

INDIANA COMMISSION TO COMBAT SUBSTANCE USE DISORDER

May 6, 2022

MINUTES

The Indiana Commission to Combat Substance Use Disorder met on May 6th, 2022, at 10:00 a.m. EST at the Indiana State Library, History Reference Room 211.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Mr. Evan Bartel (representing the Executive Director of the Indiana Professional Licensing Agency); Mr. Jay Chaudhary (representing the Secretary of the Indiana Family and Social Services Administration); Mr. Dan Evans; Indiana State Representative Ms. Rita Fleming; Ms. Deborah Frye (Executive Director of Indiana Professional Licensing Agency); Mr. Cory Voight (representing the Attorney General); Mr. Cris Johnston (Director of Office of Management and Budget); Mr. Michael Moore (representing the Executive Director of the Indiana Public Defender Council); Mr. Michael Ross (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); Mr. Donald Travis (representing the Director of the Indiana Department of Child Services); Ms. Lindsay Weaver (representing the Commissioner of the Indiana Department of Health); Ms. Angela West (representing the Commissioner of the Indiana Department of Correction); Indiana State Senator Ms. Shelli Yoder

Call to Order

Chairman Douglas Huntsinger

Chairman Huntsinger calls the meeting to order at 10:00 a.m. He introduces the recovery speaker, Mr. Phil Stucky.

Recovery Speaker

**Phil Stucky, Executive Director,
THRIVE**

Mr. Stucky shares his story of becoming addicted to opioids and his journey to become a person in recovery. He says he was introduced to opioids at 16 years old after sustaining an injury. He says he lost his children and went to treatment 12 times. He has been in recovery since 2014.

Mr. Stucky discusses his role at THRIVE, a regional recovery hub in Scott County. Prior to being named one of five initial recovery hubs by the Indiana Recovery Network and the Division of Mental Health and Addiction in 2020, THRIVE was run by volunteers, including 15 state-certified peer recovery coaches. THRIVE now oversees 21 counties as the southeast Indiana anchor hub where Hoosiers can receive free recovery coaching and referrals to services. Mr. Stucky says he has hired four full-time staff with people on call 24/7.

Mr. Stucky introduces Ms. Kelly Hans, director of Holding Space Recovery Project, to present on her partnership with THRIVE. Ms. Hans says she is a person in long-term recovery and recently created Holding Space Recovery Project as a nonprofit to house the Austin, Indiana, syringe

service program, which is currently before the Austin City Council. Currently, Hoosiers can visit Holding Space Recovery Project for non-syringe harm reduction services, including naloxone. She says Clark Memorial Hospital in Clark County is the first hospital in Indiana to receive a naloxone vending machine.

Chairman Huntsinger thanks Mr. Stucky and Ms. Hans and encourages members of the Commission to visit THRIVE and Holding Space Recovery Project in Scott County.

Know the Facts Campaign

Mr. Jim Gavin
Director of Communications and Media,
Indiana Family and Social Services Administration

Chairman Huntsinger introduces Mr. Jim Gavin, director of communications and media at the Indiana Family and Social Services Administration, to present an update on the Know the Facts campaign.

Mr. Gavin says the Know the Facts campaign has been active across the state for five years. The campaign is centered on three key messages: Addiction is a disease, treatment is available, and recovery is possible. He says the campaign seeks to educate and build empathy among Hoosiers to fight stigma around addiction, often cited as a barrier to treatment for individuals with substance use disorder.

Mr. Gavin says FSSA endeavors to replace negative thoughts with thoughts of hope, empathy and compassion, because through Know the Facts, more Hoosiers will know what's possible when it comes to recovery. He says he has met several heroes of recovery who have become focal points of the campaign.

Mr. Gavin plays campaign video.

Mr. Gavin says efforts are being made to take the Know the Facts campaign on the road. Research conducted over three of the last four years indicates that stigma around addiction is reducing statewide. He says there has been a 12-point increase over the last three survey cycles, in agreement with the statement that private and public insurance should pay a significant portion of treatment costs associated with substance use disorder. He says this likely indicates that Hoosiers are increasingly supportive of treatment and recovery resources.

