

# INDIANA COMMISSION TO COMBAT SUBSTANCE USE DISORDER

November 3, 2022

## MINUTES

The Indiana Commission to Combat Substance Use Disorder met on November 3, 2022, at 10:00 a.m. EDT at the Indiana State Library, History Reference Room 211.

**Present:** Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Dr. Kristina Box (Commissioner of Indiana Department of Health); Ms. Betsy DeNardi (representing the Attorney General); Dr. Kristen Dauss (representing the Commissioner of Indiana Department of Correction); Mr. Dan Evans; Ms. Deborah Frye (Executive Director of Indiana Professional Licensing Agency); Mr. Cris Johnston (Director of Office of Management and Budget); Indiana State Representative Cindy Ledbetter; Mr. Devon McDonald (Executive Director of Indiana Criminal Justice Institute); Mr. Michael Moore (representing the Executive Director of Indiana Public Defender Council); Mr. Jacob Sipe (Executive Director of Indiana Housing and Community Development Authority); Ms. Kelly Welker (representing the Secretary of Indiana Family and Social Services Administration);

### Call to Order & Consideration of Minutes

**Chairman Douglas Huntsinger**

Chairman Huntsinger calls the meeting to order at 10:00 A.M. Chairman Huntsinger asks for a motion to approve the minutes for the August 4th, 2022, meeting. Mr. Dan Evans moves to approve the minutes as presented. Dr. Kristen Dauss seconds. Minutes are approved unanimously. Chairman Huntsinger highlights the state's naloxone distribution. Chairman Huntsinger introduces the recovery speaker, Ms. Charmin Gabbard.

### Recovery Speaker

**Charmin Gabbard, Executive Director,  
Fayette County Connection Café**

Ms. Charmin Gabbard details her experience as a person in long-term recovery. She will celebrate nine years of recovery in February 2023. She is the executive director and co-founder of Fayette County Connection Café. The café integrates a recovery community organization with a harm reduction program. Ms. Gabbard says the café serves about 125 people weekly.

### State Opioid Response Touchpoints

**Dr. Brad Ray, Senior Justice,  
Behavioral Health Researcher, RTI International**

Chairman Huntsinger introduces Dr. Brad Ray, senior researcher at RTI International. Dr. Ray has previously held roles at Wayne State University and Indiana University. He presents a five-year research trajectory around record linkage.

He credits Massachusetts's use of record linkage to identify touchpoints for inspiring his research. Record linkage is linking multiple data sources together at the individual level. For example, Dr. Ray suggests linking all the persons who died of an overdose to all the persons who have been released from prison to see identify how many correlates. He says that we can identify touchpoints by doing this across multiple data sets and use the findings to mitigate accidental overdose deaths.

Dr. Ray says his initial interest comes from studying jail data in Indianapolis. He says national research suggests people leaving incarceration settings like jail or prison without treatment or harm reduction resources are at an incredibly high risk for overdose and death. He references a study of Indianapolis jail data in 2017 to identify the percentage of fatal overdoses in Marion County who were released from the Marion County Jail that same year. This study estimated that one in every five overdose deaths involved an individual released from jail. Dr. Ray says individuals booked on syringe-related charges had three times the hazard of death.

Dr. Ray says he and colleagues at the Indiana University School of Medicine recently received funding from the National Institutes of Health (NIH) to do a 5-year study titled FORTRESS – Fatal Overdose Review Teams-Research to Enhance Surveillance Systems. Dr. Ray says that as part of FORTRESS, they will work with local county overdose fatality review teams across Indiana. These teams are a sizeable multidisciplinary collaboration that brings together more than a dozen local stakeholders monthly to conduct in-depth case review of fatal overdoses and identify patterns and opportunities to implement changes to reduce overdose deaths. He says OFR teams will be able to drill down to the local level to look at these touchpoints. For example, if the emergency department is a high touchpoint in an area, they should put forward standardized practices for what happens in the emergency department and get people linked to treatment and services. The local OFR could monitor that touchpoint and see if there were changes as a result.

