

# REQUEST FOR PROPOSAL 4 PERIOD 5 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.

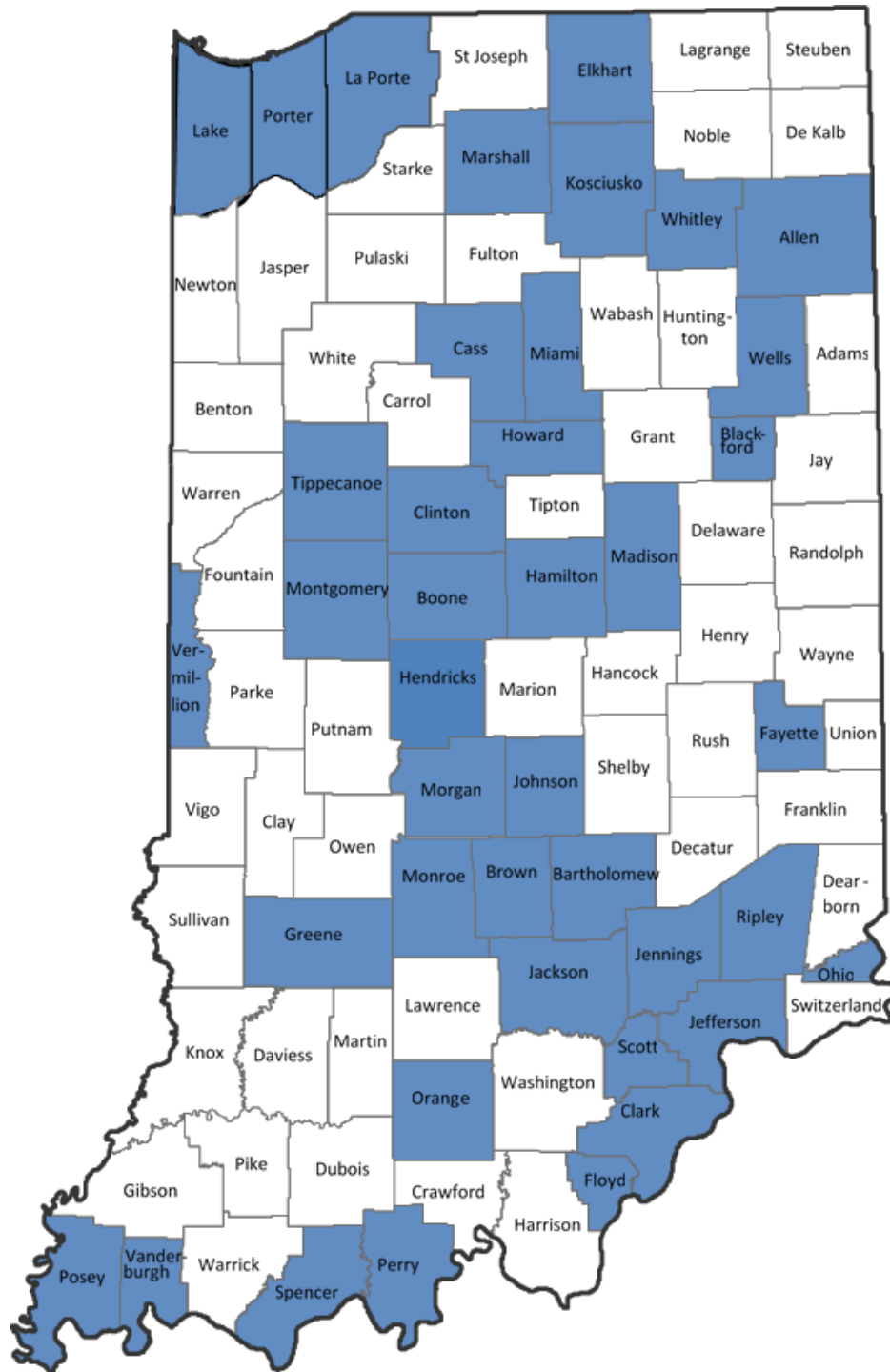
## Methods

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 14,143 kits to the 41 participating LHDs (**Figure 3**).

