

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 11, Issue 4

July/August 2020

## In This Issue

- Staffing Updates.....page 1
- Trauma Centers Update.....page 2
- DTIP’s COVID-19 Ongoing Response... ..page 3
- COVID-19 Impact on Drug Overdoses.....page 4
- Heat Safety... ..page 5
- Fireworks Safety.....page 6
- World Day Against Trafficking in Persons... ..page 7
- Drowning Prevention.....page 8
- TBI Snapshot... .. page 9-10
- Grant Updates..... page 11-12
- EMS Naloxone Reimbursement.....page 13
- Observances and events .....page 14
- Contact Information.....page 15

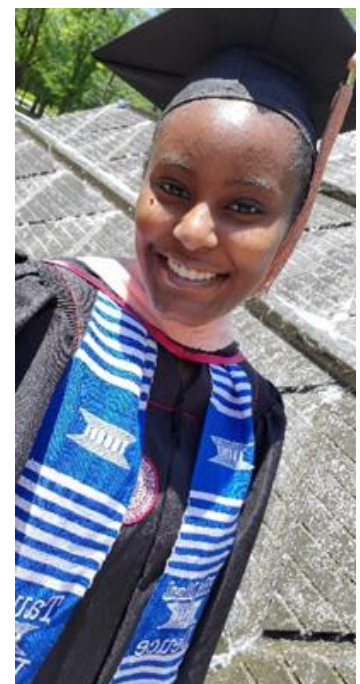
## Upcoming Events

- **Independence Day (observed)**  
July 3 (offices closed), July 4
- **IPAC/INVDRS Meeting (online)**  
July 17
- **ISTCC/ITN**  
Aug. 21

## Staffing Updates

Veronica Daye recently graduated with her master’s degree in Public Health with a concentration in Epidemiology from Indiana University Purdue University-Indianapolis (IUPUI) and possess a bachelor of science degree in chemistry and pre-medicine from Ball State University.

She has been in the Division of Trauma and Injury Prevention as a records consultant for the past year and a half before transitioning to the role of injury prevention epidemiologist.

