ACCOMPLISHMENTS

Actions taken since January 2017 in response to the opioid crisis in Indiana

Indiana state agencies and the Indiana General Assembly have taken significant steps to attack the drug epidemic. In addition, many entities from other sectors have responded to Governor Holcomb’s call for an “all hands on deck” response to the current crisis and the situations communities around the state face. Selected actions taken by others in support of the overall effort to reduce substance misuse and abuse in Indiana are included in this list.

REdux the excess supply of prescription opioids

- Launched the integration of INSPECT, Indiana’s prescription drug monitoring program, with electronic medical records and pharmacy management systems statewide.
- SEA 226 (2017) was enacted, placing limits on first-time prescriptions of opioids. Indiana’s Phase I Medicaid prescribing plan resulted in a 25% decrease in opioid prescriptions in its first year.
- Indiana State Department of Health (ISDH), Indiana Hospital Association (IHA), and Indiana State Medical Association (ISMA) jointly developed new Indiana Guidelines for the Management of Acute Pain to complement the existing Indiana Chronic Pain Management Prescribing Rule and Indiana Guidelines for Opioid Prescribing in the Emergency Department.
- SEA 221 (2018) was enacted. Requires certain health care professionals to check INSPECT before prescribing opioids or benzodiazepines. A phased-in approach will be completed by January 1, 2021. Also requires mandatory registration with INSPECT of prescribers of ephedrine, pseudoephedrine, or any controlled substance.
- 90 of Indiana’s 92 counties have at least one drug takeback program, and there are numerous year-round takeback sites at hospitals and clinics with onsite pharmacies. Takeback kiosks are being added at numerous other pharmacies.

Other prevention efforts

- The state is providing financial support to help Purdue Extension expand the Strengthening Families program to high needs areas of the state. Strengthening Families is an evidence-based program that has demonstrated long term impact in reducing substance abuse among young people.
- The state is also providing financial support to enable scaling and expansion and enhance sustainability of Youth First’s prevention programs in southwestern Indiana. Youth First places social workers in schools to provide intervention and prevention programming for at-risk students.
- The Richard M. Fairbanks Foundation committed $12 million over a three-year period to fund evidence-based prevention programs in Marion County schools.
- The Alliance for Substance Abuse Progress (ASAP) in Bartholomew County raised over $1 million locally to fund substance abuse prevention programs.

Harm reduction

- HEA 1438 (2017) allows municipalities to establish syringe exchange programs without State approval.
- ISDH, Family and Social Services Administration (FSSA), and Department of Homeland Security (IDHS) worked together to reorganize the state’s naloxone distribution system to ensure adequate supplies for EMS providers statewide and to maintain supplies at all Indiana State Police (ISP) posts.
- A standing order enabling anyone to purchase naloxone without a prescription remains in effect.
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• Authorized the addition of five new opioid treatment programs (OTPs) to open by June 30, 2018. HEA 1007 (2018) authorizes the addition of nine more, which will raise the total to 27 and result in nearly everyone in the state being within a one-hour’s drive of an OTP.

• FSSA certified an additional 34 treatment sites from January 2017 through May 2018. There are now 275 active treatment centers in Indiana. 47 of those have in-patient or residential services.

• FSSA created an interactive map for its website (also available on the Next Level Recovery website) that includes all approved treatment centers and a variety of information about each.

• FSSA made a policy change that enables Medicaid to pay for comprehensive treatment within an OTP, including with methadone, the only one of three drugs approved by the FDA for treating opioid use disorders that had previously not been covered.

• FSSA applied for and received from the Centers for Medicare and Medicaid Services (CMS) an extension to the state’s 1115 Medicaid demonstration waiver that extends Medicaid/HIP coverage for a full-range of services, including short-term residential treatment and recovery support services. This is expected to result in up to an additional $80 million a year for such services in Indiana and has resulted in the addition of more than 200 beds statewide for residential treatment.

• Funds from a 21st Century Cures Act grant received in 2017 have been used as follows:
  o $7.6 million to expand/enhance residential treatment
  o $600,000 to fund recovery coaches in emergency departments
  o $600,000 to support mobile crisis teams
  o $300,000 to provide web-based training using Project ECHO. The first track is to train doctors in the clinical management of opioid use disorders. Tracks will be added for community health workers/peer recovery coaches, professionals working with pregnant women, professionals working with persons involved with the justice system, and First Steps providers.

• Indiana has received second-year funding of $10.9 million from the 21st Century Cures Act.

• FSSA worked to modify the Open Beds platform and link it to the statewide 211 system to enable quick and easy identification of available treatment beds anywhere in the state, thus increasing timely access to treatment and making fuller use of existing capacity. This service will eventually be expanded to include mental health and other services.

