



ILLINOIS LAW ENFORCEMENT ALARM SYSTEM



# Opioid Crisis Resources

## Targeted Southern Illinois Grant





## **Presenters**

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**High Intensity Drug Trafficking Area (HIDTA) Chief IT Architect**

**Nick Roti**

**Executive Director Chicago HIDTA**



### Grant

- Issuing Authority – *Department of Health and Human Services, Substance Abuse and Mental Health Services Administration*
- Grant Name – *First Responders – Comprehensive Addiction and Recovery Act Cooperative Agreement*
- Project Name – *“Empowering and Equipping Law Enforcement and Communities in Rural Illinois to Reduce Opioid Overdose grant”*
- *Sub-grant issued by IL Department of Public Health to ILEAS*
- ***Packets are designed for attendees from the targeted area***
- ***Attendees from outside the area are more than welcome!***
  - Learn what resources are being made available



# Targeted Counties

## “Catchment Area”

**Applies to every law enforcement agency in the following counties:**

Christian

Clay

Crawford

Edwards

Effingham

Fayette

Greene

Jasper

Jefferson

Lawrence

Marion

Montgomery

Perry

Randolph

Richland

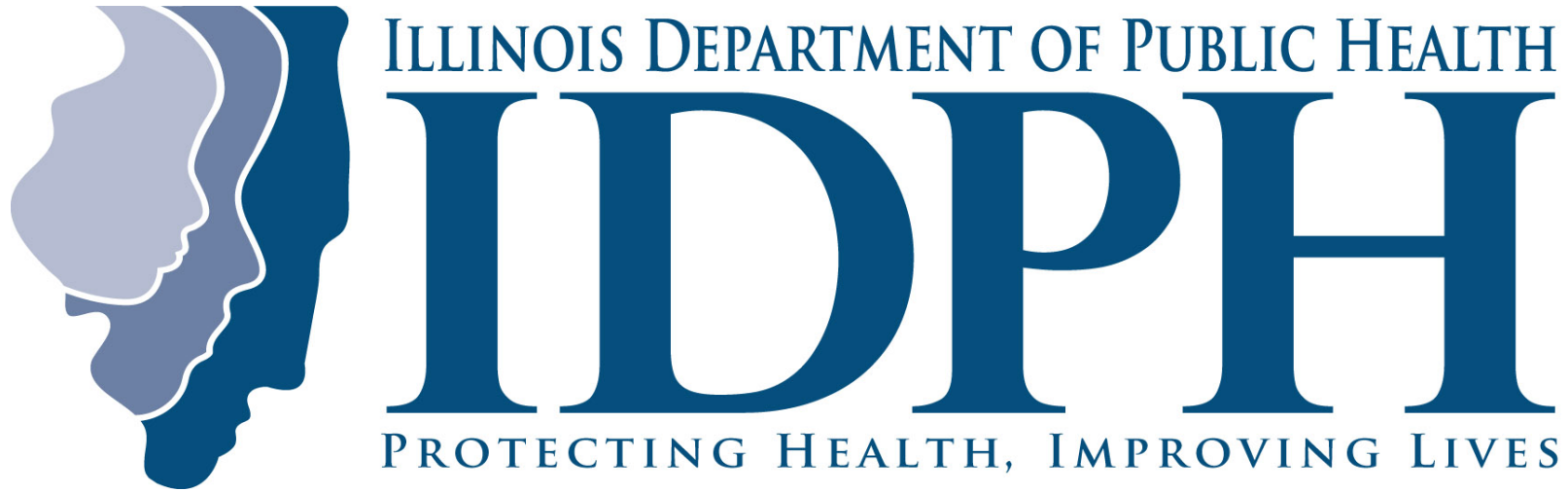
Wabash

Washington

Wayne

96 agencies

783 – officers & deputies



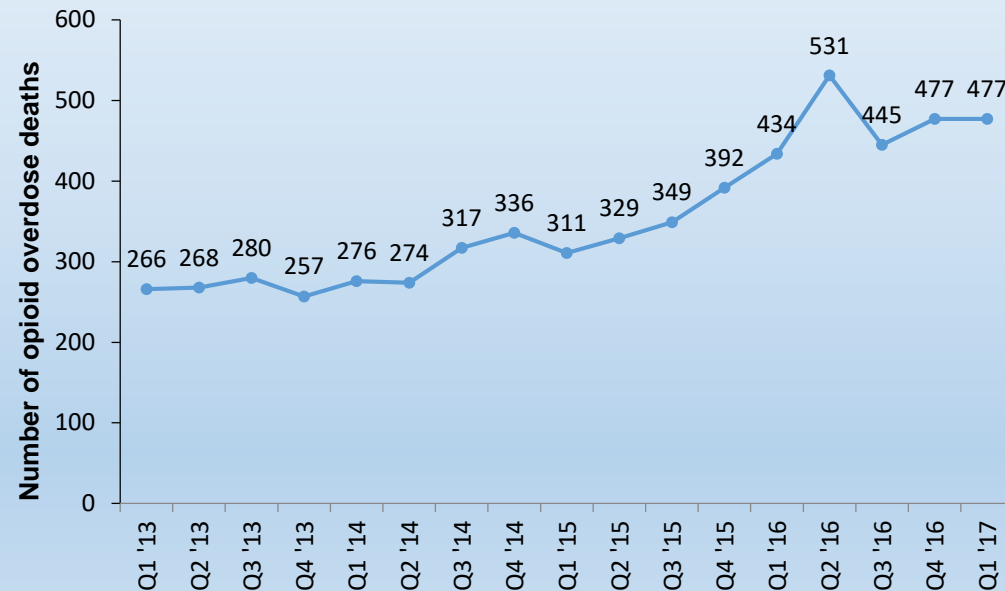
**Heidi Clark**, Chief, Division of Health Data and Policy

**Ashley Dorworth**, Grant Coordinator

**Amanda Kim**, Head of Strategic Health Initiatives

# Opioids in Illinois

- In 2016, more than 1,900 people died due to opioid overdose in Illinois
- More people die due to opioid overdose annually than due to car crashes and gun violence





# CARA First Responders Grant

- *Empowering and Equipping Law Enforcement and Communities in Rural Illinois to Reduce Opioid Overdose*
- Funding from SAMHSA
- Naloxone distribution and care coordination

# ILEAS

- Role is to be main point of contact for law enforcement agencies in the 18-county region and train and distribute naloxone to participating LEAs
- Help IDPH ensure required reporting is being done so we can continue receiving funding for the grant





# Other Grant Partners

- Care coordination
  - Bethany Place (Belleville)
  - Heartland Human Services (Effingham)
- Illinois Broadcasters Association
