

An aerial photograph of Indianapolis, Indiana, featuring the Indiana State Capitol building with its prominent dome in the foreground. The background shows a dense urban skyline with various skyscrapers, including the Bankers Life Tower. The image is overlaid with a semi-transparent white box containing the report title.

Evaluation of the Indiana State Department of Health's First Responder Comprehensive Addiction and Recovery Act (CARA)

Year 4

August 2021



PUBLIC POLICY INSTITUTE
**CENTER FOR HEALTH
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INTRODUCTION

The Center for Health and Justice Research at the Indiana University Public Policy Institute (PPI) was contracted to conduct the evaluation for the Indiana State Department of Health's (ISDH) First Responder Comprehensive Addiction and Recovery Program (CARA). With CARA funding, ISDH aims to do the following:

- 1) Provide resources through the Indiana Naloxone Kit Distribution Program for First Responders in rural communities;
- 2) Train and provide resources to rural first responders on carrying and using naloxone;
- 3) Expand the Indiana Recovery and Peer Support Initiative for referral to appropriate treatment and recovery communities.

To evaluate these efforts, researchers have completed data collection activities, including a naloxone postcard survey for first responders (Activity 1), naloxone training satisfaction survey (Activity 2), and naloxone training follow-up qualitative interviews (Activity 3). This report includes a final, cumulative analysis of the CARA naloxone postcard survey for rural first responders as well as training satisfaction survey results for rural first responders who attended naloxone training.

Background

To assess ISDH's efforts to provide naloxone to first responders in rural counties through the Indiana Naloxone Kit Distribution Program, researchers developed a post-naloxone use survey postcard which is to be completed by the first responder team following each incident requiring naloxone.

ISDH began distributing naloxone doses to first responders throughout Indiana, utilizing CARA funding, in February 2018. Various first responder agencies in rural Indiana counties, including police, fire, and other emergency medical services agencies, received the doses, as well as a corresponding stack of naloxone survey postcards. Since February 2018, the same version of the postcard has been utilized; each postcard continues to include a description of the research study, the confidential nature of the study, when and how to complete the postcard survey, and how to return the postcard to the research team. Further, agencies continue to be instructed to complete one postcard survey per overdose incident (e.g. if multiple naloxone doses are administered, only one survey must be completed). All postcards are pre-addressed and include pre-paid postage, and the participant is asked to return the postcard via any USPS postbox. When the postcards are returned to the researchers, the data is entered into an Excel database and analyzed using SPSS Software (Version 28).

CARA NALOXONE POSTCARDS

General Information

Between February 2018 and August 2021, at least 14,554 naloxone kits were distributed by ISDH to first responder agencies in 56 Indiana counties, each including naloxone survey postcards. As of August 2021, 1,036 postcard surveys from 47 counties were returned (Table 1). Figure 1 displays which counties received naloxone from ISDH and returned postcards (orange) and which counties received naloxone from ISDH but have not yet returned postcards (gray).

Figure 2 shows the month by month administrations of naloxone by rural first responders according to postcard data. The data suggests marked increases in reported naloxone administrations in 2020 as compared to 2019 and 2018. In some months (January, September, and November 2020), reported naloxone administrations more than doubled. This trend continued for the majority of the first half of 2021 (most markedly in January 2021), with most months matching or exceeding 2020 counts.

Please note that these results do not fully represent the number of naloxone administrations that were given by these agencies, only the number of postcard surveys returned.

Table 1: Number of Naloxone Kits and Postcards Sent and Received (February 2018 – August 2021)