Dr. Ray says they selected Indiana to complete their study given the Indiana Department of Health's management of a robust number of county-level overdose fatality review teams. They surveyed fatality review teams across the U.S. and found that no other state had as robust a network tied in and supported by the state government as Indiana. Dr. Ray says their first step will be to create dashboards for the review teams.

Chairman Huntsinger calls for questions.

Mr. Dan Evans asks for the level of confidence in the accuracy of the data.

Dr. Ray responds they cannot assess the Management Performance Hub (MPH) record linkage process; he says what they did to get into the quality of data was to look back in time and look for data normalization to occur. He said they could not assess how the record linkage is done, which calls a limitation of this work.

Dr. Box asks whether the prescription drug monitoring program (PDMP) keeps track of overdoses.

Dr. Ray says that is something that he has heard about. The ability to have a flag for non-fatal overdoses. He says that he understands the 58%. Dr. Ray says some of that is medications for opioid use disorder. He says that the movement national is low rational morphine. The provider might say then your cut off. This causes people to find something else, which often has fentanyl in them.

Dr. Thomas Gutwein says EMS touchpoints continued to increase but emergency department touchpoints decreased. He cites naloxone distribution, police use of naloxone, EMS response, and not having to transport people to the hospital.

Dr. Ray says he recently did a study where 10% of people who have placed a 9-1-1 call were booked into jail within six hours of the event. He says people lose trust in first responders because they call for help and end up incarcerated.

Chairman Huntsinger says State Opioid Response (SOR) funds for next year have low-threshold buprenorphine clinics as a funding point.

## **Buprenorphine Induction in Hospitals**

**Dr. Thomas Gutwein,  
Emergency Department Medical Director,  
Parkview Health**

Chairman Huntsinger introduces Dr. Tom Gutwein, emergency department medical director at Parkview Regional Medical Center, to present on Parkview's implementation of medication-assisted treatment in the emergency department.

Dr. Gutwein says the program was first implemented two years ago. He opens with a photo of two women. He says one day these women were happy, living with their children, and suddenly, a few days later, they both overdosed on opioids. Their stories are one of the many reasons why Dr. Gutwein and Ms. Connie Kerrigan, director of community support services at Parkview, began implementing medication-assisted treatment (MAT). Dr. Gutwein says Ms. Kerrigan was instrumental in the mental health aspect of this project, and an essential pharmacist was involved in the delivery of buprenorphine to patients.

Dr. Gutwein says that often he would see patients come into the emergency department suffering from opioid use disorder (OUD). They would be evaluated and then referred to an outpatient treatment center. This reoccurring problem was the catalyst for a standardized process. The MAT program was introduced through a pilot phase at the Parkview Regional Hospital emergency department. During the pilot program, patients were educated on Suboxone, a brand name of buprenorphine, and given a pill splitter to take home eight-milligram tablets. Dr. Gutwein says the patients were also set up with a future appointment so their treatment could be monitored. The appointments were made within three days of the patient's visit to the emergency department. DATA 2000 waivers were also created for physicians and physician's assistants for them to be able to prescribe buprenorphine. He says a grant was created as an incentive to provide physicians and physician's assistants with \$500 upon completion of the waiver. Out of 100 total providers – 60 physicians and 40 physician's assistants – 40% completed the waiver requirements. The waiver class is no longer required for providers who prescribe to fewer than 30 patients. He says the incentive was revoked and providers are required to apply for the waiver granted to them. This raised the number of providers with waivers to 60% completion.

Dr. Gutwein says there is an eligibility list for those who wish to receive MAT. He says those who are 18 years of age and older in active withdrawal are eligible, while those who are pregnant, experiencing an uncontrolled psychiatric condition that requires inpatient treatment, taking opioids for chronic pain, maintaining on methadone, or experiencing moderate to severe hepatic

impairment are all ineligible for the program. He says ineligible patients may still be treated for OUD but require more specialized care than the program provides.

Dr. Gutwein says eligible patients are evaluated based on a Clinical Opiate Withdrawal Scale (COWS). Dr. Gutwein says the COWS is an 11-item validation scale used for rating levels of opioid withdrawal. The lowest possible score is 0, and the highest is 48. The lower the score, the milder the withdrawal patients will experience. He says pharmacists generally want to treat patients with a COWS score of 13.

