INDIANA COMMISSION TO COMBAT DRUG ABUSE

February 4, 2022

MINUTES

The Indiana Commission to Combat Drug Abuse met virtually on February 4th, 2022, at 1 P.M. Eastern Time via Zoom.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Ms. Rebecca Buhner (representing the Secretary of the Indiana Family and Social Services Administration); Mr. Brian Busching (representing the Commissioner of the Indiana Department of Health); Mr. Robert Carter, Jr. (Commissioner of the Indiana Department of Correction); Ms. Deborah Frye (Executive Director of Indiana Professional Licensing Agency); Mr. Larry Hopkins (representing the Attorney General); 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. Jacob Sipe (Executive Director, Indiana Housing and Community Development Authority); Indiana State Senator Ms. Shelli Yoder

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

Chairman Huntsinger calls the meeting to order at 1:01 P.M. He asks for a motion to approve the minutes for the November 4, 2021, meeting. Mr. Devon McDonald moves to approve the minutes as presented. Mr. Jacob Sipe seconds. Minutes are approved unanimously.

Chairman Huntsinger reports that nationwide drug overdose deaths have topped 100,000 deaths in a 12-month period for the first time ever, according to the Centers for Disease Control and Prevention. He attributes this increase to COVID-19 and the rising presence of fentanyl.

Chairman Huntsinger announces the first of 19 naloxone vending machines placed on December 7, 2021, at the St. Joseph County Jail. He credits the partnership with the Indiana Division of Mental Health and Addiction (DMHA) and Overdose Lifeline, Inc. Four additional machines have since been placed at jails, hospitals, and community corrections centers in Wayne, Dubois, Tippecanoe, and Clark counties. These machines hold up to 300 doses of free naloxone and provide zero barrier access to the medication.

Chairman Huntsinger introduces two new grant opportunities available via DMHA. The Community Catalyst Grant aims to promote innovative, collaborative, and sustainable local and community-driven responses to mental health and substance use disorder and access to the relevant infrastructure. Applications for this grant are due March 1. The Community Coordination Grant is supported by funding from the Governor's Next Level Recovery initiative and provides the opportunity for communities to support the development and capacity building of community coordination, focused on substance use, treatment, and recovery. Chairman Huntsinger says these dollars are targeted toward funding personnel to manage and organize initiatives related to access to treatment for substance use disorder and mental health projects within the justice system, linking

individuals with justice involvement to care. He says this grant can also be used towards community needs assessments and action plans, and the development and support of local coalitions and other collaborations. These funds are available to nonprofits that have been in existence for a minimum of four years, city and county agencies, courts, and criminal justice agencies. Applications for the grant are due February 11. More information on the grants is available on the DMHA website under the Funding Information tab.

Chairman Huntsinger introduces the recovery speaker, Mr. Shaun Odom.

Recovery Speaker — **Shaun Odom, Realtor, Morris Property Group**

Mr. Shaun Odom is celebrating four and a half years in recovery after a 17-year-long battle with substance use disorder. Shaun is a realtor with the Morris Property Group and serves as a peer recovery coach at Community Howard Behavioral Health in Kokomo.

IDOC Addiction Services — **Dr. Deanna Dwenger, Executive Director of Behavioral Health, and Angela West, Director of Addiction Recovery Services, Indiana Department of Correction**

Chairman Huntsinger introduces Dr. Deanna Dwenger and Ms. Angela West with the Indiana Department of Correction (IDOC) Behavioral Health Division to present the recent transformation within the Department's addiction treatment programming. Prior to the start of COVID-19, the IDOC had started the process of revamping the way treatment is delivered to individuals with mental health and substance use disorders in their facilities. Chairman Huntsinger says over the last two years, Dr. Dwenger and her behavioral health team have moved from a one-size-fits-all treatment program where everyone progresses through the same steps, to a level of care treatment model where treatment is now based on the clinical needs of the patient. They have identified the gaps, reshaped the comprehensive framework, and in less than six months into the new Recovery While Incarcerated (RWI) program, they have cut their treatment waitlist in half, all while providing quality care individuals need when they need it. Dr. Dwenger and Ms. West have invited Mr. Damian Guy, who completed the RWI program and was recently released from IDOC, to share his story.

Dr. Dwenger introduces herself as the Executive Director of Behavioral Health at IDOC. Prior to joining the executive leadership team in January 2021, Dr. Dwenger treated patients in IDOC since 2013. She says she hired Ms. Angela West, Director of Addiction Recovery, in July 2021.

Dr. Dwenger says when she entered this position one year ago, IDOC had an over 3,000-person waitlist. She was asked to look at the effectiveness and the efficiency of the existing model. She says the most important thing was moving from a time-cut program to a treatment model, with treatment specifically designed for the patient. She says she wanted the RWI program to be about providing the right amount of care to the right individual at the right time – a core from the program rewrite in 2018. She says she also did not want to lose the core therapy that was already

being provided in RWI because the program participants were benefiting from it. By identifying these priorities, the next step was analyzing the wait time and identifying how to get people into the program in a more efficient way.