County of Distribution	Naloxone Doses Received	Survey Postcards Returned	County of Distribution	Naloxone Doses Received	Survey Postcards Returned
Adams	731	19	Lawrence	203	1
Blackford	118	0	Madison	46	13
Cass	466	25	Marion	6	0
Clay	6	1	Marshall	330	9
Clinton	325	6	Miami	506	39
Crawford	150	2	Montgomery	476	2
Daviess	147	1	Noble	359	17
Decatur	247	4	Orange	27	0
DeKalb	270	21	Parke	300	7
Dubois	408	23	Perry	160	6
Fayette	429	105	Pike	126	0
Fulton	252	24	Pulaski	183	1
Gibson	127	1	Putnam	8	0
Grant	448	16	Randolph	139	5
Greene	59	4	Ripley	211	9
Hendricks	20	4	Rush	140	2
Henry	604	13	Spencer	536	5
Huntington	464	70	St. Joseph	44	2
Jackson	821	132	Starke	399	2
Jasper	15	1	Steuben	188	4
Jay	254	61	Sullivan	14	12
Jefferson	296	5	Switzerland	24	0
Jennings	248	32	Tippecanoe	20	0
Johnson	36	0	Tipton	171	3
Knox	311	28	Union	124	7
Kosciusko	892	55	Wabash	191	20
LaGrange	108	5	Wayne	258	4
LaPorte	24	21	White	80	0
continued -->			Total	14,544*	1,036**

*Includes 1,009 cards with no specific county designation (e.g. "IDOC extra stock")

**Includes 187 cards for which there was no specific county designation (e.g. "IDOC stock") or county designation could not be determined (e.g. torn postcard)

