INDIANA COMMISSION TO COMBAT DRUG ABUSE

November 4th, 2021

MINUTES

The Indiana Commission to Combat Drug Abuse met on November 4th, 2021, at 10:00 A.M. Eastern Time in the Indiana State Library, History Reference Room 211.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Dr. Kristina Box (Commissioner of the Indiana Department of Health); Lt. Col. Larry Turner (representing the Superintendent of the Indiana State Police); Mr. Robert Carter, Jr. (Commissioner of the Indiana Department of Correction); Ms. Bernice Corley (Executive Director of the Indiana Public Defender Council); Ms. Deborah Frye (Executive Director of Indiana Professional Licensing Agency); Mr. Cris Johnston (Director of Office of Management and Budget); Mr. Devon McDonald (Executive Director of the Indiana Criminal Justice Institute); Mr. Chris Naylor (Executive Director, Indiana Prosecuting Attorneys Council); Mr. Cory Voight (representing the Attorney General); Mr. Jacob Sipe (Executive Director, Indiana Housing and Community Development Authority); Hon. Mark Smith (Hendricks County Superior Court); Ms. Terry Stigdon (Director of the Indiana Department of Child Services); Indiana State Senator Ms. Shelli Yoder

Call to Order and Consideration of Minutes **Chairman Douglas Huntsinger**

Chairman Huntsinger calls the meeting to order at 10:01 A.M. He asks for a motion to approve the minutes for the August 5th, 2021, meeting. Minutes are approved unanimously.

He updates the Commission on his travels around the state and the common theme he has noticed among communities leading the charge against the drug epidemic. The thread shared between each of these groups is teamwork and collaboration. Chairman Huntsinger says it will be beneficial for the Commission to hear from groups that have been a part of the state's infrastructure over the past four years. He explains the goal is to create a continuum of care that cares for the whole patient throughout their lifelong recovery journey. Chairman Huntsinger says the presenters will share how they combine the knowledge and skills of EMS, law enforcement, peer recovery coaches, and healthcare providers to determine the best course of care for a patient and provide wrap-around services. The Commission will also hear how overdose fatality review teams are using death cases to inform local overdose prevention strategies and about the state’s new street outreach team approach. Chairman Huntsinger introduces Ms. Yvette Markey, founder of InTouch Outreach Resource Center, who works as a Recovery Support Coordinator with the Indiana Recovery Network.

Recovery Speaker **Yvette Markey, Founder, InTouch Outreach Resource Center**

Ms. Yvette Markey introduces herself as a woman in long-term recovery from substance use, celebrating over 20 years of sobriety. Ms. Markey recalls growing up in a home entrenched with substance abuse. She says she had her first alcoholic beverage at 12 years old. Five years later, Ms. Markey says she gave birth to her first daughter after escaping a domestic abuse situation. She later met her husband with who she started selling drugs. Ms. Markey says she lost over eight years of her life to addiction. After several failed promises to stop using drugs, it wasn't until her daughter said, "I hate you!" and slammed the door on Ms. Markey's face after she'd used drugs once again. She recalls her daughter's words feeling like a jail cell door closing, and the thought of her staying on that path meant she might hear that jail cell door slam again, and she wouldn't see her daughter. This motivated her to stay substance-free for over 20 years. Ms. Markey says everyone's journey is different. She says she never went to a treatment program or joined a recovery group but instead poured herself into her children and husband. On her journey to recovery, Ms. Markey attended Ivy Tech Community College to obtain an associate's degree and later to Indiana Wesleyan before founding the InTouch Outreach Resource Center. Ms. Markey says she recognized that many other people are still in the shoes she once walked in. The InTouch Outreach Resource Center allows Ms. Markey to meet people where they're at through street outreach. Chairman Huntsinger thanks Ms. Markey for sharing her story.

Harm Reduction Street Outreach Teams **Madison Alton, Database Analyst, Division of Mental Health and Addiction, Indiana Family and Social Services Administration**

Chairman Huntsinger references provisional data released by the Centers for Disease Control and Prevention in July 2021 reporting a 33% increase in fatal overdoses in Indiana in 2020. He says this number continues to rise as 2021 provisional data becomes available. Chairman Huntsinger announces a $1.7 million-dollar investment in 10 harm reduction street outreach teams across the state. These outreach teams are strategically placed in communities with high overdose rates and provide harm reduction strategies and resources such as naloxone to individuals at high risk of overdose. Chairman Huntsinger invites Ms. Madison Alton with the Indiana Division of Mental Health and Addiction to present on harm reduction street outreach teams.

