



FY 2020-2022 NALOXONE FOR FIRST RESPONDERS PROGRAM

Guidelines for Centralized Coordinating Entities (CCEs)

Updated October 2020

Overview

In November 2017, the Pennsylvania Commission on Crime and Delinquency (PCCD), in partnership with the Pennsylvania Department of Drug and Alcohol Programs (DDAP) and the Pennsylvania Department of Health (DOH), launched the *Naloxone for First Responders Program (NFRP)*. The program provides life-saving intranasal naloxone (Narcan®) at no cost for first responder groups using a regional distribution network comprised of Centralized Coordinating Entities (CCEs).

PCCD and its partners are committed to building upon the successes of the first three fiscal years of the *NFRP* initiative and aligning the next phase of the program's operations with the strategic priorities and goals adopted by the Pennsylvania Opioid Command Center (OCC) in 2020.¹ Specifically, the FY 2020-2022 *NFRP* Guidelines support the OCC's Strategic Plan's Rescue priority and related goals:

PA Opioid Command Center 2020-2023 Strategic Plan Priority Area:

RESCUE: Establish sustainable methods to provide life saving measures and increase access to harm reduction services.

- Goal #1: Ensure the availability, procurement, and deployment of naloxone.

The *FY 2020-2022 NFRP Guidelines* reflect updated responsibilities for organizations selected to serve as CCEs, as well as identify first responder groups that have been prioritized by members of the OCC as high-need and/or high-impact statewide. In addition to updates that reflect strategic priorities at the state level, these *FY 2020-2022 NFRP Guidelines* were also developed to enhance efficiency and efficacy of core program operations. This includes updated eligibility criteria for CCEs as well as new systems designed to streamline the process of requesting and obtaining naloxone through a new online, direct-order platform.

This document provides approved County/Regional CCEs with guidance on distributing naloxone consistent with the goals and objectives of the *NFRP*. It should be used by CCEs to tailor their policies, procedures, and practices as needed.

Responsibilities of CCEs & Eligible Organizations

PCCD has designated one CCE per county or region to receive intranasal naloxone kits to be distributed locally to priority first responder groups and other eligible entities within their service area. These **County/Regional CCEs** serve as the primary point of contact for first responder groups within their communities to request and receive naloxone at no cost through *NFRP*. In addition to these designated

¹ *PA Opioid Command Center Strategic Plan 2020-2023*, Office of the Governor, Commonwealth of Pennsylvania, July 6, 2020, <https://www.governor.pa.gov/wp-content/uploads/2020/07/OCCStrategicPlan.pdf>.

County/Regional CCEs, PCCD has also designated a state-level allocation of naloxone to supplement county/regional naloxone distribution efforts and provide Narcan® to harm reduction organizations, treatment providers, and state/county jail reentry programs.

PCCD invited eligible organizations to apply to serve as CCEs for designated service areas. Eligible applicants include County Commissioners, Single County Authorities (SCAs), District Attorney's Offices, Local Health Offices, Local Medical Directors, Emergency Medical Service (EMS) Agencies, Nonprofit Organizations, and/or Public Agencies that demonstrate ability to effectively serve as CCEs within their county and/or region.

All approved CCEs must designate a primary point of contact for program communications and receiving naloxone requests from first responder groups within their designated service area(s). CCEs should verify the accuracy of their identified contacts and notify PCCD staff immediately if a change in contact is required. Contact information for all CCEs is published on an interactive directory on [PCCD's NFRP webpage](#). CCEs should ensure there are policies and procedures in place so that individuals beyond the designated point of contact know to inform PCCD of staff departures and replacements. Any relevant program changes should be communicated via email to RA-PCCD_ExecutiveOfc@pa.gov.

Approved CCEs will remain active and eligible to receive naloxone, assuming available funding, for up to 24 months (July 1, 2020 through June 30, 2022). An organization may terminate its role as a CCE by providing written notification to PCCD. PCCD and DDAP reserve the right to discontinue an organization's role as a CCE if the organization does not comply with program requirements.

Naloxone Ordering Protocols for CCEs

CCEs will receive a maximum allocation, calculated using a formula based on population, risk, need, and other factors, and will be able to receive an immediate supply of naloxone beginning in August 2020. A summary of Statewide CCE and County/Regional CCE allocations is available in **Appendix A**.

