



FY 2022-2023 NALOXONE FOR FIRST RESPONDERS PROGRAM (NFRP)

Guidelines for Centralized Coordinating Entities (CCEs) & Other Groups Receiving Naloxone through *NFRP*

Updated June 2022

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 (4mg) at no cost for first responder groups using a regional distribution network comprised of Centralized Coordinating Entities (CCEs).

This document primarily 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. In addition, this document is also designed to outline responsibilities and expectations for organizations requesting and receiving naloxone through the [Statewide NFRP Allocation and Request Form](#), which launched in March 2021.

The *FY 2022-2023 NFRP Guidelines* reflect updated responsibilities of organizations selected to serve as CCEs, as well as identify additional first responder groups that have been prioritized as high-need and/or high-impact statewide. These *FY 2022-2023 NFRP Guidelines* were also developed to enhance efficiency and efficacy of core program operations. This includes an overview of eligibility criteria and key responsibilities for County/Regional CCEs as well as clarifying procedures for organizations requesting and obtaining naloxone through PCCD's [NFRP Request Form](#).

Naloxone Available for FY 2022-2023

- **County/Regional CCE Allocation:** For FY 2022-23, PCCD has reserved 40% of available federal State Opioid Response (SOR) funds to provide naloxone to County/Regional CCEs for distribution to priority first responder groups using a multi-factor formula. (For more information on priority first responders, please see “Distributing Naloxone to First Responders” on page 4. A summary of CCE allocations for FY 2022-23 is available in Appendix A.)
- **Statewide Allocation:** PCCD has reserved 60% of available federal SOR funds as a Statewide Allocation to supplement County/Regional CCEs’ local distribution efforts. The Statewide Allocation will support naloxone requests from community-based organizations through the Statewide Portal, Pennsylvania’s [mail-to-home naloxone program](#) for individuals, and other statewide naloxone distribution initiatives.

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 FY 2020-21, 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.

In May 2022, PCCD invited currently designated CCEs demonstrating ability to serve in this capacity to remain in that status through September 30, 2023.

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 must be communicated via email to PCCD staff at RA-PCCD_ExecutiveOfc@pa.gov.

Approved CCEs will remain active and eligible to receive naloxone, assuming available funding, through September 30, 2023. 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 can receive a maximum allocation of naloxone from PCCD, calculated using a formula based on population, risk, need, and other factors. A summary of County/Regional CCE allocations for FY 2022-23 is available in **Appendix A**.

All CCEs are responsible for making order requests in accordance with procedures and systems prescribed by PCCD and subject to approval by PCCD staff. CCEs can place order requests up to their approved maximum allocation at any time using these protocols. PCCD staff will review and approve all order requests prior to product shipping to CCEs. CCEs must ensure that all information 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.

Requirements for Certain First Responders Receiving Naloxone through *NFRP*

Summary of Requirements by First Responder Group:¹

Law Enforcement Agencies and Fire Departments/Companies (Act 139 of 2014)	Other First Responders & Community-Based Organizations
<ul style="list-style-type: none"> ✓ Written agreement with EMS agency <u>or</u> health care professional ✓ Completion of approved online training programs ✓ Can provide naloxone to individuals as part of “leave behind” programs pursuant to DOH’s Statewide Naloxone Standing Order for First Responders 	<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 ✓ Can provide naloxone to individuals in-person or via mail pursuant to DOH’s Statewide Naloxone Standing Order for the General Public

Wherever possible, accessing naloxone – especially for individuals with the highest levels of risk and need – should be made as easy and straightforward as possible. **CCEs are strongly encouraged to consider how some policies and procedures may increase barriers to access – such as lengthy forms or training requirements, processes that reinforce stigma, collecting identifying information, etc. – when developing and implementing naloxone distribution strategies.**

[Act 139 of 2014](#) is a state law in Pennsylvania enabling certain 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 these first responders and other individuals responding to and reporting overdoses.

In addition, the Pennsylvania Department of Health’s [Naloxone Standing Order for the Public](#) ensures naloxone is available to those who may experience or encounter a person who is at risk for an opioid-related overdose. The [standing order](#) also allows local community-based organizations (CBOs) who can assist family members, friends, and individuals at risk of opioid overdose to obtain naloxone. Under the standing order’s provisions, CBOs may provide naloxone in person or via mail.

