## Helping Emergency Responders Obtain Support (HEROS) Program



Lori JeanJacques
Division of Emergency Preparedness & Community
Support
Florida Department of Health

#### **Statistics**

#### In 2016:

- Heroin caused 952 deaths;
- Fentanyl caused 1,390 deaths;
- Oxycodone caused 723 deaths;
- Hydrocodone caused 245 deaths in Florida.

### Statistics (Continued)

- In 2017, Florida's emergency responders treated approximately 45,202 patients for drug overdose
- This crisis has become a heavy burden for our emergency responder agencies
- In response to the nationwide opioid epidemic, funding has been made available through the Florida Department of Health for emergency opioid antagonists

### House Bill 21 - 2018 Legislation

"The recurring sum of \$5,000,000 from the General Revenue Fund is appropriated to the Department of Health for the purchase of emergency opioid antagonists to be made available to emergency responders."



#### Purpose

- The purpose of this program is to reduce the number of drug/opioid overdose-related deaths and adverse events by providing emergency responders with the appropriate pharmaceutical resources to address this crisis.
- The Department has developed a simple award program for emergency responders to apply to receive emergency opioid antagonists.
- The Department will work with local agencies to make available emergency opioid antagonists through a competitive review process.

#### **Eligibility Requirements**

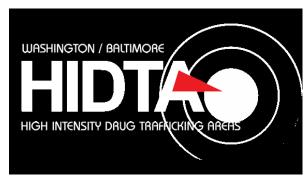
Eligible applicants are Florida emergency responder entities that employ emergency responders such as:

- Emergency medical technician (401.23 F.S.)
- Firefighter (633.102 F.S.)
- Law enforcement officer (943.10 F.S.)
- Paramedic (401.23 F.S.)

#### **Eligibility Requirements (continued)**

 Licensed EMS agency applicants must have the ability to report naloxone administrations through the Emergency Medical Services Tracking and Reporting System (EMSTARS). All other agencies must have the ability to report to the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program (OD Maps).





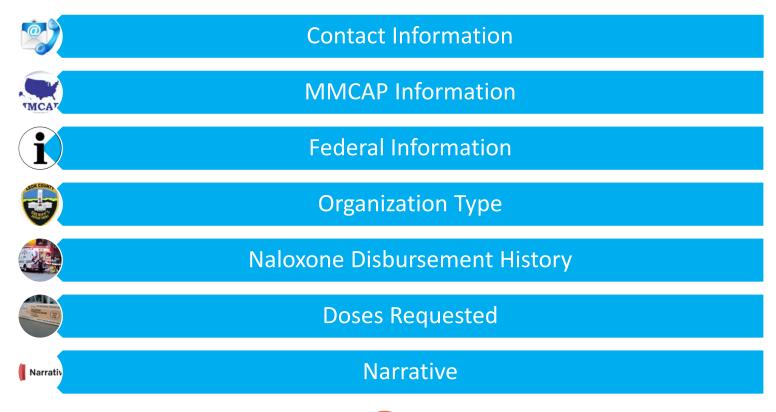
#### Eligibility Requirements (continued)

Applicants must register for the Minnesota Multi-State Contracting Alliance for Pharmacy Agreement (MMCAP). MMCAP's primary function is to provide a full range of pharmaceutical products and services to its participating members.



# Application

The HEROS online application is typically completed in less than 30 minutes



The application can be found at the address below:

https://www.research.net/r/2018\_HEROS\_2nd\_Round

The life Sew Severites Jools Help	. Ø - · · · · · · · · · · · · · · · · · ·	- 0 X 合公回9
	r the Helping Emergency Responders Obtain Support (HEROS) Program (2r	nd Round)
	In response to the nationwide opioid epidemic, funding has been made available through the Florida Department of Health (DOH) for emergency opioid analogenists. The DOH has been approprieted \$5,000,000 from the General Revenue Funct for the purchase of emergency opioid analogenists to be made unlike the remregency responders. DOH has established the HRHOG Program for the purpose of acquiring emergency opioid analogenists for agencies that employ emergency responders.	
	ox.	
	* ① Agency Information: Agency Marie  BM 6 garry Mare Liveniuse (3 a) (fl. applicable  N/A front applicable)	

#### **Contact Information**

Q1 Agency Information:

**Q2** Agency Head

Q3 Agency Contact Information for HEROS Program

**Q4** Shipping Address

**Q5** Phone Number

**Q6** Primary County of Operation



#### **MMCAP**

Q7 Is your agency a member of the Minnesota Multi- State Contracting Alliance for Pharmacy (MMCAP)?

Q8 Please provide your MMCAP account number if your agency is

already a member.



#### **Federal Information**

**Q9** Federal Employee Identification Number

**Q10** Organizational Tax Status



#### **Organization Type**

**Q11** Organizational Type



#### Naloxone Disbursement History

Q12 Percentage of Emergency Responders Trained to Administer Naloxone

Q13 Total Number of Overdoses Responded to by the Applicant for

the Previous Calendar Year



#### **Doses Requested**

Q14 Please indicate the total number of doses and for each type

of Naloxone being requested:

Please indicate the to	tal number of doses and for each type of Naloxone b	peing requested:
Option #1 Intranasal (Naloxone HCL) - 4mg dose (Please indicate the total number of doses being requested)		
Option # 2 Autoinjector (Naloxone HCL) - 0.4ml dose: (Please indicate the total number of doses being requested)		
Option # 3 Luerlock Pre- filled Syringe (Naloxone HCL) - 2mg/2ml dose: (Please indicate the total number of doses being requested)		
Option # 4 MIN-I-JET 21ga. X 1-1/2" Syringe (Naloxone HCL) - 2mg/2ml dose: (Please indicate the total number of doses being requested)		
Option # 5 Vial (Naloxone HCL) - 0.4mg/ml = 1 vial: (Please indicate the total number of doses being requested)		

#### **Narrative**

Q15 Narrative: (Please provide an explanation of the agency's need to obtain Naloxone in 500 words or less)

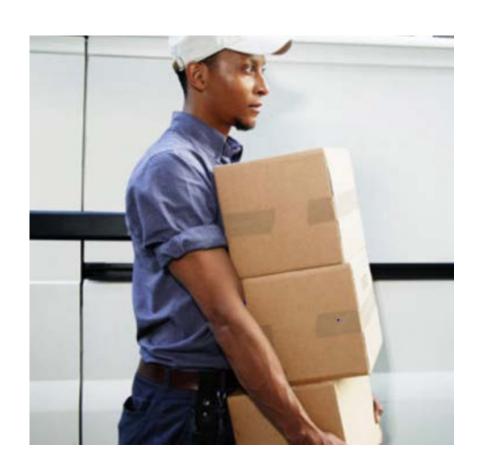
# **Evaluate Application**

- Application Period ends on December 31, 2018
- Review applications in January 2019
- Award funding and make orders in February 2019 or earlier



### **Ship Naloxone**

DOH will ship Naloxone directly to Emergency Responder Agency



#### Questions?

Lori JeanJacques

Division of Emergency Preparedness & Community Support

Florida Department of Health

#### **Contacts:**

- Application Questions Lori JeanJacques @ 850-245-4963
- MMCAP Questions Joseph Cohen @ 850-922-9036 Ext. 3065
- Reporting Requirements Josh Sturms @ 850-558-9549