

REQUEST FOR PROPOSAL 2 QUARTER 3 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.....	9

Background

Indiana is 16th in overdose-related deaths in the United States, as of 2016. This high ranking in overdose-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 regulated for use under the following conditions: ISDH would gather and distribute naloxone kits to state and local law enforcement and public health agencies and counties across the state, as well as perform quarterly reporting of who received treatment, the number of naloxone kits distributed, and the number of kits used across the state.

Methods

To meet the MOU requirements, ISDH sent out a Request for Proposal (RFP) to local health departments (LHDs) to provide education and distribute naloxone in their respective communities. The distribution of naloxone was split into two RFPs. The RFP describes the ISDH efforts and requirements for expanding the distribution of naloxone kits. The first RFP for the first round of naloxone distribution began in September 2016. The dates for implementing the second RFP were set for March 1, 2017, to Dec. 31, 2017. The quarterly reporting schedule is:

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

Twenty-two LHDs across the state applied and were accepted for the second round of the naloxone kit distribution program: Decatur, Elkhart, Fayette, Fountain-Warren, Gary, Hamilton, Howard, Jackson, Kosciusko, LaPorte, Lawrence, Marion, Marshall, Martin, Orange, Porter, Pulaski, Scott, Tippecanoe, Union, Vanderburgh and Whitley. The location and distribution of the counties are depicted as the highlighted counties in **Figure 1**. Each LHD was given a different number of kits based on the number of kits requested by the health department; priority was given to high-burden counties depicted in **Figure 2**. The ISDH provided a total of 2,106 kits for the 22 participating LHDs (**Figure 3**).

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



Figure 1 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



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 given to local health departments by the Indiana State Department of Health

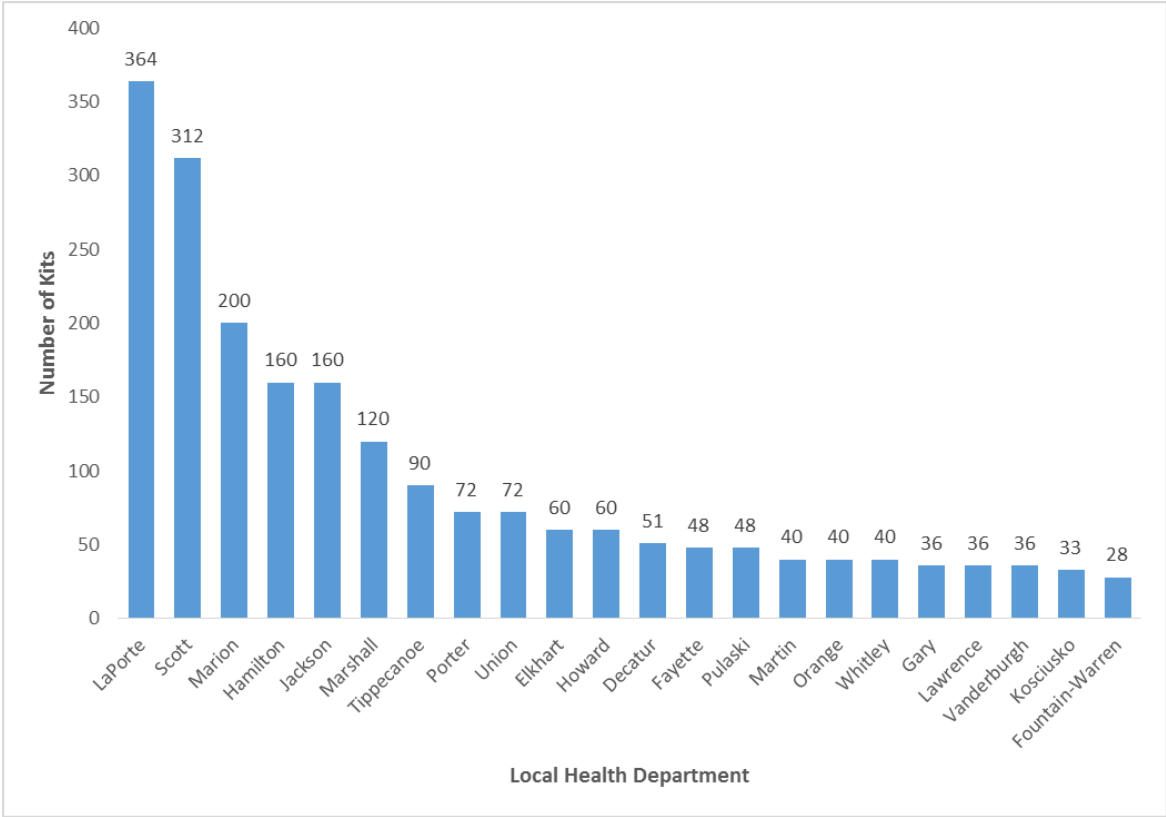


Figure 3 depicts the total number of naloxone kits that were given by the Trauma and Injury Prevention Division at the Indiana State Department of Health, for quarters 1 and 2, to the 22 LHDs. The LaPorte County Public Health Department received the most kits, 364, while Fountain-Warren County Health Department received the smallest number, 28.