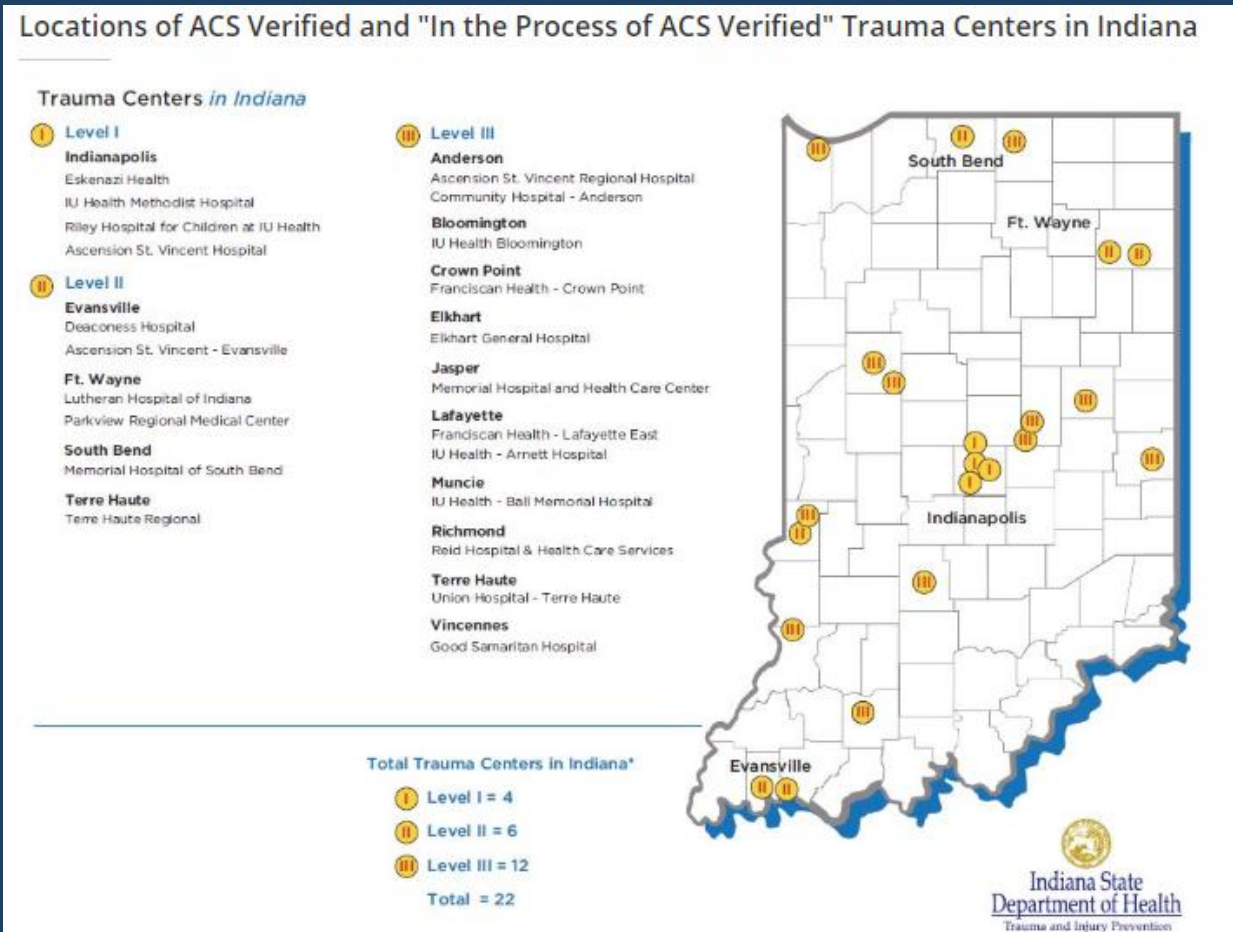


# Trauma Center Updates

Methodist Hospital – Northlake Campus is no longer verified as a level III trauma center by the American College of Surgeons as of June 2020. This means that effective immediately EMS providers should no longer transport the most seriously injured patients to Methodist Hospital – Northlake Campus in full compliance with the Triage and Transport Rule. The rule mandates that trauma patients classified as Step 1 and Step 2 by the CDC Field Triage Decision Scheme must be taken to a trauma center unless it is more than 45 minutes away or if the patient’s life is endangered by going directly to a trauma center.

Northlake first became a trauma center in May 2017 and has served the community in Gary as the Level III trauma center for the past three years.

The map has been updated on the Indiana State Department of Health (ISDH) [website](#) to reflect the closest trauma centers in northwest Indiana.



## **The Division of Trauma and Injury Prevention's Ongoing Response to COVID-19**

Please join us in thanking our staff for their dedication and hard work to help educate the public and facilitate resources for the emergency response during the COVID-19 pandemic response. All of our employees have answered your calls about COVID-19, but here are more highlights on DTIP staff behind the scenes.

The director of trauma and injury prevention, Katie Hokanson, continues to support ISDH Chief Medical Officer Dr. Lindsay Weaver as she coordinates laboratory testing for COVID-19. Hokanson's most recent projects include leading the COVID-19 testing site map initiative to show Hoosiers where they can go to obtain testing for COVID. She is also supporting several grant applications related to COVID. Hokanson continues to work with hospital labs, ISDH lab and Eli Lilly to help ensure everyone is on the same page regarding testing priorities and trouble shoots problems. She also continues to field coroner questions and concerns and updates the coroner guidance for COVID-19.

The trauma and injury prevention program director, Ramzi Nimry, supervises various ISDH drive-thru testing clinics throughout the state. ISDH traditional drive-thru testing sites have continued to run throughout the state each week from Thursday to Sunday. Nimry has also assisted in supervising various long-term care facility testing as needed.

Klaudia Wojciechowska and Pravy Nijjar have continued to serve as cell center supervisors, with Carrie Bennett as the call center manager. During the beginning of the pandemic the call center was opened 24/7. As call volume began decreasing, the call center hours are now 8 a.m. to 5 p.m. Call center staff answer questions about COVID-19 from the general public, healthcare providers, local health department staff across Indiana, and others. As a call center supervisor, the assigned tasks comprise of updating staff on new resources and materials on COVID-19, resolving any issues as they arise and ensuring each shift in the call center runs smoothly. As a call center manager, the assigned tasks include escalating any pressing matters that may arise in the call center to the COVID-19 Command Center, and acting as the liaison between the call center and the command center.

Andzelika Rzucidlo, who has been the injury prevention epidemiologist recently joined the COVID-19 investigation supervisor team. She troubleshoots potential problems that arise with cases in the systems they use to store patient data. She also collects additional information and resources about cases or close contacts (i.e. missing phone number or address) for case investigations and contact tracing.

Pastor James Carroll, one of our drug overdose prevention (DOP) community outreach coordinators, has been so gracious in opening the doors of his church, Greater Shepherd Baptist Church, to host an ISDH testing site. This testing site runs from 8 a.m. to 8 p.m. Monday – Fridays at 2200 English Ave. in Indianapolis until the end of July.

Tyler Delon, our naloxone program intern, also works as a contact tracer with the ISDH COVID-19 contact tracing team. As a contact tracer, Delon has been reaching out to confirmed positive COVID-19 cases and determining their exposure history in addition to obtaining information on all the people they were in contact with while contagious. He then contacts all the close contacts of the positive cases to inform the individuals that they were in close contact with someone who was positive for COVID-19. The COVID-19 contract tracing team also monitors positive COVID-19 cases until they are out of isolation, as well as monitors the exposed individuals through a daily survey checking for any possible symptoms.

Together, our division has already dedicated more than 5,000 hours to fighting the COVID-19 pandemic.

## The Impact of COVID-19 On Drug Overdoses

As COVID-19 continues to maintain its presence in the United States, healthcare workers and advocates remain concerned that an increase in drug overdoses, both fatal and nonfatal, will occur. Numerous theories have been proposed as to why there may be an uptick in overdose cases due to the pandemic. Public health researchers from Chicago and Cook County have suggested that the potential link between COVID-19 and drug overdoses could stem from a decrease in emergency department visits ] to avoid potential exposure to the virus and more time in isolation, which may lead to a decrease in mental health. This may push individuals to seek out substances to self-medicate. Additionally, a recent study conducted by Boston University found that the financial hardships that many Americans are experiencing as a result of COVID-19 has been found to increase negative health behaviors, including substance use. For example, the survey found that 22 percent of Americans reported increased alcohol consumption.

