

# Indiana Commission to Combat Drug Abuse

May 18, 2017

Minutes

The Indiana Commission to Combat Drug Abuse met on May 18, 2017 at 10:00am (EST) in the Government Center South, 402 W. Washington Street, Conference Room A.

**Present:** Commissioner Jim McClelland; Dr. Jerome Adams; Honorable Mary Beth Bonaventura; Superintendent Doug Carter; Commissioner Rob Carter; Mr. Daniel Evans; Director Deborah Frye; Ms. Kelly Craven (Attorney General Designee); Deputy General Counsel Sharon Jackson; Director Larry Landis; Honorable Jennifer McCormick; Senator Jim Merritt; Director David Murtaugh; Representative Matt Pierce; Honorable Mark Smith; Senator Greg Taylor; Mr. Micah Vincent; Dr. Jennifer Walthall; Representative Cincy Ziemke

**Absent:** Director David Powell

Commissioner Jim McClelland called to order the second Indiana Commission to Combat Drug Abuse at 10:01am with all members approving minutes from February 2017 meeting.

## **ICJI Director's report**

**David Murtaugh, ICJI Executive Director**

Substance Abuse and ICJI approved thirty-nine counties' budgets for prevention treatment, criminal justice, and administration from their user fees. This means twenty-six plans were approved for their communities. ICJI worked with Lawrence County to apply for CARA grants for deflection team, Fayette County for Telemedicine grant, and IPLA to improve the Inspect program. All were submitted at the end of April.

## **Presentation, "Meet Recovery"**

**Representative Cindy Ziemke**

Representative Cindy Ziemke introduced Shawn Ryan, Conner Ryan, and Samantha Siegel who have been through recovery and are now speaking in schools to spread the word regarding drug use and the dangers in doing so. Each person gave testimony on the programs that helped them pull through the addiction.

## **Strategic Approach and Action Items for 2017**      **Commissioner Jim McClelland**

The focus will be directed to the opioid issue although it is realized there are other addiction issues.

Action Items:

1. Reduce the incidence of substance use disorder.
2. Reduce additional harm that can result from substance abuse.
3. Improved treatment of persons with SUD
4. Develop and augment the ability of the Executive Director for Drug Prevention, Treatment, and Enforcement to serve its stakeholders, including persons with SUD and their families, providers of services, and units of government.
5. Support and enhance substantial community-based collaborations aimed at prevention, treatment, and recovery. Encourage and support strengthening the infrastructure of communities (including County public health departments) to increase the capacity of communities to implement evidence-based prevention and treatment programs.

Director David Murtaugh made the motion, Superintendent Doug Carter seconded motion to approve endorsement of the document titled "A Strategic Approach to Addressing Substance Abuse in Indiana."

## **Discussion:**

*Senator Taylor addressed “Banning the box” may be a barrier with some of the programs being approved. Senator Merritt stated that changes with “Banning the box” are already in progress with Gov. Holcomb. Dr. Adams stated that mental health needs to be addressed along with the opioid issues.*

The motion was unanimously approved.

Dr. Jerome Adams presented Justin Phillips with the **Health Commissioners Award** for her commitment to save lives in Indiana.

**FSSA Updates: Naloxone distribution report- Dr. Jennifer Walthall**

**Problem statement: naloxone**

In the current opioid epidemic, naloxone availability is not sustainable and equitable for all populations across Indiana.

**Current State:**

- Emergency, just in time
- Disengaged provider population
- Fragmented delivery and stocking

**Connectivity:**

- |                    |             |
|--------------------|-------------|
| ○ Laypersons       | ○ EMS       |
| ○ Community Groups | ○ Providers |
| ○ First Responders | ○ Hospital  |

**Future State:**

- Affordable – State purchasing contract rate
- Reimbursed via healthcare system – health dept. can apply to be Medicaid providers so they will receive reimbursement. Not relying on grants to fund programs.
- Available across geographies – Only 47 health departments are Medicaid providers
- Monitored for restocking – Utilized “Opt In”

**Barriers:**

- EMS reimbursement
- Medicaid providers
- Lack of single point delivery
- Pricing

