

**Scott.A.Milkey**

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**From:** Ashley, Regina C (DWD)  
**Sent:** Thursday, December 14, 2017 3:29 PM  
**To:** McClelland, Jim  
**Cc:** Huntsinger, Douglas; Goodwin, Nicholas R  
**Subject:** RE: Follow up from Brown Bag Monday

Thanks for the update Jim. We look forward to hearing more. We are here to help if you need us.

Thanks, Gina

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**From:** McClelland, Jim  
**Sent:** Wednesday, December 13, 2017 2:54 PM  
**To:** Ashley, Regina C (DWD) <RAshley@dwd.IN.gov>  
**Cc:** Huntsinger, Douglas <DHuntsinger@gov.IN.gov>; Goodwin, Nicholas R <NGoodwin@dwd.IN.gov>  
**Subject:** Re: Follow up from Brown Bag Monday

Gina, the meeting was this morning. It was organized by the Kentucky Chamber of Commerce and also included the state chambers of Indiana, Ohio, Tennessee, and West Virginia. Each of the state chambers brought (on average) 5 people, and I was there at the invitation of the Indiana Chamber. In addition, there were a few subject matter experts and representatives of Alkermes, which sponsored the event.

I have a follow up meeting at the Indiana Chamber Monday morning and will update you after that meeting.

Jim

Sent using OWA for iPad

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**From:** Ashley, Regina C (DWD)  
**Sent:** Wednesday, December 13, 2017 11:12:50 AM  
**To:** McClelland, Jim  
**Cc:** Huntsinger, Douglas; Goodwin, Nicholas R  
**Subject:** Follow up from Brown Bag Monday

Jim,

I didn't have time to catch you after the Brown Bag on Monday. You mentioned that you are traveling to Kentucky next week to meet with stakeholders to talk about employers struggle with finding qualified applicants due to the opioid epidemic. I wasn't sure if anyone was traveling with you that has a workforce perspective. We are happy to join the conversation if that could be helpful. If that isn't possible at this late stage, then we would be interested in hearing how the conversation goes. We talk to employers on a consistent basis that bring up this issue and would like to be part of creating solutions.

Thank you, Gina

Regina C. Ashley  
Interim Commissioner  
Indiana Department of Workforce Development  
317-232-0204  
[www.in.gov/dwd/](http://www.in.gov/dwd/)



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Regina C. Ashley  
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**From:** McClelland, Jim  
**Sent:** Friday, December 01, 2017 3:14 PM  
**To:** dhuntsinger@gov.in.gov  
**Subject:** FW: Panelist Invitation - Roundtable Meeting on Opioids and the Workforce - IN/KY/OH/TN/WV  
**Attachments:** Opioid Roundtable Invitation, 11-8-2017.pdf

More info on the Covington, KY event Dec. 13.

I'd like to have a meeting before the event with several (e.g 6-8) selected people who could provide ideas on relevant public policy solutions. Who do you think would be good contributors to such an effort?

Jim

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**From:** Beth Davisson [mailto:bdavisson@kychamber.com]  
**Sent:** Friday, December 1, 2017 2:55 PM  
**To:** McClelland, Jim <JMcclelland@gov.IN.gov>  
**Cc:** mlawrance@indianachamber.com  
**Subject:** Panelist Invitation - Roundtable Meeting on Opioids and the Workforce - IN/KY/OH/TN/WV

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Dear Jim McClelland,

My name is Beth Davisson and I am the Executive Director of the Kentucky Chamber's Workforce Center. It is a pleasure to meet you virtually. On behalf of Mark Lawrence with the Indiana Chamber of Commerce, I am writing to cordially follow up on an invitation to join the Regional Opioid Roundtable Event on 12/13/17 in Covington, KY. Attached and below are more details on this initiative. In attendance will be leaders from the Indiana, Ohio, Kentucky, Tennessee, and West Virginia business communities discussing the effects of Opioid Addiction on the Workforce. In addition, we would like to see if you could represent the state of Indiana on the Policy Solutions Panel?

This event is invite only and is being kept to a small number of participants so that conversations in the room can advance and thought leadership towards solutions can be made. Thank you in advance for your consideration. I look forward to hearing back from you.

Sincerely,  
Beth

**Beth Davisson** | Executive Director, The Workforce Center  
Kentucky Chamber Foundation  
464 Chenault Road  
Frankfort KY 40601  
P: 502-848-8791 c: 502-██████████



I want to invite you to an event we are hosting on the morning of **December 13<sup>th</sup> in Covington, KY** regarding an epidemic which is increasingly affecting the business community and our state's workforce, i.e. opioid addiction. Several months ago the Kentucky Chamber participated in a roundtable discussion with Senate Majority Floor Leader McConnell on the opioid crisis affecting our state. **Leader McConnell was particularly interested in the remarks we made that this epidemic is not only a health crisis, but also a workforce crisis.** Since that event, I have written an [op-ed on the issue](#) that seems to have resonated in the employer community.

With his interest in workforce and the devastating effect this crisis is having on Kentucky and our neighboring states, Leader McConnell has asked us to put together a **roundtable meeting, Chamber Presidents from Kentucky, Tennessee, Ohio, West Virginia and Indiana, along with key business leaders from our states**, to openly discuss this issue, its effect on business and workforce, and strategies to tackle it. Consider inviting a few chamber members from your state who you feel have a particular interest in the addiction/workforce issue. We are not trying to fill a convention ballroom. This will be a select group of business leaders and a subject matter expert or two, in a relatively small setting, sharing their thoughts about the issue.

I think it is possible that this meeting **could lead to specific policy recommendations and/or legislation on the federal level.**

Attached is an introductory letter with additional details and an overview of the event. We will provide more details as we get closer to the event. We are currently working on securing meeting space and will let you know as soon as it is confirmed.

I hope you and a few of your Chamber members will consider joining us for this important meeting.

Thanks.

Dave



**Dave Adkisson | President & CEO**

Kentucky Chamber of Commerce

464 Chenault Road | Frankfort, KY 40601

p: 502-848-8744 | f: 502-848-8781 | m: 502-

[davida@kychamber.com](mailto:davida@kychamber.com)



November 6, 2017

Dear Chamber President and CEO,

On behalf of the Kentucky Chamber of Commerce and Alkermes, Inc., we invite you to join a new effort to address the opioid epidemic and its impact on our workforce. Our initiative will bring together business associations and senior corporate executives from five of the nation's hardest-hit states to address this critical challenge.

Our project, ***Business Leaders Roundtable: Opioids & Our Workforce***, will begin with an initial half-day session on the morning of December 13, in Covington, Kentucky, just outside of Cincinnati, Ohio. We will also host an optional dinner for participants the preceding evening.

Opioid addiction in our communities has become the greatest human capital crisis of our time, threatening economic growth in nearly every community. The time is now for the business community to come together and identify bold solutions to reverse this trend. The devastation to families and communities is a true danger to America's future.

Our coalition's goal is helping people return to healthy, productive lives so they can reenter the workforce. We can do this by ensuring patients have access to the treatments they need to help recover and the tools they need to remain free of illicit opioids. Many people believe our national treatment system is broken when it comes to opioid addiction, and we believe America's employers must be part of modernizing it.

From this inaugural session, we expect to develop a series of recommendations drawing from your expertise and experience with this issue that can be presented to federal and state policymakers.

We cordially invite you and select CEOs and senior executives from your membership to join this initiative. An overview of the proposed meeting is enclosed with this letter.

We ask chambers of commerce to signal their interest no later than December 1, 2017. To RSVP, please contact Olivia Sievert at [olivia@runswitchpr.com](mailto:olivia@runswitchpr.com). If you have questions about the event, please contact Beth Davisson, Executive Director of the Kentucky Chamber's Workforce Center at [bdavisson@kychamber.com](mailto:bdavisson@kychamber.com) or 502.848.8791.

Thank you for your consideration. We hope you will join us on this important initiative!

Sincerely,

Dave Adkisson  
President & CEO  
Kentucky Chamber of Commerce

Richard Pops  
Chairman & Chief Executive Officer  
Alkermes

Encl: Overview of Business Leaders Roundtable: Opioids & Our Workforce

## **Overview of Business Leaders Roundtable: Opioids & Our Workforce**

**Why:** Kentucky, Ohio, Indiana, West Virginia and Tennessee are suffering from a debilitating opioid epidemic that has claimed thousands of lives and created a public health crisis. The opioid epidemic has severely impacted the workforce in each of these states, making it more difficult to attract and maintain jobs and new investment. Companies are concerned that if they locate in a state with such a workforce development crisis they won't be able to find enough workers who can pass a drug test. It is time for business leaders to join together and provide ideas to policymakers on how the public and private sector can unite to solve what is the human capital crisis of our time.

**When:** December 13, 2017

**Where:** Covington, Kentucky (near Cincinnati, OH)  
Specific location information to be provided

**What:** The Kentucky Chamber of Commerce and Alkermes, Inc. will convene a national working group consisting of CEOs/senior executives, chambers of commerce and other business leaders to discuss problems and solutions related to workforce development and the opioid crisis.

- The coalition will develop recommendations on how the business community can help address the nation's opioid epidemic. The conference will produce a letter, signed by participants, with a series of principles, ideas, and requests to be sent to federal and state policymakers.
- The coalition's goal is helping people return to healthy, productive lives so that they can be part of the workforce, free of illicit opioids. It is our view that labor participation rates are negatively impacted by people succumbing to opioid addiction. We must reverse this trend to restore lives and stimulate economic growth.
- The coalition is convened around the belief that opioid addiction is impacting the business community's ability to fill critical jobs and maintain an adequate, safe and reliable workforce.
- The coalition will encourage federal and state governments to focus on opioid addiction treatment with a clear end goal: ending the cycle of opioid addiction and getting people back to work. This will in turn help states by transitioning many people off Medicaid and other government assistance programs as they reenter the workforce.
- Coalition members will partner with lawmakers and other government officials to help in this effort by providing or supporting workforce training programs, agreeing to consider candidates who have completed opioid addiction treatment programs, etc.

**Who:** Business leaders representing major companies in private industry, chambers of commerce and other pro-business organizations.

- **Organizers:** Alkermes and the Kentucky Chamber of Commerce will serve as the hosts to convene and organize the group's efforts.
- **Businesses:** CEOs and senior executives from major corporations and chambers of commerce who depend on a skilled workforce free of illicit opioids.
- **Business Organizations:** The CEOs and appropriate staff members of state and regional chambers of commerce from Ohio, Indiana, Virginia, West Virginia and Tennessee along with the US Chamber of Commerce.

**From:** Arango, Courtney  
**Sent:** Monday, November 20, 2017 12:50 PM  
**To:** Huntsinger, Douglas;McClelland, Jim  
**Cc:** Wilson, Stephanie  
**Subject:** worth a quick read

If you've not seen this article...Jake (reporter) has been following this for months. Was in FSSA clips today

## What To Make Of A Head-To-Head Test Of Addiction Treatments

Addiction specialists caution against reading too much into a new study released this week that compares two popular medications for opioid addiction. This much-anticipated research is the largest study so far to directly compare the widely used treatment Suboxone with relative newcomer Vivitrol.

Researchers who compared the two drugs found them equally effective once treatment started. But there are fundamental differences in the way treatment begins, which makes these findings difficult to interpret.

Vivitrol, an injection of naltrexone that lasts 28 days, has gained a foothold among treatment providers, especially those working with the criminal justice system.

Until recently, no major study had compared it to Suboxone, a combination of buprenorphine and naloxone that is taken by mouth daily.

Now researchers have found the two medications to be equally effective at preventing relapse once patients start treatment, according to a study [published Tuesday](#) in *The Lancet*. A smaller, shorter study out of Norway that [was published](#) in October came to a similar conclusion.

But the *Lancet* study highlights a limitation for patients starting on extended-release naltrexone: [Patients have to detox before receiving their first dose of Vivitrol](#). That requirement creates a significant barrier to beginning treatment, says Dr. Joshua Lee, associate professor at the NYU School of Medicine and lead author of the report.

"It's going to take a few days or a week or more to get them on naltrexone in the first place," he says. "And that detox hurdle does not exist for buprenorphine."

Still, the research indicates that it would be advisable for treatment providers to offer both medications, he said. "Relapse rates are extremely high if you don't get onto and continue a medication," said Lee.

The two medications work in very different ways. Buprenorphine (like another addiction medication, methadone) is a long-acting opioid that's taken daily. There are decades of research showing that it helps reduce cravings and prevent withdrawal symptoms.

The *Lancet* study looked at a combination of buprenorphine and naloxone, which reverses the effects of opioids and is designed to prevent users from injecting or snorting the medication. Naltrexone is an antagonist — it



blocks receptors in the brain and prevents opioids from having any effect. Vivitrol, which is delivered as a monthly injection, was approved to treat opioid use disorder in 2010 and until recently, no studies comparing buprenorphine and Vivitrol had been published.

"We've had trials of each one, but not together," said Lee. The latest study followed 570 patients from inpatient detoxification centers. They were randomly assigned to one of the drugs for six months. "Once people were on either one, they did reasonably well over time," said Lee.

But because extended-release naltrexone can throw people into withdrawal if administered too soon after opioid use, patients must first go through detox — abstaining from drug use — which often causes debilitating flu-like symptoms for several days. More than a quarter of patients assigned to naltrexone didn't complete detox, and most of them relapsed.

Buprenorphine treatment doesn't require patients to go through detox. "So up front there's a clear clinical advantage," said Lee. "Buprenorphine products are clearly easier to use."

Alkermes, the company that manufactures Vivitrol, has heavily marketed its flagship product to nonmedical professionals. As NPR and Side Effects [reported earlier this year](#), the company has [targeted lawmakers, judges and other criminal justice officials](#) — people who may be ideologically opposed to using opioids to treat opioid addiction — in order to boost sales of its drug.

Given the tendency for criminal justice officials to favor non-opioid treatment options, Dr. Camila Arnaudo, an addiction psychiatrist who teaches at the Indiana University School of Medicine in Indianapolis, said she worries people will oversimplify the results of the study. "I'm a little bit concerned about headlines that I've already seen," she said, many of which have indicated that the products are equally effective, leaving out the caveat that many people initially failed out of treatment with extended-release naltrexone. "I'm concerned that it's going to lead to policies where patients are shunted into treatment with extended-release naltrexone, which is more acceptable to the criminal justice system."

She cautions people against reading too much into any one study, and pointed again to the detox hurdle. "You're weeding out the less committed people," she said, potentially skewing the results in favor of extended-release naltrexone. She said some patients will do better on one drug or the other depending on the case.

"I think we can say that both are viable options for patients and they prevent opioid use," she said. "I think what we cannot say, though, is that they're equivalent based on this study."

She added that some of the study authors reported receiving financial support and consulting fees from Alkermes.

Vivitrol treatment is more expensive. Each Vivitrol shot costs more than \$1,200, [according to Medicaid data](#), while a monthly supply of Suboxone can cost a few hundred dollars, depending on the dose.

Some inpatient treatment centers may also be ideologically opposed to starting someone on buprenorphine, particularly after detox, said Lee, but his study shows that it can be an effective option even starting in an inpatient setting. And in any event, relapse rates are higher among people who don't use medications for their opioid addiction.

"Detox episodes are brief," he said. "They don't generally last in terms of how you look a week later."

He added that if patients enter treatment with hopes of getting on Vivitrol but can't make it through detox, they should be offered buprenorphine. The bottom line, he said, is that both medications should be widely available and offered to patients suffering from opioid addiction.

"We're not doing a good enough job in this country of getting people into treatment and offering them these types of medications," said Lee. "So were just going around undertreating the opiate epidemic."

*This story was produced in partnership with WFYI and Side Effects Public Media, a news collaborative focused on public health.*

## **Courtney Arango**

**Communications Director**

Office of Governor Eric J. Holcomb

Cell: 317- [REDACTED]

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**Scott.A.Milkey**

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**From:** Arango, Courtney  
**Sent:** Monday, November 20, 2017 11:45 AM  
**To:** Huntsinger, Douglas;McClelland, Jim  
**Subject:** Hoosier Idol

On **March 6, 2018** Mental Health America of Indiana (MHAi) will host its premiere fundraising event of the year, **Hoosier Idol**. This event features members of the Indiana General Assembly showcasing their hidden talents to compete for the title of **2017 Hoosier Idol**. The evening includes a reception, a silent auction, dinner and then - the highlight of the evening - entertainment provided by members of our own Indiana General Assembly. The annual **Hoosier Idol** event receives generous media coverage in that its guest-judge panelists are media celebrities. We expect OVER 500 attendees, including Indiana policymakers, lobbyists, psychiatrists, physicians, mental health provider professionals, and mental health consumers.

The goal for **Hoosier Idol** is to provide a venue for public education on issues critical to the mental health system in Indiana as well as to raise funds for the programs and services of MHAi. MHAi has united business and civic leaders, community members and opinion makers, health advocates, legislators and media through this annual fund raising event.

Proceeds from **Hoosier Idol** help support the many programs and services provided by MHAi. For well over 50 years, we have worked to improve the lives of persons with mental illnesses and addictive disorders. MHAi is the state's leading network for mental health and addiction information and advocacy. Your partnership in this event will help us continue this very important work.

MHAi requests that you consider supporting **Hoosier Idol** by purchasing a table to the event. **Sponsor registration form are available [HERE](#).**

If you have any questions about the event or would like more information about Mental Health America of Indiana, please do not hesitate to contact Stephen McCaffrey ([smccaffrey@mhai.net](mailto:smccaffrey@mhai.net) or 638-3501, extension 1222) or Rebekah Gorrell ([rgorrell@mhai.net](mailto:rgorrell@mhai.net) or 638-3501, extension 1228). We greatly appreciate your support, and thank you for your consideration of this request.

Sincerely,



Stephen C. McCaffrey, JD

President and CEO

**Courtney Arango**

**Communications Director**

Office of Governor Eric J. Holcomb

Cell: 317- [REDACTED]

Follow Governor Eric Holcomb on [Twitter](#), [Facebook](#), & [Instagram](#)

**Scott.A.Milkey**

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**From:** McClelland, Jim  
**Sent:** Friday, November 17, 2017 1:48 PM  
**To:** dhuntsinger@gov.in.gov  
**Subject:** FW: Miami County Systems Of Care Governance Coalition Update  
**Attachments:** Workgroup Updates charts for merge.docx

FYI. I've responded to her.

---

**From:** Antonia Sawyer, BS [mailto:ASawyer@fourcounty.org]  
**Sent:** Friday, November 17, 2017 11:35 AM  
**To:** McClelland, Jim <JMcClelland@gov.IN.gov>  
**Subject:** Miami County Systems Of Care Governance Coalition Update

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Mr. McClelland,

Antonia Sawyer, here. I am writing to update you on the progress of the Miami County Systems Of Care Governance Coalition. I have attached a workgroup report with current programs, their outcomes, funding, and projected community outreach. I am also excited to share we were just named "Agency of the Year" for Miami County, through the Community Service Council of Miami County.

I am hopeful that through forwarding on this information, you will be able to share it with other key stakeholders as needed. Proving that rural community, pilot projects can make huge impact on substance use and mental health treatment access.

I hope you have a wonderful Thanksgiving and look forward to hearing from you soon,  
Antonia Sawyer, BS

**Antonia Sawyer, BS**

Local System Coordinator

Four County Counseling Center | 1000 N. Broadway Suite A

Peru, IN 46970

Phone: 574-321-2008 | Fax: 765-472-1945

**Best Place to Work, Best Place to Receive Care** [Click here to give us your feedback](#)

website: [www.fourcounty.org](http://www.fourcounty.org)



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The Miami County System of Care Governance Coalition (SOCGC) Program updates as of 11/14/17

***“A coalition that will create a caring community with the resources to prevent and treat: substance use, substance abuse, and mental health needs”***



“Life Cycle” transportation effort was created and implemented in February 2017 by the Miami County Systems Of Care Governance Coalition to serve the transportation needs of the rural community of Miami County. “Life Cycle” has received county, region, and state recognition as an innovative approach to bridging the gap of transportation barriers present in the community.

Program	Program start date	Funds gained for FY 2017	Funds remaining for FY 2017	Projected cost vs. actual cost	# of bicycles distributed	Referring agencies	Projected impact goal met?
“Life Cycle” Transportation effort	February 16, 2017	\$2,475.00  11% ↓ than projected need.	\$896.03  **\$1,578.97 has been spent on repairs/locks.	Projected average cost per bicycle: \$60.00  Actual average cost per bicycle cost: \$39.47  34.2 % ↓ than projected cost	40  **40 locks have also been distributed	Employment agencies: 12  Probation: 1  School: 1  Medical/mental health: 11  Social Media/Friend: 3  Low-income agency: 3  Faith based: 9	Projected impact goal: 40-60 bicycles per year  Goal met for FY 2017: Yes  Is there still time to meet this goal?: Yes

The “Miami County Cares” recovery scholarship was created and implemented in June 2017 by the Miami County Systems Of Care Governance Coalition to serve the financial needs of Miami County residents in substance abuse or mental health recovery. These funds are awarded to residents looking to gain or continue their education. The “Miami County Cares” recovery scholarship is the only educational scholarship of its kind in the county and surrounding region that is utilized specifically for the substance use and/or mental health recovery population of Miami County.

Program	Funds gained for school year 2017-2018	Funds remaining for school year 2017-2018	# of Scholarships granted for school year 2017-2018	Referring agencies	Scholarship award topic	Project impact goal met?
“Miami County Cares” recovery scholarship	\$1000.00	\$500.00	1  50% to yearly goal.	Peru Community Schools	Mental Health Recovery	Projected impact goal: 2 educational scholarships during school year 2017-2018  Goal met for school year 2017-2018: No  Is there still time to meet this goal? Yes

The “Miami County Naloxone Initiative” was adopted by the Miami County Health Department in July of 2017, through local government policy change awarded to the Miami County Systems Of Care Governance Coalition. This program addresses the substance abuse issues within Miami County, and promotes harm reduction to at risk populations.


Program	Naloxone kits awarded In SFY 2017-2018	Naloxone kits remaining for Q1	Disbursement agencies for Q1 10/13/17-12/1/17	# of individuals trained in Q1	Project impact goal met?
“Miami County Naloxone Initiative”	250 kits, to be distributed over 3 quarters  Q1(10/13-12/1): 83  Q2(12/1-3/1): 83  Q3(3/1-6/1): 84	Q1: 1  80% of Q1 kits distributed in the first 3 weeks of quarter.  2 medication lock bags distributed w/kits (43 of 75 remaining)  16 exchanged kits through ODL, Inc. for PFD- 6%  in first responder Naloxone access  Q2: 83  Q3: 84	Pipe Creek FD: 6 kits  Miami County SD: 20 kits  Miami County DNR: 15 kits (in reserve due to training being required before these kits can be released)  Indiana State Police: 20 kits  Grissom AFB FD: 6 kits  Probation Department: 7 kits  Community members: 8 kits  Kits remaining for Q1: 1	18 First Responders (Grissom FD)  36%  in Grissom FD Naloxone Training  11 community members  Total: 29	Projected impact goal: 250 kits distributed in SFY 2017-2018  Goal met for SFY 2017- 2018: No  Is there still time to meet this goal?: Yes




The Miami County “Overdose Response” project was developed and implemented in September 2017, through a collaboration between the Miami County Systems Of Care Governance Coalition and Dukes Memorial Hospital. The “Overdose Response” project was created to address the substance abuse issues within Miami County, and access to needed substance use disorder treatment. The “Overdose Response” project is original to Miami County, and surrounding regions.

Project	Pamphlets printed for distribution	# of pamphlets distributed	Project impact goal met?
Miami County “overdose response” project	60	60- tracked based off of amount printed.	<p>Projected impact goal: To provide pamphlets, as needed, to overdose victims.</p> <p>Goal met for FY 2017-2018: Yes</p> <p>Is there still time to meet this goal?: Yes</p>

“Advantage Housing” services became accessible to the community of Miami County in September 2017, through a collaboration between the Miami County Systems Of Care Governance Coalition and Advantage Housing. Advantage Housing provides homeless and eminently homeless funding for residents in need. This program has created access to funds, which until now were unavailable.

Program	Funds Awarded in SFY 2017-2018 for region 5-including Miami County	Funds remaining in SFY 2017-2018 for Miami County	# of homeless/eminently homeless referrals	# of homeless/eminently homeless families in service	Project impact goal met?
Advantage Housing	<p>\$232,067.00/5 x2= Approx..\$92,826.80</p> <p>\$10,000.00 in match funds through St. Charles Catholic Church- 10.7%  in funds for program</p>	<p>\$102,826.80 (approx.)</p> <p>**\$3,000.00 has been utilized in community.</p>	<p>4</p> <p>** Through the “point in time homeless count” Miami County was able to positively identify 4 families in need of services.</p> <p>(8 in total: 5 adults-3 children)</p>	4	<p>Projected impact goal: To provide access to housing resource for homeless population.</p> <p>Goal met for FY 2017-2018: Yes</p> <p>Is there still time to meet this goal?: Yes</p>

The “Remedy Live- Get School(ed) Tour” is a high energy assembly for youth, focusing on their mental wellness and refers them into the community System Of Care. The community System Of Care connects youth with supportive adults and shows them that their secret struggle does not define their future. Through the collaboration of the Miami County Systems Of Care Governance Coalition and Peru Community Schools, efforts have begun to bring this assembly to Miami County. It will be the first time this has been done in our community.

Program	Funds needed	Funds gained	Funds applied for an awaiting approval	Timeline Details	Project impact goal met?
“Remedy Live: Get School(ed) Tour” assembly	\$5,000.00	\$1,000.00 (REMC Grant)  20%  in funds raised  *\$550.00 in “in-kind” match for QPR  *\$2550.00 in “in-kind” match from PCS for YMHFA	\$3,000.00 MHAI (11/20/17)  \$1,000.00 Lutheran Foundation (11/30/17)	1/18- Secure all funding  3/18- SOCGC trained in QPR  4/18- Host assembly	Projected impact goal: Train 20+ SOCGC members in QPR for assembly; reach over 830+ students with a positive, stigma reducing mental health message.  Goal met for SY 2017-2018: No  Is there still time to meet this goal?: Yes

The “Our Quilted Community” mental health and substance abuse related article was created and implemented in April 2017, by the Miami County Systems Of Care Governance Coalition. This article was created to educate Miami County residents on different aspects of mental health and substance abuse topics, from an expert perspective. This article has afforded organizations a unique way to further engage with the community.

Program	Articles scheduled to print	Articles printed	Estimated # residents reached	Project impact goal met?
“Our Quilted Community”	8- April through December 2017	3- June, July, October 2017  ↓ 37.5% of goal (due to new management)	10,000 community members each month	Projected goal: provide stigma reduction article to community.  Goal met: Yes  Is there still time to meet this goal?: Yes

The Miami County Systems Of Care Governance Coalition collaborated with Indiana Youth Institute to bring “Youth Worker Cafes” to the community of Miami County. The first of two “Youth Worker Cafes” was an Implicit Bias training. This provided an opening conversation within the community on how bias may unintentionally effect their attitudes and thoughts toward other individuals.

Program	Topic	# of pre-registered attendees	# of attendee’s on 10/30/17	Projected impact goal met?
Youth Worker Café through Indiana Youth Institute (IYI)	Implicit Bias  ↑ 50% to IYI collaboration goal.  **Next event: 2/22/17 with the topic: Engaging parents and families with programs and organizations.	39	38  10 of those were SOCGC Members.	Projected impact goal: To host/assist in hosing 2- IYI Youth Worker Cafes  Goal met: No  Is there still time to meet this goal: Yes

**Scott.A.Milkey**

---

**From:** Lopez, Danny  
**Sent:** Wednesday, November 15, 2017 6:21 PM  
**To:** Creighton, Chris;Karns, Allison  
**Subject:** RE: MEDIA ADVISORY: Merritt Available for Comment Regarding the FDA Clearance of the Bridge Device

I need a refresh on where this is. I remember these conversations last year.

---

**From:** Creighton, Chris  
**Sent:** Wednesday, November 15, 2017 4:50 PM  
**To:** Karns, Allison <AKarns@gov.IN.gov>; Lopez, Danny <DaLopez@gov.IN.gov>  
**Subject:** FW: MEDIA ADVISORY: Merritt Available for Comment Regarding the FDA Clearance of the Bridge Device

Chris Creighton  
Office of Governor Eric Holcomb  
Deputy Legislative Director  
200 W. Washington Street - Room 206  
Indianapolis, IN 46204  
317 [REDACTED] (M)

---

**From:** Lauren Beatty [<mailto:lauren.beatty@iga.in.gov>]  
**Sent:** Wednesday, November 15, 2017 4:12 PM  
**To:** Lauren Beatty <[lauren.beatty@iga.in.gov](mailto:lauren.beatty@iga.in.gov)>  
**Subject:** MEDIA ADVISORY: Merritt Available for Comment Regarding the FDA Clearance of the Bridge Device

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**SENATOR JIM MERRITT**  
MAJORITY CAUCUS CHAIR

**FOR IMMEDIATE RELEASE**

**Contact:** Lauren Beatty, Press Secretary  
[lauren.beatty@iga.in.gov](mailto:lauren.beatty@iga.in.gov)  
(317) 234-9221

**MEDIA ADVISORY**  
**Merritt Available for Comment Regarding the**  
**FDA Clearance of the Bridge Device**

**STATE HOUSE (Nov. 15, 2017)** – State Sen. Jim Merritt (R-Indianapolis) will be available for comment tomorrow, Thursday, Nov. 16, regarding the United States Federal Drug Administration’s (FDA) approval of the Bridge Device, which is the first electric stimulation device to help people struggling with opioid addiction cope with the physical side effects of withdrawal.

**WHO:** State Sen. Jim Merritt (R-Indianapolis)

**WHAT:** Merritt will be available for comment to the media regarding the FDA’s approval of the Bridge device, an electric stimulation device for use in helping reduce the symptoms of opioid withdrawal.

**WHEN:** Thursday, Nov. 16, 10 a.m.

**WHERE:** Indiana State House, 4th Floor Outside Senate Gallery  
200 W. Washington St.  
Indianapolis, IN 46204

**-30-**

Click [here](#) for the U.S. FDA release. Attached is the release from Innovative Health Solutions.

**Scott.A.Milkey**

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**Attachments:** IHS FDA BRIDGE Press Release .docx

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***NSS-2 BRIDGE device pioneered and developed by Indiana medical technology company***

**INDIANA** – The U.S. Food and Drug Administration (FDA) gave clearance today for a neurological device with an indication to aid in the reduction of opioid withdrawal symptoms. The NSS-2 BRIDGE device, pioneered by Indiana-based medical technology firm Innovative Health Solutions, Inc. (IHS), is placed behind the ear with micro-needle arrays, that percutaneously implant in and around the ear. Research study results of the technology show an 84.6 percent reduction of withdrawal symptoms in as little as 60 minutes. The NSS-2 Bridge System is a Patented Technology and is Rx (Prescription) only.

“Our vision is for every person in withdrawal, preparing for withdrawal, or suffering from post-acute withdrawal symptoms (PAWS), to have access to this technology,” said Brian Carrico, president of IHS. “Significantly reducing withdrawal symptoms lessens the dependency on opioids, allows for easier transition to Medically Assisted Treatment (MAT) and ultimately works as another tool to combat the opioid epidemic facing our country.”

