

INDIANA COMMISSION TO COMBAT DRUG ABUSE

November 12, 2020

MINUTES

The Indiana Commission to Combat Drug Abuse met virtually on November 12, 2020 at 10:00 a.m., Eastern Time via Zoom.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Mr. Chris Bandy (representing the Executive Director of the Indiana Public Defenders Council); Mr. Douglas Carter (Superintendent of the Indiana State Police); Mr. Robert Carter (Commissioner, Indiana Department of Correction); Mr. Dan Evans; State Representative Rita Fleming; Ms. Deborah Frye (Executive Director of the Indiana Professional Licensing Agency); Ms. Patricia McMath (representing the Attorney General); Mr. Cris Johnston (Director, Office of Management and Budget); Mr. Jason Murrey (representing the Superintendent of Public Instruction); Mr. Michael Ross (representing the 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); Judge Mark Smith (Hendricks County Superior Court)

Call to Order and Consideration of Minutes

Chairman Douglas Huntsinger

Chairman Huntsinger calls the meeting to order at 10:02 a.m. He asks for any revisions to the minutes for the August 6, 2020, meeting. Minutes are approved unanimously.

He addresses the Commission with updates on several items. He begins with the unveiling of the November 2020 Next Level Recovery Progress Report. A copy of the progress report will be emailed to all Commission members upon adjournment of the meeting. The report is also available on the Next Level Recovery website. Chairman Huntsinger gives an update about the impact of COVID-19 on the recovery community. He shares that Overdose Lifeline, Inc. has distributed more than 13,000 doses of naloxone as part of a partnership with the State, announced in May 2020. He highlights a recent announcement made by the Indiana Department of Correction to partner with the Division of Mental Health and Addiction and Overdose Lifeline to distribute naloxone to offenders upon release from an IDOC facility. Chairman Huntsinger tells the Commission about a new pilot program created by DMHA designed to provide increased mental health care to inmates deemed incompetent to stand trial. He details the work being done by Indiana state agencies on the prevention front. On October 24, the Indiana State Police, Professional Licensing Agency and the Board of Pharmacy partnered with the U.S. Drug Enforcement Administration to collect more than 39,000 pounds of unwanted and expired medication for Drug Take Back Day. Chairman Huntsinger introduces recovery speaker John Lee to the Commission.

Recovery Speaker

John Lee, Peer Recovery Coach

Mr. Lee begins by discussing his childhood and the impact his parents' divorce had on him. He says he started experimenting with alcohol and marijuana in middle school shortly after his father was deployed to Iraq. In high school, Mr. Lee says he played sports, and following an injury, he began experimenting with pain medication as a coping mechanism. His senior year, Mr. Lee says he tried heroin for the first time. He tells the Commission that his story isn't what stories used to be in bad neighborhoods. He says he grew up in a small rural community and his family lived comfortably. Substance use didn't affect him until he went to college. He experienced the traumatic loss of his best friend to suicide during his first week of college and said he coped the only way he knew how – substance use. Mr. Lee left college after his first semester and continued to use drugs until his first arrest. Upon release, he said he experienced his first bit of recovery but never addressed his mental health. He later went to prison for the first time. Upon release and after a couple years in recovery, Mr. Lee says he had another setback. When he went back to IDOC, he met Brandon George who helped him immensely in his treatment and recovery journey. Mr. Lee met with a peer recovery coach at Integrated Wellness and addressed his mental health with a physician for the first time. He says he started to unpack the trauma and anxiety he experienced throughout his life, both at a young age and throughout his involvement with the justice system. He urges the justice system to help incarcerated individuals address not only their substance use disorders, but also their mental health issues. He says it's important to not only provide harm reduction tactics like naloxone, but also ensure mental health is treated. Mr. Lee says he trained to become a peer recovery coach and currently works for Mental Health America of Indiana.

