

# **Indiana Commission to Combat Drug Abuse**

February 17, 2017

Minutes

The Indiana Commission to Combat Drug Abuse met on February 17, 2017 at 10:00am (EST) in the Government Center South, 402 W. Washington Street, Conference Room 4 & 5.

**Present:** Dr. Jerome Adams Commissioner Indiana State Department of Health, Honorable Mary Beth Bonaventura, Superintendent Douglas Carter, Commissioner Robert Carter, Director Deborah Frye, Honorable Curtis Hill Jr., Deputy General Counsel Sharon Jackson, Director Larry Landis, Commissioner Jim McClelland, Senator Jim Merritt, Director David Murtaugh, Honorable Mark Smith, Director Micah Vincent, Dr. Jennifer Walthall, Secretary of FSSA, Representative Cindy Ziemke

**Absent:** Honorable Jennifer McCormick, Representative Matt Pierce, Director David Powell

## **Commission's Charge**

**Jim McClelland**

Commissioner Jim McClelland called the first Indiana Commission to Combat Drug Abuse meeting to order at 10:00 AM. The Indiana Drug Task Force was thanked for being instrumental in gathering information for the commission. The commission is scheduled to meet four times a year.

## **ICJI Director's Report**

**David Murtaugh, ICJI Executive Director**

ICJI is charged with coordinating with the local organizing councils to plan, monitor, and evaluate local comprehensive drug abuse plans.

Ninety-two counties were presented the opportunity for 2016 monies and by statute these funds are collected from the alcohol counter measure fees and drug interdiction prosecutor fees that go into the state user fee fund. 75% of these funds are kept in each county of those is given to the auditor which is then given to CJI for approval. The funds are eligible to be used in one of four categories; 25% for criminal justice 25%, prevention 25%, for treatment, and 25% for administrative fees

All programs that applied have been approved since January 2017 totaling \$2,662,659. The programs must supply their plan and updated annually to receive funding. These are not grants that CJI provides to these counties but rather funds collected by user fees from within each county. There is a decrease in user fees due to diversion programs, not being able to pay the fees, or only paying partial fines/fees. This is effecting the smaller counties on a higher scale.

All ninety-two LCCs counties have been visited by Sonya Carrico, ICJI's Substance Abuse Coordinator.

Gibson County's LCCs has not been functioning and would like to be reactivated. They will be the 91<sup>st</sup> County that will have an LCC. Motion is accepted and second.

## **Jim McClelland**

Primary purpose of ICCDA is to help coordinate, align, and focus agencies, local groups, law enforcement, and health providers to deal with substance abuse. The commission is going to be about outcomes and impacts then activity. Goal to drive down use of illicit drugs, the number of overdoses, deaths from overdoses, prescription rates of opioids, and the number of babies born neonatal abstinence syndrome.

At the same time drive up the percentage of people that have substance abuse disorder, that have recovered, and are able to be productive members of their communities.

An ad hoc committee will be created with people from the commission and leaders in the community for ideas. The role of Commissioner is to support and link various services provided by the government and outside the government to gather data and convert that data to help make better decisions for this drug situation using predictive analytics.

## **Sharon Jackson, Office of Gov. Eric Holcomb, Deputy General Counsel**

That our lawmakers are seeing this epidemic to be nationwide. There are new federal funding streams available to address drug addiction epidemic but we are also competing with sister states to request funds and tackle this problem.

Our grant proposals need details and tell a compelling story. State agencies need to come together to create the best proposal for approval. An idea would be putting a team together to help write grant proposals. 21<sup>st</sup> Century Cures Act will make available \$1 billion over two years, the proposal is being submitted today for Indiana. Congress passed the Comprehensive Addiction and Recovery Act also known as CARA. They will be accepting grant proposals until the end April for states and local communities. We as a commission need to make the communities aware of this funding stream so they may apply for funds.

## **IEEMS Pilot Projects**

## **Dr. Charles Miramonti, Chief of Indianapolis Emergency Medical Services**

The IU School of Medicine, City of Indianapolis, Health and Hospital Corporation of Marion County, Eskenazi Health, Indianapolis EMS, Midtown Mental Health, and the MESH Coalition have partnered together to implement a multi-disciplinary strategy focused on three areas.

- 1) Aggregating optimizing the routing of new potential patients to existing mental health and substance abuse resources
- 2) Utilizing alternative low-cost providers in new ways in the home and community settings that complement conventional brick and mortar clinics and providers
- 3) Advocating for expansion of mental health reimbursement for substance abuse and addiction.

Continued:

**Initiatives:**

CORE

Project Point

Law Enforcement Narcan Program

Mental Health Bed Tracking and Transfer Initiative

Jail Diversion Initiatives

**1. Naloxone distribution**

**Dr. Jerome Adams, State Health Commissioner**

**Actions to improve timeliness of data**

Challenging everybody to come together to solve the problem. Surgeon General said Indiana is in a good space and ahead of the game because we have all the players in the commission. Dr. Paul Halverson Dean of the School of Public Health for Indianapolis and with a strong connection to other Deans'. We need to lean on the professional schools to help.

Update: increase access Naloxone, received grant from CJI for \$300,000, of that 250,000 is to help create Naloxone kits and 50,000 Naloxone repositories around the state. Of those numbers 3,500 kits were provided to local health departments that applied. Second round of grant funds of \$100,000 received 22 applicants were approved. Proposed budget \$250,000 for Naloxone in the next year. We need to get the word out in order to get Naloxone kits to all counties and health departments. A total of five caches will be placed in state police stations across the state with a total of 500 kits. Data being recorded throughout the different law enforcement and healthcare agencies is not accurate showing the real stats and impact of opioid use and outcomes.

State Department of Health is working on the hospital chief complaint regarding data collecting and with the additional EMS data entered into the Essence system. One hundred and twenty one hospital ERs and two urgent care centers use the Essence system. Through this system we should find a way to better track the drug use within the state.

**2. Harm reduction strategies**

**Dan Evans, IU Health, Retired President & CEO**

How are we using information technology to fight this battle?

What are the harm reduction tools that we might employ on a real-time basis to bend the curve?

For example there is Inspect data which is not widely used. The difference between now and 45 years ago is that we have data, social science, and science which is analytic and guides our work. Epic and Cerner are competitor data collectors but along with Inspect they should find a way data share for the sake of this commission.



- Evaluation
  - Currently working with IUPUI SPEA to complete a comprehensive evaluation of Recovery Works
  - Collecting surveys from our Criminal Justice partners to evaluate how their opinions of recovery, mental health, and substance use effect the outcomes for their clients
  - In the process of analyzing the first year's data; both data from DMHA and DOC
- Targeted outreach/TA
  - Continuing to build staffing structure in order to engage counties not engaged or fully participating

21<sup>st</sup> Century Cures grant award amount \$10.9 million a year for a two year cycle.

## **7. Next Steps**

**Jim McClelland**

Requested a list of programs and services related to substance abuse that each agency is involved in. By March 17, 2017 have the top three high-level impact metrics that we are going to align everything toward a solution.

## **8. Other business - NA**