Results:

All 22 LHDs reported with a total of 398 kits distributed for quarter 3. There are some general trends from the reporting counties. Of the LHDs that reported in quarter 3, Marshall, Martin, Fountain-Warren, and Scott counties were not able to distribute naloxone due to kits being set aside for later, lack of community interest, or still working on distributing kits from the first grant opportunity. Marion and Jackson counties were able to distribute the most kits this quarter.

Figure 4: Number of naloxone kits distributed

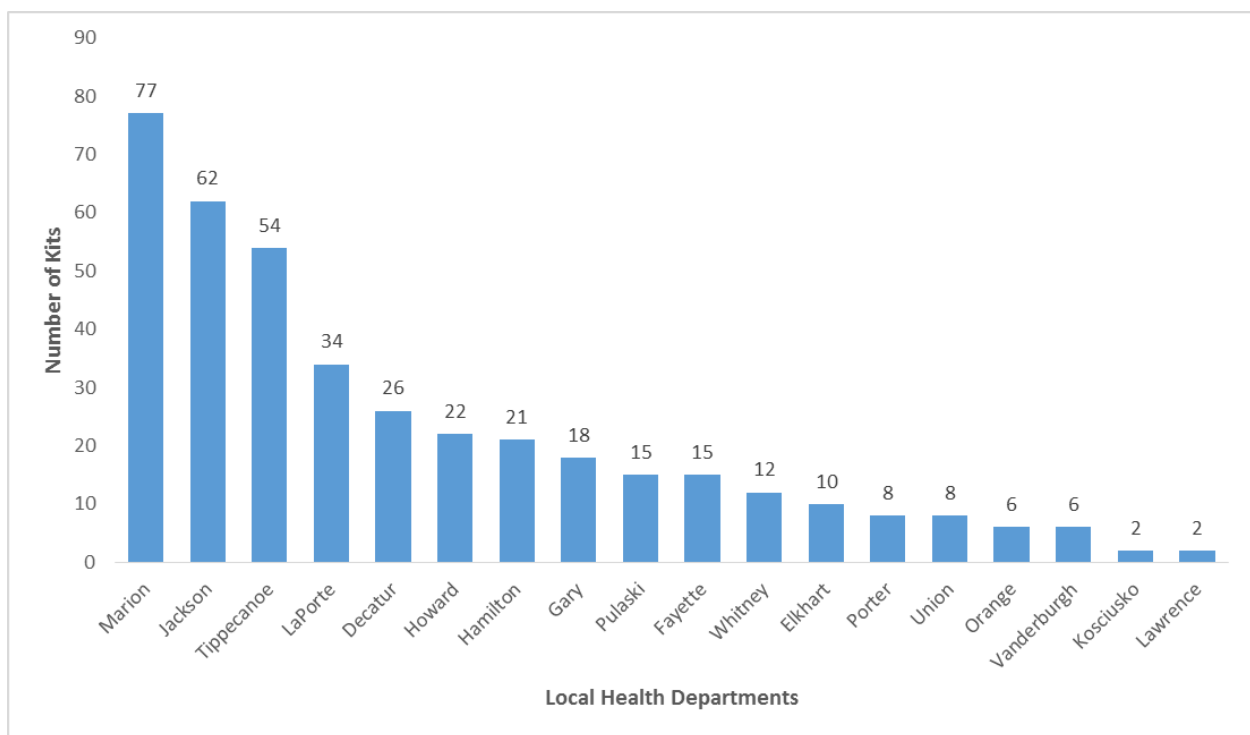


Figure 4 shows the number of kits distributed by LHDs to their communities and the number of kits that were used during quarter three. The most kits distributed were from Marion County with 77 kits. The least number of kits distributed were through Marshall, Fountain-Warren, Martin, and Scott at zero.

