INDIANA COMMISSION TO COMBAT DRUG ABUSE

RECOVERY.IN.GOV
Harm Reduction Street Outreach (HRSO) Teams

November 4, 2021
Madi Alton
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Background

• Overdose deaths on the rise, exacerbated by COVID-19 pandemic

• Not all individuals are ready to seek traditional services

• “Harm reduction meets people where they are but doesn’t leave them there.”
Harm reduction includes...
- Naloxone
- Connection to Medication for Opioid Use Disorder
- Referral for treatment, housing, employment
- Peer Support
- Community connection

Without judgement
Teams - Structure

Staff
• 2 Outreach Workers
• 1 Supervisor

Experience
• Knowledge of areas where individuals use illicit drugs
• Connection to the community
• Harm Reduction practices
Teams - Locations

1. The Artistic Recovery
2. Recovery Café Fulton County
3. Recovery Café Indy
4. The Never Alone Project
5. Fayette County Connection Café
6. Open Door Health Services & Addictions Coalition of Delaware County
7. Gateway to Hope and Meridian Health Services
8. Indiana Recovery Alliance
9. Project ME FW, Inc.
10. AIDS Ministries/AIDS Assist of North Indiana
HRSO Team Requirements

• Weekly activities
  – Street outreach
  – Naloxone kit making & distribution
  – Supervision/debrief
  – Data collection

• DMHA-approved Harm Reduction Training
  – Ongoing technical assistance

• Bi-monthly “Learning Meetings” with the evaluation team
MIRT Program

Mimi Gardner, LCSW
Chief Behavioral Health and Addictions Officer
<table>
<thead>
<tr>
<th>WHAT IS A MOBILE INTEGRATED RESPONSE TEAM?</th>
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<tr>
<td>An interdisciplinary collaborative and systemic community response to the opioid and stimulant epidemic. EMTs, plain clothed police and certified peer recovery coaches provide wraparound services for those with substance use disorder in the community.</td>
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<td>A proactive approach which combines paramedicine with community policing.</td>
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<td>Peers are able to meet people on the ground and on the street and go to the homes and meet people basically wherever they are, to help bridge them from the incident—the overdose, the substance use disorder—to treatment and the road to recovery.</td>
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<tr>
<td>A Mobile Integrated Response Team treats the “whole person.”</td>
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• HealthLinc Mobile Integrated Response Team was established in 2019.

• We have 5 Coordinators and 10 Peer Recovery Coaches, totaling 15 peers.

• We serve the four counties of Porter, LaPorte, Starke and Lake.

• We have received over 754 total referrals, 663 unique referrals and 273 enrollments.

• We partner with over 72 organizations. Our partners include law enforcement, the judiciary, schools, DCS, hospitals, social service agencies, other FQHCs, community mental health centers, churches, schools, parole, probation, community corrections, coroners, fire and EMS departments.
GOALS

Expand access to recovery support services using peer recovery coaches.

Enhance evidence-based harm reduction efforts.

Expand the addiction workforces – hire more peers and develop peers.

Expand access to evidence-based treatment – MAT services.

Increase the number of providers of MAT services.

Develop Trauma Informed Recovery Oriented Systems of Care.

Use evidence-based prevention efforts to reduce youth substance use.

Policy change to improve services for those in recovery.

Reduce stigma.
**The Process**

1. Receive referral, the team engages the individual and family
2. Conduct an intake assessment
3. Determine what is the best course of care (inpatient, outpatient, support meetings)
4. Provide wraparound services
5. Complete a recovery plan
6. Narcan training
7. Schedule sessions in the home and community (minimum twice per week)
Home visits with EMT and law enforcement.

Team of 30 police officers and 15 EMT/paramedics.

Peers are in five emergency rooms for overdose support.

An addiction support group at one of the hospitals on their psychiatric unit.

Recovery support services for all our clients.

Peer recovery services.

Withdrawal kits to clients (Imodium, Clonidine, and Ondansetron).

Provide flex funds to assist with social determinants of health, assist with utilities, food clothing, rent and evictions.

COVID-19 testing and vaccinations to clients in our program.