Training Requirements

In accordance with provisions of Act 139 of 2014, any law enforcement agency, fire department, or fire company receiving naloxone through the *NFRP* 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: the PA Department of Health’s approved naloxone training on [TRAIN PA](#) and [PA Virtual training Network \(PAVTN\)](#). CCEs should ensure training compliance through certificates of completion or an assurance from the recipient that training

¹ **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.

has been completed. (Note: Verification of completed training is **only** required for recipients seeking to comply with Act 139's immunity provisions who are law enforcement agencies, fire departments, or fire companies.)

Other first responder organizations and individuals are encouraged to receive training to recognize the signs and symptoms of an overdose and to learn how to properly administer naloxone, however, it is not a requirement.

(Note: PCCD does **not** recommend CCEs require proof of training as a condition for receiving naloxone for organizations/individuals that are not law enforcement agencies, fire departments, or fire companies since this can create barriers to access.)

Written Agreement with EMS Agency or Health Care Professional

Pursuant to Act 139's provisions, any law enforcement agency, fire department, or 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 Act 139 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. **(Note: Other first responder groups/community-based organizations who are not covered under Act 139 do not need to have a written agreement in place since they can provide naloxone to individuals in-person or via mail pursuant to DOH's Statewide Naloxone Standing Order for the General Public.)**

RESOURCE: In addition to the training programs identified above, the PA Department of Health also offers training for First Responders through the [First Responder Addition and Connection to Treatment \(FR-ACT\) Program](#). This program was established to ensure first responders and public safety professionals such as Law Enforcement, Fire, or EMS personnel, Judges and Attorneys, and Children and Youth Service Professionals and their agencies have the tools necessary to respond to and fight the opioid epidemic. In-person or live virtual training is available free of charge in all 67 counties in Pennsylvania. An [FR-ACT course](#) is also available on [Train PA](#). Individuals or agencies seeking training may email the Department of Health at ra-dhfr@pa.gov.

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.

Priority First Responder Groups for County/Regional CCEs

County/Regional 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 and/or syringe service programs (SSPs);

- Individuals with substance use disorder (SUD) and/or opioid use disorder (OUD) interacting with the justice system (e.g., people leaving county and/or state correctional facilities, individuals on probation or parole, etc.);
- Individuals with SUD/OUD currently engaged in treatment and/or in recovery;
- Emergency departments and other healthcare settings treating individuals who experience 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 able to respond to overdose emergencies and administer intranasal naloxone.

Note: First responders/organizations do not need to be legally organized (i.e., have a tax ID number) in order to be eligible to request and/or receive naloxone through PCCD’s Naloxone for First Responders Program.

First responders/organizations in need of naloxone should **first** reach out to their relevant County/Regional CCE directly prior to contacting PCCD and/or making a request for naloxone through the PCCD’s [Statewide Naloxone Request Form](#). Upon receiving requests for naloxone from the Statewide Allocation from eligible organizations, 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.² Other giveaway/distribution initiatives provide naloxone 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. In recent years, some communities in Pennsylvania have also implemented new local initiatives that provide naloxone for anyone to access in a time of need, such as NaloxBoxes or naloxone vending machines. 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 naloxone giveaway events.

² 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](#).

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. A recording of the webinar is available [here](#).

Reporting Leave Behind and Other Naloxone Redistribution Efforts

County/Regional CCEs that use *NFRP* naloxone kits to support leave behind programs 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 redistributed
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” naloxone 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

County/Regional 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 naloxone; and

- Establishing and maintaining a record-keeping system to ensure compliance with quarterly data reporting and other program requirements established by PCCD.

CCEs and other organizations receiving naloxone from PCCD 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.

Statewide *NFRP* Allocation & Request Form

In addition to these designated County/Regional CCEs, PCCD has also designated a state-level allocation of naloxone to supplement county/regional distribution efforts. The [Statewide NFRP Portal](#) provides naloxone to eligible organizations looking to enhance their community-based distribution efforts, with a focus on reaching individuals with the greatest risk. These include, but are not limited to, the following populations:

1. Individuals who are currently using substances;
2. Individuals using SSPs and harm reduction services;
3. Justice-involved individuals with SUD/OD, including individuals leaving state prisons and county jails and people who are under supervision (e.g., probation, parole);
4. Individuals engaged in and/or leaving treatment or withdrawal management and those who are in recovery;
5. Individuals who have experienced overdose; and
6. Individuals seeking mail-to-home naloxone.

Requests for naloxone through the *NFRP*’s Statewide Allocation must be made using a [Statewide Naloxone Request Form](#). Applications from eligible organizations will be reviewed on a rolling basis, and naloxone will be distributed based on available supply and funding levels.