Drug Data Dashboard

**Josie Fasoldt, Senior Director
Indiana Management Performance Hub**

Ms. Fasoldt introduces the Drug Data Working Group, a collective of 11 agencies that have met every month for the last four years to review state data related to drug trends and substance use disorder. She announces the drug data dashboard has been updated on the Next Level Recovery website. She recaps what was previously available Next Level Recovery website's data section, including the naloxone administration heat map, aggregate opioid prescriptions, overdose deaths, and additional naloxone administration data by county. She says the new dashboard is designed to include more up-to-date data for the public. Ms. Fasoldt walks the Commission through each dashboard. The first dashboard focuses on the state's response to the drug epidemic by county. The hospital discharges dashboard allows users to view hospitalizations and emergency department visits for drug-specific events. The third dashboard shows data for individuals who died of an overdose in Indiana. Ms. Fasoldt says MPH worked together with the Indiana Department of Health to ensure a seamless user experience between the overdose prevention website and the Next Level Recovery website. The naloxone dashboard shows naloxone administrations by county and over time. She says this dashboard is extremely similar to previous versions on the website with additional features. Users can also view opioid prescription data, both statewide and by county. The arrest dashboard shows drug arrest data and can be filtered by individuals arrested, total arrests, offenses, the stage of the offense, the year, and by count or rate. The re-arrest dashboard looks at individuals who were released from a state

prison but were rearrested for drug-related offenses. Users can filter by release type and the re-arrest offense category. Ms. Fasoldt directs questions to MPH.

Agency Updates

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

Mr. Ross introduces Lori Croasdell and Bobbie Foster of CEASe of Scott County Local Coordinating Council, who are presenting on the Indiana Coalition Network. He says ICJI funded about \$514,000 worth of pilot projects at the Local Coordinating Council level. He tells the Commission that the Indiana Coalition Network is one of those programs and will be extended into 2022 because of its success.

Ms. Croasdell says each of Indiana's 92 counties has an LCC that's open to the public and engages cross-discipline stakeholders to create, implement and evaluate their local comprehensive community plan to address substance use. In 2019, ICJI's Behavioral Health and Research Division surveyed the LCCs that expressed that collaboration and coordination of resources is a challenge for community-based coalitions. Ms. Croasdell introduces the Indiana Coalition Network. She describes LCCs as the frontline defense against substance use. They monitor, plan, create, and carry out substance use initiatives by bringing together cross-sector members. She says most LCCs are funded through the drug fines collected by their county court. The Indiana Coalition Network is a dynamic solution that serves as a digital communication platform and webinar for community-based coalitions so they can take informed action against drug and alcohol use in prevention and education, treatment, intervention and recovery, and justice law enforcement. The platform includes public resources on the above categories and offers a membership option for LCC coordinators and their registered partners to access additional resources, connect with other members, and exchange information.

Ms. Foster lists the organizations that have assisted in starting the Indiana Coalition Network. She says within two months of the site's launch, the 62% of coalitions registration goal was met. Currently, 95% registration has been achieved. Nearly 100 resources have been uploaded to the public and private site. Thirteen collaborative groups have been started. Four webinars have been held with an average attendance of 28 people from 21 counties. Ms. Croasdell says their recently submitted conference proposal was selected for a breakout session by the national board of the Rx Drug Abuse and Heroin Summit in Nashville, Tennessee in April 2021.

Agency Updates

**Katie Hokanson, Director
Trauma and Injury Prevention
Indiana Department of Health**

Ms. Hokanson updates the Commission on how the Indiana Department of Health is combatting the opioid epidemic. She begins with a definition of Project ECHO – Extension for Community Healthcare Outcomes – and describes the project’s origin and the format of ECHO sessions. IN CAREs ECHO uses a community model. The hub team is made up of a diverse group of experts from various fields and backgrounds who have demonstrated success working in SUD and overdose prevention, intervention, and/or treatment. The spokes team is comprised of community leaders from each of the 16 participating counties. The case presentation is about a much broader problem communities are facing with regards to substance use and/or overdose prevention, intervention, or treatment. IN CAREs ECHO is funded by the Overdose Data 2 Action grant. IDOH recently released a request for proposals for additional funding to participating counties for year two of the grant and is modifying its original year one plan to account for impacts of COVID-19. Ms. Hokanson shares the location of the 16 communities funded for the project, chosen by their application and level of burden due to the drug epidemic. Ms. Hokanson says as part of this funding opportunity, IDOH really wants to fund local prevention efforts. The request for proposals utilizes the ECHO model that the grantees participate in. Each community proposed projects that they wanted to implement that fall under one of the listed four strategies. These strategies are outlined in the Overdose Data 2 Action grant. The RFP provided a list of possible projects that communities could choose from, but counties could also propose their own projects. She highlights a few counties that are finding success in year one.