Dr. Gutwein says an order set was created for simplicity and efficiency. Consultations are done by psychiatrists, pharmacists, and peer support. Order sets are one-page online documents used to ensure a patient's medical treatment, which includes consults, prescribed medication, and lab test information is centralized. Dr. Gutwein says handouts are given to patients to educate them on daily buprenorphine/naloxone sublingual tablet administration. On the back of the handout is a checklist for the patient to ensure they maintain their treatment.

Dr. Gutwein says some keys to success for instituting MAT in the emergency department are gaining support from the pharmacy and mental health services, encouraging providers to get waivers, and creating a standard order set with discharge instructions. Parkview Regional Medical Center is almost two years into enacting this program. Nearly 60% of physicians and physician's assistants are waived. Most of the providers are looking to use it while some are still opposed to the use of buprenorphine.

Dr. Gutwein says Parkview Hospital is in the process of becoming a naloxone distribution site. The hospital will soon install a naloxone vending machine outside the emergency department.

Dr. Gutwein says that once the MAT program was enacted at Parkview Regional, other hospitals in the community reached out to set up their programs at Parkview Noble, Parkview Wabash, and Parkview Huntington. He says these other hospitals conducted MAT in their emergency department within 30 days of being waived and educated.

Dr. Gutwein calls for questions.

Dr. Box says this is a fantastic program and would like to see this in all emergency departments across the state. She asks if there is a need for more mental health providers in support of this program.

Dr. Gutwein says there is always a shortage of mental health care providers. He says there have been challenges in expanding to areas like Wabash, Bluffton, and Allen County. Dr. Gutwein says it is important to continue collaborating with mental health professionals because they ultimately want to provide care. He says there is a substantial gap in mental health providers for children with depression or behavioral issues.

Ms. Kerrigan asks Dr. Gutwein to share his experience with paraprofessionals participating in the treatment process and what they have meant for his peer recovery coaches.

Dr. Gutwein says peer recovery coaches are instrumental in providing patients with resources and education during their window of opportunity. He says peer recovery coaches only help with providing the patients with buprenorphine but also with navigating the complicated process of recovery.

Dr. Box asks if Dr. Gutwein is seeing any response from his obstetricians (OB) or maternal-fetal medicine specialists to engage as consults.

Dr. Gutwein says work has been done with obstetricians in the last six weeks to provide pregnant patients with a specific order set. He says he hopes to connect with their addictionologist for input.

Chairman Huntsinger thanks Dr. Gutwein for his expertise and presentation.

Chairman Huntsinger says another place where an impact can be made on overdoses and SUD is in jails. He says that in his 2019 agenda, Governor Holcomb prioritized expanded access to treatment for incarcerated individuals with SUD. Since then, more than 4,400 individuals have been treated across 32 of Indiana's county jails.

Chairman Huntsinger says another step taken was supporting Hoosiers exiting jails and beginning their transition into society, specifically through the Integrated Re-Entry and Correctional Support program (IRACS). This program connects incarcerated individuals across five pilot counties, Blackford, Daviess, Dearborn, Delaware, and Scott counties, with certified peers and re-entry supports. This program begins day one of incarceration, and within the first four months of IRACS being instituted, over 1,400 incarcerated individuals have been served.

### **Integrated Re-entry and Correctional Support Program**

**Sheriff Shane McHenry**

Chairman Huntsinger introduces Dearborn County Sheriff Shane McHenry and Aaron Spalding from 1Voice to share what IRACS looks like in Dearborn County.

Sheriff McHenry says IRACS is essential because experiences like Ms. Gabbard's are not isolated incidents. He says he believes that people have fallen through the cracks of the justice system for too long and cannot access the treatment they need. Sheriff McHenry thanks the Governor's Office and Chairman Huntsinger for their partnership.

Sheriff McHenry says when he was first approached about instituting IRACS in the Dearborn County Jail, he was very hesitant. It was not until he heard stories about people's passion for SUD treatment in the justice system that he knew he wanted his jail to be a part of the pilot program. Sheriff McHenry says his background is in the narcotics department. A majority of his career in law enforcement was spent arresting as many people as possible for drug crimes. He says that as time passed, he realized the generational issue facing law enforcement today and that circulating the same families through jail was not the answer to the opioid epidemic. Sheriff McHenry acknowledges there are crimes where people do need to serve sentences, however, he does not believe most of them should spend time in jail when they could be in rehabilitation facilities and programs.