Ms. Alton says outreach teams are needed to alleviate the number of overdoses exacerbated by the COVID-19 pandemic and to help individuals unwilling to seek traditional services. She says harm reduction meets people where they are but doesn't leave them there. She defines harm reduction as naloxone distribution, safe use supplies, medication for opioid use disorder, treatment referrals, housing, employment, peer support, and community connections.

Each outreach team employs two outreach workers and one supervisor. This team will possess knowledge of areas where individuals use illicit drugs, connection to the community, and harm reduction practices. The locations of the 10 teams are spread throughout the state but correspond with the age-adjusted overdose rate to put the teams where they are needed. The teams will engage in weekly street outreach. Outreach includes naloxone kit-making, supervision, and data

collection. They will also host bi-monthly learning meetings with the evaluation team to share data.

Chairman Huntsinger calls for questions.

Mobile Integrated Response Teams **Mimi Gardner, Chief Behavioral Health and Addictions Officer, HealthLinc**

Chairman Huntsinger introduces Ms. Mimi Gardner, Ms. Beth Wrobel, Ms. Ephphatha Malden, and Ms. Cara Jones from HealthLinc, a community health center in Northern Indiana. He says they will share how HealthLinc center has developed a Mobile Integrated Response System (MIRS) in their community. MIRS provides a vital role in supporting individuals with substance use disorder and shepherding them to recovery. Indiana's 10 MIRS providers currently operate in 24 counties have provided at least one service to more than 1,700 people within the last year. These systems involve a mobile response team that includes peer recovery coaches, a medication-assisted treatment prescriber, connections to emergency departments, a wrap-around service provider, and a trauma-informed recovery-oriented system of care to align all services. Hoosiers have access to peer support, clinical interventions, employment support, recovery housing referrals, transportation, treatment, food banks, childcare, medical clinics, and other essential services.

Ms. Gardner shares that HealthLinc has celebrated 25 years of service to the community and community health workers. She says community health centers serve underserved communities and address health disparities and equity. Ms. Gardner explains how the Mobile Integrated Response Team (MIRT) began when HealthLinc CEO Ms. Beth Wrobel agreed to help write the proposal for this program, prior to Ms. Gardner's employment at HealthLinc. By Ms. Gardner's fourth day of work, she says she started to build the program's early beginnings. The first clinic that initially started this program provided MAT services of which Ms. Wrobel agreed to take over. From this start in 2019, the program has expanded to six additional clinics. Ms. Gardner says MIRT is an interdisciplinary collaborative and systemic community response to the opioid and stimulant epidemic. Their overall goal is to combat the opioid crisis by providing wraparound services for individuals with substance use disorder. The team works with EMTs, plainclothes police officers, and hires recovery peer coaches. They employ 15 certified peer recovery coaches. Their proactive approach includes paramedicine and cursory medical examinations because many of their patients have not recently seen a doctor. They serve with police departments in four counties – Porter, LaPorte, Starke, and Lake – to provide community policing to help spread the word about resources alternative to incarceration. They have received 754 total referrals and 273 enrollments. HealthLinc partners with over 72 organizations, including but not limited to the judiciary, the Department of Child Services, hospitals, social services agencies, and churches. Ms. Gardner thanks DMHA for their support in providing experts to assist with training their certified peer recovery coaches.

Ms. Ephphathata Malden, a licensed clinical addiction counselor and manager for MIRT introduces her role. She says she keeps the team motivated and supported while seeking patients

who face mental health concerns. Often individuals will request additional information on seeking other services regarding mental health. She says requests for further assistance have been on the rise. In response, Ms. Malden created additional services to meet the need, including stress management sessions. This service is provided at no cost to patients and is delivered by a licensed clinical social worker and interns from the Indiana University Northwest Social Work program. Patients learn ways to identify triggers and how to manage anger and stress. In addition, they learn to implement healthy strategies and utilize cognitive behavior therapy skills to maintain recovery. Ms. Malden says most patients experience trauma, so it is vital to have a trauma-informed care plan to know how to approach patients at their homes, follow-up appointments, and intake processes. As individuals start the intake process through MIRT, they uncover diagnoses not limited to PTSD, anxiety, and depression. She says peer recovery coaches are not a part of this process.

