

Indiana Commission to Combat Drug Abuse

November 8, 2018

MINUTES

The Indiana Commission to Combat Drug Abuse met on November 8, 2018 at 10:00 A.M., Eastern Time at Indiana State Library, History Reference Room 211, Indianapolis, IN.

Present: Chairman Jim McClelland; Mr. Doug Carter (Superintendent, Indiana State Police); Ms. Stephanie Anderson (representing Indiana Department of Correction); Ms. Kara Slusser (representing Indiana Professional Licensing Agency); Mr. Aaron Negangard (representing the Attorney General); Mr. Mark Carnell (representing Indiana Public Defender Council); Mr. Dan Evans; Dr. Jennifer McCormick (Superintendent, Indiana Department of Education); Mr. David Murtaugh (Executive Director, Indiana Criminal Justice Institute); Mr. David Powell (Executive Director, Indiana Prosecuting Attorneys Council); Kyleen Welling (representing Indiana Housing and Community Development Authority); Ms. Terry Stigdon (Executive Director, Indiana Department of Child Services); Dr. Jennifer Walthall (Secretary, Indiana Family and Social Services Administration); State Representative Mara Candelaria Reardon; State Representative Cindy Ziemke; Dr. Kristina Box (Commissioner, Indiana State Department of Health)

Call to Order and Consideration of Minutes

Jim McClelland, Chairman

Chairman McClelland called the meeting to order at 10:04 A.M. He asked for any revisions to the minutes for the August 23, 2018 meeting. They were approved unanimously.

Chairman's Report

Jim McClelland, Chairman

McClelland shared a statement with the members of the commission regarding progress made over the past year and ten months:

"It's now been one year and ten months since Gov. Holcomb was inaugurated and announced attacking the drug epidemic as one of the pillars of his Administration's agenda.

"Since then, a lot of work has been done aimed at helping to keep people alive, greatly expanding timely access to medication-assisted treatment, helping to prevent others from developing substance use disorders, and helping to educate and inform the public and reduce stigma. An updated list of some of the more significant actions will be posted on the Next Level Recovery website, in.gov/recovery, next week.

"I'm pleased to report that we are seeing some encouraging signs:

- *Opioid prescription rates continue to fall – not fast enough, but they're moving in the right direction. According to the CDC, in 2017 Indiana's opioid prescription rate dropped 11.6 percent.*
- *All indications are that visits to emergency departments for overdoses have been trending downward for the past several months.*
- *And we have also heard from some counties that deaths from drug overdoses are down this year.*

"While the trends are encouraging, there's still a lot of work yet to do. Reducing the number of opioid prescriptions will help prevent others from developing opioid use disorders. As we combat the drug

epidemic, illicit fentanyl, fentanyl analogues, other synthetics, and other non-opioid illicit substances call for our best interdiction efforts.

“We also must do as much as possible to help prevent substance abuse among our children and youth. \$2 million of the federal Cures Act funding carryover will help support school-based prevention initiatives through the Indiana Department of Education. In addition to the prevention work funded by a portion of the State’s substance abuse block grant, we have provided support to expand Youth First’s school-based programs and Purdue Extension’s prevention work. Several private foundations have made significant commitments to support school-based prevention programming, and in the coming year we will increase the State’s support for school-based prevention.

“We will also continue to improve access to medication-assisted treatment, take steps to improve recovery support services, and further expand the use of Project ECHO. That’s just a partial list. More detail will be forthcoming in the next few weeks.

“We’re working hard within State government to make the most of the total resources available to us, and we’re grateful for the significant commitments that have been made by numerous entities in other sectors. While the state certainly has a significant role to play, much of what needs to be done to prevent substance abuse and to help people maintain recovery can best be implemented at a local level.

