

INDIANA COMMISSION TO COMBAT SUBSTANCE USE DISORDER

November 3, 2023

MINUTES

The Indiana Commission to Combat Substance Use Disorder met on November 3, 2023, at 10:00 a.m. EST at Indiana Government Center South, Conference Room A.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Mr. Stephen Balko (representing the Indiana Secretary of Education); Mr. Evan Bartel (representing the Indiana Professional Licensing Agency); Ms. Bernice Corley (Executive Director for the Indiana Public Defender Council); Mr. Dan Evans (retired CEO, Indiana University Health); Indiana State Representative Rita Fleming; Mr. Cris Johnston (Director of the Office of Management and Budget); Ms. Amy Kent (representing the Indiana Department of Health); Indiana State Representative Cindy Ledbetter; Mr. Devon McDonald (Executive Director of the Indiana Criminal Justice Institute); Mr. Eric Miller (Director of the Indiana Department of Child Services); Mr. Chris Naylor (Executive Director of the Indiana Prosecuting Attorneys Council); Ms. Christina Reagle (Commissioner of the Indiana Department of Correction); Mr. Jacob Sipe (Executive Director of the Indiana Housing & Community Development Authority); Mr. Cory Voight (representing the Office of the Attorney General)

Call to Order & Consideration of Minutes

Chairman Douglas Huntsinger

Chairman Huntsinger calls the meeting to order at 10:00 a.m. Chairman Huntsinger asks for a motion to approve the minutes for the August 3, 2023, meeting. Mr. Dan Evans moves to approve the minutes as presented. Mr. Steve Balko seconds. Minutes are approved unanimously.

Chairman Huntsinger recalls a Nov. 4, 2021 presentation from HealthLinc, a northwest Indiana federally qualified health center, on the development of their mobile integrated response system (MIRS). Since then the Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) has made significant progress with MIRS and contracted Third Horizon Strategies to evaluate the work of all 11 MIRS teams and provide recommendations for sustainability and expansion.

Chairman Huntsinger introduces Mr. Mark Loggins, Assistant Director of Addiction Services at FSSA-DMHA, to provide the Commission a summary of the MIRS program.

Mobile Integrated Response System Evaluation

**Mark Loggins,
Assistant Director of Addiction Services,
Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Mr. Loggins says he intends to provide a high-level overview of the MIRS program and share an evaluation of the project thus far. The MIRS program began in 2019, utilizing a supplemental award from the State Opioid Response Grant. The MIRS program must meet several stipulations of the grant, including evidence-based components, quick/mobile response teams comprised of peer recovery coaches with the ability to meet people in their place of need, trauma-informed/recovery-oriented systems of care, cooperation with certified healthcare entities, and naloxone distribution.

Mr. Loggins provides an overview of the timeline of the MIRS program, explaining that it started in June 2019 with seven providers serving 15 counties. As of September 2023, there were 11 providers serving over 30 counties, having served over 16,000 individuals since 2019. He acknowledges that while the MIRS program is entirely funded by the State Opioid Response Grant, DMHA understands this grant is not permanent and is fully invested in the sustainability of MIRS.

Mr. Loggins says Third Horizon Strategies was selected to provide a comprehensive third-party evaluation of the MIRS program. The evaluation began in December 2022 and concluded with a final report on September 29, 2023. He introduces Ms. Sara Howe, senior director of Third Horizon Strategies, to present the evaluation findings.

Mobile Integrated Response Evaluation

**Sara Howe, Senior Director,
Third Horizon Strategies**

Ms. Howe describes Third Horizon Strategies as a Chicago-based boutique healthcare advisory firm, focused on improving the healthcare system across the country.

Ms. Howe describes Third Horizon Strategies' agreement with DMHA, including evaluating the statewide MIRS program for service delivery, quality, capacity, outcomes, and sustainability; visiting each of the 11 MIRS sites to identify specific practices, strengths, and opportunities; and providing DMHA with recommendations for long-term sustainability of the MIRS program.

Ms. Howe gives insight into the methodology of the evaluation process. In addition to on-site visits, Third Horizon Strategies compiled existing datasets focused on the impact of opioid use disorder in Indiana, developed a formal assessment tool, and analyzed available Government Performance and Results Act (GPRA) data submitted through the Substance Abuse and Mental Health Services Administration (SAMHSA) Performance Accountability and Reporting System (SPARS).

