

# REQUEST FOR PROPOSAL 4 PERIOD 2 DISTRIBUTION OF NALOXONE KITS AT LOCAL HEALTH DEPARTMENTS REPORT

Indiana State Department of Health  
Division of Trauma and Injury Prevention

Distribution as of 7/11/19



Indiana State  
Department of Health

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## Background

Indiana ranks 16th in opioid-related deaths in the United States as of 2016. 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 opioid overdose and allows regular breathing to resume.

A Memorandum of Understanding (MOU) was created between the Family and Social Services Administration Division of Mental Health and Addiction (DMHA) and the Indiana State Department of Health (ISDH) for the purpose of delegating funds to increase the training and distribution of naloxone in communities. This MOU was effective between April 16, 2018 and December 31, 2018. The funds provided by DMHA were regulated for use under the following conditions: ISDH would gather and distribute naloxone kits to local health departments, as well as perform period reporting of who received treatment, the number of naloxone kits distributed, and the number of kits used across the state.

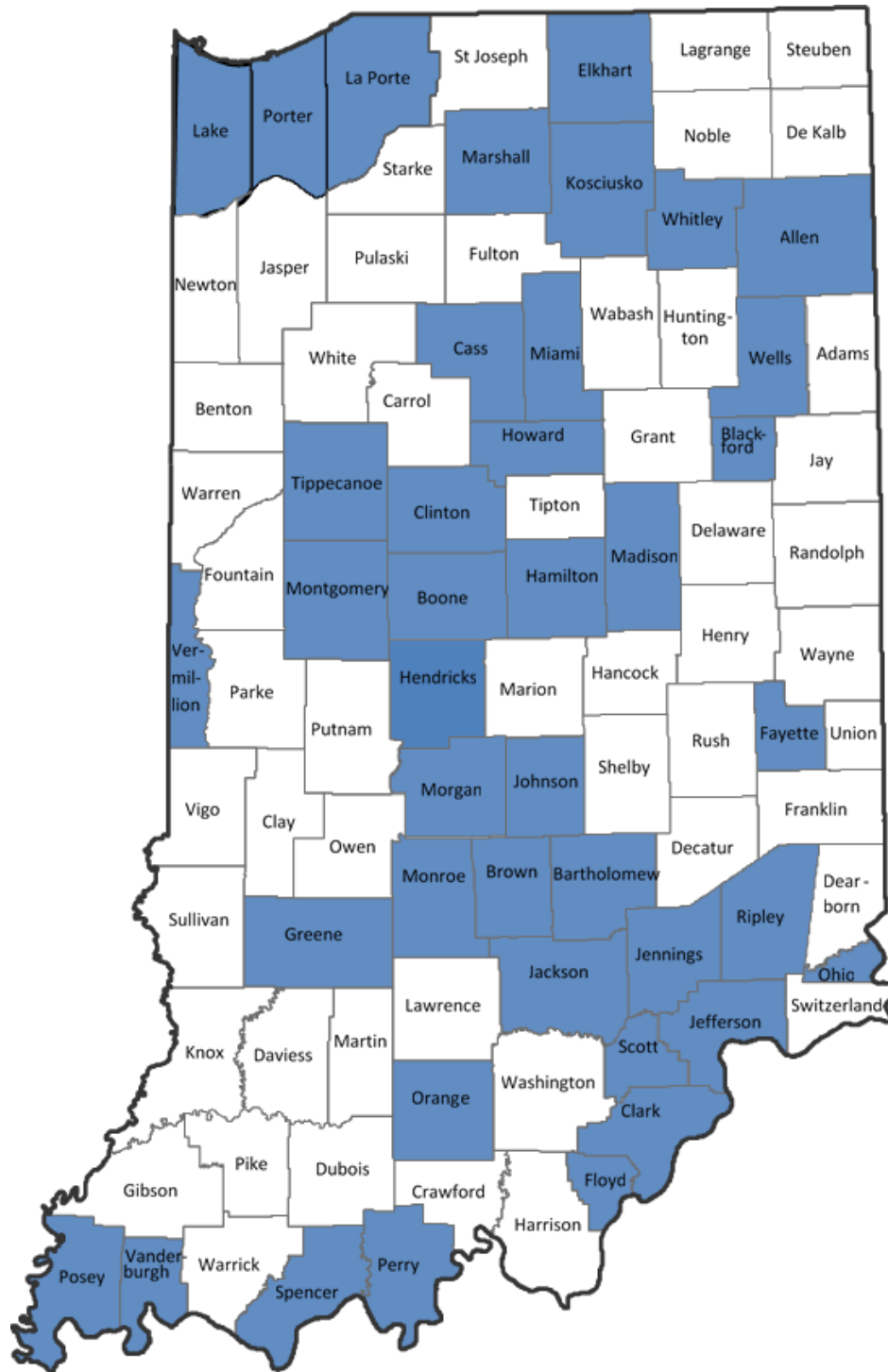
## Methods

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 RFP describes the ISDH efforts and requirements for expanding the distribution of naloxone kits. The dates for implementing the RFP were set for April 16, 2018 through December 31, 2018. The period reporting schedule is:

- 1<sup>st</sup> report (April 16, 2018 – June 30, 2018) prior to July 31, 2018.
- 2<sup>nd</sup> report (July 1, 2018 – September 30, 2018) prior to October 31, 2018.
- 3<sup>rd</sup> report (October 1, 2018 – December 31, 2018) prior to January 31, 2019.
- **Reports will be expected until all kits are distributed.**

Forty-one LHDs across the state applied and were accepted for the naloxone kit distribution program: Allen, Bartholomew, Blackford, Boone, Brown, Cass, Clark, Clinton, Elkhart, Fayette, Floyd, Greene, Hamilton, Hendricks, Howard, Jackson, Jefferson, Jennings, Johnson, Kosciusko, Lake, LaPorte, Madison, Marshall, Miami, Monroe, Montgomery, Morgan, Ohio, Orange, Perry, Porter, Posey, Ripley, Scott, Spencer, Tippecanoe, Vanderburgh, Vermillion, Wells, and Whitley counties. 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 1,143 kits to the 41 participating LHDs (**Figure 3**).