All CCEs will be responsible for making order requests directly using an online platform (Narcan® Direct), with approval authority provided by PCCD. All CCEs must participate in a training webinar hosted by PCCD and Emergent BioSolutions to be oriented to the Narcan® Direct platform and review relevant ordering procedures. CCEs will be able to place order requests up to their approved maximum allocation at any time using the Narcan® Direct platform. PCCD staff will review and approve all order requests prior to product shipping to CCEs. CCEs must ensure that all information in their Narcan® Direct account is accurate and up to date, including shipping address(es) and contact information.

NOTE: No funds are provided to CCEs through *NFRP*. PCCD serves as the purchasing agent pursuant to a state procured contract. CCEs interested in supplementing state-purchased kits with additional Narcan® should contact Christa Palaschak, Director of Community Health Solutions for PA, MD and DE at Emergent BioSolutions, at palaschac@ebsi.com or 856-607-5393.

Requirements for Certain First Responders Receiving Naloxone through *NFRP*

Written Agreement with EMS Agency or Health Care Professional

[Act 139 of 2014](#) is a state law in Pennsylvania that allows first responders (law enforcement, firefighters, EMS) acting at the direction of a health care professional authorized to prescribe naloxone, to administer the drug to individuals experiencing an opioid overdose. The law also provides immunity

from prosecution for those responding to and reporting overdoses. Pursuant to Act 139, any non-licensed first responder agency (law enforcement agency, fire department, fire company) obtaining, carrying, and administering naloxone must first enter into a written agreement with a licensed first responder agency (EMS agency) or a Health Care Professional authorized to prescribe naloxone to have that health care professional dispense, prescribe or distribute Naloxone directly or by a standing order. A prerequisite for authorization is completion of educational requirements outlined under (A)(2) or (A)(3) for each law enforcement officer or firefighter.

CCEs must ensure that any law enforcement agency, fire department, or fire company receiving naloxone has complied with requirements under Act 139, including relevant training/education requirements and agreements with a licensed EMS Agency or Health Care Professional authorized to prescribe naloxone.

Completion of Approved Training Programs

Any law enforcement agency, fire department, or fire company receiving naloxone through the state procured contract must complete training through programs developed by the PA Department of Health and the PA Department of Drug and Alcohol Programs, available at no cost, or another approved training program. Training is available through two approved online training sites: getnaloxonenow.org and [PA Virtual training Network \(PAVTN\)](http://PA Virtual training Network (PAVTN)). CCEs should ensure training compliance through certificates of completion or an assurance from the recipient that training has been completed.

Although not necessary in order to obtain the medication, it is recommended that other first responder organizations and individuals receive training to recognize the signs and symptoms of an overdose and to learn how to properly administer naloxone.

Summary of Requirements by First Responder Group:²

Law Enforcement Agencies and Fire Departments/Companies (Act 139 of 2014)	Other First Responder Groups
<ul style="list-style-type: none">✓ Written agreement with EMS agency <u>or</u> health care professional✓ Completion of approved online training programs	<ul style="list-style-type: none">✓ No agreement or standing order necessary to receive naloxone✓ Completion of training recommended, but not required to receive kits

Distributing Naloxone to First Responders

The goal of the *NFRP* is to increase availability of lifesaving medication for individuals at greatest risk of opioid overdose as well as the systems most likely to interact with these individuals. CCEs should prioritize naloxone distribution within their given geographic service area(s) for the following first responder groups:

- Organizations that provide services and supports to individuals who are currently using substances, such as harm reduction organizations;

² Note: This is a summary of program requirements for illustrative purposes. CCEs should consult with their solicitors to ensure compliance with all relevant local, state, and federal laws.

- Individuals with substance use disorder (SUD) and/or opioid use disorder (OUD) leaving county and/or state correctional facilities;
- Individuals leaving an SUD/OUD treatment facility;
- Individuals receiving care in emergency departments for an overdose;
- Probation and Parole Officers;
- Law enforcement agencies (including municipal police, sheriff's offices, campus police, campus security, school resource officers, and park rangers);
- Fire fighters (to include both volunteer and paid fire fighters);
- Emergency medical services, advanced life support, basic life support, and emergency medical technicians; and/or
- Other first responder organizations serving individuals and communities impacted by substance use that are legally organized and trained to respond to overdose emergencies and administer intranasal naloxone.

