INDIANA COMMISSION TO COMBAT DRUG ABUSE

NOVEMBER 7, 2019

MINUTES

The Indiana Commission to Combat Drug Abuse met on November 7, 2019 at 10:00 A.M., Eastern Time at Indiana State Library, History Reference Room 211, Indianapolis, IN.

Present: Chairman Jim McClelland (Executive Director for Drug Prevention, Treatment and Enforcement); Dr. Kris Box (Commissioner for Indiana State Department of Health); Mr. Robert Carter (Commissioner, Indiana Department of Correction); Mr. Dan Evans; State Representative Rita Fleming; Ms. Deborah Frye (Executive Director, Indiana Professional Licensing Agency); Mr. Cris Johnston (Director, Office of Management and Budget); Mr. Devon McDonald (Executive Director, Indiana Criminal Justice Institute); Ms. Patricia McMath (representing the Attorney General); Mr. Chris Naylor (Executive Director, Indiana Executive Director, Indiana Prosecuting Attorneys Council); Mr. Jacob Sipe (Executive Director, Indiana Housing and Community Development Authority); Judge Mark Smith (Hendricks County Superior Court); Mr. Jeff Wittman (representing the Superintendent of Public Instruction); State Representative Cindy Ziemke.

Call to Order and Consideration of Minutes **Chairman Jim McClelland**

Chairman Jim McClelland called the meeting to order at 10:00 a.m. He requested for any additions or corrections to the minutes of the August 8, 2019 meeting. The minutes were approved unanimously. He discussed awards for improving housing and wrap-around services as well as drug take-back programs, which collected over 8 tons of medication in Indiana during the most recent DEA drug takeback day on October 26.

Recovery Story **Kyle Morris**

Mr. Morris shared his story of recovery from opioid use. His story began by discussing how he is not merely a person with substance-use disorder, or person in long-term recovery. He is mainly a son, husband and father who came up from a middle class family in Martinsville. During high school he started drinking and using "soft" drugs. He started using illicitly-gained prescription opioids while in college in order to calm down and function through his studies. Mr. Morris clarified this substance use prevented him from developing the normal coping skills that people need to develop.

After graduation, Mr. Morris stated that he got a good job, got married, and had a child. He entered medication-assisted treatment, eventually receiving psychotherapy treatments. He was finally prescribed suboxone and took the medication for six years. However he stopped receiving the psychotherapy treatments, thinking all he needed was the medication, and he eventually relapsed into substance use. After losing his job, he went to a detox facility, and received treatment from several facilities, but did not recover. He was voluntarily homeless to keep the

addiction out of his home, occasionally going in and out of treatment facilities, but he did not take advantage of the advice he was given.

Mr. Morris described how he was not allowed to come home for six months and he entered addiction treatment. This time he decided to do everything his sponsor told him. He slowly entered recovery and is now an involved father, holding a steady job, and an advocate for people in recovery.

Mr. Morris emphasized that all people with addiction issues should not be viewed as the dregs of society, but as individuals with broken lives who have the capacity to do so much good if people believe in them and they have access to proper treatment.

ICJI Local Coordinating Councils update **Michael Ross, Behavioral Health Director; Megan Brant, Research Associate; Indiana Criminal Justice Institute**

Michael Ross discussed the Indiana Criminal Justice Institute's (ICJI) report on local coordinating councils, which work to provide services to people in recovery. Megan Brant discussed the qualitative data they received. They have councils with focus groups in several counties. The counties are divided into six regions throughout the state.

Ms. Brant explained that councils were asked to examine their purpose. The councils believe they are collaborators who work together with the community. They believe they are strategic planners and thinkers who find solutions to substance use issues. They also give funds to local entities. The respondents believed their purpose was to educate their communities about substance use disorder, and to educate people on the options they have available to enter into recovery.

Respondents were asked what they think substance use and misuse looks like in their community. Many councils identified alcohol, marijuana, methamphetamines, and vaping as accounting for many of the substance problems affecting their community. Ms. Brant discussed how the councils view substance misuse issues as a disease and as an ever-changing, more widespread and higher volume than in the past, more prevalent among specific geographic and socio-cultural groups, prevalent among people involved in systems such as the Indiana Department of Child Services and the Indiana Department of Correction.

Respondents say the challenges they face are limited resources: they lack staff which causes long wait-lists for treatment, they lack funding to receive education on how to better address substance abuse problems, they lack fiscal support to pay council coordinators, they lack substance abuse and mental health treatment, they need inpatient, detox, immediate care, and youth and methamphetamine dependent services. The councils also feel they have a lack of

social or systemic sustainability that affect people's ability to receive substance abuse treatment such as transportation, healthcare, etc.

