

INDIANA COMMISSION TO COMBAT DRUG ABUSE

August 5th, 2021

MINUTES

The Indiana Commission to Combat Drug Abuse met on August 5th, 2021, at 10:00 A.M. Eastern Time in Indiana Government Center South Conference Room B.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Dr. Kristina Box (Commissioner of the Indiana Department of Health); Mr. Douglas Carter (Superintendent of the Indiana State Police); Dr. Kristen Dauss (representing the Commissioner of the Indiana Department of Correction); Mr. Larry Hopkins (representing the Attorney General); Mr. Devon McDonald (Executive Director of the Indiana Criminal Justice Institute); Mr. Jason Murrey (representing the Secretary of Education); Mr. Chris Naylor (Executive Director, Indiana Prosecuting Attorneys Council); Dr. Daniel Rusyniak (Secretary of the Indiana Family and Social Services Administration); Mr. Jacob Sipe (Executive Director, Indiana Housing and Community Development Authority); Ms. Terry Stigdon (Director of the Indiana Department of Child Services); State Representative Cindy Ziemke

Call to Order and Consideration of Minutes

Chairman Douglas Huntsinger

Chairman Huntsinger calls the meeting to order at 10:00 A.M. He asks for a motion to approve the minutes for the May 6, 2021, meeting. Minutes are approved unanimously.

He addresses the Commission with updates on the statewide naloxone efforts, recalling back to May 2020 and the \$1 million partnership with Overdose Lifeline, Inc. to purchase and distribute 25,000 doses of naloxone. Through the Indiana Department of Health and Overdose Lifeline, Indiana has distributed over 55,000 doses of naloxone in 2021. Chairman Huntsinger says the state also announced in February the funding and placement of 215 NaloxBox units across all 92 counties. Indiana reported a 33% increase in fatal overdoses, according to the Centers for Disease Control and Prevention, on par with the national average. He says the need for lifesaving naloxone is more important than ever. Chairman Huntsinger announces a \$1.3 million partnership with Overdose Lifeline to purchase and distribute 35,000 additional doses of naloxone. With this funding in place, Overdose Lifeline also intends to purchase 215 more NaloxBox units, totaling 430 units statewide. He says to help Hoosiers get into treatment, we must keep them alive. Each dose represents another life that could be saved from this disease. Chairman Huntsinger thanks the Division of Mental Health and Addiction (DMHA), the Indiana Department of Health, and Ms. Justin Phillips at Overdose Lifeline. Chairman Huntsinger introduces Mr. Dock Henry, a peer supervisor at Phoenix Recovery Solutions in Tippecanoe County.

Recovery Speaker

**Dock Henry, Peer Supervisor,
Phoenix Recovery Solutions**

Mr. Dock Henry shares his story of long-term recovery from substance use. He says his recovery

started when his son asked him during a visitation, “Dad, I am done being bad. Can I come back home?” He says his six-year-old son blamed himself for he and his sister being removed from their home and placed in foster care. Mr. Henry says after his kids left, he fell to his knees and cried for someone other than himself. This led him to envision the father his children deserved, and he started his recovery journey. He is now a certified peer recovery coach at Phoenix Paramedic Solutions in Lafayette, Indiana. Mr. Henry says he is not the neglectful parent who chooses drugs and criminal behavior over his children, nor is he the sum of his mistakes. He is someone improving his community and working to be the best father and husband he can be. He says he aims to be a beacon to those who are lost and alone. Mr. Henry’s “why” is to be the voice to the voiceless, and he wants to make someone else’s world a little bigger, provide more opportunity, and be surrounded by a lot more hope. Chairman Huntsinger thanks Mr. Henry for sharing his story. Chairman Huntsinger invites Mr. Cory Voight and Ms. Betsy DeNardi to present on the state of the opioid litigation settlement.

Opioid Settlement

**Cory Voight and Betsy DeNardi,
Co-Directors of Complex Litigation,
Office of Attorney General**

Mr. Cory Voight, Co-Director of Complex Litigation in the Office of Attorney General, gives an overview of the litigation the state has brought against Cardinal Health, McKesson, AmerisourceBergen, and Johnson & Johnson. The office has also participated in the prosecution against Johnson & Johnson, by serving on the executive committee in the multi-state litigation. Mr. Voight discusses the settlements with Johnson & Johnson and distributors Cardinal Health, McKesson, and AmerisourceBergen. He reports the settlement was announced July 21, 2021, by a bipartisan group of state Attorneys General. The state has 30 days to decide whether to join the settlement. State and local governments in Indiana could receive up to \$507 million for these settlements over several years, however, that amount could be reduced by up to \$237.9 million if all local subdivisions do not join the settlement. Assuming the settlement moves forward, Mr. Voight says funds will start arriving in April 2022 and payments will be made annually over the course of nine years for Johnson & Johnson and 18 years for the distributors. He also describes additional general provisions to the settlements. Money from the settlement will be divided into amounts for state funds (15%), subdivision funds (15%), and abatement funds (70%) that must be approved uses for opioid treatment, prevention, and education. Mr. Voight says subdivisions cannot join the settlements unless the state decides to join; the defendants will not settle with local governments if the state does not participate in the settlement to obtain global peace. National attorney fee funds will pay some or all attorneys’ fees, and a sub-fund called the common benefit fund will provide additional monies to the subdivision attorneys if those attorneys did work that benefited all the subdivisions.

