

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

DuPage Narcan Program

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input checked="" type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input checked="" type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

The DuPage Narcan Program (DNP) was developed based on federal and state guidelines. First, criteria from Illinois' Division of Alcoholism and Substance Abuse (DASA) were utilized as a foundation for what should be included in the DNP trainings and curriculum, as DASA is the regulatory agency that would approve the program. The Substance Abuse and Mental Health Services Administration (SAMHSA) was also referenced for evidence-based guidelines on developing an opioid overdose prevention program. Local research and materials from Roosevelt University and the Illinois Consortium on Drug Policy further helped guide the practice's design and development of evaluation tools, such as pre and post tests.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input checked="" type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The DuPage County Health Department (DCHD) is based in Wheaton, Illinois and has six public health centers across the county and delivers services in schools, homes, and other community sites. The mission of DCHD is to promote physical and emotional health; prevent illness, injury and disability; protect health from environmental risk factors, and strive to assure the provision of accessible, quality service for DuPage County residents. DCHD has been serving DuPage County residents for over 70 years. DCHD services are delivered via five service units: Environmental Health Services, Behavioral Health Services, Communicable Disease and Epidemiology, Public Health Services, and Client Access. Approximately 67.5 percent of residents in DuPage County are White, non-Hispanic or Latino; 14.3 percent are Hispanic or Latino; 11.6 percent are Asian; 5.3 percent are black or African American; and less than one percent are American Indian or Alaska Native or Native Hawaiian or Pacific Islander (U.S. Census, 2015). In 2008, there were 21 heroin overdose deaths in DuPage County. By 2013, this number increased by more than 100% to 44 deaths. In 2013, responding to this surge in deaths due to opioid overdoses, the DuPage Narcan Program (DNP) was established. The goal of DNP is to save lives by preventing death from opioid overdose and making naloxone readily available to law enforcement. Objectives for DNP include engaging all municipal law enforcement agencies in DuPage County in the DNP program. A second objective is to provide aggregate data regarding saves to DNP sites within one business day of a reported naloxone use. The DNP is a collaborative partnership between the DuPage County Chiefs of Police Association, DuPage County Coroner, DuPage County Health Department, Sheriff's Office, and State's Attorney. Through the DNP program, law enforcement personnel learn how to recognize people who are overdosing and how to administer Narcan (naloxone). DNP allows for the nonmedical administration of naloxone in the event of an opiate overdose, recognizing that in many cases of an overdose, law enforcement arrives at the site of emergency before medical personnel. Through the DNP, staff from DCHD use a train-the-trainer model to provide ongoing refresher and new responder training to law enforcement officials and other community partners, including social service agencies and school staff. Trainings first began in the Fall of 2013, and naloxone was first distributed to law enforcement in January of 2014. Between November 18, 2013 and November 30, 2016, 13 train-the-trainer events were held and over 2,900 first responders were trained. In total, 39 law enforcement agencies in DuPage County participate in the DNP, including the DuPage County Sheriff, Forest Preserve District of DuPage County, two local college police departments, and all but one municipal police department. Aggregate data is consistently provided to DNP sites within one business day of a reported save. The success of DNP is largely due to strong, multi-sectoral partnerships between DCHD, law enforcement, State's Attorney, DuPage County Coroner, and county government. Partners were committed to designing a strong practice, and remain committed to ensuring that the DNP is successfully implemented and sustainable. Another factor that has played a role in the success of the DNP is that the practice is designed with a strong link between emergency management and public health. Through collaboration between DCHD and the DuPage County Office of Homeland Security and Emergency Management (OHSEM), the DNP program provides medical countermeasures to law enforcement. DCHD provides medical oversight through the issuance of standing orders for responders in each agency to administer naloxone under the appropriate circumstances. DCHD and OHSEM maintain the ability to monitor inventory, distribute resupply doses, and manage lot and expiration issues. The public health impact of the DNP is that it saves lives and reduces the number of deaths from opioid overdose. The DNP also helps to advance medical material management, distribution capabilities, all hazards capabilities, and strengthens the relationships required to respond to future events. Program Website: <http://www.dupagehealth.org/EPR/dnpinfo>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
 - Is it new to the field of public health
OR
 - Is it a creative use of existing tool or practice:
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