Figure 1: Counties Receiving and Returning Naloxone Kits for First Responders

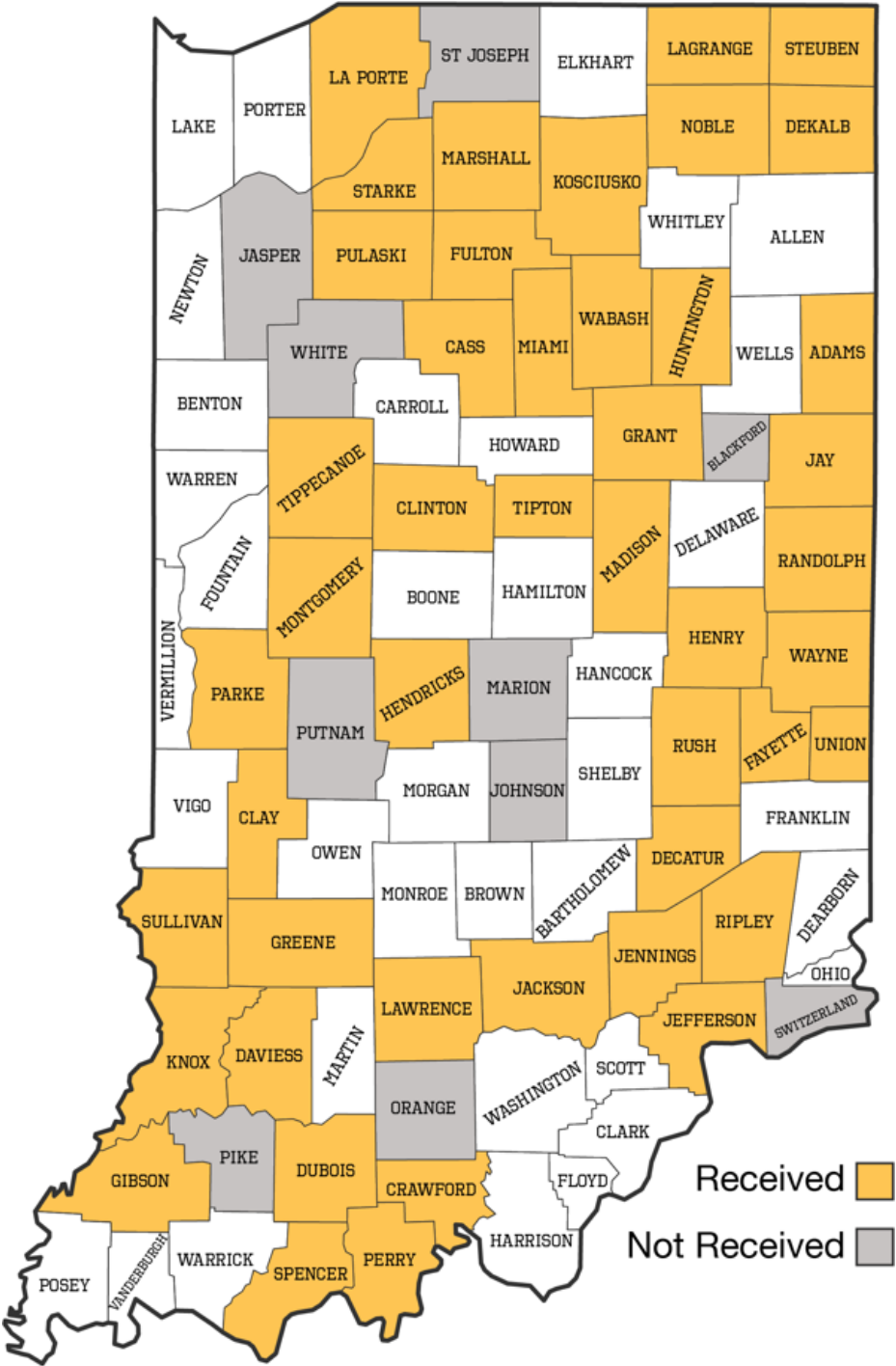
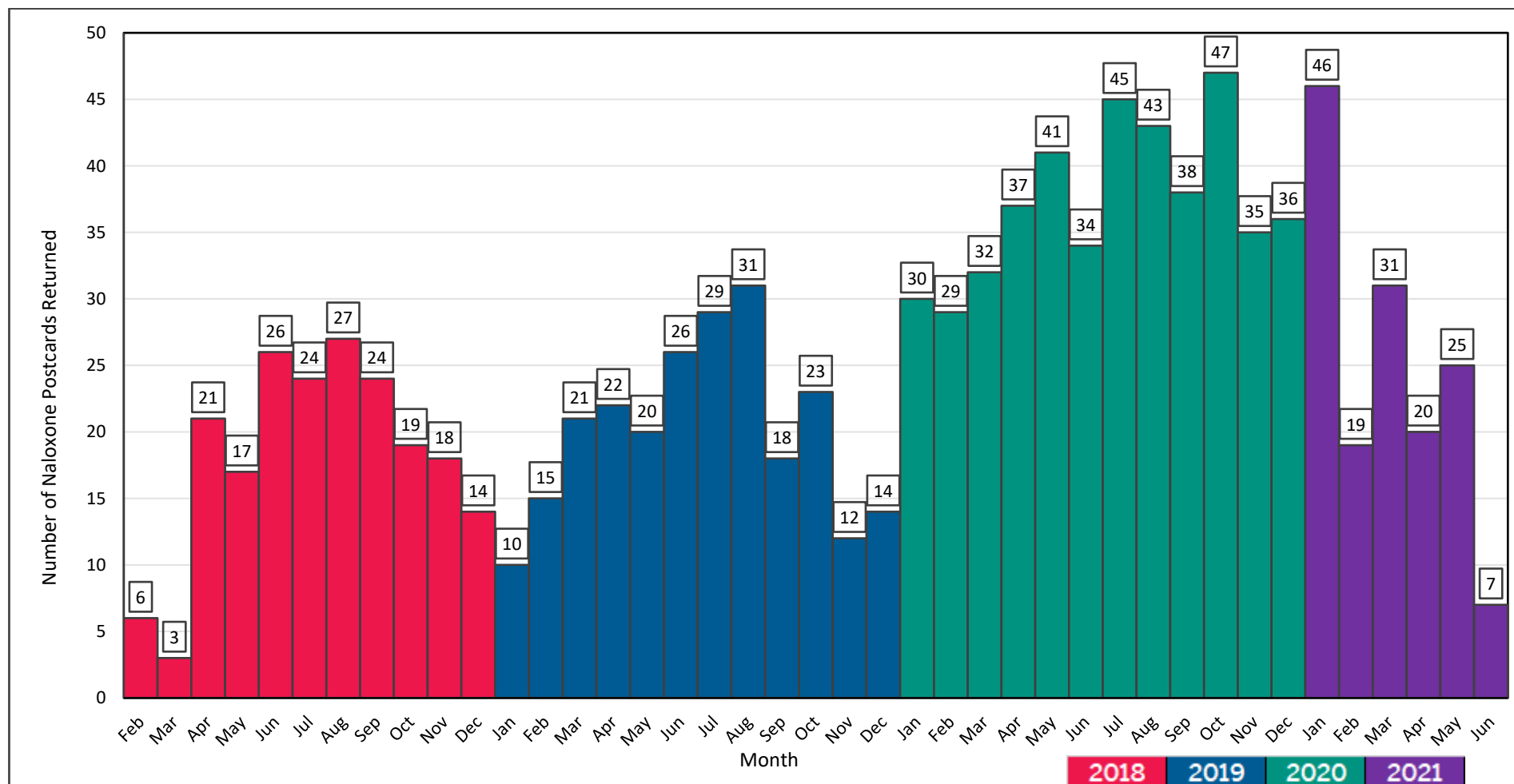


