

PROGRESS REPORT

NOVEMBER 2022

OUR APPROACH

An important pillar in his Next Level Agenda, attacking the drug crisis is a top priority for Governor Eric J. Holcomb. On his first day in office, the Governor called for an “all hands on deck” approach to address the rising occurrence of substance use disorder (SUD) in Indiana. At the heart of this approach is a three-pronged framework to attack the epidemic through prevention, treatment, and enforcement, ultimately leading Hoosiers to recovery. Since 2017, our state agencies have worked diligently to help Hoosiers access treatment, recover from SUD, and reduce the risk of a future crisis of similar magnitude.

When COVID-19 arrived in Indiana, the state was tasked with restructuring the traditional treatment model to ensure Hoosiers could still receive the support they needed while at home. Partner organizations went virtual to continue providing peer recovery support, community outreach, telemedicine, naloxone, and suicide prevention training. Residential treatment providers and recovery residences kept their doors open. Thanks to the quick work of the Division of Mental Health and Addiction (DMHA) and remarkable flexibility from Indiana’s federal partners, access to life saving medication for opioid use disorder (OUD) was preserved. It was imperative that Hoosiers stayed connected and shared resources as we navigated an unprecedented time.

Soon after COVID-19 was declared a public health emergency, illicit fentanyl emerged as a new threat. Overdose deaths have climbed at record rates, surpassing 107,000 for the first time in a 12-month period in 2021. Indiana accounted for more than 2,700 of those deaths, 85 to 90% of which involved fentanyl. As long as synthetic opioids like fentanyl are in our state, we will continue to double down on our harm reduction efforts like our syringe service programs and ensuring access to naloxone.

In response to Governor Holcomb’s call to action, many public and private partners have joined forces with us. Our Next Level Recovery initiatives have been amplified with federal support and funding. While we’ve seen encouraging signs of progress that demonstrate our efforts are having an impact, one life lost is too many, and there’s still much more to do. We need all hands on deck to save lives and promote pathways to recovery, because only together can we make Indiana a better place for all Hoosiers.



DOUGLAS HUNTSINGER

Executive Director for Drug Prevention, Treatment and Enforcement; Chairman, Indiana Commission to Combat Substance Use Disorder

HIGH-LEVEL OUTCOMES & IMPACT INDICATORS

01

NUMBER OF HOSPITAL DISCHARGES
INVOLVING AN OVERDOSE

02

OVERDOSE FATALITIES

03

OPIOID PRESCRIPTION RATE

04

NUMBER OF BABIES BORN WITH
NEONATAL ABSTINENCE SYNDROME

ACCESS TO TREATMENT

340,000

Medicaid members have accessed treatment since 2018

273%

increase in residential treatment beds since 2017

14,000

Hoosiers served annually by Opioid Treatment Programs since 2017

MEDICAID COVERAGE

In 2018, the Centers for Medicare and Medicaid Services (CMS) approved an extension to Indiana's existing Section 1115 Medicaid demonstration waiver, expanding coverage for a full-range of substance use disorder treatment services to Hoosier Medicaid members.

2.1 MILLION

Hoosiers have access to treatment for substance use disorder under the Section 1115 Medicaid waiver

OPIOID TREATMENT PROGRAMS

- Opioid treatment programs (OTPs) provide medication in combination with counseling and behavioral therapy often known as medication-assisted treatment (MAT). These programs provide a holistic approach to the treatment of opioid use disorders.
- Since 2017, Indiana has opened **11 OTPs**, bringing the statewide total to **24**.

RESIDENTIAL TREATMENT

- **Over 2,500 beds** are available, specializing in treatment for substance use disorder.
- When individuals are ready to transition from residential treatment to lower level care, there are **over 1,900 beds** as part of certified recovery residences to help individuals maintain recovery for up to one year.

OUTPATIENT TREATMENT

- The total number of outpatient addiction treatment providers has increased by **7%** since 2017.
- Nearly **295 providers** are certified by the Indiana Division of Mental Health and Addiction (DMHA).

BUPRENORPHINE INDUCTION

- The DATA 2000 waiver authorizes physicians to prescribe Buprenorphine, an opioid partial agonist, for addiction treatment.
- **Over 2,000 Indiana physicians** have been authorized to prescribe Buprenorphine, a **35% increase** since July 2021.



Indiana Opioid Treatment Program locations

NALOXONE

EMS NALOXONE ADMINISTRATION

- Indiana reported a record number of naloxone administrations by EMS in 2021, amounting to **over 20,500 reported administrations**.
- Naloxone administrations by EMS are down nearly **13% YTD** compared to 2021.
- In August 2018, the state launched a naloxone administration heat map, providing first responders and government partners with information to make more informed decisions about where to place resources.
- On July 1, 2020, Indiana became the first state in the nation to fully reimburse EMS providers for the administration of naloxone and the medication itself through Indiana Medicaid.

