

Helping Emergency Responders Obtain Support (HEROS) Program

The drug overdose death rate involving opioids has increased by 200% since 2000 and has now become the leading cause of accidental deaths in the United States. Nationwide, in 2016, there were 42,249 deaths that involved an opioid (licit or illicit), and 17,087 people died from overdoses involving prescription opioids. The most common drugs involved in such deaths were methadone, oxycodone, and hydrocodone. In 2016, in Florida, heroin caused 952 deaths, fentanyl caused 1,390 deaths, oxycodone caused 723 deaths, and hydrocodone caused 245 deaths. In 2017, Florida's emergency responders treated approximately 45,202 patients for drug overdose. This crisis has become a heavy burden for our first responder agencies.

In response to the nationwide opioid epidemic, funding has been made available through the Florida Department of Health (DOH) for emergency opioid antagonists. The DOH has been appropriated \$5,000,000 from the General Revenue Fund for the purchase of emergency opioid antagonists to be made available to emergency responders. DOH has established the **HEROS** Program for the purpose of acquiring emergency opioid antagonists for agencies that employ emergency responders.

Description

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 DOH has developed a simple grant award program for emergency responders to apply online or in writing to receive emergency opioid antagonists. DOH will work with local agencies to make available emergency opioid antagonists through a competitive grant process.

Application Period: July 1, 2018 to July 31, 2018

Anticipated Award Notification: August 31, 2018

Eligibility

Eligible applicants are all Florida agencies that employ emergency responders. Emergency responder means a law enforcement officer, a firefighter, an emergency medical technician, or a paramedic.

- (a) "Emergency medical technician" has the same meaning as provided in s. [401.23, F.S.](#)
- (b) "Firefighter" has the same meaning as provided in s. [633.102, F.S.](#)
- (c) "Law enforcement officer" has the same meaning as provided in s. [943.10, F.S.](#)
- (d) "Paramedic" has the same meaning as provided in s. [401.23, F.S.](#)

Licensed EMS agency applicants must have the ability to report Naloxone administrations through the Emergency Medical Services Tracking and Reporting System (EMSTARS) Version 3 to document Naloxone administrations. All other applicants must have the ability to report to the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program (OD Maps) identified in Chapter 401.253(1), F.S. Applicants may register for OD Maps free of charge at <http://www.hidta.org/odmap/>. Applications may be approved for funding pending registration with OD Maps or software upgrades pending for EMSTARS version 3.

Applicants must register for the Minnesota Multi-State Cooperative Agreement for Pharmaceutical Procurement (MMCAP). MMCAP's primary function is to provide a full range of pharmaceuticals to its participating agencies. MMCAP participation is free of charge and applicants may register at <http://www.mmd.admin.state.mn.us/MMCAP/background/NewMemberInfo.aspx>

Data Sources

EMSTARS is the primary source of information used to determine appropriate distribution of allocated funding. EMSTARS is a collection of electronic patient care records submitted by licensed EMS agencies. This is a voluntary system that currently collects approximately 90% of the emergency call volume for the state. This system has the ability to identify patients with a suspected “drug overdose” and the treatment provided by licensed EMS agencies. This system also has the ability to identify treatment provided by emergency responders prior to EMS arrival.

The department also review data from the Florida Department of Children and Families’ (DCF) State Targeted Response Grant (STR) program. This program provided a limited number of Naloxone kits to law enforcement officers utilizing funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Definitions

Drug Overdose - Categorical syndrome definition based on Enhanced State Opioid Overdose Surveillance (ESOOS) criteria, intended to detect incidents involving any drug overdose. The criteria are defined for EMSTARS v2 and v3 as follows:

- NEMSIS v2: Labeled as overdose if primary or secondary impression is "Poisoning/Drug Ingestion".
- NEMSIS v3: Labeled as overdose if primary or secondary impression starts with T36-T50, F11-F16, or F18-F19.

This syndrome is restricted to only those incidents corresponding to an emergency response that resulted in patient contact (i.e., cancelled calls, transfers, and other non-emergency calls are explicitly excluded).

Emergency Responder - means a law enforcement officer, a firefighter, an emergency medical technician, or a paramedic.