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	Naloxone Training Outreach Methods
Decatur	N/R	N/R	N/R
Elkhart	<ul style="list-style-type: none"> •Resource list on where treatment can be accessed •Verbal resource information 	N/R	<ul style="list-style-type: none"> •Direct contact with first responder agencies •Public event
Fayette	<ul style="list-style-type: none"> • Education for safer injection • Hepatitis and HIV testing • HIP 2.0 presumptive eligibility • Immunizations for hepatitis A & B, Tdap and HPV • Nutrition • Personal hygiene products • Proper syringe disposal • Referrals to treatment • Syringe exchange services and sterile injection supplies • Treatment information and prevention education • Wound care 	None	<ul style="list-style-type: none"> •Facebook •Local newspaper •Word of mouth
Fountain-Warren	<ul style="list-style-type: none"> • Resource List 	None	<ul style="list-style-type: none"> •Word-of-mouth
Gary	<ul style="list-style-type: none"> •Education •Support •Treatment resources 	<ul style="list-style-type: none"> •Edgewater Health 	<ul style="list-style-type: none"> •Nurse provides education and distributes Narcan kits to high risk clients.
Hamilton	<ul style="list-style-type: none"> • HIV and hepatitis C testing • Resource list of treatment agencies • Treatment resources 	<ul style="list-style-type: none"> • Community groups • Hamilton County Sheriffs Office • Local fire department and other service groups with in Hamilton County • Local law enforcement 	<ul style="list-style-type: none"> • Connect 211 • County trustee's office • Facebook • Nextdoor program • Police and fire department websites • Twitter
Howard	<ul style="list-style-type: none"> • HIV and hepatitis C testing referrals • List of support groups and mental health resources 	None	<ul style="list-style-type: none"> • Flyers at various locations around the community • Newspapers • Social media (twitter and Facebook)
Jackson	<ul style="list-style-type: none"> • Education on HIV/HepC screening • Resource list 	<ul style="list-style-type: none"> • Family Dentistry • Redding Vol Fire Department 	<ul style="list-style-type: none"> • Community billboards • Email • Facebook • Flyers • Newspaper • Overdose Awareness Community event • Public bathrooms • Redding Fire Department • Word of mouth
Kosciusko	<ul style="list-style-type: none"> •A list of treatment facilities given with education •CPR course •Training using Overdose Lifeline 	<ul style="list-style-type: none"> •Bowen Center •Fellowship Missions •Our Father's House 	<ul style="list-style-type: none"> •Fire Departments and medical first responders •Homeless shelter •Referral service
LaPorte	<ul style="list-style-type: none"> •Disseminated info on pharmacies carrying naloxone •Hands Only CPR 	<ul style="list-style-type: none"> •South Central School •Salvation Army •Swanson Center •PNW Community nursing students 	<ul style="list-style-type: none"> •Eventbrite registration •Organizational sharing •Social media outlets
Lawrence	<ul style="list-style-type: none"> •Additional counseling referrals •Education •Resource list of treatment agencies •Support for family members 	<ul style="list-style-type: none"> •Mitchell School Corp. •North Lawrence Middle and High Schools •Parents of Addicted Loved Ones (PALS) 	<ul style="list-style-type: none"> •Community meetings •Facebook •Word of mouth
Marion	<ul style="list-style-type: none"> •SUOS Toolkit 	<ul style="list-style-type: none"> •IMPD Southwest district •Salvation Army Women's Shelter 	<ul style="list-style-type: none"> •Flyers •Word of mouth