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



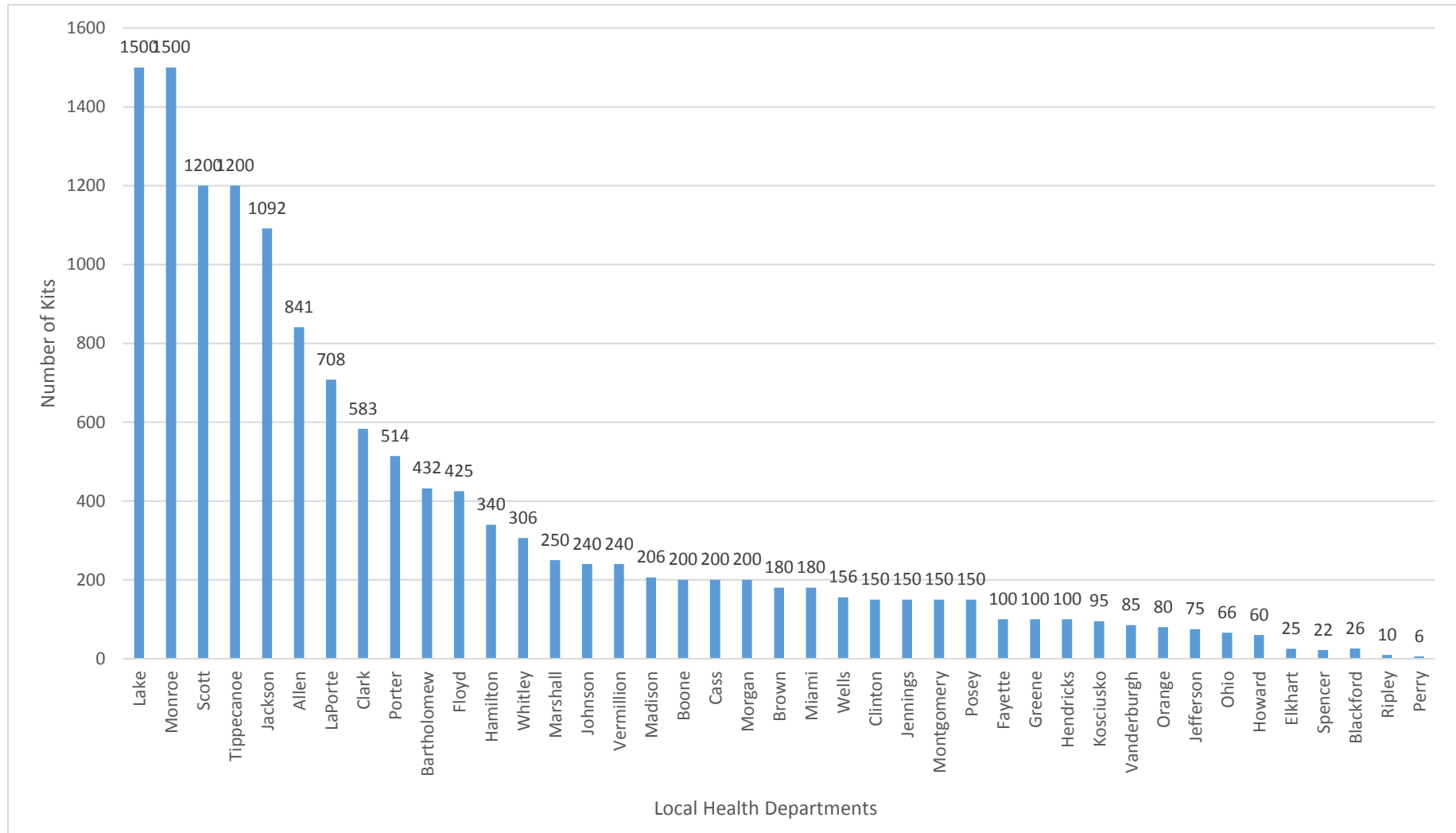
**Figure 1** shows a map of counties which have local health departments participating in the third round of naloxone kit distribution. These counties are highlighted in blue.

