

REQUEST FOR PROPOSAL 1 QUARTER 2 DISTRIBUTION OF NALOXONE KITS AT LOCAL HEALTH DEPARTMENTS REPORT

Indiana State Department of Health
Division of Trauma and Injury Prevention



Indiana State
Department of Health

Table of Contents

Background	2
Methods	2
Results:.....	6
Discussion.....	10

Background

Indiana is 17th in opioid-related deaths in the United States, as of 2015. This high ranking in opioid-related deaths is, in part, a result of the rise in opioid-based prescription drug overdoses in Indiana and across the nation. The most common drugs involved in prescription drug overdose deaths include Hydrocodone (e.g., Vicodin), Oxycodone (e.g., OxyContin), Oxymorphone (e.g., Opana) and Methadone (especially when prescribed for pain). Naloxone is a safe, non-addictive medication that inhibits the effects of a prescription drug overdose and allows regular breathing to resume.

A Memorandum of Understanding (MOU) was created between the Indiana Criminal Justice Institute (ICJI) and the Indiana State Department of Health (ISDH) for the purpose of delegating funds to increase the training and distribution of naloxone in communities. The funds provided by ICJI were to allow ISDH to gather and distribute naloxone kits to state and local first responders and counties and to perform quarterly reporting of those receiving treatment and the number of naloxone kits distributed and used across the state.

Methods

In order to meet the MOU requirements, ISDH issued a Request for Proposal (RFP) to local health departments (LHDs) to provide education and distribute naloxone in their communities. The RFP describes the ISDH efforts and requirements for expanding the distribution of naloxone kits. The dates for implementing the RFP were set for September 1, 2016, to August 31, 2017. The quarterly reporting schedule is:

- Quarter 1 (Q1) September-November 2016
- **Quarter 2 (Q2) December-February 2017**
- Quarter 3 (Q3) March-May 2017
- Quarter 4 (Q4) June-August 2017

Twenty LHDs across the state applied and were accepted for the naloxone kit distribution program: Boone, Clark, Clinton, Dearborn, Delaware, Fayette, Fountain-Warren, Franklin, Hendricks, Henry, Howard, Jackson, Jefferson, Madison, Marion, Monroe, Randolph, Ripley, Scott, and Washington. The location and distribution of the counties are depicted as the highlighted counties in **Figure 1**. Each LHD was given a different number of kits based on the number of kits requested by the health department; priority was given to high-burden counties depicted in **Figure 2**. The ISDH provided a total of 3,473 kits for the 20 participating LHDs (**Figure 3**).

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

ISDH Opioid Rescue Kits
First Round RFP Counties



Figure 1 shows a map of counties which have local health departments participating in the naloxone kit distribution program. These counties are highlighted in blue.

Figure 2: Map of prescription drug overdose priority counties through Indiana's Prescription Drug Overdose Prevention for States Program (2016)



Figure 2 shows a map of counties that are considered priority for preventing prescription drug overdose through Indiana's Prescription Drug Overdose Prevention for States program. The Prevention for States program is a part of the Centers for Disease Control and Prevention's (CDC) ongoing efforts to 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 provided for local health departments by the Indiana State Department of Health