Know the Facts is currently scheduled to continue through the federal fiscal year, with special emphasis on communities of color from a community outreach perspective and a targeted media strategy. Mr. Gavin says that while there have been increases in recent years in the number of Hoosiers seeking treatment, those increases are not as evident among minority communities, particularly among Black Hoosiers. He says Know the Facts will be embarking this year on a special project to target Indiana residents who are Black or from other minority groups, and specifically will address subject matter that may cause weariness about receiving treatment.

Mr. Gavin calls for questions.

Consideration of Minutes

Chairman Douglas Huntsinger

Chairman Huntsinger asks for a motion to approve the minutes for the February 4, 2022, meeting. Mr. Dan Evans moves to approve the minutes as presented. Rep. Rita Fleming seconds. Minutes are approved unanimously.

Agency Updates

**Mr. Jay Chaudhary, Director,
Division of Mental Health and Addiction,
Indiana Family and Social Services Administration**

Chairman Huntsinger introduces Mr. Jay Chaudhary, director of the Indiana Division of Mental Health and Addiction, to provide an agency update.

Mr. Chaudhary defines a wicked problem. He says he was tasked in 2019 with wrapping his head around the behavioral health treatment system and how it could be improved and refers to fixing the system as a wicked problem. He says wicked problems require wicked solutions. For Indiana, this meant taking a one-time infusion of various funding streams and using it to make progress toward a solution.

Mr. Chaudhary identifies four strategic priorities to sufficiently address the complexity of Indiana's behavioral health system: 1) sustainable structures, 2) access to services, 3) quality of systems and services, and 4) workforce. He says the solution to solving complicated problem is to build structures that will help navigate issues and lists four sustainable structures/key initiatives, including the 9-8-8 crisis system, Certified Community Behavioral Health Clinics (CCBHC), the criminal justice system, and peers and recovery hubs. Key initiatives to improve access to services include the Community Catalyst Grant program, Accelerator Grant program, and prevention, treatment, and intervention programming. Key initiatives to improve the quality of systems and services include assessments of best practices and delivery of services and regulatory structure assessment. Mr. Chaudhary says there is no short-term solution for workforce because Indiana is drawing from the same pool and there aren't enough people to do this work. DMHA is funding psychiatric residencies, fellowships, and internship programs because psychiatrists serve as a multiplier. He alludes to other plans in the works to expand Indiana's workforce.

Mr. Chaudhary recaps 9-8-8, the new three-digit number for behavioral healthcare response. He says Indiana is treating 9-8-8 as more than a suicide prevention hotline, but as an opportunity to build a new system of crisis care. He says building this system will take five to 10 years and is based on three pillars: Someone to call, someone to respond, and a place to go. Indiana's call system will be available to receive calls to 9-8-8 beginning in July 2022. He says he is proud of where Indiana ranks among other states' preparation for 9-8-8. Mr. Chaudhary says currently the only places for individuals with mental health crises to go is the emergency room or jail, and the goal of Indiana's crisis system is to divert individuals to other options. He references a slide visualizing what the crisis system should look like.

Chairman Huntsinger asks Mr. Chaudhary if funding is tied to the federal 9-8-8 legislation. Mr. Chaudhary says there is no funding tied to the legislation, however, states are authorized as part of the legislation to implement a surcharge on cell phone bills, similar to how 9-1-1 is funded. He

says five states have taken advantage of this opportunity. Legislation passed in 2020 creates a fund in Indiana. He looks forward to future discussions with partners on how to implement a surcharge.

Chairman Huntsinger asks if legislation must be passed by the Indiana General Assembly in order to implement a surcharge. Mr. Chaudhary says yes, legislation is required, and he promises the legislature a clear plan for how this potential funding could be used.

Mr. Chaudhary says 9-8-8 is only one part of the crisis system and says the underlying mental health care system is not always functioning at its optimal level to meet the needs of Hoosiers. He acknowledges that great work is happening in various parts of the system. He says he recently received an email from a sheriff titled, “Here’s an example of how nobody will help our folks,” and says the sheriff wasn’t wrong. Mr. Chaudhary reframes the email to say, “Here’s an example of how the system is not set up to allow these people to help our folks.” He says the federal treatment model called the Certified Community Behavioral Health Clinic (CCBHC) is the next iteration of the Community Mental Health Center (CMHC) model. This new model brings new healthcare concepts such as value-based purchasing and perspective payment rates to the behavioral health space and will open the system to individuals who want to help. This model is in the early stages of buildout. Mr. Chaudhary says the only deadline is to submit a plan for this transition from CMHCs to CCBHCs to the legislature by November 1, 2022.

