month and most LHDs did not receive naloxone kits until April. Reporting varies by county health department. Many of the health departments detailed multiple partners and outreach efforts (**Table 1**). The focus on the recipients of the training ranged from first responders to individuals, including syringe service program clients, schools, medical personnel, shelters, addiction treatment centers and other community organizations. Areas that provide the naloxone kits in conjunction with syringe service programs seem to have success in distributing kits. In some areas, the syringe service program is one of the top treatment populations. Other areas may focus on distributing kits to first responders.

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. **Figure 2** depicts the counties with the highest priority for prescription drug overdose prevention. Of the priority counties Marion County distributed the highest percentage of their awarded kits.

In addition to the data report, LHDs discussed the grant activity that occurred during the first quarter of the reporting period. Many discussed setting up operations with 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, social media, flyers, 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 service programs, to distribute kits.

Community interest varied among participating LHDs. In some areas, there was a lot of connection and collaboration in the community in order to reach individuals who need access to naloxone treatment. Some LHDs had support from the first responders in their county and partnered with the first responders in the distribution of naloxone. In some of the communities, first responders, such as EMS and law enforcement, provided suggestions on areas to reach out to for naloxone training and education. There were LHDs that worked with existing programs, such as syringe services programs, to distribute kits. Some LHDs partnered naloxone training with CPR classes. During this quarter, a syringe service program participant's life was saved with one of the naloxone kits distributed. One LHD worked with an emergency department about distributing naloxone information to individuals who overdose. There are other areas in which the community had a general disinterest in the naloxone program. A challenge noted was that those recovering from an overdose in the ED seem to just want to leave as soon as possible. Some LHDs have expressed challenges reaching out to high risk populations. The thoughts expressed on challenges were that they may be due to stigma, location, wariness of working with a government entity and drug court requirements.

The top methods of hearing about the training were through a “Community Organization,” and “Employer.” Many of the LHDs mentioned communicating directly with community organizations and individuals. The top populations the naloxone training and kits distributed to were “Lay Person” and “Law Enforcement.” “Treatment population” referred to the target group that the individual doing the training and receiving the kits intended to treat with the naloxone. The highest categories for “Treatment population” were “Resident” and “Family member.”

Some of the LHDs are still setting up outreach and others are working on gaining interest for the program in their local communities. The first quarter and second quarter reporting was combined due to the brief reporting period in quarter one. Most of the kits were not received until April. During this time period a total of 460 kits were distributed.