**Figure 1: Map of local health departments selected for naloxone kit distribution in RFP 4**



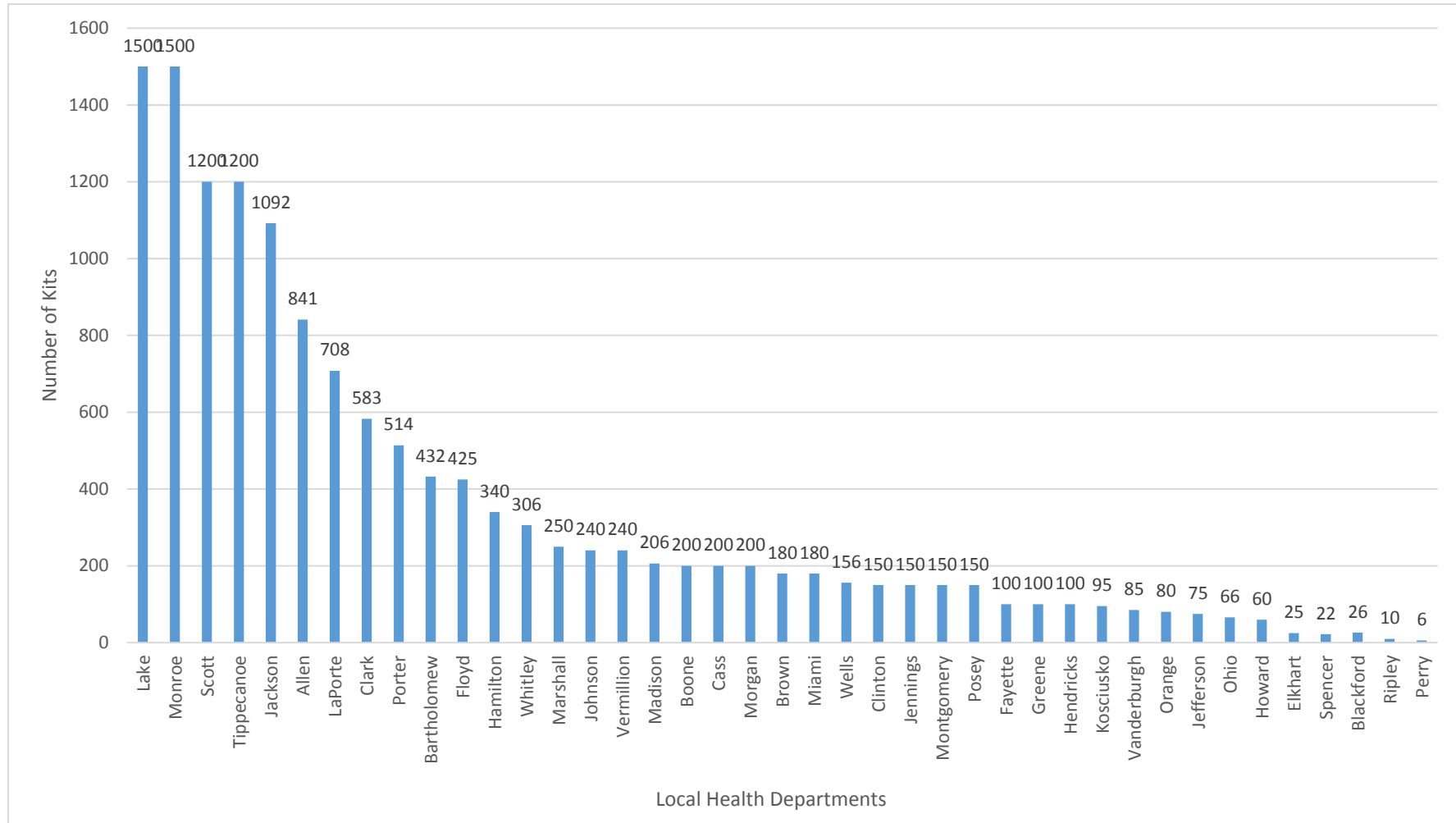
**Figure 1** shows a map of counties which have local health departments participating in the second round of naloxone kit distribution. These counties are highlighted in blue.

**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. These counties are highlighted in blue. 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**