Figure 2: Naloxone Administrations by Month and Year (n=1,036*)



*Figure does not include 1 postcard with no date of naloxone administration indicated

Naloxone Postcard Survey Results

DEMOGRAPHICS

From the 1,036 returned postcards, responses indicate that individuals completing the survey card consisted primarily of police (n=409, 36%), followed by members of emergency medical services (EMS) (n=269, 26%), other professionals (such as correctional officers) (n=241, 23%), and firefighters (n=111, 11%) (Table 2). This was the only information the postcard requests regarding respondent demographics; however, demographics are also recorded for overdose victims who had the naloxone used on them (Table 2). This data suggests that three-quarters of individuals who had the naloxone used on them were male (n=784, 76%), almost half were between the ages of 25-34 years old (n=445, 43%), and the overwhelming majority were white (n=887, 86%). These demographic trends (for both first responders and overdose victims) have remained consistent throughout the duration of the CARA evaluation.

Table 2: Demographics of Postcard Survey (n=1,036)

Who Administered Naloxone	n	Percent
<i>First Responder Agency</i>		
Police	409	39%
EMS	269	26%
Firefighter	111	11%
Other	241	23%
Who Naloxone Was Used On		
<i>Gender</i>		
Male	784	76%
Female	250	24%
<i>Age</i>		
0-17	6	1%
18-24	161	16%
25-34	445	43%
35-44	246	24%
45-54	92	9%
55-64	54	5%
65 +	17	2%
Don't know	15	1%
<i>Race/Ethnicity</i>		
White	887	86%
Hispanic/Latino	25	2%
Black/African American	98	9%
Don't know	23	2%

RESULTS FOLLOWING NALOXONE ADMINISTRATION

Postcards also ask first responders several questions about the overdose incident itself, including how many doses were used, whether the naloxone revived the person, the place where the naloxone was administered, whether the person was alone at the time of overdose, whether naloxone was administered by a layperson prior to first responder arrival on scene, and what happened as a result of the overdose (Table 3).

Over half of postcard respondents indicated that they only used one dose of naloxone at the overdose event (n=664, 64%), followed by about a third using two naloxone doses (n=283, 27%), and the remaining using three or more doses (n=85, 8%). The vast majority of respondents indicated that naloxone was able to successfully revive the overdose victim (n=784, 76%). Most respondents indicated that the overdose occurred at a residence (n=585, 56%), followed by other places not listed (such as correctional facilities) (n=277, 27%). The majority of overdose victims were not alone when they overdosed (n=618, 60%), and a very small percentage of overdose victims had had a layperson administer naloxone prior to first responder arrival (n=61, 6%). Following naloxone administration, a majority of overdose victims were transported to the hospital by EMS (n=637, 61%), while others refused EMS transport (n=97, 9%) or were involuntarily detained by police (n=76, 7%). Only 3% of overdose victims were arrested (n=34), and the majority of postcard respondents indicated that no one else was arrested at the scene (n=963, 93%). When other individuals were arrested at the scene, about half of those arrests were for paraphernalia or drug possession.