First responders/organizations in need of naloxone should **first** reach out to their relevant County/Regional CCE directly prior to contacting PCCD. Upon receiving requests for naloxone from the statewide allocation from first responders, PCCD staff (and/or designated partners) will verify that a similar request has not already been made to a County/Regional CCE and vice versa. Contact information for all CCEs is published on an interactive directory on [PCCD's NFRP webpage](#).

Examples of Innovative CCE Distribution Strategies

Most County/Regional CCEs provide naloxone kits directly to first responder groups for carry/use by individuals that are part of the organization (such as providing naloxone to local law enforcement agencies for police officers to carry while on duty, or to County Adult Probation and Parole Offices for use by probation/parole officers). However, some CCEs have designed strategies that provide kits for use by individuals as part of "leave behind" programs or other distribution methods. EMS agencies in Pennsylvania are authorized to provide naloxone kits to an individual that has experienced an opioid-related overdose or with family members, friends, or other individuals that are in a position to assist that individual through leave behind programs.³ Other giveaway/distribution initiatives provide Narcan® to individuals at high risk of experiencing or witnessing an overdose outside of EMS settings, such as CCEs providing naloxone to county jails who then offer kits to inmates with SUD/OUD upon release into the community. Finally, some CCEs have used NFRP-provided kits to support targeted community-based distribution events, such as offering a kit for training participants or sponsoring Narcan® giveaway events. As always, CCEs should consult with their solicitors when developing and/or implementing new naloxone distribution strategies to ensure compliance with relevant local, state, and federal laws.

RESOURCE: Co-hosted by DDAP and PCCD in September 2020, the "Innovative Naloxone Distribution Strategies" webinar showcases real-world examples of community-based initiatives used by CCEs across Pennsylvania to increase availability of naloxone and prevent overdose deaths. Panelists also discussed how they have adjusted their naloxone distribution efforts in response to COVID-19. A recording of the webinar is available [here](#).

³ For more information about EMS naloxone leave behind programs in Pennsylvania, please see the Department of Health's [EMS-related Frequently Asked Questions \(FAQs\) of Acting Secretary and Physician General on Updated Naloxone Standing Order DOH-001-2018](#).

Reporting Leave Behind and Other Naloxone Redistribution Efforts

CCEs that use *NFRP* naloxone kits to support leave behind programs for EMS or naloxone redistribution initiatives should include them in their quarterly data reports to PCCD. An example of how to capture these kits using the scenario of a county jail reentry redistribution initiative is below:

Recipient/ Entity Name	Recipient Street Address	Recipient City Town	Recipient Zip Code	# of Kits Provided by CCE	# of doses of Naloxone used by Recipient	# of individuals to whom Naloxone was administered	# of Overdose Reversals	# of doses left behind redistribut
XYZ County Jail	123 Strawberry Lane	Anytown	12345	100	0	0	0	100

CCEs providing direct distribution of kits to members of the public, such as through giveaway days or other outreach efforts, should capture that data in aggregate within their quarterly reports. For example, if a CCE gave away 90 kits during a community “drive-through” Narcan® event, the CCE’s quarterly report should identify the “Recipient/Entity Name” as “General Public/Community Members” and select “Other” as the “Recipient Type.” In addition, the CCE would record “90 kits” in both the “# of Kits Provided by CCE” column **and** “180 doses” in the “# of doses left behind/redistributed” column. PCCD will use this reported information to determine the number and percentage of *NFRP* kits that are going to individuals (vs. agencies/organizations).

If you have any questions regarding how to capture specific initiatives or distribution efforts within your quarterly data reporting spreadsheet, please contact PCCD staff at RA-PCCD_ExecutiveOfc@pa.gov.

Inventory Controls and Supply Management

CCEs are expected to have a record-keeping system that effectively manages the supply of naloxone, including the following minimum considerations:

- Tracking the date and quantity of naloxone received, including lot numbers and expiration dates for naloxone;
- Using a first-in-first-out system for optimal deployment of naloxone;
- Encouraging recipients to notify the CCE when a supply of naloxone is approaching 2-4 months of expiration to facilitate an exchange of naloxone;
- Notifying PCCD staff if near-approaching naloxone is available to reallocate to a high-need CCE;
- Ensuring that naloxone is requested consistent with realistic, near-term need;
- Following the manufacturer’s guidelines for storage and handling of Narcan®; and
- Establishing and maintaining a record-keeping system to ensure compliance with quarterly data reporting and other program requirements established by PCCD.