Withdrawal symptoms from opioids can manifest quickly and include nausea, diarrhea, vomiting, abdominal pain, anxiety and sleeplessness. Most often these symptoms are so painful and overwhelming, people turn back to opioids after only a few hours.

“The technology gives those suffering from opioid addiction an easier transition to all forms medically assisted treatment (MAT),” said Carrico. “The device helps take away the fear of withdrawal and leads to a much higher success rate.”

With this FDA clearance, doctors will now be able to prescribe treatment using the NSS-2 BRIDGE device to patients who are in withdrawal, along with patients suffering from PAWS. This FDA clearance makes the device eligible for insurance coverage as soon as states and commercial carriers adopt the technology.

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**Media Contacts:**

Sarah Holsapple

Chad Mertz

[media@ihs.com](mailto:media@ihs.com)

317-662-4336



**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Wednesday, November 15, 2017 2:31 PM  
**To:** Huntsinger, Douglas  
**Cc:** Wilson, Stephanie  
**Subject:** RE: FDA Press Release

You'll notice the FDA used the term "gastrointestinal upset."

Doug, do you recall the price of this device? I'm also curious about the transition to MAT – particularly if a user could successfully start using Vivitrol after 5 days of the Bridge.

I have to leave for Elkhart by 9:00 a.m. tomorrow, so it's unlikely I will be able to attend the news conference.

Jim

---

**From:** Huntsinger, Douglas  
**Sent:** Wednesday, November 15, 2017 2:07 PM  
**To:** McClelland, Jim <JMcClelland@gov.IN.gov>  
**Cc:** Wilson, Stephanie <StepWilson@gov.IN.gov>  
**Subject:** FW: FDA Press Release

I don't know that I have ever seen the words diarrhea in press release.

Doug Huntsinger  
Office of the Governor  
(317) 232-1080

---

**From:** Brian Carrico [<mailto:Brian@i-h-s.com>]  
**Sent:** Wednesday, November 15, 2017 2:00 PM  
**To:** Huntsinger, Douglas <[DHuntsinger@gov.IN.gov](mailto:DHuntsinger@gov.IN.gov)>  
**Subject:** FDA Press Release

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Doug

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Let me know if you have any thoughts or questions.

Brian Carrico  
President  
Innovative Health Solutions

317-  
[www.I-H-S.com](http://www.I-H-S.com)



**Scott.A.Milkey**

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**Attachments:** IHS FDA BRIDGE Press Release .docx; FDA Press Release.pdf

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## FDA News Release

# FDA grants marketing authorization of the first device for use in helping to reduce the symptoms of opioid withdrawal

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## For Immediate Release

November 15, 2017

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## Summary

FDA permits marketing of the first device for use in helping to reduce the symptoms of opioid withdrawal

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## Release

Today, the U.S. Food and Drug Administration granted a new indication to an electric stimulation device for use in helping to reduce the symptoms of opioid withdrawal.

“Given the scope of the epidemic of opioid addiction, we need to find innovative new ways to help those currently addicted live lives of sobriety with the assistance of medically assisted treatment. There are three approved drugs for helping treat opioid addiction. While we continue to pursue better medicines for the treatment of opioid use disorder, we also need to look to devices that can assist in this therapy,” said FDA Commissioner Scott Gottlieb, M.D. “The FDA is committed to supporting the development of novel treatments, both drugs and devices, that can be used to address opioid dependence or addiction, as well as new, non-addictive treatments for pain that can serve as alternatives to opioids.”

The NSS-2 Bridge device is a small electrical nerve stimulator placed behind the patient’s ear. It contains a battery-powered chip that emits electrical pulses to stimulate branches of certain cranial nerves. Such stimulations may provide relief from opioid withdrawal symptoms. Patients can use the device for up to five days during the acute physical withdrawal phase. Opioid withdrawal causes acute physical withdrawal symptoms including sweating, gastrointestinal upset, agitation, insomnia and joint pain.

To permit marketing of this device for this use, the FDA reviewed data from a single-arm clinical study of 73 patients undergoing opioid physical withdrawal. The study evaluated patients’ clinical opiate withdrawal scale **(COWS) score** (<https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf>), which is a clinical assessment conducted by a health care professional that measures opioid withdrawal

symptoms such as resting pulse rate, sweating, pupil size, gastrointestinal issues, bone and joint aches, tremors and anxiety. COWS scores range from 0 to more than 36 — the higher the number, the more severe the withdrawal symptoms are to a patient.

Prior to using the device, the average COWS score for all patients was 20.1. Study results showed that all patients had a reduction in COWS of at least 31 percent within 30 minutes of using the device. Overall, 64 of the 73 patients (88 percent) transitioned to medication assisted therapy after five days using the device, along with any medications needed for persistent symptoms, such as nausea and vomiting.

The FDA cleared the **EAD ([https://www.accessdata.fda.gov/cdrh\\_docs/pdf14/K140530.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf))**(electro auricular device, now called Bridge Neurostimulation System) in 2014 for use in acupuncture. FDA's granting of the current request for the NSS-2 Bridge expands the use of the device as an aid to reduce the symptoms of opioid withdrawal. It is available only by prescription. The device is contraindicated for patients with hemophilia, patients with cardiac pacemakers or those diagnosed with psoriasis vulgaris.

The FDA reviewed the NSS-2 Bridge device through the de novo premarket review pathway, a regulatory pathway for some low- to moderate-risk devices that are novel and for which there is no legally marketed predicate device to which the device can claim substantial equivalence.

The FDA permitted marketing of the NSS-2 Bridge device to Innovative Health Solutions, Inc.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

###

#### Inquiries

#### Media

✉ **Stephanie Caccomo** (<mailto:Stephanie.caccomo@fda.hhs.gov>)  
☎ 301-348-1956

#### Consumers

☎ 888-INFO-FDA

#### Related Information

- **FDA: Recently Approved Devices**  
(<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/default.htm>)

- **FDA: De Novo Pathway**  
(</MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/ucm462775.htm>)
- **FDA: Bridge Neurostimulation System** ([https://www.accessdata.fda.gov/cdrh\\_docs/pdf17/DEN170018.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf17/DEN170018.pdf))
- **FDA: Opioid Medications** (</Drugs/DrugSafety/InformationbyDrugClass/ucm337066.htm>)
- **NIDA: Opioid Addiction** (<https://www.drugabuse.gov/drugs-abuse/opioids>)

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(</AboutFDA/AboutThisWebsite/WebsitePolicies/Disclaimers/default.htm>)

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**2016** (</NewsEvents/Newsroom/PressAnnouncements/2016/default.htm>)

**2015** (</NewsEvents/Newsroom/PressAnnouncements/2015/default.htm>)



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**Media Contacts:**

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Chad Mertz

[media@ihs.com](mailto:media@ihs.com)

317-662-4336

**Scott.A.Milkey**

---

**From:** Stephen C McCaffrey <smccaffrey@mhai.net>  
**Sent:** Monday, November 13, 2017 3:43 PM  
**To:** Karns, Allison  
**Subject:** Re: Proclamation

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---

Definitely will do!

(My cell is 317- [REDACTED])

Thanks!

Steve  
Stephen C. McCaffrey, JD  
*President & Chief Executive Officer*



Mental Health America of Indiana  
1431 North Delaware Street  
Indianapolis, Indiana, 46202  
317.638.3501 x1222  
[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)

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On Nov 13, 2017, at 3:09 PM, Karns, Allison <[AKarns@gov.IN.gov](mailto:AKarns@gov.IN.gov)> wrote:

Shoot me a text and I'll step out to visit 317 [REDACTED]

---

**From:** Stephen C McCaffrey [<mailto:smccaffrey@mhai.net>]  
**Sent:** Monday, November 13, 2017 3:06 PM  
**To:** Karns, Allison <[AKarns@gov.IN.gov](mailto:AKarns@gov.IN.gov)>  
**Subject:** Re: Proclamation

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Thanks so much!



I plan to go to the Alcohol Commission tomorrow—just for fun :)

Stephen C. McCaffrey, JD  
President & Chief Executive Officer

<image001.png>

Mental Health America of Indiana  
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**Sent:** Monday, November 13, 2017 2:58 PM

**To:** Karns, Allison <[AKarns@gov.IN.gov](mailto:AKarns@gov.IN.gov)>

**Subject:** Proclamation

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Who should I contact to investigate the possibility?

Thanks!

Steve

Stephen C. McCaffrey, JD  
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<image001.png>

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**Scott.A.Milkey**

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**From:** Karns, Allison  
**Sent:** Monday, November 13, 2017 3:02 PM  
**To:** Stephen C McCaffrey  
**Cc:** Nossett, James (Michael)  
**Subject:** RE: Proclamation

Hi, Steve! Always good to hear from you! ☺ I'm copying Michael Nossett from our Legal Department to assist. Let me know when you are in the Statehouse and I would love to catch up!

---

**From:** Stephen C McCaffrey [mailto:smccaffrey@mhai.net]  
**Sent:** Monday, November 13, 2017 2:58 PM  
**To:** Karns, Allison <AKarns@gov.IN.gov>  
**Subject:** Proclamation

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---

Hi Allison—

I know that you are not the correct person to ask, but the Indiana Coalition to Reduce Underage Drinking (a subsidiary of Mental Health America of Indiana) will be celebrating their 20th Anniversary at their Annual Meeting on December 15th. I thought that a proclamation would be nice, if possible.

Who should I contact to investigate the possibility?

Thanks!

Steve

Stephen C. McCaffrey, JD  
*President & Chief Executive Officer*



Mental Health America of Indiana  
1431 North Delaware Street  
Indianapolis, Indiana, 46202  
317.638.3501 x1222  
[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)

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**Scott.A.Milkey**

---

**From:** Stephen C McCaffrey <smccaffrey@mh.ai.net>  
**Sent:** Monday, November 13, 2017 2:58 PM  
**To:** Karns, Allison  
**Subject:** Proclamation

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---

Hi Allison—

I know that you are not the correct person to ask, but the Indiana Coalition to Reduce Underage Drinking (a subsidiary of Mental Health America of Indiana) will be celebrating their 20th Anniversary at their Annual Meeting on December 15th. I thought that a proclamation would be nice, if possible.

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Steve

Stephen C. McCaffrey, JD  
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**Scott.A.Milkey**

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**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Monday, November 06, 2017 10:46 AM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Corley, Bernice A;Creason, Steve;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hatfield, Troy;Hinshaw, Seth (IGA);Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@██████████);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Buhner, Rebecca B;Reynolds, David;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Cc:** Kidwell, Jenny  
**Subject:** JRAC Meeting - October 19, 2017 10:00 a.m. to Noon  
**Attachments:** Justice Reinvestment Advisory Council agenda 11-8-17.docx; October 2017 JRAC meeting minutes.docx

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Attached are the minutes from the October, 2017 meeting and the agenda for Wednesday's meeting. The next meeting of the Justice Reinvestment Advisory Council is currently scheduled from Noon to 3:00 p.m. (EST) on Wednesday, November 8, 2017, in the 30 South Meridian Street Building. Lunch will be provided since this meeting is immediately following the EBDM meeting. Meeting Room is 9002 located on the 9<sup>th</sup> floor. Please use the link below to advise us of your attendance.

**[RSVP for November 8th Meeting](#)**

Jenny Kidwell

Indiana Office of Court Services

30 S. Meridian Street, Suite 900

Indianapolis, IN 46204

317-232-1313

## **Justice Reinvestment Advisory Council**

November 8, 2017

Noon—3:00

### **Agenda**

1. Welcome and introductions
2. Approval of Minutes of the October 20, 2017 meeting
3. Legislative Subcommittee report and discussion
4. DOC Population report—workgroup to convene immediately after JRAC
5. Update from DOC
6. Update from DMHA
7. Other Business
8. Next meeting—January 19, 2018--Noon

**Justice Reinvestment Advisory Council**  
**Meeting Minutes**  
**October 19, 2017**

The Justice Reinvestment Advisory Council met at the Indiana Office of Court Services at 30 S. Meridian Street in Indianapolis, Indiana on October 19, 2017. The Advisory Council met 10 a.m.-12 p.m.

- 1. Members present.** The following members of the Justice Reinvestment Advisory Council were present: David Powell, Executive Director of the Indiana Prosecuting Attorneys Council; Kevin Moore, Director of the Division of Mental Health and Addiction; Julie Lanham, proxy for the Commissioner of the Indiana Department of Correction; Larry Landis, Executive Director of the Indiana Public Defender Commission; David Murtaugh, Executive Director of the Indiana Criminal Justice Institute; Bill Watson, President of the Indiana Association of Community Corrections Act Counties; Adam McQueen, President of the Probation Officers Professional Association of Indiana; and Jane Seigel, Executive Director of the Indiana Office of Court Services and Advisory Council Chair.
- 2. Guests present.** The following guests also attended the meeting: Mary Willis from the Office of Judicial Administration; Liz Darlage and Jon Ferguson from the Indiana Department of Correction; Troy Hatfield from the Probation Officers Professional Association of Indiana; Kristen Banschbach from the Indiana State Budget Agency; Angie Boarman from the Division of Mental Health and Addiction; Matt Brooks from the Indiana Association of Community Mental Health Centers; Trent Glass from the Indiana House of Representatives; Chris Naylor from the Indiana Prosecuting Attorneys Council; Dave Williams from Trial Court Technology; Bernice Corley and Kristin Casper from the Indiana Public Defender Commission; Sharon Jackson from the Governor's Office; Stephanie Yager from the Indiana Association of County Commissioners; Lynn Wininger from the Indiana Association of Community Corrections Agencies; Will Young from the Family and Social Service Administration; and David Bausman from the Office of the Attorney General.
- 3. Staff assistance.** Jennifer Bauer, Mary Kay Hudson, and Michelle Goodman provided staff assistance to the Advisory Council.
- 4. Approval of minutes.** The minutes from the September 2017 meeting were unanimously approved.
- 5. DOC population report.** Jon Ferguson reported that DOC has seen population growth since July, likely from inmates staying longer as they serve 75% of sentences. As of October 1, the total population was 10,198. Mr. Ferguson

stated that he expects the population growth to continue as inmates “stack” with the longer stays. He also stated that maximum security beds are almost full, even though the other numbers are decreasing. He explained that out of 27,800 available beds in DOC, 26,000 are currently in use. The Advisory Council members discussed crowding at DOC and that removing Level 6 felons was not a solution to the problem. The Advisory Council members requested that the monthly DOC population report show admissions and releases next to each other and also show the number of maximum security beds available and used. Jon Ferguson agreed to set up a meeting with DOC Research Director Aaron Garner for Advisory Council members to discuss additional data points for the monthly report.

6. **DOC update.** Julie Lanham introduced Kristin Banschbach as the new community corrections director. She reported that DOC is working on updates to the grant application. Each eligible entity will have a section in the report, which will be submitted as part of a larger packet. Liz Darlage highlighted the changes to the grant application: the number of people served is broken out into directly supervised and indirectly supervised, and fringe benefits are tied to a specific position. Ms. Darlage asked the Advisory Council members to review the updated grant application and send her any recommended changes. DOC will distribute the grant application by November 15<sup>th</sup> and applications will be due before January 31<sup>st</sup>. Ms. Darlage also distributed the collaboration plan and stated that it may need a legislative amendment. Jane Seigel suggested a small workgroup to draft an amendment to the collaboration statute. The workgroup members are Jenny Bauer, Trent Glass, Adam McQueen, Bill Watson, Bernice Corley, and Kristin Casper. Ms. Lanham also reported that she met with the State Board of Accounts recently to discuss the issue of Tippecanoe County using grant funding for staff raises. She stated that SBOA’s initial position was that it would not pursue the case because there was nothing in writing about the prohibition on using grant money for staff raises. Ms. Lanham reported that DOC used previous JRAC minutes to show that the Advisory Council voted on the salary restriction and that the Tippecanoe community corrections director was present for the vote (and voted in favor of it). She thanked Jenny Bauer for the detailed minutes and said the case is still under review by SBOA.
7. **DMHA update.** Kevin Moore reported that he testified three times before the Corrections and Criminal Law Interim Study Committee. He stated that he thinks the misdemeanor Recovery Works issue will get kicked back to the Advisory Council to devise a pilot. Mr. Moore also stated that the Advisory Council can discuss cost limits as DMHA gets closer to spending all the Recovery Works funding. Angie Boarman reported that DMHA is in the process of hiring additional staff to provide regional support for Recovery Works. She also reported that there is no change in the top 5 services: medication, group substance abuse counseling, individual skills training, transportation, and

housing. The top 5 counties are: Marion, Vanderburgh, Allen, Madison, and Monroe. Ms. Boarman stated that there are currently 18,653 total participants in Recovery Works and \$19M has been spent since the inception of the program. The Advisory Council asked Ms. Boarman to report on the total number of participants still getting Recovery Works services and the average length of stay in services. Ms. Boarman also reported that Medicaid payout covers the Medicaid rehabilitation option (MRO) if the person meets the definition of “medically frail”. Recovery Works allows DMHA to leverage federal money for more services and frees up traditional matching dollars for other services. In addition, Ms. Boarman reported there are now 99 providers (covering 2000 individuals) and 68 are actively billing to Recovery Works.

- 8. Legislative subcommittee report.** Larry Landis reported that the subcommittee has several proposals for possible legislative action and asked Michelle Goodman to explain the proposals. Ms. Goodman explained that the proposal to amend IC 33-37-4-1 was requested by the Indiana Prosecuting Attorneys Council to allow prosecutors to charge fees in pretrial diversion programs. Ms. Goodman stated that the proposed language requires that the fees are reasonably related and approved by the trial court. Dave Murtaugh made a motion to move the legislative proposal forward and David Powell seconded the motion. The Advisory Council members discussed the proposed amendment and how it relates to public policy and the JRAC purpose. The motion failed by a vote of 1-5 with one abstention. Ms. Goodman explained that the next proposal is for an amendment to IC 12-23-19-1, which was proposed last year and sent to a summer study committee. She stated that the language is the same, with the date changed to January 1, 2019. Dave Murtaugh made a motion to move the legislative proposal forward and Larry Landis seconded the motion. The Advisory Council members discussed whether the date was necessary and Mr. Murtaugh accepted a friendly amendment to strike the date from both sections. The motion passed, 5-2. Ms. Goodman also explained that the legislative committee is also considering proposed amendments to IC 35-33-8-3.3 on the pretrial services fee, the length of probation, and L6 exception for safekeeping in DOC. Jane Seigel requested members to review the language and send comments to the legislative committee before the next meeting.
- 9. Announcements.** Jane Seigel announced that the 2017 JRAC annual report was submitted to the legislature, governor, and chief justice on September 29<sup>th</sup> as required by statute. She thanked Jenny Bauer for submitting the report. Ms. Seigel distributed a one-page JRAC summary and stated she plans to distribute the summary at the upcoming Supreme Court retreat. She invited other JRAC members to use the summary with their constituent members. Ms. Seigel also introduced Stephanie Yager from the Indiana Association of County Commissioners and announced that IACC invited JRAC members to speak at their conference on November 29<sup>th</sup> at the Sheraton Keystone Hotel. Ms. Seigel also

announced that there is the possibility of a new JRAC/EBDM staff person supported with DOC funding.

**10. Other business.** Larry Landis reported that he submitted a legislative proposal to the Corrections and Criminal Law Interim Study Committee to expand the pool of licensed providers for Recovery Works. He distributed a copy of the proposal.

**11. Next meeting.** Jane Seigel announced that the date for the next Advisory Council meeting is November 8 at 12:00 p.m. at the Indiana Office of Court Services. The first meeting of 2018 will be January 19 at Noon at the IOCS new office on 251 N. Illinois Street.

Respectfully submitted,

Jennifer Bauer  
Staff Attorney  
Indiana Office of Court Services

**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Friday, November 03, 2017 8:01 AM  
**To:** dhuntsinger@gov.in.gov  
**Subject:** FW: Memo on Hendricks County Drug Court visit  
**Attachments:** Memo to McClelland and Evans on Hendricks County Drug Court Visit 20171102.docx

FYI

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**From:** Silverman, Ross David [mailto:rdsilver@iu.edu]  
**Sent:** Thursday, November 2, 2017 4:44 PM  
**To:** Evans, Daniel (IU Health) <DFEvans@IUHealth.org>; McClelland, Jim <JMcClelland@gov.IN.gov>  
**Cc:** Smith, Mark <masmith@co.hendricks.in.us>  
**Subject:** Memo on Hendricks County Drug Court visit

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Dan & Jim,

Thank you again for the opportunity to join you yesterday in visiting the Hendricks County Drug Court. Attached are my notes from the meeting, including a synthesis of the feedback program participants offered to us for consideration in future policy discussions. While it is not written up as a policy brief or full-blown research memorandum, I have included links to several outside reference resources.

If I can be of future help in any way, please do not hesitate to contact me.

Warmest regards,

Ross

**Ross D. Silverman, JD, MPH**  
Professor of Health Policy and Management

**Indiana University**  
**Richard M. Fairbanks School of Public Health**  
Professor of Public Health and Law  
**Indiana University Robert H. McKinney School of Law**  
1050 Wishard Blvd. Suite 5126  
Indianapolis IN 46202-2872  
Direct: 317-278-3776  
Fax: 317-274-3443  
[rdsilver@iu.edu](mailto:rdsilver@iu.edu)  
[www.pbhealth.iupui.edu](http://www.pbhealth.iupui.edu)





## MEMORANDUM

TO: Jim McClelland  
Dan Evans

FROM: Ross D. Silverman, JD, MPH  
Indiana University Richard M. Fairbanks School of Public Health  
[rdsilver@iu.edu](mailto:rdsilver@iu.edu)

DATE: November 2, 2017

RE: Notes from Hendricks County Drug Court Visit, November 1, 2017, 1-4:30pm

### Visitors:

Jim McClelland  
Executive Director for Drug Prevention, Treatment, and Enforcement, State of Indiana  
Daniel F. Evans, Jr.  
Senior Director, Faegre Baker Daniels Consulting  
Ross D. Silverman  
Professor, Indiana University Fairbanks School of Public Health & McKinney School of Law

### **1-2pm Drug Court Team Meeting**

The meeting took place in courtroom number 4 of the Hendricks County Court House, Judge Mark Smith presiding. Judge Smith give us some background on the origins of the Court: it began enrolling participants in 2011, after an 18 to 24 month planning process to build up the partnerships necessary for the program to succeed. The court is built around the best practice standards recommended by the National Association of Drug Court Professionals (NADCP) [[Standards Volume 1](#) (2013), [Standards Volume 2](#) (2015)]. The court has revisited and refined its processes as the standards have evolved, and also has implemented some customized characteristics the team felt were needed to fit the community in which this court would be working.

Program capacity is not boundless; the judge must accommodate presiding over these cases within the context of other ongoing judicial responsibilities (e.g., hearing divorce cases, etc.). The program also has faced challenges related to the willingness of local service providers to commit to this court's processes, which seeks full participation by community care providers in the court program's team meetings. Judge Smith acknowledges that this court's process may be perceived as time and resource intensive; however, he also is mindful of the disparate impact he has seen in program participants when one person's care provider attends the court meetings, and another person's care provider does not.

From 1-2pm, we observed the case review meeting of the drug court team, which included representatives from [The Willow Treatment and Recovery Center](#), the probation department, and the court.

Drug Court participants go through a 6 phase process while enrolled in the program, five formal Phases and program graduation. The Program is structured to be 24 months long, but probation and participation in the program can extend beyond 24 months if needed. Participants are subject to drug screenings three times per week throughout the program. Components of Phase 1 (60-90 days, subject to participant adherence to all program requirements), include participants attending three counseling sessions per week, three 12-step program meetings per

week, having 3 drug screenings per week, are subject to calls from the drug line everyday, are subject to breathalyzers on a daily basis, and a requirement that they identify a sponsor in the program before they are eligible to graduate to Phase 2. Meeting attendance requirements scale down as participants progress through the phases. Phases 2, 3, and 4 are each 6 months in duration. To graduate from Phase 4, the participant must participate in a recovery event, and must be up-to-date with payment of at least 50% of their fees for participation in the program. [see further details on the program fees below]. Phase 5 is 4 months long, does not require attendance at group counseling meetings (although many participants do), and requires service as a peer recovery coach or mentor in the program.

Medication Assisted Treatment is available in the program, with costs covered via [FSSA's Recovery Works forensic treatment program](#). The critical nature of wrap-around services that address the social components related to recovery and stability were highlighted. Later in the meeting, Judge Smith also brought up the correlation between experiencing multiple [Adverse Childhood Experiences](#) and future health problems, including initiation of substance use and long-term substance use disorder, and the need for greater commitment to early interventions.

Program participation fees are \$1200 in total, including a \$100 program administration fee, \$50 monthly user fees, and \$5 per every drug urine test. Some of these costs may be covered under the Recovery Works program. Wage garnishments may be implemented to facilitate fee payment.

According to Judge Smith, there are three core rules for The Drug Court: Honesty, No Excuses, and Have A Positive Attitude. As he stated during the meeting, "Lying is the quickest way to jail."

The Drug Court Team Meeting included a rapid case-by-case update on the status of participants in the program, with participants divided into categories of "Green" (on track in their particular phase of the program), "Red" (progress off track and requiring substantive intervention), "Phase Movements", and "Graduations."

Drug Courts are seen as a vital part of efforts to respond to the nation's opioid epidemic, as indicated in the [final report from the President's Commission on Combating Drug Addiction and the Opioid Crisis](#) (pp. 73-74), which was released yesterday.

#### **2-4:30pm - Drug Court Meeting**

Following the team meeting, we witnessed the first of the month's meetings of the Hendricks County Drug Court. In this meeting, graduations from the program and phase movements were celebrated, and the drug court participants answered questions from the Judge, offered reflections upon their progress within the program, and were encouraged to share recommendations based upon their personal experiences with the visiting policymakers.

What follows below are notes taken synthesizing participant and attendee responses to the prompt for suggestions to share recommendations [Note: Inclusion does not constitute an endorsement or analysis of the recommendations]:

#### **Participant and Team Member Observations/Recommendations**

- Address, perhaps via a marketing campaign, the social perception/shame/stigma related to alcohol/drug addiction, and work to rehumanize those struggling with alcohol and substance use. One participant stated: "you're only as sick as your secrets," and that removal of stigma could help people pursue assistance at an earlier stage.

- Examine Portugal's approach, which includes legalization of illicit drugs and also increased funding for job placement
- The initial rehabilitation window represents a crucial window of time in the recovery process. The respondent's insurance covered 8 days for rehabilitation. To qualify to receive the Vivitrol shot, which the recipient believed would be valuable in their recovery, an individual must be off opioids for 7-10 days. Program participants were concerned about lacking insurance coverage to support the opportunity to stay in rehabilitation and other support to carry through that period.
- Other participants considered the availability of Vivitrol as "something big," and a lack of coverage could lead to discontinuing the treatment, followed by a quick relapse.
- Drug court participants were asked about their experience with suboxone. Many had been prescribed it, few used it as prescribed. Some had received it from others through diversion. Some had sold theirs. Many disliked suboxone because it did not offer a similar high to the opiates they used to use.
- Enhancing Early intervention - which was translated as both (a) intervention with younger people with substance use disorders and (b) intervention in cases like misdemeanors/jails (not just felonies) - was encouraged. This included enhancing opportunities for peer-to-peer mentorship of young people in recovery ("older guy to talk with a younger guy")
- One participant, whose past substance use centered around methamphetamine, wished that there was more outreach support available, especially through the internet and social media like Facebook. Placing readily available information online about Narcotics Anonymous/Alcoholics Anonymous, what options are available, "ways out" or places to go for care or guidance.
- Some participants discussed the benefits of more broadly sharing with the public success stories associated with "working a program" (taking the steps through a recovery process), as contrasted with "staying sober." One of the benefits valued by people in the Drug Court program was connecting up with a supportive community that could be there for them if/when needed.
- The costs associated with Rehabilitation were universally seen as being expensive, especially for those without insurance. The Recovery Works program, specifically, the support it offered as Gap Insurance to cover costs associated with recovery, was seen as extremely valuable by a number of program participants. However, several challenges with the program were noted:
  - There is a cap to the financial benefit in recovery works (\$7500). Many were not aware of this limit at the beginning of their process and wish they had learned this at that time, as it would have helped them better manage some of their treatment decisions. They also felt that the cap may have been too low, running out before the recipients felt their financial circumstances and/or recovery process was sufficiently stable.
  - One participant suggested implementing a process through which program participants could earn additional Recovery Works Benefits based upon successfully working the program for longer periods of time.
  - Several participants suggested that the opportunity for coverage under Recovery Works be extended to those facing misdemeanor charges (not just those facing felonies). The participants felt that this lack of access to coverage for services could keep those facing substance use disorders from getting into recovery.
- Some participants would like there to be increased access to long-term treatment (perhaps beyond 2 years).
- One participant worried that when you leave the drug court program, you faced losing a community as well as some of your support.

- Expanded access to Narcotics Anonymous/Alcoholics Anonymous materials and meetings in jail was suggested by one participant, noting that, in his experience, such meetings only occurred once/week.
- One participant suggested expansion of access to sober living facilities/halfway houses, especially for those facing substance use disorders who come from “broken homes” and may lack external support systems.
- Access to reliable transportation, especially in more rural/suburban locations, was seen as a big barrier by several participants, especially if the person in recovery has had their driving privileges revoked, and they are expected to get to meetings and find and/or keep a job.
- One participant suggested that middle schoolers should be educated on the dangers of drugs like methamphetamine, heroin, “Spice” in health programs (not just smoking and marijuana).
- One participant noted the lack of recovery centers/places in the community for recovering adolescents.
- Several participants suggested it might be beneficial to have a parallel Drug Court for juvenile cases that could include enhanced support for not only the substance-using adolescents, but also for their parents. Judge Smith also expressed interest (if adequate resources were available) in the development of an Adolescent Drug Court.

Report developed by: Ross D. Silverman

Cc: Judge Mark A. Smith

**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Tuesday, October 31, 2017 12:29 PM  
**To:** dhuntsinger@gov.in.gov  
**Subject:** FW: Substance Use Disorder in the ED follow up Forum ICPS/MESH  
**Attachments:** Stem the Tide - Addressing the Opioid Epidemic.pdf; Directions to Eskenazi Health.pdf; Compiled Substance Use Disorder Objectives for the ED.DOCX

The AHA document (Stem the Tide) looks like a really comprehensive tool kit.