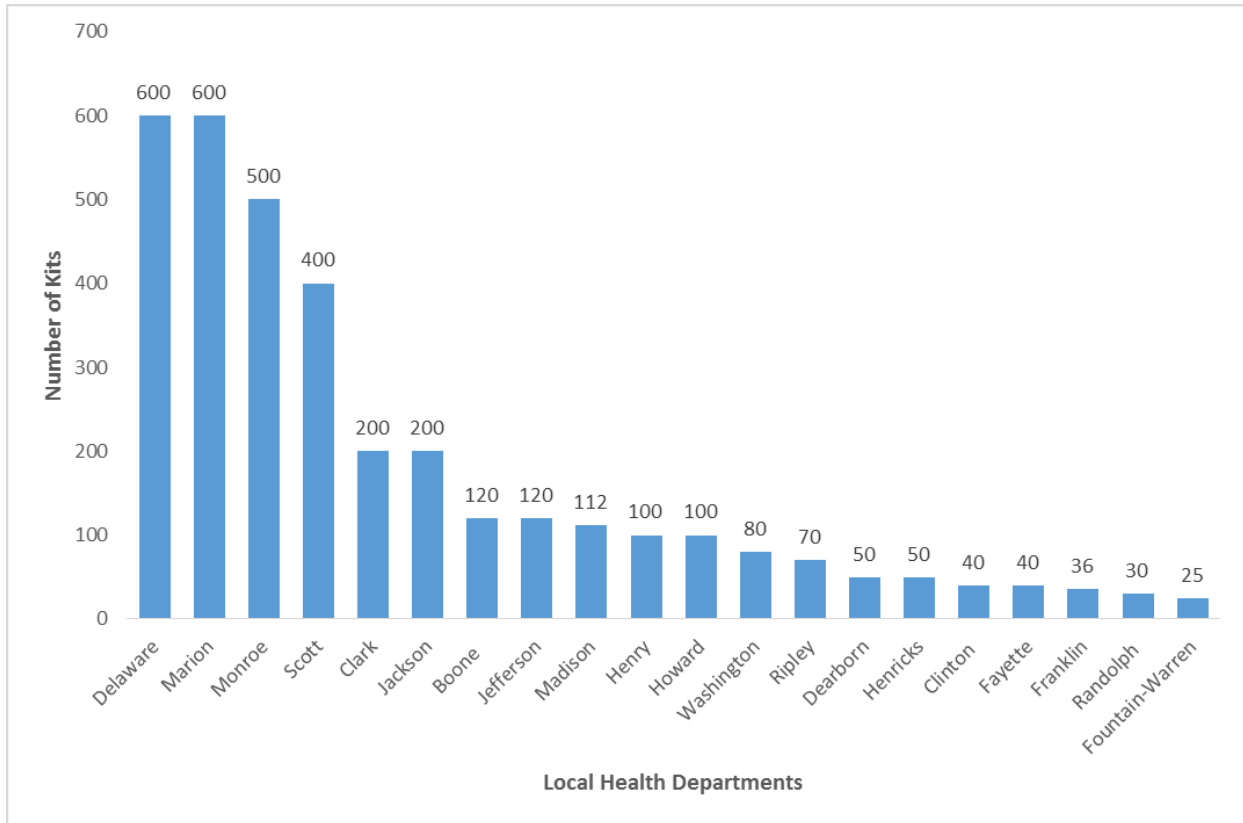


Figure 3 depicts the total number of naloxone kits that were provided for local health departments by the Trauma and Injury Prevention Division at the Indiana State Department of Health. The Delaware County Health Department received the most kits, 600, while the Fountain-Warren Health Department received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

Results:

All 20 counties have reported their data, with a total of 812 kits distributed for quarter 2. There are some general trends from the reporting counties. Only 14 of the 20 counties were able to distribute naloxone. Many of the LHDs that did not distribute kits were still being affected by a national atomizer recall.