Table 3: Postcard Survey Results after Administering Naloxone (n=1,036)

	n	Percent
Doses of Naloxone		
One	664	64%
Two	283	27%
Three or more	85	8%
Did naloxone revive the person? (Yes)	784	76%
Place where naloxone was administered		
Residence	585	56%
Hotel	33	3%
Public Place	38	4%
Business	37	4%
Vehicle	57	6%
Other/Multiple	277	27%
Was person alone at time of overdose?		
No	618	60%
Yes	296	29%
Don't know	121	11%
Was naloxone administered by lay person prior to arrival (Yes)	61	6%
What happened to person after receiving naloxone?		
Involuntary Detention	76	7%
Arrest	34	3%
Transported by EMS	637	61%
Refused to Transport	97	9%
Was anyone else arrested at the scene?		
No	963	93%
Yes, for paraphernalia or drug possession	29	3%
Yes, for other reason	29	3%

CARA NALOXONE TRAINING AND SURVEYS FOR FIRST RESPONDERS

General Information

To evaluate efforts to train and provide resources to rural first responders on carrying and using naloxone (Activity 2), researchers developed and implemented a naloxone training satisfaction survey. Naloxone training sessions are conducted with first responder agencies receiving the naloxone kits to ensure proper use. All training sessions were conducted by Overdose Lifeline (ODL), an Indiana non-profit dedicated to helping communities combat the overdose epidemic. Sessions are designed to provide general information on what naloxone is, to teach individuals how to use and administer naloxone, and to provide information on identifying an individual who is overdosing. To examine first responder experiences and satisfaction with the naloxone training provided, ODL distributes a satisfaction survey immediately following the completion of each agency's training. A 12-item Training Satisfaction Rating Scale was utilized to measure satisfaction with the following:

- 1) Training objectives and content;
- 2) Methods and training context;
- 3) Usefulness and overall training rating, using a scale of 1 (totally disagree) to 5 (totally agree)

Prior to the COVID-19 pandemic, all training surveys were conducted on paper and training participants were asked to complete the survey immediately following the completion of training and place the completed survey back in a concealed envelope. During the pandemic, both training and surveys have transitioned to an online format.

The results of the survey indicate that over 1700 first responders from 98 agencies across 46 counties received naloxone training (Tables 4, 5, and 6). The majority of naloxone training sessions were conducted with law enforcement (police and sheriff's departments), with remaining sessions conducted with fire departments, corrections agencies, EMS, and other agencies. Grant County had the highest number of training session participants (n=151), the majority of whom were law enforcement.

Table 4: Type of First Responders Who Participated in Naloxone Training

Occupation	n	Percent
Law Enforcement	1000	58%
Fire Department	290	17%
EMS	29	2%
Corrections/Probation	284	17%
Other	110	6%
Total	1713	100%

Table 5: Type of First Responder by County

County	Police	Fire	Sheriffs	EMS	Corrections	Other	Total
Adams	14	8	25	0	11	14	72
Blackford	14	19	0	0	21	0	54
Cass	43	15	0	0	33	0	91
Clinton	8	0	81	0	4	0	93
Crawford	2	0	14	0	0	0	16
Daviess	15	19	32	0	0	0	66
Decatur	0	0	24	0	0	0	24
Dekalb	8	14	34	0	3	0	59
Delaware	0	5	0	0	0	0	5
Dubois	36	31	25	0	29	1	122
Fountain	0	5	0	0	0	0	5
Franklin	6	0	0	0	0	0	6
Fulton	0	10	17	0	0	0	27
Gibson	21	0	0	0	0	0	21
Grant	0	16	118	17	0	0	151
Green	0	20	0	0	0	0	20
Hamilton	0	6	0	0	0	0	6
Henry	0	9	8	0	10	0	27
Huntington	3	0	0	0	11	7	21
Huntington and Wells	14	10	0	0	0	0	24
Jackson	4	0	0	0	9	0	13
Jay	0	0	0	0	0	17	17
Jefferson	3	11	0	0	0	0	14
Jennings	0	0	0	0	18	0	18
Knox	24	0	0	0	0	3	27
Kosciusko	44	0	0	0	0	0	44
LaGrange	0	8	27	0	0	0	35
Lawrence	0	0	3	0	23	0	26
Marshall	0	19	0	0	0	0	19
Montgomery	41	0	8	0	16	0	65
Morgan	0	6	0	0	0	0	6
Noble	0	10	21	0	24	0	55
Orange	0	0	0	0	3	0	3
Parke	0	0	0	0	3	36	39
Pike	5	0	15	0	0	0	20
Porter	0	0	0	10	0	0	10
Pulaski	0	0	19	0	0	0	19
Putnam	0	0	0	0	22	0	22
Randolph	0	24	11	0	0	0	35
Rush	0	11	0	0	8	0	19
Shelby	2	8	0	0	0	0	10
Spencer	0	0	17	0	0	0	17
Steuben	0	0	0	2	0	0	2
Tipton	0	10	0	0	0	0	10
Wabash	0	0	30	0	24	0	54
Wayne	2	0	0	0	0	0	2
Unknown	0	0	0	0	0	202	202
Total	309	294	529	29	272	280	1713