“Fortunately, we are seeing a growing number of strong, broad-based community coalitions focused on prevention, treatment, and recovery. Examples include the coalitions in Howard, Bartholomew, Clark, and Dearborn Counties – people coming together across the sectors with a focus on a common concern, learning from each other, and seeking ways to use their respective skills and other resources collectively to cause some good things to happen that otherwise would not happen. This kind of approach will go a long way toward ending the current crisis.

“We know we’re moving in the right direction, and we’re building momentum. But when we see signs of progress, that’s when we need to redouble our commitment and our efforts, pick up the pace, and get the job done. Now is the time to do that.

“Working together, we will end this crisis, and we will do so in far less time than it took to create it. And I thank each of you for all that you are doing to help make that happen.”

Recovery Story

Tracy Skaggs

Ms. Tracy Skaggs shared that she is currently a student at Ivy Tech’s Sellersburg campus, a wife, mother, grandmother, and a person in recovery from substance use disorder. Ms. Skaggs indicated she was first exposed to illicit substances as a child, by her mother, who taught her to use marijuana, cocaine and alcohol by the time she was 13 years of age.

As an adult, Ms. Skaggs said she used substances including cocaine and methamphetamines, switching from substance to substance. Suffering from mental health problems and substance use disorder, she checked into a treatment facility and completed the treatment program about five years ago. However, she relapsed, and as pain pills became harder to find on the street, she switched to heroin in 2014. She said she felt powerless and terrified of the control heroin had over her, and prayed for help.

Ms. Skaggs said that her husband overdosed on heroin in 2016 and was taken to the hospital, where naloxone was administered and his life was saved. He entered a treatment program, but relapsed into substance use.

Deciding to take her life in a new direction, she enrolled into college at Ivy Tech. Since 2017, her husband has maintained recovery from substance use. Ms. Skaggs said she has maintained recovery for about four years, focusing her efforts on helping other individuals recover from substance use disorder and highlighting the need to protect children from developing substance use disorders through prevention initiatives.

ICJI Report

**Dave Murtaugh,
Executive Director,
Indiana Criminal Justice Institute**

Mr. Murtaugh shared an update from the Indiana Criminal Justice Institute. At the end of August, seven new Drug Free Communities were awarded, bringing the total to 19. Counties awarded include Bartholomew, Porter, Allen, Jay, Wayne, Warrick, and St. Joseph.

He indicated that ICJI's substance use division has continued to work on a manual to provide guidance to Local Coordinating Councils across Indiana. They have also met with many counties interested in continuing networking. ICJI's new substance use division director starts in December. Mr. Murtaugh stated that 88 counties have submitted their budgets and nearly \$6 million has been awarded across the state.

FSSA Medicaid Prescribing Update

**Dr. Jennifer Walthall, Secretary,
Indiana Family and Social Services Administration**

Dr. Walthall said that Indiana Medicaid launched a four-phase program in the fall of 2016 to improve prescriber rates. The first phase of the program decreased prescribing by 25 percent within the Medicaid provider community. In the winter of 2017, FSSA's managed care partners removed the prior-authorization criteria for buprenorphine to increase access to medication for substance use disorder treatment.

In the spring of 2018, Medicaid sent an opioid high dose prescriber letter to inform Medicaid providers who were above the CDC guidelines for prescribing. This decreased utilization by 10 percent. In fall of 2018, utilization management now applies to new opioid and Benzodiazepine users, with a goal of continuing to decrease utilization of those two medications. In 2019, two additional program components will go into effect, extending the opioid utilization management criteria to existing users of opioids, and to concurrent opioid and Benzodiazepine utilization.

Dr. Walthall shared that over the past two years, this program has resulted in a 12.2 percent decrease in member opiate utilization, a 21.1 percent decrease in opioid claims in Medicaid, and a 30 percent reduction in members utilizing doses at or greater than 90 morphine milligram equivalents.