AA, NA and Celebrate Recovery meetings

Assist clients with employment, housing, medical appointment, visitation, transportation for services.

Telemedicine for our clients due to the COVID-19 pandemic.

Vaccines for our partner organizations providing recovery support services.
Collaboration skills enable us to successfully work toward a common goal. They include communicating clearly, actively listening to others, taking responsibility for mistakes, and respecting the diversity of our colleagues.

Building strong unified networks and frequently working with individuals in other systems and its roles is beneficial to problem solve and determine solutions.

Building a culture of collaboration and shared resources is half the battle. Building a culture of collaboration and shared resources is half the battle.

Bringing healthy egos to the table.
Follow the *Trauma – Informed Recovery - Oriented Systems of Care* model framework.

Trained our four counties and use pre-existing local coordinating councils to help build out a coordinated network.

Network practices are person centered and build on the strengths and resilience of individuals, families and communities.

Acknowledged the impact of trauma and understand the connection of trauma and addiction.

Evaluated current behavioral health system and identified barriers.

Created a shared vision for future services.

Developed a strategic plan for every county.
Opioid Fatality Review Teams are designed to increase cross system collaboration among the coroner, law enforcement, public health, schools, probation, healthcare, parole, DCS, the judiciary, and probation.

The team confidentially reviews deaths by suicide or overdose in each county.

By doing this, we can identify system gaps, and innovative community specific overdose prevention and intervention strategies.
The Crisis Intervention Team is a community partnership of law enforcement and mental health and addiction professionals that promotes and supports collaborative efforts to develop a community crisis response. The focus of the team is to improve the response time, develop a policy for each system, and integrate services.

**GOALS:**

- Identify systemic issues with mental health crises in each community.
- Bring together stakeholders and review policies.
- Improve safety during law enforcement encounters with people experiencing mental health crisis/deflection in arrests focusing on treatment solutions.
- Reduce trauma that people experience during a mental health crisis and contribute to their long-term recovery.
- Focus on improving the response to mental health crisis situations and examines solutions for systemic challenges.
We have trained over 670 individuals with our statewide Behavioral Health Series.

Topics ranging from Fetal Alcohol Syndrome, Trauma, HIV and AIDS in Black and Brown Communities, Hepatitis C, Human Trafficking, Medication Assisted Treatment, Social Emotional Learning, Linking Faith with Addiction, Intimate Partner Violence/Batterers Trauma and Addiction, ACEs and Trauma in SUD.

Upcoming trainings include the topics of Alcohol Use Disorder, Sexual Assault, and Suicide Prevention.

Use your partners for presenters.
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<tr>
<th>Lessons Learned</th>
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<td>Multi system collaboration creates innovative solutions</td>
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<td>Sharing data improves collaboration and breaks silos</td>
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<tr>
<td>Stigma must be addressed in every system</td>
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<tr>
<td>Involve every system</td>
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<tr>
<td>Educate and train</td>
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<tr>
<td>Focus on workforce development</td>
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<tr>
<td>Peers are role models to those who want to start their journey in recovery</td>
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We would like to say *Thank You* to DMHA for their support, training and for providing access to experts in the field. We could not have done this without them.

Promotion of evidence-based practices has led us in developing services which are patient centered and meet the needs of our clients.
MIRT Program

Ephphatha Malden, LCSW, LCAC
Clinical Behavioral Health Manager
The Mobile Integrated Response Team provides peer services to clients who are suffering from a Substance Use Disorder.

The Peer Recovery Coach uses their lived experience to assist patients with a Substance Use Disorder.

Specifically, the Peer Recovery Coach handles:
- Wraparound intake
- Follow-up appointments
- Referrals
- Mental health concerns
The Mobile Integrated Response Team provides peer recovery services in the MIRT program.

Patients receive immediate peer support from a Peer Recovery Coach. After the intake, the patient may express symptoms such as:

- Insomnia
- Loss of interest in activities
- Feelings of worthlessness
- Suicidal ideation
- Excessive worry
- Trauma
In 2020, the MIRT program provided Stress Management Sessions for patients at no cost.