In 2008, there were 21 heroin overdose deaths in DuPage County. By 2013, this number increased by more than 100% to 44 deaths. In 2013, responding to this surge in deaths due to opioid overdoses, the DuPage Narcan Program (DNP) was established. Among DuPage County residents, there were 57 deaths from heroin or opioids in 2013. In order to respond to this public health crisis, over 2900 first responders have been trained on how to recognize people who are overdosing and how to administer naloxone. Currently, 39 law enforcement agencies in DuPage County participate in DNP. Between January 1, 2014 and November 30, 2016, there were 232 successful opioid overdose reversals through the DNP program. Before implementation of the DNP, individuals who were experiencing an opioid overdose had to wait for a paramedic to administer naloxone in an emergency situation. By training and equipping law enforcement officers with naloxone, the DNP allows for faster access to naloxone, which can be crucial to a successful opioid overdose reversal. The DNP program was developed based on federal and state guidelines. First, criteria from Illinois' Division of Alcoholism and Substance Abuse (DASA) were utilized as a foundation for what should be included in the DNP trainings and curriculum, as DASA is the regulatory agency that would approve the program. The Substance Abuse and Mental Health Services Administration (SAMHSA) was also referenced for evidence-based guidelines on developing an opioid overdose prevention program. Local research and materials from Roosevelt University and the Illinois Consortium on Drug Policy further helped guide the practice's design and development of evaluation tools, such as pre and post tests.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

The goal of DNP is to save lives by preventing death from opioid overdose and making naloxone readily available to law enforcement. Objectives for DNP include engaging all municipal law enforcement agencies in DuPage County in the DNP program. A second objective is to provide aggregate data regarding saves to DNP sites within one business day of a reported naloxone use. To work towards achieving the objective of engaging all municipal law enforcement agencies in DuPage County in the DNP program, the DNP Steering Committee worked with the DuPage County Chiefs of Police Association to introduce each municipal police department to the benefits of the DNP and to encourage them to participate in the program. As a result of leveraged relationships between each of the Chiefs and municipal police departments, 39 law enforcement agencies in DuPage County currently participate in the DNP, including the DuPage County Sheriff, Forest Preserve District of DuPage County, two local college police departments, and all but one municipal police department. In order to train first responders within each of the agencies participating in the DNP, DCHD began offering trainings in November 2013. Since then, 13 train-the-trainer events have been held. Utilizing a train-the-trainer model, DCHD staff train law enforcement officers who subsequently train police officers within their agencies. The three-hour train-the-trainer event focuses on the myths versus facts of naloxone and opioid overdose, background on opioid abuse, populations and age groups opioid abuse is most prevalent in, and the practical and hands-on use of Narcan. After this training, law enforcement officers who have been trained provide a 30 minute training to other police officers, which focuses on how to identify someone who is overdosing, what to expect during the situation, and a hands-on training involving how to administer Narcan. Through this method, over 2,900 first responders have been trained between November 18, 2013 and November 30, 2016. The DNP has trained police departments within and outside DuPage County to meet the needs of local as well as regional law enforcement partners. The DNP focuses primarily on training law enforcement, but has also trained school districts and social service agencies. A second objective of the DNP is to provide aggregate data regarding saves to DNP sites within one business day of a reported naloxone use. DuPage County uses web-based, secure platforms to collect, analyze, and report program information on a near real-time basis with all DNP program participants. As DNP program sites are approved, officers are trained, and inventory deployed, the information is captured in the system and available to DNP program staff. When responders use naloxone in the field, use reports are filed online and instantly available to program staff to monitor trends in uses. This information is also aggregated and available to all partners within one business day of a reported naloxone use to provide an accurate, near real-time status on the number of uses, overdose reversals, and basic demographics on individuals who were given naloxone. The DNP is an ongoing program, with the first trainings beginning in November 2013 and naloxone distribution to law enforcement beginning in January 2014. The DNP is built on strong collaborations between the DuPage County Chiefs of Police Association, DuPage County Coroner, DuPage County Health Department, Sheriff's Office, and State's Attorney. When DuPage County saw a sharp increase in the number of deaths due to heroin overdose in 2013, these stakeholders came together to form the DNP Steering Committee. The DuPage County Coroner helped create community awareness of the issue and helped create a call to action to address this issue. Law enforcement leaders from the DuPage County Chiefs of Police Association were instrumental in creating buy-in among police departments, communicating the value of the DNP program, and encouraging police departments to participate in the DNP. The DuPage County Chiefs of Police Association was also the driving force behind applying for DASA certification, allowing DNP to become approved in September 2013 and DuPage County to become the first county-wide overdose prevention program in Illinois. Each of the stakeholders participating in the DNP Steering Committee contributed to designing and promoting the DNP program, gaining support from local elected officials, and continue to participate in quarterly meetings to review data and ensure ongoing success and sustainability. DCHD engages all stakeholders involved in the DNP, and continually works towards including new partners on the DNP Steering Committee. DCHD regularly engages the DNP Steering Committee in evaluating the program and identifying barriers by hosting quarterly meetings. Additionally, DCHD expanded the DNP to schools and social service agencies by inviting these stakeholders to training events; this furthered DNP goals by equipping sectors beyond law enforcement with the tools and training to save lives in the event of a student or client overdose. DCHD shares lessons learned through forums focused on opioids across DuPage County, including the DuPage County Coalition Against Heroin (a committee consisting of DuPage County Board members) and the Prevention Leadership Team (a county-wide coalition focused on reducing substance abuse among youth). DCHD also collaborated with the DuPage County Geographic Information System (GIS) department to create community maps with treatment resources across the county and lives saved by the DNP. In 2014, the DNP was initially funded through \$16,000 in support from the DuPage County Health Department. During the first year, 1000 units of Narcan were provided to first responders, at \$16 per unit, for a total of \$16,000. Additional in-kind support was provided by DCHD staff time dedicated to trainings and administrative work.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed

- Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

The goal of DNP is to save lives by preventing death from opioid overdose and making naloxone readily available to law enforcement. Objectives for DNP include engaging all municipal law enforcement agencies in DuPage County in the DNP program. Currently, 39 law enforcement agencies in DuPage County participate in the DNP, including the DuPage County Sheriff, Forest Preserve District of DuPage County, two local college police departments, and all but one municipal police department. A second objective is to provide aggregate data regarding saves to DNP sites within one business day of a reported naloxone use. DuPage County uses web-based, secure platforms to collect, analyze, and report program information on a near real-time basis with all DNP program participants. This aggregate data is available to all partners within one business day of a reported naloxone use to provide an accurate, near real-time status on the number of uses, overdose reversals, and basic demographics on individuals who were given naloxone. Primary data sources include pre and post tests from training sessions, which are collected and analyzed by DCHD staff. Sign-in sheets from training sessions are another primary data source; these are collected by DCHD staff and law enforcement personnel conducting trainings and analyzed by DCHD staff through the Comprehensive Emergency Management Program (CEMP), a web-based preparedness and planning system. Additionally, when responders use naloxone in the field, this is reported through an online form, which is instantly generated into a report for program staff to monitor trends in uses. Lastly, anecdotal evidence regarding satisfaction and feedback from trainings are collected by DCHD staff. These anecdotes are used as process measures, were incorporated into DNP annual reports, and are used to evaluate and improve the content and quality of training sessions. Several officers who administered Narcan while on duty have offered anecdotal feedback, for example, "I felt comfortable and it was easy", "It went as we were trained", and "The first dose did not work, however the second dose did...it was OK". Outcome measures include the number of officers trained, the number of trainings held, the number of Narcan uses, and the number of successful overdose reversals. Between November 18, 2013 and November 30, 2016, over 2,900 first responders were trained, 13 train-the-trainer events were held, and there were 271 uses of Narcan. Between January 1, 2014 and November 30, 2016, there were 232 successful opioid overdose reversals through the DNP program. As a result of data findings, several modifications were made to the DNP program. In fall 2016, police departments began lowering the inventory of Narcan they request. After analyzing data regarding the number of doses used, police departments are now using more cost effective methods while maintaining adequate access to Narcan. Specifically, departments have shifted from providing each officer with two doses of two mg Narcan (4 mg total) to providing each officer with two doses of a larger 4 mg product (8 mg total). The new product is easier to use, as it does not require assembling the product; previously, officers were required to combine an atomizer with the Narcan cartridge before administering the drug. Additionally, with the new product, officers have quicker access to double the dose of Narcan. This is especially useful when considering an increase in the number of overdoses from fentanyl, which is more potent than heroin and oftentimes requires larger doses of Narcan to reverse an overdose. Lastly, the new product is more cost effective at \$37.50 for a 4 mg dose, while the product that was previously being used now costs \$34.50 for a 2 mg dose.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Through the DNP, DuPage County has learned that law enforcement and public health agencies can work together effectively to address public health emergencies. Through strong collaborations and a committed group of partners, the DNP realized operational status in an expedited timeframe without compromising integrity of the program. Another lesson learned through the DNP is that a multi-tiered approach is necessary with an issue as complex as opiate overdose. For this reason, the DNP Steering Committee advocates for prescriber education and awareness, and also works to educate the public about this issue through media placements and public events. While the DNP was initially funded by DCHD in year one of implementation, the success of the program quickly caught the attention of local funders, who provided donations to continue the program in 2015. The sustainability of the DNP is demonstrated by police departments' commitment to pay for their supply of Narcan, at \$37.50 per dose, in 2016. In just the third year of the program, DNP has transitioned from start-up funding, to fundraising, to local commitment by each participating agency to continue the program. To support administrative costs and staff time dedicated to the DNP, a five year grant (\$132,000 per year) from the Illinois Department of Human Services was also secured in 2016. This grant will also support the expansion of the DNP over the next five years, including strategies such as increased awareness of community naloxone availability through sites like pharmacies and treatment centers. By securing sustainable funding sources while ensuring continued support and commitment from stakeholders, the DNP program is well equipped to sustain its current success and build upon this success in the future.

How did you hear about the Model Practices Program?: *

☐ I am a previous Model Practices applicant

☐ At a Conference

☐ NACCHO Website

☐ Public Health Dispatch

☒ Colleague in my LHD

☐ Model Practices brochure

☐ NACCHO Exhibit Booth

☒ NACCHO Connect

☐ Colleague from another public health agency

☒ E-Mail from NACCHO

☐ NACCHO Exchange