Indiana Commission to Combat Drug Abuse
August 23, 2018
Minutes

The Indiana Commission to Combat Drug Abuse met on August 23, 2018 at 10:00 A.M., EST at Indiana State Government Center South, Conference Room B, Indianapolis, IN.

Present: Chairman Jim McClelland; Lt. Col. Larry Turner (representing Indiana State Police); Ms. Stephanie Anderson (representing Indiana Department of Correction); Ms. Deborah Frye (Executive Director, Indiana Professional Licensing Agency); Mr. Aaron Negangard (representing the Attorney General); Ms. Bernice Corley (Executive Director, Indiana Public Defender Council); Mr. Mark Keen (representing the Superintendent of Public Instruction); Mr. David Murtaugh (Executive Director, Indiana Criminal Justice Institute); Mr. David Powell (Executive Director, Indiana Prosecuting Attorneys Council); Judge Mark Smith (Hendricks County Superior Court); Terry Stigdon (Executive Director, Indiana Department of Child Services); Mr. Micah Vincent (Director, Office of Management and Budget); Dr. Jennifer Walthall (Secretary, Indiana Family and Social Services Administration); State Representative Cindy Ziemke; Dr. Kristina Box (Commissioner, Indiana State Department of Health – participated via phone and did not vote)

Call to Order **Jim McClelland, Chairman**
Chairman McClelland called the meeting to order at 10:02 A.M. He asked for any revisions to the minutes for the May 3, 2018 meeting. They were approved unanimously.

Recovery Story **Stacey Totten, Transitional Living Manager, Hamilton Center, Inc.**
While preparing to give her testimony of recovery, Stacey Totten described the account of receiving news of a close friend who had overdosed on oxycodone the night before the commission meeting. She said this instance was the perfect illustration of what addiction is—the reality that there isn't really a purpose for taking the drugs after a certain point, you just keep doing it.

Her story began with a good family and a normal childhood, including playing volleyball and tennis in school. The turning point came at age 12 when her parents divorced. After this occurred, she became very depressed. When her mother took her to their primary care physician, she was prescribed Xanax. She stated this would only cover up the actual problem of mental illness.

As she grew older, she became a functioning addict. She worked full-time during the day, but would party hard at night. One night someone introduced her to methamphetamine. After this experience, she was no longer taking drugs to feel happy, but taking them to stay high. After a year, she eventually overdosed and woke up in the hospital. After going to therapy, she knew she could either fight the addiction or stay in this cycle. Unfortunately, she decided to keep using.

After a while, she decided her employment was getting in the way of her drug use and she quit working. In 2011 she was convicted of a Class A felony because she started to deal

methamphetamine. While in jail, she began thinking how everything she valued was worthless. Her degree and her career would amount to nothing. When she went to court, she plead guilty and was sentenced to twenty years—eight years on house arrest and twelve years' probation. During house arrest, she completed rehab and sober living.

After the sentence, her life was not easy. She had to live with the guilt of what she had done while also dealing with the fact her record now counted her as a felon. She began treatment, which was an hour and a half away from her house, but no one would hire her.

Eventually she was able to get a job at a turkey factory. She thought this was going to be her life now, but wanted more for herself. When one of her mentors called and told her about the Hamilton Center, she immediately asked for an interview. She was given the interview and received the job with the Hamilton Center. After people started coming to her for help, she realized she no longer wanted to remain anonymous, but wanted to share her story and help others who were in the same position.

She emphasized that because of the program and her supportive community, she is able to remain sober and help other people. The resources now available are important to help people with substance use disorder recover.

Currently she serves on several boards, including the Advisory Committee for the Vigo County School Corporation, the Indiana Recovery Counsel, and is the Transitional Living Manager for Hamilton Town Center for men and women. She has been able to use her story of disease and conviction to serve other people and wants others to see that second chances are possible.

Naloxone Data **Dr. Michael Kaufman,**
EMS Medical Director,
Indiana Department of Homeland Security

Dr. Michael Kaufman, the EMS Medical Director at the Indiana Department of Homeland Security updated the commission on the work his team has done thus far. He started with the reminder that EMS is the emergency medical care of the patient and is much more than a ride to the hospital—it involves multiple people and agencies. Indiana's EMS system is ready every day for every kind of emergency.

Since 2012, Indiana has seen a significant increase in opioid-related emergencies. Prior to 2014, Naloxone (Narcan) use was restricted to advanced life support paramedics. With the passage of SEA 227, Naloxone use was expanded to EMS, law enforcement, and other public safety personnel. In 2015, SEA 406 was passed allowing Naloxone to be obtained, administered, and reported by a family member or friend. The Department of Homeland Security under Administrative Code 836 has been tracking the administration of Naloxone for the purpose of syndromic surveillance and quality improvement. Timely surveillance is a key metric to the emergency response, law enforcement, and overdose prevention efforts in Indiana.