Ms. Hokanson describes the purpose of Overdose Fatality Review Teams – to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies. A death review, also referred to as a case review, examines a decedent’s lifecycle in terms of drug use history, comorbidities, major health events, social emotional trauma, including adverse childhood experiences, encounters with law enforcement in the criminal justice system, treatment history and other factors including local conditions – all to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death. Currently, 16 teams are located throughout the state. She describes the adjustments made because of COVID-19. The fatality review and prevention program has started to engage new additional teams already for 2021. Ms. Hokanson said the Department of Health was also chosen as a peer-to-peer site for OFR. States chosen to be peer-to-peer coordinators display a specific area of expertise within the prevention component of the Overdose Data 2 Action grant, including overdose fatality review teams.

Ms. Hokanson also features SHIELD training – Safety and Health Integration and the Enforcement of Laws on Drugs. She says the Department of Health wanted to bring this training to Indiana to provide education and information not just about substance use disorder and syringe service programs, but also officer mental health awareness and occupational safety. The first training session was held virtually in September. She says that as a result, officers changed their attitudes and beliefs in the ways that the training was supposed to. The true effects will be more apparent when more responses become available. Ms. Hokanson says the next field training will be in December and will be opened to a much larger pool of participants after seeing some of the initial response.

The next topic is surveillance and data. Ms. Hokanson says 2018 was the first year in over two decades that the number of overdoses was less than the previous year. Unfortunately, in 2019, fatal overdoses increased by 4.2% from 2018, and fatal overdoses due to opioids increased by 13.5% from 2018 to 2019. She reports opioids continued to be a driving force in the increase in overdoses. There were 577 fatal opioid-related overdoses from January to June in 2019. During that same time in 2020, there have been 816 fatal opioid overdoses, a 41.4% increase. In 2019 from January to June, there were 2,274 emergency room visits due to an opioid overdose. During that same time in 2020, there were 3,473 ER visits, a 52% increase, and in 2019, from January to June, there were 669 hospitalizations due to an opioid overdose. During that same period in 2020, there were 776 hospitalizations, a 16% increase. As the focus on opioid misuse has increased, she says there has also been an increase in stimulant use. In 2019, 268 fatal overdoses involved cocaine and 507 fatal overdoses involved a psychostimulant, not including cocaine. The phenomenon is seen across the country as the use of methamphetamines and other stimulants are increasing. There are many theories to explain polydrug use. Some people with opioid use disorder are using meth and other stimulants to mask the effects of withdrawal in order to stop using opioids. And some believe it is safer as they are scared the opioid supply is tainted with fentanyl. Ms. Hokanson says nevertheless, this shows there's still work to do in the prevention of drug overdoses and drug misuse.

The Department of Health has been distributing naloxone to local health departments for the past four years. The 2020 grant round had the highest number of participants to date. This was the sixth grant opportunity for local health departments. The naloxone program has been funded through state dollars and the support of FSSA. FSSA received their funding from SAMHSA through the 21st Century Cures and SOR grants. Ms. Hokanson shows a graphic displaying the number of doses of naloxone distributed to local health departments. The number continues to increase annually. The department is also a recipient of the first responder comprehensive addiction and recovery act grant from SAMHSA. The grant started in 2017 and is a five-year grant. The grant focuses on providing naloxone to rural first responders. 49 counties are eligible for this grant. Ms. Hokanson shows the distribution of naloxone to rural first responders in a graph. She says the decrease in participants may be due in fact that the local health departments have more access to naloxone. Agencies are also able to receive doses from the local health department. COVID-19 has put a strain on first responders and capacity could be a contributing factor. She shows the Commission a breakdown of the different grantees receiving naloxone through the rural first responders. She also shows the distribution of naloxone by year.