Figure 4: Naloxone kits distributed to the community by LHDs in quarter 2

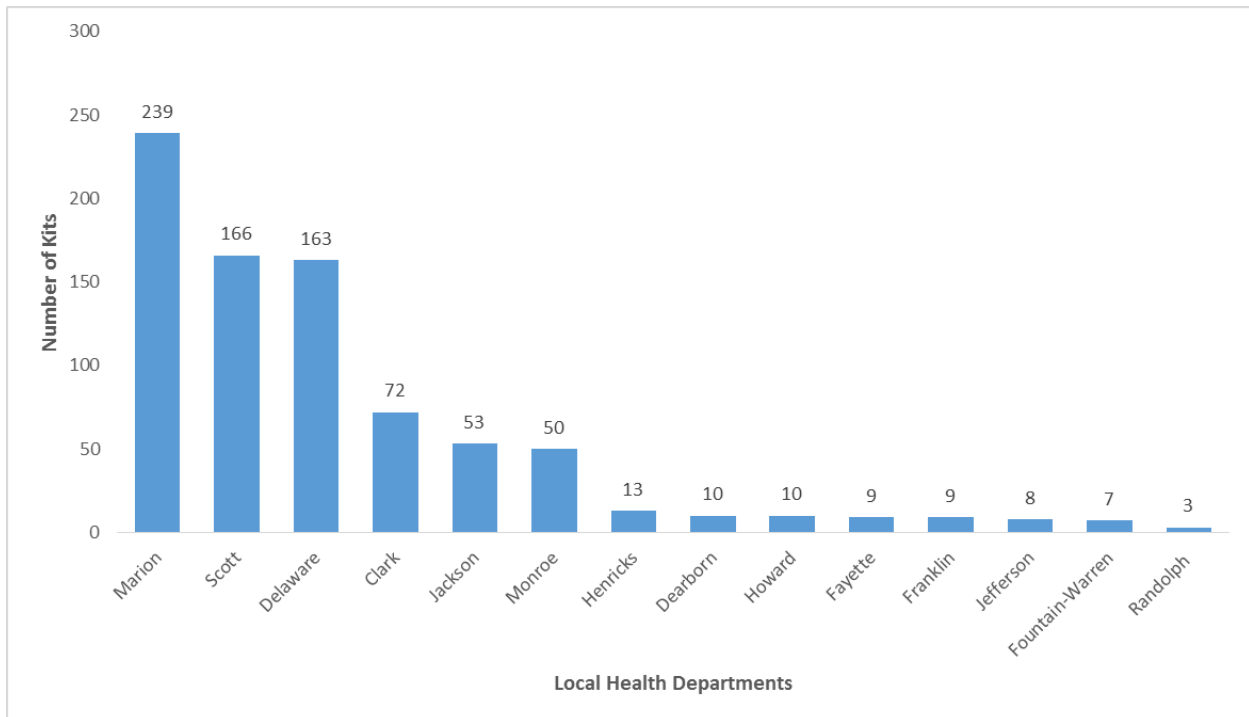


Figure 4 shows the number of kits distributed by LHDs to their communities during quarter 2. The lowest number of kits distributed was zero for Madison, Henry, Clinton, Boone, Ripley and Washington.

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

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Outreach
Boone	<ul style="list-style-type: none"> •Offer information on Mental Health/Substance Abuse services •Information on Free HIV/Hep C testing •Local support groups 	None	<ul style="list-style-type: none"> •Radio •Facebook •newspaper •word of mouth •flyers
Clark	<ul style="list-style-type: none"> •HIV/STD testing, •TB testing •Medical services at Life Spring/Turning Point •Gastroenterology services at Gastroenterology & Assoc. •Health insurance through the State of Indiana through Community Action of Southern Indiana •Syringe Exchange Program Services 	<ul style="list-style-type: none"> •Syringe Exchange Program •Clark County C.A.R.E.S. 	<ul style="list-style-type: none"> •Facebook •Community organizations •Syringe Exchange Program •Word of mouth
Clinton	<ul style="list-style-type: none"> •Information from Overdose Lifeline and PALS •HIV and HepC testing •Information on NAR ANON support group and meeting 	<ul style="list-style-type: none"> •Healthy Communities of Clinton County Coalition •PALS, Inc •Clinton County EMS •Operation Overdose •The Open Door Clinic •The Center Township Trustee's office 	<ul style="list-style-type: none"> •Flyers at the County Health Fair •Newspaper •2-1-1 •Flyers •E-mail •Facebook •Community contacts •Word of mouth
Dearborn	<ul style="list-style-type: none"> •A bag of local related resources such as- out Hep C/HIV tesing dates, brochures about Hep C, and local physicians accepting new patients. •Refer participants to the hospital's detox unit and other local treatment facilities 	<ul style="list-style-type: none"> •Lawrenceburg Police Dept. and QRT (Quick Response Team) unit •CASA (Citizens against Drug Abuse) •Dearborn County Board of Health 	<ul style="list-style-type: none"> •Local newspaper article
Delaware	N/A	<ul style="list-style-type: none"> •Bridges (Homeless Service Agency), •Albany Police Department, •Delaware County Community Corrections, •Abundant Family Health, •Eaton EMTs, •Eaton Police Department, •Delaware Co Sheriff, •Delaware Co Sheriff Reserves, •Delaware County Jail, •Road to Redemption Support Group, •Briana's Hope Support Group, •Delaware County EMS, •Albany Fire Department, 	<ul style="list-style-type: none"> •Email, •word of mouth •monthly meetings
Fayette	<ul style="list-style-type: none"> •Syringe exchange services and sterile injection supplies •Education for safer injection •Wound care •Proper syringe disposal •Nutrition, •Hepatitis and HIV testing •Treatment information and prevention education •Immunizations for hepatitis A & B, •Tdap and HPV.HIP 2.0 presumptive eligibility •Personal hygiene products •Referrals to treatment 	None	<ul style="list-style-type: none"> •Local TV3 •Facebook •FCHD website

