

Naloxone Program Distribution: Agency Statement of Need

This form is the first step in making sure that a partnership is the 'right fit' for your organization. Please review the below questions to help the process move forward.

Agency Name: _____

Agency Street Address and Postal Code:

Agency Phone Number: _____

Hours of Operation: _____

Agency Contact Person for Naloxone Distribution:

Name: _____

Phone number: _____

Email: _____

1. Does the Senior Leader/Executive Director/Board support participation in a partnership with Hamilton Public Health Services?

YES NO

Executive Director Name: _____

Executive Director Phone Number: _____

Executive Director E-mail Address: _____

2. Which of the following choices best describes your agency?

- Community Health Centre (Aboriginal Health Access Centre)
- AIDS Service Organization
- Outreach program
- Shelter
- Withdrawal management program
- Hospital emergency department or urgent care centre
- Consumption and Treatment Service or Supervised Consumption Service
- Other, please specify _____

3. What geographical area(s) does your agency serve?

- | | |
|---|--|
| <input type="checkbox"/> West Mountain | <input type="checkbox"/> Downtown Core |
| <input type="checkbox"/> East Mountain | <input type="checkbox"/> Westdale |
| <input type="checkbox"/> Central Mountain | <input type="checkbox"/> East Hamilton |
| <input type="checkbox"/> Upper Stoney Creek | <input type="checkbox"/> Ancaster |
| <input type="checkbox"/> Lower Stoney Creek | <input type="checkbox"/> Flamborough |
| <input type="checkbox"/> Dundas | <input type="checkbox"/> Other: _____ |

4. Does your agency work with a difficult to reach (priority) population where there is known drug use/opioid activity?

YES NO

5. Does your agency work directly with populations at-risk of opioid overdose?

YES NO

6. Please describe the primary population(s) that your agency serves. (Example: people who use substances, BIPOC, LGBTQ, underhoused, etc.)

7. Has your agency had requests from clients for naloxone?

YES NO

8. If your agency has had requests for naloxone, please describe the requests in more detail (e.g., frequency of requests, who are requests from)

9. Do you have naloxone 'champions' ready to take the lead on distribution? Note: The champion is someone who will take the lead for naloxone training [of new/untrained staff], tracking, and reporting

YES NO

10. Please describe your 'champions' (e.g., what role do they have in your agency)

11. Can your agency commit to and sustain naloxone distribution (e.g., do you have adequate staffing capacity, storage space with stable temperatures between 15 to 30 degrees celcius... etc.)?

YES NO

12. Please describe your agency's capacity to operate a naloxone distribution program, such as adequate staffing to distribute the number of anticipated kits dispensed per month, someone to track and report to Hamilton Public Health, ability to safely and securely store kits, etc.

13. Will your agency commit to collecting and reporting naloxone distribution data back to Hamilton Public Health on a quarterly basis?

YES NO

14. On average, how many naloxone kits do you think you will need each month? (Required)

15. Does your agency have WSIB insurance? Note: This is not a requirement for partnership

YES NO

16. Is your agency currently work with Hamilton Public Health for harm reduction supply distribution?

YES NO

17. Would you like your organization to be discoverable to the public on the ministry website ?

[Where to get a free naloxone kit | ontario.ca](http://www.ontario.ca)

YES NO

18: Is there any additional information you would like to share with Hamilton Public Health regarding your agency's need for naloxone?

Signature

Date

Please complete and send to Public Health Services via either:

Electronic fax: 905-546-2203

Email: Naloxone@hamilton.ca

Mail to: City of Hamilton, Public Health Services, Attention: Naloxone Distribution Team

110 King Street West, 2nd Floor

Hamilton, ON L8P 4S6

**Form Adapted from Toronto Public Health's "The Works"*