Mr. Chris Naylor asks if the report will discuss how many CCBHCs are necessary to provide coverage for 7 million Hoosiers and the cost. Mr. Chaudhary says yes and confirms that they are doing intensive financial modeling.

Mr. Chaudhary references a slide visualizing the Sequential Intercept Model and says 9-8-8 and CCBHCs will be vital to this model. He offers an example of a tame problem – one in which you can wrap your head around the problem – long waitlists at Indiana’s state psychiatric hospitals. He attributes the wait lists to COVID-19, staffing issues, increased referrals from the justice system, and limited opportunities for diversion, creating risks for the system. Because it’s a tame problem, he says there are solutions. Historically, individuals committed to state psychiatric hospitals from the justice system only received care from the hospital. Now, individuals can receive care in other places, including the jail and through community restoration. He says Indiana started a pilot and found a 60% reduction in the time it takes to complete the process and a two-thirds reduction in costs for the process. He says DMHA is bringing 21st century healthcare innovations to the state psychiatric hospital network. Because this is a tame problem, Mr. Chaudhary says there is a tangible goal to reduce the waitlist from four months to four weeks by the beginning of state fiscal year 2025.

Mr. Dan Evans asks if a four-week waitlist is short enough. Mr. Chaudhary responds it is not.

Mr. Evans asks what can be done immediately to solve problems. Mr. Chaudhary says the 9-8-8 helpline is an existing structure and will make a big difference in July. He says Indiana is uniquely building its 9-8-8 platform on top of the existing 2-1-1 platform. He says many times behavioral health crises are not necessarily about behavioral health but about other social determinants. By building 9-8-8 on top of 2-1-1, he says he hopes to provide a seamless transition between the two.

Rep. Rita Fleming says she sees two opposites veering in different directions – an opinion about public and private insurance decreasing, going from 59% in 2020 to 33% in 2021. She says the public is asking why so much money is going toward this issue, however there is increasing need. She says funding is available but is limited and asks what metrics should be used to sell to the public that programs exist, and funding should be continued. Mr. Chaudhary references a metric found in a time-limited study about Arizona’s crisis system. He says that using ER and jail data, Indiana can make the case that if targeted investments are made right now, there will be a system-wide amount of return.

Mr. Cris Johnston says the tremendous amount of federal funding Indiana has received is temporary and allows for pilot programs in government. He says this is the time to try new things while also collecting metrics and understanding the reality that in 2025, a lot of this money will expire and must be expended by then. going to expire and must be expended by then.

Rep. Fleming says the legislature is often reactive rather than proactive or preventative and says it’s difficult to look ahead and spend money on prevention when there are overwhelming existing problems and people in crises. She says Indiana must find a way to make prevention of big part of funding.

Opioid Settlement

**Mr. Cory Voight,
Co-Chief Counsel, Complex Litigation Division,
Office of the Attorney General**

Chairman Huntsinger introduces Mr. Cory Voight from the Office of the Attorney General to discuss the opioid settlement.

Mr. Voight begins his presentation discussing the lawsuit against Purdue Pharma and a separate lawsuit against the Sackler family. He says a portion of funds were to go to the states at the time the Sackler family was going to contribute \$4.5 billion in return for release from the lawsuits that have been filed against them. He says the plan was appealed and a district court that oversaw the bankruptcy court in New York overturned that plan. He says several people appealed the decision of the district court to the Second Circuit. The Second Circuit is now considering whether the plan should be in place. He says the issue is whether the Sacklers should be released from life bankruptcy. He says he would anticipate a decision in the next three to six months.

Mr. Voight says Indiana has filed a lawsuit against the major distributors, AmerisourceBergen, Cardinal Health, and McKesson, and pursued a lawsuit upon settlement to get a consent judgment against Johnson and Johnson. The overall settlement is \$26 billion. He says Indiana filed consent judgments in our actions, and the settlement money is going to start flowing into Indiana.