• The Department of Correction (DOC) is transforming treatment in state prisons. “Recovery while Incarcerated” changes include screening at intake to identify mental health and substance abuse issues, evaluate the need for treatment, and improve treatment planning. MAT is being initiated prior to release, and DOC and FSSA are working together to connect those about to be released with treatment providers in the community.

• Indiana is providing financial support for expansion of the Fresh Start Recovery Program operated by VOA. Authorized by SEA 446 (2017), the program provides inpatient treatment for women who have been using opioids while pregnant and allows mothers and babies to stay together. After-care and other wraparound services are also available after the mother leaves the recovery facility.

• Financial support is being provided for other pilot programs authorized by the General Assembly in 2017:
  o SEA 243 – a maternal neonatal addiction project operated by Community Health Network (CHN). Provides screening, treatment, and care for mother and baby when the mother tests positive for substance abuse. Develops a Maternal and Neonatal Center of Excellence for the Treatment of Drug Use Symptoms at CHN.
  o SEA 510 – a treatment diversion project in Allen County. Enables persons entering the criminal justice system with substance use disorder to receive treatment rather than go to jail. Creates a full spectrum of care including recovery supports. Partners include Allen County Commissioners, Allen County Sheriff’s Department, Ft. Wayne Police Department, and Lutheran Foundation.
  o SEA 499 – This legislation allows for involuntary commitment programs to be piloted in Wayne and Tippecanoe Counties for persons who have been revived with naloxone and who are deemed to be particularly vulnerable to repeat overdoses.
ACCOMPLISHMENTS

ENFORCEMENT

- ISP formed and trained “all crimes” policing units in all ISP districts statewide.
- ISP works closely with federal and local law enforcement agencies on drug interdiction actions and coordinates approaches with neighboring states.
- In 2017 ISP’s Drug Enforcement Section seized 35.5 kg of heroin, 2.5 kg of fentanyl, 4 kg of other synthetic drugs, 78.5 kg of crystal methamphetamine, and 852 dosage units of prescription drugs.
- HEA 1359 (2018) increases the penalties for those who manufacture or distribute drugs that result in an overdose death.

DATA

- Twenty state agencies signed data sharing agreements with the state’s Management Performance Hub, which is working to improve access to accurate, timely, actionable information.
- ISDH has added to its website an interactive map of Indiana that provides access to opioid-related information such as mortality reports, non-fatal ED visits, counties that provide syringe services, and more.
- SEA 139 (2018) requires coroners to obtain and report additional data on deaths where an overdose is suspected.

OTHER EFFORTS

- Indiana University responded to Governor Holcomb’s emphasis on attacking the opioid epidemic by launching “Responding to the Addictions Crisis” as the university’s third Grand Challenge. IU has committed $50 million over the next five years to this initiative. The first sixteen projects funded as part of this Grand Challenge were launched in January 2018 and focus on five key areas:
  - Data sciences and analytics
  - Education, training, and certification
  - Policy analysis, economics, and law
  - Basic, applied, and translational science
  - Community and workforce development.
- A second round of projects will be launched later in 2018.
- At the invitation of the Governor’s Office, Pew Charitable Trusts launched a substance use prevention and treatment initiative to develop recommendations for a treatment system that provides timely access to comprehensive, evidence-based, and sustainable care. That work is being done at no cost to the state.
- Indiana Chamber of Commerce has developed the Indiana Workforce Recovery Initiative to help employers respond more effectively to the opioid crisis and to help persons in recovery reengage with the workforce.
- IHA and ISMA are developing Continuing Medical Education modules on topics related to substance use disorder.
- Numerous faith-based organizations have created volunteer recovery support groups. A Better Life – Brianna’s Hope, an organization based in Portland, Indiana, has formed 28 such groups – mostly, but not exclusively in churches around the state.
- Several communities and counties have begun developing and implementing local cross-sector coalitions – systems of care – focused on prevention, treatment and recovery. FSSA is supporting Recovery Oriented Systems of Care and has also established an Office of Social Determinants to enhance a more holistic approach to prevention, treatment and recovery.

PUBLIC EDUCATION AND STIGMA REDUCTION

- FSSA launched Know the O Facts, a “humanizing” campaign designed to educate, inform, and reduce stigma.
- The Governor’s Office developed and launched the Next Level Recovery website, in.gov/recovery, to provide a convenient, user-friendly source of information on prevention, treatment, and enforcement and to serve as a resource for those wanting information related to opioids.
- ISDH and ISP organized a Public Health/Public Safety conference to foster understanding of the different perspectives common among public health and public safety professionals. The inaugural event was attended by a capacity crowd of 350 persons.