Fountain-Warren	<ul style="list-style-type: none"> •Resource list of treatment agencies 	No new partner agencies	None
Franklin	<ul style="list-style-type: none"> •Information / teaching on frequently asked questions 	<ul style="list-style-type: none"> •Southeast Indiana Health Center (SEIHC) 	<ul style="list-style-type: none"> •Newspaper, •Flyers, •Email, •Facebook, •Community contacts, •Word of mouth •Outreach to individuals / businesses
Henricks	<ul style="list-style-type: none"> •Central Indiana Substance Abuse Treatment Resource Guide •Educational sheet about common opioid drugs and signs/symptoms of an overdose •List of other Hendricks County Naloxone providers •Referrals to the local Parents of Addicted Loved Ones support group •Information about STI/HIV/HEP C testing and safe sharps disposal as requested •Nurses given a CPR and Naloxone protocol info sheet from the American Heart Association 	<ul style="list-style-type: none"> •Hendricks County Health Partnership's Substance Abuse Work Group •Schools •Hendricks County Health Department's Nursing Clinic 	<ul style="list-style-type: none"> •TV interview about Naloxone with RTV6 •Program flyers were included in Tox-Away Days (drug drop off days) resource bags, and shared with the Substance Abuse Task Force and the Hendricks County Health Partnership's Substance Abuse Work Group. •Facebook/Twitter posts •Word of mouth
Henry	<ul style="list-style-type: none"> •HIV and Hepatitis C testing 	<ul style="list-style-type: none"> •New Castle Fire Department •BRV School 	<ul style="list-style-type: none"> •Word of mouth
Howard	<ul style="list-style-type: none"> •Information on treatment resources •List of community substance abuse support agencies •Harm reduction information 	None	<ul style="list-style-type: none"> •Social media outlets (twitter and Facebook) •Newspapers •Flyers at various locations around the community (transportation office, college bulletin boards, housing office, and the women's shelter)
Jackson	<ul style="list-style-type: none"> •Jackson County Resource Guide •Mental Health & Addiction Resource list 	<ul style="list-style-type: none"> •Volunteer fire departments who make medical runs •Section 8 housing unit •Emergency Medical Services •Seymour Community Schools 	<ul style="list-style-type: none"> •Monthly Health "E" Newsletter •Radio spots •Handbills
Jefferson	<ul style="list-style-type: none"> •Referrals to education and service agencies •HIV, Hep C and STD testing •Vaccinations 	None	<ul style="list-style-type: none"> •Flyers distributed to: Jefferson County Justice, Treatment and Prevention group, Substance abuse meeting at JCHD, Jefferson County LEPC, Jefferson House (Substance abuse home), D9 Healthcare Coalition and all local physicians
Madison	<ul style="list-style-type: none"> •Syringe exchange services •HCV/HIV testing •substance abuse treatment referral •primary health care referral •HIP enrollment referral •Other needed services 	None	<ul style="list-style-type: none"> •Word of mouth with syringe exchange programs
Marion	<ul style="list-style-type: none"> •SUOS ToolKit is distributed with each kit 	<ul style="list-style-type: none"> •MCPHD Northwest District Office •Indianapolis Urban League •MCPHD Hazmat Team •Celebrate Freedom Men's Recovery House •Julian Center Outreach staff IMPD Southwest District 	<ul style="list-style-type: none"> •Individualized flyers •Community outreach •Word of mouth