She describes the key pieces of the MIRS program, including medication-assisted treatment, addressing health-related social needs, justice system in-reach and re-entry, and peer recovery

services. MIRS provides a comprehensive list of services that can help an individual begin their recovery and stay on that path. Ms. Howe describes the three models a MIRS site can operate as:

- 1) Certified Community Behavioral Health Clinic, Federally Qualified Health Center, or primary health care provider
- 2) Behavioral health, addiction treatment, or recovery support services provider
- 3) Coalition of service organizations staffing the MIRS site, while an independent non-direct service organization serves as the grant administrator

Ms. Howe says her team observed that, across all three models, community partnership is essential to the program's success. These partners include local EMS, law enforcement, and transportation services.

She lists key themes her team identified in their evaluation. Negative themes included limited access to transportation, lack of resources for unhoused populations, and limitations on eligible grant uses. Third Horizon Strategies identified that MIRS teams consistently contribute to positive change in community attitudes and that DMHA is a responsive and resourceful partner. These positive changes in community attitudes have led to increased workforce opportunities and reduced stigma, allowing those struggling with substance use disorder to seek treatment and progress forward in their lives.

Ms. Howe breaks down demographics such as gender, race/ethnicity, and age. She also highlights the employment status and justice involvement of MIRS clients, pointing out that most clients were unemployed upon intake, while very few had been arrested in the month prior to intake. She says approximately two-thirds of clients were housed upon intake, with the rest unhoused.

Ms. Howe identifies the most used MIRS services as case management and recovery support services. The most common treatment services deployed to clients included treatment planning, screening, and referral to treatment as reported upon discharge. Lastly, the most common peer-to-peer services deployed were peer coaching. Clients who engaged in peer coaching had, on average, 12.53 services.

Ms. Howe shares the overall outcomes for the entire MIRS program. From intake to follow-up, abstinence rates, arrest rates, employment/education rates, health/behavioral/social consequences rates, housing stability, and emergency department rates all improved. On the other hand, social connectedness slightly decreased. She clarifies that social connectedness decreasing could be considered a positive if clients were disconnecting from people who did not support their recovery. They also found that clients who were on medication-assisted treatment tended to experience more favorable outcomes upon follow-up.

Ms. Howe describes peer recovery coaches as the cornerstone of the MIRS program. Peer recovery coaches funded by MIRS assist with not only providing emotional support to clients, but also with non-clinical services such as social security cards and licenses. She attributes the low turnover rate of peer recovery coaches to the rewarding nature of the work. Still, despite the success of the recovery coaches, MIRS sites still experienced workforce shortages. The most difficult position to recruit is case managers, with rural communities in particular facing a lack of

qualified mental health and SUD professionals. Ms. Howe says most MIRS sites indicated that sustainability is one of their biggest concerns, namely in terms of funding outside of grants. However, even if these grants are renewed, they include certain restrictions and stipulations for each MIRS site.

Ms. Howe recommends the state identify and secure additional funding sources, set a minimum GPRA data submission threshold, develop consistent key performance indicators, have MIRS sites work with the Integrated Re-entry and Correctional Support program, and implement support networks for MIRS site staff. Ms. Howe introduces Ms. Maddy Combs and Ms. Lynette Clark of Integrative Wellness.

Mobile Integrated Response Systems Evaluation

**Lynette Clark, Director,
Maddy Combs, Peer Recovery
Support Team Lead, Integrative Wellness**

The Integrative Wellness MIRS teams serve three counties: Clinton, Montgomery, and Boone. Ms. Combs says each county has unique needs, therefore the MIRS teams function differently in each county.

Ms. Combs says Montgomery County's MIRS team was launched in 2019 and works closely with the Crawfordsville Fire Department's existing quick response team. Montgomery County MIRS also operates a 24/7 hotline for access to peer recovery support and crisis response. She says the hotline removes the red tape of having to wait six weeks for intake.

Ms. Clark says the Boone County Sheriff's Department, county jail, and local emergency departments have been valuable partners to the Boone County MIRS team. In Clinton County, Integrative Wellness sub-contracts with Healthy Communities of Clinton County to provide mobile response services. Healthy Communities has its own peer program, which the MIRS team helped establish.

Mr. Loggins says the evaluation has been shared with all MIRS providers and will be made available to the public. He says the work with Third Horizon is currently in Phase 2, intended to answer how the state can implement Third Horizon's recommendations, how to improve the current model, how to sustain funding for MIRS, and how to replicate MIRS in other Indiana communities.

Chairman Huntsinger calls for questions.