Prescription Rates

**Dr. Kristina Box, State Health Commissioner,
Indiana State Department of Health**

Dr. Box stated that Indiana's prescribing rate has decreased by 11 percent, at about the same rate as the national rate. Indiana State Department of Health (ISDH) has participated in meetings with several other agencies, to address physician report cards and allow prescribers to compare prescribing within their specialty, utilizing INSPECT to generate report cards.

She reported that the most common in-patient surgical procedure is obstetrical C-section and studies show that typically 40 pain pills are prescribed and only 15-20 are used. There is concern that these pills can be diverted. ISDH is working with their partners to help decrease prescribing or better individualize opioid prescribing based on patient use in the hospital. They are also encouraging scheduling of post-partum follow ups and reminders to patients regarding the proper disposal of any remaining opioid pills.

Take Back

**Kara Slusser, INSPECT Director,
Indiana Professional Licensing Agency**

Ms. Slusser said that the State of Indiana participated in the 16th annual drug take back day to reduce diversion of prescription pills on October 26 and 27, providing opportunities at locations across the state for the public to safely dispose of unwanted or unneeded prescription medications. Indiana State Police hosted drop-off locations at State Police posts across the state and at the Indiana Government Center, collecting 2,073.5 pounds of medications during the two-day event. In addition, Professional Licensing Agency and the Board of Pharmacy collected 987 pounds at eight locations. Across the state, 21,480 pounds of medication was collected during the event and has been safely disposed.

Recovery Works

**Brad Ray, Ph.D., Associate Professor,
IUPUI School of Public and Environmental Affairs**

Dr. Ray shared that he has concluded a multi-year, multi-dimensional study of the state's Recovery Works program and shared analysis. The study integrated data from November 2015 to February 2018, tracked outcomes through the Division of Mental Health and Addiction, Department of Correction (DOC) and the Marion County Sheriff's Office, and looked for changes in individuals engaged in Recovery Works over a six month period.

During that time, there has been an average of 1,200 client referrals per month, mostly from the criminal justice system. Marion County is the largest referring county. The population participating in the program was predominantly high-risk and 41 percent had not previously received substance use disorder treatment. The drug most commonly reported was opioids.

Dr. Ray said that to be eligible for the Recovery Works program, an individual must be charged with a felony, although they do not have to be convicted. Data shows that six months after individuals became engaged in Recovery Works, most demonstrated a decrease in self-reported crime and drug use and an increase in employment and ability to live independently.

He also shared his findings regarding recidivism related to the Recovery Works program. For individuals who had not previously been incarcerated, after one year 6.6 percent were incarcerated, and after two years 13 percent were incarcerated. For individuals who had been incarcerated, after one year 9.8 percent were re-incarcerated and after two years 20.8 percent were re-incarcerated. The predictive factors for incarceration include previous time in a DOC facility, younger males, lower income individuals, and those experiencing housing instability.

Project ECHO Update

**Kristen Kelley,
ECHO Project Coordinator for Opioid Addiction Treatment,
Indiana University School of Medicine**

Ms. Kelley said that Project Extension for Community Health Care Outcomes (ECHO) originated in New Mexico, where a physician treating Hepatitis patients saw a need and launched a program to provide virtual training to train physicians so more patients could be treated in their own communities. The Project ECHO concept has helped medical professionals treat 250 complex medical conditions, including opioid use disorder (OUD), all around the world.

Indiana's Project ECHO program is currently focused on treating OUD and has specifically proven to be helpful in rural communities, providing training to physicians so they can deliver services. Project ECHO partners in Indiana include the Indiana University School of Medicine, Fairbanks School of Public Health, the Indiana Prevention Resource Center, and the Division of Mental Health and Addiction (DMHA). DMHA funds the program, utilizing federal 21st Century Cures grant dollars. Project ECHO, led by Indiana University's Dr. Leslie Hulvershorn and Riley Hospital's Dr. Zac Adams, has been operational since March 2018.