Marshall	<ul style="list-style-type: none"> •HIV/HEPC testing 	<ul style="list-style-type: none"> •Marshall County Coroner •Marshall County Sheriffs Department/Jail •Officers from Culver, Bremen, Argos •Plymouth Police Department •Starke County First Responders 	<ul style="list-style-type: none"> •Flyers •Newspaper •Radio •Word of mouth
Martin	<ul style="list-style-type: none"> •List of referral agencies for treatment •List of symptoms of overdose and emergency first aid 	<ul style="list-style-type: none"> •IDNR Conservation Officers •Loogootee Police Dept. •Martin County Sheriffs Dept. •Shoals Police Dept. 	None
Orange	<ul style="list-style-type: none"> •Community support •Direct treatment referral •Emotional support •Resource treatment list •Testing referrals •Training videos •Vaccinations 	None	<ul style="list-style-type: none"> •Community contacts •Email •Facebook •Newspaper •Radio •Word of mouth
Porter	<ul style="list-style-type: none"> •HIV and Hep C testing information and availability •List of substance abuse resources •Quick Start Guide 	<ul style="list-style-type: none"> •Law enforcement •Other community groups •Porter County Substance Abuse Council •Probation •Treatment and recovery programs 	<ul style="list-style-type: none"> •Community event •Facebook •Newspaper •Overdose Lifeline •PCHD Facebook •PCHD website •Portage Senior Advisory Board Meeting •Posters in community spaces •Stakeholders Meeting and at the Porter County Substance Abuse Council Meeting
Pulaski	<ul style="list-style-type: none"> •Education •HIV and Hep C testing/information •Mental health referrals for family members •Residential and outpatient treatment 	<ul style="list-style-type: none"> •Franksville-Salem Township Public Library •Monterey Medical Clinic •Pulaski County Drug-Free Council •Pulaski County Sherriff's Office •Pulaski Memorial Hospital 	<ul style="list-style-type: none"> •Community contacts •Facebook •Word of mouth
Scott	<ul style="list-style-type: none"> •Care Coordination •One Stop Shop •Rehab and Medical Services Referrals •Syringe Services Program 	<ul style="list-style-type: none"> •Austin Police Department •Scott County EMS •Scott County Health Department •Scott County Sheriff Department •Scottsburg Police Department 	<ul style="list-style-type: none"> •Notifications in local newspapers •Regional television media market •Word of Mouth
Tippecanoe	<ul style="list-style-type: none"> •Addiction counseling, referrals, and etc. •Education •Follow-up •Harm reduction kits •HIV and hepatitis C testing •Resource list of treatment agencies •Safe sex supplies and education •Support for family members •Treatment resources •Wound care 	<ul style="list-style-type: none"> •Lafayette Transitional Housing •Sycamore Springs •The Drug Free Coalition •Trinity Ministry 	<ul style="list-style-type: none"> •Drug Free Coalition •Facebook •Faith based partners •Flyers •Word of mouth
Union	<ul style="list-style-type: none"> •Drug take back box •Lab work on opiate clients (Hep Panel, HIV) •Website with resource information on counseling, treatment, and recovery services 	<ul style="list-style-type: none"> •Fire Department 	<ul style="list-style-type: none"> •Facebook •Website •Word of Mouth
Vanderburgh	<ul style="list-style-type: none"> •Resource list of treatment agencies and support agencies •Treatment resources 	<ul style="list-style-type: none"> •Stepping Stone •Deaconess Cross Pointe 	<ul style="list-style-type: none"> •Newspaper •TV •Community contacts •Facebook •Online news organizations •Twitter •Web page •Word of mouth
Whitley	<ul style="list-style-type: none"> •Free HIV and hepatitis C testing •Handouts about narcan 	None	<ul style="list-style-type: none"> •Advertisement in newspapers •Advertisement in the post and mail •Phone calling schools

*N/R = Not Reported

Discussion

Reporting varies by county health department. Most health departments distributed kits with the majority of LHDs having distributed an aggregate from quarters 1-3 of 40% or more of the total kits provided for the local health department. Many of the health departments detailed multiple partners and outreach efforts (**Table 1**). The amount of services offered in quarter 3 were comparable to quarter 2. The focus on the recipients of the training ranged from first responders to individuals, including syringe exchange clients, schools, healthcare personnel, probation officers, shelters, addiction treatment centers, and other community organizations. 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. Other areas may focus on distributing kits to first responders.

The original number of kits distributed to LHDs was determined based on the need for prescription drug overdose intervention based on the calculated burden in each county. To select high-burden counties we created a systematic point system that accounts for all drug overdose mortality rates, opioid related overdose mortality rates, non-fatal opioid related emergency department visit rates, community need, and other factors. **Figure 2** depicts the counties with the highest priority for prescription drug overdose prevention. Of the priority counties Marion County distributed the most kits.

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

Community interest varied among participating LHDs. In some areas, there was a lot of connection and collaboration in the community 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 and community organizations to distribute the naloxone. It was noted that agencies working with high risk individuals were interested in advocating for the program. In some of the communities, first responders, such as EMS and law enforcement, provided suggestions on areas to reach out to for naloxone training and education. There were LHDs that worked with existing programs, such as through the syringe services program, to distribute kits. Some LHDs partnered naloxone training with CPR classes. One local health department noted a decline in deaths due to overdoses compared to the previous year. There are other areas in which the community had a general disinterest in the naloxone program. Some LHDs have expressed challenges reaching out to high risk populations. The thoughts expressed on challenges were that they may be due to stigma and being afraid to approach. Ten of the 22 reporting counties mentioned challenges with community interest and apprehension in approaching.

The top methods of hearing about the training were through a "Community Organization," "Employer," and "Facebook." Many of the LHDs mentioned communicating directly with community organizations

and individuals. The top populations the naloxone training and kits distributed to were “Lay Person” and “Community Organization.” “Treatment population” referred to the target group that the individual doing the training and receiving the kits intended to treat with the naloxone. The highest categories for “Treatment population” were “Client”, “Self” and “Family Member.”

Overall, LHDs are still setting up outreach and others are working on gaining interest for the program in their local communities.