Ms. Hokanson also describes the Behavioral Risk Factor survey. She says the division is funding a couple of modules to collect additional data around adverse childhood experiences, as well as opioids. In 2020, IDOH added the recovery treatment module. The plan for 2021 is to fund both opioid and recovery treatment. She directs members to the website for more information and shows an example of a recent report on the ACE module.

Ms. Hokanson details what the state is doing to provide free toxicology testing to Indiana's 92 county coroners. She shows the Commission a toxicology timeline to explain why it takes so long to get death certificates and understand the cause of death. Coroners can collect a sample

quickly, but analysis takes a while. Due to the increase in deaths, it's taking more time for IDOH to receive the final death certificate from the coroner's office. She says IDOH is aware that coroners have limited funding, that they weren't testing all substances every single time, and that IDOH didn't have access to that individual county testing results. Ms. Hokanson details IDOH's federally funded pilot toxicology program that started in August 2017. The program initially started with five counties and expanded to eight additional counties in 2018. IDOH staff reviewed multiple toxicology company standard testing protocols, the Indiana violent death reporting system data, and current drug trends to create an inclusive toxicology panel which was reviewed by multiple subject matter experts. She says this was to ensure that the panel was comprehensive and would provide the information needed to adequately report overdose mortality data. Ms. Hokanson outlines Indiana Code 36-2-14-6(b), passed in 2018, that requires coroners to submit a sample to the toxicology lab if they suspect a drug overdose death, which gets reported directly to IDOH. IDOH currently has federal funding that pays for that test for the department and is continuing to use federal funds to pay for these comprehensive panels through the toxicology lab which is funded through at least August 2022. Between January and September of this year, IDOH already received 2,000 toxicology tests from coroners for any suspected drug overdose deaths. Ms. Hokanson briefly talks about the bid process which started with NMS and then moved to AXIS. The toxicology program gives IDOH the ability to respond quickly and appropriately to the drug overdose epidemic depending on complete and timely data.

Ms. Hokanson references Ms. Fasoldt's discussion about the Indiana Drug Overdose Dashboard. IDOH is focused on collaboration at the Department of Health and often has internal collaboration between their different divisions. This includes the OptIN registry where an entity that provides naloxone has to register with the state. The state oversees and provides funding for the registry. IDOH is partnering with HIV/STD/Hep C to do an IN PEP ECHO. Additionally, they are collaborating with Oral Health to provide education for dentists on prescribing best practices. IDOH also collaborates with other state agencies, focusing on enhancing efforts that are going on and expanding initiatives that are already found effective. Ms. Hokanson shows a list of IDOH's other local partners that they have partnered with throughout the years. IDOH tries to meet with their partners regularly to get a handle on what's going on at the local level and what can be done to expand their efforts. She shows information about their other efforts including their partnership with Wayne State University and the Marion County Public Health Department. Ms. Hokanson shares an example of the Division of Trauma and Injury Prevention's weekly email that is distributed with the goal of providing the latest news and information about the opioid crisis.

Toxicology Report

**Brad Ray, Director,
Center for Behavioral Health and Justice Research
Wayne State University**

Dr. Ray introduces the IDOH Statewide Toxicology Surveillance Report. He starts with background about where Indiana ranks nationally. He says the epidemic has shifted from a focus

