

**INDIANA COMMISSION TO COMBAT DRUG ABUSE**  
**February 8, 2019**  
**MINUTES**

The Indiana Commission to Combat Drug Abuse met on February 8, 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. Kristina Box (Commissioner, Indiana State Department of Health); Mr. Rob Carter (Commissioner, Indiana Department of Correction); Ms. Bernice Corley (Executive Director, Indiana Public Defender Council); Mr. Dan Evans; Ms. Deborah Frye (Executive Director, Indiana Professional Licensing Agency); Mr. Devon McDonald (Executive Director, Indiana Criminal Justice Institute); Mr. Aaron Negangard (representing the Attorney General); Mr. David Powell (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).

**Call to order and consideration of minutes**

**Jim McClelland, Chairman**

Chairman McClelland called the meeting to order at 10:02 A.M. He asked for any revisions to the minutes for the November 8, 2018 meeting. They were approved unanimously.

**The face of recovery**

**Sarah Platt, Hope Academy Student**

Ms. Platt shared that she is currently a senior at Hope Academy, Indiana's only recovery high school, located in Indianapolis. Two days ago, she celebrated her one-year anniversary of being substance-free. Her substance use began with drinking at age 13. The feelings of euphoria from drinking were immediately addictive, but it also caused depression, so she began a cycle of substance use, which gradually turned into drug use as she became a freshman at Hamilton Southeastern high school.

Initially, she had many friends, made great grades and was generally happy, so the signs of her substance use were hidden from her family. However, halfway through her sophomore year, her parents began to notice. They admitted her to a treatment center and she learned she had a disease, addiction. When she was released from treatment, faced with the danger of relapse, she knew she couldn't return to Hamilton Southeastern because of the triggers, friends and opportunities to use drugs that she would face.

During treatment, she had heard about Hope Academy, a recovery high school, and decided with her parents that it was her only chance to maintain recovery. She began her junior year at Hope Academy and will graduate this spring. She's been accepted and will attend IUPUI this fall.

Ms. Platt said that attending Hope Academy didn't take away all of her struggles, but it offered a safe place to hurt and heal. She shared that recovery is a personal journey and no one's will ever be perfect, so the best thing a parent can do for a their child is to understand and surround them with people who will understand. Being in an environment of students going through same thing helped her; she was met with love and acceptance instead of anger and judgement. Substance use

disorder is a confusing and painful disease for everyone involved. Joining a small school was a small sacrifice, because she feels happiness and serenity today. As an innovative tool for young people recovering from substance use disorder, she feels that Hope Academy has given her a chance at a new life.

**Update from U.S. Department of Health & Human Services (HHS)                      Douglas O'Brien  
HHS Region 5 Director**

Mr. O'Brien said that he appreciates the opportunity to work with the State of Indiana on the opioid response and looks forward to reporting back on programs that are showing progress. The federal approach to the crisis seeks vertical integration because the solutions happen locally and include partners like faith groups, police departments, emergency rooms and community mental health centers.

He shared that due to a strong bipartisan commitment from the White House and Congress, within the span of three fiscal years, federal funding for opioid crisis efforts has increased from about \$1 billion per year to \$10 billion per year, with about \$42 million directed to Indiana.

Mr. O'Brien listed several results of policies that are showing progress and beginning to deliver positive results. The total morphine milligram equivalent dispensed monthly declined 26% from January 2017 to November 2018. Medication Assisted Treatment, including utilization of buprenorphine and naltrexone is a cornerstone of the federal approach and is beginning to have a positive impact. The number of unique patients receiving buprenorphine from retail pharmacies increased 22%, and the number of patients receiving naltrexone from retail pharmacies is up 47%. Naloxone dispensation is up 300%, reversing overdoses, preventing deaths, and allowing more people to get the treatment and support they need to recover.

As communities come together, Mr. O'Brien also shared that he is seeing an increase in the number of recovery high schools.

**Report from Indiana Criminal Justice Institute (ICJI)    Devon McDonald  
Executive Director, ICJI**

Mr. McDonald reported that a new substance use division director started in December and is working to enhance communications with the Local Coordinating Councils (LCC), and create a divisional strategic plan and manual for the LCCs. ICJI is working to launch an electronic portal where LCCs can submit their community plans to allow ICJI to have better data and establishing monthly and quarterly communications, conference calls and trainings for LCCs. Additionally, ICJI has added two program staff and assigned territories for improved oversight and ability to provide expert treatment, prevention and criminal justice information more effectively.