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Emergency opioid antagonist - means naloxone hydrochloride or any similarly acting drug that blocks the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

Type of Medication Available:

Applicants will be given the opportunity to indicate the desired method of administration from the options below:

Option # 1 - Intranasal	Option # 2 – Autoinjector	Option # 3 - Syringe
Dose: 4mg	Dose: 0.4ml	Dose: 2ml
Package Size: 1 package contains 2 doses	Package Size: 1 package contains 2 doses	Package Size: 1 package contains 10 doses (Luerlock Prefilled Syringe)

Option # 4 - Syringe	Option # 5 - Vial
Dose: 2ml	Dose: 0.4mg/mL = 1mL vial
Package Size: 1 package contains 10 doses (Min-I-JET Prefilled syringe; 21G x 1-1/2 inch fixed Needle	Package Size: 1 package contains 25 vials

Naloxone Administration Training:

The department has developed an online training component and made it available via the TRAIN Florida learning management system. The training objectives in this course include an overview of the opioid overdose crisis and how the nation and Florida are responding to the overdose epidemic.

Additional objectives include:

- Recognizing the signs and symptoms of an opioid overdose
- How to administer naloxone
- Instructions for using the NARCAN® Nasal Spray and or the EVZIO® Auto-injector
- Possible side effects of naloxone delivery and what to do until help arrives
- How to provide emergency care and support to an opioid overdose victim.
- An overview of legal authority - Florida's laws for naloxone and the Good Samaritan Law,
- A brief ten (10) question quiz, and certificate of completion.
- The average time to complete the training is 25 minutes.

The online Naloxone training will be available soon on the HEROS website.

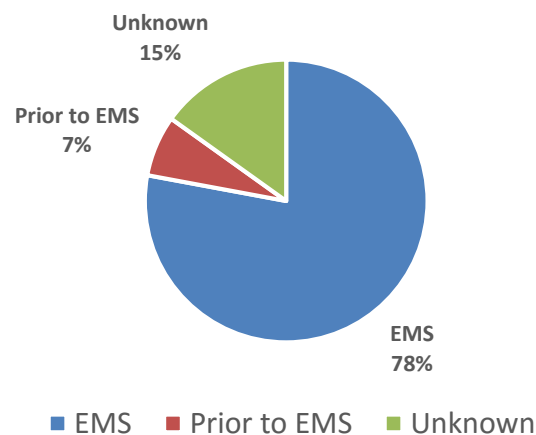
Methodology for Determining Allotment

The department utilized 2017 EMSTARS data to determine the percentage of funding to be allocated by emergency responder type. Chart I indicated that 78% of the EMSTARS documented Naloxone was administered by licensed EMS agencies. The remaining 22% was administered prior to EMS arrival or it was unknown who administered the Naloxone. Six months of data submitted to the DCF's STR grant program indicated there were 319 doses administered by law

enforcement agencies. This is an extremely limited sample and it is assumed that more law enforcement agencies would administer an emergency opioid antagonist if the resources were available. These data sources indicate a clear majority of the Naloxone administrations are administered by licensed EMS agencies. Using this data,

Chart I

Percentage of Milligrams Administered by Emergency Responder Type



the department will allocate 60% of the funding to licensed EMS agencies and the remaining 20% to non-licensed fire agencies and 20% to law enforcement agencies.

DOH will accept applications from all emergency responder agencies for the initial defined period. A second competitive grant period may be established if funding remains available. The second grant period is contingent on funding being available. The second grant period would be from December 1, 2018 to December 31, 2018. Notice of grant award would occur by January 31, 2019.