on prescription opioids to illicit opioids. The substances most frequently detected nationally are fentanyl, illicit stimulants, heroin, and prescription opioids. Indiana has historically had a problem with undercounting opioid-related overdose deaths. This means the coroners have determined it was a drug overdose death and assigned the appropriate ICD codes for the death, but additional codes delineate specific substances associated to that death. With Indiana not accurately counting the number of opioid-related overdose deaths, they might not be receiving the appropriate resources to address the problem. Dr. Ray says his team did a study in 2018 looking at six years of data from Marion County. 58% of overdose deaths over those six years were determined to be unspecified. 86% of that 58% had an opioid in the toxicology results. In 2018, the Indiana Code was established to require toxicology screenings on all suspected overdose cases. Dr. Ray says they've partnered with the Management Performance Hub to link those toxicology results to ICD codes and replicate that study near real time looking across counties to see where there may be variability in undercounting of opioid-related overdose deaths. He says MPH can seamlessly bring in data from the vendors and link it to ICD codes for the analysis. Currently, Dr. Ray says his team is looking at data from Jan. 1, 2018 to April 4, 2020. 90 of 92 counties have submitted toxicology reports, resulting in 3,585 toxicology reports. 1,554 of those reports were coded accidental or unintentional overdose deaths. He shows the Commission a breakdown of the detected substances, with the most detected substance being fentanyl at 64%. He shows three figures to demonstrate how many overdose deaths in a county had a specific substance detected. Dr. Ray says his team found statewide only 6% of cases were coded unspecified, down from approximately half in 2017. In closing, he says that with the toxicology results, his team was able to look at the impact of COVID-19 on the overdose epidemic. Dr. Ray displays a graphic specific to Marion County that shows the time following COVID stay-at-home orders and the time period prior. Deaths are much higher in 2020 than in 2018 or 2019 and that in particular, there was a spike one month out where individuals had a high rate of death. All substances have decreased in detection except fentanyl, which was detected in over 90% of the deaths after the stay-at-home orders in Marion County.

Agency Updates

**Rebecca Buhner, Deputy Director,
Division of Mental Health and Addiction
Indiana Department of Health**

Ms. Buhner provides updates about grant awards that DMHA has received and initiatives they are working on. Most recently, through the Bureau of Justice Administration, DMHA was awarded the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program, otherwise known as COSSAP. They received just under \$6 million. This grant just started in October, and they were awarded under category two which has the objective to support states and their efforts to implement or enhance activities that will expand access to supervision, treatment, and recovery support services across the criminal justice system, support law enforcement and other first responder diversion programs for nonviolent drug offenders, promote education and prevention activities, and address the needs of children impacted by substance abuse. DMHA identified Allen, Clark, Fayette, Floyd, Knox, Madison, and Wayne counties, and

each county worked together with DMHA to develop a budget and a plan. This will be a three-year grant, and each will receive just around \$245,000 per year.

DMHA was just awarded another cycle of the State Opioid Response grant that is just under \$60 million for the total grant award. As a point of reference under the first State Opioid Response grant, DMHA wrote and oversaw just over 80 contracts for that grant, and around six memorandums of understanding. DMHA is continuing some of the initiatives from the first grant through this next opportunity to expand and find recovery residences. So far in the pilot project, DMHA has just over 102 clients, and 14 recovery residences that are involved. Additionally, DMHA has paid out claims of just over \$220,000 since January. Ms. Buhner says they are working to expand medication for opioid use disorder in jails as well as in the communities. She says this initiative really got going around March 2020. So far, DMHA has had over 100 clients total between their jail and community-based project, and just over \$300,000 in claims paid out. DMHA is doing a lot around evidence-based practices and workforce training, and they are continuing their mobile response group of mobile response systems. These mobile response systems are in at least eight counties, where they're really going out into the community and meeting folks where they are and what they need. DMHA has alternative peer groups and in the past, they have partnered with Hope Academy. They are now expanding to move into Howard County for a second alternative peer group. Through Mental Health America of Indiana, the Indiana Addictions Issues Coalition, and the Indiana Recovery Network, DMHA has Regional Recovery Hubs, with several communities that are partnering to build recovery community organizations and utilizing peer support services as an opportunity to engage folks at different levels of their recovery and their treatment. They are going to be partnering with opioid treatment programs, the Indiana Department of Correction, local jails, and community groups. DMHA is continuing their sixth Sequential Intercept Model, which is a partnership with Indiana Office of Court Services. This is an opportunity for every county to get up to \$60,000 a year for two years to implement one level or one of the intercepts within the Sequential Intercept Model. Ms. Buhner says DMHA is updating its strategic plan to align with new funding and the additional support for addressing stimulants. She says this is a community process and tells the Commission to expect to hear from DMHA about participating in the process.