All of the above are proposed theories that need to be further examined through research and will require more time for data to be collected to substantiate any significant conclusions. Where some data is beginning to emerge is on COVID-19's overall effect on drug overdoses. The Office of National Drug Control Policy's Overdose Data Mapping Application (ODMAP) reported that deaths from overdoses are, in fact, on the rise. From January to April 2020, there was a 16.6 percent increase in suspected overdoses compared to the same period of time in 2019. Fatal overdoses rose 11.4 percent over this time period and nonfatal overdoses saw an increase of 18.6 percent. The data from this report point to a connection between the COVID-19 pandemic and this significant increase in both fatal and nonfatal overdoses. The report also concluded that the rise in overdoses seen this year has outpaced previous projections that were based on historical data that did not account for the pandemic.

While this one data source is pointing in a direction that the COVID-19 public health crisis is compounding with the current overdose public health crisis to create a larger problem, it is too soon to draw any major conclusions. More data needs to be collected and analyzed as both the pandemic and overdose deaths rapidly change. Public health officials, including the Indiana State Department of Health, will continue to monitor the situation to better understand the interaction between coronavirus and overdoses throughout the state.

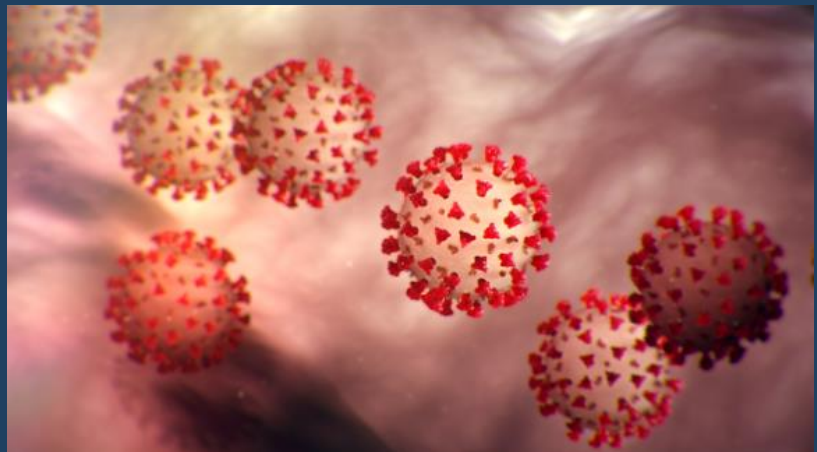


Photo credit: <https://www.cdc.gov/media/dpk/diseases-and-conditions/coronavirus/coronavirus-2020.html>

# Heat Safety

High temperatures kill hundreds of people every year. Heat-related deaths and illness are preventable, yet more than 600 people die from extreme heat every year.

Take measures to stay cool, remain hydrated, and keep informed. Getting too hot can make you sick. You can become ill from the heat if your body can't compensate for it and properly cool you off. The main things affecting your body's ability to cool itself during extremely hot weather are:

- **High humidity.** When the humidity is high, sweat won't evaporate as quickly. This keeps your body from releasing heat as fast as it may need to.
- **Personal factors.** Age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use all can play a role in whether a person can cool off enough in very hot weather.

**Those who are at highest risk include people 65 and older, children younger than two, and people with chronic diseases or mental illness.**

Closely monitor people who depend on you for their care and ask these questions:

- Are they drinking enough water?
- Do they have access to air conditioning?
- Do they need help keeping cool?

People at greatest risk for heat-related illness can take the following protective actions to prevent illness or death:

- Stay in air-conditioned buildings as much as you can. Contact your local health department or locate an air-conditioned shelter in your area. Air-conditioning is the number one way to protect yourself against heat-related illness and death. If your home is not air-conditioned, reduce your risk for heat-related illness by spending time in public facilities that are air-conditioned and using air conditioning in vehicles.
- Do not rely on a fan as your main cooling device during an extreme heat event.
- Drink more water than usual and don't wait until you're thirsty to drink.
- Check on a friend or neighbor and have someone do the same for you.
- Don't use the stove or oven to cook—it will make you and your house hotter.
- Limit your outdoor activity, especially midday when the sun is hottest. Even young and healthy people can get sick from the heat if they participate in strenuous physical activities during hot weather.
- Wear and reapply sunscreen as indicated on the package.
- Pace your activity. Start activities slow and pick up the pace gradually.
- Drink more water than usual and don't wait until you're thirsty to drink more. Muscle cramping may be an early sign of heat-related illness.