Monroe	<ul style="list-style-type: none"> •Positive Link - •HIV, HCV testing •Counseling Centerstone •Mental Health Counseling •Substance abuse treatment MCHD •Birth and death certificates •Health counseling and referral •Family planning •HIV/STD testing •Counseling Bloomington Police Department •public safety Monroe County Sheriff •Public Safety Monroe County Public Health Clinic •Immunizations •Health counseling and referrals •Disease follow-up 	<ul style="list-style-type: none"> •Positive Link (IU Health Bloomington Hospital) •Centerstone •Bloomington Police Department •Monroe County Sheriff Department •Monroe County Health Department •Indiana Recovery Alliance •Monroe County Public Health Clinic 	<ul style="list-style-type: none"> •Facebook •Email •Community organizations •Webpage •Word of mouth
Randolph	<ul style="list-style-type: none"> •Free Hep C & HIV testing, •A list of resources for treatment of addiction along with groups that will help pay for treatment 	None	<ul style="list-style-type: none"> •Outreach at addiction group meetings •FaceBook •flyers
Ripley	N/R	<ul style="list-style-type: none"> •Southeast Indiana Health Center 	<ul style="list-style-type: none"> •Cold calling to local EMS facilities
Scott	<ul style="list-style-type: none"> •Information on rehab services and availability •Options for birth certificates •HIP insurance •HIV Testing •Care Coordination for HIV positives •Immunizations of Tetanus •HEP A/B •Flu •Pneumonia •Counseling •Medical and Infectious Disease medical treatment referrals and appointments 	<ul style="list-style-type: none"> •Scott County EMA •Scottsburg Police Department •Austin Police Department •Johnson Township Volunteer Fire Department 	<ul style="list-style-type: none"> •WMPI Radio •Scott County Journal •FaceBook •Word of mouth •Preparedness and Public Health trainings and presentations within the community •Preparedness Coordinator and others from SCHED staff as requested
Washington	<ul style="list-style-type: none"> •Treatment resources •Resource list of treatment agencies •Support for family members •Follow-up •Education 	<ul style="list-style-type: none"> •Life Springs Substance Abuse Council 	<ul style="list-style-type: none"> •Newspaper •Flyers •Community contacts •Word of mouth

*N/R = not reported
**N/A = not applicable

Discussion

There was a 143% increase of kits distributed in quarter 2 compared to quarter 1. This is due in part to the efforts at ISDH to replace the defective atomizers and provide alternative types of kits and increased community outreach and partnerships at the local health departments. Reporting varies by county health department. Some health departments sent out multiple kits; others did not distribute any, depending on how they were affected by the atomizer recall. Some health departments detailed multiple partners and outreach efforts, while others described none or a few (**Table 1**). There was an overall increase in services offered in quarter 2 compared to quarter 1. The focus on the recipients of the training ranged from first responders to individuals, including syringe exchange clients, schools, youth, apartment housing, corrections, and community organizations. Some communities had more interest in the program than others. Areas that provide the naloxone kits in conjunction with syringe exchange programs seem to have success in distributing kits. In some areas, the syringe exchange program is one of the top treatment populations.