Ms. Buhner introduces two evidence-based practices to the Commission. CRAFT is a family support group and is a partnership with Overdose Lifeline. Inc. She says the program is a highly effective evidence-based approach for working with family members trying to cope with a loved one who is reluctant or refusing to get help for a substance use disorder. It's a 12-week program that includes group education as well as support model, and they utilize a book authored by Dr. Robert Myers, "Get Your Loved One Sober." Participants attend weekly meetings and review the book, complete weekly lessons, and are assigned homework. Through the partnership with Overdose Lifeline, participants receive free naloxone training and overdose reversal kits. 52 new facilitators have been trained for four different trainings covering 25 cities and 15 counties. Ms. Buhner says next steps include training an additional 40 CRAFT facilitators with a renewed focus on underserved areas in Indiana.

The next practice Ms. Buhner highlights is prevention. Prevention is an evidence-based program that takes a personality-targeted approach to adolescent substance use prevention. The program content was developed to target personality types found to be of highest risk for substance misuse using the substance use risk profile scale. Through the four personality types, they participate into 90-minute workshops to address their challenges. Ms. Buhner highlights national results from the project. She says that since June 2020, DMHA has conducted five separate virtual trainings to a total of 38 individuals who have received this certification. She said DMHA plans to train an additional 50 prevention facilitators statewide.

Ms. Buhner recalls that at the August 6 Commission meeting, Dr. Jennifer Sullivan shared with the Commission some of DMHA's efforts around the Indiana Crisis Counseling Assistance and Training Program. She says the grant was started through and has carried on through SAMHSA and totals just over \$4.8 million. It started in April, and it runs through June 27, 2021. She says the helpline has fielded over 3,500 calls and has spent about 1,000 hours of crisis counseling. Ms. Buhner says these states are as of November 4, and since that time we filled in an additional 300 calls. She hopes the increased call volume is a result of the helpline's relaunched media campaign. Just over 1% of those calls are critical in nature. She says these numbers are proof that the project is working. The goal of this project is really to be available for folks that have concerns or questions or going through difficult times related to COVID. The idea is to get those folks before they become that critical call.

Ms. Buhner calls to the Commission's attention a recent announcement made by DMHA to launch the jail-based and community-based competency restoration pilot. She says DMHA Director Jay Chaudhary has made incompetency to stand trial a priority for the team. The division began looking at competency restoration projects. Right now, the pilot is in Marion and Vanderburgh counties. She says most of the work that has been completed has been through training and education, not only for the jail staff, but also for local partners about what this initiative will look like. She thanks partners at the local level for making the pilot possible. She details the intent of this project, which is to allow individuals who are deemed incompetent to stand trial to start receiving services that they need related to their serious and persistent mental health around treatment, assessment, and medication. She explains that DMHA tapped into some of its block grant funding and is just over a \$1 million pilot project. The goal is to restore individuals' competency while either in the jail and or in the community to avoid going on a waitlist for a state psychiatric hospital. This will allow them to also start their trial earlier.

Ms. Buhner updates the Commission on the current state of Indiana's opioid treatment programs. She says expanding the state's OTPs has been a strong initiative of Governor Holcomb's administration and reports that DMHA is doing just that. She outlines data based on the 21 opioid treatment programs that served patients during fiscal year 2020 – not including Knox and Hendricks counties' data since they opened following FY 2020. She reports that on average 14,000 individuals have been served in FY 2020, consistent with years prior. She says just under 7,000 of those individuals are females and 52% are male. 12% of the women were pregnant. Since Medicaid began covering this service in September 2017, Ms. Buhner says 37% of

individuals have been covered by Medicaid. Prior to September 2017, that number was 0%. She reiterates that this is a huge initiative on the administration's part. She reports that just over 6,000 individuals were able to eliminate the use of illicit substances after one year of treatment. She says five more licenses will be awarded within the next 12 months.