The sessions were provided by a Licensed Clinical Social Worker and interns from Indiana University Northwest Social Work program.

The patients learned ways to identify triggers in their life and learned Cognitive Behavioral Therapy skills to address it. CBT is an evidenced based practice that structures the brain to replace negative thought patterns with positive thought patterns in order to change an undesired behavior.

The patients that participated in the Stress management sessions learned ways to manage anger and stress and implement healthy coping strategies to remain in recovery.

The Peer Recovery Coaches made referrals to Community Mental Health Agencies when needed and coordinated with the clinical manager if there was a suicidal ideations/intent.
Studies (of peer recovery support for individuals with substance use disorders) demonstrate improved relationships with providers and social supports, increased satisfaction with the treatment experience overall, reduced rates of relapse, and increased retention in treatment. It is clear that peer support services can provide a valuable approach to guiding consumers as they strive to achieve and maintain recovery.

The trauma trainings are important when working with the patients since many have stated that they have experienced physical, emotional, or sexual abuse.

Stress management sessions are provided for the MIRT patients.
MIRT Data

Cara Jones
Program Evaluation Manager
Mobile Integrated Response

In the first two years..

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Unique</th>
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<tbody>
<tr>
<td>Referrals</td>
<td>754</td>
<td>663</td>
</tr>
<tr>
<td>Enrollments</td>
<td>273</td>
<td>267</td>
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Conversion Rate 36%

53% referral increase SOR1 → SOR2
35% enrollment increase SOR1 → SOR2

Top referral sources:

- Health care: 47%
- Criminal Justice: 17%
- Recovery Organization: 10%
- Community Corrections/Probation: 7%
- Self/Individual: 6%

HealthLinc accounted for 33% of total referrals.

Health care is the top referral source in every county except Lake where Recovery Organizations lead referrals.

Referrals:

15 noted pregnancy
50 noted recent overdose
1 in 8 were previous referrals
Mobile Integrated Response

Enrollment Demographics (n = 267)

Age Ranges

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>20-29</td>
<td>26%</td>
</tr>
<tr>
<td>30-39</td>
<td>43%</td>
</tr>
<tr>
<td>40-49</td>
<td>23%</td>
</tr>
<tr>
<td>50-59</td>
<td>8%</td>
</tr>
<tr>
<td>60+</td>
<td>1%</td>
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Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Male</td>
<td>53%</td>
</tr>
<tr>
<td>Female</td>
<td>47%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
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Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Caucasian (White)</td>
<td>78%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>6%</td>
</tr>
<tr>
<td>American Indianan/ Alaskan</td>
<td>1%</td>
</tr>
<tr>
<td>More than one race</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown/Unreported</td>
<td>13%</td>
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</tbody>
</table>

Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>9%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>65%</td>
</tr>
<tr>
<td>Unknown/Unreported</td>
<td>26%</td>
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Eligible Substance Use Disorder

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Opioid Use Disorder</td>
<td>51%</td>
</tr>
<tr>
<td>Stimulant Use Disorder</td>
<td>39%</td>
</tr>
<tr>
<td>Both</td>
<td>21%</td>
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HealthLinc Integration

53% of MIRT Clients had clinical encounters at HealthLinc

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Encounters</th>
<th>Unique Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>1023</td>
<td>134</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>397</td>
<td>89</td>
</tr>
<tr>
<td>Dental</td>
<td>107</td>
<td>24</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>90</td>
<td>38</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>80</td>
<td>29</td>
</tr>
<tr>
<td>Care Team Nurse</td>
<td>45</td>
<td>36</td>
</tr>
<tr>
<td>Optometry</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Midwifery</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Podiatry</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1689</strong></td>
<td><strong>141</strong></td>
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40% of primary care patients received MAT

Peer coaches have had 4519 additional encounters for 232 patients since October 2020*

*peers didn’t start using EMR system until SOR2
Mobile Integrated Response

Preliminary 6-month outcomes

- FT employment increased 83%

- Almost half of parents who had lost custody regained custody of children

- Individuals with days committing a crime in past month decreased by 50%, average days decreased by 192%

- 43% had decrease in alcohol use days, 24% had decrease in drug use days

- Attendance at self-help groups more than doubled
Questions?