Dr. Dwenger says IDOC removed the pre-eligibility review, which had previously been a way of picking the best of the best to get into treatment. Now, every person who is referred to treatment receives a comprehensive assessment and is discussed as a multidisciplinary team that decides what their treatment should look like. Similarly, Dr. Dwenger says they got rid of the GAIN-SS, a pre-screener using a ranking system of 0 to 5, whether they were eligible for treatment. Dr. Dwenger says the Department found that this pre-screener was weeding people out of treatment, not into treatment. She says her team instead worked with case management to identify patients who had problematic substance use and would benefit from treatment, using a holistic approach rather than ranking them with a number. Dr. Dwenger says urinary drug screens were historically provided by IDOC and were used for punitive reasons if positive. Now, the Department's medical vendor Centurion provides all urine drug screens and the results are now used for treatment purposes to identify who is in need, what level of care they may require, and are assessed individually. With that, Dr. Dwenger says IDOC looked at conduct report utilization across the board. Previously, an individual could not have a conduct report within the last six months to get into the RWI program. If a patient were identified as having problematic substance use and refused treatment, they would get a conduct report. She says they took a closer look at this conduct report and how it was getting in the way of providing patient care. Now in that time, Dr. Dwenger says an individual can refuse treatment, can start another program or education, and can still get a job. Addiction Recovery Services will work with them during that time period to motivate them to join the program. Similarly, if they get a conduct report while they're in treatment, it doesn't mean they automatically are kicked out of treatment anymore. The treatment team reviews every conduct report.

Dr. Dwenger says the Heritage Trail and New Castle correctional facilities are run by subcontractor GEO. In their contract, GEO provides the addiction recovery services rather than the Centurion medical contractor. Previously, the contractor had been left on their own or not necessarily brought up to speed with what was happening in the rest of the state's facilities, meaning there was not a very good continuity of care if they left a Centurion site and went to GEO, or vice versa. Now they are integrated into the same electronic medical records and document in the same place. For continuity of care, they have identified a leader to work closely with Ms. West and Centurion leadership, so everyone is on the same page. Dr. Dwenger says this improved the continuity among all the facilities and the type of treatment is now standardized.

IDOC recognized that when an individual is involved in treatment, it often resembles a full-time job, requiring sole focus. Dr. Dwenger says the Department now helps individuals understand how they may have to balance multiple obligations in addition to recovery when released, including a full-time job, attaining a GED or other education, family, etc. Dr. Dwenger says her team also worked closely with the classification division to transfer patients for treatment needs. Historically if an individual in the RWI program had a higher clinical need for treatment, they were not moved. Now if an individual is identified as not being able to get the services they need

at one facility, the classification and behavioral health divisions can work together to transfer the individual.

Ms. West explains a diagram displaying the differences between the former program and the new treatment model for addiction recovery services. She says the previous treatment structure of RWI was based on a five-progression model, where every individual began at progression one, and then they work their way through the program to completion at progression five. She reports the average time for an incarcerated individual to complete this model was 12 months. She says the advantage of this structure is that it provided a lot of treatment to the population with substance use means. She says the disadvantage was the lack of individualized treatment – every individual was receiving the same resources, no matter their level of care. The current RWI structure is based upon three levels of care. Each patient is now assessed when referred to addiction recovery services. The recommendation is made for the best level of care clinically for that patient. The residential level of care is the highest level of care offered to the IDOC patient population. This is for the patients who may need to be stabilized, they may have regular active use or possibly have never had treatment before, and they don't know where to start. These patients are required to live in a recovery-oriented community – living environments completely focused on the individual's treatment and recovery. Individuals in residential treatment are not permitted to have a job or participate in other programs in order to solely focus on their treatment. Ms. West says this level of care can make up about 10 to 15% of the IDOC population of patients in treatment. Residential treatment is intended to take 30 days. The next level of care is intensive outpatient (IOP). This is for patients who have either completed the residential level of care or initially were recommended to begin their treatment at this level. Patients in IOP are not required to live in the recovery-oriented community and are encouraged to maintain a job or participate in other programs while in treatment. This helps them learn to balance work and other responsibilities while in treatment. Patients in IOP make up about 20 to 25% of the IDOC population in treatment. IOP is intended to take approximately 90 days. The final level of care is outpatient (OP). This is for patients who have either completed IOP or were initially recommended to begin their treatment at this level. Patients in OP are not required to live in the recovery-oriented community and are encouraged to maintain a job or participate in other programs while in treatment. Patients in OP are focused on building and maintaining their long-term recovery and release plan. Patients in OP make up about 60 to 70% of the IDOC patient population. OP is intended to take approximately 90 days. Ms. West says this treatment model reflects what a community-based treatment model looks like, with a focus on learning to balance responsibilities while maintaining recovery.