Sheriff McHenry says the IRACS allows incarcerated individuals to jumpstart their recovery while in jail without the option of sentence reduction. He appreciates the intervention of peer recovery supports within his jail. They can connect with incarcerated individuals on a level that law enforcement will never be able to achieve because of shared lived experiences. He says he sees individuals released from jail return to the same places, hang out with the same people, and make the same mistakes, ultimately landing them back in jail. He says peer recovery supports address that issue and provide alternative solutions. One of peer recovery supports' main goals is to provide incarcerated individuals upon release with a photo identification card – ideally, a driver's license.

Sheriff McHenry says peer recovery includes counseling sessions post-release. The ultimate goal is for incarcerated individuals to receive the necessary tools to re-enter society as successful citizens.

Sheriff McHenry says the overall impact of the IRACS program and peer counselors on the incarcerated individuals in the Dearborn County Jail is positive. He says it is too soon to state absolute numbers, but he has seen a general decline in the jail population since the initiation of the IRACS program. Sheriff McHenry says he is proud of all they have accomplished within the jail and even more proud that they are being recognized as a positive example around Indiana.

### **Integrated Reentry and Correctional Support Program**

**Aaron Spaulding,  
IRACS Project Coordinator,  
Choices Emergency Response Team**

Sheriff McHenry introduces Aaron Spaulding of 1Voice. He says he arrested Mr. Spaulding for a drug crime. Since then, Mr. Spaulding then turned his life around and dedicated his career to helping others in similar situations. Sheriff McHenry says one of the reasons why the IRACS program in Dearborn County is so successful is because of peer counselors like Mr. Spaulding.

Mr. Spaulding has been in long-term recovery since November 29th, 2015.

He says he and a team of highly trained peer professionals have a unique opportunity to utilize their personal experiences of overcoming their battles with mental health and SUD to help incarcerated individuals by providing them with answers, resources, and general peer support services. Mr. Spaulding says he is evidence of how a person's life can change if provided with proper access to community resources and evidence-based peer support services. He says that while he was not provided with opportunities like the IRACS program during his incarceration, Dearborn County was proactive in implementing peer support services, and he could access those services upon his release in 2012.

Mr. Spaulding says there have been many incarcerated individuals who have not had access to these services. He cites data that shows that upon release from a correctional facility, many will likely succumb to a fatal overdose. IRACS allows him and his team to support incarcerated individuals in the initial days of incarceration and prepare them for release. An incarcerated individual's interaction with a peer support begins the moment they interact with law enforcement. Once that individual is incarcerated, Mr. Spaulding says he and his peer support professionals start connecting them with resources and services. Mr. Spaulding says each team member has an identified role and focuses on a participant when they reach a specific program level.

An example of this is when an individual first becomes incarcerated. Their first meeting is with forensic peer support. Their job is to collect demographics and general information about the individual. They use this information to pull together the individual's story. This ultimately helps the rest of the team by preparing them to support this individual better. He says that ongoing support services begin once the intake process is completed. This is when an incarcerated individual gets face time with a peer support specialist. They process any negative emotions that often accompany an individual through this process. He says these peer supports in this stage model to participants what recovery could look like.

Mr. Spaulding says that since July 6<sup>th</sup>, 2022, the IRACs team in the Dearborn County Jail has connected with 253 participants for over ,1900 peer-to-peer interactions.

Mr. Spaulding says that in addition to the IRACS program, incarcerated individuals can participate in Dearborn County's Matrix Module. This evidence-based program focuses on various topics, from understanding early recovery skills to relapse prevention planning. The group meets bi-weekly and has effectively provided the participants with the necessary skills and promoted an atmosphere of recovery. Mr. Spaulding says all incarcerated individuals should be allowed to build their recovery skills before they exit the justice system. He says that once a participant has been identified with a release date, they meet with a resource navigator who supports them and identifies any needs they have as they maneuver through the re-entry process. The resource navigator can plan for the individual's future after leaving the justice system. A plan includes housing needs, employment, substance use treatment, and future connections to peer support services. Mr. Spaulding says those services begin within the first 30 days following an incarcerated individual's release. This allows for a smooth transition between IRACS and the community-based peer team through their partnership with the Indiana Recovery Network and other local peer support agencies. Since July 30, 2022, individuals have been diverted from incarceration into treatment.