Ms. Malden describes a case in which one patient with a peer recovery coach recently experienced a breakthrough. The assigned peer recovery coach requested to meet with Ms. Malden to determine which direction to help the patient. After Ms. Malden met with the patient, she says she diagnosed the patient with schizophrenia and noted that the patient had no previous health treatment and was expecting a child in the third trimester. In addition, she says the patient had a stimulate use disorder, was unaware of prenatal care and was disconnected from family. Ms. Malden says the MIRT response was immediately activated. First, they sought resources for the patient's mental health concerns, pursued residential referrals, contacted the patient's mother, and created a pregnancy care team. Ms. Malden says the patient did not have plans in place for delivery because they doubted they were pregnant. The care team was concerned the patient would not go to the hospital for delivery. Working with the patient's mother, the patient went to the hospital and delivered a healthy baby. Ms. Malden says this is just one example of why it's important to address mental health needs with a family.

Ms. Cara Jones, HealthLinc program evaluation manager, provides a brief review of their second grant year. She says for the first two years of the program, the organization received a total of 754 referrals with 273 enrollments, noting duplicate enrollments. The conversion rate of 36 percent is growth. HealthLinc experienced a 53 percent referral increase and a 35 percent enrollment increase between the first to second grant years. Referrals include minimal information, including a name and contact, but may include a specific note regarding the patient, such as a pregnancy or an immediate overdose situation. Ms. Jones says 1 in 8 referrals is a previous referral. Fifty-five percent of referrals are male. HealthLinc accounts for 33 percent of total referrals, with healthcare being the top referral resource in nearly every county. The racial makeup includes 78 percent White, six percent African American, nine percent Hispanic, and one percent American Indian. Ms. Jones says the organization is taking measures to enhance its collection procedure, including the implementation of a cultural competency plan. As an FQHC, HealthLinc also engages its patients in other areas of care, including primary care, dental, optometry, and midwifery. Ms. Jones concludes by providing preliminary six-month outcomes.

Chairman Huntsinger calls for questions.

Overdose Fatality Review Teams

Lauren Savitskas,
Suicide and Overdose Fatality Review
Program Manager, Indiana Department of Health

Chairman Huntsinger welcomes Ms. Mimi Gardner and Ms. Cara Jones back to the table to accompany Ms. Lauren Savitskas to present how overdose death cases inform prevention strategies in Porter County. Ms. Savitskas serves as the suicide and overdose fatality review program manager at the Indiana Department of Health.

Ms. Savitskas thanks Chairman Huntsinger and the Commission for the opportunity to speak. She says she aims to answer the following questions: 1.) What is the Overdose Fatality Review program? 2.) What is the point of the program? 3.) How does it work in Indiana?

Ms. Savitskas says that because drug overdoses are the leading cause of death in the United States, a ground-level approach is required to prevent future deaths. She says that by taking a public health landscape approach, the OFR team helps identify the who, when, where, and why in risk and protective factors and develops and tests prevention strategies to intervene and successfully prevent future overdose and suicide deaths. Suicide and overdose fatality review is an opportunity to effectively identify system gaps and develop innovative community-specific overdose prevention and intervention strategies. The process involves a series of confidential individual death reviews by a multi-disciplinary team. These death reviews, also referred to as case reviews, examine a decedent's lifestyle from birth to death to facilitate an in-depth analysis of possible missed opportunities for prevention and intervention. The records include but are not limited to death certificates, death investigations, Department of Child Services records, social history, and life stressors. The goal is to inform the team so they can attempt to answer the question, "How could this death have been prevented?" The teams brainstorm solutions from a policy and/or legislative standpoint to answer this question.

Ms. Savitskas says Indiana has roughly 20 established sites and counties considering forming a team. Ms. Savitskas helps to coordinate the local sites and assists counties looking to create a team. The teams across the state have access to a database with state-imported data. Legislation enacted in July 2020 allows teams to share report sources and records. Teams decide what type of case they would like to review. Groups receive funding from the Division of Trauma and Injury Prevention at the Indiana Department of Health through the Indiana CAREs ECHO grant. These reviews are not intended to blame a particular agency or the individuals who died but rather are an opportunity to identify the gaps in the system to prevent future fatalities and non-fatal events.

