



# Indiana State Department of Health

Naloxone Rescue Kit Grant Opportunity Announcement  
**For First Responders Serving Rural Counties Only**  
January 2, 2019

## Project Description:

The Indiana State Department of Health (ISDH) is accepting grant applications to give first responders in rural counties intranasal naloxone rescue kits. Only first responders who provide services in rural counties are eligible to receive the naloxone rescue kits. The following types of agencies (paid or volunteer) are considered first responders under this grant: law enforcement, fire, EMS agencies, corrections, parole officers, and schools. Please email Audrey if you think your agency might be considered a first responder and is not listed [arehberg@isdh.in.gov](mailto:arehberg@isdh.in.gov).

A local health department may fill out the application for a first responder organization; however, all kits must be given to a first responder organization serving a rural county. A representative from the first responder agency must be listed as the primary contact and the address on the application should be that of the first responder agency.

First responder organizations that receive naloxone rescue kits will be responsible for administering the naloxone rescue kits and reporting their use to ISDH through the required methods.

## Service Delivery Dates:

During the program period the ISDH reserves the right to request naloxone kits back from any awardee that does not meet the requirements of the program to redistribute to other awardees. Failure to comply with all terms of this grant by an awardee will also halt any future unshipped naloxone kits.

Failure to comply includes:

- Not submitting required reports.
- Not completing and mailing the outcome postcards.
- Selling the kits instead of distributing them free of charge.
- Inaccurate reporting of the administration of naloxone rescue kits.
- Not following the intent of the program.

## Funding:

The total funding amount available for this program is \$183,000. Individual awardee naloxone rescue kit totals will be determined based on the geographic service area and the need identified in grant applications.

## Rural Counties:

Naloxone rescue kits can only be given to first responder organizations and local health departments in one of Indiana's 49 rural communities as defined by the Federal Office of Management and Budget. The guide can be found at:

<https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf>.

Adams	Blackford	Cass	Clinton	Crawford
Daviess	Decatur	DeKalb	Dubois	Fayette
Fountain	Franklin	Fulton	Gibson	Grant
Greene	Henry	Huntington	Jackson	Jay
Jefferson	Jennings	Knox	Kosciusko	Lagrange
Lawrence	Marshall	Martin	Miami	Montgomery
Noble	Orange	Parke	Perry	Pike
Pulaski	Randolph	Ripley	Rush	Spencer
Starke	Steuben	Switzerland	Tipton	Wabash
Warren	Wayne	White	Union*	

\*This county is eligible even though it is designated a Metropolitan County. All census tracts in the county qualify as rural.

**Completed Grant Application Due: Proposals are to be submitted via e-mail to [arehberg@isdh.in.gov](mailto:arehberg@isdh.in.gov) no later than February 15, 2019, prior to 5 p.m. EST.**

**Respondents will be notified of the results no later than 14 days after review of all applications.**

## Eligibility:

- Applicants must be either:
  - First responder organizations (including paid or volunteer) as detailed above.
  - Local health departments located in a rural county which will give all the naloxone rescue kits to a rural first responder organization(s) as defined above.

## Respondent Participation Guidelines:

- Must ensure that naloxone kits are not resold after distribution.
- If the awardee's listed primary or secondary point of contact changes anytime during the naloxone kit distribution or reporting period, the awardee must notify the ISDH within 5 business days after the change and provide the contact information for the new contact.

## Grant Application:

- a. Applicants must complete the Naloxone Rescue Kit Grant Application.
- b. Applicants must address all the questions on the Naloxone Rescue Kit Grant Application.
- c. The answer to the question **Number of overdoses last year** refers to the total in your county and can be found at: [https://gis.in.gov/apps/isdh/meta/stats\\_layers.htm](https://gis.in.gov/apps/isdh/meta/stats_layers.htm). Select "Mortality" and then

select “Deaths from Drug Poisoning (Age Adjusted Rates)” and select the ‘Table’ Icon.

## Delivery of the Naloxone kits:

The total number of naloxone kits that an awardee receives will be distributed equally between two shipments. The proposed dates are as follows:

- ½ shipped in March
- ½ shipped in June

## Reporting Requirements:

Award recipients will be required to:

- Complete and mail a prepaid postage postcard each time a naloxone rescue kit is used.