Ms. Buhner briefly touches base on the Recovery Works program. She displays a slide showing the amount of dollars spent on the program. She says that as of July 2019, DMHA requires that all of providers through Recovery Works be able to bill Medicaid for access to treatment services. What this meant is that more of those services were being funded through Medicaid, which explains a drastic reduction in the amount spent for state fiscal year 2020. She mentions that COVID-19 also affected the number due to low enrollment. The pandemic, however, allowed DMHA to make additional changes, including using a discretionary fund, which is a limit of \$250 for a lifetime for an individual, and it allows for funding to pay for phone cards to access cell phones. She says DMHA also allowed Medicaid's lead to offer telemedicine for individuals involved with Recovery Works. Discretionary funds also allow individuals enrolled in Recovery Works to access birth certificates and driver's licenses. She says that effective January 1, 2021, there'll be a \$50/month limit on the discretionary fund, but a total lifetime of \$250. Also, during COVID, DMHA extended the number of days that a person had access to a recovery residence. She explains to the Commission that if individuals don't have a safe place to live, they're not able to maintain the recovery journey as easily as when they do. Beginning in December, Ms. Buhner says the legislature allowed for DMHA to start a misdemeanor pilot with Recovery Works. She says more details will be released soon.

Recovery Works

**Brad Ray, Director,
Center for Behavioral Health and Justice Research
Wayne State University**

Dr. Ray begins by putting the Recovery Works initiative into a national context. He says we have long known individuals with substance use disorder are more likely and disproportionately represented in the justice-involved populations. He displays two charts, one showing that individuals in the jail population are eight times more likely to have a substance use disorder, and another showing that the jail population is five times more likely to have a serious mental illness. He says its also known that these individuals are more likely to cycle back through the justice system. Dr. Ray describes the Recovery Works initiative, which started in 2015, and is designed to provide support services to those without insurance who have a mental health or substance use disorder and have entered the justice system. This is funded as part of the Indiana Justice Reinvestment Initiative. The hope is that by increasing access to treatment and wraparound services for mental health and substance use disorder, that it can reduce subsequent involvement in the justice system. He walks the Commission through the characteristics of Recovery Works participants. He says his team has looked at changes during time during a treatment episode of care. They found increases in employment, housing stability and independent living, and decreases in self-reported crime and drug use. One of the key goals is to look at recidivism with the goal of examining potential cost savings to criminal legal systems

from Recovery Works. Dr. Ray outlines the differences between jails and prisons and eligibility for Recovery Works enrollment. He says that through a partnership with MPH, they've been able to integrate state police and state prison data to get a more nuanced understanding of the criminal justice involvement of individuals in the Recovery Works program. The study looks at folks three-years pre-Recovery Works enrollment and three-years post-Recovery Works enrollment. Dr. Ray shows preliminary results from the study: a 5.7% reduction in the prevalence prison incarceration, a 9.8% reduction in the prevalence of arrest, and a 7.7% reduction in the prevalence of any incarceration. He says the preliminary results show significant long-term decreases in three-years post-Recovery Works enrollment. He says the impact is really pronounced at the county-level with a near 10% reduction. Current estimates suggest every \$1 spent on non-prison treatment services can save taxpayers an average of \$8.87 through reduced incarceration time. Additionally, he hopes to look at whether involvement in Recovery Works had any impact on emergency medical utilization and overdose, as well as housing stability as a result of Recovery Works.

Chairman's Comments

Chairman Doug Huntsinger

Chairman Huntsinger asks the Commission if there are any questions for Ms. Hokanson, Ms. Buhner, or Dr. Ray's data team. Seeing none, he thanks the presenters for sharing information with the Commission. A livestream of today's meeting is available at in.gov/recovery. Chairman Huntsinger thanks the Commission for joining today's meeting. The next meeting is scheduled for Friday, February 5th at 10:00 a.m. Eastern Time in a format to be determined at a later time.

The meeting adjourns at 11:40 a.m.