  - Good Samaritan Law



# Other Grants in Illinois

- Study of Illinois Delta Region
- Opioid STR Grant (DHS DASA)
  - Hospital Emergency Department-Based Screening, Recovery Coaching, and Linkage Services
  - Pre-Release MAT (Vivitrol)
  - Expanded naloxone purchase, training, and distribution services
  - And many more...



# Contact Information

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# ODMAP

- Gaining Agency Access





**(20 ILCS 301/5-23)**

**Sec. 5-23. Drug Overdose Prevention Program.**

(e) Drug overdose response policy.

(1) Every State and local government agency that employs a law enforcement officer or fireman as those terms are defined in the Line of Duty Compensation Act must possess opioid antagonists and must establish a policy to control the acquisition, storage, transportation, and administration of such opioid antagonists and to provide training in the administration of opioid antagonists.

A State or local government agency that employs a fireman as defined in the Line of Duty Compensation Act but does not respond to emergency medical calls or provide medical services shall be exempt from this subsection.



## In Your Packet

- ✓ Illinois Department of Public Health Grant Announcement
- ✓ ODMAP Policies and Procedures
- ✓ Illinois Compiled Statutes 20 ILCS 301/5-23
- ✓ ILEAS NARCAN Nasal Spray Distribution Agreement
  - *Can be filled out and left here or mailed, or signed online through ILEAS membership system*
- ✓ Agency Sign Up Sheet *Check pre-populated form at the door for corrections*
- ✓ LMS Training *Certificate will be available on completion*
- ✓ Narcan Nasal Spray Quick Start Guide
- ✓ IDHS Overdose Reversal and Naloxone Administration Reporting Form
- ✓ SUMMARY

ILEAS NARCAN Nasal Spray Distribution Agreement

NARCAN Nasal Spray was purchased with the Illinois Department of Public Health (IDPH) grant and approved by the ILEAS Governing Board. There is a critical need to ensure public safety agencies are properly equipped and capable of responding to opioid emergencies in the State. The Receiving Agency asserts that it is in compliance with the provisions of the grant and ILEAS regulations and policies. The receipt of the NARCAN Nasal Spray listed on this ILEAS Distribution Receipt is deemed consent to this Agreement.