The original number of kits distributed to LHDs was determined by the need for prescription drug overdose intervention based on the calculated burden in each county. To identify high-burden counties, ISDH created a systematic point system that accounts for all drug overdose mortality rates, opioid-related overdose mortality rates, non-fatal opioid related emergency department visit rates, community need, and other factors. **Figure 2** depicts the counties with the highest priority for prescription drug overdose prevention used for this calculation. Marion and Delaware counties were among the priority counties where the highest number of naloxone kits distributed. The only high-burden county that did not distribute kits was Washington due to lack of interest in their community and the McKesson atomizer recall. The atomizer plays an important role in vaporizing the naloxone so that the medicine can be administered intranasally. Eight of the 20 LHDs indicated that defective atomizers affected their distribution, but all 20 LHDs submitted a report and 13 LHDs distributed some kits from the first shipment of naloxone kits intended for quarters 1 & 2.

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. There are other areas in which the community had a general disinterest in the naloxone program. Some LHDs report flyers about naloxone training being taken down. Some community organizations were uncomfortable being involved with training due to legal concerns and the need to obtain agreement on relevant boards. In other areas, first responders were hesitant to be involved or just uninterested. There were areas in which LHDs report individuals were apprehensive about getting naloxone because they thought it was a setup or feared being arrested.

In addition to the data report, LHDs discussed the grant activity that occurred during the second quarter of the reporting period. Many discussed outreach efforts, co-services offered in addition to training, and partnering agencies. In general, the outreach that took place was through: word of mouth, community organizations, newspaper, etc. Services offered with the training were generally substance addiction resources/referrals or medication-assisted treatment/referrals, such as HIV and hepatitis C testing (**Table 1**). The most common partnering agencies included community organizations, local health

agencies, emergency medical services, police, and fire departments (**Table 1**). Some LHDs worked with existing programs, such as syringe exchanges, to distribute kits.

The top methods of hearing about the training were through a “Community Organization,” “Employer,” and “Health Care Provider.” Many of the LHDs mentioned communicating directly with community organizations and individuals. The reporting tool has been updated to include specification for the category “Other,” which has resulted in greater delineation of how individuals heard about the naloxone training and a significant decrease in the categorization of “Other.”

One of the updates to the reporting tool was to list who the kits were given to during training in order to further delineate the connection of those who are trained and given the kits with those who the treatment is for. The top categories of individuals who were trained and given a kit were “Lay Person,” “Community Organizations,” and “Law Enforcement.”

For each individual trained and provided a kit, the LHDs recorded the targeted population and method of hearing about the training. This information provides insight into the intended recipients of naloxone and what outreach methods are most effective. The top treatment population was “Client,” followed by “Other” and “Family Member.” The number categorized as “Other” has decreased from the most prominent category to the second most prominent category from the first to second quarter. This change is a result of clear instructions in the reporting tool on what is meant by treatment population and providing space for LHDs to specify what constitutes “Other.” New categories such as “General Public” and “Acquaintance” have emerged in response to the specification of “Other” in the reporting tool. Even with the changes made, LHDs are still figuring out the updates to the reporting tool. Follow-up and clarifications are being made to clear up confusion. Some LHDs have mentioned that the trainee will sometimes select “Other” for the person the kit is intended for treating and not specify what the “Other” category is. A few LHDs mentioned that individuals were apprehensive about picking up kits because of their fear of arrest. This concern may also influence how comfortable training participants are in divulging the intended recipient.

The results in this report were still impacted by the atomizer recall, but there was a 143% increase in kit distribution from quarter one to quarter two. Some of the LHDs are still setting up outreach and others are working on gaining interest for the program in their local communities. Some limitations to this report are areas left blank or improperly filled in the report. Efforts are currently being made by ISDH to follow up with LHDs to improve data reporting completeness and accuracy, kit recall replacements, and reporting tool instructions on reporting in order to increase overall data quality. As these limitations are being addressed, the LHDs are becoming more established and familiar with the reporting process and the number of kits distributed have increased.