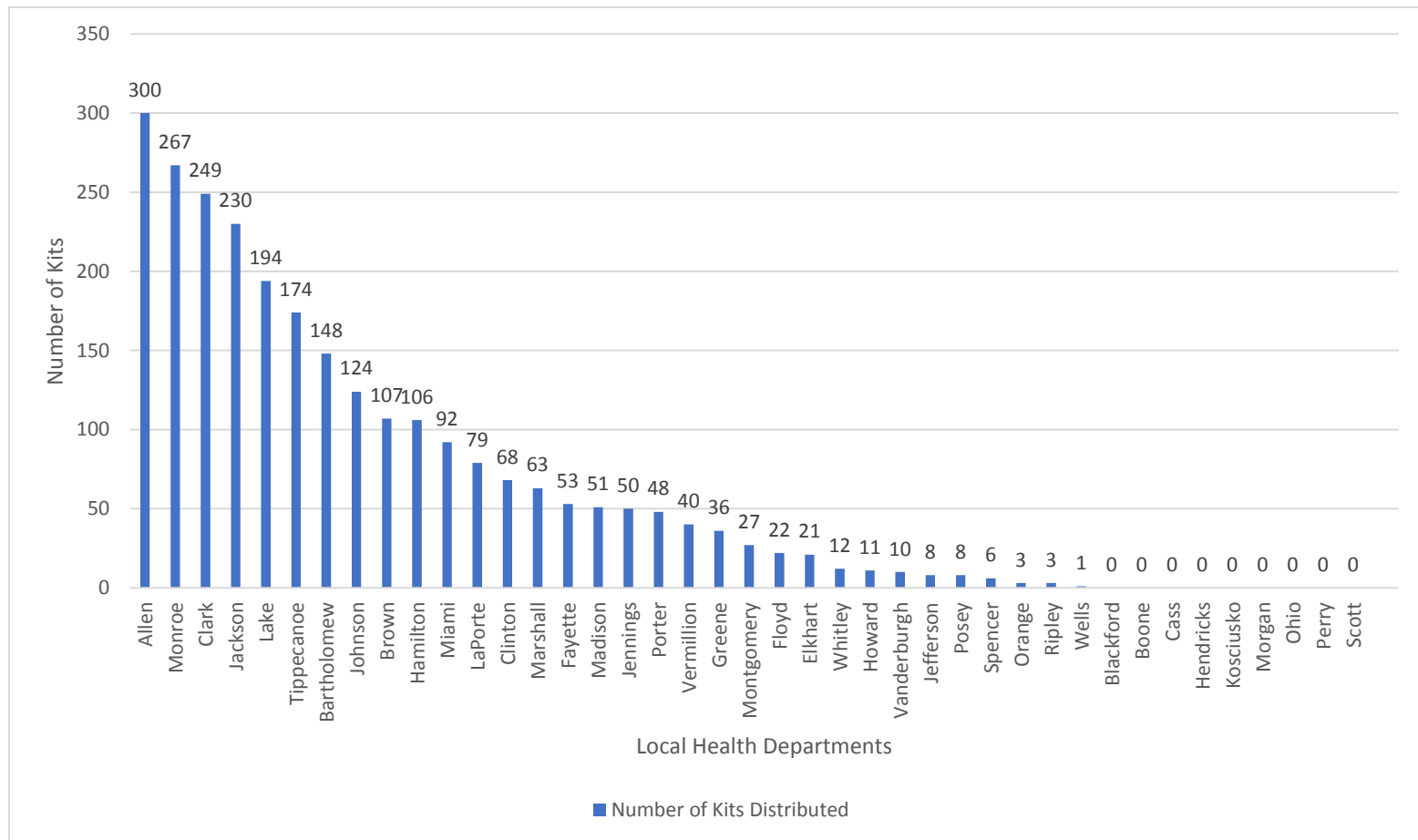
**Figure 3** depicts the total number of naloxone kits that were given by the Division of Trauma and Injury Prevention at the Indiana State Department of Health to the 41 LHDs. The Lake and Monroe County Health Departments received the most kits (N=1500) while the Perry County Health Department received the smallest number (N=6).

## Results:

All 41 LHDs reported a total of 2,611 kits distributed for period 2, as of 10/31/18. There are some general trends from the reporting counties. Allen and Monroe counties were able to distribute the most kits with a combined total of 567 kits distributed in the second period. **Figure 4** illustrates the number of kits distributed during period 2 by each participating health department.

**Figure 4: Number of naloxone kits distributed**

**Figure 4** shows the number of kits distributed by LHDs to their communities during period 2. The most kits were distributed from Allen County (N=300) and Monroe County close behind (N=267). The least number of kits distributed were from Blackford, Boone, Cass, Kosciusko, Morgan, Ohio, Perry, and Scott counties at zero. Cass and Scott counties did not report distribution data for round 2.