CCEs should also ensure that there are appropriate controls in place for the naloxone ordering, receipt, management, and distribution process. Minimally, supplies of naloxone are to be secured, inventory and distribution documented with staff completing those processes notated, and distribution decisions being vetted through the organization’s management structure.

Performance Measures and Quarterly Data Reporting

All CCEs must submit quarterly data reports to PCCD during the program period. Required quarterly performance measures include:

- Total number of naloxone kits (not doses) distributed by the CCE
- Number of kits remaining at CCE that are within 6 months of their expiration date
- Number of kits provided to each recipient
- Number of doses of naloxone administered to individuals*
- Number of individuals to whom naloxone was administered*
- Number of naloxone administrations resulting in overdose reversal*
- Number of naloxone doses provided through leave behind/redistribution programs*

**Note: CCEs are required to develop a mechanism for gathering this data from first responder groups and other eligible organizations that receive naloxone provided through NFRP.*

All quarterly reporting should be done utilizing a **Data Reporting Template** provided by PCCD. Quarterly reports are due no later than 4 weeks after the end of a quarter. A quarterly report must be submitted even if no program activity occurred during the quarter. Reporting periods and deadlines are below:

Reporting Quarter	CCE Data Reporting Deadline
July 1 through September 30	October 31
October 1 through December 31	January 31
January 1 through March 31	April 30
April 1 through June 30	July 31

Quarterly data reports should be emailed using the designated template (Excel file) to PCCD staff at RA-PCCD_ExecutiveOfc@pa.gov.

Aggregate, county-level information is presented regularly by PCCD to DOH, DDAP, and other members of the OCC to inform statewide responses to the opioid and substance abuse epidemics.

Contact Information and Resources

For additional information regarding the *NFRP* or these guidelines, please contact Samantha Koch, Senior Project Manager, at (717) 265-8474 or by email at sakoch@pa.gov.

For questions related to the Narcan® product, please contact Christa Palaschak, Director of Community Health Solutions for PA, MD and DE at Emergent BioSolutions, at palaschac@ebsi.com or 856-607-5393.

APPENDIX A: Statewide & County/Regional CCE Naloxone Allocations

PCCD will reserve 40% of cases available through *NFRP* for use statewide, with the remaining 60% of cases distributed among County/Regional CCEs using a multifactored allocation formula:

1. **BASE ALLOCATIONS (All County/Regional CCEs) – 60%** - Available cases distributed among all counties based on the criteria described below.
 - a. **35% - Population Share** – Calculated by taking the percentage the county’s population represents statewide and multiplying it by the number of available cases.
 - b. **25% - County Share of Statewide Overdose Incidents** – Calculated by taking the number of overdose incidents within a county in 2019 and dividing it by the total number of overdose incidents statewide to get a county share (percentage). The percentage is then multiplied by the number of available cases to get a per-county allocation.
2. **NEED-BASED ALLOCATIONS (Some County/Regional CCEs) – 40%** - Available cases distributed among identified counties based on the share of each county’s population within the total population of the high-risk group.
 - a. **10% - Higher-than-Average County Overdose Rate**
 - b. **10% - Increase in Overdose Incidents (2019 vs. 2017)**
 - c. **10% - Increase in Overdose Deaths (2019 vs. 2017)**
 - d. **10% - Financial Need (Counties with Lower-than-Average Household Income)**

County Name	Population (2017)	Population Share	Share of Statewide Overdose Incidents	Higher-than-Average Overdose Rate (2019)	Increase in Overdose Incidents (2019 vs 2017)	Increase in Fatal Overdoses (2019 vs 2017)	Financial Need (Lower Than Avg Household Income)	% of Total <i>NFRP</i> County Naloxone Allocation
Adams	93,006	0.7%	0.5%		Yes		Yes	0.7%
Allegheny	1,249,128	9.5%	10.3%	Yes			Yes	9.2%
Armstrong	63,126	0.5%	0.4%				Yes	0.3%
Beaver	160,513	1.2%	1.7%	Yes	Yes		Yes	1.7%
Bedford	47,738	0.4%	0.3%				Yes	0.2%
Berks	452,286	3.4%	3.2%		Yes		Yes	3.5%
Blair	126,282	1.0%	1.1%	Yes			Yes	0.9%
Bradford	63,648	0.5%	0.3%		Yes	Yes	Yes	1.0%