**Federal opioid funding update    Kevin Moore, Director,  
Division of Mental Health & Addiction,  
Family & Social Services Administration (FSSA)**

Mr. Moore said that Indiana has received \$10.9 million annually for two years from the federal State Targeted Response grant and has received \$9 million annually for two years from the federal State Opioid Response grant. These funds are enabling the state to improve treatment infrastructure, connecting more people to care for substance use disorders. Federal support is

helping Indiana build a strong treatment infrastructure, including adding residential beds, expanding access to naloxone kits and medication assisted treatment. Because much of the necessary work occurs at the local level, the state is working to help build recovery-oriented systems of care. Four trainings have been held across state this month to build local coalitions and a tool kit is launching by March 1 to train people regarding recovery-oriented systems of care and implement those systems.

Federal funds have also allowed Indiana to connect at least 200 people to residential treatment who otherwise wouldn't have received this care, equating to at least 2,500 bed-days of residential treatment. Two mobile crisis teams covering 14 counties have connected more than 300 people who otherwise would not have had easy access to care.

To expand substance use workforce, Project ECHO is offering online training to medical professionals. A psychology track is wrapping up and soon tracks will be offered for medication-assisted treatment in jails, opioid use disorder and co-occurring medical conditions, and training mental health staff on recognizing signs of substance use disorder.

Funded with federal grant dollars, quick response teams are following up with people in six counties who have had an overdose to reduce the likelihood of reoccurrence. Work is underway to increase the capacity of the workforce to address substance use disorders and trainings have been provided for recovery coaches and credentialing.

The state has partnered with the Indiana Wellness Council to provide workforce recovery training and educate employers, build awareness among employers regarding substance use disorders and the employer role in recovery.

Mr. Moore shared that guidelines for where people should be placed in treatment continuum are being provided to substance use treatment providers. Peer recovery coaches are now in emergency rooms in 10 hospitals, and at least 400 people have engaged with coaches following an overdose to help them through treatment and recovery.

The Neonatal Abstinence Syndrome program that was launched utilizing state funds has been expanded with federal funds to hospitals in Clark and St. Joseph counties. The Know the O Facts anti-stigma awareness campaign has expanded across Indiana, engaging over 16,000 people in 2018. FSSA continues to partner with ISDH to bolster the distribution of Naloxone.

Access to medication-assisted treatment is also being expanded through incentives for physicians to become data-waived to prescribe buprenorphine. Productive partnerships have been developed with universities to implement screening and referral to substance use treatment from on-campus health care clinics, and FSSA has partnered with Indiana Department of Education to expand school-based prevention programs. Through a partnership with the Indiana High Intensity Drug Trafficking Areas, compassion fatigue training is being provided for first responders.

Expanding on the Indiana 211-Open Beds partnership, which helps connect people to in-patient treatment, a partnership with Lyft recently launched to provide transportation to help people get to substance use treatment appointments. Work also continues to create additional recovery housing

across Indiana. Since the contract was recently finalized, three have been established and the goal is to establish 42 new recovery residences during the next two years.

Through stipends to addiction interns at community mental health centers, FSSA is incentivizing substance use workforce. Additionally, they are working with Indiana Department of Correction to train recovery coaches and place coaches within parole districts. A partnership with the Chief Justice and Courts is helping expand Sequential Intercept Model implementation in counties, with up to \$60,000 available for each county to assist them in adopting the model.

Mr. Moore also shared that the state is working to expand substance use disorder treatment in jails, including medication-assisted treatment, and trainings are being provided to help local providers work better with military veterans seeking treatment. Since Medicaid began its bundled-treatment payment approach in late 2017 for patients in Opioid Treatment Programs (OTP), 7,700 people additional people have been helped due to the change. Additionally, Medicaid paid for inpatient care for an additional 5,124 people.

Mr. Powell mentioned that great work is occurring regarding opiates and emphasized the importance of addressing methamphetamines. He asked about plan for Recovery Works funding. Mr. Moore stated that the current budget is \$20 million for both years of the biennium, and FSSA will work within that, focusing on inmates with felonies.