Chairman Huntsinger calls for questions.

Me. Devon McDonald asks if incarcerated individuals in the IRACS program are housed separately within the jail or if they are mixed in with the general population.

Mr. Spaulding says all IRACS participants are housed within the general population due to no security risks that would cause them to be separated. Those in a group together are housed in the same pod.

Mr. Cris Johnston asks if the IRACS program at the Dearborn County Jail is distinct or if it has a relationship with other community corrections programs within Dearborn County.

Sheriff McHenry says Dearborn County has a geochemical and addiction program as well as drug and veteran court programs. He says they are all separate programs, but there are ways they can build upon each other. Some individuals will start in the IRACS program and then can move up to the drug court program.

Chairman Huntsinger says the ability of individuals to work their way through the different programs is an essential reason for the integration of peer recovery supports within the recovery network. They can connect individuals when they exit the justice system to recovery hubs that the community has built to ensure the continuity of their programming.

Dr. Kristen Dauss asks Sheriff McHenry what his average daily population looks like and how many peers supports work within the jail.

Sheriff McHenry says the jail has been around less than 280 individuals. Mr. Spaulding says he is the peer supervisor and works with four peers. He says one of them is dedicated solely to monitoring groups. The other three provide individual one-on-one peer services.

Mr. Michael Moore says that as part of the Indiana Public Defender Council, he had the opportunity to observe the program. He says he witnessed an interview between the peer recovery support and the participant within the first 30 days of their release. Mr. Moore says the interview was interesting to watch because of the way the peer supported the individual through housing and

transportation needs. Mr. Moore thanks Sheriff McHenry and Mr. Spaulding for the work they are doing and says the Indiana Public Defender Council fully supports the IRACS program and continues to work to be a partner in individual recovery journeys.

Chairman Huntsinger says the IRACS program is funded through Recovery Works and administered through the Indiana Recovery Network and their forensic group, spearheaded by Jayme Whittaker, who was unable to attend today. The forensic group is helping implement this program statewide, and meetings have been scheduled toward the end of the year to discuss the next iteration.

Chairman Huntsinger says he has visited four of the five pilot sites and has been very encouraged by the collaboration of the community and the justice system. He says several sheriffs and peer recovery coaches are willing to offer their support and help with the expansion of the IRACS program.

### **Agency Updates**

**Devon McDonald, Director,  
Indiana Criminal Justice Institute**

Chairman Huntsinger introduces Mr. Devon McDonald to provide an update on the local coordinating councils (LCCs).

Mr. McDonald says their annual reports for last year's activity will be sent out to the commission members as soon as it is completed. He says 90 of 92 counties have completed and received approval for this year's comprehensive community plans. This is the largest number they have seen since the creation. He says the last two counties are expected to receive approval soon.

Mr. McDonald says the second quarter submissions run on the state fiscal year. He says those were due around September, and about 87 counties have already submitted those reports. He says this is a high number of compliances. Mr. McDonald says he is happy to see continued work with the LCC Advisory Group, a 16-member panel of individuals from ICJI and 13 individuals from the LCCs. This group is working to improve interactions with the LCCs and themselves.

Mr. McDonald says the research division has been very active in updating information from the LCCs and reports they have received to update dashboards on their website. He says they would be happy to share spending reports at the local level's activities and things along that nature.

Chairman Huntsinger calls for questions for Mr. McDonald.

### **Chairman's Comments**

**Chairman Douglas Huntsinger**

Chairman Huntsinger thanks the Commission for their time and attendance. The Indiana Commission to Combat Substance Use Disorder will meet Friday, February 3, 2023, at 10 A.M. EST at the Indiana State Library, History Reference Room 211.

**The meeting adjourns at 11:47 A.M.**