Naloxone Rescue Kit Grant Opportunity Announcement

For First Responders Serving Rural Counties Only

Project Description:
The Indiana Department of Health (IDOH) is accepting grant applications to provide first responders in rural counties intranasal naloxone. Only first responders who provide services in rural counties are eligible to receive the naloxone doses. The following types of agencies (paid or volunteer) are considered first responders under this grant: law enforcement, fire, EMS agencies, corrections, parole officers and schools. Please email Cassidy Johnson if you think your agency might be considered a first responder agency and is not listed (casjohnson@isdh.in.gov).

Either a local health department or a first responder organization may fill out the application; however, all doses must be given to a first responder organization serving a rural county. A representative from the first responder agency must be listed as the primary contact, and the address on the application should be that of the first responder agency.

First responder organizations that receive naloxone doses will be responsible for administering the doses and reporting their use to IDOH through the required methods.

Service Delivery Dates:
During the program period the IDOH reserves the right to request naloxone doses back from any awardee that does not meet the requirements of the program. Failure to comply with all terms of this grant by an awardee will also halt any future unshipped naloxone doses.

Failure to comply includes:
• Not completing and mailing the outcome postcards
• Selling the doses instead of distributing them free of charge
• Inaccurate reporting of the administration of naloxone
• Not following the intent of the program

Funding:
The total funding amount available for this program is $183,000. The maximum amount of naloxone doses that applicants are eligible to receive will be determined by the geographic service area and the need identified in grant applications.
Rural Counties:
Naloxone doses can only be given to first responder organizations and local health departments in one of Indiana’s 49 rural communities as defined by the Federal Office of Management and Budget. The guide can be found at https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf.

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*This county is eligible even though it is designated a Metropolitan County. All census tracts in the county qualify as rural.

Eligibility:
- Applicants must be:
  - First responder organizations (including paid or volunteer) as detailed above
  - LHDs applying on behalf of first responder agencies

Respondent Participation Guidelines:
- Must ensure that naloxone doses are not resold after distribution.
- If the awardee’s listed primary or secondary point of contact changes anytime during the naloxone dose distribution or reporting period, the awardee must notify the IDOH within 5 business days after the change and provide the contact information for the new contact.

Grant Application:
- Applicants must complete the Naloxone Rescue Kit Grant Application, which can be found online at https://redcap.isdh.in.gov/surveys/?s=EKJN48WTM.
- It is recommended that the grant application be completed and submitted in one sitting.
- Applicants must address all the questions on the Naloxone Rescue Kit Grant Application.
- Applicants are encouraged to apply at the beginning of the grant year, although applications will be accepted on a rolling basis. This grant opportunity will run from October 2020 to September 2021.

Delivery of Naloxone:
The total number of naloxone doses that an awardee receives will be shipped between one or two shipments, depending on the number of doses requested. The doses will not be shipped until the IDOH naloxone contract is completed and approved.
Grant Contract:
Each organization that is awarded will be required to sign a grant contract. Naloxone doses will not be shipped until the contract is approved. After your application has been reviewed and approved by IDOH, your organization will receive an award letter detailing pertinent information regarding your award. The contract will require a signature from the agency. Your organization should receive an executed contract within approximately 30-60 days after your receipt of award.

Naloxone Training Opportunity:
The IDOH has partnered with Overdose Lifeline to provide a naloxone administration training for grant applicants. Overdose Lifeline encourages all agencies to be trained in naloxone administration, regardless of whether they have been trained in the past. The evolving nature of the opioid epidemic necessitates the need for updated trainings that include topics such as fentanyl exposure and stigma. The Overdose Lifeline training is offered in-person and online. If your first responder agency has not been previously trained on naloxone administration, please let IDOH know. IDOH will put agencies in contact with Overdose Lifeline to get a training scheduled.

Reporting Requirements:
Award recipients will be required to:
- Complete and mail a prepaid postage postcard each time a naloxone dose is used. A postage free postcard will be provided to successful applicants for each dose they receive.

Failure to complete and mail the postcards will be deemed a breach of grant agreement and shall entitle the IDOH to suspend or cancel the remaining undelivered naloxone and request the remaining unused naloxone to be returned to the IDOH to be redistributed to other compliant awardees.

The source of the grant funds for this program is the Substance Abuse Mental Health Services Administration (SAMHSA) First Responder Comprehensive Addiction and Recovery Act grant. SAMHSA requires the IDOH to report on the circumstances each time naloxone is used. To accomplish this, a first responder must complete and mail a prepaid postcard each time they use a dose.

The information on the postcard will include:
- Effect on the patient after administering the naloxone
- Approximate age of the patient

ALL AGENCIES: This is a reminder that you are also required to follow IC 16-31-3-23.7, which states that an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter, a volunteer firefighter, a law enforcement officer, or a paramedic who: administers an overdose intervention drug OR is summoned immediately after an overdose intervention drug is administered shall inform the emergency ambulance service responsible for submitting the report to the commission of the number of times an overdose intervention drug has been administered. The emergency ambulance service shall include this information in the emergency ambulance service’s report to the commission under
the emergency medical services system review in accordance with the commission’s rules. This means that naloxone administration must be reported in the EMS registry, per Indiana Code.

**EMS and FIRE AGENCIES:** You are required to enter naloxone administrations into the EMS registry. If you are not familiar with this requirement, let Cassidy Johnson know and she will have someone reach out to help.

**LAW ENFORCEMENT AGENCIES:** You will be required to fill out a report through the following link each time you administer naloxone:

**Points of Contact:**
Cassidy Johnson, Naloxone Program Manager
Indiana Department of Health
casjohnson@isdh.in.gov – (317) 234-6425

Murray Lawry, Operations Manager and Deputy Director
Indiana Department of Health
mlawry@isdh.in.gov – (317) 233-7695

**Summary of naloxone rescue kit grant requirements**

- Follow intent of the naloxone rescue kit grant program.
- Mail prepaid postcard(s) after administering naloxone.
- Do not sell naloxone.

Funding for this program was made possible (in part) by the Substance Abuse Mental Health Services Administration (SAMHSA) First Responder Comprehensive Addiction and Recovery Act grant. The views, opinions, and content expressed in this announcement do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).