Receiving Agency agrees to the following:

- 1. To use the NARCAN Nasal Spray for official purposes only. (Referred to as NARCAN\_NS)
- 2. To follow all ILEAS, IDPH and ODMAP policies and procedures on usage, disposition and record keeping. Policies and procedures can be found at <https://www.ileas.org/naloxone-grant>
- 3. The NARCAN\_NS shall not be used contrary to any local, state, or federal law. If said NARCAN\_NS is used contrary to local, state, or federal law, the Receiving Agency shall be solely responsible for the use and loss of the NARCAN\_NS.
- 4. The NARCAN\_NS will be returned to ILEAS when the Receiving Agency no longer utilizes it for official purposes. If all NARCAN\_NS is returned to ILEAS, this Agreement shall terminate.
- 5. To conduct appropriate and effective storage and control of the NARCAN\_NS at all times.
- 6. ILEAS and/or IDPH may request the Receiving Agency to periodically confirm the status of NARCAN\_NS distributed to the Receiving Agency during the course of the grant period.
- 7. For purposes of grant administration the Receiving Agency will allow ILEAS and IDPH to access data submitted to ODMAP by the Receiving Agency or its representative for the duration of the grant and 90 days subsequent.
- 8. To report to ILEAS within 30 days any defective NARCAN\_NS or decision to take the NARCAN\_NS out of service.
- 9. The NARCAN\_NS shall only be used by Receiving Agency personnel who have taken the training as stipulated by the grant. The Receiving Agency agrees that the NARCAN\_NS will be used consistent with said training.
- 10. The NARCAN\_NS shall not be altered or modified in any significant manner.
- 11. That neither ILEAS nor IDPH are obligated to fund any replacement costs for this NARCAN\_NS outside of the provisions of the grant.
- 12. This Agreement may be terminated by either party for any reason, whereupon all unused NARCAN\_NS provided hereunder must be returned to ILEAS immediately.

Signature of Person Rec. NARCAN\_NS

Printed Name/Title

D  
at  
e

Agency Sign Up

Email to [whdejarnette@ileas.org](mailto:whdejarnette@ileas.org) or mail to:  
ILEAS 1701 E Main St, Urbana, IL 61802

AgencyName

Signor Name

Signor Email

Signor Title

Signor Phone

Point of Contact Name

Point of Contact Email

Point of Contact Title

Point of Contact Phone

Comments and Questions



# Online Learning Management System

- IDPH Narcan and ODMAP Training



[Course Home Page](#) [Refresh Page](#) [Announcements](#)

## Naloxone First Responder Training

**Progress** 100%

☐ Naloxone First Responder Pre Q...




☐ Naloxone First Responder Traini...

**Instructor**

### Description

Naloxone First Responder Training

[https://ileas.interactyx.com/pages/course/courses.aspx](#) ILEAS LMS

 <b>Hazmat Videos</b>	<b>Registration Date</b> 8/8/2017 <b>Status</b> Completed <b>Progress</b> <div><div></div></div> 100%	<a href="#">Start</a>
 <b>IDOT 2017 Hazmat Training</b>	<b>Registration Date</b> 10/6/2017 <b>Status</b> Registered <b>Progress</b> <div><div></div></div> 20%	<a href="#">Start</a>
<b>Law Bulletin April 2017</b>	<b>Registration Date</b> 1/22/2018 <b>Status</b> Registered <b>Progress</b> <div><div></div></div> 0%	<a href="#">Start</a>
 <b>Naloxone First Responder Training</b>	<b>Registration Date</b> 2/1/2018 <b>Status</b> Completed <b>Progress</b> <div><div></div></div> 100%	<a href="#">Start</a>
<b>Telecommunicator Certification Course</b>	<b>Registration Date</b> 12/5/2017 <b>Status</b> Registered <b>Progress</b> <div><div></div></div> 7%	<a href="#">Start</a>

<https://ileas.interactyx.com/>



# **NARCAN<sup>®</sup>** (naloxone HCl) **NASAL SPRAY**

## **QUICK START GUIDE** Opioid Overdose Response Instructions

Use NARCAN<sup>®</sup> (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

### **1** Identify Opioid Overdose and Check for Response

**Ask** person if he or she is okay and shout name.

**Shake** shoulders and firmly rub the middle of their chest.

**Check for signs of an opioid overdose:**

- Will not wake up or respond to your voice or touch
  - Breathing is very slow, irregular, or has stopped
  - Center part of their eye is very small, sometimes called "pinpoint pupils"
- Lay the person on their back to receive a dose of NARCAN Nasal Spray.