Ms. Kelley stated that the program has three tracks, provided free of charge to participants. A prescriber and dispenser track trains individuals who have obtained a buprenorphine waiver or are in the process of receiving this waiver, including physicians, nurse practitioners, pharmacists and pharmacist assistants. Project ECHO also offers a behavioral health track, a peer-recovery worker track, and community health worker track. Participants tune into live ECHO clinic sessions remotely and the program meets electronically for 90 minutes every other week, for a total of 12 weeks per track. Each session presents the opportunity for medical professionals to earn 1.5 hours of continuing education.

Learning objectives for all tracks include how to assess and diagnose OUD, how to identify OUD, how to talk to patients, monitoring patients for adherence to treatment, checking INSPECT, interpreting drug screens, and looking for diversion. Other topics include stigma reduction, pain management, harm reduction, life skills, syringe service programs, naloxone, and re-engaging people in their communities. The class structure is flexible, incorporating feedback to answer questions and meet specific participant needs.

Since March 2018, Indiana's ECHO program has seen a total of 197 total participants, 324 total registrants who plan to participate and 46 participants who have completed 75 percent of a track. Each session averages approximately 19 participants. The ECHO program has provided 48 total sessions so far between all tracks, with participants from more than 42 counties.

Ms. Kelley shared that an evaluation is provided after each session to allow ECHO to adapt to provide better information. The program helps reduce isolation medical professionals may feel in treating OUD, and works to minimize practitioners exiting the workforce. It has also helped inform participants regarding new treatment facilities and resources that may be available to their patients. Following each session, resources and PowerPoints are shared on the Indiana Project ECHO website. Future tracks and sessions are planned for topics including treating OUD in pregnancy, treating OUD in adolescents, treating the prison population, treating Hepatitis C and helping First Step workers.

Opioid Treatment Program Update

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

Mr. Moore shared an update on Indiana's Opioid Treatment Programs (OTP), clinics that provide all three forms of medication approved by the Food and Drug Administration for treatment of opioid use disorder: methadone, naltrexone, and buprenorphine. The OTPs are approved by the federal Substance Abuse and Mental Health Services Administration, regulated by the federal Drug Enforcement Administration, and certified in Indiana by the Division of Mental Health and Addiction (DMHA).

Currently 18 OTP clinics are located across the state. During state Fiscal Year (FY) 2018, these clinics served just over 15,000 people. About 87 percent of the individuals served were between the ages of 20 and 49, falling within the adult workforce population. In FY 2018, there were 5,400 new admissions to treatment in OTPs and about 32 percent of individuals were employed at the time of admission.

Helping patients with employment is a required part of the OTP treatment plan. During 2018, 3,600, or about 67 percent of individuals, experienced improvement in their employment status throughout their treatment, either by gaining employment or through improvement in their existing employment.

Last year, legislation was passed in Indiana to certify up to 9 new OTPs as needed across the state. To prepare, DMHA has worked with the Indiana Management Performance Hub to analyze data regarding prescription rates, emergency department data, emergency medical services rates with and without naloxone, death data, overdose deaths, overdoses from opioids, and the distance individuals are currently traveling to existing OTPs.

Mr. Moore said DHMA had utilized the data to target locations for new OTPs, based on need and with the goal of reducing the distance people must travel to receive treatment. DMHA sent out requests for proposals, with a goal of targeting about 10 counties, including Howard, Tipton, Hendricks, Fayette, Rush, Delaware, Elkhart, Knox, La Porte, and Henry. Following a request for proposals, two new OTPs were awarded to Hamilton Center, which also operates the existing Terre Haute OTP. The new OTPs will be located in Hendricks and Knox Counties. DMHA is working with Hamilton Center to operationalize these centers. Mr. Moore said that DHMA will refine the request for information process for future OTPs and gather additional info needed from previous submissions for the next round of up to seven additional OTPs.

Meeting adjourned at 11:25 a.m.

The next meeting will be held on Friday, February 8, 2019 at 10 a.m. ET.