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

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Naloxone Training Outreach Methods
Allen	Kits distributed to the partner agency Allen County SSP clients' services include:Hep A immunizations, health navigation for healthcare coverage; on-site SUD treatment intakes; HIV/HCV testing; MH counseling referrals; wound care & health assessments; healthcare referrals	No changes from our initial training and distribution plan	Email and community requests
Bartholomew	All agencies still have previous handouts from first distribution period. Postcards and Postcard survey instructions given. Immunization information for First Responders and Are You Up to Date brochure given to all agencies to share with their organization.	Columbus Christian School, White Creak Luthern School, Bartholomew County School Corporation, Centerstone, Recovery Engagement Center, Life Works IOP, Bartholomew County Sheriffs Dept, German Township Fire Dept, Elizabethtown Volunteer Fire Dept, Columbus Township Fire Dept, Southwest Fire Dept, Wayne Township Fire Dept, Hope Fire Dept, Clifford Fire Dept, Hartsville Township Fire Dept, Lincoln Central Neighborhood Family Center, YES Cinema, Salvation Army, Celebrate Recovery, Youth Services, Community Corrections/Residential Center, Harrison Township Volunteer Fire Dept, Bartholomew County Health Dept, Clay Township Fire Dept.	Email was sent to all participating local partner agencies. Those that did not respond from email was called.
Boone	N/R	N/R	N/R
Blackford	N/R	Same Partners	N/R
Brown	Common s/s of Opioid overdose flyer, business card for Health Department, Health Department Flyer on CPR classes, Health Department Flyer on Sharps Containers Disposal Program, Health Department Flyer on Opioid Rescue Kit Program, Opiate Addiction Treatment information, Community Mental Health Centers information, Substance Abuse Resource information sheet, Parents of Addicted Loved Ones Flyer, Suicide Prevention Lifeline Flyer, Narcan Quick Start Guide, secondary Naloxone administration information sheet, Centerstone information	Our only distribution location currently, besides the Health Department itself, is Centerstone. The Women's Resource Center was going to be a distribution location but the director said she is currently working with ISDH on getting on the list on optin.in.gov. I have gotten in touch with the director of the center multiple times and offered to come to her to help her or for her to come into the Health Department (to enroll). She has done neither.	Brown County Health Department website, flyers, newspaper, word of mouth, Brown County Drug Free Coalition, School Corporation social media, Advisory Subcommittee to the Health Board on Opioids, community contacts
Cass	N/R	N/R	N/R
Clark	Numerous flyers for treatment resources and support groups, medical and/or substance abuse treatment referrals to LifeSpring Health Systems/Turning Point, Wellstone and Family Health Center of So. Indiana, free HIV and HepC testing, PrEP in partnership with LifeSpring Health Systems, free TB testing for those entering rehab/treatment at Turning Point, referrals for MAT to So. IN Treatment Center, insurance sign up at C.A.S.I., food and clothing referrals to Bliss House.	Clark Memorial Hospital, Clark County CARES, LifeSpring Health Systems	Outreach methods include social media, flyers, newspaper, word of mouth, billboards and community contacts.
Clinton	We offer list for Treatment resources; Our newest resource guide Roadway to Recovery has been widely applauded as a more direct resource guide for our community, Suicide Prevention Line, Resource list of treatment agencies, assistance with getting Medicaid coverage.The Health Department can arrange HIV and Hepatitis C testing, groups offering support for family members, follow-up, education, additional counseling referrals.	This grant period we are concentrating our efforts on small incorporated towns in our county outside of the Frankfort city area. Our chosen partners will be the Volunteer Fire Departments for each community. There are five (5) such incorporated towns in our county; Mulberry, Kirkin, Colfax, Michigantown, and Rossville. We will partner with each Volunteer Fire Dept in each small town to plan a training event. Our Long standing partner Clinton County EMS will assist with this year's grant activities by assisting with contacting Volunteer Fire Departments.	We utilize: Newspaper, flyers, Facebook, On-line Newspaper, Social Media, Radio Talk Show, Referrals (word of mouth)