**Everyone should take these steps** to prevent heat-related illnesses, injuries, and death during hot weather:

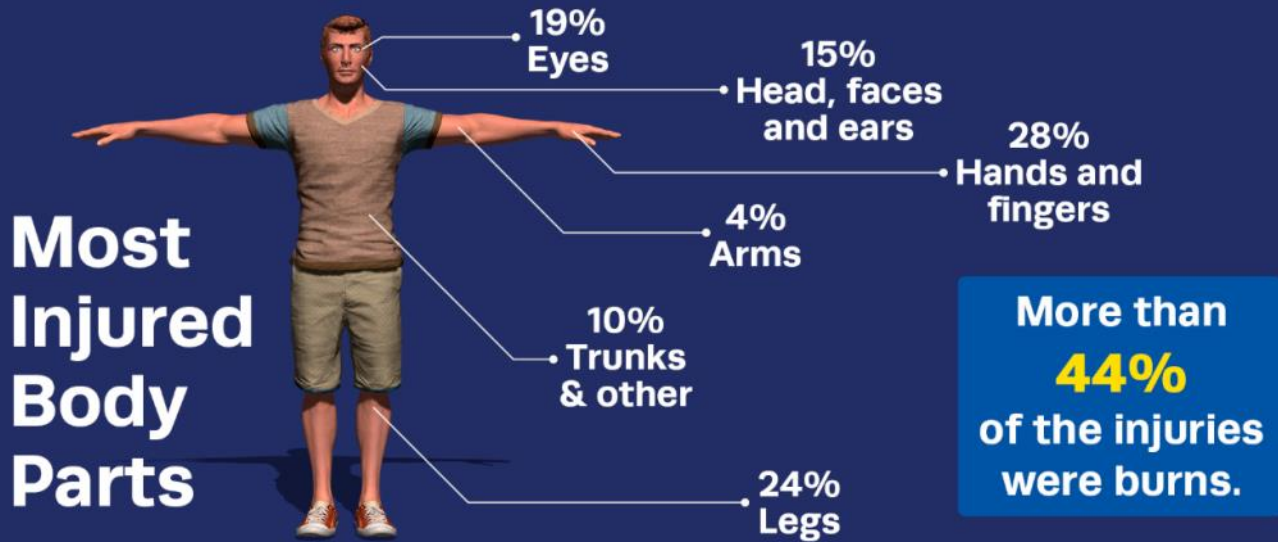
- Stay in an air-conditioned indoor location as much as you can.
- Drink plenty of fluids even if you don't feel thirsty.
- Schedule outdoor activities carefully.
- Wear loose, lightweight, light-colored clothing and sunscreen.
- Pace yourself.
- Take cool showers or baths to cool down.
- Check on a friend or neighbor and have someone do the same for you.
- Never leave children or pets in cars.
- Check the local news for health and safety updates.



Photo credit: <https://www.cdc.gov/nceh/features/extremeheat/index.html>

## Firework Safety

Fireworks-related injuries are most common on July 4 and New Year's Eve. Fireworks can cause death and injury, including burns, contusions, lacerations and foreign objects in the eye. Make the choice to protect yourself and your family from fireworks injuries.



Credit: <https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Fireworks>

Follow these safety tips when using fireworks:

- Never allow young children to play with or ignite fireworks.
- Avoid buying fireworks that are packaged in brown paper because this is often a sign that the fireworks were made for professional displays and that they could pose a danger to consumers.
- Always have an adult supervise fireworks activities. Parents don't realize that young children suffer injuries from sparklers. Sparklers burn at temperatures of about 2,000 degrees - hot enough to melt some metals.
- Never place any part of your body directly over a fireworks device when lighting the fuse. Back up to a safe distance immediately after lighting fireworks.
- Never try to re-light or pick up fireworks that have not ignited fully.
- Never point or throw fireworks at another person.
- Keep a bucket of water or a garden hose handy in case of fire or other mishap.
- Light fireworks one at a time, then move back quickly.
- Never carry fireworks in a pocket or shoot them off in metal or glass containers.
- After fireworks complete their burning, douse the spent device with plenty of water from a bucket or hose before discarding it to prevent a trash fire.
- Make sure fireworks are legal in your area before buying or using them.

Please note that ISDH no longer requires fireworks injury reporting since firework injuries are encompassed in the Burn Registry under the Department of Homeland Security.

## World Day Against Trafficking in Persons

Human trafficking is a crime that exploits women, children and men for numerous purposes including forced labor and sex. Human trafficking is the fastest growing and second largest criminal industry in the world, generating roughly \$150.2 billion worldwide. Human trafficking is a global problem and no country is immune to it. Millions of victims fall into the hands of traffickers, lured by fake promises and deceit. Because of this, the United Nation (UN) declared July 30 each year as World Day Against Trafficking in Persons.

While human trafficking is underreported and difficult to track, the Polaris Project in 2018 over 10,000 cases of human trafficking were reported to the U.S. National Human Trafficking Hotline. These cases involved survivors, potential traffickers, and trafficking businesses. According to the Indiana's Attorney General Report on Human Trafficking in 2016, there were over 170 trafficked youth in 2016 alone, the majority of which being girls (94%) and Caucasian (60%). According to this same report, there were over 520 tips reported on suspicious of human trafficking, representing a four-fold increase since 2014. The National Human Trafficking Resource Center received 243 calls from Indiana and indicated that 53 were likely human trafficking cases based on facts reported at the time. Again, it is worth noting that human trafficking is underreported, and these statistics only represent reported cases and tips.

The goal of establishing World Day Against Trafficking in Persons is not only to create awareness globally of human trafficking but align current goals and objectives with the standards created by the U.N., which can be found [here](#).