More information about this initiative is available on PCCD’s [Naloxone for First Responders webpage](#).

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; and
- Number of naloxone doses provided through leave behind/redistribution programs

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.

Organizations/groups receiving naloxone through the Statewide NFRP Allocation will also be asked to provide data to PCCD regarding distribution activities and, if available, utilization data. PCCD may request additional information and/or data from groups that have received naloxone through the *NFRP*, as needed.

Aggregate, county-level information is presented regularly by PCCD to DOH, DDAP, and other agencies to inform statewide responses to the overdose crisis.

Contact Information and Resources

For additional information regarding the *NFRP* or these guidelines, please contact Alyssa Subsinsky, Project Coordinator, at (717) 265-8481 or by email at asubsinsky@pa.gov.

APPENDIX A: County/Regional CCE Naloxone Allocations (FY 2022-2023)

CCE Name	County/ies Served	# of Cases	# of Kits
Allegheny County Health Department	Allegheny	1,178	14,136
Armstrong Indiana Clarion Drug & Alcohol Commission	Armstrong-Indiana-Clarion	128	1,536
Beaver County District Attorney's Office	Beaver	53	636
Bethlehem Health Bureau	Northampton	187	2,244
Bradford/Sullivan Drug & Alcohol	Bradford	37	444
Bucks County Drug & Alcohol Commission, Inc.	Bucks	205	2,460
Butler County Sheriff's Office	Butler	60	720
Cambria County Drug & Alcohol Program	Cambria	150	1,800
Carbon Monroe Pike Drug and Alcohol Commission	Monroe-Pike	208	2,496
Centre County Government	Centre	47	564
Cetronia Ambulance Corps. & Lehigh SCA	Lehigh	295	3,540
Clinical Outcomes Group, Inc. (COGI)	Schuylkill	52	624
Columbia County District Attorney	Columbia	26	312
Council on Chemical Abuse (COCA)	Berks	474	5,688
Crawford County Drug and Alcohol Executive Commission	Crawford	41	492
Delaware County Emergency Services	Delaware	509	6,108
Erie County Office of Drug & Alcohol	Erie	346	4,152
Evangelical Community Hospital	Northumberland-Snyder-Union	58	696
Fayette County Drug and Alcohol Commission, Inc.	Fayette	235	2,820
Forest Emergency Management Agency	Forest	11	132
Franklin/Fulton Drug & Alcohol (FFDA)	Franklin-Fulton	66	792
Good Fellowship Ambulance & EMS Training Institute	Chester	161	1,932
Greene County Drug & Alcohol Program	Greene	38	456
Juniata Valley Tri-County Drug & Alcohol Abuse Commission	Huntingdon-Juniata-Mifflin	63	756
Lancaster County District Attorney's Office	Lancaster	193	2,316
Lawrence County Drug and Alcohol Commission, Inc.	Lawrence	110	1,320
Lebanon County Commission on Drug & Alcohol Abuse	Lebanon	104	1,248
Lehighon Ambulance	Carbon	72	864
Little Creek Foundation	Wayne	55	660
LTS EMS Council	Lycoming-Tioga-Sullivan	98	1,176
Luzerne County District Attorney's Office	Luzerne	639	7,668
Mercer County Behavioral Health Commission, Inc.	Mercer	115	1,380
Montgomery County Department of Public Safety	Montgomery	252	3,024
Office of the Montour County Coroner	Montour	13	156
Penn Highlands Healthcare	Cameron-Clearfield-Elk-Jefferson-McKean	141	1,692

CCE Name	County/ies Served	# of Cases	# of Kits
Penn State Health Life Lion, LLC	Cumberland-Perry	117	1,404
Pennsylvania Ambulance LLC	Lackawanna-Susquehanna	345	4,140
Philadelphia Department of Public Health	Philadelphia	2,066	24,792
South Central EMS	Dauphin	195	2,340
Southern Alleghenies EMS Council	Bedford-Blair-Somerset	170	2,040
UPMC Cole	Potter	13	156
Venango County SCA	Venango	38	456
Warren County Sheriff's Office	Warren	19	228
Washington Drug and Alcohol Commission, Inc.	Washington	144	1,728
West Branch Drug & Alcohol Abuse Commission	Clinton	20	240
Westmoreland Drug and Alcohol Commission, Inc.	Westmoreland	228	2,736
Wyoming/Sullivan Counties Criminal Justice Advisory Board (CJAB)	Wyoming	26	312
York/Adams Drug and Alcohol Commission	York-Adams	453	5,436