Bucks	614,893	4.7%	4.4%				2.7%
Butler	191,029	1.4%	1.0%			Yes	0.9%
Cambria	134,685	1.0%	1.0%			Yes	0.7%
Cameron	4,637	0.0%	0.0%		Yes	Yes	0.1%
Carbon	64,150	0.5%	0.7%	Yes		Yes	1.2%
Centre	166,497	1.3%	0.6%			Yes	0.7%
Chester	548,112	4.1%	2.5%		Yes		3.4%
Clarion	37,295	0.3%	0.2%		Yes	Yes	0.6%
Clearfield	75,208	0.6%	0.5%		Yes	Yes	1.2%
Clinton	37,265	0.3%	0.1%		Yes	Yes	0.6%
Columbia	74,013	0.6%	0.3%		Yes	Yes	0.5%
Crawford	78,467	0.6%	0.6%	Yes		Yes	0.6%
Cumberland	253,993	1.9%	1.4%				1.0%
Dauphin	275,720	2.1%	2.9%	Yes		Yes	2.2%
Delaware	566,163	4.3%	5.3%	Yes			3.8%
Elk	30,487	0.2%	0.1%			Yes	0.4%
Erie	311,181	2.4%	2.5%	Yes		Yes	2.3%
Fayette	118,682	0.9%	1.3%	Yes		Yes	1.0%
Forest	8,458	0.1%	0.0%		Yes	Yes	0.3%
Franklin	143,315	1.1%	0.9%			Yes	0.7%
Fulton	14,560	0.1%	0.1%			Yes	0.1%
Greene	37,384	0.3%	0.2%			Yes	0.2%
Huntingdon	44,010	0.3%	0.2%			Yes	0.2%
Indiana	88,380	0.7%	0.5%			Yes	0.4%
Jefferson	46,668	0.4%	0.2%			Yes	0.6%
Juniata	20,804	0.2%	0.1%		Yes	Yes	0.3%
Lackawanna	210,510	1.6%	1.6%			Yes	1.2%
Lancaster	655,525	5.0%	3.6%			Yes	3.3%
Lawrence	89,099	0.7%	0.8%	Yes	Yes	Yes	0.9%
Lebanon	138,744	1.1%	1.1%	Yes	Yes	Yes	1.4%
Lehigh	366,922	2.8%	3.5%	Yes	Yes	Yes	3.7%
Luzerne	435,355	3.3%	2.6%			Yes	2.2%

Lycoming	121,871	0.9%	0.6%			Yes	0.6%
McKean	41,485	0.3%	0.2%		Yes	Yes	0.7%
Mercer	114,151	0.9%	0.9%			Yes	0.6%
Mifflin	46,959	0.4%	0.2%			Yes	0.2%
Monroe	167,496	1.3%	1.0%		Yes	Yes	2.8%
Montgomery	839,932	6.4%	4.4%		Yes		5.2%
Montour	21,148	0.2%	0.1%			Yes	0.3%
Northampton	294,135	2.2%	2.0%		Yes	Yes	2.3%
Northumberland	85,526	0.6%	0.6%			Yes	1.2%
Perry	48,032	0.4%	0.3%			Yes	0.2%
Philadelphia	1,594,362	12.1%	19.7%	Yes		Yes	13.4%
Pike	59,084	0.4%	0.2%			Yes	0.8%
Potter	17,668	0.1%	0.0%		Yes	Yes	0.1%
Schuylkill	139,747	1.1%	1.1%	Yes		Yes	1.0%
Snyder	41,135	0.3%	0.2%		Yes	Yes	0.7%
Somerset	75,214	0.6%	0.4%			Yes	0.4%
Sullivan	5,828	0.0%	0.0%		Yes	Yes	0.3%
Susquehanna	41,671	0.3%	0.2%			Yes	0.6%
Tioga	41,340	0.3%	0.1%			Yes	0.6%
Union	39,085	0.3%	0.1%			Yes	0.5%
Venango	61,171	0.5%	0.4%			Yes	0.9%
Warren	38,366	0.3%	0.2%		Yes	Yes	0.6%
Washington	221,557	1.7%	1.3%			Yes	1.2%
Wayne	50,902	0.4%	0.3%		Yes	Yes	0.8%
Westmoreland	365,867	2.8%	3.2%	Yes		Yes	2.7%
Wyoming	22,042	0.2%	0.1%			Yes	0.3%
York	474,800	3.6%	3.5%		Yes	Yes	3.7%