**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**



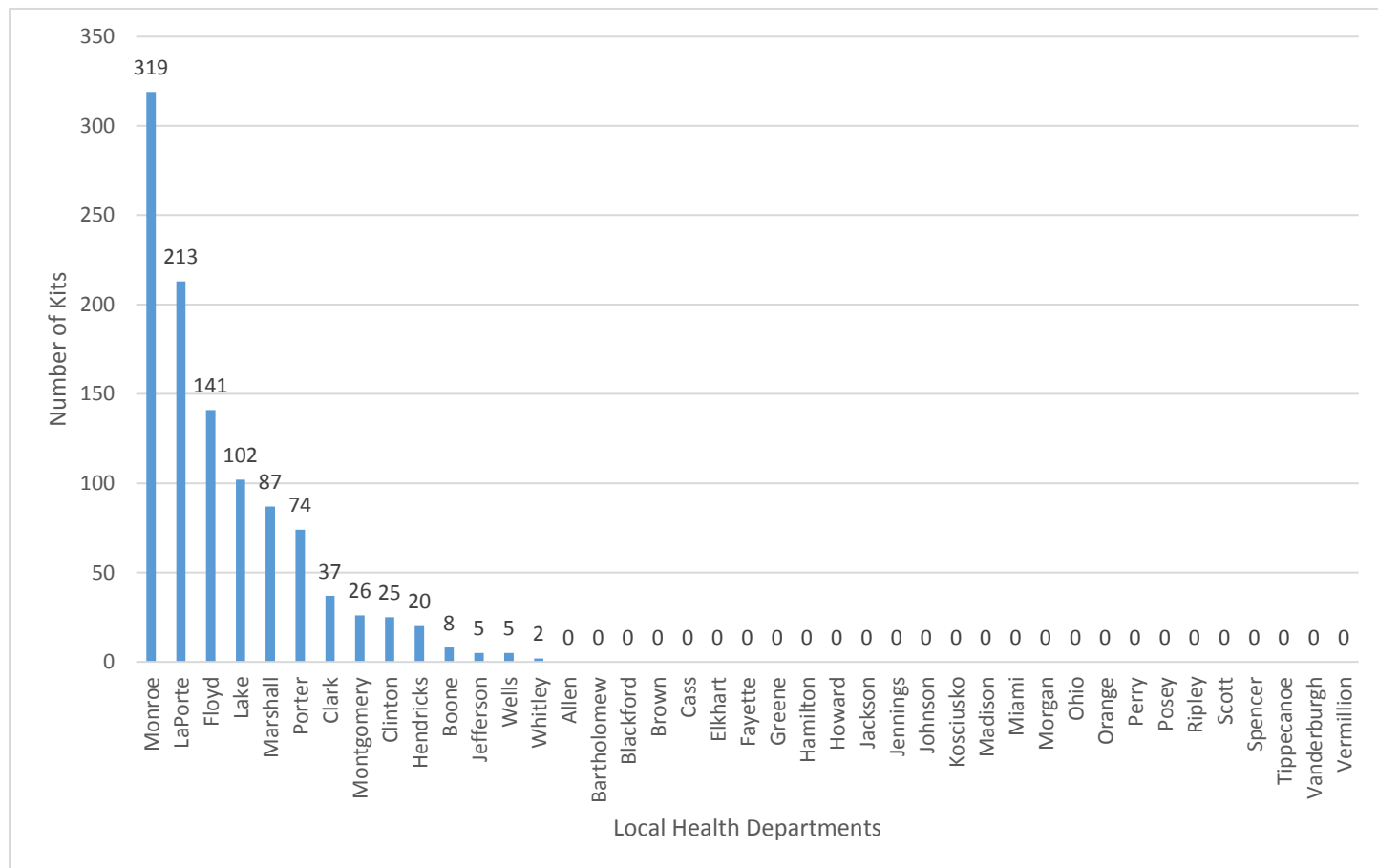
**Figure 3** depicts the total number of naloxone kits that were given by the Division of Trauma and Injury Prevention at the Indiana State Department of Health to the 40 LHDs. The Lake and Monroe County Health Departments received the most kits (N=1500) while the Perry County Health Department received the smallest number (N=6).

## Results:

All 41 LHDs reported a total of 1,064 kits distributed for period 5, as of 07/31/19. There are some general trends from the reporting counties. Monroe and LaPorte Counties were able to distribute the most kits with a combined total of 532 kits distributed in the fifth period. **Figure 4** illustrates the number of kits distributed during period 5 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 5. The most kits were distributed from Monroe County (N=319) and LaPorte County (N=213). The least number of kits distributed were from Blackford, Greene, Orange, Ohio, Perry, Spencer, Tippecanoe, and Vermillion counties at zero. Allen, Bartholomew, Brown, Cass, Elkhart, Fayette, Hamilton, Howard, Jackson, Jennings, Johnson, Kosciusko, Madison, Miami, Morgan, Posey, Ripley, Scott, and Vanderburgh counties are shown as distributing 0 kits during the 5<sup>th</sup> period because they had distributed all of their kits in the first 4 periods.



