

# INDIANA COMMISSION TO COMBAT DRUG ABUSE

February 7, 2020

## MINUTES

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

**Present:** Chairman Douglas Huntsinger (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. Douglas Carter (Superintendent of the Indiana State Police); Mr. Dan Evans; State Representative Rita Fleming; Mr. Michael Minglin (representing the Executive Director of the Indiana Professional Licensing Agency); Mr. Cris Johnston (Director, Office of Management and Budget); Mr. Devon McDonald (Executive Director, Indiana Criminal Justice Institute); Mr. Aaron Negangard (representing the Attorney General); Mr. Chris Naylor (Executive Director, Indiana Prosecuting Attorneys Council); Mr. Jacob Sipe (Executive Director, Indiana Housing and Community Development Authority); Judge Mark Smith (Hendricks County Superior Court); Dr. Jennifer Sullivan (Secretary of Family and Social Services); Mr. Jason Murrey (representing the Superintendent of Public Instruction); Ms. Bernice Corley (Executive Director, Indiana Public Defender Council); Ms. Terry Stigdon (Director, Department of Child Services)

### Call to Order and Consideration of Minutes

**Chairman Douglas Huntsinger**

Chairman Huntsinger calls the meeting to order at 10:02 a.m. He addresses the Commission with updates on several items. He begins with national updates stating that federal State Opioid Response (SOR) funding has been expanded to encompass stimulant use and that Indiana Comprehensive Addiction Recovery Centers (CARCs) legislation has been recognized as model law for the nation. He announces the next round of CARC funding will be approved in March, reflects on a recent Naloxone training, and invites the Commission to the Governor's Next Level Recovery Conference. He asks for any revisions to the minutes for the November 7, 2019, meeting. Minutes are approved unanimously.

### Recovery Story

**Cody McCord, Diversion Specialist  
Public Advocates Community Re-Entry**

Mr. McCord shares the story of his recovery. He begins by telling the Commission that he grew up in public housing where his mother and father both suffered from substance use disorder (SUD). His grandparents were a great source of care and tried to pull him away from that life, but he failed to develop proper coping mechanisms and reverted back to what he had seen from his parents and community. He mentions his first encounters with the criminal justice system for a possession charge at 16 and a DUI at 17, which led to a slew of additional run-ins with law enforcement. Because Mr. McCord had not developed the proper coping mechanisms in his early days, when he went to treatment he was only treated for the short-term acute symptoms and eventually was released, only to relapse. He makes it clear that the paradigm shift to treat SUD with chronic care was extremely important. He calls upon the common occurrence where individuals go into treatment, are only treated for the acute symptoms, and are released back into the environment

they came from only to relapse, much like himself. Mr. McCord expresses his gratitude for the State's increased attention to recovery supports for those with SUD and attributes his success to the long-term care model. Mr. McCord concludes his speech with his support of his current employer, Public Advocates Community Re-Entry (PACE), where he was originally a client.

### **Federal Funding Update & Recovery Works**

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

Ms. Buhner shares updates on Federal Funding for State substance use disorder services and initiatives. The Division of Mental Health and Addiction has received \$21.8 million through the State Targeted Response Grant and \$45.7 million through the State Opioid Response Grant. She shares the areas of focus for DMHA's spending of the Federal funds, including development of TI ROSCs, workforce training and development, expansion of recovery residences, and expansion of treatment. She details the work being done in collaboration with the National Council to support TI-ROSC development in Indiana. She outlines the primary objective that local organizations will identify and fill the gaps and build upon the strengths of the community. Ms. Buhner discusses the workforce initiatives brought about by various DMHA partnerships. She mentions DMHA-funded addiction intern stipends, evidence-based practice training, education credential funding through Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA), and Peers in the Emergency Department. She says these trainings and initiatives address the needs related to the lack of a qualified workforce in the State of Indiana. The Peers in the Emergency Department (ED) initiative is further expounded. Ms. Buhner mentions the data collected on individuals in the criminal justice system and the addiction services show that a large percentage of these individuals are reported to have visited the ED at least once. Intercepting and engaging these individuals while they're in the ED helps connect them with substance use disorder treatment. The presentation moves on towards the expansion of recovery residences and meeting the fundamental basic needs in order for an individual to have a successful recovery. Expanding recovery residences: meeting fundamental basic needs. DMHA contracted with Oxford House to hire coordinators to find properties and secure homes for Level 1 recovery residences. Additionally, a "how to" manual for starting a recovery residence was developed with four training sessions announced for 2020. Ms. Buhner presents a number of statistics, including a 75% increase in residential treatment bed capacity since December 2017, an eight percent increase in DATA-waivered buprenorphine prescribers, and monthly Medicaid expenditures for recipients of SUD services. Indiana Opioid Treatment Program (OTP) locations have increased to 19 total with two more set to open in the next three to five months. A map is provided to show the locations of the OTPs and is located on the DMHA website. Ms. Buhner provides several handouts and reports to the Commission that cover IN 2-1-1, OpenBeds, Recovery Works and Lyft. The Family and Social Services Administration completed an audit of 15 providers that do billing for Recovery Works.