---

**From:** Fuller, Jim [mailto:JFuller@indypatientsafety.org]  
**Sent:** Monday, October 30, 2017 12:15 PM  
**To:** Diana.Leonard@franciscanalliance.org; dapodonn@iupui.edu; elweist@iupui.edu; Caine, V. <vcaine@hhcorp.org>; leharris@iupui.edu; TXMYERS@stvincent.org; l@ecommunity.com; Kuhn, Michael T. <MKuhn2@ecommunity.com>; Linda.Goodin@va.gov; cmiramon@iu.edu; kschulhof@IUHealth.org; cathy.lee-sellers@va.gov; Wong, Wesley B. <WWong@ecommunity.com>; Beth.Melchi@stvincent.org; jpitcher@meshcoalition.org; mwallace@marionhealth.org; Amartin24@iuhealth.org; heather.baumgardner@franciscanalliance.org; Maria.poor1@va.gov; ralanglo@stvincent.org; SJMishle@stvincent.org; Richardson, Kimble <KRichardson@ecommunity.com>; Kelly, Timothy J. <TKelly@ecommunity.com>; Gagan, Jeremy L. <JGagan@ecommunity.com>; Wilham, Paula E. <PWilham@ecommunity.com>; eric.boss@va.gov; Randall.todd@franciscanalliance.org; MATTHEW.CRITTENDON@va.gov; dlschoun@ascension.org; rrvanis@ascension.org; weswigar@ascension.org; mjpgoldma@ascension.org; tstepsis@iu.edu; Ashley.Overley@eskenazihealth.edu; Dean.Babcock@eskenazihealth.edu; msaysana@IUHealth.org; jmugele@iu.edu; tlardaro@iu.edu; sroumpf@██████████; jryser@IUHealth.org; KHendersho@IUHealth.org; krmbruc@iu.edu; McClelland, Jim <JMcClelland@gov.IN.gov>; Chambers, Emily D. <EChambers@ecommunity.com>; KELLY.HENDERSON2@va.gov; lhulvers@iupui.edu; Clement, Julia <JClement-Voigt@ecommunity.com>; Kelly.Williams@eskenazihealth.edu; pmackie@iu.edu; Martha.Cangany@franciscanalliance.org; Mark.miller4@va.gov; Ryan.Martin@eskenazihealth.edu; Sharp, Kimberly K. <KSharp2@ecommunity.com>; DEWaddle@stvincent.org; Parsons, Robin <RParsons@Fairbanksd.org>; gina.sandman@uhsinc.com; diane.lamond@uhsinc.com; Kristen.williams@uhsinc.com; Kim.Retzner@ushsinc.com; McCaffrey, Steve <smccaffrey@mh.ai.net>; kboller@ihaconnect.org; btabor@ihaconnect.org; bcorley@ihsconsultinggroup.com; DBuckner@MarionHealth.org; mehaley@iuhealth.org; Dana.Higgins@franciscanalliance.org; Sullivan-Wright, Dawn M. <DSullivan-Wright@ecommunity.com>; aking@marionhealth.org; rhancock@ihaconnect.org; Thurmon, Lynnette <LThurmon@ecommunity.com>; Brenda.melton@franciscanalliance.org; breynolds@hhcorp.org; al.bracken@uhsinc.com; Brandi Long <blong@meshcoalition.org>; Myers, Tony <TXMYERS@ascension.org>; Melchi, Beth <Beth.Melchi@ascension.org>; mitchsuz@██████████; Christina Wurster <Christina.Wurster@eskenazihealth.edu>; Harris, Lisa E <leharris@iu.edu>; Weinstein, Elizabeth <elweist@iu.edu>; Showalter Joan M <Joan.Showalter@franciscanalliance.org>; O'Donnell, Daniel P <dapodonn@iu.edu>; Mishler, Sheila J <SJMishle@ascension.org>; Phillips, Douglas <DPhillips@fairbanksd.org>; Justin J Mast <Justin.Mast@eskenazihealth.edu>; Bryan, Alexa <ABryan@ecommunity.com>  
**Subject:** Substance Use Disorder in the ED follow up Forum ICPS/MESH

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Good afternoon, I'm looking forward to seeing many of you **Tuesday, Oct 31 at 3pm for our follow up ICPS/MESH SUD in the ED Forum. We're meeting at Eskenazi Health, 710 Eskenazi Avenue, Indianapolis, IN, 46202, in the RAPP Family Conf Center, Faegre Baker Daniels conference room** (the same room we met in last time)

Thanks to all those that submitted 4-5 short-term (6 months) recommended objectives to help us address SUD in the ED from a community-wide perspective (summary attached). **Our main goal for this Forum is to discuss and reach consensus on those objectives we'd like to take forward as a group.**

Below are some additional references and information:

- AHA Opioid Tool Kit – Stem the Tide (attached)
- INSPECT Integration: <https://www.ihaconnect.org/member/newsroom/Pages/Governor-Holcomb-Announces-State-Funding-for-INSPECT-Integration.aspx>
- Indiana Hosp. Assoc.: link to IHA resource toolkit aimed to help gather resources hospitals may find helpful when putting together strategies for addressing this epidemic:  
<https://www.ihaconnect.org/member/resources/Pages/Checklist.aspx>

#### **Eskenazi Health Parking:**

Parking is available in the Visitor's Parking Garage, located on Dr. Harvey Middleton Drive. Follow this into the garage and take an entry ticket. Keep this ticket with you so you may pay when you exit the hospital.

#### **Instructions to Rapp Family Conference Center:**

1. Enter the Eskenazi Health Hospital through the parking garage entrance on the 1st floor
2. Continue down the hallway to the main hospital concourse
3. Turn right once in the concourse
4. Walk to the end of the concourse (past the restrooms)
5. The first opening on your right after the restrooms is the Rapp Family Conference Center. Walk down this short hallway.

Please let me know if you have questions or need any other information!

thanks, Jim

James Fuller, PharmD  
President, Indianapolis Coalition for Patient Safety, Inc.  
410 W. 10th Street, Suite 3107  
Indianapolis, IN 46202  
317-223-3090

*Working together to make Indianapolis the safest place to receive healthcare in the nation.*

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## **Substance Use Disorder (SUD) Workgroup recommendations for optimizing treatment in ED and beyond**

**Objective 1:** All staff that work in health-care receive **annual SUD education**. At a minimum, education should include an overview of SUD, stigma reduction, and treatment strategies associated with SUD

Short term (3 months) – education for all ED clinical staff

Intermediate (6 months) – education for all clinical staff

Long term – education for all clinical and non-clinical staff

(Develop standard city-wide education using recently released FSSA materials on anti-stigma and discrimination in addiction) [http://in.gov/fssa/dmha/files/Discrimination\\_Position\\_Statement.pdf](http://in.gov/fssa/dmha/files/Discrimination_Position_Statement.pdf)

**Objective 2: Regular screening of all patients** for Substance Use Disorders using a standardized and evidence based assessment tool as part of routine care delivery. This can be very short 3-5 question screening (see example)

Short term (6months) implement standard screening tool for use city-wide in the Emergency Department

Long Term – all clinical areas

**Objective 3:** If screening is positive, patients should be provided with **brief interventions** and directed toward recommended treatment. Brief intervention focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation toward healthy behavioral change. This function can combine handoffs between ED staff, Behavioral Health, others as identified to complete brief intervention.

**Objective 4: Reversal Agents:** Naloxone will be available to all at risk patients and families in any setting. When treating patients who have overdosed, naloxone kit will be directly provided upon discharge.

Short term (6 months) initiate within 6 months in all ED's

Long Term – other system enhancements to hardwire (reminders in EHR's, order sets)

**Objective 5:** All participating health-systems develop systems for the use of **Medication Assisted Treatments (MAT)** in medical care settings as well as psychiatric care settings.

MAT to include:

- i. Buprenorphine products
- ii. Naltrexone formulations
- iii. Methadone for addiction treatment

Implementation suggestions: Each health system should identify the following:

1. a clinic (likely urgent care) capable of taking walk-in urgent ED follow ups any weekday
2. ONE provider who has an xwaiver (or could get one) who could supervise an NP addition to said urgent visit clinic whose job it would be to see the urgent follow up visits and respond to consults in the ED.
3. behavioral health treatment resources with whom this urgent visit clinic could collaborate to make sure patients are getting the highest quality care

Once there is an urgent clinic where patients can be stabilized on MAT (likely bupe) then it's easier to write to the patients PMD and ask them to get an xwaiver not to run a suboxone clinic but just to help the patients in their panel who need it.

Is providing the X-waiver training for any interested provider is something MESH could help coordinate? EZ has done it and has a good person that does one day and the rest is online.

**Objective 6: INSPECT reports** are integrated with all Electronic Health Records (EHR's)

**Objective 7: Treatment Resource Guide:** Education and discussion of available resources must be incorporated into the discharge plan of all patients who present with SUD or overdose. Patients and families must be provided with options of treatment, other community resources and where to reach out for help when it is needed.

Request that FSSA or other governing body take responsibility for creating and maintaining list of all licensed facilities and that this list be well vetted to assure all standards of care are met.

**Miscellaneous for discussion:**

- Develop methods to incentivize care after OD; family's ability to have loved ones committed to treatment when needed, drug court programs when applicable, harm reduction programs
- Support financially programs that serve the indigent i.e. Harbor Light
- Include access to Syringe Exchange Programs as a prevention tool to reduce effects of syringe sharing and ad means to access treatment;
- Increase addiction data sharing between medical providers;
- Increase usage of Harm Reduction and Motivational Interviewing by medical, behavioral health, mental health and substance abuse providers.
- Offer non-opioid alternatives: A group of providers put together a document focused on pain management without opioid. Palmer MacKie can share that as a starting point. Eskenazi uses some opioid and is listed.

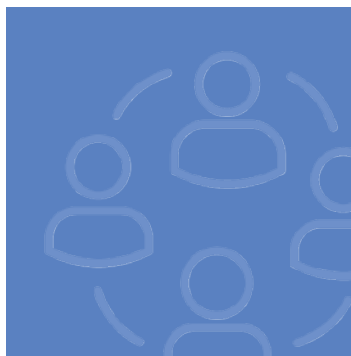
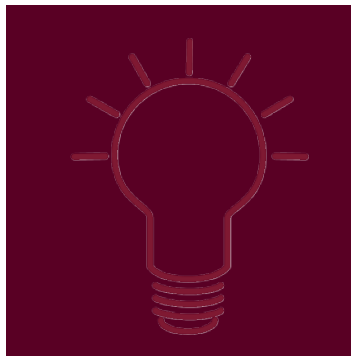
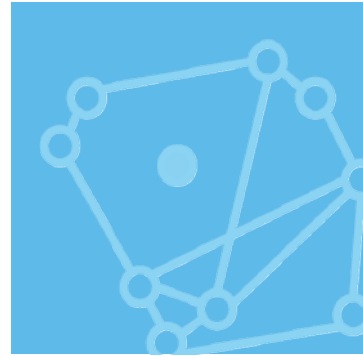
See complete ICPS SUD workgroup consensus statement at:

[http://indypatientsafety.org/documents/resources/DRAFT\\_ICPS\\_Addictions\\_consensus\\_statement\\_Aug\\_302017\\_with\\_embedded\\_documents.docx](http://indypatientsafety.org/documents/resources/DRAFT_ICPS_Addictions_consensus_statement_Aug_302017_with_embedded_documents.docx)



# Stem the Tide:

## Addressing the Opioid Epidemic



**Suggested Citation:** American Hospital Association. (2017) *Stem the tide: Addressing the opioid epidemic*. Chicago, IL. Accessed at [www.aha.org/opioidtoolkit](http://www.aha.org/opioidtoolkit)

**Accessible at:** [www.aha.org/opioidtoolkit](http://www.aha.org/opioidtoolkit)

**Contact:** [physicianforum@aha.org](mailto:physicianforum@aha.org) or (312) 422-2600

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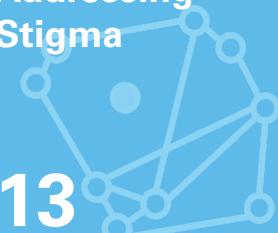
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# Executive Summary

Every day, hospitals and health systems see the effects of the nation's opioid epidemic. According to the Centers for Disease Control and Prevention, more than 33,000 people died from an opioid-related overdose in 2015. **That's more than 90 people a day or approximately four people each hour.** There are also financial implications due to increased health care and substance use disorder treatment costs, lost productivity and costs to the criminal justice system, estimated to be \$78.5 billion in 2016.

Across the U.S., hospitals and health systems are working to address this public health crisis. To help in their efforts, the American Hospital Association developed this toolkit to provide guidance and resources to hospitals and health systems on how to work with patients, clinicians and communities to stem the opioid epidemic. From working on the front lines of the emergency department to connecting patients with treatment and recovery resources in their communities, the nation's hospitals and health systems are partnering with community organizations and providers to address the opioid epidemic on a daily basis.

Examples of successful approaches that hospitals have employed include:

- [Project Engage](#), an early intervention program, resulted in approximately 30 percent of 1,500 ED patients with substance use disorder accepting treatment; before this initiative, the number of patients accepting treatment was close to zero.
- [The Alternatives to Opiates \(ALTO\)](#) program effectively treats patients' pain, and has reduced opioid cases in one ED by 38 percent in five months.

Recognizing the multifaceted role of hospitals and health systems, the AHA developed this toolkit with input from a multidisciplinary team, including representatives from nursing, risk management, physician leadership, research and the AHA's Section for Psychiatric and Substance Abuse Services and Committee on Clinical Leadership. In addition, we vetted the resources with subject matter experts, including psychiatrists specializing in addictions, chief clinical officers and other clinical experts, pain management professionals, and a broad array of stakeholders. This toolkit will be updated regularly to help the field move forward in addressing the opioid epidemic in communities.

This toolkit includes resources for hospitals and health systems to share with clinicians and patients and to use to enhance partnerships within their communities. The information is categorized into eight topic areas:

1. Clinician education on prescribing practices
2. Nonopioid pain management
3. Addressing stigma
4. Treatment options for opioid use disorders
5. Patient, family and caregiver education
6. Transitions of care
7. Safeguarding against diversion
8. Collaborating with communities

Each topic area includes a variety of resources, national and state guidelines, training, simulations and case examples. The AHA recognizes that hospitals and health systems must tailor their efforts to meet the resource realities and unique needs of their local communities. Activities to address the opioid crisis will vary with the size of the organization, location, scope of hospital and physician services, and community and state resources. However, all services developed should be integrated with the resources across the community.

In addition to sharing this information with clinical leadership, care teams and organizations addressing this issue in your community, consider forming a team to look at the issue and joining a learning network. The AHA is working to develop a forum for hospitals and health systems across the U.S. to come together to think through key strategies to stem the opioid epidemic.

The AHA is on a mission to advance the health of individuals and communities in America. We hope you find this toolkit to be a valuable resource in supporting your initiatives to address the opioid epidemic and making your community healthier.

*Let us know how you are using this toolkit.*

*Do you have stories of challenges or examples of successful approaches to share?*

*Are there additional resources that should be included in this toolkit?*

# Ensuring **Clinician Education** About and Oversight of **Appropriate Prescribing Practices**

According to the Centers for Disease Control and Prevention, there is much variability on the prescribing practices [across the nation](#). The amount of opioids prescribed per person was [three times higher](#) in 2015 than in 1999. This translates to enough opioids to medicate every American around the clock for [three weeks](#). By [appropriately prescribing opioids](#) and offering alternative pain management options or [both](#), practitioners have the ability to limit potential [long-term use](#), prevent opioid use disorder, and decrease opioids available for illegal theft and resale in the community.

Hospitals are educating their clinicians in a variety of ways—for example, through medical staff meetings, online CME, grand rounds and benchmarking—and sharing data with clinicians about their prescribing practices [compared to others](#). The National Academy of Medicine emphasizes the importance of providing [clinician education](#) on appropriate prescribing practices and on recognizing and treating substance use disorder. These resources support those efforts.

## Prescribing Practices

### *Acute Pain*

- [American College of Emergency Physicians' Clinical Policy on Opioid Prescribing](#). (2012) This resource provides an overview for prescribing opioids to adults in the emergency department.
- [Opioid Prescribing: Where you live matters](#). (2017) Centers for Disease Control and Prevention experts say prescribing opioids for three days or less is often enough; more than seven days is rarely needed. (See page three of linked document.) The CDC also created a [checklist for prescribing opioids](#) and a [dosing calculation fact sheet](#).
- [Pain Management Dosing Guide](#). (2016) This American Pain Society resource includes information providers should consider when prescribing pain medication and

treatment options. Opioid comparison charts provide a comprehensive overview of different types of opioids to be used to assist with dosing for adult and pediatric patients.

- A report by the National Academies of Sciences, Engineering and Medicine noted that “[t]here [do not appear to be](#) any widely accepted guidelines for postoperative prescribing.” However, the report does highlight the following studies:
  - » [An evaluation of postoperative opioid consumption](#), finding that patients are being prescribed approximately three times greater opioid medications than needed following upper-extremity surgical procedures. (2016)
  - » [A retrospective review](#) finding that an opioid prescribing guideline significantly decreased the rates at which opioids were prescribed for minor and chronic complaints in an acute care setting. (2016)
- [American Dental Association Recommendations](#). (2017) This formal ADA Statement on the Use of Opioids in the Treatment of Dental Pain was adopted by the ADA House of Delegates.
- [Improving Pain Management for Hospitalized Patients](#). This guide provides practical advice to hospitalists and other leaders who are developing programs to improve pain management in their services and facilities. The focus is on medical patients, though many of the principles described are relevant to patients recovering from surgical care.
- [Substance Use Disorder Prevention and Treatment](#). This strategy-focused web page provides links to several resources, including [Guidelines for Opioid Management by Clinicians and Staff within a Hospital Setting](#).

## Chronic Pain

- [Guidelines for the Chronic Use of Opioid Analgesics](#). (2017) These guidelines from the Federation of State Medical Boards include relevant recommendations and are consistent with recent releases of advisories issued by the CDC and the Food and Drug Administration. It is intended to be a resource to provide overall guidance to state medical and osteopathic boards in assessing physicians’ management of pain in their patients and whether opioid analgesics are used in a medically appropriate manner.
- [CDC Guideline for Prescribing Opioids for Chronic Pain](#). (2016) This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care and end-of-life care.

- **Guideline Resources: CDC Opioid Guideline Mobile App.**

(2016) The app is designed to help providers apply the recommendations of CDC's Guideline for Prescribing Opioids for Chronic Pain into clinical practice by putting the entire guideline, tools and resources in the palms of their hands.

- **VA Management of Opioid Therapy for Chronic Pain.**

(2017) This guideline describes the critical decision points in the management of opioid therapy for chronic pain and offers clear and comprehensive evidence-based recommendations incorporating current information and practices for providers throughout the Department of Defense and Veterans Affairs health care systems.

## Clinician trainings, simulations and other resources

- **Applying CDC's Guideline for Prescribing Opioids.** (2017)

This interactive, web-based training features self-paced learning, case-based content, knowledge checks and integrated resources to help health care providers gain a deeper understanding of the practice guideline. Earn free CE credit.

- **Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals.**

(2017) The Joint Commission's announcement of the implementation of new and revised pain assessment and management standards, effective January 1, 2018, for its accredited hospitals.

- **Substance Use Trainings.** (2017) The Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration's Center for Integrated Health Solutions compiled a repository of resources, including online trainings, webinars, live classes, in-person meetings and symposiums about substance use, that are available to health care professionals.

- **Providers' Clinical Support System for Opioid Therapies: Education and Training.** Clinical support is provided through online modules, webinars, archived webinars and the PCSS-O mentoring program.

- **A Primer on the Opioid Morbidity and Mortality Crisis: What Every Prescriber Should Know.** The American Medical Association has created this e-learning module that incorporates animation, infographics and storytelling to raise physician awareness about prescription opioid-related morbidity and mortality, factors influencing opioid-related harm, and what steps can be taken to promote the safe use of this important class of medications.







- [CO\\*RE](#). CO\*RE is a member-led health care professional organization that represents 750,000 clinicians. CO\*RE has compiled a host of resources including live courses, online courses, state-specific information and other tools.
- [Continuing Medical Education \(CME\) Finder](#). This online search tool for health care professionals lists accredited CE activities that are compliant with the FDA's Opioid Risk Evaluation and Mitigation Strategy.

## *Risk Evaluation and Mitigation Strategy (REMS)*

- [Risk Evaluation and Mitigation Strategy](#). (2017) REMS is a strategy to manage known or potential serious risks associated with a certain drug product and is required by the FDA to ensure that the benefits of a drug outweigh its risks. The FDA requires a REMS for extended-release and long-acting opioid analgesics.
- [Risk Evaluation and Mitigation Strategy \(REMS\) for Extended-Release and Long-Acting Opioid Analgesics](#). (2017) The FDA provides an overview on the extended-release, long-acting analgesics and provides resources on strategies and how they should be used.



## **Case Examples**

- [Monterey County Prescribe Safe Initiative: Community Hospital Foundation](#). (2016) The Prescribe Safe initiative was created by law enforcement, four Monterey County hospitals, and local physicians. Prescribe Safe educates and provides resources for local physicians and patients on the safe use of prescription medications and promotes safe and effective pain management.
- [An Educational Intervention Decreases Opioid Prescribing After General Surgical Operations](#). (2017) The aim of this study was an educational intervention to decrease opioid prescribing.
- [Physician/Prescriber Reminders When Prescribing Opioids](#). Jointly issued by the Massachusetts Hospital Association and Massachusetts Medical Society, this document provides a checklist of reminders for prescribers to reference when issuing opioid medication.
- [Michigan Opioid Prescribing Engagement Network \(OPEN\)](#). Michigan-OPEN is a program created to raise awareness among patients and providers and offer interventions that reduce postoperative opioid prescribing.

- **Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder.** (2017) This resource seeks to standardize humane, evidence-based care of patients with opioid use disorder in the state's emergency and hospital institutions.
- **Interagency Guideline on Prescribing Opioids for Pain.** (2015) This guideline from Washington state offers a balanced approach to pain management. It also recommends multimodal therapies for chronic pain patients.
- **North Carolina Guidelines for Pain Management in Emergency Departments.** The North Carolina Hospital Association developed ED pain management guidelines that the North Carolina Chapter of the American College of Emergency Physicians has since endorsed for pain management, which also incorporate CDC guidelines.



CASE  
EXAMPLES

*Does your hospital or health system have a successful clinician education program around prescribing practices? Share your story [here](#).*

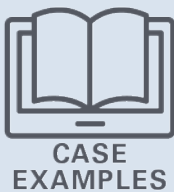
# Nonopioid Pain Management

According to the [CDC](#), from 1999 to 2014, the sales of prescription opioids in the U.S. nearly quadrupled, but there was no overall change in the amount of pain that Americans reported. Pharmacologic therapy and opioid therapy can be effective strategies to address a patient's pain. These tools and guidelines offer information about other options for pain management.



- [Treating Chronic Pain without Opioids](#). (2017) This CDC interactive training module focuses on treating chronic pain without the use of opioids.
- [Nonopioid Treatments, CDC Webinar](#). (2016) CDC Recommendations for Nonopioid Treatments in the Management of Chronic Pain.
- [Evidence-based Evaluation of Complementary Health Approaches for Pain Management in the United States](#). (2016) This article examines the clinical trial evidence for the efficacy and safety of several specific approaches — acupuncture, manipulation, massage therapy, relaxation techniques including meditation, selected natural product supplements, tai chi and yoga — as used to manage chronic pain and related disability associated with back pain, fibromyalgia, osteoarthritis, neck pain and severe headaches or migraines.

## Nonopioid Pain Management Case Examples



- [Creating Clarity in the Confusion of Treating Pain Patients](#). (2016) University of Tennessee Medical Center uses a systematic approach that includes three treatment pathways with one for seasoned providers and the other two geared to those with little experience treating pain.
- [Alternatives to Opiates \(ALTO<sup>SM</sup>\) program](#). (2016) The ALTO program was developed by St. Joseph's Regional Medical Center in Paterson, N.J. This program uses targeted nonopioid medications, trigger-point injections, nitrous oxide, and ultrasound-guided nerve blocks to tailor its patients' pain management needs and avoid opioids when possible.

- **Colorado launched a prescribing program about alternatives to opiates.** A total of eight EDs are currently implementing a guideline developed by the Colorado chapter of the American College of Emergency Physicians.
- **Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians.** (2017) The American College of Physicians developed this guideline to present the evidence and provide clinical recommendations on noninvasive treatment of low back pain.



CASE  
EXAMPLES

*What is your hospital or health system doing to provide alternatives to opioids in pain management? Share your story [here](#).*

# Addressing Stigma

According to the American Psychiatric Association, fear of stigma can lead patients to forgo treatment, leading to poor health outcomes. These resources focus on understanding and addressing the stigma of opioid use disorder and treatment to ensure that patients have the support they need.



WEBINAR



- **[The Role of Shame in Opioid Use Disorders.](#)** (2016) Shame plays an important role in opioid use disorders (OUD) and can impede treatment if not addressed appropriately. In this module, participants learn to recognize and appropriately address shame in patients with OUD. CME credit available.
- **[Follow-up Q&A Webinar: The Role of Shame in Opioid Use Disorders.](#)** (2016) This Q&A webinar further discusses the online module “The Role of Shame in Opioid Use Disorders,” with questions from participants and a few cases related to this topic. CME credit available.
- **[Addiction, Stigma and Discrimination: Implications for Treatment and Recovery.](#)** (2015) This presentation outlines the background and significance of stigma in relation to addictive disorders, highlights how stigma influences treatment access and treatment and recovery outcomes, and discusses what can be done to address and reduce stigma. CME credit available.
- **[Stigma in Methadone and Buprenorphine Maintenance Treatment.](#)** (2015) This module describes methadone maintenance and the effectiveness and key myths of opioid agonist treatment. The module explores empowering clinicians to support patients and their significant others. CME credit available.
- **[The Other Victims of the Opioid Epidemic.](#)** (2017) A New England Journal of Medicine opinion piece by a physician on ensuring adequate pain relief for patients during the opioid crisis.

- [Colorado ACEP 2017 Opioid Prescribing & Treatment Guidelines](#). (2017) This guide addresses the challenges associated with stigma that patients with substance use disorder experience (see page 17).
- [Mental Health First Aid](#). (2013) Many hospitals and health systems use programs such as Mental Health First Aid to combat stigma. A program course includes information on “listen nonjudgmentally.”

## Addressing Stigma Case Examples

- [Words Matter](#). (2017) Boston Medical Center created a list of stigmatizing and nonstigmatizing language in addition to a [pledge](#) that explains the importance of committing to using clinically appropriate and medically accurate terminology.
- [Deconstructing Stigma: A Change in Thought Can Change a Life — McLean Hospital, Belmont, Mass.](#) (2017) This webinar describes the steps that McLean Hospital took to deconstruct and eradicate stigma.
- [The Value of Patient/Peer Advisory Groups: Improving Behavioral Health Services at Northern Kaiser Permanente, Oakland, Calif.](#) (2017) This presentation describes the selection, composition and qualifications of Kaiser’s advisory council, comprised primarily of individuals who have used behavioral health services at Kaiser.
- [How Hospitals Are Fighting on the Front Lines of the Opioid Crisis](#). (2016) This article includes a discussion of how Gundersen Health System decreased stigma.
- [Racism and discrimination in health care: Providers and patients](#). (2017) Doctors take an oath to treat all patients equally, and yet not all patients are treated equally well. The answer to why is complicated.



CASE  
EXAMPLES

*What is your hospital or health system doing to combat the stigma associated with opioids? Share your story [here](#).*

# Options to Identify and **Treat Opioid Use Disorders**

The AHA acknowledges there is a fuller continuum of care inside and outside of the hospital. It is important that clinicians be aware of how to screen for opioid use disorders and what treatment options are available. This section provides some of those resources. We will continue to add more resources on this topic and include other options as appropriate.

## Screening

- [National Institute for Drug Abuse Drug Screening Tool.](#) (2013) This tool can be used by providers to screen patients for drug use.
- [Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#) (2016). The screening, brief intervention and referral to treatment training is a way for providers to quickly recognize opioid use disorder and either treat or refer patients to more substantial treatment.

## Medication-Assisted Treatment

- [Substance Abuse and Mental Health Services Administration's \(SAMHSA\) Medication-Assisted Treatment.](#) (2016) This web page includes multiple resources for how to use medication-assisted treatment for patients with substance use disorders.
- [SAMHSA Medication-Assisted Treatment of Opioid Use Disorder.](#) (2016) This guide for physicians discusses various types of approved medications, screening and assessment tools, and best practices for patient care.
- [The National Practice Guideline.](#) (2015) The American Society of Addiction Medicine developed the National Practice Guideline to provide information on evidence-based treatment of opioid use disorder.
- [Providers' Clinical Support System for MAT.](#) (2017) PCSS-MAT is a national training and clinical mentoring project developed in response to the opioid use disorder crisis.



## Naloxone

- American College of Emergency Physicians — [Emergency Department Naloxone Distribution](#)
- [Rhode Island Emergency Department Naloxone Distribution Toolkit](#)
- Naloxone co-prescribing for opioid overdose prevention:
  - » Prescriber info: <http://prescribetoprevent.org/prescribers/emergency-medicine/>
  - » Patient info: <http://prescribetoprevent.org/patient-education/materials/>
  - » [YouTube video on talking to patients about naloxone](#)



## Buprenorphine

Training programs (sign-up required):

- [Providers' Clinical Support System](#)
- American Society of Addiction Medicine
  - » [Nurse Practitioner](#)
  - » [Physician Assistant](#)
  - » [Physician](#)
- [American Psychiatric Association](#)
- [American Association of Nurse Practitioners](#)



## Neonatal Abstinence Syndrome

- [Neonatal Drug Withdrawal](#). (2012) The American Academy of Pediatrics' clinical report explains the impact of opioid use and multiple drug use on infants at the time of birth. This resource discusses topic-specific challenges for preterm infants, use of multiple drugs, differential diagnosis and assessment and nonpharmacologic treatment.
- [Neonatal Abstinence Syndrome \(NAS\)](#). (2015) Cincinnati Children's provides information on signs of NAS, treatment and answers to frequently asked questions.



## Opioid Use Disorder Treatment Options

### Case Examples



- [Effective Programs for Identification and Treatment of Pregnant Addicted Women.](#) (2014) One inpatient program increases access to providers, addresses stigma associated with “treatment centers” and provides options for detoxification of pregnant mothers. Another program provides an overview of an outpatient recovery program.
- [Stretching the Scope — Becoming Front-line Addiction-Medicine Providers.](#) (2017) This New England Journal of Medicine article describes how an infectious disease practice is actively providing medication-assisted treatment to patients.
- [Essentia Health’s Chronic Opioid Analgesic Therapy \(COAT\) Program Reduces Opioid Addiction.](#) (2016) The COAT program is designed to help people with a history of chronic opioid use reduce or eliminate their dependence on the medications for noncancer-related pain. Since October 2015, Essentia’s COAT program has reduced the number of patients that were diverting or inappropriately using opiate medications by roughly 10 percent.
- [Empowering Patients and Families in Times of Crisis: BWFH Emergency Department offers take-home nasal naloxone kits to those struggling with opioid addiction.](#) A program at Brigham and Women’s Faulkner Hospital provides patients and their families with the tools they need to treat an overdose at home using nasal naloxone.
- [Memorial Healthcare System: Maternal Addiction Treatment — Preventing Neonatal Abstinence Syndrome.](#) (2016) Speakers on this webinar explain what drove the creation of this initiative, the team members who implemented the treatment program and how it has improved access to care as well as quality outcomes for mothers and babies.
- [Effective Programs for Identification and Treatment of Pregnant Addicted Women.](#) (2014) This AHA webinar explores two unique models of care for the early identification and treatment of pregnant women with a substance use disorder. Each hospital – one a women’s and children’s hospital and the other a psychiatric facility – has made a commitment to improve the experiences and outcomes for women of all socio-economic groups who are pregnant and have a substance use disorder.