**ALL AGENCIES:** This is a reminder that you are also required to follow IC 16-31-3-23.7, which states that an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter, a volunteer firefighter, a law enforcement officer, or a paramedic who: administers an overdose intervention drug OR is summoned immediately after an overdose intervention drug is administered shall inform the emergency ambulance service responsible for submitting the report to the commission of the number of times an overdose intervention drug has been administered. The emergency ambulance service shall include this information in the emergency ambulance service’s report to the commission under the emergency medical services system review in accordance with the commission’s rules. This means that naloxone administration must be reported in the EMS registry, per Indiana Code.

**EMS and FIRE AGENCIES:** You are required to be entering naloxone administrations into the EMS registry. If you are not familiar with this requirement let me know and I will have someone reach out to help.

**LAW ENFORCEMENT AGENCIES:** You will be required to fill out a report through the following link each time you administer naloxone:

<https://www.overdose-lifeline.org/first-responder-reporting-form.html>

Failure to complete and mail the postcards will be deemed a breach of grant agreement and shall entitle the ISDH to suspend or cancel the remaining undelivered naloxone kits and request the remaining unused naloxone kits be returned to the ISDH to be redistributed to other compliant awardees.

A postage free postcard will be provided to successful applicants for each kit they receive. The source of the grant funds for this program is the Substance Abuse Mental Health Services Administration (SAMHSA) First Responder Comprehensive Addiction and Recovery Act grant. SAMHSA requires the ISDH to report on the circumstances each and every time a naloxone rescue kit is used. To accomplish this, a first responder must complete and mail a pre-paid postcard each time they use a kit.

The information on the postcard will include:

- Effect on the patient after administering the naloxone rescue kit.
- Approximate age of the patient.

## Points of Contact:

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### **Summary of naloxone rescue kit grant requirements**

- Follow intent of the naloxone rescue kit grant program.
- Submit all required reports prior to due date.
- Mail pre-paid postcard(s) after administering a kit.
- Do not sell naloxone rescue kits.

Funding for this program was made possible (in part) by the Substance Abuse Mental Health Services Administration (SAMHSA) First Responder Comprehensive Addiction and Recovery Act grant. The views, opinions, and content expressed in this announcement do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

# Naloxone Rescue Kit Grant Application

Applicant Information			
<b>Organization Name:</b>			
Mailing Address:			
City:	County:	ZIP Code:	
<b>Primary Contact</b>			
Name (First, Last):			
Job title:			
Email address:			
Phone:	Office:	Cell:	
<b>Secondary Contact</b>			
Name (First, Last):			
Job title:			
Email address:			
Phone:	Office:	Cell:	
<b>Organization Type</b>			
Police (Paid/Volunteer):		Fire Department (Paid/Volunteer):	
EMS Service (Paid/Volunteer):		County Sheriff:	
Corrections:		Other organization type (please explain):	
<b>Organization Details</b>			
Number of staff:		Number of apparatus:	
Service area is normally provided to (City/County):		Population of service area:	
Which City/County?		Number of overdoses in county last year:	
Is there an EMS partnership?	(Yes/No):	Is there a substance use treatment partner?	(Yes/No):
If yes, what is the name of the substance use treatment partner:			
Do you plan to transport overdose patients to a hospital?	(Yes/No):	Do you plan to refer overdose patients to treatment?	(Yes/No):
<b>Naloxone Nasal Rescue Kits</b>			
Type of naloxone nasal kits needed based on your protocols (circle one):	Three piece naloxone with an atomizer	Narcan	Either
Total Number of Kits Requested:			
Estimated number of naloxone rescue kits that will be administered by month:			
How did you come up with your monthly estimate?			
How will you distribute the naloxone rescue kits to your staff and how will they use them?			
<b>Signature</b>			
I agree to follow the guidelines of the naloxone rescue kit program and to submit all required reports within the prescribed time frames.			
Signature of applicant:			Date:
Job title of applicant:			