### **The Fix: Heartbreak and Hope Inside Our Opioid Crisis**

**Cathy Ferree, President & CEO  
Indiana State Museum and Historic Sites**

Ms. Ferree begins her presentation by posing the question: How does the opioid crisis fit into the museum world? She addresses that misinformation on substance use disorder is extremely prevalent and goes on to state that the public largely recognizes museums as authentic and factual. The Indiana State Museum and Historic Sites had the opportunity as a state entity to disseminate information and bring solid data to the public. They began this project by asking partners what role the museum would play and how the museum could help people understand their role in this issue. The project plan began with the history of opioid use disorder crisis. The exhibit is designed to address the different learning styles that people may have and contains multiple points of entry to show that there is more than one way to develop a substance use disorder. The museum partnered with artists and the Young Actors Theatre to present, “Love Overdose,” a musical that tells the story of the opioid epidemic through a teenager’s perspective. The exhibit features interactive displays that go behind the science of addiction and reinforce the notion that it is a disease and recovery is possible. The exhibit also has video recordings of 16 brave Hoosiers who tell their stories of addiction and recovery. These displays show that all people are connected to the crisis, whether it be through neighbors, friends, or loved ones. Hands-on activities are key for visitors to take away more from an exhibit than just observing. Resources for recovery, treatment, and social services are available at the end of the exhibit. The museum is working with all 12 historical sites to do statewide programming, outreach, and Naloxone trainings. The exhibit will be open through February 2021.

### **Know the O Facts Transition**

**James Gavin, Director of Communications,  
Indiana Family and Social Services Administration**

Mr. Gavin begins his remarks by sharing his excitement with the prior remarks from Mr. McCord, who is one of the individuals involved with the Know the O Facts campaign. He emphasizes the importance of creating a culture of recovery and replacing the culture of stigma around SUD. He explains the origins of the Know the O Facts campaign, its various funding sources, and the partnership with CVR, established in September 2019. Mr. Gavin shares updates regarding the marketing and advertising campaign and the direction that it is headed in the future. The Know the O Facts campaign will transition to the slogan, “Know the Facts.” While remaining dedicated to tackling opioid use disorder, the campaign looks to shift more to focus on the recovery aspect of the three main campaign pillars. New research conducted with the help of CVR surveyed 390 Indiana adults to gain insight on stigma around OUD. Research found that the phrase, “It’s real and it’s happening,” was the most familiar phrase among the survey participants. TV, radio, and outdoor advertising had majority of the recall mentions. 56% of people who responded to the survey felt that people with OUD lack willpower, indicating the need for further promotion of Know the Facts marketing. The evolution of the campaign will continue to address opioids but change the messaging such that it is relatable to other substances. Mr. Gavin presents the Commission with the newest TV, radio, website, social media, and outdoor advertising for the new Know the Facts campaign. Campaign advertising is data-driven and targeted at communities in need.

## **Indiana Workforce Recovery Initiative**

**Jennifer Pferrer, Executive Director,  
The Wellness Council of Indiana  
Indiana Chamber**

Ms. Pferrer updates the Commission on the Indiana Workforce Recovery (IWR) initiative and future plans for the program. The strategic priority for the IWR is to understand where they are starting and educating the workforce on SUD. They plan to disseminate information to employers to give them action items that they could deliver to their employees and work with the Know the O Facts campaign to educate employers that SUD is a disease, not a moral failing. The IWR released a Substance Use and Recovery Survey to employers across the state. The survey showed that 76% of employers indicated that SUD was a problem in their communities and 13% indicated that it was not a problem for their workforce. Ms. Pferrer indicates an example of one employer who emphatically claimed a clean workforce, yet in a period of six months, eight babies were born to drug-addicted spouses of employees. The initiative is working to educate employers that they are not only taking care of the employee, but the family, as well. Pferrer says many employers don't understand the various policies regarding SUD in relation to the workforce and believe that they can resolve matters in-house without liability. The survey found that in 2019, 30% of employers fired employees for a first failed drug screen, down from 50% in 2018. IWR released a video toolkit for employers and worked with FSSA to develop employer guidelines for getting employees into recovery. IWR is working with local chambers of commerce and economic development corporations to encourage employers to address additional issues in the workforce. Employer opioid strategy event series – Spring 2020. Indiana Opioid Summit – June 18, 2020. Individual companies desire technical assistance. Working with partners. Employment disclosure for workers in recovery and helping MAT participants to navigate the discussion of drug screens. Working with Indiana INTERNet to expand employment in the addiction community.

## **OB Navigator Program**

**Kristina Box, MD, FACOG,  
Indiana State Health Dept. Commissioner**

Dr. Box shares some of the work being done by the State Department of Health (ISDH), FSSA, and Department of Child Services (DCS) around OB Navigators. She starts by sharing infant mortality statistics that reveal Indiana is rated worst in the Midwest and has the seventh highest infant mortality rate in the nation. From 2017 to 2018, Indiana saw a significant decrease in infant mortality and significant declines in non-Hispanic black and Hispanic demographics. Perinatal complications are the leading cause of death (50%) with sudden infant death syndrome (SIDS) as another leading cause, which can be commonly associated with drug use. Perinatal Substance Use Collaborative found that a large number of women with a SUD are not getting screened. 53 of 86 of delivery hospitals are now offering screens around the state. Of the screening data from 98,000 deliveries, only 19,000 umbilical cords were tested for high-risk participants, and 6,752 tested positive for drugs – the majority being marijuana and opioids. The rate of Neonatal Abstinence Syndrome (NAS) in Indiana was found to be 12.2%. Dr. Box describes the language found in HEA 1007, which establishes a perinatal navigator program that provides wraparound services to women postpartum. The plan for the OB Navigator program is

for every pregnant woman in Indiana to be supported by a navigator. In 2020, the program will begin working with women who live in high-risk areas and who are insured by Medicaid. Only 11% of those qualified for home support services actually receive them. MOM Grant will help provide funding for the OB Navigator services and help Indiana see more first birthdays.

**Chairman's Comments**

**Chairman Doug Huntsinger**

Chairman Huntsinger thanks the Commission for joining. The next meeting is scheduled for Thursday, May 7<sup>th</sup> at 10:00 a.m. Eastern Time. The meeting adjourns at 11:34 a.m.