- **Hospital and Health Systems Impacting the Opiate Crisis: Alexian Brothers Behavioral Health Hospital's Approach.** (2016) This webinar features an innovative inpatient and outpatient "rapid opiate detox" program.
- **Project ASSERT: To improve Alcohol & Substance Use Disorder Services, Education and Referral to Treatment.** (2017) Project ASSERT is the first nationally published program in an ED to deploy peer counselors/educators as motivators and navigators to identify and intervene with patients with unhealthy alcohol and drug use.
- **Tackling the opioid crisis in a rural community.** (2017) A rural Maine family practice physician worked to set up medication-assisted treatment – or MAT – to treat opioid use disorder in his primary care practice. MAT pairs nondrug therapies, such as counseling or cognitive behavioral therapy, with an FDA-approved medication, like buprenorphine and naloxone, to treat patients suffering from OUD.



CASE  
EXAMPLES

*Does your hospital or health system have a successful medication-assisted treatment program? Share your story [here](#).*

# Ensuring **Patient, Family and Caregiver Education** about the Risks of Opioids

Patients may not be aware of the risks of taking opioids or when and how to seek help if they are concerned about opioid use disorder. These tools can be used by practitioners to help educate patients about opioid therapies and their potential adverse side effects, including opioid use disorder. These tools also provide nonopioid pain management techniques.

## National Level

- [Rx Awareness.](#) (2017) This CDC campaign increases patient awareness about opioids. Resources include videos, online ads and social media. All resources are evidence based, tested and available to the public.
- [Information for Patients.](#) (2017) The CDC has a number of resources to increase patient awareness. Additionally, this [CDC/AHA handout](#) is meant to foster communication with patients about the risks of using opioids and alternative treatment options.
- [Turning the Tide: For Patients.](#) (2016) The website, developed as a call to action by former U.S. Surgeon General Vivek Murthy, M.D., has educational materials for patients and providers.
- [Opioid Addiction Treatment: A Guide for Patients, Families and Friends.](#) (2016) This document provides facts about treatment from the American Society of Addiction Medicine. There are additional patient resources, including a list of contact information for support groups and information on how to find treatment.
- [Taking Opioids Responsibly for Your Safety and the Safety of Others.](#) (2012) This guide, authored by the U.S. Department of Veterans Affairs, provides patient information on long-term opioid therapy.
- [High-Alert Medications: Consumer Leaflets with Safety Tips.](#) (2012) The Institute for Safe Medication Practices has created educational materials to make consumers aware of high-alert medications. Pamphlets are available in English and Spanish for 11 different medications.

- [Effectively Communicating with Patients about Opioid Therapy](#). (2016). This webinar, part of the Clinician Outreach and Communication Activity Call series, discusses how to apply principles of motivational interviewing and describes a six-step process that is patient centered and supports clinical judgment when conflict arises.
- [Lock Your Meds Campaign](#). (2017) LockYour Meds® is a national multimedia campaign designed to reduce prescription drug abuse by making adults aware that they are the “unwitting suppliers” of prescription medications being used in unintended ways, especially by young people. Produced by National Family Partnership, the campaign includes a wide array of educational materials.



## Ensuring Patient, Family, Caregiver and Provider Education about the Risks of Opioids Case Examples

- [Massachusetts Emergency Department Opioid Management Policy, Patient Information Sheet](#). (2015)  
This document was created by the Massachusetts Hospital Association to assist emergency department clinicians with educating patients who come to the ED about the scope and reasons behind the policy’s creation. These instructions are intended to be used by providers and not distributed to patients.
- [Side Effects and Risks of Opioid Use for Chronic Pain: Patient Education](#). (2013) University of Utah created this document, which outlines important information that patients need to know when taking opioids.
- **Template Patient Fact Sheet**. (2016) Jointly issued by the Massachusetts Hospital Association and Massachusetts Medical Society, this form is intended for providers to give to patients when a prescription opioid is issued.
  - » [English patient fact sheet](#)
  - » [Folha de informações ao paciente](#) (Portuguese patient fact sheet)
  - » [Hoja informativa para el paciente](#) (Spanish patient fact sheet)



*Does your hospital or health system have a successful patient education program? Share your story [here](#).*

# Ensuring Safe and Effective Transitions of Care

According to the [CDC](#), each day more than 1,000 people are treated in emergency departments for misusing prescription opioids. Especially when patients are taken to the ED after an overdose and an administration of naloxone, there is an opportunity to assist patients beyond surviving the overdose. Even though patients may be experiencing withdrawal and thus may not be receptive to assistance, hospitals are implementing a number of strategies to reach patients and provide stronger connections to behavioral health services, including:

- [The American Society of Addiction Medicine Criteria.](#)  
ASAM's criteria are part of a comprehensive set of guidelines that addiction medicine professionals can use to provide a nomenclature for describing the continuum of addiction services.
- [Westmoreland County's Warm Handoff System.](#)  
This approach embeds case managers in emergency departments during peak times for overdose patients to present.
- [Recovery Supports for Overdose Survivors.](#) This program connects individuals who have presented at Rhode Island emergency rooms with an opioid overdose with recovery services delivered by certified peer recovery coaches.
- [Warm Handoff Protocol Outlines Steps for Helping Overdose Patients.](#) (2016) The Pennsylvania College of Emergency Physicians and the Pennsylvania Departments of Health and Drug and Alcohol Programs partnered to develop this protocol, which was distributed to emergency departments statewide.

## Transitions of Care Case Examples

- [Could peer-recovery coaches help fight drug addiction epidemic?](#) (2016) A new approach involving connecting overdose patients to coaches who have had similar experiences.
  - » [Against the odds, emergency rooms are getting people into addiction treatment.](#) (2017) Crozer-Keystone Health System in Delaware County, Penn., uses an ED visit as a “warm handoff” — the patient is transferred directly from the ED into a treatment program.
  - » [Project Engage seizes “reachable moment” to treat substance use disorder.](#) (2017) The ED team at Christiana Care Health System began screening patients who exhibit signs of substance use disorder — people who are at clear risk of doing further harm to themselves and others and are becoming frequent visitors to the ED.



CASE  
EXAMPLES

*What is your hospital or health system doing to ensure that patients treated for substance use disorder are properly discharged? Share your story [here](#).*

# Safeguarding Prescription Opioids **Against Diversion**

The resources below are guidelines to help prevent opioid diversion in hospitals and communities.



- [American Society of Health System Pharmacists Guidelines on Preventing Diversion of Controlled Substances.](#) (2017) These ASHP guidelines provide evidence-based approaches to preventing opioid diversion in the inpatient setting.
- [Drug Diversion: How to Avoid Becoming an Unwitting Participant.](#) (2016) This session provides an overview of the scope of the problem and addresses why every institution needs to have a program in place to promptly detect diversion. Investigatory techniques are outlined, including analytics technology and transaction reports.



## Safeguarding Prescription Opioids Against Diversion Case Examples

- [Cuyahoga County's Collaborative to Create Public Awareness.](#) (2017) Cuyahoga County, Ohio, launched an extensive, collaborative, long-term public awareness campaign whose purpose is to educate residents about the potential dangers of opioid prescriptions.
- [6 Steps for Hospitals to Take to Prevent Prescription Drug Abuse, Diversion.](#) (2016) This article describes six interventions that a hospital can implement to control substance diversion.

*What is your hospital or health system doing to safeguard prescription opioids against diversion? Share your story [here](#).*

# Collaborating with Communities

Ending the opioid epidemic requires a coordinated community response. Hospitals and health systems are actively partnering with organizations and people in their communities to address the epidemic together. It is important to connect with community opioid treatment programs, buprenorphine/naloxone providers, and explicitly encourage communitywide conversations. For example, hospitals and health systems are reaching out to other health care providers, state and local health departments, local behavioral health authorities, law enforcement, nonprofit organizations (including those focused on substance use disorders), community mental health centers, federally qualified health centers, faith-based groups, pharmacies, local political leaders, schools and district attorneys.

Many hospitals are engaging recovery specialists to help patients admitted for drug overdose to enter treatment, expanding substance use disorder treatment services, providing naloxone to first responders, integrating physical and behavioral health care, joining with law enforcement to facilitate access to treatment, funding public education programs, educating community clinicians, participating in drug take-back days, and more. Below are resources and examples to help facilitate community partnerships and activities.

- **[Project Lazarus](#)**. This project is a community-based overdose prevention program that focuses on increasing access to naloxone for prescription opioid users by encouraging physicians to prescribe the antidote to patients at highest risk of an overdose. Project Lazarus offers communities and individuals access to a host of resources on many topics, including: coalition formation, capacity building, sustainability, chronic pain management, safe prescribing practices for providers, opioid overdose education, awareness, safe medication usage materials, and project Pill Drop, a community-based medication disposal program.
- **[Opioid Overdose Prevention Toolkit](#)**. (2016) This toolkit from SAMHSA offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths.





- **Project ECHO® — Opioid Addiction Treatment.** (2017) Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education and care management that empowers clinicians to provide better care to more people, where they live. The ECHO model increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions.
- **Drug Overdose Immunity and Good Samaritan Laws.** (2017) The National Conference of State Legislatures has a compilation of resources including the importance of the use of naloxone and Good Samaritan laws.
- **Webinar: Strategies Addressing the Opioid Crisis in Tribal Communities.** (2017) This webinar highlights effective approaches to addressing the opioid crisis in tribal communities.
- **Drug Take Back and Disposal Resources**
  - » **National Drug Take Back Days.** The Drug Enforcement Administration hosts two national [drug take-back days](#) annually. The AHA recommends that hospitals wishing to support these efforts work with their community coalitions, which should include law enforcement.
  - » **Ongoing Take Back Programs.** In 2014, DEA finalized a regulation that expanded opportunities for drug disposal. The regulation explicitly describes how hospitals and clinics with on-site pharmacies, narcotic treatment programs, and retail pharmacies can run mail-back programs or maintain collection receptacles at their registered locations. Click [here](#) to read the AHA's advisory about the regulation.
- **Other Activities:** Through newsletters and social media, hospitals can make patients aware of other ways to dispose of unused medications.
  - » The DEA's [website](#) has a search tool for authorized collector locations.
  - » **Disposal of Unused Medicines: What You Should Know.** The FDA provides information on what medications can be flushed down the toilet.

## Collaborating with Communities

### Case Examples



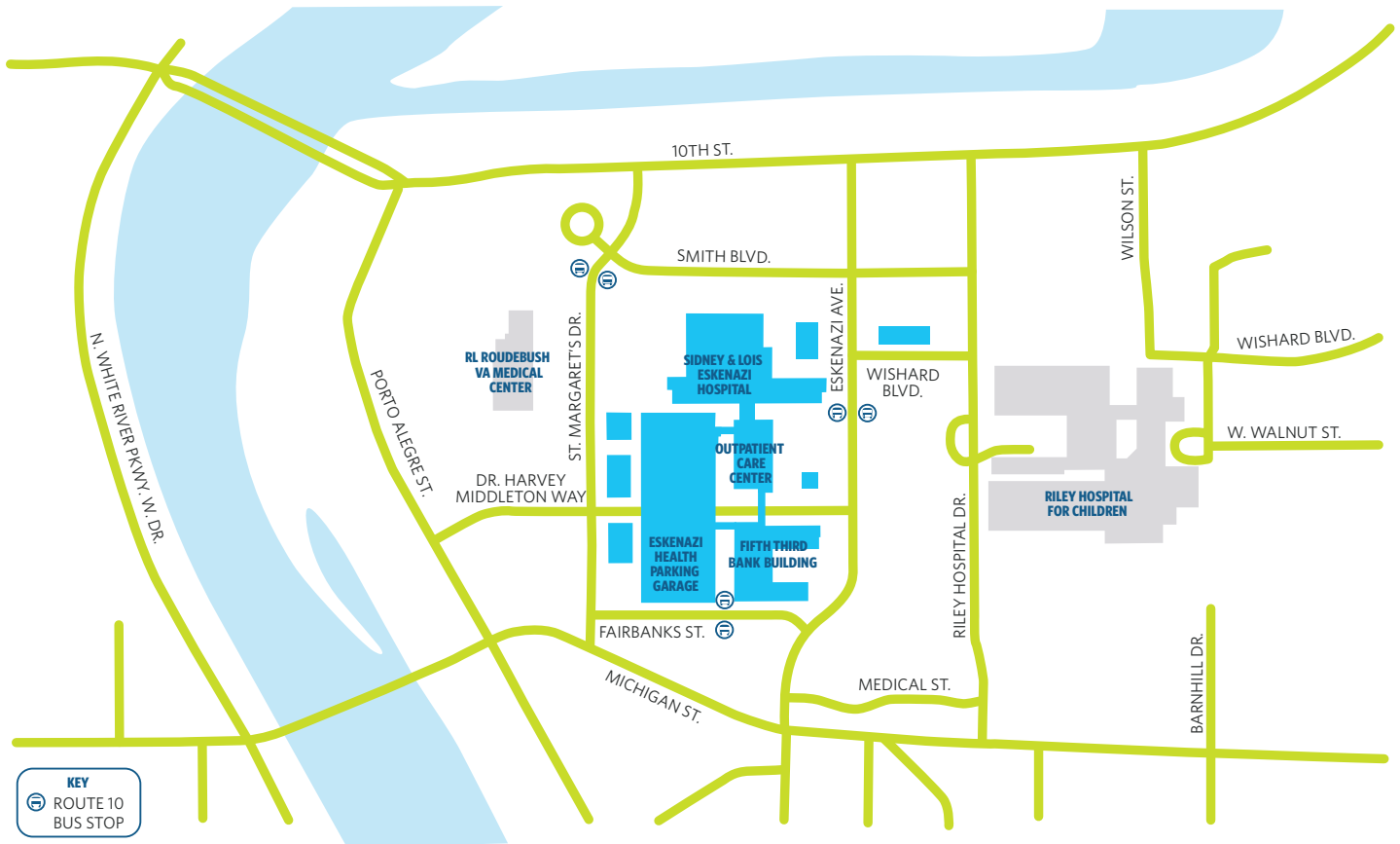
- **[Our Community Responds to the Opiate Epidemic: Hospitals and Health Systems Impacting the Opiate Crisis.](#)** (2016) Senior executives from Oregon Health State University Hospital, Portland, Ore., provide extensive details about a three-county collaborative involving 14 hospitals from four health systems, two coordinated care organizations and four health departments, which developed a community standard to reduce the use of and addiction to opiates.
- **[Hampton Police and Sentara partner to combat opiate overdoses.](#)** (2016) This article describes how Sentara CarePlex Hospital partnered with the local police in Hampton, Va., to supply and provide training on using naloxone.
- **[Morrison County's Success in Combating Prescription Drug Abuse.](#)** (2015) This webinar describes the work and impact of a Controlled Substance Care Team and a community Prescription Drug Task Force in Morrison County, Minn.
- **[The Addiction Crisis: A Community's Response.](#)** (2016) The speakers share how their community in rural Virginia coalesced to develop strategies to effectively respond to the challenge of heroin and opiate use. Initiatives include "Breaking the Code of Silence," an educational campaign to highlight awareness; development and access to transitional care after incarceration; establishment of a drug treatment court; and use of a peer recovery network.
- **[The Safe Passage Initiative: Hospitals and Health Systems Impacting the Opiate Crisis.](#)** (2016) Safe Passage is an addiction recovery initiative that allows people seeking treatment to contact police without fear of arrest, as long as they don't have any outstanding warrants. People can also turn over drugs and paraphernalia without being charged.
- **[Improving Addiction Care Team.](#)** (2017) To address the rise in opioid-related admissions and deaths, the Improving Addiction Care Team (IMPACT) at Oregon Health Sciences University built on existing relationships with OHSU leadership and community partners. Specifically, the IMPACT intervention was built on a program called the Care Transitions Innovation (C-TRAIN), following an assessment of community needs and resources.

*Has your hospital or health system participated in a community collaboration? Share your story [here](#).*

## **Sharing Additional Resources and Suggestions**

*Do you have suggestions or resources for this toolkit?  
Submit them [here](#).*

# Directions to Eskenazi Health



**Sidney & Lois Eskenazi Hospital**  
720 Eskenazi Ave.  
Indianapolis, IN 46202

**Eskenazi Health Outpatient Care Center**  
710 Eskenazi Ave.  
Indianapolis, IN 46202

**Fifth Third Bank Building  
at Eskenazi Health**  
640 Eskenazi Ave.  
Indianapolis, IN 46202

**Eskenazi Health Parking Garage**  
650 Eskenazi Ave.  
Indianapolis, IN 46202

1. Proceed west on 10th Street past the former Wishard Hospital.
2. Turn left onto Eskenazi Avenue.
3. At the third stop sign, turn right onto Dr. Harvey Middleton Way.  
This will lead into the Eskenazi Health Parking Garage.
4. The Eskenazi Health Outpatient Care Center and Sidney & Lois Eskenazi Hospital are accessible from the parking garage on the first level. The Fifth Third Bank Building is accessible from the parking garage via sky walk on the second level.

**Scott.A.Milkey**

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**From:** McClelland, Jim  
**Sent:** Saturday, October 28, 2017 6:19 AM  
**To:** Carter, Doug  
**Subject:** Re: FINAL DETAILS: Trends, Addiction and Recovery from Opioid and Other Substances – 10/30/17

Doug, I'm speaking in Crown Point Monday, but would be available to talk by phone between 9:00 and 11:00 or between 2:00 and 4:00. You can call me on my cell phone, 317-██████.

Jim

Sent using OWA for iPad

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**From:** Carter, Doug  
**Sent:** Friday, October 27, 2017 8:42:20 PM  
**To:** McClelland, Jim; Huntsinger, Douglas; Jankowski, Jane; Lopez, Danny; Hammond, John; Bursten, Dave; Myers, Rich (53)  
**Subject:** Fwd: FINAL DETAILS: Trends, Addiction and Recovery from Opioid and Other Substances – 10/30/17

Jim,

This event is likely to be well attended in the Fishers community. I would like to discuss a couple of issues on Monday that I have already been told will be asked of me concerning upcoming legislation. Would you be available Monday to discuss either in person or on tx?

Hope you enjoy the weekend and everyone else was copied for event awareness.

Doug

Sent from my iPhone

Begin forwarded message:

**From:** Rebecca Leonard <[rleo1970@██████](mailto:rleo1970@██████)>  
**Date:** October 27, 2017 at 8:25:04 PM EDT  
**To:** [Trisha.straus@hamiltoncounty.in.gov](mailto:Trisha.straus@hamiltoncounty.in.gov),  
[Dee.Chandler@hamiltoncounty.in.gov](mailto:Dee.Chandler@hamiltoncounty.in.gov), [kcomer@namiindy.org](mailto:kcomer@namiindy.org), [ksealy@fairbanksed.org](mailto:ksealy@fairbanksed.org), Justin Phillips <[Justin.overdoselifeline@██████](mailto:Justin.overdoselifeline@██████)>, Mackenzie Barclay <[mbarclay005@██████](mailto:mbarclay005@██████)>, Kim Manlove <[kmanlove@mhainet.net](mailto:kmanlove@mhainet.net)>, [MKirwan@ecomunity.com](mailto:MKirwan@ecomunity.com), [james.ginder@hamiltoncounty.in.gov](mailto:james.ginder@hamiltoncounty.in.gov), [sophiacasalini@██████](mailto:sophiacasalini@██████), [martin.hill@aspireindiana.org](mailto:martin.hill@aspireindiana.org)  
**Cc:** "George L. Kristo" <[george.kristo@hamiltoncounty.in.gov](mailto:george.kristo@hamiltoncounty.in.gov)>, "Dawn & Doug Everidge" <[ddeveridge@██████](mailto:ddeveridge@██████)>, Kelly McClellan <[mcclellankellym@██████](mailto:mcclellankellym@██████)>, "Taylor, Ryan" <[rtaylor@hse.k12.in.us](mailto:rtaylor@hse.k12.in.us)>, Steve Orusa <[orusas@fishers.in.us](mailto:orusas@fishers.in.us)>, "Lawson, Brooke" <[blawson@hse.k12.in.us](mailto:blawson@hse.k12.in.us)>, "Beresford, Michael" <[mberesford@hse.k12.in.us](mailto:mberesford@hse.k12.in.us)>, "Bourff, Allen" <[abourff@hse.k12.in.us](mailto:abourff@hse.k12.in.us)>, [fadnesss@fishers.in.us](mailto:fadnesss@fishers.in.us), [zimmermant@fishers.in.us](mailto:zimmermant@fishers.in.us), [cawthonc@fishers.in.us](mailto:cawthonc@fishers.in.us), [epaceabbott@hse.k12.in.us](mailto:epaceabbott@hse.k12.in.us), "Banitt, Darcy" <[dbanitt@hse.k12.in.us](mailto:dbanitt@hse.k12.in.us)>, [jkrutsick@hse.k12.in.us](mailto:jkrutsick@hse.k12.in.us), "Herndon, Nancy"

<[nherndon@hse.k12.in.us](mailto:nherndon@hse.k12.in.us)>, "Swaim, Matt"  
<[mswaim@hse.k12.in.us](mailto:mswaim@hse.k12.in.us)>, [shari.rudavsky@indystar.com](mailto:shari.rudavsky@indystar.com), [paris.lewbel@wrtv.com](mailto:paris.lewbel@wrtv.com), Carolyn Weiss <[cweiss7@\[REDACTED\]](mailto:cweiss7@[REDACTED])>, "Maxey, Hannah L" <[hlmmaxey@iupui.edu](mailto:hlmmaxey@iupui.edu)>, "Kirwan, Molly" <[mkirwan@hse.k12.in.us](mailto:mkirwan@hse.k12.in.us)>, [thompsonm@fishers.in.us](mailto:thompsonm@fishers.in.us), "Urban, Jason" <[jurban@hse.k12.in.us](mailto:jurban@hse.k12.in.us)>, [mkegley@hse.k12.in.us](mailto:mkegley@hse.k12.in.us), [dharter@hse.k12.in.us](mailto:dharter@hse.k12.in.us), Toya Pitts <[toyapitts@\[REDACTED\]](mailto:toyapitts@[REDACTED])>  
**Subject: FINAL DETAILS: Trends, Addiction and Recovery from Opioid and Other Substances – 10/30/17**

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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## **Parent Awareness Night Final details: Oct 30th 2017 (7-9 pm)**

### **Trends, Addiction and Recovery from Opioid and Other Substances**

Dear Community Partners and Recovery Advocates,

We have a great night planned and your participation is a key element in the evening to offer parents information and resources about drug trends, addiction and recovery. Thank you for sharing in our mission to inform parents for the safety and well-being of our kids.

**Please help us reach more in the community by distributing the flyer via Social Media and through email contacts lists.**

Best Regards,

Parents In Partnership (PIP)\*

PAN Sub-Committee

Dawn Everidge,

Kelly McClellan,

Carolyn Weiss,

Rebecca Leonard

Cell: (317) [REDACTED]

### Details about the event...

## Trends, Addiction and Recovery from Opioid and Other Substances in Hamilton County and Throughout Indiana

### Location:

Fishers High School Auditorium (13000 Promise Rd, enter Door FH7)

### Presentation Time: 7:00PM – 9:00PM

<b>5:30</b>	Doors open for booth set-up. Students will be on hand to help.
<b>6:30</b>	Doors open for booths by local organizations to share resources with parents in the community
<b>7-8:30</b>	<u>Welcome:</u> Dawn Everidge, Parents-In-Partnership Fire Chief Steve Orusa, City of Fishers
	<u>Introduction:</u> Kim Manlove, EdD
	<u>Presentation:</u> Ben Gonzales

Q&A : Panel of experts answer texted questions

**8:30-9** Booths open to share information and resources with parents. (Participating organizations released ahead of audience)

**Keynote  
Speaker:**

**Ben Gonzales** A young man in recovery, a treatment professional, and recovery advocate.

**Panel  
Experts:**

**Doug Carter** Superintendent of Indiana State Police, Hamilton County representative on Governor's Commission for Drug-Free Indiana (DFI)..

**Kim Manlove, EdD** Director of Indiana Addictions Issues Coalition (IAIC), Co-Chair Parent Advisory Board (The Partnership at [Drugfree.org](http://Drugfree.org))

**Brad Trolson** Recovery Coach with Hope Academy and Adolescent Services at Fairbanks

**Jill Gonzales** Ben's Mom shares the family perspective of addiction and recovery

**Presentation:**

Our keynote speaker, Ben Gonzales, has a personal and powerful story of recovery, and is now turning to help others understand the disease and the journey of recovery. He will be joined by his mother, Jill Gonzales to share her lived experience through this hard road of addiction and recovery for her family and for her son. After Ben's story, there will be a panel discussion to answer parent's questions about current trends, prevention, recovery, and legislative initiatives.



### List of Community Partners participating in informational booths:

The information you provide will be helpful for our parents who are interested in prevention or need resources, help, and support.

1. **Overdose Lifeline, Inc.**
2. **NAMI Indianapolis**
3. **Fairbanks and Hope Academy**
4. **Community Health Network**
5. **Aspire**
6. **Youth Assistance Program**
7. **Youth Move Indiana**
8. **The 24Group & Indiana Addictions Issues Coalition, MHA of Indiana**
9. **Hamilton County Health Department**
10. **Prevail (hopefully)**
11. **Parents In Partnership (an HSE District wide parent network)**

### Note About the Audience:

*This PAN event will be for **parents only**. Any youth under the age of 18 will attend a separate presentation called "[This Is Not About Drugs](#)" (given by Molly Kirwan from Community Health Network).*

### Marketing for this event:

See attached flyer. Past PAN events have included 250-700 parents in attendance in our district. This event will be marketed by our PIP organization, the HSE Administration to the parents of our students in the district and hopefully the Fishers Mental Health Task Force. We have paid for an ad in the Current for 2 weeks and we are planning for The Current and The Indianapolis Star cover this event. We will also

invite other school districts in Hamilton County to share this event with their parents as well. **Please help us reach more in the community by distributing the flyer via Social Media and through email contacts lists.**

We plan to video tape portions of this event to provide more access to this valuable information for those who could not attend.

**\*About Parents In Partnership:**

Our membership is over 1,800 parents (1200 families) who have taken a pledge to communicate with other parents and keep our teens safe. In addition to planning PAN events each year, we publish an annual membership directory with contact information as well as parenting tips and resources regarding parenting, mental health issues, and drug/alcohol abuse.

Scott.A.Milkey

---

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**Sent:** Friday, October 27, 2017 8:42 PM  
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**Attachments:** Oct 30 PAN Flier.pdf; ATT00001.htm

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**Cc:** "George L. Kristo" <[george.kristo@hamiltoncounty.in.gov](mailto:george.kristo@hamiltoncounty.in.gov)>, "Dawn & Doug Everidge" <[ddeveridge@\[REDACTED\]](mailto:ddeveridge@[REDACTED])>, Kelly McClellan <[mcclellankellym@\[REDACTED\]](mailto:mcclellankellym@[REDACTED])>, "Taylor, Ryan" <[rtaylor@hse.k12.in.us](mailto:rtaylor@hse.k12.in.us)>, Steve Orusa <[orusas@fishers.in.us](mailto:orusas@fishers.in.us)>, "Lawson, Brooke" <[blawson@hse.k12.in.us](mailto:blawson@hse.k12.in.us)>, "Beresford, Michael" <[mberesford@hse.k12.in.us](mailto:mberesford@hse.k12.in.us)>, "Bourff, Allen" <[abourff@hse.k12.in.us](mailto:abourff@hse.k12.in.us)>, [fadnesss@fishers.in.us](mailto:fadnesss@fishers.in.us), [zimmermant@fishers.in.us](mailto:zimmermant@fishers.in.us), [cawthonc@fishers.in.us](mailto:cawthonc@fishers.in.us), [epaceabbott@hse.k12.in.us](mailto:epaceabbott@hse.k12.in.us), "Banitt, Darcy" <[dbanitt@hse.k12.in.us](mailto:dbanitt@hse.k12.in.us)>, [jkrutsick@hse.k12.in.us](mailto:jkrutsick@hse.k12.in.us), "Herndon, Nancy" <[nherndon@hse.k12.in.us](mailto:nherndon@hse.k12.in.us)>, "Swaim, Matt" <[mswaim@hse.k12.in.us](mailto:mswaim@hse.k12.in.us)>, [shari.rudavsky@indystar.com](mailto:shari.rudavsky@indystar.com), [paris.lewbel@wrtv.com](mailto:paris.lewbel@wrtv.com), Carolyn Weiss <[cweiss7@\[REDACTED\]](mailto:cweiss7@[REDACTED])>, "Maxey, Hannah L" <[hlmmaxey@iupui.edu](mailto:hlmmaxey@iupui.edu)>, "Kirwan, Molly" <[mkirwan@hse.k12.in.us](mailto:mkirwan@hse.k12.in.us)>, [thompsonm@fishers.in.us](mailto:thompsonm@fishers.in.us), "Urban, Jason" <[jurban@hse.k12.in.us](mailto:jurban@hse.k12.in.us)>, [mkegley@hse.k12.in.us](mailto:mkegley@hse.k12.in.us), [dharter@hse.k12.in.us](mailto:dharter@hse.k12.in.us), Toya Pitts <[toyapitts@\[REDACTED\]](mailto:toyapitts@[REDACTED])>  
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Dawn Everidge,

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Carolyn Weiss,

Rebecca Leonard

Cell: (317) [REDACTED]

**[Details about the event...](#)**

# Trends, Addiction and Recovery from Opioid and Other Substances in Hamilton County and Throughout Indiana

## Location:

Fishers High School Auditorium ([13000 Promise Rd](#), enter Door FH7)

## Presentation Time: 7:00PM – 9:00PM

- |               |   |
|---------------|---|
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| <b>6:30</b>   | Doors open for booths by local organizations to share resources with parents in the community   |
| <b>7-8:30</b> | <p><u>Welcome:</u> Dawn Everidge, Parents-In-Partnership<br/>Fire Chief Steve Orusa, City of Fishers</p> <p><u>Introduction:</u> Kim Manlove, EdD</p> <p><u>Presentation:</u> Ben Gonzales</p> <p><u>Q&amp;A :</u> Panel of experts answer texted questions</p> |
| <b>8:30-9</b> | Booths open to share information and resources with parents. (Participating organizations released ahead of audience)   |

**Keynote  
Speaker:**

**Ben Gonzales**

A young man in recovery, a treatment professional, and recovery advocate.

**Panel  
Experts:**

**Doug Carter**

Superintendent of Indiana State Police, Hamilton County representative on Governor's Commission for Drug-Free Indiana (DFI)..

**Kim Manlove, EdD**

Director of Indiana Addictions Issues Coalition (IAIC), Co-Chair Parent Advisory Board (The Partnership at [Drugfree.org](http://Drugfree.org))

**Brad Trolson**

Recovery Coach with Hope Academy and Adolescent Services at Fairbanks

**Jill Gonzales**

Ben's Mom shares the family perspective of addiction and recovery

**Presentation:**

Our keynote speaker, Ben Gonzales, has a personal and powerful story of recovery, and is now turning to help others understand the disease and the journey of recovery. He will be joined by his mother, Jill Gonzales to share her lived experience through this hard road of addiction and recovery for her family and for her son. After Ben's story, there will be a panel discussion to answer parent's questions about current trends, prevention, recovery, and legislative initiatives.

**List of Community Partners participating in informational booths:**

The information you provide will be helpful for our parents who are interested in prevention or need resources, help, and support.