**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	n/a	n/a	n/a
Bartholomew	n/a	n/a	n/a
Blackford	n/r	n/r	n/r
Boone	Shared information on other services offered by the Health Department (STD/STI screening, Safe Sleep courses, vaccinations, safe syringe disposal container program), distributed the Boone County Resource Guide, pamphlet on mental health and substance use treatment resources in and around Boone County, pamphlet on safe drug disposal sites in Boone County	Aspire Indiana, Purdue Extension Boone County, Ohana House (Youth and Family Health Network), We All Matter (youth outreach), Zionsville Police Department, Boone County Health Department staff, Boone County Sheriff's Office, Zionsville school nurse	Word of mouth between our partner organizations
Brown	n/a	n/a	n/a
Cass	n/a	n/a	n/a
Clark	CCHD HIV/STD Division continues to offer free HIV/STD/HepC testing, counseling, care coordination and linkage to care. The SSP continues to offer referrals for in and out patient treatment and programs. CCHD continues to partner with LifeSprings offering PrEP at the SSP once a month. The PHN's offer vaccinations & immunizations. Free TB testing is also offered to those SSP clients wishing to enter rehab.	The list of partner agencies includes Clark County SSP, LifeSprings Health Systems and Clark County Cares.	methods used for distribution are email notifications, community contacts and word of mouth.
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 have concentrated our efforts on small incorporated towns in our county outside of the Frankfort city area. Our chosen partners have been the Volunteer Fire Departments for each community. There are five (5) such incorporated towns in our county; Mulberry, Kirclin, Colfax, Michigantown, and Rossville. We have partnered with two Volunteer Fire Dept in small towns to host 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), Website referrals
Elkhart	n/a	n/a	n/a
Fayette	n/a	n/a	n/a
Floyd	n/r	Serenity Primary Care, 4H fair, IUS, Homeless Fair with Exit 0, Health Fair in Floyd County.	Newspapers, Facebook, Flyers, Word of mouth, Library notices.
Greene	n/r	n/r	n/r
Hamilton	n/r	n/r	n/r
Hendricks	n/r	Danville Middle School HC Humane Society Pittsboro PD Hendricks County Sheriffs Dept American Health Network (AHN) Physicians Express Care	n/r
Howard	n/a	n/a	n/a
Jackson	n/a	n/a	n/a
Jefferson	We offer STD, HIV, and Hep C testing, but not necessarily at the same time. Our testing is done once per week.	Our local law enforcement has been training their staff and acquiring their own doses. In addition, at least one volunteer fire department has expressed interest in obtaining kits and distributing them among their volunteers, but I am unaware if they followed through.	We have flyers available, but the majority of our outreach is via word of mouth.
Jennings	n/a	n/a	n/a
Johnson	n/r	n/r	n/r
Kosciusko	n/r	n/r	n/r
Lake	n/r	n/r	n/r
LaPorte	n/r	n/r	n/r
Madison	n/r	n/r	n/r



Marshall	Treatment resources available and resource list of treatment agencies	Argos Community School, Local Law Enforcement, Local EMS, Culver Academies	Email chains, Facebook, News outlet, and community representatives
Miami	n/a	n/a	n/a
Monroe	HIV/HCV testing, Family Planning, Vaccinations, mental health care, syringe services program, insurance navigation, referrals for services, referrals for treatment and medical care	Postive Link, Indiana Recovery Alliance, Monroe County Public Health Clinic, Bloomington Police Department, Monroe County Sheriff, IU Health, Bloomington Fire	facebook, twitter, website, flyer, word of mouth, community engagement
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 description, 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	n/a	n/a	n/a
Ohio	n/r	n/r	n/r
Orange	n/r	n/r	n/r
Perry	Treatment resources for Group Recover Together, HIV & Hep C training.	No new partners were added.	We do not hand them out here at the health department. We only supply them to EMS, etc. As outlined in the grant.
Porter	Treatment resources, treatment agencies, HIV/Hep C testing available, additional counseling sources, Deterra medication disposal pouches	No additional partners in this 30 day period	Community member contact (includes Substance Abuse Council Meetings where approximately 50 members attend monthly meetings-local police, fire, schools, and community members attend).
Posey	n/a	n/a	n/a
Ripley	n/a	n/a	n/a
Scott	n/a	n/a	n/a
Spencer	n/r	n/r	n/r
Tippecanoe	n/r	n/r	n/r
Vanderburgh	n/a	n/a	n/a
Vermillion	n/r	n/r	n/r
Wells	n/r	Wells County Sheriff, Bluffton Police Dept, Ossian Police Dept, Wells County EMS, Bluffton High School, Wells County Probation, Lay Person, Markle Fire, Uniondale Fire, Poneto Fire, Ossian Fire, Liberty Center Fire, Bluffton Fire,	n/r
Whitley	n/r	n/r	n/r

\*N/R = Not Reported

## Discussion

Reporting varies by county health department. Fourteen of the 41 health departments distributed kits within the fifth 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=458 kits), law enforcement (N=136), and EMS (N=117).

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, Floyd County distributed the most kits during period 5 (N=213 kits).

In addition to the data report, LHDs discussed the grant activity that occurred during the third 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, three of the 41 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 “Community Organization” (N=95) and “Local Health Department” (N=78). 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=457), “Self” (N=222), and “Resident” (N=197).

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.