The U.S. Department of State released 20 ways everyone can help prevent human trafficking in 2020. These include learning the indicators of human trafficking, calling the National Human Trafficking Hotline to report a case, and encouraging local schools or school districts to include curricula about human trafficking and developing protocols for reporting a suspected case in their school. The entire list can be found [here](#).

If you or someone you know is currently being trafficked, the National Human Trafficking Hotline will assist survivors of sex and labor trafficking with services and support to get help and stay safe. This hotline is not a law enforcement agency, nor is it a government entity. The toll-free phone and SMS text lines and live online chat function are available 24 hours a day, 7 days a week, 365 days a year. Help is available in English or Spanish, or in more than 200 additional languages through an on-call interpreter. Help can be reached over the phone at 1-888-373-7888 or by texting 233733. More information about the National Human Trafficking Hotline can be found [here](#).

For more information about sexual violence in Indiana, please email the Violence Prevention Program Director Conner Tiffany at [CTiffany@isdh.IN.gov](mailto:CTiffany@isdh.IN.gov) or the Statewide Sane Coordinator Ashli Smiley at [ASmiley@isdh.IN.gov](mailto:ASmiley@isdh.IN.gov). You can also visit our website: <https://www.in.gov/isdh/23820.htm>.

# Drowning Prevention

Every year, Indiana experiences anywhere from 60-70 drowning deaths per year. In 2018 alone, 69 Indiana residents died from unintentional drowning. Although there are large concerns over drownings in young children, the vast majority (78.3%) of drowning deaths occur in residents over the age of 18 with the highest count in the 25-34 age category and were also more likely to be male (76.8%). For those over 18, 26% had a drug-related or alcohol-related poisoning as a contributing cause of death. The months of June, July, August, and September account for nearly half of all drowning deaths during 2018 with the highest number of deaths during July.

To prevent drowning deaths, the Centers for Disease Control and Prevention (CDC) recommends :

- ◆ **Supervise When in or Around Water.** Designate a responsible adult to watch young children while in the bath and all children swimming or playing in or around water.
- ◆ **Use the Buddy System.** Always swim with a buddy. Select swimming sites that have lifeguards when possible.
- ◆ **Seizure Disorder Safety.** If you or a family member has a seizure disorder, provide one-on-one supervision around water, including swimming pools. Consider taking showers rather than using a bath tub for bathing. Wear life jackets when boating.
- ◆ **Learn to Swim.** Formal swimming lessons can protect young children from drowning.
- ◆ **Learn Cardiopulmonary Resuscitation (CPR).** In the time it takes for paramedics to arrive, your CPR skills could save someone's life.
- ◆ **Air-Filled or Foam Toys are not safety devices.** Don't use air-filled or foam toys, such as "water wings", "noodles", or inner-tubes, instead of life jackets.
- ◆ **Avoid Alcohol.** Avoid drinking alcohol before or during swimming, boating, or water skiing. Do not drink alcohol while supervising children.
- ◆ **Don't let swimmers hyperventilate before swimming underwater or try to hold their breath for long periods of time.** This can cause them to pass out (sometimes called "hypoxic blackout" or "shallow water blackout") and drown.
- ◆ **Know how to prevent recreational water illnesses.** [More information](#) can be found here.
- ◆ **Know the local weather conditions and forecast before swimming or boating.** Strong winds and thunderstorms with lightning strikes are dangerous.



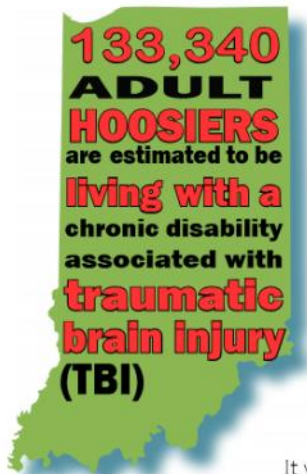
Photo credit: [www.pexels.com](http://www.pexels.com)

## Resources:

- Data Source – Indiana State Department of Health, Division of Trauma and Injury Prevention; Vital Records.
- CDC Drowning Prevention - <https://www.cdc.gov/homeandrecreationalafety/water-safety/waterinjuries-factsheet.html>



# Traumatic Brain Injury in Indiana:



We know the **facts**  
We know the **needs**  
We have the **research**  
and **program development** to  
improve longterm outcomes  
of TBI patients in Indiana

## Prevalence of TBI in Indiana:

In 2017, 33,000 Hoosiers sustained a TBI. 1,316 died where TBI was reported as cause of death, 6,681 were hospitalized. 25,198 were treated and released with a TBI. UNKNOWN number of Hoosiers sustained injuries that were treated in other settings or went untreated.

## The Cost of TBI:

It was estimated in 1985 that the annual economic burden of TBI was \$37.8 billion. Adjusted for inflation, the total costs would be \$92,250 billion in 2020. Based on population, these findings would suggest that the annual economic burden to Indiana would be \$1,876 billion.