Ms. West shares the future of RWI, including the inclusion of peers with lived experience to support one another. The IDOC has collaborated with the Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA) and Mental Health America of Indiana (MHAI) to conduct a pilot program at Putnamville and Pendleton correctional facilities. Through the program, incarcerated individuals can receive training to become certified peer recovery coaches. Ms. West says 39 incarcerated males have passed the exam and obtained their certified peer recovery coach credential while incarcerated. The goal is to expand the program to as many facilities as possible. Ms. West says IDOC is also expanding medication-assisted treatment (MAT). She says

IDOC wants to be able to receive individuals from the community and/or jail setting who are on MAT and continue the same level of care. Ms. West says the next priority for IDOC is to evaluate the current assessment tool used to identify clinical needs for the incarcerated population. The Department wants to use the most current and effective assessment tool when making clinical recommendations for treatment. Ms. West says the final project she wants to share with the Commission is the expansion of treatment options to the population of individuals who are not eligible for the group setting, including those in mental health and restrictive housing units. She says a large portion of the incarcerated population are housed in locations that currently do not have a safe way to provide groups for RWI. The individuals who are waiting to enroll in treatment also do not get to participate in groups. Ms. West says IDOC is providing additional resources to these individuals during that waiting period to avoid feeling stagnant. Breaking Free is a tablet-based interactive treatment resource for the incarcerated population to access 24/7. The material is tailored to the individual's personal needs and follows them up to one year after they are released from incarceration. Ms. West calls for questions.

Mr. Robert Carter, Commissioner of the Department of Correction, comments on the success of the RWI program.

Indiana Crisis Response and Diversion Efforts — **Dr. Christopher Drapeau, Executive Director of Prevention, Suicide Prevention, and Crisis Response, Indiana Family and Social Services Administration**

Chairman Huntsinger introduces Dr. Christopher Drapeau, Director of Prevention, Suicide Prevention, and Crisis Response at the Indiana Division of Mental Health and Addiction of the Family and Social Services Administration. Dr. Drapeau says that in the fall of 2020, President Donald Trump signed the National Suicide Hotline Designation Act of 2020 into law, and accompanied by the FCC mandated that by July 16, 2022, all cell phone carriers would be directed to divert the 9-8-8 calls or to activate 9-8-8. These calls would go to the National Suicide Prevention Lifeline. He says the concept of 9-8-8 is not new, only a new number. The National Suicide Prevention Lifeline has existed since 2005 with a 10-digit number, 1-800-273-8255. The new law condenses the number to 9-8-8. Marketing efforts will help promote that the number is not only for preventing suicide but also for mental health and substance use crises. prevention suicide. Dr. Drapeau says the introduction of 9-8-8 provides an opportunity for states to invest in a crisis system that goes beyond just the 9-8-8 call centers, including mobile crisis response teams and crisis facilities. States also can enact a 9-8-8 user fee on phone bills that could provide a permanent funding source to the entire crisis system moving forward. He says several states have implemented a 9-8-8 user fee and many are considering it. In 2020, the Indiana General Assembly passed House Bill 1468 setting up the 9-8-8 trust fund for the state of Indiana, should they ever divert funds for this crisis system in the future. The trust fund covers the crisis hotline, mobile crisis response teams, and crisis receiving and stabilization centers. Dr. Drapeau says the simplest way to put it is ensuring that every Indiana resident has someone to call, someone to respond to them, and a place to go – making sure a system is in place to serve anyone, anytime, anywhere.

Dr. Drapeau references data from Arizona, where crisis services are split into three regions. He reports that Arizona found from these data that 80% of people who reached out for crisis concerns to their crisis hotline are stabilized at that level and do not need additional care. He says for those who do require additional care, 70% are stabilized at the mobile crisis level. Of those who need another level of care and enter into the crisis receiving facilities, the majority are stabilized at the facilities, and many remain stable in the community thereafter.

One outcome Dr. Drapeau points out is diverting people in crisis away from costly and restrictive interventions such as jails, prisons, hospitals, and inpatient units. Referencing Arizona, he says this system does just that and is something he hopes to replicate in Indiana. He said this system also frees up law enforcement, who often spend time responding to mental health crises, to focus more on public safety and provide more competent and efficient care to people in crisis.

Dr. Drapeau says the plan is to initially stand up 9-8-8 call centers in Indiana to serve as the connective tissue of the crisis system. These centers will ensure that those who reach out for help do not fall through the cracks and are connected to the care they need at the right time. The centers will not only be able to dispatch, but will also have bed registry crisis receiving facilities, so they know what is available and where to direct people to, whether a mobile crisis team can transport, and will also provide the opportunity to schedule 24/7 outpatient appointments. Dr. Drapeau says an issue across the state is connecting people to care after a crisis. He says that because this system is being built for the public, data will be made publicly available to hold the system accountable.