Ms. Savitskas provides an example of a case review in Clark County. Clark County SOFR is a joint review team with the child fatality review team. Since its establishment in 2020, the team has met monthly to review adult overdose and suicide cases. Because of the number of cases in the community, the team utilizes random selection to choose which cases to review. Prioritized cases are selected based on several known touchpoints and have more content to discuss. Clark County has examined 36 cases and generated over 178 recommendations from the case reviews. Ms. Savitskas documents each recommendation in a spreadsheet and categorizes it by theme. Healthcare, social determinates of health, and primary care are the top identified themes.

Ms. Savitskas asks the panel to provide an overview of their overdose fatality review program to the Commission. Ms. Jones currently sits on five county SOFR teams and speaks broadly about her experience.

Ms. Jones introduces Mr. Albert Gay as a facilitator from the Lake County SOFR team. Mr. Gay thanks the Commission for the opportunity to speak. Mr. Gay has a background in public health and prevention. He says the Lake County SOFR team has set the tone in Lake County of being "people first." He recalls the biggest eye-opener as a team facilitator was the shift in perspective from the organizational systems lens to the insight of lived experiences. As the Lake County team began recruiting, individuals who joined the team brought experiential insight into why a person might use a substance. Mr. Gay says these aspects link back to the aforementioned prevention and trauma. He says addressing trauma should be a part of all of our systems to understand not what's wrong with people but what happens to people.

Ms. Gardner says fatality review is a very sobering experience and not for the faint of heart. She encourages the Commission to attend a case review for the experience. She says the case review provides a personalization by seeing a picture, a name, the trauma, their interests, and their history, all elements that help a team determine how to prevent future overdoses.

Ms. Savitskas asks the panelists, "What have you actually been able to implement and take out into the field?" Ms. Jones shares LaPorte County's findings that a majority of decedents had been seen for emergency and non-emergency dental work. She says she found this alarming because there were no other traditional touchpoints (i.e., treatment, criminal justice involvement, and DCS involvement). Ms. Jones wanted to change that and capitalize on the dental care aspect. She says there is a disconnect between dental care providers and the training needed to assist patients with substance use. She and Ms. Gardner reached out to the chief dental officer to share their observations. The dentist initiated a training presentation at the all-staff meeting by Ms. Jones and Ms. Gardner to provide training. Ms. Jones noted that they do not get the vocabulary or tools to engage in the dental profession. Peer recovery coaches role played with the dental clinics to practice and gain feedback to leverage.

Mr. Gay says the Lake County SOFR team identified a trend of overdoses from individuals in the field of manual labor, including construction workers, truck drivers, and individuals repetitively causing injury to their bodies through manual labor. He says those injuries caused pain symptoms that may have led to substance abuse. He says the team identified ways the industry and companies in Lake County can proactively inform their employees about symptoms, treatment, and resources.

Ms. Savitskas asks the panel to share with the Commission anything they would like the Commission to know regarding overdose fatality review teams. Mr. Gay says it is a privilege to know the data collected by Ms. Savitskas can transform Lake County and the state. Similar patterns emerge that resonate with other communities. He requests that the Commission review the data to allow representatives from those communities to add their voices. He says their input can make the whole system of Indiana shine in how we deal with recovery, treatment and avoid senseless and needless deaths from occurring.

Ms. Jones says OFR team participation is one of the more meaningful things about her job. The value of information is so high for what she and her team do in assisting their patients just from the organization, much less the community at large and its operating systems. She says the ability to share records provides a unique environment allowing them to grow connections, collaborations, and relationships not demonstrated in other groups, and notes that there is a lot to leverage and extend to all 92 counties.

Ms. Gardner concludes by suggesting to the Commission that if their county does not have a team to create one. She says it provides a different perspective and way of fighting the drug epidemic. The information received through engagement can assist in designing programs that address specific targets with the view of what has already occurred and could be implemented to prevent reoccurrence. She says the case review should be a part of the continuum of care. She says her team has helped counties that were initially unsuccessful start a team and notes that getting DCS directors, prosecutors, community mental health centers, multiple law enforcement, and coroners involved has been crucial to the success of these teams.

Chairman Huntsinger calls for questions.

Chairman's Comments **Chairman Douglas Huntsinger**

Chairman Huntsinger shares that since September 2020, the Indiana Department of Health and Overdose Lifeline have distributed 70,000 naloxone kits statewide, translating to 70,000 lives that could be saved. He says this is a significant increase than previous years due to the lingering impacts of COVID and a rise in fentanyl use.

The Commission will meet Friday, February 4th, 2021, at 1 p.m. EST. The 2022 meeting dates will be sent out to the Commission following this meeting.

The meeting adjourns at 11:46 A.M.