Eric Holcomb, Governor
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Division of Mental Health and Addiction
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LETTER OF INTENT

To: Indiana Department of Administration
Procurement Division Room W468, IGCS

From: **FSSA/Division of Mental Health and Addiction**
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410

Date: June 21, 2017

Are federal funds[1] going to be used for this procurement? ☒**Yes** ☐ **No**
If yes, have all requirements/restrictions associated with the federal funding been incorporated into this solicitation and the specifications? ☒ **Yes** ☐ **No**

Description of Services:
Indiana received $10.9M in funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the 21st Century Cures Act to support initiatives that address our state opioid epidemic. One of the required goals for the SAMHSA application includes reducing the number and rate of opioid overdose-related deaths. SAMHSA approved Indiana's plan to address this goal through development of Mobile Crisis Teams. This goal is based on the need to expand capacity throughout the state to prevent opioid overdose fatalities prior to arrival at the ER.

In addition to funding from SAMHSA, House Enrolled Act 1541 designated that funding from the mental health and addiction forensic treatment service fund be utilized to establish Mobile Crisis Teams that work in conjunction with community criminal justice providers.

Scope of Work:
According to Yuan and Detlor (2005), a crisis can occur anywhere at any time, and the people whose job is to respond might be geographically dispersed, necessitating a flexible and robust communication system and effective coordination of emergency providers in risky, uncertain, and time-sensitive environments. In mental healthcare and substance abuse treatment, mobile

[1] If available, please attach a copy of the agreement that memorializes the source of these federal funds.

crisis teams were strategically designed prior to the opioid use disorder (OUD) epidemic. They originally were developed to coordinate responder communication and response efforts in order to minimize the threat to human life and damage to property (Yuan & Detlor, 2005). SAMHSA summarizes their general structure and purpose as such (https://store.samhsa.gov/shin/content/SMA14-4848/SMA14-4848.pdf):

> The American Psychiatric Association (APA) Task Force defines mobile crisis services as having the "capacity to go out into the community to begin the process of assessment and definitive treatment outside of a hospital or health care facility," along with a staff including "a psychiatrist available by phone or for in-person assessment as needed and clinically indicated" (Allen et al., 2002). Mobile crisis teams provide acute mental health crisis stabilization and psychiatric assessment services to individuals within their own homes and in other sites outside of a traditional clinical setting (Scott, 2000).

A randomized, controlled trial of mobile crisis outreach for suicide prevention was published in 2009, finding evidence of efficacy in contacting suicidal patients (Currier et al., 2009). The mobile crisis unit was not sufficient, alone, to completely mitigate patients' mental health symptoms, and so linkages to other services often are warranted.

The primary advancement in mobile crisis team evolution for OUD has been the development of easily-deployed overdose reversal medication (naloxone) units. Both Narcan (nasal spray) and Evzio (intramuscular or subcutaneous auto-injector) are recommended as part of a series of specific steps for medically-trained and medically-untrained first responders to the scene of a suspected opioid overdose (http://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf). A meta-analysis of use of Narcan and Evzio by bystanders and/or trained medical personnel found that administration by both groups significantly improved the odds of overdose recovery, but that trained personnel improved the odds significantly more robustly (Giglio et al., 2015). Trained personnel need not be limited to traditional medical roles and may include police officers and fire department personnel (Koh, 2015).

The combined evidence based research suggests strongly that mobile crisis teams that are equipped to deal with psychosocial and physical effects of opioid overdose significantly will strengthen Indiana's treatment infrastructure.

For this strategic goal, DMHA will support the development of Indiana Mobile Crisis Response Intervention Teams for Opioid Substance Disorders (hereafter described generically as 'mobile crisis teams'). The intended purpose of the mobile crisis teams will be to mitigate the immediate crisis and to support engagement with treatment, detoxification, and rehabilitation, as appropriate. DMHA will identify and prioritize counties with demonstrated need for mobile crisis teams on the basis of per capita naloxone deployment. DMHA anticipates the proposed structure of these teams will constitute, at a minimum, a nurse practitioner, recovery coach, and a clinician, with additional staff members potentially participating in any given team based on need. While law enforcement will be permitted as part of the mobile crisis teams, those

individuals will need to be CIT-trained. All individuals will be trained to administer naloxone using standardized training protocols (e.g., Giglio et al., 2015) and will be required to follow best-practices as outlined by SAMHSA. Depending on the medical qualifications of a given team, training will cover Narcan, Evzio, and, in some cases, equipment to support intravenous naloxone for individuals additionally trained and certified in that method of administration.

While not required, strong preference will be granted to teams that have or are able to establish Memorandums of Understanding (MOU) with hospitals, Opioid Treatment Programs (OTP), Community Mental Health Centers (CMHC), and other potential entities that can support follow-up referrals, recovery support, detoxification, psychiatric care, and treatment.

Each team will be structured in such a way that it can respond with law enforcement during crisis calls, answer calls for crisis response involving opioid overdose without law enforcement involvement, and respond to individuals presenting in ERs with symptomology consistent with opioid overdose when the staff do not have capacity to administer the appropriate treatment. Based on best-practice evidence, mobile crisis teams will not only offer overdose reversal but also on-site patient evaluation, consultation, referral (and, if possible, 'warm handoff'), and, in some cases, psychiatric assistance. Mobile crisis teams also will be trained to provide short-term services to any youth or adult experiencing a behavioral health crisis for the purposes of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger. In times of crisis, these teams will be permitted to cross catchment area boundaries.

Contracts with mobile crisis teams will be structured in such a way that costs associated with training of team members, rendering services, purchasing naloxone products, salary and benefits, other equipment, and maintenance of all equipment, are reimbursable.

Estimated Annual Contract Cost: $1,000,000

Estimated Initial Contract Length: Eight Months

Contract Effective Date: 09/01/17

Previous RFP (or BAA) number: N/A

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Agency Head Approver: Kevin Moore, Director

Agency Head Approval: Kevin Moore
(This signature required)

Agency Head Signature Date: 6/26/17

(MM / DD / YYYY)