1. **Overdose Lifeline, Inc.**

2. **NAMI Indianapolis**
3. **Fairbanks and Hope Academy**
4. **Community Health Network**
5. **Aspire**
6. **Youth Assistance Program**
7. **Youth Move Indiana**
8. **The 24Group & Indiana Addictions Issues Coalition, MHA of Indiana**
9. **Hamilton County Health Department**
10. **Prevail (hopefully)**
11. **Parents In Partnership (an HSE District wide parent network)**

**Note About the Audience:**

*This PAN event will be for **parents only**. Any youth under the age of 18 will attend a separate presentation called "[This Is Not About Drugs](#)" (given by Molly Kirwan from Community Health Network).*

**Marketing for this event:**

See attached flyer. Past PAN events have included 250-700 parents in attendance in our district. This event will be marketed by our PIP organization, the HSE Administration to the parents of our students in the district and hopefully the Fishers Mental Health Task Force. We have paid for an ad in the Current for 2 weeks and we are planning for The Current and The Indianapolis Star cover this event. We will also invite other school districts in Hamilton County to share this event with their parents as well. **[Please help us reach more in the community by distributing the flyer via Social Media and through email contacts lists.](#)**

We plan to video tape portions of this event to provide more access to this valuable information for those who could not attend.

**\*About Parents In Partnership:**

Our membership is over 1,800 parents (1200 families) who have taken a pledge to communicate with other parents and keep our teens safe. In addition to planning PAN events each year, we publish an annual membership directory with contact information as well as parenting tips and resources regarding parenting, mental health issues, and drug/alcohol abuse.



*HSE Parents In Partnership Presents*  
**Parent Awareness Night (PAN)**  
**\*\*\*PARENTS ONLY\*\*\***

# THE OPIOID EPIDEMIC IN INDIANA



**MONDAY, OCTOBER 30, 2017**  
**7:00 – 9:00PM** ♦ **FISHERS HS**  
Doors open at 6:30pm

Please join us for a conversation with **Ben Gonzales**, a young man in recovery and a treatment professional and recovery advocate. Ben will lead us in a discussion on recovery & substance abuse disorders. A panel discussion with addiction experts will follow.

**Featured Panelist:**

- **Doug Carter**, Superintendent of Indiana State Police; Governor's Commission for Drug-Free Indiana (DFI), Hamilton County Representative
- **Kim Manlove, EdD**, Fairbanks Project Director for the Strategic Plan; Co-Chair Parent Advisory Board (The Partnership at Drugfree.org)
- **Brad Trolson**, Recovery Coach with Hope Academy and Adolescent Services at Fairbanks
- **Jill Gonzales**, Ben's Mom shares the family perspective of addiction and recovery.



What do parents  
need to know?

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What can parents  
do now?

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1 in 20 Hoosiers  
have tried non-  
medical use  
Opioids

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500% increase in  
Hoosier deaths  
due to Opioids

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Come Early!  
Booths: local  
organizations  
sharing info &  
resources

**FISHERS HIGH  
SCHOOL AUDITORIUM**  
ENTER DOOR FH 7  
13000 Promise Road  
Fishers, IN 46038

Scott.A.Milkey

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**From:** McClelland, Jim  
**Sent:** Sunday, October 15, 2017 2:12 PM  
**To:** Huntsinger, Douglas  
**Subject:** Fw: Proposal to Change Statewide Perception on Medically Assisted Treatment  
**Attachments:** Changing Statewide Perception on MAT-Full Proposal and Biosketches.pdf

FYI.

Sent using OWA for iPad

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**From:** Gassman, Ruth <rgassman@indiana.edu>  
**Sent:** Friday, October 13, 2017 4:34:45 PM  
**To:** McClelland, Jim  
**Subject:** Proposal to Change Statewide Perception on Medically Assisted Treatment

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Good afternoon Mr. McClelland,

I've had the pleasure of hearing you speak on Indiana's opioid crisis at a number of venues this fall, including the First Annual Monroe County Government Opioid and Prescription Drug Summit and at the Indiana Substance Abuse Prevention Congress. As Executive Director of the Indiana Prevention Resource Center (IPRC) and of the Institute for Research in Addictive Behavior at IU's School of Public Health, Bloomington, I can get behind your statements 100%. Since 1987, the IPRC has been in the business of working with the Division of Mental Health and Addictions (DMHA) to provide high quality technical assistance and workforce development for the State of Indiana in the area of substance misuse prevention. The IPRC authored the proposal that DMHA submitted to receive the \$22 M Opioid State Targeted Response grant award from SAMHSA.

One critical area which I've heard Dr. Jerome Adams address and which I think has been relatively overlooked is the high prevalence of discrimination/stigma that health care providers' display in Indiana toward medically assisted treatments and other proven harm reduction programs. This issue is pervasive and extremely unfortunate because unless it is addressed it has the potential to undermine any and all of the evidence-based practices that are being implemented (eg. Project I-ECHO, Mobile Crisis Teams, Prescription Drug Monitoring, Recovery Coach Initiative, etc.) in Indiana.

Attached is a brief 2- page proposal titled, *Changing Statewide Perception on Medication Assisted Treatment* that a team from the IPRC put together. The proposal describes an approach to addressing the discrimination/stigma that sadly is present among a variety of key audience stakeholders, including physicians, nurses, medical assistants, social workers, public health workers, health care administrators, policy makers, city managers, family members, etc. The approach is to develop a training curriculum, which my staff are extremely talented at doing, that addresses misinformation and discriminatory attitudes and perceptions toward Opioid Use Disorders (OUDs) and evidence-based practices (EPBs) to prevent or reduce the problems. The long-term impact of this program would be an increase in the dissemination and implementation of EPBs available for the prevention and treatment of OUDs in Indiana, and ultimately compliment EPBs to reduce illicit opioid use and the number of opioid-related deaths across the state.

This email is plenty long enough, so I will end now and simply request that you consider putting forth a proposal such as this to the agencies and constituents who are invested in quickly deploying resources to address the opioid crisis in

Indiana. If you have any questions or would like to speak, I can be easily reached at my number below. I'm also in Indianapolis frequently as I work a great deal with DMHA, and increasingly so with ISDH and IU School of Medicine.

Thank you for your consideration and for the work you do for the State of Indiana.

Ruth

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Ruth A. Gassman, Ph.D.	Indiana University
Executive Director	School of Public Health
Indiana Prevention Resource Center	501 N. Morton Street, Suite 110
Institute for Research on Addictive Behavior	Bloomington, IN 47404

Tel: 812-855-1237

Email: [rgassman@indiana.edu](mailto:rgassman@indiana.edu)

**Demo Links to IPRC produced on-line self-paced training modules. Be sure to use a compatible browser such as Chrome.**

Introduction to SBIRT in Primary Care: [http://desalledesigns.com/cdesalle/intro\\_SBIRT/development/](http://desalledesigns.com/cdesalle/intro_SBIRT/development/)

Introduction to Motivational Interviewing: <http://desalledesigns.com/cdesalle/interviewing/index.html>

Using Motivational Interviewing (MI Booster): <http://desalledesigns.com/cdesalle/booster/>

Cocaine: <http://desalledesigns.com/cdesalle/cocaine/development/>

Tobacco: <http://desalledesigns.com/cdesalle/TobaccoIPRC/development/index.html>

Prescription Drugs: <http://desalledesigns.com/cdesalle/RX/development/>

Heroin: <http://desalledesigns.com/cdesalle/heroin/development/index.html>

Marijuana: <http://waygoes.com/sbirt/courses/marijuana/development/>

Alcohol: <http://waygoes.com/sbirt/courses/alcohol/development/>

IC&RC CPS Exam Preparation: <http://desalledesigns.com/cdesalle/PreventionCertification/development/>

Prevention 101: no demo link available

Methamphetamine: <http://desalledesigns.com/cdesalle/meth/development/index.html>

**Indiana University Addictions Initiative**  
**Project Proposal**

Thank you for your research or implementation project proposals for this Initiative.

**Project Title:** Changing Statewide Perception on Medication Assisted Treatment

**Proposal Focus Area(s):**

Education, Training and Certification \_\_\_\_\_

Data Sciences (collection, analytics) \_\_\_\_\_

Policy, Economics and Law Reform \_\_\_\_\_

Basic and Applied Research \_\_\_\_\_

Community & Workforce Development \_\_X

**PI Name, Title and Contact Information**

Ruth Gassman, Associate Research Scientist  
Indiana Prevention Resource Center  
501 N. Morton Street, Suite 110  
Bloomington, IN 47404  
812-[REDACTED]  
[rgassman@indiana.edu](mailto:rgassman@indiana.edu)

**Key Personnel (attach NIH-style biosketch for PI and up to 4 key personnel)**

Mallori DeSalle (Research Associate, School of Public Health, Bloomington)  
Heather Dolne (Research Associate, School of Public Health, Bloomington)  
Kaitlyn Reho (Research Associate, School of Public Health, Bloomington)  
Desiree Reynolds (Research Associate, School of Public Health, Bloomington)

**Consultants/Non-Faculty Personnel:**

Joan Carlson (School of Social Work, IUPUI)  
David Tidd (Programmer and Data Analyst, School of Public Health, Bloomington)

**Partners (units within IU; agencies and organizations outside IU)**

**Units within IU:** Department of Applied Health Science (SPH-B); Institute of Research on Addictive Behavior (IRAB); School of Social Work

**Outside of IU:** Indiana Rural Health Association (IRHA); Indiana State Department of Health (ISDH); Indiana Primary Health Care Association (IPHCA); Indiana Council of Community Mental Health Centers, Inc. (ICCMHC); Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA); and local groups such as Local Coordinating Councils (LCCs), local medical professionals, law enforcement, policy makers, treatment providers, and community members

**Project Budget** (project budgets will typically range from \$500,000 to \$3,000,000, for work terms lasting anywhere from 1 to 3 years. Budget should be commensurate with project goals, impact, and duration.)

**Personnel Costs:**       **\$271,531.93** (Year 1: \$134,421.85; Year 2: \$137,110.08)

**Non-personnel Costs:** **\$264,458.00** (Travel Costs: \$27,958; Training Space Costs: \$60,000; Supplies: \$13,000; Printing: \$54,000; Marketing/Promotion: \$50,500; Online Module Development: \$25,000; CMEs: \$34,000)

**Total Budget:**       **\$535,989.93**

**Project Timeline** (i.e., start date, length of work period) January 1, 2018 – December 31, 2019; Phase 1 will last approximately 3-6 months, Phase 2 will last approximately 3-6 months, Phase 3 will last approximately 12 months, The entire project can be completed with 2 years.

**Please describe current/projected non-university funding for this project:** Additional external funding is not expected to be needed in order to complete the development and implementation of the proposed project. Furthermore, the development of the aforementioned curriculum is expected to produce revenue for IU if successful, through training service contracts or payment for the commercial use of one or more pieces of project's intellectual property.

## **Two-Page Project Description:**

### **Priority-aligned Goals and Anticipated Impact:**

*Problem Addressed:* The state of Indiana has been significantly impacted by the opioid epidemic in the United States. The non-medical use of prescription opioid pain relievers and the use of illicit opioids, such as heroin, have led to an unprecedented increase in overdose deaths in Indiana. In 2013, deaths from drug overdoses in Indiana had increased five-fold since 1999, surpassing motor vehicle traffic related deaths in 2008 (ISDH, 2015). In 2015, Indiana ranked 17<sup>th</sup> in the nation for the number of opioid overdose deaths per capita and experienced 1,245 drug overdose deaths (CDC, 2016). A significant body of scientific literature demonstrates that Medication Assisted Treatment (MAT) is by far the most efficacious means of treatment, for Opioid Use Disorder (OUD). The Betty Ford Institute Consensus Panel (2007) reported that MAT produced superior outcomes when compared to non-medication-based therapies in the areas of increased treatment retention, reduced mortality, improved social functioning, decreased drug use, and improved quality of life. Unfortunately, a recent national study of the states' treatment needs and capacities found that Indiana has the third highest rate in the country for past year opioid abuse, but that its capacity for MAT was far below its need (Jones et al., 2015). Evidence suggests that there are cultural and systemic barriers that negatively impact the utilization of MAT. Negative attitudes and beliefs held by the public and within the professional community toward addictions and substance use disorders are due largely to misunderstandings and misconceptions surrounding this method of treatment (e.g., "MAT is simply replacing the use of illicit opioids", "MAT prevents long-term recovery", etc.) (White, 2009). Established theory (Dearing, 2009 & Rogers, 1971) suggests that underutilization of treatment interventions (including MAT) can be a result of skepticism. Reduction of knowledge gaps can positively influence attitudes about utilizing treatment practices (Miller, 2010); however, available training in MAT is limited. Outside of MAT certification training, which is unnecessary for most individuals, time-consuming (60+ hours) and expensive (\$400.00 per person), no such community and workforce initiative exists in Indiana (ICAADA, 2017).

*Short- and Long-Term Impact:* The short-term impact will be the development of a replicable training curriculum that can be utilized to address misinformation and discriminatory attitudes and perceptions toward Opioid Use Disorders, which may otherwise effectively undermine the dissemination and implementation of evidence-based practices (EBPs) aimed at addressing the opioid epidemic. The long-term impact will be an increase in the dissemination and implementation of EBPs available for the treatment of OUDs (i.e., MAT) in Indiana, thus, reducing illicit opioid use and the number opioid-related deaths across the state.

**Aims:** (1) Develop a replicable comprehensive training curriculum aimed at the reduction of misinformation and discriminatory attitudes toward Opioid Use Disorders evidence-based practices such as MAT. (2) Deliver this comprehensive curriculum to a wide spectrum of professionals and community members throughout Indiana.

**Approach:** (1) The first phase of this project will involve a systemic literature review and community assessment following standard practices-PRISMA-P (Moher et al., 2015) to determine the most commonly held misperceptions surrounding MAT. Findings from the project literature review coupled with established procedures for community assessment (Tanner, et al, 2007) will inform the design and implementation of a local level MAT attitudes and

misconceptions assessment to determine the areas of highest need (region and audience) in Indiana. (2) The second phase of this project will include curriculum development following andragogical methodology (Anderson, et al, 2000). The third phase includes the strategic implementation and evaluation of the statewide training initiative that follows established state-wide dissemination methods (Clark, et al., 2012).

**Methods:** (1) Members of the project team will complete a comprehensive literature review process through the examination of peer-reviewed journals, publications from state and local media outlets and identification of stakeholders with applicable knowledge to determine the most widely held MAT misconceptions and negatively held beliefs. (2) Development and implementation of a state-wide attitude and belief assessment will be informed through lessons learned from previous state-level evaluation and dissemination efforts (e.g., Clark, et al., 2012). A review of the assessment tool will be completed by the project team and external consultants and stakeholders. (3) Curriculum development, following best practices for adult learning (Anderson, et al, 2000) will be completed by four MAT certified trainers with significant experience in the design, implementation, and training evaluation. The curriculum will be reviewed to ensure ADA standards are met (ADA Standards, 2010) and pilot-tested to assess replicability before implementing state-wide. (4) The strategic implementation plan will aim to be comprehensive and inclusive (Clark, et al., 2012) with emphasis in the delivery of the training curriculum within the highest need areas (based on severity of OUD and attitudinal barriers). (5) The evaluation design will involve established guidelines for evaluation of knowledge, attitudes and beliefs (Schrader, 2004). Completion of this evaluation will guide curriculum modifications, identify existing gaps, and lead to a replicable training and scientific manuscripts.

**Outcomes:** The primary outcomes from this project will be a training curriculum for multiple disciplines that can be replicated to address negative attitudes and common fallacies surrounding OUD treatment options. One anticipated secondary outcome is a measurable decrease in negative attitudes about MAT within individuals who have completed the training curriculum. An additional secondary outcome will include scientific manuscripts. A tertiary outcome would include a measurable increase in the dissemination and implementation of EBPs to address the opioid epidemic in Indiana, thus, a state-wide reduction in illicit opioid use and opioid-related deaths.

**Sustainability:** Creating a training curriculum that is replicable increases the likelihood of being sustained after this funding opportunity has ceased. If successful, this initiative may be self-sustained through licensing the curriculum (licensing fees generated by IU). This will allow for continued dissemination across Indiana, and perhaps across the United States, potentially leading to additional funding and research opportunities for IU.

**Brief Budget Justification:** Requested faculty information is included in the prior template, with an exact budget available as needed. Faculty lines use IU Fiscal Year 2017 salary and benefit values between 0.05 and 0.75 FTE, depending on their expertise and availability for the project. The categories related to Aim 1 include personnel, printing, and consultation; the categories related to Aim 2 include personnel, travel, training space costs, supplies, printing, marketing/promotion, and continuing education fees.



## **Ruth A. Gassman**

### **Appointments:**

2014 – Present	<b>Executive Director and Associate Scientist</b> , Institute for Research on Addictive Behavior, School of Public Health, Indiana University, Bloomington
2010 – Present	<b>Executive Director and Associate Scientist</b> , Indiana Prevention Resource Center, School of Public Health, Indiana University, Bloomington
2005 – 2010	<b>Executive Director and Academic Specialist</b> , Indiana Prevention Resource Center, School of Public Health, Indiana University, Bloomington
2000 – 2005	<b>Associate Scientist</b> , Karl F. Schuessler Institute for Social Research, Department of Sociology, Indiana University, Bloomington
1997 – 2000	<b>Associate Scientist</b> , Alcohol Research Group, School of Public Health, University of California, Berkeley, CA
1987 – 1990	<b>Clinical Supervisor</b> , Hospital Based and Private Psychiatric Practice, Phoenix Associates

### **Professional Preparation:**

University of Iowa	Iowa City, IA	Psychology	BS, 1984
University of Iowa	Iowa City, IA	Counseling Education	MA, 1987
Rutgers University	New Brunswick, NJ	Social Work	PhD, 1995
University of California, Berkeley School of Public Health	Berkeley, CA	-	Post-Doc, 1997

### **Recent Research Activity:**

- 1) Agley, J.D., Meyerson, B.E., Shannon, D., Ryder, P.T., Ritchie, K., & **Gassman, R.** (2017). Using the hybrid method to survey US pharmacist: Applying lessons learned to Leverage technology. *Research in Social and Administrative Pharmacy*, 13(1), 250-252.
- 2) Carlson, J., Agley, J., McNelis, A., Schwindt, R., Vannerson, J., **Gassman, R.**, & Crabb, D. (2017). Effects of training on social work, nursing, and medical trainees' knowledge, attitudes, and beliefs related to screening and brief intervention for alcohol use. *Journal of Alcohol and Drug Education*, 61(1), 14-35.
- 3) **Gassman, R.A.**, Agley, J., Fly, A. D., He, K., Beckmeyer, J. J., Sayegh, M. A., & Tidd, D. M. (2016). Using biological samples for youth ATOD survey validation: Focus group study. *Addiction Research and Theory*, 24(3), 177-185.
- 4) Jun, M.K., Agley, J., Huang, C., & **Gassman, R.A.** (2016). College binge drinking and social norms: advancing understanding through statistical applications. *Journal of Child and Adolescent Substance Abuse*, 25(2), 113-123.

- 5) Agley, J., **Gassman, R.A.**, Jun, M, Nowicke, C., & Samuel, S. (2015). Statewide administration of the CRAFFT screening tool: Highlighting the Spectrum of Substance Use. *Substance Abuse and Misuse*, 50(13), 1668-1677.
- 6) Luo, J., Agley, J., Hendryx, M., **Gassman, R.**, & Lohrmann, D. (2015). Risk patterns among college youth: Identification and implications for prevention and treatment. *Health Promotion Practice*, 16(1), 132-141.
- 7) Vaughan, E.L., **Gassman, R.A.**, Jun, M. K., & Seitz de Martinez, B. J. (2015). Gender differences in risk and protective factors for alcohol use and substance use problems among Hispanic adolescents. *Journal of Child and Adolescent Substance Abuse*, 24(5), 243-254.
- 8) Seo, D.-C., Owens, D., **Gassman, R.**, & Kingori, C. (2013). Effects of a 2.5-year campus-wide intervention to reduce college drinking. *Journal of Health Education*, 72(6), 673-683.
- 9) **Gassman, R.A.**, Agley, J., Johnston, J.D., Middlestadt, S. E., Van Puymbroeck, M., & YoussefAgha, A.H. (2012). Catalyzing trans-disciplinary studies in public health: A college health survey and data platform. *Health Promotion Practice*, 13(1), 90-97.
- 10) **Gassman, R.**, Nowicke, C.E., & Jun, M. K. (2010). Individual characteristics of adolescent methamphetamine users in relation to self-reported trouble with the police. *Journal of Alcohol and Drug Education*, 54(1), 76-92.

#### **Grants Received:**

- 1) Title: Predictors of Screening and Brief Intervention for Alcohol Problems (R01); Role: Principal Investigator; Funder: National Institute on Alcohol Abuse and Alcoholism.
- 2) Title: Predictors of Screening and Brief Intervention for Alcohol Problems (R29); Role: Principal Investigator; Funder: National Institute on Alcohol Abuse and Alcoholism.
- 3) Title: Center Grant – Indiana Prevention Resource Center Addiction Prevention Resource Services;<sup>1</sup> Role: Executive Director; Funder: Indiana Family and Social Services Administration, Division of Mental Health and Addiction, via Substance Abuse and Mental Health Services Administration (SAMHSA).
- 4) Title: FDA Tobacco Inspection Program; Role: Executive Director; Funder: U.S. Food and Drug Administration; Total Award: \$2,700,000.
- 5) Title: Grant to Reduce Alcohol Abuse; Role: Evaluator; Funder: U.S. Department of Education; Principal Investigator: Logansport School District.

#### **Synergistic Activities:**

As Executive Director of two centers/institutes within the School of Public Health in Bloomington, I have led or been significantly involved in substance use prevention, treatment, and recovery in Indiana in a wide variety of areas, including Screening, Brief Intervention, and Referral to Treatment (SBIRT), statewide tobacco inspection and enforcement, adolescent treatment enhancement and dissemination, working with campus community coalitions on alcohol, and numerous other initiatives pertinent to this proposal.

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<sup>1</sup> One of 7 center grants totaling \$16.8m since 2005.

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: DeSalle, Mallori Leigh

eRA COMMONS USER NAME (credential, e.g., agency login): mdesalle

POSITION TITLE: Research Associate in Applied Health Science

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Cottey College, Nevada, Missouri	A.A. & A.S.	05/99	Arts & Science
Nebraska Wesleyan, Lincoln, Nebraska	B.S.	5/01	Psychology
Truman State University, Kirksville, Missouri	M.A.	05/03	Counseling

**A. Personal Statement**

My expertise and experience in the area of curriculum development and training dissemination will be a strong asset on this proposed project. My background includes a wide spectrum of expertise in behavioral health topics with specialized training and expertise in Medication-Assisted Treatment (MAT) as well as curriculum and program development. My experience with Motivational interviewing (MI), a client-centered evidence-based approach to treatment was strongly applied in previous projects and is exceptionally suited for delivering services to clients receiving MAT within comprehensive recovery services. Previous experience in implementing MI and other behavioral health procedures included design of curriculum for an alcohol and substance prevention evidenced based strategy within healthcare and accessible training to support a multitude of levels of professionals. Screening, Brief Intervention and Referral to Treatment (SBIRT), required careful coordination of multiple staff and numerous health care organizations with limited time and experience in the field of SBIRT. The final success of the project included over 20 sites of SBIRT implementation and a state-wide dissemination of training to support long term sustainability.

1. DeSalle, M., Reho, K., Agle, J., Tidd, D., Wolf, J., & Gassman, R. (2016). Trainers' guide for screening, brief intervention and referral to treatment (SBIRT). Bloomington, IN: Indiana Prevention Resource Center, Indiana University School of Public Health.
2. DeSalle, M., Reho, K., Agle, J., Tidd, D., Wolf, J., & Gassman, R. (2015). Screening, brief intervention and referral to treatment (SBIRT) implementation guide. Bloomington, IN: Indiana Prevention Resource Center, Indiana University School of Public Health.

**B. Position and Honors****Positions and Employment**

2001-2008 Mental Health Therapist

2008-Present Research Associate, Indiana Prevention Resource Center, Bloomington, IN

2010-2015 Addictions Therapist, IU Health Center-OASIS, Indiana University, Bloomington, IN

2013-Present Adjunct Faculty, School of Public Health, Indiana University, Bloomington, IN

2016-Present Educational Affiliate, School of Social Work, Indiana State University, Terre Haute, IN

**Specialized Credentials and Professional Membership**

Expiration: 2018-#39002432A-Indiana Licensed Mental Health Counselor

Expiration: 2019-#84129- National Board of Certified Counselors-National Certified Counselor

Expiration:2019- #84129- National Board of Certified Counselors-Certified Clinical Mental Health Counselor

Expiration:2020-Indiana Medication-Assisted Treatment Specialist

2001-Present Member, American Counseling Association

2010- Present Member International Association of Addictions and Offender Counselors

2010- Present Member, Indiana Counseling Association

2013- Present Member, National ATTC Registry of SBIRT Trainers

2014- Present Member, Motivational Interviewing Network of Trainers

### **C. Contributions to Science**

1. One of the key contributions of my work is widening the understanding and use of evidence-based interventions and utilization of prevention strategies across health and behavioral health. Increasing awareness in the area of motivational interviewing (MI) and SBIRT was critical to the pursuit of sustainable positive outcomes. This outreach helped increase the use of SBIRT and MI within training and educational curriculum as well as within professional on-the-job training. The publications listed here are supplemented by the publications I elected to share in Section A of this biosketch.

- a. DeSalle, M., Agley, J. (2015). SBIRT: Identifying and Managing Risky Substance Use. *Counseling Today*.

### **D. Additional Information: Research Support and/or Scholastic Performance**

#### **Ongoing Research Support**

TI-025977 (SAMHSA) Todd (PI) 10/01/15 - 09/30/18

#### **SBIRT Health Professions Student Training**

The goal of this project is to train social workers and other students in health-related professions at Indiana State University (ISU) in SBIRT and motivational interviewing, while reporting findings and disseminating work to the broader community.

Role: Lead SBIRT and Motivational Interviewing Trainer

#### **Completed Research Support**

TI-023449 (SAMHSA) Ailes (PI) 10/01/11 - 09/30/16

#### **Screening, Brief Intervention, and Referral to Treatment in Primary Care**

The goal of this project is to fully integrate SBIRT into a large, safety-net health services organization in Indianapolis, Indiana, including training, process modification, and dissemination throughout Indiana.

Role: SBIRT Outreach Coordinator and Lead SBIRT and Motivational Interviewing Trainer

Behavioral Health Initiative Grant, IU Health DeSalle & Agley (Co-PIs) 01/01/15 - 12/31/15

#### **SBIRT and Motivational Interviewing Training for Health Professions Staff in Indiana**

The goal of this project was to facilitate intensive training in SBIRT and motivational interviewing for select groups of health professions staff, including clinic directors, healthcare providers, and other administrators.

Role: Co-PI and Lead SBIRT and Motivational Interviewing Trainer

### **Scholastic Performance**

Stein, R., DeSalle, M., Brogan-Hartlieb, K. (2016, September). Building Capacity for MI Training in Medical Education. Oral Presentation at 2016 Motivational Interviewing Network of Trainers Annual Forum, Montreal, Canada.

Agley, J., DeSalle, M., Tidd, D., Wolf, J., & Gassman, R. (2014, May). Promoting SBIRT in Primary Care Community Health Clinics. Invited oral presentation at 2014 Substance Abuse and Mental Health Administration SBIRT Grantee Virtual Conference (online).

**Complete List of Published Work archived in Google Scholar:**

**<https://scholar.google.com/citations?user=YyKQ9A0AAAAJ&hl=en>**

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Dolne, Heather Michelle

eRA COMMONS USER NAME (credential, e.g., agency login): hdolne

POSITION TITLE: Research Associate and Professional Development Specialist

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of Indianapolis, Indianapolis, IN	B.A.	05/2014	Psychology and English Literature
Indiana University, Bloomington, IN	M.P.H.	05/2016	Public Health

**A. Personal Statement**

I am a dedicated public health professional who has the expertise, training, and motivation necessary to successfully carry out the proposed research project. I have much experience training in the field of substance abuse prevention and addiction, as I am a trainer of Prevention 101; various substance overview presentations; Screening, Brief Intervention and Referral to Treatment (SBIRT); as well as many other related topics. Additionally, I am a Certified Health Education Specialist (CHES), and am a Medication Assisted Treatment Specialist (MATS); therefore, I will be able to aid in the content development and training implementation on the proposed topic.

**B. Positions and Honors****Positions and Employment**

2016- Research Associate and Professional Development Specialist, Indiana Prevention Resource Center (IPRC), Bloomington, IN

2017- Adjunct Faculty, School of Public Health, Indiana University, Bloomington, IN

2015-2015 Community Benefits Assistant, Franciscan St. Francis Health, Greenwood, IN

2014-2016 Addiction Prevention Intern, Indiana Prevention Resource Center (IPRC), Bloomington, IN

2014-2015 Graduate Assistant, School of Public Health, Indiana University, Bloomington, IN

2012-2014 Writing Lab Tutor and Proofreader, University of Indianapolis, Indianapolis, IN

2013-2014 Outcomes Specialist, Adult and Child Center, Greenwood, IN

**Certifications**

2017- Medication Assisted Treatment Specialist (MATS)

2017- Certified Health Education Specialist (CHES)

**Program Facilitation**

Counseling on Access to Lethal Means (CALM) Facilitator

Adult Mental Health First Aid Facilitator

Screening, Brief Intervention and Referral to Treatment (SBIRT) Provider Facilitator

Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Trainers Facilitator

Youth Mental Health First Aid Facilitator

Strengthening Families Program Facilitator

### C. Contributions to Science

1. My publications relate to the Screening, Brief Intervention and Referral to Treatment (SBIRT) training and implementation that was essential to the statewide dissemination of training related to the topic of alcohol and substance use. Healthcare, behavioral health, and other related professionals were in attendance of these trainings and benefitted from the information provided regarding the understanding and implementation of SBIRT.
  - a. DeSalle, M., Reho, K., **Dolne, H.**, Agley, J., Tidd, D., Wolf, J., & Gassman, R. (2016). *Screening, brief intervention and referral to treatment (SBIRT) Trainer's Manual*. Bloomington, IN: Indiana Prevention Resource Center - Indiana University School of Public Health.
  - b. DeSalle, M., Reho, K., **Dolne, H.**, Agley, J., Tidd, D., Wolf, J., & Gassman, R. (2016). *Screening, brief intervention and referral to treatment (SBIRT) training and implementation guide (2<sup>nd</sup> ed.)*. Bloomington, IN: Indiana Prevention Resource Center- Indiana University Bloomington School of Public Health.
2. My online course development relates to a variety of topics that are presented in an engaging format in which users can participate at any time. I contributed to the content development of all these courses in addition to creating creative methods of information dissemination through animations, videos, and knowledge checks.
  - a. Prevention 101 Module
  - b. Interpreting Evaluation Data Online Learning Course
  - c. Evaluation Basics Online Learning Course
  - d. Focus Group Basics Online Learning Course
  - e. Considerations for Survey Development Online Learning Course
  - f. Prevention Certification (CPS) Recorded Online Presentation

### D. Additional Information: Research Support and/or Scholastic Performance

Mental Health America of Indiana

02/01/17-06/01/17

Children's Mental Health Awareness Mini-Grant

The goal of this grant was to raise awareness about children's mental health throughout Monroe County in Indiana. This was accomplished through two Youth Mental Health First Aid trainings and networking events that were held in Monroe County.