Dr. Drapeau says the state distributed a survey to Indiana residents to learn what Hoosiers understand about 9-8-8 and what it would take for them to trust and reach out in the future. Out of 820 respondents, the majority came from Marion and Allen counties. Dr. Drapeau says he noticed a lot of the qualitative feedback received matches really well with the definition of person-centered care. He says there are a lot of people in Indiana who want more person-centered and trauma-informed care when it comes to figuring out how to get support in a crisis. He says he has heard experiences of individuals who have contacted crisis lines and feel like the person on the other line is reading a script and not listening to what the caller is saying or isn't responding quickly. Dr. Drapeau asks, “How do we build a system that can give them that connection, concern, and care they're looking for?”

He says the other important piece of the 9-8-8 rollout is information sharing. He says this means effectively distributing the message of what to expect when someone calls and standardizing the system so no matter who responds, the caller gets a consistent response they can rely on. He says this will go a long way in building trust in the community so they will use this system. Dr. Drapeau asks, “If the public can't trust it, then what's the point of investing our time and money into this?” He says education also plays a large role in the rollout. How does an individual know they are in crisis? What happens to them when someone responds to their crisis? Collaboration with the public is also a priority for Dr. Drapeau. He says this system must involve the people it's serving.

Dr. Drapeau says the vision is to build a crisis response system that's quick and efficient, and provides competent and nation-leading crisis response services for every Indiana resident. He says the more one thinks about that last part of the vision – every Indiana resident – they realize the magnitude of such an effort. He notes that it will take a long time to figure out how to do that well because the existing system currently is not accessible to everybody. He says peer support

professionals are a significant part of the entire system. He says the goals of the system must be focused on the needs of Indiana residents first and foremost, and everything else is an appendage to that. Dr. Drapeau says several core area planning committees have been meeting to discuss how to prepare for the launch of the 9-8-8 crisis hotline in July 2022. He clarifies that the whole system does not need to be mapped out by July; the state must be ready to answer 9-8-8 calls by July 16, 2022. Over time, the state will increase its capacity to answer higher rates of 9-8-8 texts and chat messages and will implement mobile crisis teams and crisis stabilization facilities.

Dr. Drapeau shares a timeline with the Commission. He shares lessons learned from Dr. Margie Balfour in Pima County, Arizona.

Chairman Huntsinger calls for questions.

Mr. Shaun Odom asks if family members of a loved one in crisis can also call 9-8-8 on behalf of their loved one.

Dr. Drapeau says the goal is to build the system so it is accessible for as many Indiana residents as possible. The survey distributed last summer found that most responders said they reached out of 9-1-1 and the National Suicide Prevention Lifeline on behalf of a loved one. He says Indiana must be prepared to provide that level of support.

Agency Update — **Devon McDonald, Executive Director, Indiana Criminal Justice Institute**

Chairman Huntsinger introduces Mr. Devon McDonald, Executive Director of the Indiana Criminal Justice Institute, to provide an update on Indiana's Local Coordinating Councils (LCC). Mr. McDonald reports three LCCs are continuing their drug-free communities grant. He anticipates Scott County to continue with their grant because of their work toward the development of the Indiana Coalition Network. The ICJI Behavioral Health Division under Mr. Michael Ross is developing a 2021 annual report to highlight the work of the LCCs. ICJI will also publish its updated policies and procedures manual for the LCCs.

Mr. McDonald says over the last year, all 87 active LCCs submitted and had their comprehensive community plans approved. The Department is also updating its online training materials as a resource to the LCCs. The Department is also developing an LCC advisory group, comprised of ICJI representatives and 16 LCC members. He says this advisory group will provide networking opportunities and peer coaching among the LCCs. ICJI also recently revamped its website and is improving its data dashboards. The website will streamline the process for LCCs to update their comprehensive community plans as well as provide new data to the Commission and others throughout the state. It will also house reference materials for LCCs, a request from the LCCs over the last couple of years. Mr. McDonald says resources will be available for LCCs to download, review, and produce better information. The website will also house LCC meeting minutes, previous surveys, grant agreements, and ICJI's quarterly LCC newsletter.

Chairman Huntsinger calls for questions.

Chairman's Comments — **Chairman Douglas Huntsinger**

Chairman Huntsinger recognizes Representative Cindy Ziemke for her retirement from the Indiana General Assembly.

The Commission will meet Friday, May 6th, 2021, at 10 a.m. EST at the Indiana State Library, History Reference Room 211.

The meeting adjourns at 2:10 P.M.