Elkhart	Treatment resources locally, list of agencies, counseling services locally	The plan is to educate the nurses in the Elkhart Community Schools(ECS) system and train and distribute the Naloxone. Still just ECS and ECHD	Prearranged targeted grant for ECS. No other local schools interested.
Fayette	Treatment resources, Resource list of treatment agencies, HIV and Hepatitis C testing, support for family members, follow-up, education, additional counseling referrals, and etc. Syringe exchange, harm reduction supplies and education, HIP 2.0 PE, vaccinations for HPV, Tdap, Hep B and Hep A, Referrals to services, testing for HIV and Hep C	Partner agencies are Connersville Police Department, Fayette County EMS, Fayette County Sheriff's Department, Fayette County Community Corrections, Fayette County Public Library and The Haven, FRHS (Fayette Regional Health Systems) Emergency Department, North Star Recovery and Fayette Regional Outpatient Services.	Newspapers, flyers, Facebook, word of mouth, local TV3
Floyd	Resource information of agencies in area, HIV and Hep C testing information, support for families -Families Anonymous, Counseling services information, Educational materials.	EMS, Fire Departments, Families Anonymous, Life Springs, Hospitals.	Word of mouth, Flyers, Facebook and local hospital.
Greene	I include treatment resources, testing site information, and suicide prevention information.	Greene County Health Department	I have utilized email to converse with my different partner agencies.
Hamilton	HIV/Hep C Testing, How to get rid of old decantation, Treatment Centers in Indiana. The Number to the Poison Center, Suicide Information, What to do with old needles.	Hamilton County Service Organizations, Good Samaritan Network, County Trustees, Local Law Enforcement Agencies and Local EMS Organizations, Community Hospital Home Care, St. Vincent Fishes Hospital and Trinity Free Clinic St. Vincent Hospital-Fishers, St. V EMS Education, Sheridan Library	Social Media, Facebook, Next Door, Twitter, Flyers and Community partners.
Hendricks	N/R	N/R	N/R
Howard	Treatment resources; HCV, HIV, and STD testing resources, and harm reduction pamphlet	No partner agencies were involved in the training and distribution of kits.	Flyers, social media, contact cards, and word of mouth
Jackson	N/R	N/R	N/R
Jefferson	HIV, Hep C, and STD testing/treatment/referrals/follow up are also offered within our agency, although not necessarily at the same time as Naloxone training.	We have no new partners. However, established partners have started returning to obtain additional doses, due to either use or expiration of previously obtained doses.	Newspaper, Facebook, Community contacts, and word of mouth.
Jennings	Opiate Addiction Treatment Centers List, Lifeline 1-800-273-TALK, Community Mental Health Centers List, Nasal Spray Quick Start Guide, Surveys, and What is Indiana's Aaron's Law	Partners remain unchanged	Community outreach efforts and word of mouth have proven to be effective distribution methods in Jennings County. The JC Cares Addiction Recovery Resource Rally helped reach more individuals this time by having it at the same time and location as community churches were holding a Revival.
Johnson	N/A	Our partner agencies have grown from firefighters to include school nurses and one police department.	Email, community contacts, word of mouth
Kosciusko	N/R	Discussions about Naloxone availability and education were held with homeless shelter and any who called.	N/R
Lake	Provided SAFE's parent resource guide that has treatment organization's contract information, along with Geminus Corporation's services/training information.	We are working with fire departments and EMTs to provide them with Narcan. We are also looking to partner with the railroads to provide their employees with Narcan trainings and Narcan for their first aid kits. We are also working with schools to provide them training and provide Narcan for their staff.	Outreach methods included: Email, Flyer distribution at Vendor Fairs, Word of mouth, Local meeting, direct phone calls to Police Department, Fire Departments and EMTs.