Role: Coordinator and Trainer

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Reho, Kaitlyn Elizabeth

eRA COMMONS USER NAME (credential, e.g., agency login): kreho

POSITION TITLE: Research Associate in Applied Health Science

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Indiana University, Bloomington	B.S.	12/2012	Music and Applied Health Science
Indiana University, Bloomington	M.P.H.	5/2015	Public Health; Behavioral, Social, and Community Health

**A. Personal Statement**

My expertise and experience in the field of translational research, curriculum design, and the implementation and evaluation of evidence-based practices has provided me with a wide array of knowledge and skills that will be of great value to the proposed research project. My background is in public health, with a focus on behavioral, social, and community health and specialized training and expertise in Medication-Assisted Treatment (MAT). Much of my work has focused on the use of translational research methods to develop and evaluate state-of-the-art online training modules and in-personal training curricula aimed at strengthening the public health workforce. I also have experience in information dissemination through the development of website content, community outreach, and the development of community training and resource manuals. Such experience, in addition to my work in the dissemination and implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) in over 20 healthcare and mental healthcare centers across Indiana, is highly relevant to this project.

1. DeSalle, M., Reho, K., Dolne, H., Agle, J., Tidd, D., Wolf, J., & Gassman, R. (2016). *Screening, brief intervention and referral to treatment (SBIRT) trainer's manual*. Bloomington, IN: Indiana Prevention Resource Center - Indiana University School of Public Health.
2. Reho, K., DeSalle, M., & Wolf, J. (2015). Drug overview: Tobacco.  
<http://www.drugs.indiana.edu/training/courses/tobacco/>

**B. Positions and Honors****Positions and Employment**

2013-2014 Graduate Assistant, Indiana University-Bloomington School of Public Health, Bloomington, IN  
 2014-2015 Intern, Indiana Prevention Resource Center, Bloomington, IN  
 2015-Present Screening, Brief Intervention and Referral to Treatment (SBIRT) Outreach and Training Specialist, Indiana Prevention Resource Center, Bloomington, IN  
 2015-Present Research Associate, Indiana Prevention Resource Center, Bloomington, IN  
 2015-Present Adjunct Teaching Faculty, School of Public Health, Indiana University, Bloomington, IN

**Specialized Credentials and Professional Membership**

Expiration: 2019- Medication-Assisted Treatment Specialist (MATS--#268), Indiana Credentialing Association on Addictions and Drug Abuse

2017-Present Member, Indiana Credentialing Association on Addictions and Drug Abuse

### C. Contributions to Science

One of my key contributions is in the area of instructional design. My work has involved the development of both online training modules and in-person training curricula. My early work in the field of SBIRT involved using translational research methods to develop innovative, self-paced training modules on a variety of substance-related topics. Because these modules are online and publically available, the barrier of accessibility is greatly diminished, and the capability of wide-spread dissemination increases drastically. I've also worked to develop an *SBIRT for Healthcare Professionals* training, along with an *SBIRT Training of Trainers* curriculum. Both curricula were designed using theory-based learning methodologies and the latest research, each of which includes a comprehensive training manual and resource tool kit.

1. DeSalle, M., Reho, K., Agley, J., Wolf, J., Tidd, D., & Gassman, R. (2015). *Introduction to SBIRT in primary care*. <http://www.drugs.indiana.edu/training/courses/intro-to-SBIRT/>
2. DeSalle, M., Reho, K., Agley, J., Tidd, D., Wolf, J., & Gassman, R. (2015). *Screening, brief intervention and referral to treatment (SBIRT) implementation guide*. Bloomington, IN: Indiana Prevention Resource Center, Indiana University School of Public Health.

### C. Additional Information: Research Support and/or Scholastic Performance

#### Ongoing Research Support

Indiana Prevention Block Grant                      *Division of Mental Health and Addiction* (PI)                      7/1/2016-6/30/2018  
Community Prevention Framework

The goal of this project is to work with communities to implement and evaluation prevention programs and strategies using the Strategic Prevention Framework.

Role: Research Associate

1U79SP020788-01                      *Division of Mental Health and Addiction* (PI)                      7/1/2016-6/30/2021  
Partnerships for Success

The goal of this project is to work with communities to evaluation alcohol and prescription drug prevention programs and strategies using the Strategic Prevention Framework.

Role: Research Associate

#### Completed Research Support

TI-023449 (SAMHSA)                      *Ailes* (PI)                      10/01/11- 9/30/16  
Screening, Brief Intervention, and Referral to Treatment in Primary Care

The goal of this project is to fully integrate SBIRT into a large, safety-net health services organization in Indianapolis, Indiana, including training, process modification, and dissemination throughout Indiana.

Role: SBIRT Outreach and Training Specialist

#### Scholastic Performance

Reho, K., Agley, J., DeSalle, M., & Gassman, R.A. (2016). Are we there yet? A brief report on Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation fidelity tools. *The Journal of Primary Prevention*. 37(4), 377-388.

Reho, K., & DeSalle, M. (2016, July). Using what you have: Improving readiness for SBIRT. Presentation at the Integrating Primary and Behavioral Health Care Through the Lens of Prevention Conference, New Orleans, LA.

Reho, K., & DeSalle, M. (2016, April). Happy hour: Decreasing stigma to improve client conversations about alcohol. Presentation at the Indiana Counseling Association Conference, Columbus, IN.

DeSalle, M., Reho, K. (2015, November). Creating a prevention vital sign: Using Screening, Brief Intervention, and Referral to Treatment (SBIRT) to integrate substance abuse prevention into healthcare. Invited oral presentation at 2015 National Prevention Network Annual Conference, Seattle, Washington.



**BIOGRAPHICAL SKETCH**

*Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. DO NOT EXCEED FIVE PAGES.*

NAME: Reynolds, Desiree D.

eRA COMMONS USER NAME (credential, e.g., agency login): desiree

POSITION TITLE: Research Associate in Applied Health Science

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Indiana University, Bloomington	BS	05/97	Occupational Safety
Indiana University, Bloomington	MPH	08/03	Public Health

**A. Personal Statement**

I have the experience, expertise, and training to successfully contribute to the proposed statewide project. I have a broad background in evaluation, technical assistance, and behavioral health training. I have completed the training and certification for a Medication Assisted Treatment (MAT) Specialist which further builds upon my knowledge in this area. As a research associate at the Indiana Prevention Resource Center I have managed programs that provide data analysis, training management, and technical assistance to addictions professionals across the state. I have over fifteen years' experience in the field of behavioral health which allows me to be well prepared to meet the change needs of the behavioral health field. Specifically, I have planned trainings for a wide variety of groups including professionals, students, and the public. I am well versed in strategic planning for decision making and utilizing best practices for data and community assessment. My most recent project has included my work with the Indiana Problem Gambling Awareness Program. For this program I provide training, technical assistance and guidance to problem gambling and addiction treatment and prevention providers across Indiana. I have acquired skills and certification in marketing and communication as used in my current and previously held positions at the Indiana Prevention Resource Center. I am a Master Certified Health Education Specialist and I have served on a variety of boards and counsel, most recently the Indiana Addictions Issues Coalition.

**B. Position and Honors**

Adjunct Faculty, School of Public Health – Bloomington, Indiana University, Bloomington, IN, August 2012 -

Research Associate and Assistant Project Manager Indiana Problem Gambling Awareness Program Indiana Prevention Resource Center, Indiana University, July 2010--

Research Associate and Coordinator of External Affairs, Indiana Prevention Resource Center, Indiana University January 2006- July 2010

Research Associate and Coordinator Tobacco Retailer Inspection Program, Indiana Prevention Resource Center, Indiana University, Bloomington, IN, December 2003 – January 2006.

### **Specialized Credentials and Professional Membership**

2004- Present	Certified Health Education Specialist (CHES)
2011- Present	Master Certified Health Education Specialist (MCHES)
2013 -Present	Problem Gambling Prevention Specialist
2017- Present	Indiana Medication-Assisted Treatment Specialist

### **Leadership**

**Fellow**, Mid-American Public Health Leadership Training, University of Illinois, Chicago, 2009

### **C. Contribution to Science**

My primary contribution to science has been in the area of environmental strategies, behavior change, and location data analysis in relation to addictions and behavioral health. The following is an exert of my most recent presentations.

Reynolds, D., Lay, M., Jun, M., Jones, A. (2016). *Youth access to gambling: compliance checks and type II gaming*. Tarrytown, NY. National Council on Problem Gambling Annual Conference.

Reynolds, D., Lay, M., & Jun, M. (2015). *Risk and Protective Factors for Youth Gambling Behaviors*. Las Vegas, NV. National Center for Responsible Gaming Annual Conference.

Reynolds, D., Lay, M., Jun, M. (2015). *Prediction of increased youth gambling associated with nearness of school to casino*. Baltimore, MD. National Council on Problem Gambling Annual Conference.

Scott.A.Milkey

---

**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Friday, October 13, 2017 10:43 AM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@[REDACTED]);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Buhner, Rebecca B;Reynolds, David;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Subject:** JRAC Meeting - October 19, 2017 10:00 a.m. to Noon  
**Attachments:** September 2017 JRAC meeting minutes.docx

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Attached are the minutes from the September, 2017 meeting and the agenda will be sent out next week. The next meeting of the Justice Reinvestment Advisory Council is currently scheduled from 10:00 a.m. to Noon (EDT) on **Thursday, October 19, 2017**, in the 30 South Meridian Street Building. (Meeting Room is 9002 located on the 9<sup>th</sup> floor.) Please use the link below to advise us of your attendance.

[\*\*RSVP for October 19<sup>th</sup> Meeting.\*\*](#)

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313

**Justice Reinvestment Advisory Council**  
**Meeting Minutes**  
**September 22, 2017**

The Justice Reinvestment Advisory Council met at the Indiana Office of Court Services at 30 S. Meridian Street in Indianapolis, Indiana on September 22, 2017. The Advisory Council met 12-2:30 p.m.

- 1. Members present.** The following members of the Justice Reinvestment Advisory Council were present: Larry Landis, Executive Director of the Indiana Public Defender Council; David Powell, Executive Director of the Indiana Prosecuting Attorneys Council; Rebecca Beuhner, proxy for the Director of the Division of Mental Health and Addiction; Julie Lanham, proxy for the Commissioner of the Indiana Department of Correction; David Murtaugh, Executive Director of the Indiana Criminal Justice Institute; Chris Cunningham, proxy for the President of the Indiana Association of Community Corrections Act Counties; Troy Hatfield, proxy for the President of the Probation Officers Professional Association of Indiana; and Jane Seigel, Executive Director of the Indiana Office of Court Services and Advisory Council Chair.
- 2. Guests present.** The following guests also attended the meeting: Mary Willis and Austin Stewart from the Office of Judicial Administration; Aaron Garner, Stephanie Spoolstra, and Jon Ferguson from the Indiana Department of Correction; Linda Brady from the Probation Officers Professional Association of Indiana; Kristen Banschbach from the Indiana State Budget Agency; Samantha Goodson from the Division of Mental Health and Addiction; Rep. Greg Steuerwald and Trent Glass from the Indiana House of Representatives; Chris Naylor from the Indiana Prosecuting Attorneys Council; Steve McCaffrey from Mental Health America Indiana; Lisa Thompson and Dave Williams from Trial Court Technology; Bernice Corley and Kristen Casper from the Indiana Public Defender Council; Cindy McCoy from Grant County Court Services; David Bausman from the Indiana Attorney General's Office; Dr. Brad Ray from the Indiana University Center for Criminal Justice Research; and Mark Goodpaster and Corrin Harvey from the Indiana Legislative Services Agency.
- 3. Staff assistance.** Jennifer Bauer, Mary Kay Hudson, and Michelle Goodman provided staff assistance to the Advisory Council.
- 4. Approval of minutes.** The minutes from the August 2017 meeting were unanimously approved.
- 5. DOC population report.** Aaron Garner reported the September DOC population report shows a 2.4% increase in admissions growth since January. He expects to

see 4% growth for the rest of the year, which would put the population back at pre-1006 levels. He stated the cause of growth is receiving offenders who are staying longer due to serving 75% of their sentences in DOC. He also stated Level 5 offenders are the bulk of new commitments and are staying a few months longer, resulting in a “stacking effect”. The Advisory Council asked Mr. Garner to do a historical analysis to see if sentencing practices have changed.

6. **DOC update.** Julie Lanham reported the applications for the FY19 grant cycle will be due at the end of January 2018. She expects to bring funding recommendations to the Advisory Council in April 2018. Ms. Lanham also reported DOC is still waiting for a response from the State Board of Accounts with respect to the Marion County and Tippecanoe County audit issues. The Advisory Council discussed recidivism data and the possibility of tracking it with the new data submitted by funded agencies. The Advisory Council also discussed whether the pretrial pilot counties should receive priority funding consideration in FY19.
7. **DMHA update.** Samantha Goodson reported there is no change in the top 5 Recovery Works services: medication, group substance abuse counseling, individual skills training, transportation, and housing. The top 5 counties also remain the same: Marion, Vanderburgh, Allen, Madison, and Monroe. Ms. Goodson stated there are 17,522 total enrolled participants in Recovery Works and \$17.9M has been spent since the inception of the program. She also reported training for forensic peer specialists will be conducted in October. The Advisory Council discussed Medicaid match payments, long wait times for services, providers not getting referrals, and roll-over funding. The Advisory Council asked Ms. Goodson to provide dollar amounts for the top services in Recovery Works. Dr. Brad Ray distributed his Phase I policy brief for Recovery Works. He highlighted that housing characteristics were a predictor of return to jail for Recovery Works participants. He also highlighted that 40% of participants had been in DOC prior to Recovery Works services and had a 14% re-incarceration rate. All other participants had a 7% incarceration rate. In both groups, more than 50% were incarcerated for a technical violation. Dr. Ray also reported that most providers did not focus on criminogenic needs along with the behavioral health needs, but this is beginning to change.
8. **Legislative and Data Discussion.** The Advisory Committee discussed legislative issues and possible recommendations from the Legislative Subcommittee. Rep. Greg Steuerwald stated that he is interested in the number of misdemeanor arrestees in jails pre-trial and would like to see a legislative recommendation related to this issue. Lisa Thompson reported the jail survey is posted on the Trial Court Technology website and will be updated if any sheriffs amend the data reported previously. Jane Seigel reported the Legislative Committee is scheduled to meet on October 6<sup>th</sup>.

**9. Annual Report.** Jenny Bauer distributed the draft annual report and highlighted the accomplishments section and new sections on jail survey data and 1006 impact. Dave Murtaugh made a motion for the Advisory Council to vote through email on the annual report by 4 p.m. on September 28. Larry Landis seconded the motion, which was unanimously approved. Ms. Bauer will submit the report to the legislative council, the governor, and the chief justice before October 1, as required by statute.

**10. Next meeting.** Jane Seigel announced that the date for the next Advisory Council meeting is October 19 at 10 a.m. at the Indiana Office of Court Services.

Respectfully submitted,

Jennifer Bauer  
Staff Attorney  
Indiana Office of Court Services

**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Wednesday, October 04, 2017 2:44 PM  
**To:** Stephen C McCaffrey;Walthall, Jennifer;Moore, Kevin B  
**Subject:** RE: NJ Gov. Chris Christie to keynote Attorney General's 8th Annual Prescription Drug Abuse & Heroin Symposium

That's great, Steve. Thanks!  
Jim

---

**From:** Stephen C McCaffrey [mailto:smccaffrey@mhai.net]  
**Sent:** Wednesday, October 4, 2017 12:17 PM  
**To:** Walthall, Jennifer <Jennifer.Walthall@fssa.IN.gov>; Moore, Kevin B <Kevin.Moore@fssa.IN.gov>; McClelland, Jim <JMcClelland@gov.IN.gov>  
**Subject:** Fwd: NJ Gov. Chris Christie to keynote Attorney General's 8th Annual Prescription Drug Abuse & Heroin Symposium

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---

Jen/Kevin/Jim—

I just wanted to make sure you were aware that Gov Christie will be keynoting the AG's conference in his role as Chair of the President's Opioid Commission. (See below)

Steve

Stephen C. McCaffrey, JD  
*President & Chief Executive Officer*



Mental Health America of Indiana  
1431 North Delaware Street  
Indianapolis, Indiana, 46202  
317.638.3501 x1222  
[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution of or copying of this information is strictly prohibited. Erroneous transmission or receipt of this information contained herein shall not constitute a waiver of any applicable privilege. If you have received this message by error, please notify us immediately and destroy the related message.

Begin forwarded message:

**From:** Indiana Attorney General <[atg@subscriptions.in.gov](mailto:atg@subscriptions.in.gov)>

**Subject:** NJ Gov. Chris Christie to keynote Attorney General's 8th Annual Prescription Drug Abuse & Heroin Symposium

**Date:** October 4, 2017 at 11:07:32 AM EDT

**To:** <[smccaffrey@mhaj.net](mailto:smccaffrey@mhaj.net)>

**Reply-To:** <[atg@subscriptions.in.gov](mailto:atg@subscriptions.in.gov)>



# MEDIA ADVISORY

## **Media Contact:**

Bill McCleery, Deputy Director of Communications  
(317) 317-234-7136  
[Bill.McCleery\[atg.in.gov](mailto:Bill.McCleery[atg.in.gov)

## **NJ Gov. Chris Christie to keynote Attorney General's 8<sup>th</sup> Annual Prescription Drug Abuse & Heroin Symposium**

New Jersey Gov. Chris Christie, Chair of President Trump's Commission on Combating Drug Addiction and the Opioid Crisis.

Gov. Christie will deliver the Keynote Address at the 8<sup>th</sup> Annual Prescription Drug Abuse & Heroin Symposium, which is a gathering that brings together professionals from state and federal agencies; law enforcement; business; and academia. These professionals include clinicians; treatment providers; counselors; state and national leaders; and advocates. The participants share a determination to win the fight against prescription drug and heroin abuse.

Gov. Christie is expected to discuss lessons he has learned about fighting the drug abuse crisis throughout his public-service career in New Jersey and how he now is helping apply these lessons on a national level as Chair of President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. Gov. Christie is expected to discuss his belief in the need for a holistic approach to battling drug addiction by increasing funding for providing overdose antidotes; expanding the successful recovery coach program; and proposing and imposing limits on opioid prescriptions. Gov. Christie also likely will discuss treating drug-addicted offenders through mandatory drug court programs such as one he implemented in New Jersey.

**WHERE:** Sheraton Hotel, 8787 Keystone Crossing, Indianapolis.

**WHEN:** 3 p.m., Oct. 30. (Symposium occurs Oct. 30-31)

[full agenda online.](#)

[Registration](#)

[Photo of Attorney General Curtis Hill with Governor Chris Christie](#)

-#-



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Email was sent to [smccaffrey@mhaj.net](mailto:smccaffrey@mhaj.net) using GovDelivery Communications Cloud on behalf of: Indiana Attorney General · Indiana Government Center South, 302 W. Washington St., 5th Floor · Indianapolis, IN 46204 · 317-232-6201

**GOVDELIVER**

**Scott.A.Milkey**

---

**From:** Stephen C McCaffrey <smccaffrey@mhai.net>  
**Sent:** Wednesday, October 04, 2017 12:17 PM  
**To:** Walthall, Jennifer; Moore, Kevin B; McClelland, Jim  
**Subject:** Fwd: NJ Gov. Chris Christie to keynote Attorney General's 8th Annual Prescription Drug Abuse & Heroin Symposium

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---

Jen/Kevin/Jim—

I just wanted to make sure you were aware that Gov Christie will be keynoting the AG's conference in his role as Chair of the President's Opioid Commission. (See below)

Steve

Stephen C. McCaffrey, JD  
*President & Chief Executive Officer*



Mental Health America of Indiana  
1431 North Delaware Street  
Indianapolis, Indiana, 46202  
317.638.3501 x1222  
[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)

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Begin forwarded message:

**From:** Indiana Attorney General <[atg@subscriptions.in.gov](mailto:atg@subscriptions.in.gov)>  
**Subject:** NJ Gov. Chris Christie to keynote Attorney General's 8th Annual Prescription Drug Abuse & Heroin Symposium  
**Date:** October 4, 2017 at 11:07:32 AM EDT  
**To:** <[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)>  
**Reply-To:** <[atg@subscriptions.in.gov](mailto:atg@subscriptions.in.gov)>

## N.J. Gov. Chris Christie to keynote Attorney General's 8<sup>th</sup> Annual Prescription Drug Abuse & Heroin Symposium

New Jersey Gov. Chris Christie, Chair of President Trump's Commission on Combating Drug Addiction and the Opioid Crisis.

Gov. Christie will deliver the Keynote Address at the 8<sup>th</sup> Annual Prescription Drug Abuse & Heroin Symposium, which is a gathering that brings together professionals from state and federal agencies; law enforcement; business; and academia. These professionals include clinicians; treatment providers; counselors; state and national leaders; and advocates. The participants share a determination to win the fight against prescription drug and heroin addiction.

Gov. Christie is expected to discuss lessons he has learned about fighting the drug abuse crisis throughout his public-service career in New Jersey and how he now is helping apply these lessons on a national level as Chair of President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. Gov. Christie is expected to discuss his belief in the need for a holistic approach to battling drug addiction by increasing funding for overdose antidotes; expanding the successful recovery coach program; and proposing and imposing limits on opioid prescriptions. Gov. Christie also likely will discuss treating drug-addicted offenders through mandatory drug court programs such as one he implemented in New Jersey.

**Location:** Sheraton Hotel, 8787 Keystone Crossing, Indianapolis.

**Time:** 3 p.m., Oct. 30. (Symposium occurs Oct. 30-31)

[View full agenda online.](#)

[Registration](#)

[Meeting of Attorney General Curtis Hill with Governor Chris Christie](#)

-#-

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**Scott.A.Milkey**

---

**From:** doug.mcguire@inwell.org  
**Sent:** Friday, September 29, 2017 4:14 PM  
**To:** McClelland, Jim;Huntsinger, Douglas  
**Cc:** Lynette Clark  
**Subject:** Meeting Follow-Up

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Jim and Doug,

Thank you for taking time today to meet with me and Lynette. We appreciate your interest in developing new and innovative solutions to the opioid abuse problem.

As a summary, and for the follow-up actions steps, here is what we see, or hope for. We didn't necessarily delineate each of these items today, and we don't want to be presumptuous, so please let us know if this stretches things too far:

1. There is a mutual interest in conducting a demonstration project that measures the community impact of using MAT within the primary care setting.
2. The idea is that MAT as an option in the PCP setting will reduce stigma and increase MAT capacity to a level that more closely meets demand.
3. The above constitutes a distributed solution rather than a facility-based or 'treatment-center' solution, hopefully meeting the problem where it exists ... in the community.
4. Doug and Lynette to meet with Dr. Ray Ingham, Witham Health CEO, to get his buy-in and support on Witham's participation in the demonstration project.
5. Primary care physician participation will be encouraged via an educational presentation at Witham's Presidential Lecture Series (speakers and date to be determined ... perhaps, the two of you (Jim and Doug) would want to meet Dr. Ingham prior to the lecture series; we could arrange, if so)
6. Doug H, Doug M, and Lynette to help establish baseline data, with potential data points being: # of OD related deaths in Boone County, % of population currently being treated for SU, average # of NARCAN saves each week, and so on.
7. Doug M to write a draft project plan and distribute to key participants.
8. Lynette and Doug will approach the Riggs FQHC in Lebanon to seek their participation in the project as a primary provider. Riggs and Integrative Wellness (InWell) already have a business agreement whereby Riggs does the vivitrol injections for InWell's Recovery Works clients.
9. Once Dr. Ingham has given his ok to proceed, Doug M will email Jim with possible dates for the educational lecture.
10. Jim to help identify possible speakers for the educational lecture; possibilities include Jennifer Waltham, Kristina Box, Don Selzer

Thank you, again, and please don't hesitate to reply with any feedback on the above.

Doug McGuire  
Integrative Wellness, LLC  
317- (m)  
765-680-0071 x110 (o)

**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Friday, September 22, 2017 10:23 AM  
**To:** dhuntsinger@gov.in.gov;Jane Jankowski (JJankowski@gov.IN.gov);George, Tim;Suess, James R  
**Subject:** FW: Checking in

See below –related to our discussion on jails earlier this week, as well as during the panel discussion I participated in in Ft. Wayne last night.

Pat lives in Logansport. He and I have been in regular communication since early this year. His son is 24 and has had SUD for several years.

Jim

---

**From:** Pat Brown [mailto:brown619@ ]  
**Sent:** Friday, September 22, 2017 10:12 AM  
**To:** McClelland, Jim <JMcclelland@gov.IN.gov>  
**Subject:** Checking in

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

---

Hi Jim,

Really appreciated meeting with a couple weeks ago and wanted to follow up on a couple things.

How is the website coming? I'd love to get a peek at it, if possible.

Jerri and I are working on getting information (flyers, bulletin boards, handouts) at our county jails and at the hospitals. Seems like a small thing, but lots of people fall into the system and have no idea that <https://www.samhsa.gov/> is out there.

On a very serious note - the night our son was released from county jail he overdosed. Administered naran, spent a night in the hospital, he's ok (seeing addiction psych, in an IOP and has medication support). But this type of event is really, really common. Jerri found a stat that most OD's occur within days of release from jail or program. Is there anything that can be done to require administration of vivitrol shot before release from jail? Maybe a choice - take the shot or do another 30 days?

We watched a documentary on heroin crisis in West Virginia and they reported that in one county (McDowell County where Huntington WV is located) the county was spending \$100,000,000 in public/private dollars treating overdoses. If one-third of the county jail populations are opioid, and we know that 2/3 of them relapse or repeat, then tens of millions of dollars could be saved (not to mention lives). This might be a way to sell change.

I am at your disposal if there is ever anything I can do to help you in this work.

Sincerely,



**Scott.A.Milkey**

---

**From:** Gregory Steuerwald <gsteuerwald@shwlawyers.com>  
**Sent:** Thursday, September 21, 2017 10:03 AM  
**To:** Kidwell, Jenny; Banschbach, Kristen; Basinger, James; Bauer, Jenny; Bausman, David; Boarman, Angela; Bowen, Mark J.; Brady, Linda; Brooks, Matthew G; Carter, Robert (Rob); Cook, Terry E; Cunningham, Chris; Ferguson, Jon; Garner, Aaron; Glass, Trent; Goodman, Michelle; Hudson, Mary Kay; Karns, Allison; Christine Kerl (External); Koester, Randy; Landis, Larry (llandis@iquest.net); Lanham, Julie (COA); Luce, Steve; McCaffrey, Steve; McDonald, Devon; McQueen, Adam; Moore, Kevin B; Murtaugh, David; Naylor, Christopher W (Chris); Powell, David N; Buhner, Rebecca B; Reynolds, David; Seigel, Jane; Thompson, Lisa; Walthall, Jennifer; Watson, William; Williams, Dave; Willis, Mary; Wilson, Bill  
**Subject:** RE: Justice Reinvestment Advisory Council Meeting - September 22, 2017

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

---

I plan to attend. Thanks

GREGORY E. STEUERWALD  
STEUERWALD, HANNON & WITHAM, LLP

---

**From:** Kidwell, Jenny [mailto:jenny.kidwell@courts.IN.gov]  
**Sent:** Thursday, September 21, 2017 9:59 AM  
**To:** Banschbach, Kristen <KBanschbach1@sba.IN.gov>; Basinger, James <jbasinger@idoc.in.gov>; Bauer, Jennifer <jennifer.bauer@courts.IN.gov>; Bausman, David <david.bausman@atg.in.gov>; Boarman, Angie <Angela.Boarman@fssa.IN.gov>; Bowen, Mark <mark.bowen@hamiltoncounty.in.gov>; Brady, Linda <lbrady@co.monroe.in.us>; Brooks, Matthew G <mbrooks@indianacouncil.org>; Carter, Robert <rocarter1@idoc.in.gov>; Cook, Terry <Terry.Cook@fssa.IN.gov>; Cunningham, Chris <ccunningham@grantcounty.net>; Ferguson, Jon <jferguson1@idoc.in.gov>; Garner, Aaron <AGarner@idoc.IN.gov>; Glass, Trent <trent.glass@iga.in.gov>; Goodman, Michelle <michelle.goodman@courts.IN.gov>; Hudson, MK <mk.hudson@courts.IN.gov>; Karns, Allison <akarns@gov.in.gov>; Kerl, Christine <christine.kerl@indy.gov>; Kidwell, Jenny <jenny.kidwell@courts.IN.gov>; Koester, Randy <RKoester@idoc.in.gov>; Landis, Larry <llandis@██████████>; Lanham, Julie <Jlanham@IDOC.in.gov>; Luce, Steve <sluce@indianasheriffs.org>; McCaffrey, Steve <smccaffrey@mh.ai.net>; McDonald, Devon <demcdonald@cji.in.gov>; McQueen, Adam <adammcq@co.wayne.in.us>; Moore, Kevin <kevin.moore@fssa.in.gov>; Murtaugh, David <dmurtaugh@cji.in.gov>; Naylor, Chris <cnaylor1@ipac.in.gov>; Powell, David <dpowell@ipac.in.gov>; Rebecca Buhner <Rebecca.Buhner@fssa.IN.gov>; Reynolds, David <david.reynolds@iga.in.gov>; Seigel, Jane <jane.seigel@courts.IN.gov>; Gregory Steuerwald <gsteuerwald@shwlawyers.com>; Thompson, Lisa <lisa.thompson@courts.in.gov>; Walthall, Dr. Jennifer <Jennifer.Walthall@fssa.IN.gov>; Watson, Bill <William.Watson@VigoCounty.In.Gov>; Williams, Dave <dave.williams@courts.IN.gov>; Willis, Mary <mary.willis@courts.in.gov>; Wilson, Bill <bwilson@indianasheriffs.org>  
**Subject:** RE: Justice Reinvestment Advisory Council Meeting - September 22, 2017

Attached, you will find the Agenda for Friday's meeting and the minutes from the August meeting. We plan to take a group photo during the meeting on Friday for the JRAC Annual Report.

**Just a reminder if you have not already done so, please let us know if you are attending the meeting on Friday.**  
The next meeting of the Justice Reinvestment Advisory Council will be held from Noon to 3:00 p.m. (EDT) on Friday, September 22, 2017, in the 30 South Meridian Street Building. (Meeting Room is 9002 located on the 9<sup>th</sup> floor.) Since

this meeting is immediately following the morning EBDM meeting, a lunch buffet will be provided. Please use the link below to advise us of your attendance.

[RSVP for September 22 Meeting](#)

Thank you for your time.

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313



**Scott.A.Milkey**

---

**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Thursday, September 21, 2017 9:59 AM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@[REDACTED]);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Buhner, Rebecca B;Reynolds, David;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Subject:** RE: Justice Reinvestment Advisory Council Meeting - September 22, 2017  
**Attachments:** August 2017 JRAC meeting minutes.docx; Justice Reinvestment Advisory Council agenda 9-22-17.pdf

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[RSVP for September 22 Meeting](#)

Thank you for your time.

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313

## **Justice Reinvestment Advisory Council**

September 22, 2017

Noon-3:00 p.m.