Mimi Gardner, LCSW
Chief Behavioral Health and Addictions Officer
mgardner@healthlincchc.org
Contact Information

• Website: https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/

• Email: – Jeannie.Bellman@fssa.in.gov – Sirrilla.Blackmon@fssa.in.gov – Catherine.Blume@fssa.in.gov – Melissa.Carroll@fssa.in.gov – Vera.Mangrum@fssa.in.gov
Agenda

• Suicide and Overdose Fatality Review (SOFR) 101
• Indiana SOFR Program
• SOFR Data and Recommendations
• Question and Answer with local team representatives
Introduction

• Drug Overdoses are the leading cause of death in the United States.

• Overdose Deaths are preventable with coordinated prevention strategies, timely implementation of evidenced based strategies, community mobilization and supportive family and friends.

• How do you prevent something without understanding the community landscape?
The public health approach to violence and injury prevention

- Define the problem.
- Identify risk and protective factors.
- Develop and test prevention strategies.
- Assure widespread adoption.
SOFR Goals

- Identifying missed opportunities for prevention and gaps in system
- Building working relationships between local stakeholders on overdose prevention
- Recommending policies, programs, laws, etc. to prevent overdose deaths
- Informing local overdose prevention strategy
Every Fatality Review is...

1. A comprehensive review of death cases conducted by multi-disciplinary teams, analyzing the death response and investigation

2. A presentation of pertinent records including:
   - Death Certificate
   - DCS records
   - LEA records
   - Coroner report and Autopsy
   - Medical Records
   - School Records
   - Mental Health
   - Social Services Records

3. A discussion of:
   - delivery of services
   - data sharing
   - stakeholder-led recommendations and system improvements
   - next steps to implement through community action
Indiana OFR Program
Indiana SOFR

- State helps to coordinate local sites
- State level database that has local access
- SOFR legislation starting July 1, 2020
  - IC 16-49.5
- 20(ish) SOFR teams throughout the state
- Inclusion of suicide and overdose deaths as teams identify need
- Identifying both upstream and downstream prevention strategies
- Increasing conversations around SDOH
Fatality Review is NOT...

• A Peer Review
• Designed to examine individual performance or place blame
• An opportunity to second guess agency policy or practice
• Only an opportunity to point out the negative
Data and Recommendations from Around the State
Clark County SOFR

• Established in March of 2020
• Joint review team with the child fatality review team
• Reviewed 36 cases
  • Overdose and Suicide adult cases
  • Random Selection
  • Known touchpoints
• Generated 178 unique recommendations
  • Divided into subcategories by theme
    ◦ Education, recovery, healthcare, ER, treatment, prevention, criminal justice, Narcan, grief support, follow up, responder fatigue and state level
Clark Recommendations - data

RECOMMENDATIONS BY PERCENTAGE

- Emergency Department: 8%
- Health Care: 14%
- Information Sharing: 3%
- Criminal Justice: 7%
- Narcan: 8%
- State: 6%
- Social Determinants of Health: 11%
- Recovery: 4%
- Education: 4%
- Grief Support: 4%
- OFR team: 1%
- Responder Fatigue: 2%
- Treatment: 8%
- Death Investigation: 1%
- Primary Prevention: 9%
- Follow Up: 9%
- Health Care: 14%
- State: 6%
Clark Healthcare Data – 12 months prior to death
Clark Health Care Recommendations

- Ensure involvement of behavioral health in hospital setting regardless of the medical complexity x7
- Improve the health care experience for those with SUD and mental health x2
- Standardized screening for SUD at all health care systems
- Create a golden patient file to better share information across health systems
- Treat SUD and co-existing conditions at the same time instead of separately
- Increase accessed to MAT induction in the ER x3
- Better suicide/mental health screening for frequent ER visitors. X2
- Embed recovery coach in the ER to connect with individuals after a nonfatal overdose x2
Questions and Answer
INDIANA COMMISSION TO COMBAT DRUG ABUSE

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