STATEWIDE NALOXONE DISTRIBUTION

- In partnership with Overdose Lifeline, Inc., Indiana has distributed **over 170,000 doses of naloxone** statewide via a network of over 200 grassroots distributors.
- Through the State Opioid Response grant, Indiana has purchased **430 NaloxBox units** to be placed statewide.
- In December 2021, Governor Holcomb announced the purchase and placement of **19 naloxone vending machines** in high-need areas across the state.

OUTREACH

MOBILE INTEGRATED RESPONSE

- Mobile Integrated Response Systems (MIRS) teams identify individuals in need of services for SUD through justice involvement, emergency department interaction, community referrals, and outreach efforts within 72 hours of system contact, and connect them to the full spectrum of treatment and recovery services.
- Roughly **11,200 individuals** across 30 counties have been served by Indiana's 11 MIRS teams since June 1, 2019.

HARM REDUCTION STREET OUTREACH

- 10 Harm Reduction Street Outreach (HRSO) teams consist of two members and a supervisor who hand out harm reduction kits and are available to connect individuals to treatment and recovery resources.

\$9 MILLION
SPENT ON STATEWIDE
NALOXONE
DISTRIBUTION SINCE MARCH 2020

19
NALOXONE
VENDING
MACHINES

14,000
NALOXONE KITS
DISTRIBUTED MONTHLY

430
NALOXBOXES

200+
GRASSROOTS
DISTRIBUTORS

SYRINGE SERVICE PROGRAMS

- Syringe service programs (SSPs) are fixed or mobile places where individuals can receive sterile syringes and other supplies necessary to safely inject and properly dispose of used syringes. SSPs also provide referrals to health and social services.
- Governor Holcomb signed **HEA 1438** into law in 2017, allowing municipalities to establish SSPs without state approval.
- Indiana currently has **eight counties** with active SSPs and **13 counties** with non-syringe harm reduction programs.
- On average, roughly **6,800 individuals** are served annually at Indiana's SSPs.

COMMUNITY COALITIONS

- Our goal is to foster and support strong local coalitions to help attack the drug epidemic in communities around the state and promote recovery on the front lines of the crisis.
- In 2019, Indiana committed to provide **\$1.5 million** in support for 10 coalitions throughout 2019 and 2020.
- In 2022, 21 counties received up to **\$100,000** to fund community coordinators to manage and organize initiatives, community needs assessments and action plans, and the development and support of local coalitions and collaborations.

PREVENTION

INSPECT

- In 2018, Governor Holcomb signed **SEA 221** into law, requiring prescribers to check INSPECT, Indiana's prescription drug monitoring program (PDMP), before prescribing opioids or benzodiazepines to reduce dangerous drug interactions, doctor shopping, and substance dependency.
- Providers are able to access INSPECT reports within their electronic medical records (EMR) system via PMP Gateway, even if they are not registered. By Q2 of 2022, **94% of active Indiana prescribers** had used PMP Gateway to check a patient's INSPECT report prior to issuing a prescription over the past 18 months.
- Of the more than 36,000 prescribers in Indiana who have a controlled substance registration (CSR), **more than 34,000 prescribers** have direct EMR integrated access to patient INSPECT records. This accounts for nearly 400 hospital locations, more than 4,400 physicians offices, and 2,500 pharmacy locations.

PRESCRIBER REPORT CARDS

- Launched in 2020 to combat the rising trend in Indiana's prescription rate, prescriber report cards provide prescribers with an understanding of where they rank in terms of the number of opioid prescriptions in comparison to all other prescribers within a particular specialty.
- Research shows prescriber report cards are likely to result in decreased prescribing rates statewide.

OPIOID PRESCRIBING RATE

- Opiate full agonist prescriptions dispensed from Indiana pharmacies **decreased 25.1%** from 5,700,649 to 4,265,743 since 2017.
- Opiate full agonist prescriptions written by Indiana practitioners **decreased 23.3%** from 5,433,548 to 4,165,284 since 2017.
- Opiate partial agonist prescriptions, like Buprenorphine, dispensed from Indiana pharmacies **increased 105.7%** from 408,654 to 840,968 since 2017.
- Opiate partial agonists written by Indiana practitioners **increased 115.8%** from 362,504 to 782,319 since 2017.
- Indiana reports an **18% average decrease** in daily opioid dispensations and **113% average increase** in MOUD dispensations.

STATEWIDE PREVENTION EFFORTS

- Indiana has identified five priority areas to help guide the state's prevention efforts:
 1. Strengthen community infrastructure
 2. Build stakeholder engagement
 3. Enhance collaboration
 4. Increase capacity to implement evidence-based prevention
 5. Create normative change
- DMHA's regional network of coordinators are building bridges and addressing barriers in their communities to prevent substance use, promote mental health, and reduce marginalization of various populations.