## Indiana is leading the way to a better world for Hoosiers with TBI through research and program development.

### Indiana Traumatic Brain Injury Model Systems (TBIMS)

The Indiana TBIMS is a partnership with IU School of Medicine, IU Health, St. Vincent Health, Rehabilitation Hospital of Indiana and others. The TBIMS is a national database, with over 18,000 participants enrolled and outcomes followed over the past 30 years which has informed clinicians and scientists how to better help people with TBI and their families. The focus of our local research is aimed at improving emotional control and decreasing anxiety, anger, irritability, and aggression. E: [tbims@iu.edu](mailto:tbims@iu.edu)

→ [CLICK HERE for more information.](#)

### Indiana State Department of Health TBI-Opioids Toolkit

People with TBI are at a significantly greater risk for opioid addiction and overdose. Between 70-80% of patients with TBI are discharged on an opioid. Many people are prescribed opioids when their history of TBI is unknown and the increased risk for overdose associated with that history. In response, ISDH, in partnership with Rehabilitation Hospital of Indiana, was the first in the U.S. to develop a toolkit that contains a variety of resources, including: how to screen for TBI, risk checklists, educational materials, and others. The toolkit is available on the ISDH website. ISDH also developed a free webinar with continuing education on [TBI & Opioids](#).

→ [CLICK HERE for more information.](#)

### Indiana Spinal Cord & Traumatic Brain Injury Research Fund

This fund was established to fund research related to the treatment and cure of traumatic spinal cord and brain injuries. \$16,098,389 in grants have been awarded since 2008, and these projects have netted a minimum of \$34,206,435 in internal/external funding, six patent applications (both U.S. and international); 98 peer-reviewed publications; and over 325 posters/abstracts, conference proceedings, invited talks/webinars to local, national and international audiences, and book chapters, as well as supporting the creation of a Traumatic Spinal Cord and Brain Injury Registry for the data analysis. → [CLICK HERE for more information.](#)

### Indiana Department of Education Concussion Work

Indiana has developed Return to Play Procedures for student-athletes with concussions, which include: educational materials for student-athletes and their parents, concussion training for teachers and coaches, removing students from play if a concussion is suspected, and requiring a signed release by a healthcare provider before the student can return to play.

→ [CLICK HERE for more information.](#)

### Administration for Community Living TBI Mentor Grant

Indiana is one of 10 states to have received this grant. ISDH as grantee and RHI as the lead contractor, are evaluating the outcomes of Resource Facilitation to improve recovery after TBI. This team also mentors other states in the Transitions and Employment and Criminal and Juvenile workgroups and has developed a new web-based platform for clinical surveillance of adjustment following TBI with CreateAbility Concepts, Inc.

→ [CLICK HERE for more information.](#)

## \*Needs & Assessment Survey:

In what area do you see the biggest need for improvement for Indiana's brain injury population and the people who care for them?



\*In 2019, 282 individuals took part in a needs and assessment survey. Respondents self-identified as TBI patient/survivor, patient caregiver, medical professional, or other auxiliary organization that supports TBI patients.

# Roadmap to Resources

## Call to ACTION

**Train** people to screen for TBI.

**Provide** TBI education for your staff.

**Refer** to BIAI for information/referral and list of Support Groups.

### Resource Facilitation (RF)

For people who want to return to work or school, the Rehabilitation Hospital of Indiana's RF program can help you to find services and supports through a program specifically designed for people with brain injury. This best practices program is based on a variety of published studies and is nationally recognized for its outcomes. Access to this program can be obtained through Indiana Vocational Rehabilitation depending on their evaluation. [Click here for more information](#) T: 317-329-2455 E: [RFgeneral@rh.in.com](mailto:RFgeneral@rh.in.com)

### RHI Research, Training, and Outcome Center (RTOC)

The RTOC provides a variety of training, education, and certification opportunities for brain injury professionals, including training on how to screen for lifetime exposure to TBI, and for becoming a Certified Brain Injury Specialist (CBIS). CBIS is the next step in professional development and has been widely recognized and respected for many years in the field of brain injury and provides recognition of an individual's advanced training and work experience in brain injury services. For more information on TBI training, contact: Wendy Waldman, BSW, CBIST at T: 317-329-2235 or E: [wendy.waldman@rh.in.com](mailto:wendy.waldman@rh.in.com).

### Indiana Centers for Independent Living (CILs)

CILs are consumer-controlled nonprofit agencies that are designed and operated within local communities by individuals with disabilities. Each center is unique, but provide these core services: Peer counseling; Information and referral; Individual and systems advocacy; Independent living skills training; and Services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions and facilitate transition of youth to postsecondary life. [For more information, see https://www.in.gov/fssa/ddrs/2762.htm](https://www.in.gov/fssa/ddrs/2762.htm)

### Indiana Disability Rights (IDR)

IDR is the service arm of the Indiana Protection and Advocacy Services (IPAS) Commission. IDR's mission is to protect and promote the rights of individuals with disabilities through empowerment and advocacy. Contact IDR and talk with one of their experienced advocates. Some issues are serious enough that help from the IDR legal advocacy team is needed. Contact the Indiana Disability Rights at: T: 1-800-622-4845 or by filling out an online help form at: <https://www.in.gov/idr/2524.htm>

### The Brain Injury Association of Indiana (BIAI)

BIAI provides: access to information and resources to address needs, promotes and assists with support groups, encourages research, and educates the public to increase statewide awareness and prevention of brain injury as a serious disability with lifelong consequences. BIAI also has support groups located throughout Indiana.