Ms. Brant reported that the councils felt that certain statutes in current law affecting requests for funding and other items could be adjusted. The councils were concerned about the 25% equal bucket allocations because sometimes they didn't really need as much money in one bucket, but needed more money in another bucket. She relayed that while the councils respect that the language encourages the use of evidenced-based practices, some of the best treatment options in available rural areas do not use evidence-based practices and they wish they could fund some of these resources.

Ms. Brant discussed how the councils responded to the question of how they relate to the ICJI. The councils said they felt that the reporting document and methods were too burdensome and could be simplified. They also wanted to know how their local councils fit into the larger picture of the work with ICJI. When respondents were asked how ICJI can help the councils they responded that many people are confused about the roles of the coordinator and council. They want to know how County Drug Free Communities Fund is funded. They want to have the data collection process standardized. They also want to know why they need to be approved by the Commission. They are confused as to why they can't get funding from other sources.

Ms. Brant then presented a series of recommendations that the ICJI took from their focus group studies of the local coordinating councils on how the ICJI help them to be a more effective partner. She suggested engaging the councils with goals defined in easy-to-understand language, along with showing the councils more appreciation. Tactically, she recommends that ICJI creates a rubric to score their Comprehensive Community plans, create formal memos explaining information they don't necessarily understand, create a new coordinator guidebook with the help of coordinators, give the councils the research of the ICJI, and raise their visibility among state partners. She also suggested compensating the coordinators in some way, hosting a conference for the councils, and hiring regional coordinators to improve communications with the councils.

After the presentation ended, Mr. Evans asked why many of the counties did not respond to their surveys. Mr. Ross responded that many of the coordinators are volunteers and most of the councils are volunteers, making it burdensome to fill out all this information. Mr. Ross also clarified that these surveys were sent to the local coordinators.

Mr. Ross also stated that evidence based practices were very important to ICJI, and that they wanted to continue using them, while ensuring their solutions matched the capacity of local council's systems.

ICJI Executive Director Devon McDonald added a clarification describing how the ICJI is trying to get local assets such as sheriffs and others connected to local coordinating councils, and how legislation that was authored by Rep. Ziemke would address many of the statutory problems the councils face.

Drug Courts **Mark Smith, Judge**
Hendricks County Superior Court

Judge Mark Smith began his presentation saying that as a judge he has had to shift his worldview from seeing people as criminals to people with potential. He then read a letter from a woman who graduated from the drug court program in Hendricks County. She had substance use issues and wanted to make her life better. She said drug court changed her life.

Judge Smith gave details and background surrounding the drug court program. According to his presentation, drug courts are not new. They started in 1989 and Indiana has used them since 1996. Drug courts are allowed to be crafted by the county. Hendricks County has a two-year program with a 5-phase model. The person in treatment has to pay for all of the fees associated with the program. To enter into the program, the offender must first go through a screening process. The drug court team is made up of a judge, probation officer, community corrections officer, police officers who do home visits, public defenders, and treatment providers. Participants meet once a week, to see how the participant is doing. The offender is drug-screened 2-3 times a week. Each screening costs eight dollars. They've had 64 graduates with a 60% success rate and a 40% recidivism rate. He is not yet satisfied with the recidivism rate. However, he indicated his courts have harsher recidivism standards than many.

The judge went on to detail that while he believes the drug courts are a good program, they can be difficult to roll out because they put a lot of stress on the judge. The judge has to be able to be contacted at all times which makes life difficult. Judges who operate drug courts are also exposed to higher media scrutiny than most local judges.

In response to a question, Judge Smith said that he wished that medicinal treatment for meth addiction existed, but it does not currently. The vast majority of his past caseload was made up of people who suffered from opioid addiction and alcohol. Today almost all of his caseload is made up of meth use. The judge suggested that legislative changes were needed it easier for him to deal with individuals who lived in different counties.

Office of Court Services Update:
SIM and Family Recovery Court

Angie Hensley-Langrel,
Deputy Director, Office of Court Services

Angie Hensley-Langrel gave a presentation on family recovery courts and Justice Partners Addictions Response Grants. She also talked about family recovery courts. There are 8 counties with functioning family recovery courts, and several that are in the planning stage and have already received funding to operate them. Ms. Hensley-Langrel described that in order to receive family recovery court funding and certification counties must put together a detailed plan including: a budget, capacity information, and a plan to become self-sustainable. They received 16 requests for funding. She described some of the various costs and requests they have had in

association with the courts, many of which had to do with funding for staff and judge training. Office of Court Services (OCS) was able to distribute $903,066 for family recovery courts for this year, and this is out of the $2 million it was given for two years.

Ms. Hensley-Langrel also discussed the Justice Partners Addictions Response Grant which borrows its approach from the Sequential Intercept Model that OCS distributes. 67 counties have received funding for this grant, and four counties are pending on receiving the grant. Each county only gets one grant each year, and they do not give more than $60,000 per grant awarded. Total funding for this initiative is $4.2 million. The majority of the funding goes to either Intercepts 2 or 3. Trainings in the Sequential Intercept Model are required to receive a grant. They also need to have problem solving courts in order to receive a grant.