He cited a recent CDC morbidity and mortality report titled "Naloxone administration frequency during emergency medical services events." This report emphasized the importance of tracking Naloxone usage. The data can help in more timely interventions and improved treatment, enable

agencies to compare with national numbers, useful for identifying populations at risk and populations in need of services, and it could help widen the scope of our discussion.

He said that the Naloxone Heat Map was developed through a partnership between Indiana Management Performance Hub and Department of Homeland Security and displays where Naloxone has been administered during EMS runs since January 2014.

He then introduced Lee Everett.

Naloxone Heat Map Presentation **Lee Everett, Director of Engagement and Analytics Indiana Management and Performance Hub**

Lee Everett with the Indiana Management Performance Hub described the Naloxone Heat Map. He showed the commission the process of finding the map online, using the location setting on the map, and other information features of the map. He said the map provides locations where administrations are occurring and can help local personnel help their communities.

In explaining the map, he described that each of the dots is an actual incident. The dots are not each administration, but the actual Naloxone run itself.

To protect privacy, the incident location could be up to 500 meters from the actual spot. In more populated areas, the dot could be 100 meters away from the actual location, but in rural areas, it could be 500 meters away. He reiterated that they wanted to protect people's privacy with this map.

Naloxone Data **Dr. Michael Kaufman, EMS Medical Director, Indiana Department of Homeland Security**

Dr. Kaufman concluded his presentation by saying he was excited to present this to not only EMS individuals, but also communities, faith based organizations, and others to promote help for those struggling with drug abuse.

Clark County Cares **Dr. Eric Yazel, Attending Physician, Clark Memorial Hospital & Clark County Health Officer**

Clark County Attending Physician Dr. Eric Yazel gave some information regarding his county's involvement in the opioid epidemic, their successes to compact the crisis, and future challenges they will need to overcome.

He first provided background on Clark County. With a population of 125,000, the county has seen 89 overdose deaths in 2016 and 182 ER visits. The EMS coverage in the county had a greater than 15 minute response time and has had an impact of $1 billion in medical care, lost workforce, etc.

He said they built a community wide effort, which was initiated by Clark County Cares. The group accepted the problem and sought to seek cooperation to avoid duplication. Clark County Cares has developed a comprehensive opiate response plan from start to finish, which included prehospital and emergency department follow-up.

Yazel described programs, such as Everbridge and PulsePoint, being used in his county to help keep local providers updated on issues, trends, etc.

He explained their process after a person comes in from an overdose or someone coming in requesting help for drug abuse. First, the ER assesses the patient to see if they are in need of medical or behavioral help. Then, the addiction transition team takes over. This team is a multidisciplinary team of community stakeholders who meet monthly to discuss treatment options and new services in community, minimizing duplication, and improving communication. The patient is given a handout showing up-to-date options in the community, as well as the survey to help identify needs and strengths and weaknesses of the program. The ER Follow-Up Clinic is the backbone of the program.

The ER Follow-Up Clinic is a once weekly clinic where anyone who has been seen in the ER can follow-up on a walk-in basis, regardless of ability to pay. The patient receives medical treatment, medication to assist withdrawal symptoms (not MAT), scheduling behavioral health appointment, basic need assessment-clothing, food, housing assistance, as well as Narcan training for the patient and family. The program revisits the different community resources as outlined in the Addiction Transition Team handout. The patients are welcome to return on an as-needed basis until they are in stable inpatient or outpatient management.

Dr. Yazel said the success rate in their county has been improving rapidly. Overdose deaths declined 30% from 2016-17 (89 to 57). Emergency department-related heroin visits declined from 182 to 171. They have also been able to expand their Syringe Services Program to every daily instead of weekly.

He discussed several barriers, including EMS unit availability, lack of community partners, and the need for more real-time or acute follow-up within a 24-48 period. He emphasized the delays to behavioral health and said they want to be able to serve them right now do not want the system to fail them.

He concluded by emphasizing that the problem is getting better, but there is still much to do.

ICJI Report **Dave Murtaugh, Executive Director, Indiana Criminal Justice Institute**

Dave Murtaugh updated the commission on the work the Local Coordinating Councils are doing, including meeting with the Governor's staff and holding networking sessions with the six regional sections.

The sessions were designed to facilitate and discuss questions—what do counties want and expect from ICJI? What are some of the challenges the coalition faces? What good and bad is

ICJI doing? What are we going to do with some of the decreases in fees collections across the state?

The six regions of the state are continuing to meet and are inviting the counties that didn't meet to join. Participants said it was good to hear from other coalitions about trainings and how each of them are doing. One area ICJI was told would be a good part to add to the meetings is having each county share their success stories with each other.

He said that correction, probation, and law enforcement officers have reported an uptick in meth. They would like to know more about jail based programs in their communities and MAT treatment.

Murtaugh said they would continue to meet with Jim McClelland and his staff to address the policies and concerns going forward.