Visit: [www.biaindiana.org](http://www.biaindiana.org) Contact BIAI at: 1.800.444.6443 E: [biassociationofindiana@gmail.com](mailto:biassociationofindiana@gmail.com)

### Indiana Vocational Rehabilitation Vocational Rehabilitation (VR)

VR helps eligible individuals with disabilities to achieve their employment goals. VR can help with exploring employment interests and skills, job search, assistive technology or other services needed to help keep a current job, re-enter employment in the same or different type of employment, and services necessary for career advancement. Individuals with disabilities may apply for VR services by contacting their local office. For more information about Indiana VR, visit <https://www.in.gov/fssa/ddrs/2636.htm>, and on Facebook at Indiana Vocational Rehabilitation.

### The Traumatic Brain Injury (TBI) Waiver

The TBI waiver provides HCBS to Medicaid eligible people of any age who have experienced an external insult resulting in a traumatic brain injury and who require services ordinarily only available in a nursing facility.

This waiver is designed to provide supports, such as personal assistance, limited habilitation services, and respite care, as well as limited environmental modifications. For more information visit: <https://www.in.gov/medicaid/members/210.htm>



Note: This document was created June 2020.

Administration for Community Living  
U.S. Department of Health & Human Services  
330 C Street Southwest, #1130D  
Washington, DC 20201  
Phone: (202)401-4634

## Grant Updates

The Division of Trauma and Injury Prevention has worked diligently to receive grants from major federal agencies and organizations. Here are a few updates on grants for which the Trauma division has recently applied.

### STOP Grant

The Students, Teachers, and Officers Preventing (STOP) School Violence grant was submitted on June 9 in the second round of solicitation due to the ceiling of funding being raised from \$500,000 to \$750,000.

The purpose of this program is to reduce youth violence in Indiana by mental health trainings and creating resources. Students spend a majority of their time in an educational institution in which their environment can significantly affect their mental health. The Indiana State Department of Health (ISDH) requests funds to undertake three strategies to prevent and reduce school violence.

First, the ISDH will expand funding and guidance for in-school services and prevention education of school personnel, mental health professionals, students, and families. The ISDH will do so by expanding mental health trainings for school staff, students, and families through the lessons obtained through Project AWARE. The ISDH will also provide free trainings on mental health and substance abuse tools provided by Family and Social Services Administration (FSSA) Division of Mental Health & Addiction (DMHA), through a partnership with ISDH. The ISDH will provide funds to the Indiana Department of Education (IDOE) and FSSA-DMHA to fund innovative state-based strategies to support young adults that are high risk for mental illness and establish school policy recommendations.

Second, the ISDH will increase the collection of the number of trained staff regarding school violence, bullying, and student mental health reporting. The web-based portal will have real-time data which can then be shared between organizations at state and local levels. The ISDH will oversee the progress and reporting of trained staff from Youth Mental Health First Aid, a class dedicated to identifying, understanding, and responding to the signs of addiction and mental health. The ISDH will share this data with IDOE and DMHA to establish a procedure to aid schools and social workers in identifying the needs of their student body. This portal will include resources obtained through the project period, number of trained professionals, and contact information for other entities to reach if training is wanted.

Finally, the ISDH will support the interagency task force that addresses mental health crisis identification and intervention. The ISDH will join the Commission on Improving the Status of Children in Indiana and collaborate on their 2020 strategic goals. The ISHD will alert the task force to inform the public and students of safe outlets and resources pertaining to self-harm and violence through a state-wide campaign.

Continued on page 12

## Grant Updates (continued from page 11)

The Division of Trauma and Injury Prevention has worked diligently to receive grants from major federal agencies and organizations. Here are a few updates on grants we have or have recently applied for.

### **ACL Grant**

Through this funding opportunity, the Administration on Aging (AoA), part of the Administration for Community Living (ACL), plans to award approximately 7 cooperative agreements to domestic public or private non-profit entities. This funding opportunity is designed to help communities reduce falls and/or falls risk among older adults and adults with disabilities through the implementation of evidence-based falls prevention programs. Unfortunately, DTIP was not awarded this grant opportunity at this time.

### **DOT Grant**

Another funding opportunity through the United States Department of Transportation (DOT) for state and local governments to develop, refine, and implement data tool applications that address specific roadway safety problems. ISDH's DTIP planned to create a data dashboard using linked crash and trauma registry data that would be available for public use of stakeholders pertaining to traffic safety and injury prevention. Unfortunately, DTIP was not awarded this grant opportunity at this time.



Effective July 1, 2020, the Indiana Health Coverage Programs will begin reimbursing Emergency Medical Services providers for the administration of naloxone. Providers must be enrolled with the IHCP under Type 26 (Transportation) and Specialty 260 (EMS). For detailed information see [IHCP Bulletin BT202063](#).

EMS providers can bill for the drug and administration of the drug using the codes detailed in the billing requirements below. Naloxone and the administration must be billed together, per requirements by the Centers for Medicare and Medicaid Services. Additional stipulations are listed below.