Mr. Evans asks why certain counties are having more success than others with MIRS, despite sharing the same leadership, such as Boone and Montgomery. Ms. Combs responds that sometimes it comes down to availability and accessibility of resources, regardless of leadership.

Rep. Fleming asks what MIRS is doing in terms of prevention. Mr. Loggins explains prevention teams are working hard throughout the state, led by regional prevention coordinators. He says prevention has an important role to play, but its full impact remains to be seen.

Rep. Fleming asks if medication-assisted treatment is a lifelong process. Mr. Loggins says every patient's needs are different. Some individuals will ween off the medication, while others may be on it for a long period of time.

Ms. Corley asks how counties are selected for quick mobile response teams and if there are plans to expand the program. Mr. Loggins says counties were most recently selected through a competitive Request for Funding (RFF) open to all counties. He says the current focus is on sustaining the program before expanding it.

Rep. Ledbetter asks what the hurdle is with the certification of social workers. Mr. Loggins says he suspects it is a systemic issue, but he has not looked into it enough.

Rep. Ledbetter asks if MIRS pays for medication-assisted treatment. Mr. Loggins says no individual who receives services as a part of MIRS pays for services. All services are covered through the program.

Mr. Johnston asks what percentage of incarcerated individuals who stand to benefit take advantage of treatment services in the jails. Ms. Clark estimates that number to be 20%.

Rep. Fleming asks what barriers exist to those who begin medication-assisted treatment inside the jails to receiving that treatment upon reentry. Ms. Clark says there are not too many barriers, and that patients can sometimes continue working with the same medical professionals upon reentry.

Chairman Huntsinger asks why he has not received as many complaints about the GPRA lately. Mr. Loggins clarifies that the GPRA is a 30-page assessment that the federal government requires the state to collect from some individuals who receive a MIRS service. He says the GPRA form was changed in January 2023, and there was a period where the form could not be submitted to the federal government. These both may have led to the decrease in complaints.

Rep. Fleming says she has been meeting with a group called ROCK – Raising Our Children's Kids. This group is composed of grandparents who have taken guardianship of their grandchildren due to a parent with substance use disorder. Many in the group receive no additional assistance to take care of these children. Rep. Fleming recommends looking to the National Opioid Settlement to support these families.

Chairman Huntsinger introduces DMHA's Opioid Settlement Manager Ms. Emily Truelove for an update on the state's use of National Opioid Settlement funds.

Opioid Settlement

**Emily Truelove,
Opioid Settlement Manager,
Division of Mental Health and Addiction**

Ms. Truelove summarizes RFF-2023-007, the Opioid Settlement Match Grant. This RFF awarded \$19 million to 30 awardees for prevention, treatment, harm reduction, recovery residences, and more.

Ms. Truelove highlights RFF-2023-012, Capital Expenses for Recovery Residences. Eight awardees received a total of \$4.7M for the purposes of purchasing property, construction, or renovation of buildings operating as recovery residences.

Next, she discusses RFF-2023-0016 for Harm Reduction Street Outreach (HRSO) teams. Proposals are due by November 20, 2023, and the RFF will expand upon the state's existing harm reduction street outreach efforts. Existing teams have distributed over 40,000 harm reduction kits in 102 unique zip codes between January 2022 to August 2023.

Chairman Huntsinger calls for questions.

Chairman Huntsinger says 606 of 648 local units of government reported their use of opioid settlement funds to the state in September. Of the 606 reporting entities, 81% reported having not taken any action with their abatement funds, and 87% reported having not done anything with their unrestricted funds. He says the report, submitted to the legislature in October, is available at in.gov/recovery/settlement.

Chairman Huntsinger introduces Mr. Devon McDonald for updates on behalf of the Indiana Criminal Justice Institute.

Agency Updates

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

Mr. McDonald says the local coordinating council (LCC) year-end report will be posted online soon and distributed to the Commission. He says ICJI is continuing to create frameworks for LCCs to expand and increase their organizational wellness.

Chairman Huntsinger calls for questions.

Rep. Fleming asks if opioid settlement funds may be used to assist ROCK members with legal fees.

Chairman Huntsinger says he is unsure but will look further into the issue.

Chairman's Comments

Chairman Douglas Huntsinger

Chairman Huntsinger says the 2023 Next Level Recovery Progress Report will be distributed in December. Members of the Commission will receive calendar invites in December for the 2024 quarterly meetings.

The Indiana Commission to Combat Substance Use Disorder will meet Friday, February 2, 2024, at 10 a.m. EDT at the Indiana State Library, History Reference Room 211.

The meeting adjourns at 11:20 a.m.