Table 6: Locations Participating in Naloxone Training for First Responders

Adams County Probation Department	Jefferson County
Adams County Sheriff's Office	Jennings County Probation
Albion Fire Department	Jonesboro Fire/Rescue
Anderson Township Volunteer Fire Department	Kosciusko County
Ashley	LaGrange County
Auburn Police Department	LaGrange County Sheriff's Office
Belmont High School	Lawrence County Probation
Berne Police Department	Lawrence County Sheriff's Department
Blountsville-Stoney Creek Volunteer Fire Department	Ligonier Fire Department
Butler Police Department	Logansport Fire Department
Cadiz	Logansport Police Department
Cass County Probation Department	Madison Township
Cicero	Markle Fire Department
Clinton County Community Corrections	Marshall County Volunteer Fire Department
Clinton County Sheriff's Department	Milltown Police Department
Coal Creek	Milton
Crawfordsville Police Department	Modoc
Daviess County Sheriff's Office	Montgomery County Probation
Decatur County Sheriff's Department	Noble County Probation/Community Corrections
Dekalb County Probation	Noble County Sheriff's Department
Dekalb County Sheriff's Office	Northeast Dubois High School
Dubois County Health Department	Oldenburg Police Department
Dubois Corrections	Orange County Probation
Dubois County Probation	Parke County Probation Department
Dubois County Sheriff's Department	Petersburg
Dupont-Lancaster Township Volunteer Fire Department	Pike County
Fairplay Grant Fire Protection Territory	Princeton Police Department
Fairplay Volunteer Fire Department	Pulaski County
Farmland Volunteer Fire Department	Randolph County
Francisco Police Department	Roanoke Police Department
Fulton County Sheriff's Department	Rush County Probation
Garrett	Seymour
Geneva Fire Department	Shipshewana
Grant County Sheriff's Department	Spencer County Sheriff's Department
Hamilton and Harrison Township	St. Anthony Fire Department
Hanover	St. Paul

Table 7: Naloxone Training for First Responders Satisfaction Survey Items and Responses

Items	Responses*				
	Totally Disagree	Disagree	Neutral	Agree	Totally Agree
In my opinion, the planned objectives of the training were met.	18 (1.4%)	2 (0.2%)	83 (6.4%)	400 (30.8%)	796 (61.3%)
The issues were dealt with, in as much depth as the length of the training allowed.	19 (1.5%)	3 (0.2%)	98 (7.5%)	390 (30.0%)	789 (60.7%)
The length of the training was adequate for the objectives and content.	19 (1.5%)	7 (0.5%)	104 (8.0%)	379 (29.2%)	790 (60.8%)
The training method was well suited to the objectives and content.	17 (1.3%)	7 (0.5%)	97 (7.5%)	387 (29.8%)	791 (60.9%)
The method used enabled us to take an active part in training.	5 (0.7%)	8 (1.0%)	53 (6.9%)	171 (22.3%)	529 (69.1%)
The training enabled me to share professional experiences with colleagues.	5 (0.7%)	11 (1.4%)	69 (9.0%)	167 (21.8%)	514 (67.1%)
The training was realistic and practical.	18 (1.4%)	9 (0.7%)	116 (8.9%)	409 (31.5%)	747 (57.5%)
The documentation given out was of good quality.	7 (0.8%)	9 (1.0%)	75 (8.2%)	211 (23.0%)	616 (67.1%)
The context was well suited to the training process.	18 (1.4%)	6 (0.5%)	100 (7.7%)	394 (30.4%)	780 (60.1%)
The training received is useful for my specific job.	19 (1.5%)	6 (0.5%)	135 (10.4%)	336 (25.9%)	801 (61.8%)
The training received is useful for my personal development.	20 (1.5%)	9 (0.7%)	128 (9.9%)	385 (29.5%)	757 (58.3%)
The training merits a good overall rating.	19 (1.5%)	5 (0.4%)	96 (7.4%)	362 (27.9%)	817 (62.9%)