### **Agenda**

1. Welcome and introductions
2. Approval of Minutes of the August 4, 2017 meeting
3. DOC Population report
4. Update from DOC—Grant status; audit status; new grant application—  
timeline, etc.
5. Update from DMHA
6. Legislative and data discussion—pre-trial; jail population
7. Annual report
8. Other Business
9. Next meeting—October?

**Justice Reinvestment Advisory Council**  
**Meeting Minutes**  
**August 4, 2017**

The Justice Reinvestment Advisory Council met at the Indiana Office of Court Services at 30 S. Meridian Street in Indianapolis, Indiana on August 4, 2017. The Advisory Council met 1-3 p.m.

- 1. Members present.** The following members of the Justice Reinvestment Advisory Council were present: David Powell, Executive Director of the Indiana Prosecuting Attorneys Council; Kevin Moore, Director of the Division of Mental Health and Addiction; Julie Lanham, proxy for the Commissioner of the Indiana Department of Correction; David Murtaugh, Executive Director of the Indiana Criminal Justice Institute; Chris Cunningham, proxy for the President of the Indiana Association of Community Corrections Act Counties; Adam McQueen, President of the Probation Officers Professional Association of Indiana; Mark Bowen, President of the Indiana Sheriffs Association; and Jane Seigel, Executive Director of the Indiana Office of Court Services and Advisory Council Chair.
- 2. Guests present.** The following guests also attended the meeting: Mary Willis from the Office of Judicial Administration; Liz Darlage from the Indiana Department of Correction; Christine Kerl and Troy Hatfield from the Probation Officers Professional Association of Indiana; Kristen Banschbach from the Indiana State Budget Agency; Angie Boarman from the Division of Mental Health and Addiction; Matt Brooks from the Indiana Association of Community Mental Health Centers; Trent Glass from the Indiana House of Representatives; Chris Naylor from the Indiana Prosecuting Attorneys Council; Steve McCaffrey from Mental Health America Indiana; Lisa Thompson and Dave Williams from Trial Court Technology; Steve Luce from the Indiana Sheriffs Association; and Mark Goodpaster and Corrin Harvey from the Indiana Legislative Services Agency.
- 3. Staff assistance.** Jennifer Bauer and Michelle Goodman provided staff assistance to the Advisory Council.
- 4. Approval of minutes.** The minutes from the June 2017 meeting were unanimously approved.
- 5. DOC population report.** Jane Seigel reported that the August DOC population report is not ready for distribution. She suggested that Aaron Garner from DOC come to the next meeting to discuss new trends in the data, especially related to Level 5 and Level 6 felons. Lisa Thompson reported that 51 jails have submitted population data to the JRAC data committee. She distributed a summary of the data and explained that the 51 reporting counties have 23 different jail

management systems. Ms. Thompson thanked the Indiana Sheriffs Association for sending out the survey to jails and noted that ISA will follow up with the remaining jails. The survey asked jails for a snapshot of the current jail population and the data provided covers a variety of days in July. Ms. Thompson explained that the data for total jail utilization shows that 51% is used for pretrial defendants, 11% for Level 6 sentenced to jail, 8% for murder and Level 1-5 sentenced to jail, and 12% for violations of probation. Ms. Thompson also noted that the 51 jails reported that 2100 Level 6 felons are in jail serving sentences.

6. **DOC update.** Julie Lanham reported that Deb Braun is leaving her position with DOC on August 11 and introduced Liz Darlage as the interim community corrections director. Ms. Lanham also reported that the issue of Tippecanoe County using \$500,000 of grant funding for staff raises is currently being reviewed by the State Board of Accounts. She further reported that Marion County's community corrections user fee account is currently "in the red" and DOC referred this issue to the State Board of Accounts. In addition, Ms. Lanham reported that DOC has placed a 60-day moratorium on grant audits for probation and prosecutors until a new community corrections director is hired.
7. **DMHA update.** Kevin Moore and Angie Boarman reported that there is no change in the top 5 services: medication, group substance abuse counseling, individual skills training, transportation, and housing. The top 5 counties also remain the same: Marion, Vanderburgh, Allen, Madison, and Monroe. Ms. Boarman stated that there are currently 16,157 participants in Recovery Works and \$15.4M has been spent since the inception of the program. She also reported that the contracts for forensic peer specialists began on July 1. Mr. Moore reported that Dr. Brad Ray completed the Phase 1 evaluation of Recovery Works and distributed a summary of the evaluation. He highlighted that the primary substances used by Recovery Works participants are alcohol, opioids, and marijuana. He also highlighted that the recidivism data was limited to return to DOC because of the lack of available jail data. The incarceration rate was 7.7% and the re-incarceration rate was 13.8% for Recovery Works participants previously at DOC. Mr. Moore stated that he will share Dr. Ray's report with the appropriate legislative study committees.
8. **Legislative subcommittee report.** Michelle Goodman made the legislative subcommittee report on behalf of Larry Landis. Ms. Goodman reported that the subcommittee met recently to discuss possible issues for legislative action. The areas of discussion included the diversion statute, pretrial home detention conditions, jail data, expungement of records, quick dip incarceration, and probation issues including misdemeanor supervision and incentives and sanctions. The subcommittee decided to refer the issue of sharing presentence investigation reports to the Judicial Conference of Indiana and refer the issue of expunged records to the Indiana State Bar Association. Ms. Goodman asked the

Advisory Council members to send her other legislative issues for consideration by the subcommittee.

- 9. Other business.** Jane Seigel announced that the JRAC annual report is due before October 1. She stated that staff attorney Jenny Bauer will reach out to Angie Boarman, Trent Glass, Lisa Thompson, and Dave Williams for assistance with information to include in the report. Steve Luce reported that sheriffs are concerned with the lack of resources for jails and the generational impact of incarceration in jail.
- 10. Next meeting.** Jane Seigel announced that the date for the next Advisory Council meeting is September 22 at 12:00 p.m. at the Indiana Office of Court Services.

Respectfully submitted,

Jennifer Bauer  
Staff Attorney  
Indiana Office of Court Services

**Scott.A.Milkey**

---

**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Monday, September 18, 2017 9:13 AM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Braun, Deborah;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@[REDACTED]);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Buhner, Rebecca B;Reynolds, David;Ross, Josh;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Subject:** Justice Reinvestment Advisory Council Meeting - September 22, 2017

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The next meeting of the Justice Reinvestment Advisory Council will be held from Noon to 3:00 p.m. (EDT) on Friday, September 22, 2017, in the 30 South Meridian Street Building. (Meeting Room is 9002 located on the 9<sup>th</sup> floor.) Since this meeting is immediately following the morning EBDM meeting, a lunch buffet will be provided. Please use the link below to advise us of your attendance.

[RSVP for September 22 Meeting](#)

Thank you for your time.

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313

**Scott.A.Milkey**

---

**From:** Huntsinger, Douglas  
**Sent:** Friday, September 15, 2017 5:12 PM  
**To:** McClelland, Jim  
**Subject:** Re: You're Invited: Forum on Substance Use Disorders in the ED

I can/will attend. -DH

Douglas Huntsinger  
(317) [REDACTED]

> On Sep 15, 2017, at 2:28 PM, McClelland, Jim <JMcClelland@gov.IN.gov> wrote:  
>  
> I would love to go to this, but that's my surgery day. Can you attend?  
> Jim  
>  
> From: Brandi Long [mailto:blong@meshcoalition.org]  
> Sent: Friday, September 15, 2017 2:21 PM  
> To: Kimble Richardson <KRichardson@ecommunity.com>;  
> tkelly@ecommunity.com; jgagan@ecommunity.com; pwilham@ecommunity.com;  
> jhall@ecommunity.com; M Kuhn <mkuhn2@ecommunity.com>; Dr. Wes Wong  
> <wwong@ecommunity.com>; Dana.Higgins@franciscanalliance.org; Heather  
> Baumgardner <heather.baumgardner@franciscanalliance.org>;  
> Randall.todd@franciscanalliance.org; Diana Leonard  
> <Diana.Leonard@franciscanalliance.org>; Eric.Boss@va.gov; Maria Poor  
> <Maria.poor1@va.gov>; MATTHEW.CRITTENDON@va.gov; Linda Goodin  
> <Linda.Goodin@va.gov>; Robert.Cantor1@va.gov; Cathy Lee-Sellers  
> <cathy.lee-sellers@va.gov>; Shelia Mishler <SJMishle@stvincent.org>;  
> Rita Langlois <ralanglo@stvincent.org>; Tony Myers  
> <TXMYERS@stvincent.org>; weswigart@ascension.org;  
> rrvenismd@ascension.org; Beth Melchi <Beth.Melchi@stvincent.org>;  
> dlschoun@ascension.org; mjgoldma@ascension.org; tstepsis@iu.edu;  
> Ashley.Overley@eskenazihealth.edu; Dean.Babcock@eskenazihealth.edu;  
> Lisa Harris <leharris@iupui.edu>; Alicia Schulhof  
> <aschulhof@iuhealth.org>; jmugele@iu.edu; tlardaro@iu.edu;  
> sroumpf@ [REDACTED]; jryser@IUHealth.org; Amanda Martin  
> <Amartin24@iuhealth.org>; KHendersho@IUHealth.org; Elizabeth Weinstein  
> <elweinst@iupui.edu>; Caine, V. <vcaine@hhcorp.org>; Dan O'Donnell  
> <dapodonn@iupui.edu>; krmbuc@iu.edu; McClelland, Jim  
> <JMcClelland@gov.IN.gov>; EChambers@ecommunity.com;  
> KELLY.HENDERSON2@va.gov; lhulvers@iupui.edu;  
> JClement-Voigt@ecommunity.com; Kelly.Williams@eskenazihealth.edu;  
> pmackie@iu.edu; Martha.Cangany@franciscanalliance.org;  
> Mark.miller4@va.gov; Elizabeth.Riley1@va.gov;  
> Ryan.Martin@eskenazihealth.edu; ksharp2@ecommunity.com;  
> DEWaddle@stvincent.org; RParsons@Fairbanksd.org;  
> gina.sandman@uhsinc.com; diane.lamond@uhsinc.com;  
> Kristen.williams@uhsinc.com; Kim.Retzner@ushinc.com; McCaffrey, Steve  
> <smccaffrey@mh.ai.net>; kboller@ihaconnect.org; btabor@ihaconnect.org;  
> msaysana@IUHealth.org

> Cc: Jennifer Pitcher <jpitcher@meshcoalition.org>; Charlie Miramonti  
> <cmiramon@iu.edu>; Fuller, Jim <JFuller@indypatientsafety.org>;  
> bcorley@ihsconsultinggroup.com  
> Subject: You're Invited: Forum on Substance Use Disorders in the ED  
> Importance: High

>  
> \*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open  
> attachments or click links from unknown senders or unexpected email.  
> \*\*\*\*

>  
> Fellow Healthcare Leaders and Providers,  
>

> Please mark your calendars for October 3rd, 2017 from 2-5 pm to join your colleagues in emergency care and mental health at our first Forum on Substance Use Disorders in the ED hosted by the MESH Coalition and the Indianapolis Coalition for Patient Safety (ICPS). Together, we will be focusing on the transition of opiate overdose patients out of the emergency department and into effective treatment programs. Several programs will be highlighting their pilots, innovations, and best practices for all to share. We will also host a panel discussion with perspectives from addictions, emergency medicine, and public safety as well.

>  
>  
> \* How do we connect families to the right resources for success?  
> \* What are the best strategies to transition to mental health services?  
> \* What do families need to know about the mental health commitment process?  
> \* What can ER providers offer differently to facilitate proper long-term care and rehab success?  
>

> The Opioid Epidemic has become a true healthcare crisis for much of America, and especially Indiana. Our hope is to identify a few key strategies we can develop, standardize, and implement as a regional system of networks and providers to better serve our patients. Please join us for an afternoon of insight and impact, as we come together to create change. Refer to the attached flyer for location, registration link and additional information. Feel free to direct any questions to MESH Coalition at 317-630-7409.

>  
> Our best,

>  
> James Fuller, PharmD  
> President, Indianapolis Coalition for Patient Safety, Inc.  
> 410 W. 10th Street, Suite 2101  
> Indianapolis, IN 46202  
> 317-223-3090

>  
>  
> Jennifer J. Pitcher  
> Executive Director  
> MESH  
> 1302 N. Meridian St., Suite 350  
> Indianapolis, IN 46202  
> 317-672-7674 (office)  
> 317- (cell)  
> jpitcher@meshcoalition.org<mailto:jpitcher@meshcoalition.org>

>  
>  
> --  
> Brandi Long  
> Executive Assistant



> MESH Coalition  
> 1302 N. Meridian St., Suite 350  
> Indianapolis, IN 46202  
> (317) 630-7409  
> [blong@meshcoalition.org](mailto:blong@meshcoalition.org)<mailto:blong@meshcoalition.org>  
> [www.meshcoalition.org](http://www.meshcoalition.org)<<http://www.meshcoalition.org/>>  
> [cid:image001.png@01D32E2D.E70448A0]  
> <image001.png>  
> <Opioid Forum Flyer.pdf>

**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Friday, September 15, 2017 2:28 PM  
**To:** dhuntsinger@gov.in.gov  
**Subject:** FW: You're Invited: Forum on Substance Use Disorders in the ED  
**Attachments:** Opioid Forum Flyer.pdf

I would love to go to this, but that's my surgery day. Can you attend?  
Jim

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**To:** Kimble Richardson <KRichardson@ecommunity.com>; tkelly@ecommunity.com; jgagan@ecommunity.com; pwilham@ecommunity.com; jhall@ecommunity.com; M Kuhn <mkuhn2@ecommunity.com>; Dr. Wes Wong <wwong@ecommunity.com>; Dana.Higgins@franciscanalliance.org; Heather Baumgardner <heather.baumgardner@franciscanalliance.org>; Randall.todd@franciscanalliance.org; Diana Leonard <Diana.Leonard@franciscanalliance.org>; Eric.Boss@va.gov; Maria Poor <Maria.poor1@va.gov>; MATTHEW.CRITTENDON@va.gov; Linda Goodin <Linda.Goodin@va.gov>; Robert.Cantor1@va.gov; Cathy Lee-Sellers <cathy.lee-sellers@va.gov>; Shelia Mishler <SJMishle@stvincent.org>; Rita Langlois <ralanglo@stvincent.org>; Tony Myers <TXMYERS@stvincent.org>; weswigart@ascension.org; rrvenismd@ascension.org; Beth Melchi <Beth.Melchi@stvincent.org>; dlschoun@ascension.org; mjgoldma@ascension.org; tstepsis@iu.edu; Ashley.Overley@eskenazihealth.edu; Dean.Babcock@eskenazihealth.edu; Lisa Harris <leharris@iupui.edu>; Alicia Schulhof <aschulhof@iuhealth.org>; jmugele@iu.edu; tlardaro@iu.edu; sroumpf@██████████; jryser@IUHealth.org; Amanda Martin <Amartin24@iuhealth.org>; KHendersho@IUHealth.org; Elizabeth Weinstein <elweinst@iupui.edu>; Caine, V. <vcaine@hhcorp.org>; Dan O'Donnell <dapodonn@iupui.edu>; krmbruc@iu.edu; McClelland, Jim <JMcClelland@gov.IN.gov>; EChambers@ecommunity.com; KELLY.HENDERSON2@va.gov; lhulvers@iupui.edu; JClement-Voigt@ecommunity.com; Kelly.Williams@eskenazihealth.edu; pmackie@iu.edu; Martha.Cangany@franciscanalliance.org; Mark.miller4@va.gov; Elizabeth.Riley1@va.gov; Ryan.Martin@eskenazihealth.edu; ksharp2@ecommunity.com; DEWaddle@stvincent.org; RParsons@Fairbanksd.org; gina.sandman@uhsinc.com; diane.lamond@uhsinc.com; Kristen.williams@uhsinc.com; Kim.Retzner@ushinc.com; McCaffrey, Steve <smccaffrey@mh.ai.net>; kboller@ihaconnect.org; btabor@ihaconnect.org; msaysana@IUHealth.org  
**Cc:** Jennifer Pitcher <jpitcher@meshcoalition.org>; Charlie Miramonti <cmiramon@iu.edu>; Fuller, Jim <JFuller@indypatientsafety.org>; bcorley@ihsconsultinggroup.com  
**Subject:** You're Invited: Forum on Substance Use Disorders in the ED  
**Importance:** High

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- How do we connect families to the right resources for success?

- What are the best strategies to transition to mental health services?
- What do families need to know about the mental health commitment process?
- What can ER providers offer differently to facilitate proper long-term care and rehab success?

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Our best,

James Fuller, PharmD  
President, Indianapolis Coalition for Patient Safety, Inc.  
410 W. 10th Street, Suite 2101  
Indianapolis, IN 46202  
317-223-3090

Jennifer J. Pitcher  
Executive Director  
MESH  
1302 N. Meridian St., Suite 350  
Indianapolis, IN 46202  
317-672-7674 (office)  
317-██████ (cell)  
[jpitcher@meshcoalition.org](mailto:jpitcher@meshcoalition.org)

--

Brandi Long  
Executive Assistant  
MESH Coalition  
1302 N. Meridian St., Suite 350  
Indianapolis, IN 46202  
(317) 630-7409  
[blong@meshcoalition.org](mailto:blong@meshcoalition.org)  
[www.meshcoalition.org](http://www.meshcoalition.org)



# You are invited to a forum on *Substance Use Disorders in the Emergency Department*



**Date:** Oct 3rd

**Time:** 2 - 5 pm

**Location:** Eskenazi Health  
Faegre Baker Daniels  
Conference Rooms

## How the event will work

Each health system will present a quick overview on ED process to stabilize and route patients for appropriate follow up. A facilitated discussion will follow to develop resources for assisting families in navigating the system for treatment. Please register **by Sept. 25** with the MESH Coalition at the following link:

<https://secure.qgiv.com/for/20rdkv/event/785331/>

## Objectives of the forum

- Share best practices and procedures across systems
- Reduce variability in treatment of patients with substance use disorders in Marion County
- Develop a toolkit and educational opportunities for navigating the system and improving patient outcomes

**Scott.A.Milkey**

---

**From:** McClelland, Jim  
**Sent:** Monday, August 28, 2017 8:48 AM  
**To:** dhuntsinger@gov.in.gov  
**Subject:** FW: Meeting Reminder: Governor's Health Workforce Council Meeting  
**Attachments:** 5\_18\_17\_Governor's Council Meeting Minutes.pdf; GHWC Agenda 8-31-2017.pdf

Can you represent me at this meeting?

---

**From:** Bowen Center for Health Workforce Research and Policy [mailto:bowenctr@iu.edu]  
**Sent:** Friday, August 25, 2017 10:28 AM  
**To:** Adams, Jerome <JeAdams@isdh.IN.gov>; Barnes, Michael L (DWD) <MBarnes1@dwd.IN.gov>; Bennin, Andre <ABennin@gov.IN.gov>; Ed Charbonneau <edcharbonneau@[REDACTED]>; s5@iga.in.gov; Frye, Deborah <DeFrye@pla.IN.gov>; Harrison, Logan P. <logan.harrison@anthem.com>; Kelso, Don - IRHA <dkelso@indianarha.org>; Brian Tabor <btabor@ihaconnect.org>; Maxey, Hannah L <hlmaxey@iupui.edu>; McAlister, Patrick <PMcAlister@doe.in.gov>; McClelland, Jim <JMcClelland@gov.IN.gov>; Phil Morphew (pmorphew@indianapca.org) <pmorphew@indianapca.org>; Sauer, Ken (CHE) <KSauer@che.in.gov>; Walthall, Jennifer <Jennifer.Walthall@fssa.IN.gov>; Peaper, Paul <PPeaper@gov.IN.gov>; h89@iga.in.gov; Taylor, Allison <Allison.Taylor@fssa.IN.gov>; Goodwin, Nicholas R <NGoodwin@dwd.IN.gov>; Andy VanZee <avanzee@ihaconnect.org>; Hasselkus, Judy M <JHasselkus@dwd.IN.gov>  
**Cc:** Grant Achenbach <Grant.Achenbach@iga.in.gov>; Baker, Marnie Jacqueline Denise <jacdbake@iupui.edu>; Randolph, Courtney <randolco@iupui.edu>; Johnson, Olivia Ruth <olivjohn@iupui.edu>; Norwood, Connor Whelan <cwnorwoo@iu.edu>; Graham, Lisa <Lisa.Graham@fssa.IN.gov>; Huntsinger, Douglas <DHuntsinger@gov.IN.gov>; Zavala, Danielle <Danielle.Zavala@fssa.IN.gov>; Micha Sabec <micha.sabec@iga.in.gov>; Scholten, Jillian (CHE) <JScholten@che.in.gov>  
**Subject:** Meeting Reminder: Governor's Health Workforce Council Meeting

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Good morning Governor's Health Workforce Council Members and associated work group chairs,

This email serves as a reminder that the next Governor's Health Workforce Council meeting is **Thursday, August 31<sup>st</sup> from 10:00am-12:00pm in the Government Center South Conference Rooms 4-5.**

Please find attached the meeting minutes from the previous Council meeting (5-18-2017) and the agenda for Thursday's meeting.

Future Meetings

We kindly ask that you input your availability for the 2018 Governor's Health Workforce Council quarterly meetings on the Doodle Poll below. *(Please note in place of four separate Doodle polls for each quarter's meeting, we have included date options for all four 2018 meetings in one poll):*

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Please do not hesitate to reach out with any questions or concerns.

Best regards,

**Bowen Center for Health Workforce Research and Policy**  
Department of Family Medicine

Indiana University School of Medicine  
1110 W Michigan Street | LO 200  
Indianapolis, IN 46202  
317.278.4818 tel  
317.274.4444 fax  
[bowenctr@iu.edu](mailto:bowenctr@iu.edu) | [family.medicine.iu.edu/hws/](http://family.medicine.iu.edu/hws/)



**MEETING MINUTES**  
**Governor's Health Workforce Council**  
**Thursday, May 18<sup>th</sup>, 2017 2:00pm-4:00pm**  
**Indiana Government Center South, Conference Room A**

**Members Present:**

- Jerome Adams, State Health Commissioner, Indiana State Department of Health
- Michael Barnes, Associate Chief Operating Officer for Employer Engagement, Indiana Department of Workforce Development,
- Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb
- Deborah Frye, Executive Director, Professional Licensing Agency
- Logan Harrison, Director of State Affairs, Anthem, Inc.
- Don Kelso, Executive Director, Indiana Rural Health Association
- Brian Tabor, President, Indiana Hospital Association
- Hannah Maxey, Assistant Professor and Director, Bowen Center for Health Workforce Research and Policy
- Patrick McAlister, Director of Policy, Indiana Department of Education
- Jim McClelland, Executive Director for Drug Prevention, Treatment, and Enforcement, State of Indiana
- Phil Morphey, Chief Executive Officer, Indiana Primary Health Care Association
- Ken Sauer, Senior Associate Commissioner and Chief Academic Officer, Indiana Commission for Higher Education

**Members Not Present:**

- Senator Ed Charbonneau, Senator, Indiana Senate, Chair of Health and Provider Services
- Representative Cynthia Kirchhofer, Representative, Indiana House of Representatives, Chair of Public Health Committee
- Jennifer Walthall, Secretary, Indiana Family and Social Services Administration

**Welcome**

Chairman Barnes calls the meeting to order at 2:03 pm and welcomes all Council members. Roll call was taken and a quorum was present.

**Approval of Minutes from Meeting on December 5<sup>th</sup>, 2016**

Chairman Barnes asks for a motion to approve the previous meeting's minutes from December 5th, 2016. Phil Morphey makes a motion to approve minutes. Don Kelso seconds this motion. All members approve. No opposition. Motion carries.

**Overview of Council Standing Rules and Task Force Protocol**

Chairman Barnes directs Council members to the Council Standing Rules and Task Force Protocol, which are provided in folders and were made available to Council members in advance of the meeting. Michael asks for a motion to approve these documents. Don Kelso makes a motion to approve these documents. Ken Sauer seconds this motion. All members approve. No opposition. Motion carries.

**Update on Health Workforce Data Collection**

Hannah Maxey presents an update on data coordination from the Bowen Center for Health Workforce Research and Policy. She shares that the Bowen Center will host a Health Workforce Collaborative on June 20<sup>th</sup> at the Government Center and registration is complimentary for state employees. She welcomes all Council members to attend. The Bowen Center will be debuting a

publicly-accessible Health Workforce Information Portal at this event.

### **Update on Health Workforce Information Portal**

Hannah Maxey provides an update on the Health Workforce Information Portal which will provide public access to data on all licensed health professions in Indiana. She presents information on the process of how health care workforce data can be accessed and utilized within the portal for each health profession. She also states that the Bowen Center has provided a copy of their latest health professions workforce fact sheet in each Council member's folder.

Phil Morphew asks if fact sheets will be developed for all health professions.

- Hannah Maxey responds that there are a number of professions that will be included as fact sheets on the information portal. While data is collected on all licensed health professions, fact sheets are only developed on select professions.

Phil Morphew asks if the Bowen Center is engaging higher education facilities to inform them of the data that will be presented in the portal.

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- Tricia Hern responds yes, there is a vision to expand to additional slots in coming academic years.

Phil Morphew asks if the Board is considering giving priority to family practice over other specialties.

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- Chairman Barnes asks if the CNA pathway to LPN and RN has a larger proportion of minorities and underserved populations.
  - o Calvin Thomas responds yes.
- Ken Sauer states that the CNA as a career ladder is an important opportunity, particularly for non-traditional students. He states that long-term care facilities are continuously seeking to fill nursing staff positions, at every level.
  - o Calvin Thomas responds that Ivy Tech has shared this new program with constituents across the state showing that the CNA and nursing pipeline can be strengthened with these types of initiatives.
- Patrick McAlister asks for additional information about partnerships with K12 institutions.
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Ken Sauer also provides an update on Credential Engine, a national effort to provide stakeholders with access to information which would identify provider credentials and competencies and how they are valued by employers.

Michael Barnes introduces Kevin Moore who provides updates on Recommendations 5 - 8.

### **Recommendation 5**

Kevin Moore shares that several bills were passed into law that are tied to this recommendation.

These bills (listed in the PowerPoint presentation) address licensing and pilot programs to treat the opioid epidemic.

- Hannah Maxey shares that there may be an opportunity for work in the next legislative session for requiring continuing education for physicians. She states that looking at what other states are doing can provide consistency.
- Deborah Frye states that the Professional Licensing Agency is looking into continuing education requirements for many professions. She states that anyone who would be interested in partnering is welcome to.

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Kevin Moore shares that the 2017 legislative session language which had previously restricted prescribing for non-opioid controlled substances was removed.

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Kevin Moore states that this recommendation targeted understanding for mental health service needs for many stakeholders. He states that discussions have begun with Mental Health America and National Alliance on Mental Illness to continue work on this recommendation. He states they will also be engaging professional organizations and Medicaid.

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Kevin Moore provides an update on reimbursements for services provided by mental health providers, including legislative piloting of addiction treatment teams. Additionally, the Indiana Family and Social Services Administration is hosting a work group that is studying the use of and reimbursement for community health workers.

#### **Reviewing New and Emerging Priorities**

##### *Recommendation #1*

Chairman Barnes provides an update on the joint recommendation that arose from both task forces (Recommendation #1). Discussion on this recommendation had been tabled until the next Governor's administration was in place. The Council voted last year to move forward a work group to determine details of this recommendation to present to the Governor.

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Hannah Maxey shares that in preparation for this meeting and continuation of these efforts, state agencies shared their priorities for the health workforce. One of the topical areas that was identified was state loan repayment program. This program offers a federal match of funds to provide loan repayment for health professionals working in shortage areas. She shares an update on what other states are doing to utilize this program. She states that if the Council is interested in moving this priority forward, the Bowen Center for Health Workforce Research & Policy would be well-positioned and willing to assist in policy research of how this program is administered in other states.

##### *Telemedicine*

Hannah Maxey also provides an update on telemedicine in Indiana. This has been a legislative priority for the last few sessions. She shares that two priorities for telemedicine have been identified, including: 1) identifying and tracking telemedicine providers and 2) best practices for telemedicine delivery/virtual teams. She shares that there is a certification that is administered/regulated by the professional licensing agency. However, there may be some limitations in tracking solely based on this mechanism, as there may be some providers that are missed as a result of the language within the certificate.

- Don Kelso asks why we require certification.
  - o Hannah Maxey shares that tracking and understanding these providers is important for workforce planning and understanding the provider capacity within a geographic region, whether in a freestanding location or electronically (via telemedicine).
- Ken Sauer asks whether the statute includes a definition of what types of services constitute “tele”medicine. He states that it is important that statute is very clear as to what types of services are included.
  - o This definition is included in statute.

Hannah Maxey states that the Bowen Center will be producing a report on telemedicine providers in the next fiscal year.

#### *Community Health Workers*

Debra Herrmann from the Division of Mental Health and Addiction presented on the role and history of Community Health Workers in Indiana. She also presents on the training that is involved in CHWs. She also shares information on the Behavioral and Primary Healthcare Coordination Program.

- o Hannah Maxey states that a standard definition of community health workers would be incredibly helpful to the state.

Chairman Barnes moves the Council towards discussion for voting on moving priorities forward for future work with the Council.

#### **Council Members Voting**

Chairman Barnes states there is only capacity to move forward on three priorities at this time. He asks the Council if there is any further discussion on any of the outstanding recommendations.

- Hannah Maxey shares that telemedicine will already be included in a report as a part of the Bowen Center deliverables to the State, so she suggests that perhaps telemedicine could be tabled until future needs are identified.

Michael Barnes proposed that the Council moves forward with Recommendation 1 (entity to review health workforce statute and pilot project proposals), exploring State Loan Repayment Programs, and forming a work group on community health worker definition. Jerome Adams makes a motion to carry this proposal. Andre Bennin seconds this motion. All Council members approve. No opposition. Motion carries.

The meeting is adjourned at 3:43 pm.