LaPorte	Narcan replacement pharmacies, Treatment resources, Overdose signs and symptoms, Health Department services	We have new partners in Frontline, HealthInc, and New Disciple Fellowship Church. Hopefully we will also be adding Family Express. We continue to work with MCPD, EMS, and Community Corrections.	Facebook, listerves, flyers
Madison	House of Hope and Grace House are halfway houses for people in recovery. Aspire offers SSP, hep C and HIV testing, referral to other community needs/services. MCHD offers hep C, HIV and STD testing as well as harm reduction supplies (NOT syringes) and other community service referrals	Aspire (Syringe Services Program), House of Hope and Grace House were all trained on use. Aspire will dispense to SSP participants. House of Hope and Grace House are both residential halfway houses. Staff was trained to administer if needed.	Facebook, word of mouth, agency partnerships
Marshall	Treatment resources available	Starke County Health Department, Starke County Jail, Local Champion	Radio, community contacts, Facebook,
Miami	treatment resources, 19 medication lock bags, treatment agency information, suicide prevention cards.	As of September 24, 2018 Antonia Sawyer, BS became the only entity in the community of Miami County, IN. to provide Naloxone training and kits. The Miami County, IN. Health Department officially removed themselves from providing Naloxone to the community on September 24, 2018. The areas highlighted in yellow signify their participation on or before August 13, 2018.	Facebook, e-mail, community meetings, word of mouth.
Monroe	HIV/HCV testing and counseling, case management, family planning, vaccinations, health/mental health care, syringe services program, insurance navigation, service referrals, treatment resources, education	Positive Link, Monroe County Sheriff, Bloomington Police Department, Indiana Recovery Alliance, IU Health Riley Physicians, Centerstone,	Website (Monroe County and Indiana Recovery Alliance), flyers and programs, coalition meetings, word of mout, community contacts
Montgomery	Offering packets and electronic copies of up to date treatment resources, health department resources (E.g. HIV/HEP C, Chlamydia/Gonorrhea testing, sharps disposal & drug take back program info), information on the most common opiates abused with a picture discription, and information on Aaron's Law.	No changes at this time.	Using social media and radio advertisements and continuing to reach out to local organizations to make them aware of our program.
Morgan	None	None	None
Ohio	N/R	N/R	N/R
Orange	treatment resources, HIV/Hep C testing options, support for family and patient, meetings, follow up education, vaccinations, support meeting info	SICHC, Southern Hills Counseling,	flyers, email, facebook, community contacts, health coalition, word of mouth
Perry	N/R	Everyone who was on the original plan has been involved in training.	Word of mouth, e-mail
Porter	As last quarter: Optin.in.gov access for video training. MOU listing requirements of Naloxone grant including: info on Aaron's Law, Opioid treatment facilities, local additions counseling centers (30 facilities in a 20 mile radius), HIV/Hep C testing availability, review of storage guidelines for kits, IU postcard instructions, guidelines for use of Naloxone, and availability of additional kits.	Two additional police departments and 1 additional volunteer fire department were trained and received Naloxone kits. One community service agency received additional kits. An additional community agency, Porter County Substance Abuse Council, became a distributor.	Flyers, word of mouth, announcements at local Substance Abuse Council meetings, Community Contacts.
Posey	N/R	N/R	N/R
Ripley	RCHD: Inserted business card size addiction resource information and a National Suicide Prevention Hotline Card into each kit distributed and instructed partner agencies to leave the contents with their clients.  RCHD offers an HIV/Hep C Testing once a month provided Aspire. The information is normally distributed via NIXLE Messaging.	Bateville EMS Rescue 69 ( Southern Ripley County EMS) Ripley County EMS Southeast Indiana Health Center Sunman Rescue (Rescue 20) Sunman Fire Department Friendship Volunteer Fire Department Osgood Police Department	E-mail Word of mouth NIXLE Messaging Community Contacts: Celebrate Recovery and Ripley County Drug Awareness Coalition
Scott	N/R	N/R	N/R
Spencer	Class provides lists of treatment facilities. HIV/Hep C testing is available every 3rd Wednesday of each month @ Spencer County Health Dept.	Spencer County Community Corrections	Community contacts; Probation & Community Corrections share information on kit availability.