Mr. Voight references legislation passed in 2021 to address distribution of the settlement funds, and that in 2022, legislation was amended to alleviate concerns about how funds were to be distributed under the original legislation. Legislation provides for half of the funds to be directly administered by the state through the Family and Social Services Administration and half of the funds to go to the local municipalities and counties directly. Mr. Voight says all of the litigating subdivisions have joined the settlement.

Mr. Voight says Indiana will receive \$506 million to combat the opioid crisis over the next 18 years. He says much of that money will be front loaded. 70% of the funds must go to education, prevention, and treatment programs. He says this money will likely arrive in the next several months, with the first distribution to occur at the end of the second quarter and a second distribution later this year. He says there will be a payment every July to the state and localities over the next 18 years.

Mr. Voight says the Office of the Attorney General continues to look at other entities that may have been responsible or had a hand in the opioid crisis. He says that without specifically discussing those entities or targets, there is one more that may be providing money – the Mallinckrodt bankruptcy. Mallinckrodt is an Irish pharmaceutical company that produces generic opioids. Mallinckrodt went into bankruptcy within the last year and has a plan that has been agreed to and has not going through an appeal process. He says Indiana will receive approximately 2.2% of the agreement.

Mr. Voight calls for questions.

Sen. Shelli Yoder asks Mr. Vought to verify whether half of the opioid settlement funds will go to the state and half will go to the localities. Mr. Voight confirms.

Rep. Fleming asks whether local agencies have guidelines in place for how to apply for funding. Mr. Voight says he has been in communication with the State Board of Accounts and the State Budget Agency and understands that the process is being rolled out to them. He says he is also in contact with Accelerate Indiana Municipalities and the Association of Indiana Counties to advise their members.

Chairman Huntsinger says FSSA is using the Johns Hopkins Bloomberg Public School of Health's Five Guiding Principles to ensure the dollars are used most efficient. He lists the principles: 1) Spend money to save lives, 2) use evidence to guide our spending, 3) invest in youth prevention, 4) focus on racial equity, and 5) develop a fair and transparent process for where to spend the funds. He encourages all local units of government to use these same principles when determining how to spend the funds they will receive from the settlement. He says FSSA is having conversations with stakeholders at the Association of Counties and the Indiana Council for Community Mental Health Centers. He says FSSA is envisioning setting aside funds for a match or incentive program, so when local units of government utilize their dollars in certain ways, Indiana will provide additional funds to support those programs. Chairman Huntsinger says areas of focus include treatment, recovery, infrastructure, prevention, harm reduction and workforce. A webpage with information regarding the settlement disbursement will be available at recovery.in.gov.

Agency Updates

**Mr. Michael Ross,
Director of Behavioral Health Division
Indiana Criminal Justice Institute**

Chairman Huntsinger introduces Mr. Michael Ross, director of the behavioral health division at the Indiana Criminal Justice Institute, to provide an agency update.

Mr. Ross says ICJI began overhauling the structure of the local coordinating councils by standardizing, strengthening, and ensuring the councils function in a stable way. He says he is happy to report that ICJI set a goal to have 95% of LCCs functioning and reporting on time with the standardized window by the end of April 2022, and 94% of existing LCCs this year met the goal. He says 92 LCCs could exist, and 87 are functioning now with two in the process of restarting, reaching 96%. ICJI will analyze these reports and provide support to LCCs to determine how to best use community dollars. ICJI has established a Local Coordinating Council Advisory Board to provide recommendations on thematic elements that can be used.

Mr. Ross says the Indiana Coalition Recovery Network continues to grow. The network was funded by ICJI two years ago via a pilot project. He says ICJI is developing its end of year LCC report.

Mr. Ross calls for questions.

Chairman's Comments

Chairman Douglas Huntsinger

Chairman Huntsinger reports that the overdose death rate surpassed 106,000 nationwide for the first time in a 12-month period last November. He says Indiana has accounted for roughly 2,700 of those deaths, and fentanyl is largely the driver. About 85% of overdose deaths in Indiana involve fentanyl. Overdose Lifeline, Inc. has distributed over 128,000 doses of naloxone since May 2020, an investment totaling over \$4 million. He says this includes 430 NaloxBoxes, 19 naloxone vending machines, and fentanyl test strips.

The Indiana Commission to Combat Substance Use Disorder will meet Thursday, August 4, 2022, at 10 a.m. EST at the Indiana State Library, History Reference Room 211.

The meeting adjourns at 11:21 P.M.