*Not all survey respondents answered every item

Naloxone Training for First Responders Satisfaction Survey Results

As of August 2021, at least 1,299 participants completed satisfaction surveys after receiving naloxone training from ODL.

Looking at responses from the survey overall, an overwhelming majority of respondents had favorable views about the naloxone training (see Table 7). About 90% of respondents answered either “agree” or “totally agree” to various items regarding training objectives, quality, and usefulness on the naloxone training satisfaction survey, indicating high satisfaction. The items that were most commonly answered with “totally disagree” or “disagree” were *“The training enabled me to share professional experiences with colleagues”* (n=29, 2.1%) and *“The training was realistic and practical”* (n=27, 2.1%).

Trainers note that, since the start of the COVID-19 pandemic in March 2020, all naloxone trainings for first responders have shifted to an online format. This change of format may affect trainee perceptions regarding the practical nature of the training and their ability to share training experiences with colleagues.

DISCUSSION

Summary

As the CARA evaluation concludes in 2021, researchers observed a record number of naloxone postcards returned in 2020 (428 postcards in 2020 compared to 241 postcards in 2019) and the first half of 2021 (141 in the first five months of 2021 compared to 88 in 2019), indicating that the naloxone provided by Indiana's First Responder CARA program is needed now more than ever. Additionally, the sheer number of postcards returned over the last four years indicates that Indiana first responders (including police, EMS, correctional officers, and firefighters) continue to see the value in supporting research around naloxone administration in the rural communities they serve.

In terms of Year 4 trends, results from the latest analysis of naloxone postcard data have closely aligned with results of previous reports in Years 1, 2, and 3 of the CARA evaluation. While naloxone kits are distributed to many different kinds of first responder agencies, the majority of those who return the naloxone postcard survey have been police, followed by EMS. Postcard survey respondents indicate that recipients of naloxone are most commonly white males ages 25 to 34. Further, regarding the overdose incident, respondents most commonly indicate that the overdose occurred at a residence and required only one or two doses of naloxone to reverse the effects. *Perhaps most importantly, data from all four years of the First Responder CARA evaluation indicates that naloxone successfully revives overdose victims an overwhelming majority of the time.* Subsequent to the event, a majority of overdose victims are transported by EMS to a hospital, and only a small percentage of overdose victims are arrested; we believe this to be an important finding, as fear of arrest could potentially deter individuals from calling 911 at the scene of an overdose.

Another important finding from the First Responder CARA evaluation continues to be that the majority of individuals receiving the naloxone are *not* alone when they overdose, but only a small number of these individuals receive naloxone prior to the arrival of first responders. This data highlights a need for targeted naloxone distribution to individuals with opioid use disorder, or their family and friends, in rural areas. It is also possible that naloxone is on-site during the overdose, but bystanders are unaware of its availability or uneducated on how to administer it, thus highlighting the need for all naloxone distribution efforts to include educational materials on how to inform others of where naloxone is stored and how to administer it. Considering the majority of individuals who received naloxone were transported by EMS to care, it is possible that the emergency department could be a natural and critical location for naloxone distribution and education efforts.

Further, concerning naloxone training satisfaction surveys, the large majority of participants overall reported high satisfaction with all areas of the training, despite the move to a virtual format due to COVID-19. Respondents believed the training merits a good rating overall and is useful for their specific job. The only areas of the survey that respondents indicated there was room for improvement were the lack of opportunities for sharing of training experiences with colleagues and the practicality of the training. Trainers note that, most recently, online training formats implemented in the wake of COVID-19 may have negatively affected trainees' perceptions of these areas.