Mr. Voight introduces his co-director, Ms. Betsy DeNardi to discuss the potential loss of \$237.9 million. She starts by clarifying how the incentive payments work. There are several incentive payments that can be received through the settlement, but those incentives require both litigating and non-litigating political subdivisions to join the state’s plan for allocation of the funds. Ms. DeNardi gives an example. In the Distributors’ Agreement, the payment would be increased by almost \$62 million if all litigating and non-litigating subdivisions with a population of 30,000 or

more join the settlement. She also specifies the 45 litigating subdivisions and their opt-in date. Ms. DeNardi calls for questions.

Substance Use Prevention Programming

**Sirrilla Blackmon, Deputy Director,
Division of Mental Health and Addiction,
Indiana Family and Social Services Administration**

Chairman Huntsinger introduces Ms. Sirrilla Blackmon, deputy director of addiction & prevention, youth services and CLC within DMHA. He says Ms. Blackmon's team of 10 regional prevention coordinators across the state has been instrumental in developing prevention strategies. Ms. Blackmon introduces Prevention Program Director, Ms. Jeannie Bellman. Ms. Bellman recounts the DMHA prevention mission, to reduce substance misuse and promote behavioral health across the lifespan of Indiana by maintaining a coordinated, effective, and accountable system of prevention and behavioral health promotion services to ensure their vision of sustainable environments that nurture, assist, and empower all Indiana citizens to access and experience optimal physical, mental, and emotional health. She informs the Commission of their funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG) – more specifically, the 20% set aside for primary prevention. Ms. Bellman presents a 4-minute video defining primary prevention. She says there are additional prevention initiatives for special populations including older adults (50+), pregnant women, and historically underserved/vulnerable populations. Senior citizens face several risk factors. Ms. Bellman says there are prevention initiatives already in place, including Wellness Recovery Action Plan (WRAP), Identifying Depression and Empowering Activities for Seniors (IDEAS), Raising our Children's Kids (ROCK), and Wellness Initiative for Senior Education (WISE).

The next population is pregnant women. Indiana is an affiliate of the National Organization on Fetal Alcohol Syndrome (NOFAS), which primarily focuses on alcohol, but Ms. Bellman says they are aware people who drink while pregnant will often consume other substances. Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that describes a wide range of effects that can occur in an individual exposed to alcohol during pregnancy. Indiana NOFAS, Inc. works to prevent prenatal exposure to alcohol, drug, and other substances known to harm fetal developments by education, advocating, and supporting professionals, policy makers, families, and individuals throughout Indiana. Indiana NOFAS joins the United States Surgeon General in advising women to abstain from alcohol during pregnancy due to the risk of birth defects.

The final population Ms. Bellman refers to is historically underserved and vulnerable populations. They are the newest group DMHA is looking to address. The National Council for Mental Wellbeing studied the impact of the COVID-19 pandemic on these populations, and Ms. Bellman summarizes the outcome from the council, stating that mental health and substance use crises within the population impacted adversely black, Hispanic, Asian, Native American, and LGBTQ+ individuals. Ms. Bellman says they are looking to engage grassroots organizations to provide prevention programming to those who have been most affected by the pandemic. They are looking to organize funds for indigenous, people of color, and LGBTQ+ populations.

Ms. Bellman introduces Catherine Blume, Synar and Alcohol Program Director, to explain the Synar Amendment (1992), a regulation requiring states to enact and enforce laws prohibiting the sale and distribution of tobacco products to individuals under 18. In January 1996, SAMHSA issued guidance resulting in the Synar Report. The Synar Report is required annually from grant dollar recipients. The report is due annually on December 31. Part of the Synar Report is to sample tobacco retailers across the state with the help of excise officers to do underage inspections. These inspections help produce the retailer violation rate (RVR). The RVR is required to stay at 20% or under, or the state can lose up to 40% of its grant dollars. Ms. Blume recounts last year, Indiana ended at around 15% and this year, pending the final numbers, Indiana is estimated to be roughly at 14-15%. Ms. Blume works with colleges and universities around the state to implement alcohol prevention programming. Ball State University, Ivy Tech Community College Kokomo, and Indiana University Bloomington finished year one of their grant cycle. This included a lot of capacity building and working through the strategic prevention framework, and several schools have developed their own coalitions on campus to address this. Substance use on college campuses is mostly centered around alcohol, but marijuana and tobacco have also become prevalent. Notre Dame, Purdue University, and IUPUI were previously funded universities and they have implemented long-term sustainable programs. Ms. Blume found the colleges could still use extra support, so the Collegiate Action Network issues several grants to do prevention work on smaller scales for universities across the state. They also meet regularly to discuss substitutes and mental health. The Coalition of Underage Drinking focuses on individuals under the age of 21.