**Action plan:**

- IHA/DHS interface
- LHD touchpoint
- Reimbursement model
- Provider engagement

**Community Health Workers:**

- There is a need for medication assistants in treatment and substance abuse disorder treatment.
- The example for other states that are bringing medication to patients rather than patients going to get their medication.
- There needs to be a connector between citizens, community groups, space cultural norms, space medical systems.
- For the future state we are like the health care worker to become the connector and bridge and support for SUD continuum.
- Action plan –

- Define health care worker through policy so they can assist.
- Medicaid model for reimbursement
- Quality reporting
- Certification
- Partnership

**Miscellaneous FSSA updates:**

- HIP waiver
- SUD component of 1115
- Cures Grant
- MAT enhancements
  - standardized PA form
  - protocol driven testing
  - Echo model

**Discussion:**

*Sen. Greg Taylor asked how the recently passed House bill will affect the waiver process. Dr. Walthall explained that there are several options if the federal funding became an issue to the current HIP healthcare processes. Dr. Adams addressed the fact that naloxone has increased to \$80 per dose and with recorded stats over 13,000 doses were given out in the year 2016. This brings the total cost to over \$1 million. Representative Cindy Zemke stated that along with the naloxone distribution we need to be offering recovery options especially for repeat offenders.*

**Cures Grant Implementation report:**

**Kevin Moore**

The 21<sup>st</sup> Century Grant was received and Indiana will have \$10.9 million in the first year. The following areas are where money will be dispersed

Goal 1: Indiana Prescription Monitoring Program –“Push” INSPECT data to physicians EHR - budget – \$150,000

Goal 2: Substance use disorders and recovery – budget – \$500,000

Goal 3: Project Echo – Extension for Community Healthcare Outcomes – Provide training and education support for healthcare system workers to identify and treat opioid addiction – budget – \$300,000

Goal 4: Indiana Recovery and Peer Support Initiative – Provide peer support in emergency rooms to connect persons who overdose for treatment options and follow-up – budget – \$600,000

Goal 5: Expansion of Residential/Inpatient Detoxification and Treatment – Provide treatment funding for communities with high rates OUD and limited access to treatment – budget – 7.6 million

Goal 6: Formation of Mobile Addiction Teams – Implement mobile addiction teams to mitigate the immediate crisis and to support engagement with treatment, detoxification, and rehabilitation – budget – \$600,000

Goal 7: Train the addiction workforce – Conduct DBT/12 step and Motivational Interviewing training – budget – \$150,000

Goal 8: Strategic Plan and Evaluation – Procure planner/evaluator – budget – \$300,000

**Presentation on Transdisciplinary Collaboration**

**Paul Griffin**

Peter Embi, Paul Griffin, and Anantha Shekhar – all three have been asked to use their background experience to come up with solutions to assist in the opioid epidemic.

**Challenges**

- Economic burden to the state
- Limited resources/ineffective use of current resources

- Limited coordination of efforts

#### Collective Strengths

- Regenstrief Institute
  - Data and Informatics
- Regenstrief Center for Healthcare Engineering
  - Systems design and optimization
- Indiana Clinical Translational Sciences Institute
  - Public health interventions

#### Our Process

- Understand the Current State
- Develop Intervention Strategies
- Develop Implementation Approach
- Deploy and Scale

#### Priorities

- Characterizing current state
- Development of an opioid risk score
- INSPECT analytics and improve ease of use
  - Integration with INPC
- Demand/capacity management
- Targeting of education-based programs

### **Opioid-Related Legislation for Commission Approval**

#### **Consideration of Pilot Programs**

- Senate Bill 243
- Senate Bill 446
- Senate Bill 499
- Senate Bill 510

Senator Merritt made the motion, Mr. Vincent seconded the motion to approve pilot programs. Motion passed.

#### **Other business**

Senator Merritt states that Fentanyl is showing to be involved in almost all overdoses being reported. We need to confirm that all LEOs and EMS workers have industrial strength gloves for all emergency personnel responding to an overdose call. Lieutenant Colonel Turner informed all that they are requiring training for all responders and taking actions on equipment being used on location.

Next meeting August 24, 2017 2:00pm

**Meeting adjourned 11:32am**