Ms. Hensley-Langrel clarified that one of the reasons some high-needs counties have not submitted applications for the Justice Partners Addictions Response Grant is that many of the counties did not have enough time to put together good proposals. There were also issues with cooperation and collaboration with some counties.

Jail Treatment and Recovery Works **Rebecca Buhner, Deputy Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration**

Rebecca Buhner started her presentation about addiction treatment in jails as well as the recovery works program by reminding the commission that people in jails often have regular access to opioids in jail, and many who do detox in jail relapse almost immediately after being released from jail, which often leads to deaths. Deaths this year have fallen, but we still have work to do. She also mentioned that methamphetamines are also a growing problem.

According to Ms. Buhner, 39 out of 59 respondents said they offered treatment medications such as methadone, buprenorphine, and naltrexone. This was better than expected. She reported that the Indiana Family and Social Services Administration (FSSA) found that much of the access to methadone and buprenorphine was being given to pregnant women, and not nearly as much of it was being given to incarcerated individuals. A lot of the naltrexone offered was offered upon release, not while people were incarcerated. She mentioned that there were shortcomings to the survey. There were follow-up questions to the survey, looking for more information into the data they provided. Unfortunately only 13% of the original respondents responded to the follow-up questions.

In explaining the survey results, she explained that 83% of survey respondents want to learn more about treatment. Jails are also concerned about diversion, and they have no standards for screening individuals. They also were incapable of making sure incarcerated individuals were receiving treatment upon release, and this made them concerned about providing treatment at all.

Ms. Buhner then reported on the recommendations they received from the FSSA survey. It was recommended to expand Recovery Works, and to ensure inmates have access to insurance upon release. Stakeholders need more education to speak the same language as treatment experts. It was also recommended that treatment is expanded to make sure all three FDA-approved medications are available to inmates. It was recommended that a uniform process for screening individuals for substance abuse disorder to create more consistency. Lastly, there was a great need for increased care coordination between jails and treatment providers on the outside to have continuity of treatment.

Ms. Buhner also discussed the findings of a team of people who met with the National Governor's Association to discuss expanding access to opioid use disorder treatment for those in jails and prisons. The short-term recommendations that came out of that were to expand access to evidence-based practices in jails and to expand access to medication assisted treatment in jails. The long-term recommendation was to create a technical assistance center in the jail to guide evidence based treatment regardless of who the elected sheriff is. This has led to collaboration between FSSA and IDOC to ensure consistency in protocols for treatment. This will occur through joint development of screening and assessment tools.

Ms. Buhner listed Rhode Island and Massachusetts as inspirations for their programs. Rhode Island's plan reduced post-release death by 60% and all opioid-related deaths by over 12%. Massachusetts' plan partnered with community treatment providers on the outside, and it has a very low recidivism rate among program participants. She relayed that FSSA is excited to continue working with the Indiana Sheriffs Association and the Governor's Office, where they have already awarded $4.5 million to expand evidence-based medication assisted treatment.

Ms. Buhner moved on to her presentation on the Recovery Works program, indicating that several changes have been made to the program. Particularly, they have allowed inmates to access reentry funds 90 days before their release. Those $1,500 of reentry funds can be accessed by an incarcerated individual whenever they want in order to ensure they receive treatment both in jail and outside of it. They also earmarked $4,000 for each incarcerated individual to receive residency recovery assistance. She made clear this was crucial to assisting released-individual's continued recovery. 11,000 people are going through the programs currently. Recovery residences continues to be Recovery Works' top aid item, because health insurance never pays for residency recovery, but Recovery Works does. Marion, Vanderburgh, Vigo, Allen, and Elkhart counties are the counties that receive the most funds.

Chairman's Comments **Chairman Jim McClelland**

Jim McClelland gave farewell remarks, announcing that this would be his last commission meeting as chairman. He will be retiring as Executive Director for Drug Prevention, Treatment and Enforcement, and as Chairman of the Indiana Commission to Combat Drug Abuse, effective January 9, 2020, after completing three years in the role. He expressed his appreciation for the opportunity given him by Governor Holcomb to serve and said that he is very proud of the work that the members of the commission have done, and he knows that Indiana's initiatives are on the

right track, even though there is more work to do. He said that the governor was appointing Deputy Director for Drug Prevention, Treatment and Enforcement, Douglas Huntsinger, to serve as Executive Director for Drug Prevention, Treatment and Enforcement, and Chairman of the Indiana Commission to Combat Drug Abuse, following his retirement in January.

Meeting adjourned at 11:34 a.m.

The next meeting will be held on Friday, February 7, 2020 at 10:00 a.m. Eastern Time.