Tippecanoe	Recovery Coach, Hep A & B Vaccinations, Hepatitis C Testing, STD Testing and Treatment, HIV Testing and Referrals, Harm Reduction Supplies and Education, Safe Sex supplies and Counseling, Insurance Navigation, Substance Abuse Referrals	Tippecanoe County Sheriff's Department, Purdue Pharmacy, Tippecanoe County Community Corrections, Drug Free Coalition of Tippecanoe County, Lafayette Police Department, YWCA, Bauer Family Resources	Facebook, Community Centers, Flyers, and word of mouth from clients
Vanderburgh	Treatment resources, resource list of treatment agencies and support agencies.	Evansville Fire Dept., 550 S.E. Eighth St, Evansville IN 47713 Perry Township Volunteer Fire Dept, 11 S. Williams Rd, Evansville IN 47712 Deaconess Cross Pointe, 7200 E. Indiana St, Evansville IN 47715 Stepping Stone, 4001 John St, Evansville IN 47714	Community contacts, Social Media, Departmental Website, Addiction Recovery Services
Vermillion	N/R	I am the only one distributing kits; each partner has their own training	emails, community contacts, word of mouth within county partners
Wells			
Whitley	We continue to have an opioid task force that meets monthly.	We are now partnered with Whitley County Probation, Bowen Center & United Way of Whitley County.	Word of mouth

\*N/R = Not Reported

## Discussion

Reporting varies by county health department. Thirty-two of the 41 health departments distributed kits within the second period. Many of the health departments detailed multiple partners and outreach efforts (**Table 1**). The focus on the recipients of the training ranged from first responders to lay individuals, and also included syringe services clients, school faculty and staff, healthcare personnel, probation officers, shelter staff, treatment centers employees for individuals recovering from substance-use disorders, and other community organizations. Throughout the state the majority of the kits were distributed to lay individuals (N=854 kits) and law enforcement (N=521). Following lay individuals and law enforcement for the top distribution of kits were firefighters (N=384), syringe exchange program clients (N=371), and community organizations (N=141).

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, a systematic point system was created 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, Clarke County distributed the most kits during period 2 (N=249 kits).

In addition to the data report, LHDs discussed the grant activity that occurred during the second period of the grant cycle. Many discussed setting up operations with outreach efforts, co-services offered in addition to training, and partnering with other agencies. In general, the outreach that took place was through word-of-mouth, social media, flyers, newspaper, etc. Services offered with the training were generally substance use disorder resources/referrals or medication-assisted treatment/referrals, and 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, emergency medical services (EMS), police agencies, 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 them to distribute naloxone. 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 many LHDs that worked with existing programs to distribute kits; an example of this would be the three LHDs that worked with syringe service programs. There are other areas in which the community had a general disinterest in the naloxone program. Some LHDs have expressed challenges in time and resource allocation of their partner agencies while others experience challenges in outreach to target communities because of stigma. Overall, twenty-two of the 40 reporting counties mentioned some challenges or barriers in some degree related to naloxone distribution within their communities.

The top methods that individuals heard about the training included “Syringe Services Program” (N=301), “Community Organization” (N=168), and “Local Health Department” (N=126). Many of the LHDs mentioned communicating directly with community organizations and individuals. “Treatment population” referred to the target group that the individual participating in the training and receiving the kits intended to treat with the naloxone. The highest categories for the treatment population during this quarter were “General Public” (N=1203), “Self” (N=392), and “Client” (N=367).

Overall, many LHDs are beginning to progress and grow throughout their community as more and more constituents become aware of their services while some LHDs are still setting up outreach and assessing key barriers throughout their communities. All are continuing their work and outreach in order to gain interest for the program throughout their local communities.