**Next Governor’s Health Workforce Council Meeting  
August 31st, 2017 @ 10 am  
Government Center South, Conference Room 4 & 5**

**AGENDA**  
**Governor's Health Workforce Council**  
**Thursday, August 31<sup>st</sup>, 10:00am-12:00pm**  
**Government Center South, Conference Room 4+5**

**1. Welcome**

Michael Barnes, Chair of the Council

Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb

**2. Approval of Minutes from Meeting on May 18<sup>th</sup>, 2017\***

**3. Presentation on Next Steps for Established Work Groups**

Joint Recommendation: Health Workforce Modernization and Innovation Project

*Chair: Nick Goodwin, Chief Strategy Officer, Department of Workforce Development*

State Loan Repayment Program Work Group

*Chair: Allison Taylor, Indiana Medicaid Director*

Community Health Worker Work Group

*Chair: Judy Hasselkus, Program Director, Employer Engagement & Sector Specialist for Health Care, Department of Workforce Development*

**4. Overview of Technical Assistance Opportunity**

Michael Barnes, Chair of the Council

Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb

**5. Update on Health Workforce Data Initiatives**

Michael Barnes, Chair of the Council

Hannah Maxey, Director, Bowen Center for Health Workforce Research & Policy

**6. Closing & Adjourn 12:00pm**

Michael Barnes, Chair of the Council

Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb

*\*Items marked with an asterisk (\*) require a vote or other action.  
All questions and/or comments can be directed to [bowenctr@iu.edu](mailto:bowenctr@iu.edu).*

Scott.A.Milkey

---

**From:** Bowen Center for Health Workforce Research and Policy <bowenctr@iu.edu>  
**Sent:** Friday, August 25, 2017 10:28 AM  
**To:** Adams, Jerome; Barnes, Michael L (DWD); Bennin, Andre; Ed Charbonneau; s5@iga.in.gov; Frye, Deborah; Harrison, Logan P.; Kelso, Don - IRHA; Brian Tabor; Maxey, Hannah L; McAlister, Patrick; McClelland, Jim; Phil Morphew (pmorphew@indianapca.org); Sauer, Ken (CHE); Walthall, Jennifer; Peaper, Paul; h89@iga.in.gov; Taylor, Allison; Goodwin, Nicholas R; Andy VanZee; Hasselkus, Judy M  
**Cc:** Grant Achenbach; Baker, Marnie Jacqueline Denise; Randolph, Courtney; Johnson, Olivia Ruth; Norwood, Connor Whelan; Graham, Lisa; Huntsinger, Douglas; Zavala, Danielle; Michael Sabec; Scholten, Jillian (CHE)  
**Subject:** Meeting Reminder: Governor's Health Workforce Council Meeting  
**Attachments:** 5\_18\_17\_Governor's Council Meeting Minutes.pdf; GHWC Agenda 8-31-2017.pdf

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**MEETING MINUTES**  
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**Thursday, May 18<sup>th</sup>, 2017 2:00pm-4:00pm**  
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**1. Welcome**

Michael Barnes, Chair of the Council

Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb

**2. Approval of Minutes from Meeting on May 18<sup>th</sup>, 2017\***

**3. Presentation on Next Steps for Established Work Groups**

Joint Recommendation: Health Workforce Modernization and Innovation Project

*Chair: Nick Goodwin, Chief Strategy Officer, Department of Workforce Development*

State Loan Repayment Program Work Group

*Chair: Allison Taylor, Indiana Medicaid Director*

Community Health Worker Work Group

*Chair: Judy Hasselkus, Program Director, Employer Engagement & Sector Specialist for Health Care, Department of Workforce Development*

**4. Overview of Technical Assistance Opportunity**

Michael Barnes, Chair of the Council

Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb

**5. Update on Health Workforce Data Initiatives**

Michael Barnes, Chair of the Council

Hannah Maxey, Director, Bowen Center for Health Workforce Research & Policy

**6. Closing & Adjourn 12:00pm**

Michael Barnes, Chair of the Council

Andre Bennin, Senior Operations Director, Office of Governor Eric Holcomb

*\*Items marked with an asterisk (\*) require a vote or other action.  
All questions and/or comments can be directed to [bowenctr@iu.edu](mailto:bowenctr@iu.edu).*

**Scott.A.Milkey**

---

**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Wednesday, August 02, 2017 2:56 PM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Braun, Deborah L;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@[REDACTED]);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Reynolds, David;Ross, Joshua;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Subject:** FW: June JRAC minutes  
**Attachments:** June 2017 JRAC meeting minutes.docx

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Attached are the minutes from the June 9, 2017 Justice Reinvestment Advisory Council meeting.

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313

**Justice Reinvestment Advisory Council**  
**Meeting Minutes**  
**June 9, 2017**

The Justice Reinvestment Advisory Council met at the Indiana Government Center South, conference Room A, at 320 West Washington Street in Indianapolis, Indiana on June 9, 2017. The Advisory Council met 9:30-11:30 a.m.

- 1. Members present.** The following members of the Justice Reinvestment Advisory Council were present: David Powell, Executive Director of the Indiana Prosecuting Attorneys Council; Kevin Moore, Director of the Division of Mental Health and Addiction; Robert Carter, Commissioner of the Indiana Department of Correction; David Murtaugh, Executive Director of the Indiana Criminal Justice Institute; Bill Watson, President of the Indiana Association of Community Corrections Act Counties; Adam McQueen, President of the Probation Officers Professional Association of Indiana; and Jane Seigel, Executive Director of the Indiana Office of Court Services and Advisory Council Chair.
- 2. Guests present.** The following guests also attended the meeting: Julie Lanham, Deb Braun and Sarah Schelle from the Indiana Department of Correction; Linda Brady from the Probation Officers Professional Association of Indiana; Kristen Banschbach from the Indiana State Budget Agency; Angie Boarman and Amy Brinkley from the Division of Mental Health and Addiction; Matt Brooks from the Indiana Association of Community Mental Health Centers; Trent Glass from the Indiana House of Representatives; Chris Naylor from the Indiana Prosecuting Attorneys Council; Steve McCaffrey from Mental Health America Indiana; and Lisa Thompson and Dave Williams from Trial Court Technology.
- 3. Staff assistance.** Jennifer Bauer and Michelle Goodman provided staff assistance to the Advisory Council.
- 4. Approval of minutes.** The minutes from the April 2017 meeting were unanimously approved.
- 5. DOC population report.** Jane Seigel reported that the DOC population report will be published later today. She also reported that Dave Williams from Trial Court Technology sent out updated information from the abstracts of judgments.
- 6. DOC update.** Deb Braun reported that DOC sent out grant award notifications and requested grantees to submit revised budgets by May 19<sup>th</sup>. DOC is currently in the process of getting signatures on the grant contracts and the fiscal department is ready to send out the initial 25% payment on July 15<sup>th</sup>. Ms. Braun

stated that everything is on track with the grants and the DOC website will be updated to reflect the new grant documents.

- 7. Grant audit discussion.** Jane Seigel reported that the new entities receiving DOC grant funding are subject to DOC audit requirements (fiscal and programmatic), and probation, jails, prosecutors, and court recidivism reduction programs are not used to such a requirement. Julie Lanham stated that probation is similar enough to community corrections to use the same audit tool, but something else will be needed to audit prosecutors and jails. Ms. Lanham recommended formation of an audit subgroup. Jane Seigel asked Ms. Braun to work with representatives from IPAC, ISA, and courts on audit information and report back at the August meeting. Ms. Braun also reported that a training is available about the audit process and the audits will be conducted between now and the end of the year. Ms. Lanham also reported that during the FY 18 application process, DOC discovered that Tippecanoe and Marion Counties were not using grant funding as agreed to in the grant contracts. Ms. Braun reported that a team from DOC met with members of the Tippecanoe County Community Corrections Advisory Board on April 27<sup>th</sup>. The review of documents provided by the community corrections advisory board showed that 7 new staff were supposed to be hired with the \$491,800 awarded for the positions and instead raises were given to existing staff. The Advisory Council members engaged in a lengthy discussion about the consequences of misuse of grant funding and a possible referral to the State Board of Accounts and the Attorney General. David Powell made a motion that the Advisory Board support the grant audits, support DOC requesting reimbursement from Tippecanoe County, support DOC referring the Tippecanoe County matter to the Attorney General, and support future grant consequences for counties that misuse grant funding. Dave Murtaugh seconded the motion, which was approved unanimously.
- 8. DMHA update.** Kevin Moore reported that several treatment related bills passed in the General Assembly and deal with opioid treatment for pregnant women, mobile addiction teams, and inventory of hospital beds that could become addiction treatment beds. Angie Boarman distributed a handout showing “Recovery Works by the numbers” through May of 2017. She stated that there are 13,700 people enrolled as of June 1<sup>st</sup> and \$12.4 million expended for services in FY 17 as of June 8<sup>th</sup>. She reported that the top 5 services are medication, group substance abuse counseling, individual skills training, transportation, and housing. The top 5 counties are Marion, Vanderburgh, Allen, Madison, and Monroe. Ms. Boarman also stated that DMHA projects that \$21.3 million will be expended in services this year and that Dr. Brad Ray will submit his first report on statistics at the end of June.
- 9. Summer Study Committee discussion.** Jane Seigel distributed copies of Legislative Council Resolution 17-01 and reported that the resolution charges the

interim legislative study committee on corrections and criminal code to study the issues of HEA 1006 implementation and extending Recovery Works services to the misdemeanor population. Ms. Seigel stated that she wants to start the conversation about what data and talking points should be prepared for the study committee hearings. The Advisory Council members discussed preparing DOC population reports and jail population reports. Ms. Seigel asked the data committee to work with the Indiana Sheriffs Association to get the jail data. In addition, Ms. Seigel asked the Advisory Council members for ideas on new legislation. The members suggested changes to the diversion statute, pretrial home detention conditions, sharing presentence investigation reports with jails and treatment providers, sharing expunged records with the attorney of record, “quick dip” incarceration as a sanction for violating probation, and work release Medicaid qualification.

- 10. Next meeting.** Jane Seigel announced that the date for the next Advisory Council meeting is August 4<sup>th</sup> at 1:00 p.m. at the Indiana Office of Court Services.

Respectfully submitted,

Jennifer Bauer  
Staff Attorney  
Indiana Office of Court Services

Scott.A.Milkey

---

**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Tuesday, August 01, 2017 3:32 PM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Braun, Deborah L;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Koester, Randy;Landis, Larry (llandis@██████████);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;McDonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Reynolds, David;Ross, Joshua;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Subject:** RE: Justice Reinvestment Advisory Council Meeting - Friday, August 4, 2017  
**Attachments:** Justice Reinvestment Advisory Council agenda 8-4-17.docx

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Looks like we have a quorum and will be meeting on Friday, August 4, 2017 at 1:00 p.m. Attached is the Agenda.

The next meeting of the Justice Reinvestment Advisory Council is currently scheduled from 1:00 to 3:00 p.m. (EDT) on **Friday, August 4, 2017**, in the 30 South Meridian Street Building. (Meeting Room is 803 located on the 8<sup>th</sup> floor.) Please use the link below if you've not done so, to advise us of your attendance.

**[RSVP for August 4<sup>th</sup> Meeting.](#)**

Thank you again for your time.

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313



## **Justice Reinvestment Advisory Council**

August 4, 2017

1:00 p.m.-3:00 p.m.

### **Agenda**

1. Welcome and introductions
2. Approval of Minutes of the June 9, 2017 meeting
3. DOC Population report
4. Update from DOC—Grant status; audit status
5. Update from DMHA
6. Legislative subcommittee report
7. Other Business
8. Next meeting—September?

Scott.A.Milkey

---

**From:** Kidwell, Jenny <jenny.kidwell@courts.IN.gov>  
**Sent:** Monday, July 31, 2017 3:30 PM  
**To:** Banschbach, Kristen;Basinger, James;Bauer, Jenny;Bausman, David;Boarman, Angela;Bowen, Mark J.;Brady, Linda;Braun, Deborah L;Brooks, Matthew G;Carter, Robert (Rob);Cook, Terry E;Cunningham, Chris;Ferguson, Jon;Garner, Aaron;Glass, Trent;Goodman, Michelle;Hudson, Mary Kay;Karns, Allison;Christine Kerl (External);Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@[REDACTED]);Lanham, Julie (COA);Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Reynolds, David;Ross, Joshua;Seigel, Jane;Steuerwald, Greg;Thompson, Lisa;Walthall, Jennifer;Watson, William;Williams, Dave;Willis, Mary;Wilson, Bill  
**Subject:** RE: Justice Reinvestment Advisory Council Meeting - Friday, August 4, 2017

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**[RSVP for August 4<sup>th</sup> Meeting.](#)**

Thank you again for your time.

Jenny Kidwell  
Indiana Office of Court Services  
30 S. Meridian Street, Suite 900  
Indianapolis, IN 46204  
317-232-1313

**Scott.A.Milkey**

---

**From:** Stephen C McCaffrey <smccaffrey@mhai.net>  
**Sent:** Tuesday, July 11, 2017 10:38 AM  
**To:** McClelland, Jim  
**Cc:** Rebekah Gorrell  
**Subject:** Re: INARMS

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---

Great—thanks so much!

Steve  
Stephen C. McCaffrey, JD  
*President & Chief Executive Officer*



Mental Health America of Indiana  
1431 North Delaware Street  
Indianapolis, Indiana, 46202  
317.638.3501 x1222  
[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)

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On Jul 11, 2017, at 10:33 AM, McClelland, Jim <[JMcClelland@gov.IN.gov](mailto:JMcClelland@gov.IN.gov)> wrote:

Hi Steve,

I can do that and will put it on my calendar.

Thanks for the invitation.

Jim

Jim McClelland  
Executive Director for Drug Prevention, Treatment, and Enforcement  
State of Indiana

---

**From:** Stephen C McCaffrey [<mailto:smccaffrey@mhai.net>]  
**Sent:** Tuesday, July 11, 2017 10:01 AM  
**To:** McClelland, Jim <[JMcClelland@gov.IN.gov](mailto:JMcClelland@gov.IN.gov)>  
**Subject:** INARMS

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---

Hi Jim—

I know that you have a busy dance card in terms of speaking engagements, but I wanted to see if another one might be possible. You may be familiar with the INARMS Conference, held annually in September to celebrate recovery month. It is a two-day conference that will be held again this year at the Marriott East Conference Center on Sept 12th and 13th. I would like to invite you to be the Luncheon Keynote on the 13th that is tentatively scheduled for 11:45-1.

The conference will have an impressive array of speakers that will include 4 plenaries, 24 workshops, 2 morning kickoffs (Jen and Kevin) and 2 Luncheon Keynotes. We hope to secure Brian Cuban (Mark's brother who is in recovery) for the other keynote.

We would love to have you on the 13th.

Please let me know if that would work for you.

Thanks!

Steve

Stephen C. McCaffrey, JD  
*President & Chief Executive Officer*

<image001.png>

Mental Health America of Indiana  
1431 North Delaware Street  
Indianapolis, Indiana, 46202  
317.638.3501 x1222  
[smccaffrey@mhai.net](mailto:smccaffrey@mhai.net)

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**Scott.A.Milkey**

---

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**To:** Stephen C McCaffrey  
**Subject:** RE: INARMS

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**To:** McClelland, Jim <JMcclelland@gov.IN.gov>  
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*President & Chief Executive Officer*



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**Scott.A.Milkey**

---

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**To:** McClelland, Jim  
**Subject:** INARMS

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Stephen C. McCaffrey, JD  
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**Scott.A.Milkey**

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**From:** Arango, Courtney  
**Sent:** Thursday, July 06, 2017 2:50 PM  
**To:** Wilson, Stephanie;Huntsinger, Douglas;McClelland, Jim;George, Tim  
**Subject:** FW: Day One Media Summary for the Opioid Treatment Program Expansion

Wasn't sure if they BCC'd you on this email sent by FSSA comms. Great results!  
P.S. Jane received separately.

## **Courtney Arango**

**Communications Director**

Office of Governor Eric J. Holcomb

Cell: 317- [REDACTED]

Follow Governor Eric Holcomb on [Twitter](#), [Facebook](#), & [Instagram](#)

---

**From:** Severson, Kenneth D (Ken)  
**Sent:** Thursday, July 6, 2017 12:23 PM  
**Subject:** Day One Media Summary for the Opioid Treatment Program Expansion

### **News Clips**

#### [Gov. Holcomb announces opioid treatment expansion](#)

WISH-TV (Ch. 8, CW, Indianapolis)

#### [Gov. Holcomb, officials announce 5 new opioid addiction treatment centers](#)

WTTV-TV (Ch. 4, CBS, Indianapolis)

#### [Gov. Holcomb, officials announce 5 new opioid treatment centers](#)

WXIN-TV (Ch. 59, FOX, Indianapolis)

#### [Gov. Holcomb announces expansion of state's drug treatment program](#)

WRTV-TV (Ch. 6, ABC, Indianapolis)

#### [Indiana adds 5 opioid addiction treatment sites](#)

WTHR-TV (Ch. 13, NBC, Indianapolis)

#### [New Opioid Treatment Program for Vigo Co.](#)

WAWV-TV (Ch. 39, ABC, Terre Haute)

WTWO-TV (Ch. 2, NBC, Terre Haute)

#### [Indiana Governor: "we cannot arrest our way out of this drug problem"](#)

WHAS-TV (Ch. 11, ABC, Louisville)

#### [Indiana adding 5 sites for opioid addiction treatment](#)

WDRB-TV (Ch. 41, FOX, Louisville)

#### [State Opening New Opioid Treatment Facilities In Five Counties](#)

WIBC-FM (93.1, Indianapolis)



[Indiana Adds Methadone Coverage To Treatment Programs](#)

WFYI-FM (98.1, Indianapolis)

[Indiana Expanding Opioid Treatment Programs To Five More Counties](#)

Indiana Public Media

[Indiana to start covering methadone treatment for Medicaid recipients](#)

Indianapolis Star

[Bowen Center to be opioid treatment site](#)

Fort Wayne Journal-Gazette

[State adds sites for opioid treatment](#)

South Bend Tribune

Associated Press

[Valle Vista rehabilitation program 1 of 5 named in state](#)

Franklin Daily Journal

Seymour Tribune

[State adds five opioid treatment programs](#)

Columbus Republic

[Hamilton Center chosen as opioid treatment site](#)

Terre Haute Tribune-Star

[UPDATE: Opioid treatment programs expand in Indiana](#)

Jeffersonville News and Tribune

Anderson Herald Bulletin

[New opioid treatment program to open in Monroe County](#)

Indiana Daily Student

[FSSA to Establish New Opioid Treatment Programs](#)

Inside Indiana Business

[Indiana adding opioid treatment programs at five sites](#)

Indianapolis Business Journal

[Emotional Gov. Holcomb announces opioid treatment expansion](#)

Howey Politics Indiana

[State announces new opioid treatment centers](#)

The Republic - July 5, 2017

[The 'one thing' Gov. Holcomb wants to do -- and how he hopes to do it](#)

Indianapolis Star - July 5, 2017

[Indiana Governor: "we cannot arrest our way out of this drug problem"](#)

WHAS [11.com](#) - July 05, 2017

[Indiana adding opioid addiction treatment center in Bloomington, four other cities](#)

The Herald-Times (subscription) - 7 hours ago

## From the Wednesday, July 5, 2017 Media Report

**NEW OPIOID TREATMENT PROGRAMS**—OCM issued a news release announcing the Indiana Family and Social Services Administration (FSSA) announced the agency will add five opioid treatment programs (OTP) as part of the state's coordinated effort to attack the drug epidemic. This gives the state 19 total OTPs to administer medication assisted treatment or "MAT" to qualifying Hoosiers currently recovering from substance use disorders. The treatment uses FDA-approved medications to help people manage their addiction so that they can maintain the benefits of recovery. FSSA also provided a news conference in Greenwood at one of the new OTP sites. The following media also attended the news conference.

- **WTTV-TV** (Ch. 4, CBS, Indianapolis).
- **WRTV-TV** (Ch. 6, ABC, Indianapolis).
- Nick Natario, **WISH-TV** (Ch. 8, CW, Indianapolis). Additionally, Dr. Walthall will be a guest on WISH-TV's "Daybreak" show on Thursday, July 6.
- **WTHR-TV** (Ch. 13, NBC, Indianapolis).
- **WXIN-TV** (Ch. 59, FOX, Indianapolis).
- **WDRB-TV** (Ch. 41, FOX, Louisville).
- Shari Rudavsky, **Indianapolis Star**.
- Niki Kelly, **Ft. Wayne Journal-Gazette**.
- **Franklin Daily Journal**.
- Brian Howey, **Howey Politics Indiana** (Indianapolis).
- Scott Miley, **Community Newspapers Holding, Inc.** (Indianapolis), asked how many Hoosiers are served and will be served by the five new programs and Medicaid/Methadone segment. Marni told Mr. Miley the state has no financial burden as the state's administrative costs to license and oversee the centers is billed back to the centers on a per-person basis. Also, the opioid treatment centers are owned and operated independently and the current facilities serve an average of 1,232 patients a year, and the five new clinics all plan to have capacity for 1,000 patients within their first two years. She also told him we are still awaiting answers to his question about costs to the Medicaid program.
- **WIBC-FM** (98.1, Indianapolis).
- Jill Sheridan, **WFYI-FM** (90.1, Indianapolis).

These reporters did not attend the news conference, but did follow up with questions regarding the announcement.

- Shannon Houser, **WXIN-TV** (Ch. 59, FOX, Indianapolis), asked if the OTP announcement has anything to do with the state waiver and if it had been accepted. Ms. Houser also wanted to know if it includes in-patient treatment covered by Medicaid or just the facilities offering methadone treatment options. Jim told Ms. Houser this was a separate matter from the waiver application to extend the Healthy Indiana Plan and that the waiver has not yet been approved. Jim also told Ms. Houser this is about expanding and covering medication assisted treatment and also emailed Dr. Walthall's remarks. He referred her specifically to the third page which gave a summary of this policy change.
- Tom Davies, **Associated Press** (Indianapolis).
- John Russell, **Indianapolis Business Journal**.

## FSSA News Release from 7/5/17

<image001.png>

### **Indiana's Family and Social Services Administration adds five new opioid treatment programs Medication assisted treatment facilities to open in Allen, Johnson, Monroe, Tippecanoe and Vigo counties**

Greenwood, Ind. (July 5, 2017) – The Indiana Family and Social Services Administration (FSSA) today announced the agency will add five opioid treatment programs (OTP) as part of the state's

coordinated effort to attack the drug epidemic. Indiana will have 19 OTPs to administer medication assisted treatment or “MAT” to qualifying Hoosiers currently recovering from substance use disorders. The treatment uses FDA-approved medications to help people manage their addiction so that they can maintain the benefits of recovery.

FSSA Secretary Dr. Jennifer Walthall made the announcement today and was joined by Governor Eric J. Holcomb and Jim McClelland, Indiana’s Executive Director for Drug Treatment, Prevention and Enforcement at Valle Vista Health System, a new OTP site in Greenwood, Ind. Secretary Walthall also announced beginning Aug. 1, most Indiana Medicaid members, including all Healthy Indiana Plan (HIP) members, will have coverage for all services provided in an OTP, including coverage of methadone for substance use disorder.

“Adding five opioid treatment programs to the 14 that currently serve Hoosiers will add considerable capacity to a network of programs that treated more than 10,000 Hoosiers in 2016,” Dr. Walthall said. “Adding Medicaid and HIP coverage of medication assisted treatment will remove a significant barrier to treatment for those seeking to improve their lives.”

In addition to Valle Vista in Johnson County, new OTP certifications have been awarded to the Bowen Center in Allen County, the Hamilton Center in Vigo County and Sycamore Springs, which will have facilities in Monroe and Tippecanoe counties. These OTPs are anticipated to begin offering services by before June 30, 2018.

“There is extraordinary evidence that patients receiving medication assisted treatment are more likely to remain in treatment and to reduce opioid use than those who do not,” said Dr. Walthall.

“Ensuring medication assisted treatment is an available option to additional Hoosier communities is a significant tool to help attack Indiana’s drug epidemic,” said Dr. Walthall.

FSSA used a data-driven approach to determine the locations for the five new treatment centers by reviewing locations of recent overdose deaths, drug-seizure data from law enforcement data from hospital emergency rooms to assist with reducing driving time for individuals in need of treatment. [Locations of FSSA's existing OTPs are listed here](#), and there is one additional site in Indiana operated by the Veterans Administration.

A full copy of Dr. Walthall’s remarks from today’s announcement can be [found here](#).

-30-

---

#### **Contact Information:**

Marni Lemons, FSSA: 317-234-5287, [marni.lemons@fssa.in.gov](mailto:marni.lemons@fssa.in.gov)

Stephanie Wilson, Governor’s Office: 317-914-9137, [stepwilson@gov.in.gov](mailto:stepwilson@gov.in.gov)

#### **FSSA Secretary Dr. Jennifer Walthall’s remarks on Indiana’s five new opioid treatment programs (OTPs) July 5, 2017**

We recognize that substance use disorders are chronic disorders of the brain. We believe that it is essential to work to reduce the “shame” and stigma associated with substance use disorders. We strive to ensure that substance use disorders and other mental illnesses are covered and reimbursed appropriately. We acknowledge that most people (50-90%) with substance use disorders also experience co-occurring mental health problems. Thus, we see a need to promote treatment that takes into account both kinds of disorders. It is our belief that treatment for substance use disorders should utilize evidence-based methodologies including both medication and psychosocial interventions. Indiana’s Family and Social Services Administration works to promote increased access to and education about overdose reversal medications like naloxone for first responders, families, and persons with substance use disorder. Finally, we realize the need to grow Indiana’s treatment and recovery workforce through education and training.

Therefore, we are excited to announce the addition of five Opioid Treatment Programs in Indiana authorized under Indiana Code 12-23-18-5.5. The five new OTPs have been strategically placed in locations around our state to assist with reducing driving time for individuals in need of addiction treatment for opioid use disorder and sited in or near counties with high numbers of naloxone use –the overdose reversal drug used by emergency responders. Counties include: Allen, Johnson, Monroe, Vigo and Tippecanoe. We believe that the new OTPs will allow increased access to multiple

medications as part of Medication Assisted Treatment (MAT) programming and reduce use of illicit substances moving individuals toward long term recovery.

#### *Allen County – Bowen Center*

The Otis R. Bowen Center for Human Services, Inc. is nearing its 60th year of serving the community. Governor Bowen permitted the Center to use his name since he lived and practiced medicine in Bremen, which is in one of the counties that Bowen Center serves. Bowen Center served approximately 4,387 individuals with substance use disorder this past year and will be the license holder for the new Allen County Opioid Treatment Program (OTP) location. Bowen Center has had a clinical presence and offices in Allen County for 20 years and is a major provider of mental health and substance use services in that county. For the past 18 months, Bowen Center has had an active and robust Medication Assisted Treatment (MAT) program serving approximately 300 individuals.

As the safety net provider for mental health and substance use service, the majority of Bowen Center's clients are on Medicaid. However, Bowen Center also serves individuals with commercial insurance or no insurance at all. Since Bowen Center believes that early intervention is very important, almost half of the total number of clients served are youth. This results from being present in almost every school system in the 10 counties, having a very ambitious Student Assistance Program (SAP), and being a major provider of service to DCS clients, probation clients and gladly serve persons on the Autism Spectrum. Bowen Center also serves adults, with a strong emphasis on community based services to the chronically/persistently/severely mentally ill.

#### *Vigo County – Hamilton Center*

Hamilton Center is a regional behavioral health system in central and west central Indiana. Hamilton Center provides the full continuum of behavioral health and addiction treatment serving people

throughout the lifespan. 13,000 clients are served a year by 550 staff including psychiatrists, nurse practitioners, psychologists, Licensed Clinical Social Workers and others. In addition to behavioral health, the organization provides primary health services in Vigo County, Terre Haute IN and is working to become an Integrated Care Entity recognized by the State of Indiana. The organization also partners with a variety of organizations to address consumer health/needs including schools, the criminal justice system, federally qualified health centers, the Department of Child Services, supportive housing and sober living organizations. Hamilton Center currently operates several programs which will complement the OTP including, residential services for those with a dual diagnosis, a diversion program for offenders, Recovery Works services, among others.

#### *Monroe and Tippecanoe Counties – Sycamore Springs*

Sycamore Springs is a 48-bed behavioral hospital located in Lafayette Indiana. The hospital, which opened in January 2012, is a regional leader in mental health and chemical dependency care. Sycamore Springs specializes in treating adults suffering from drug/alcohol dependency, mental health issues and co-occurring disorders. The hospital also offers quality assessment and treatment services for seniors.

As part of its continued focus on the continuum of clinical behavioral health care, Sycamore Springs will be opening two outpatient Opioid Treatment Programs (OTP). These two innovative clinical programs will be located in Lafayette and Bloomington and will be named 'Limestone Health.' The new OTPs will feature a patient focused environment that offers immediate access to MAT services, therapy, and related addiction support services.

#### *Johnson County – Valle Vista*

In operation for over 30 years, Valle Vista Health System is a 132-bed facility located in Greenwood, Indiana. Ninety-eight beds are dedicated to providing acute mental health and addiction services, while 34 beds serve adolescent girls in our Residential Treatment Program. Since its inception, Valle Vista has been providing Medication Assisted Treatment for those seeking recovery. They offer a spectrum of addiction treatment programs, including Inpatient Detox, Partial Hospitalization, and Intensive Outpatient Treatment. In the upcoming months, Valle Vista is slated to also open an Ambulatory Detox Program to further facilitate long-term recovery. Valle Vista provides services to individuals both inside and outside of Johnson County.

As an established substance abuse treatment provider, Valle Vista works tirelessly to promote community integration and acceptance of Medication Assisted Treatment. Valle Vista provides a wide variety of treatment options, working to identify the most appropriate option for individuals who present for treatment. Valle Vista continually seeks to build community partnerships and educate the public about viable treatment options, including Medication Assisted Treatment. The facility hosts a monthly Food for Thought event, providing continuing education opportunities to individuals in the community. Valle Vista is an active participant in several judicial systems in central and southern Indiana. These courts include various problem-solving courts, with a special emphasis on veterans and chemical dependency. Valle Vista is an active participant in the Recovery Works program and has developed plans, policies, and procedures that have been utilized with several probation departments in various counties. This facility is committed to expanding services to meet the ever-growing need for addiction treatment, and they believe that an Opioid Treatment Program is the next logical step in expanding our existing services.

### **Methadone Policy Change**

Additionally, we are proud to announce an important policy change in medication assisted treatment through Indiana Medicaid. Effective August 1, 2017 – Most Indiana Medicaid members, including all Healthy Indiana Plan members, will have coverage for all services provided in an opioid treatment program (OTP), including coverage of methadone for opioid use disorder. Methadone is one of three FDA-approved medications for treating opioid use disorder. Indiana Medicaid has had coverage for buprenorphine/naloxone (Suboxone) and injectable naltrexone (Vivitrol). To date, Indiana Medicaid has not reimbursed for medication assisted treatment using the agent methadone. Access to care has been a significant barrier as this medication can only be dispensed at a certified opioid treatment program (OTP), the vast majority of whom have not participated in the Medicaid program. Studies have shown that patients receiving methadone are more likely to remain in treatment and to reduce opioid use compared with placebo or nonmedication treatment. Methadone treatment has been associated with reductions in the spread of HIV and with reduced criminal behavior. Thanks to work of the Indiana General Assembly, FSSA is confident that we can increase access to this service for Hoosiers across the State of Indiana. Senate Enrolled Act 464, passed during the 2015 session of the Indiana General Assembly, authorized DMHA to promulgate rules and add 5 new OTPs to combat the opioid epidemic. Senate Enrolled Act 297, passed during the 2016 session of the Indiana General Assembly, requires all OTPs to participate in the Medicaid program by July 1, 2017 as a condition of operating in the State of Indiana. FSSA does not prefer one medication over another, thus adding methadone maintenance treatment as a covered services gives physicians another treatment option for patients struggling with addiction. We firmly believe that any treatment plan including medication assisted treatment should be accompanied by counseling and support services. This is why we are confident in our decision to cover methadone maintenance treatment. OTPs do not simply dispense medication; they provide patient evaluation, counseling, and support programs as part of their treatment model.

We are encouraged that expanding substance abuse services to include services provided by OTPs will help connect countless Hoosiers with treatment and become healthy and productive members of their community.

This is how we combat an opiate epidemic – by putting people first and embracing the integration of science, data, and compassion as we make policy decisions that benefit Indiana. Thank you for being part of the solution with us to assist our fellow Hoosiers in the path to recovery.