- When EMS provider treat a patient but do not transport them from the scene, the IHCP will reimburse for the drug and A0998 (Treat/No Transport), but not the administration of the drug. The IHCP considers administration to be a component of Treat/no transport.
- If an EMS provider responds to the same patient multiple times in the same day, claims must include modifier XE or 59 to indicate separate services or encounters.
- The IHCP will reimburse for naloxone given by basic life support (BLS) non-transport providers.
  - Must have reimbursement agreement with EMS
  - Must have medical supervision protocol in place
  - Does not apply to law enforcement agencies
- Naloxone supplies previously received through the Federal grant or free through another source CANNOT be reimbursed through Medicaid.

**Billing Requirements**

Drug Form	Administration of Naloxone	Naloxone Procedure Drug Code
Nasal Spray	96372 (U1 Modifier)	J3490
Liquid Vial	96372 (U2 Modifier)	J2310

In order to receive federal reimbursement for drugs, the IHCP must receive the National Drug code along with the claim. An NDC can be found on the drug's label. EMS providers will be trained on how to document the NDC, along with other necessary components required for drug claim submission. EMS billing agencies will also receive training on how to properly submit a claim. Trainings are scheduled to start in July, 2020 and webinars will be posted to the IHCP website.

Drug Form	Procedure Code	NDC Unit Size	Quantity
Nasal Spray	One injector	One Unit (UN)	
Liquid Vial	One milligram (mg)*	One milliliter (ML)	

To find IHCP bulletins and banners and to sign up for email notices, visit: <https://www.in.gov/medicaid/providers/737.htm>

If you have any questions, please send an email to: [dhs certifications@dhs.in.gov](mailto:dhs certifications@dhs.in.gov) or [OMPPPProviderRelations@fssa.in.gov](mailto:OMPPPProviderRelations@fssa.in.gov)



# July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
National Fireworks Safety Month	Vehicle Theft Prevention Month		1	2	3	4 Independence Day
5	6	7	8	9	10	11
12	13	14	15	16	17 IPAC/INVDRS	18
19	20	21	22	23	24	25
26	27	28	29	30	31 <a href="#">National Heatstroke Prevention Day</a>	

# August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
National Immunization Awareness Month	Children's Eye Health and Safety Month	Back to School Month				1
2 <a href="#">Stop on Red Week</a>	3 <a href="#">Stop on Red Week</a>	4 <a href="#">Stop on Red Week</a>	5 <a href="#">Stop on Red Week</a>	6 <a href="#">Stop on Red Week</a>	7 <a href="#">Stop on Red Week</a>	8 <a href="#">Stop on Red Week</a>
9	10 <a href="#">Safe and Sound Week</a>	11 <a href="#">Safe and Sound Week</a>	12 <a href="#">Safe and Sound Week</a>	13 <a href="#">Safe and Sound Week</a>	14 <a href="#">Safe and Sound Week</a>	15 <a href="#">Safe and Sound Week</a>
16 <a href="#">Safe and Sound Week</a>	17	18	19 <a href="#">Drive Sober or Get Pulled Over</a>	20 <a href="#">Drive Sober or Get Pulled Over</a>	21 ISTCC/ITN <a href="#">Drive Sober or Get Pulled Over</a>	22 <a href="#">Drive Sober or Get Pulled Over</a>
23 <a href="#">Drive Sober or Get Pulled Over</a>	24	25	26	27	28	29
30	31 <a href="#">Overdose Awareness Day</a>					

Upcoming 2020 TRAC Meetings can be found here: <https://www.in.gov/isdh/26644.htm>

# Contact Us

Kristina Box MD, FACOG — State Health Commissioner

Eldon Whetstone, JD — Assistant Commissioner, Health and Human Services

## Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Klaudia Wojciechowska — Drug Overdose Prevention Program Director

Murray Lawry — Operations Manager/Deputy Director

Ramzi Nimry — Trauma and Injury Prevention Program Director

Anita McCormick-Peyton — Records Consultant

Brandon Moore — Administrative Assistant

Carrie Bennett — Drug Overdose Prevention Community Outreach Coordinator

Cassidy Johnson — Naloxone Program Manager

Chinazom Chukwuemeka — Registry Coordinator

Helen Schwartzel — Administrative Assistant

James Carroll — Drug Overdose Prevention Community Outreach Coordinator

John O'Boyle — Records Coordinator

Keifer Taylor — Records Consultant

Laura Hollowell — Drug Overdose Prevention Community Outreach Coordinator

Lauren Harding — Drug Overdose Prevention Epidemiologist

Meghan Davis — Records Consultant

Morgan Sprecher — INVDRS Epidemiologist

Patricia Dotson — Records Consultant

Pravy Nijjar — Injury Prevention Program Coordinator

Ryan Cunningham — INVDRS Lead Records Consultant

Trinh Dinh — Data Analyst

Veronica Daye — Injury Prevention Epidemiologist

Please email [indianatrauma@isdh.IN.gov](mailto:indianatrauma@isdh.IN.gov) for more information.

Visit our website at [indianatrauma.org](http://indianatrauma.org).

Follow us on Twitter: @INDTrauma



Indiana State  
Department of Health  
Trauma and Injury Prevention