Competitive Criteria:

This is a competitive grant program to assure that resources are placed in the most appropriate location. The grant scoring methodology of the DOH HEROS program is designed to provide emergency opioid antagonists to the areas of the state with the greatest need and ability to impact the opioid crisis. There are criteria that are reviewed and scored. These five criteria include alternative funding sources, percentage of staff trained, organizational type, evidence-based need, and narrative. These criteria are further explained below:

- **Alternative funding sources** – Does the applicant have other funding sources available to support the purchase of emergency opioid antagonists? These sources may be through local, state, or federal funding.
- **Percentage of staff trained** – What percentage of the applicant’s staff are trained to correctly administer an emergency opioid antagonist? This percentage only includes field level staff that are responding to a potential overdose.
- **Evidenced-based need** – Evidenced-based need is scored by analyzing the number of overdoses occurring in the applicant’s county. 2017 data indicates that nearly 75% of overdoses are occurring within 11 specific counties. The scoring methodology awards more points to the applicants from counties with the greatest need.
- **Organizational Type** – Chart I indicates that over 75% of the documented Naloxone administrations in 2017 were administered by EMS Providers. Organizational type is added to assure that the emergency opioid antagonists are deployed to an area and agency that will utilize the medication in the most effective manner.
- **Narrative** – The Narrative section of each application will include a 500 word or less explanation of the applicants need to obtain emergency opioid antagonists. Narratives will only be reviewed if the scores are tied between multiple applicants.

Scoring Methodology:

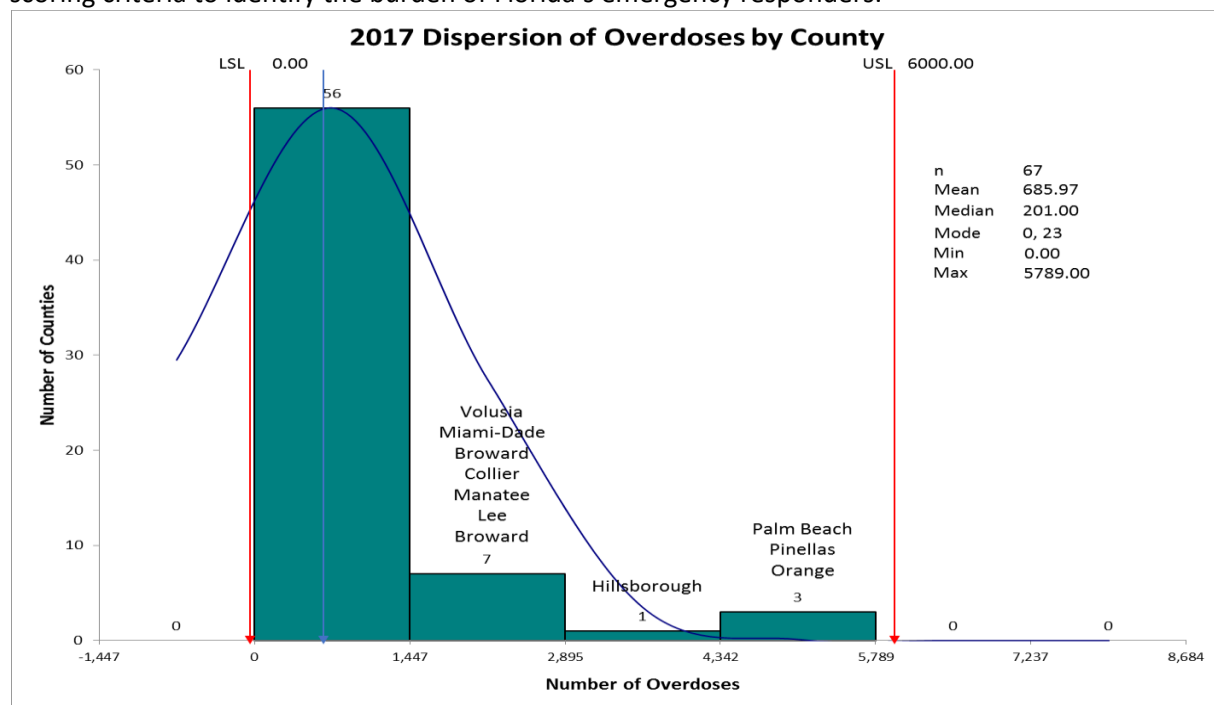
The scoring of each application will occur on a 100-point scale. Each of the criteria are weighted differently and provide more or less points. The available points for each criterion are detailed below:

2017 Scoring Methodology for the Distribution of Emergency Opioid Antagonists					
Alternative Funding	The applicant has an alternative funding source.		The applicant does not have an alternative funding source.		Max Total Points
	0 Points		10 Points		10
Percentage of Staff Trained	0% - 25% Trained	26% - 50% Trained	51% - 75% Trained	76% - 100%	

				Trained	
	0 Points	5 Points	10 Points	15 Points	15
Organizational Type	Non-EMS Agency		EMS Agency		
	0 Points		15 Points		15
Evidenced-Based Need	Lower Quartile < 34 Overdoses	Q ₂ 35 – 201 Overdoses	Q ₃ 202 – 632 Overdoses	Upper Quartile > 632 Overdoses	
	10 Points	20 Points	30 Points	60 Points	60

Burden and Ranking of Counties:

The purpose of this program is to impact the lives of persons suffering from overdose by allocating funding to emergency responders that have the largest burden. The department reviewed several years of overdose data and noted increases from year to year. The most current full year of data was utilized to identify the burden among Florida counties. Overdose counts ranged from the highest in Palm Beach County at 5,789 to zero in Calhoun County. The department will use this data as part of the grant scoring criteria to identify the burden of Florida's emergency responders.



2017 EMS Overdose Count by County			
County	2017 OD Count	Count Per 10k Pop	Percent of Total Burden
Palm Beach	5789	42.19	12.6%
Pinellas	5227	56.26	11.4%
Orange	4815	39.3	10.5%

2017 EMS Overdose Count by County			
County	2017 OD Count	Count Per 10k Pop	Percent of Total Burden
Hillsborough	3611	27.96	7.9%
Volusia	2508	50.08	5.5%
Miami-Dade	2468	9.43	5.4%
Broward	2364	12.86	5.1%
Collier	2113	62.21	4.6%
Manatee	1701	49.72	3.7%
Lee	1616	24.44	3.5%
Alachua	1505	59.38	3.3%
Seminole	1182	27.11	2.6%
Pasco	940	19.77	2.0%
St. Lucie	822	28.66	1.8%
Polk	716	11.49	1.6%
Osceola	697	23.35	1.5%
Clay	695	35.39	1.5%
Citrus	568	40.78	1.2%
Escambia	423	13.83	0.9%
Brevard	409	7.43	0.9%
Sumter	397	37.08	0.9%
Martin	386	25.52	0.8%
Leon	377	13.38	0.8%
Monroe	330	43.22	0.7%
St. Johns	293	13.98	0.6%
Indian River	288	20.28	0.6%
Flagler	278	27.81	0.6%
Santa Rosa	257	15.95	0.6%
Bay	250	14.29	0.5%
Hernando	248	14.22	0.5%
Okaloosa	233	12.02	0.5%
Walton	215	35.95	0.5%
Sarasota	203	5.2	0.4%
Charlotte	201	12.2	0.4%
Levy	199	50.2	0.4%
Duval	190	2.14	0.4%
Nassau	175	23.11	0.4%
Highlands	150	15.37	0.3%
Marion	143	4.24	0.3%
Baker	84	31.1	0.2%
Hendry	84	22.42	0.2%
Bradford	80	29.8	0.2%

2017 EMS Overdose Count by County

County	2017 OD Count	Count Per 10k Pop	Percent of Total Burden
Jackson	76	15.53	0.2%
Taylor	63	27.56	0.1%
Gadsden	58	12.56	0.1%
Union	54	35.68	0.1%
Columbia	48	7.11	0.1%
Dixie	45	28.23	0.1%
Okeechobee	40	10.17	0.1%
Holmes	34	17.24	0.1%
Washington	34	13.81	0.1%
Wakulla	33	10.64	0.1%
Desoto	31	8.98	0.1%
Gilchrist	30	17.72	0.1%
Lake	30	0.97	0.1%
Gulf	27	17.06	0.1%
Hamilton	23	16.02	0.1%
Jefferson	23	16.2	0.1%
Madison	23	12.28	0.1%
Lafayette	17	19.21	0.0%
Glades	14	10.49	0.0%
Suwannee	13	2.97	0.0%
Putnam	11	1.52	0.0%
Liberty	3	3.59	0.0%
Franklin	0		0.0%
Hardee	0		0.0%
Calhoun	0		0.0%