Mr. Moore concluded by sharing an update regarding Opioid Treatment Programs within Indiana. He said that under legislation passed last session, nine new OTPs were authorized. Two sites have been identified, in Knox and Hendricks counties, and Hamilton Center will be the associated mental health provider for OTPs in those counties. Regarding the remaining OTPs, a request for proposals has been issued.

### **Behavioral Health Workforce**

**Jason Kloth, President & CEO,  
Ascend**

**Cathy Boggs,  
Executive Director for Behavioral Health,  
Community Health Network**

Mr. Kloth said there is a shortage of behavioral health professionals to treat substance use disorders facing the state and nation and Ascend is working to help address this issue. Regarding the quality of education for behavioral health professionals, nationally only 58% of institutions offer a master's degree in social work, only 64% offer it as elective, and only 34% offer a specific concentration.

He indicated that Licensed Clinical Social Workers (LCSW) are the only position reimbursed through Medicare for treating substance use disorder. To practice, individuals must obtain a four year degree, a master's degree, complete a 2,000-hour practicum, and pass the licensure exam. As a result, Community Health Network operates many of their behavioral health programs with a revenue loss.

To address the issue, Mr. Kloth said that Ascend partnered with Community Health Network to evaluate the state of behavioral health workforce in Indiana, and submitted a request for information to colleges and universities across Indiana. IUPUI and University of Indianapolis partnered with Ascend and Community, working 18-months to develop a training program. They launched the Behavioral Health Academy, with a goal of training 30 licensed social workers with a specialty in treating substance use disorders each year, and increasing the number of patients treated.

Ms. Boggs shared that the Behavioral Health Academy received a grant from the Richard M. Fairbanks Foundation that helped fund the work. The academy has created promotional materials and website to help recruit participants to apply and both universities are conducting professional outreach. Community Health Network will hold a job fair in April and select 30 students who will complete their practicum with the program and learn evidence-base practices.

Enabled by a grant provided by FSSA's Division of Mental Health and Addiction (DMHA), the Behavioral Health Academy will incentivize students to intern. Students who complete the practicum will receive priority interviews with Community Health Network. Academy students will then receive specific onboarding, and the academy will work with them to prepare them for dual licensure as LCSWs and licensed clinical addiction counselors. Upon completion, students will receive grant awards to help reduce their large debt burden.

Ms. Boggs said that the Behavior Health Academy will track metrics through a dashboard and create a predictable pipeline for knowledgeable, experienced students who can step into workforce and meet patients' needs, while also helping universities attract new students and build better healthcare programs. They hope it will be a model for others to follow, exponentially expanding the licensed behavioral health workforce in Indiana and increasing access to quality treatment for substance use disorders.

### **Overview of the Neuro-Diagnostic Institute**

**Kevin Moore, Director,  
Division of Mental Health & Addiction,  
Family & Social Services Administration (FSSA)**

Mr. Moore said the Neuro-Diagnostic Institute, opening soon, will be the first new state hospital in decades, and will provide modern treatment, education and conduct research. Located on grounds of Community East hospital in Indianapolis, the seven floor facility will have 159 beds, with 65 specifically for children, and will include both adolescent and adult substance use disorder units.

Efficiencies have been achieved by sharing services with neighboring Community East Hospital. Community East Hospital will operate an acute psychiatric unit in hospital as well as offer comprehensive behavioral health treatment for autism. Several tele-psychiatry suites will be available as well as a sleep lab.

Staff training began last month, and they will transfer patients to the new hospital around March 20, accepting admissions beginning April 1. Staff is working with the patient population at Larue Carter hospital, preparing to move patients to the new facility. In addition to offering quality

treatment, the Neuro-Diagnostic Institute will provide opportunities to train health care workforce, including psychiatrists, nurses, medical students and social workers.

**Other Business**

Chairman McClelland shared an update on the progress of efforts to combat the drug crisis, available on the Next Level Recovery website.

Mr. Negangard echoed Mr. Powell's prior statement regarding the needed focus on the opioid crisis as well as the need to address the negative impact of methamphetamine and cocaine in Indiana communities moving forward.

**Meeting adjourned at 11:25 a.m.**

The next meeting will be held on Thursday, May 9, 2019 at 1:30 p.m. ET.