Employer Training for Best Practices in Treating Substance Use Disorders

Kevin Moore, Director, Division of Mental Health & Addiction, Family & Social Services Administration

Kevin Moore first discussed HEA 1007, which requires DMHA to provide awareness training and best practice guidelines for employers. The bill outlines DMHA as helping to identify the signs and symptoms of addiction, proper testing and referral to treatment, how to manage recovery and relapse, the use of peers in the workplace, etc. The law was effective on July 1st. Shortly thereafter FSSA issued an RFP to find a partner to help implement these processes.

Moore then shared how the significance of the program was driven home to him last week with the Belden Corporation who realized they were struggling with recruitment and retention. The company decided to implement a program that would allow those who failed the drug test to enter treatment, come back to be tested again, and receive the job upon a clear drug test. Rather than employers immediately terminating them for a positive drug screen, the employer refers them to treatment. They are keeping people employed and are growing in their community.

Moore explained how this program is extremely important; this is a workforce solution. They are keeping people employed and are seeing more applicants.

Moore told the commission that this action also is subject to the approval of this commission and asked for approval for the Division of Mental Health & Addiction at FSSA to implement the program as outlined in statute.

Chairman McClelland asked for a motion to that effect. The vote was unanimously in favor.

Second Year Cures Act Funding, Other Grant Opportunities & OTP Update

Kevin Moore, Director, Division of Mental Health & Addiction, Family & Social Services Administration

Moore continued his update by informing the commission about current funding updates and future grant funding opportunities.

Federal funding totaled $57 million. The caveat is that these grants are to focus on the opioid crisis in Indiana. He emphasized how they wanted to use these dollars strategically, including with Department of Homeland Security, Department of Workforce Development, addiction counselors, and other agencies.

Funding has so far been disbursed for programs, including:

- Access to residential treatment
- Offering Medicaid assisted treatment
- Opening up an adolescent treatment center in May
- Investing in Indiana 211 open beds clinic
- Using cures dollars to open beds, with about 1,000 beds added so far
- Establishing emergency crisis center teams, providing face-to-face contact
- Continuing to make referrals to treatment
- Diligently working to provide training for treatment, specifically with Dearborn and Wayne Counties.
- Purchasing 180 Naloxone kits
- Training over 120 community based providers
- Funding for 10 counties for quick response teams and follow-up to those who have had an overdose
- The "Know the O Facts" stigma reduction campaign

He then updated the commission on the Year 2 Cures plan, which will continue many of the efforts started in year one. He also said they are seeking to gain additional funding for expansion of screening and treatment, which will include:

- Treatment for pregnant woman and the follow-up afterwards
- Ongoing housing and job training assistance.
- Help those in need of assistance with housing
- Funding for individuals who have a license in social science, but would like to receive their credential in drug help

He then talked about the State Opioid Response (SOR) grant, which the state will receive this fall, totaling nearly $17.8 million.

The agency organized three constituent meetings to discuss how the money would be spent. The first discussion was internally with state agencies, the second was external with judicial and legislative partners, and the third was with stakeholders or others involved in this line of work. Out of those meetings, they received 156 ideas on how to spend the funds and were able to incorporate 66 of those ideas into the SOR grant. They will continue to work on the other ideas, but could not fit them all into the SOR grant.

Moore stated that they will continue to partner to grow recovery houses across the state. A lot of the SOR grant money will go to recovery efforts, including helping providers understand

addiction through training and support. The money will also be used in partnership with DOC to train offenders as recovery coaches while they are incarcerated.

Moore also said they will continue working on the ongoing plan for his division, including dollars for veterans, addressing cultural issues, and training for recovery coaches.

If the SOR grant is approved, Moore will be hiring more staff and a statewide opioid director, which is a required part of the grant.

The last topic Moore touched on was a quick update on the five new opioid retreatment centers. He said the clinics are clean, professional, and well-designed medical clinics. The opportunity to open an additional nine new centers is a great opportunity for Indiana.

ISP Lab Update **Eric Lawrence, Director Forensic Analysis, Indiana State Police**

Eric Lawrence, Director of Forensic Analysis for Indiana State Police, updated the commission on the status of the forensic analysis at the four current state laboratories in Indiana.

Lawrence discussed the increasingly overwhelming amount of work that laws and stipulations have placed on analysts. The number of controlled substances added to the list, weight requirements, safety precautions, and required paperwork make the task almost impossible to complete in a reasonable amount of time. Currently, ISP is backlogged for 6 months on drug analysis.

His response long-term is to construct three new laboratories to help with the workload. His short-term response is to consider various new ideas such as outsourcing of specific cases, considering reducing the amount of items taken in, increasing the staff at existing facilities, and legislative relief from weight requirement.

Meeting adjourned at 11:55am.

The next meeting will be held on Thursday, November 8, 2018 at 10 a.m. ET.