### **2** Give NARCAN Nasal Spray

**REMOVE** NARCAN Nasal Spray from the box.  
Peel back the tab with the circle to open the NARCAN Nasal Spray.

**Hold** the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

**Gently insert the tip of the nozzle into either nostril.**

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.  
• Remove the NARCAN Nasal Spray from the nostril after giving the dose.



### **3** Call for emergency medical help, Evaluate, and Support

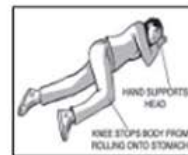
**Get emergency medical help right away.**

**Move the person on their side (recovery position)** after giving NARCAN Nasal Spray.

**Watch the person closely.**

**If the person does not respond** by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

**Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril.** If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



**ADAPT**  
PHARMA

For more information about NARCAN Nasal Spray, go to [www.narcannasalspray.com](http://www.narcannasalspray.com), or call 1-844-4NARCAN (1-844-662-7226). You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

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## OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

(THIS FORM IS TO BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS OF NALOXONE ADMINISTRATION)

Program Name: \_\_\_\_\_ Site Name: \_\_\_\_\_ Date Completing Form: \_\_\_\_\_  
Responder's Name: \_\_\_\_\_ Or Code Identifier: \_\_\_\_\_ 1st Responder ☐ Bystander/  
(if applicable) Outreach ☐

## Location of Use/Location of Overdose

Closest Cross City/Town/Community \_\_\_\_\_  
Streets: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Location: ☐ Apartment ☐ Motel ☐ Shelter ☐ Business ☐ Parking lot ☐ Vehicle ☐ Train ☐ Park  
☐ House ☐ School ☐ Jail ☐ Other: \_\_\_\_\_

## About the Person: Fill in answers to the best of your knowledge:

☐ Male ☐ Female ☐ Transgender ☐ Other \_\_\_\_\_ Age: \_\_\_\_\_  
Ethnicity: ☐ Hispanic/Latino ☐ Non Hispanic/Latino  
Race: ☐ African American/Black ☐ Native American ☐ Unknown  
☐ Caucasian/White ☐ Asian/Pacific Islander ☐ Other Race/Ethnicity Please Specify: \_\_\_\_\_

## Specific Drugs Used:

(Check all that apply) ☐ Heroin If (YES), Please specify Method: ☐ Injection ☐ Sniff ☐ Swallow ☐ Smoke ☐ Unknown

☐ Fentanyl ☐ Methadone ☐ Cocaine ☐ Benzodiazepine ☐ Cannabis ☐ Alcohol ☐ Opiate Pain medication  
(Specify if Known) \_\_\_\_\_

List Other Drugs/  
Medications ☐ \_\_\_\_\_

## Condition of Person:

1. Was the person conscious before naloxone was used? ☐ Yes ☐ No
2. How was naloxone administered? ☐ Injected in the muscle ☐ Sprayed in the nose
3. How many doses of naloxone were used? ☐ One ☐ Two ☐ More than 2 (Please Specify): \_\_\_\_\_
4. Other Actions Taken: ☐ Rescue Breathing ☐ Chest Compressions ☐ Sternal Rub ☐ Recovery Position ☐ Called 911  
(Check all that apply)
5. Did the person go to the hospital? ☐ Yes ☐ No ☐ Refused If Yes, list name of hospital if known: \_\_\_\_\_
6. Did the person survive? ☐ Yes ☐ No ☐ Unknown 7. Date naloxone was administered: \_\_\_\_\_
8. Was naloxone ever received in the past? ☐ Yes ☐ No ☐ Unknown

Please provide any additional information:

## Name and Signature of Program Director and Health Care Professional

_____ Program Director Name	_____ Program Director Signature	_____ Date
_____ Health Care Professional Name	_____ Health Care Professional Signature	_____ Date



## In Summary

- 1) Sign the Distribution Agreement
- 2) ILEAS will contact you for your roster of personnel  
Roster will be entered into LMS Training  
Roster will be sent to ODMAP to create user accounts
- 3) Officers will be contacted through email to access LMS
- 4) When training is passed and ODMAP has account registered
- 5) NARCAN is shipped to the Agency for distribution to trained personnel
- 6) Use NARCAN
- 7) Use smart phone to enter ODMAP data from location
- 8) Access ILEAS website to fill out DOPP Naloxone usage form
- 9) Access ILEAS website to order more NARCAN