Ms. Blume introduces Ms. Melissa Carroll, Prevention Bureau Chief at DMHA. Ms. Carroll oversees 15 community prevention organizations that provide primary prevention to over 15 counties. These organizations assess their community's needs, determine their target population,, and determine the strategies to best address those populations. Ms. Carroll says her organizations primarily focus on families and youth enrolled in before and after school programs. To be one of her organizations, 70% of their programs must be evidence-based; the other 30% can be evidence-based or best practice. Ms. Carroll says they will also be funding 25 additional organizations through the COVID Stimulus Fund. Ms. Carroll refers to her slide on Community Prevention Grants to show who is currently being funded. There are eight partners within the Prevention Leaders Group. All 92 counties are divided into 10 regions with regional prevention coordinators who coordinate with local stakeholders to create client consultation boards. Client consultation boards are meetings held by the local coordinator to discuss the needs of the region on a systemic level. Members of the client consultation board choose someone to represent them on a regional council. The regional council is invited to the annual congress. Ms. Carroll says the outcome of the annual congress is information feedback to state partners, who shape programs or policies.

Ms. Carroll introduces Regional 1 Prevention Coordinator, Ms. Joetta Collins to describe her role. Ms. Collins says the regional prevention system is a bumpy ride but says its helped connect influencers and partners within the region to each other. She serves as a link between the community and the state, relaying necessary information to DMHA. She also helps shape policies and strategic planning, and frequently meets with individuals in the community,

including volunteers, librarians, schools, and law enforcement. Client consultation boards are called client-focused because the regional coordinator is not there to prescribe the community what it needs, but to listen to what the community needs. Ms. Collins describes her three consultation boards and how they represent three of the largest counties in the state. She says the goal is to improve access to equitable healthcare and encourage more participation in regional prevention systems. Ms. Collins calls for questions.

Agency Updates

**Devon McDonald, Executive Director,
Indiana Criminal Justice Institute**

Chairman Huntsinger introduces Mr. Devon McDonald, director of the Indiana Criminal Justice Institute (ICJI), to share updates with the Commission. Mr. McDonald thanks Chairman Huntsinger for the opportunity to speak. He says ICJI conducted a survey earlier this year on 82 of the local coordinating councils (LCCs). Of the 82 counties, 49 counties responded. The data collected showed that 79% of the surveyed LCCs want to primarily focus on recruiting new members. 50% and 51% want to also focus on expanding the board of directors and increase advertising efforts. Mr. McDonald refers to his next slide to show other useful data that came from the survey including service alignment and average accessibility of drug treatment services by county. Another outcome of the survey was realizing the impact COVID-19 had on LCC funding. Mr. McDonald describes the Comprehensive Community Plan (CCP), a data-driven document addressing substance abuse and substance use disorder issues at a local level by focusing on risk and protective factors. The plan aims to mitigate drug and alcohol problems through the implementation of evidence-based programs and SMART goals. 87 of the 92 counties successfully submitted the CCP by April 1, 2021, leading to 88 active LCCs and 4 inactive LCCs. The End of the Year Report (EoYR) requires the LCCs to provide information on all their programs funded during the previous CCP year and the money expended in each category (i.e., prevention, intervention, criminal justice, and administrative). 86 counties submitted a report on April 15, 2021. 84 reports were approved and 2 are awaiting modification submission. Mr. McDonald announces a roughly 15% decrease in LCC funding in all categories due to the impact of COVID-19. He then refers to his slides to cover the highest regional funding levels. He informs the Commission of a worrying trend of higher impaired driving under the influence of drugs other than alcohol. Mr. McDonald calls for questions.

Chairman's Comments

Chairman Douglas Huntsinger

Chairman Huntsinger calls for questions. He thanks the presenters for sharing information with the Commission. A livestream of today's meeting is available at [in.gov/recovery](https://www.in.gov/recovery). Chairman Huntsinger thanks the Commission for joining today's meeting. The next meeting is scheduled for Thursday, November 4th, 2021, at 10:00 a.m. EST at the Indiana State Library, History Reference Room 211.

The meeting adjourns at 11:35 A.M.