Changes in Trends

Although many past trends have continued, the latest analysis of naloxone postcard data has identified some new trends that have continued from 2020 into 2021. For example, increased numbers of postcards provided to and returned by Indiana Department of Correction (IDOC) facilities across the state may be changing demographics of overdose victims and circumstances of naloxone administrations. For example, males made up a higher percentage of overdose victims than in the last two reports (76% now compared to 72% in August 2020) and more individuals were alone at the time

of the overdose incident (29% now compared to 23% in August 2020). These trends highlight the unique experiences of correctional officers and justice-involved individuals who experience overdose events in correctional settings and deserve further research.

Researchers also identified a change in trends in terms of what happens after naloxone administration. Specifically, increasingly fewer individuals are being transported to care by EMS after an overdose incident (61%) compared to August 2020 (71%) and February 2020 (82%). Whether these changes reflect COVID-19-related changes in first responder policies, individual concern over risk of contracting COVID-19 in a hospital care setting, or both is unclear, but should be studied further.

Future Research

Record overdose events in 2020 and 2021, as well as the ongoing public health crisis presented by the COVID-19 pandemic, suggest that the provision of naloxone to and appropriate training for first responders in rural agencies may be more important now than ever before. Continued research around naloxone administration in rural areas, including demographics of overdose victims and experiences of first responders who administer naloxone, will allow Indiana stakeholders to explore trends and make informed decisions to mitigate increasing overdose events during the pandemic.

APPENDIX

CARA POSTCARD EXAMPLE

Please complete <u>one survey per overdose incident</u> (circle response).		CARA#0001
Date of naloxone use? ____/____/____	Place of naloxone administration?	
How many doses of naloxone did you administer to this person? ____	• Residence • Hotel/Motel • Public Place (e.g. Park)	
Did the naloxone successfully revive the person? • YES • NO • Don't know	• Business • Vehicle • Other	
What type of first responder are you? • Police	Was the person who received the naloxone dose(s) alone at the time of overdose?	
• EMS • Fire • Other _____	• YES • NO • Don't know	
Gender of person who received the naloxone dose(s)? • Male • Female • Transgender	Was naloxone administered by a lay responder prior to your arrival? • YES • NO • Don't know	
• Don't know	What happened to the person after receiving the naloxone dose(s)?	
Race/Ethnicity of person who received the naloxone dose(s)? • White • Hispanic/Latino	• Involuntary Detention • Arrest	
• Black/African American • Other • Don't know	• Transported by EMS • Refused to transport	
Approximate age of person who received the naloxone dose(s)? • 0-17 yrs • 18-24 yrs	Was anyone else arrested at the scene?	
• 25-34 yrs • 35-44 yrs • 45-54 yrs	• NO • YES, for paraphernalia or drug possession	
• 55-64 yrs • 65 yrs+ • Don't know	• YES, for other reason _____	

NALOXONE TRAINING SATISFACTION SURVEY EXAMPLE

Appendix B

Naloxone Training Satisfaction Survey

Your feedback is important to us!

Please take a few seconds to let us know what you thought about today's training.

	Totally Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Totally Agree (5)
1. In my opinion, the planned objectives of the training were met.	1	2	3	4	5
2. The issues were dealt with, in as much depth as the length of the training allowed.	1	2	3	4	5
3. The length of the training was adequate for the objectives and content.	1	2	3	4	5
4. The training method was well suited to the objectives and content.	1	2	3	4	5
5. The method used enabled us to take an active part in training.	1	2	3	4	5
6. The training enabled me to share professional experiences with colleagues.	1	2	3	4	5
7. The training was realistic and practical.	1	2	3	4	5
8. The documentation given out was of good quality.	1	2	3	4	5
9. The context was well suited to the training process.	1	2	3	4	5
10. The training received is useful for my specific job.	1	2	3	4	5
11. The training received is useful for my personal development.	1	2	3	4	5
12. The training merits a good overall rating.	1	2	3	4	5

(Please continue on back)

Appendix B

13. What about the training was most useful in supporting your future work as a first responder?

14. How could this training be improved?

15. What type of first responder are you? (Please circle)

○ Police

○ EMS

○ Fire

○ Other _____

Thank you!

18



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