JUSTICE-INVOLVED SETTINGS

EVIDENCE-BASED TREATMENT IN JAILS

- In partnership with the Indiana Sheriffs' Association, the state is investing **\$6 million** in implementing evidence-based treatment into jails across the state.
- **Over 4,400 individuals** have received medication for opioid use disorder (MOUD) across **32 county jails** since April 2020.
- Access to MOUD in jails is associated with reduced recidivism, decreased overdose rates, and improved health outcomes.

PROBLEM SOLVING COURTS

- Indiana's 140+ problem-solving courts were developed as an innovative response to deal with the needs of justice-involved individuals, including substance use and mental illness.
- The Office of the Governor has committed **\$4 million** since 2019 to develop and support additional evidence-based family recovery courts for families involved in Department of Child Services proceedings involving SUD.

REENTRY SUPPORTS

- Indiana launched in July 2022 the Integrated Reentry and Correctional Support (IRACS) program, connecting incarcerated individuals with certified peers for reentry support and wraparound services.
- More than **1,400 incarcerated individuals** have been served across five pilot jails in Blackford, Daviess, Dearborn, Delaware and Scott counties.

LOCAL JUSTICE REINVESTMENT ADVISORY COUNCIL

- Established by **HEA 1068** in 2021, local Justice Reinvestment Advisory Councils (JRAC) are required to:
 - Promote the use of evidence-based and best practices in community-based sentencing alternatives and recidivism reduction
 - Review, evaluate, and make recommendations about local practices
 - Compile reports as directed by the State JRAC
 - Communicate with the State JRAC to establish and implement best practices and to ensure consistent data collection and reporting

DEPARTMENT OF CORRECTION

- The Indiana Department of Correction has overhauled its Recovery While Incarcerated (RWI) program from a one-size-fits-all, court-ordered time-cut program to an individualized treatment model.
- Since July 2021, **over 3,600 individuals** have completed the RWI treatment program. This includes over 3,400 adults and 143 youth.
- The Indiana Department of Correction has added over **2,500 residential style treatment beds** across the system since 2017, using updated evidence-based clinical treatment models.
- The IDOC Transitional Healthcare Division has linked over **10,000 released offenders** with community-based addiction treatment providers.
- Through a partnership with Overdose Lifeline, Inc., **over 9,400 individuals** have received a naloxone kit upon release from a DOC facility.

RECOVERY WORKS

- Recovery Works focuses on pre-incarceration diversion services and post-incarceration reentry services, aiming to divert low-level offenders from incarceration to community services and reduce recidivism by 20%.
- Recovery Works provides support services to those without insurance coverage who are involved with the justice system.
- In SFY 2022, Recovery Works expended **over \$9.8 million** reimbursing mental health and substance use disorder services for over 5,100 newly enrolled consumers.
- In SFY 2022, Recovery Works invested **over \$7.9 million** in the expansion of recovery-related services and its peer support infrastructure.
- A Wayne State University study of individuals three-years pre-Recovery Works enrollment and three-years post-Recovery Works reported:
 - A **5.7% reduction** in the prevalence prison incarceration
 - A **9.8% reduction** in the prevalence of arrest
 - A **7.7% reduction** in the prevalence of any incarceration

MATERNAL SUBSTANCE USE

NEONATAL ABSTINENCE SYNDROME

- Indiana began testing babies for drug exposure at four hospitals in 2016. In 2021, **69 out of 84** birthing hospitals were participating through data submission.
- About **20% of newborns** delivered at the participating hospitals in 2021 were tested for drug exposure compared to 16% in 2018. Of those tested, **38% of newborns** were positive for drug exposure in 2021 compared to 36% in 2018.
- Of the positive umbilical cords, nearly **20%** received a Neonatal Abstinence Syndrome (NAS) diagnosis, accounting for about **995 cases**.
- In 2019, Governor Holcomb signed **HEA 1007**, requiring prenatal care providers to implement a validated and evidence-based verbal screening tool to assess substance use disorder in pregnancy for all pregnant women who are seen by a health care provider.
 - Indiana is among the first states to require such screening.

VOLUNTEERS OF AMERICA

- VOA's Fresh Start Recovery Centers are family-focused residential addiction treatment programs for mothers and their children.
- **37 women** were enrolled in services across four sites and **19 babies** were born in FY 2022. **21 women** successfully completed treatment (56.8%) with an average treatment duration of 56 days.

Substance use disorder was the most common contributing factor, contributing to **43%** of all pregnancy-associated deaths in Indiana in 2020. Overdose, both accidental and undetermined intent, was overwhelmingly the leading cause of death, accounting for **30.4%** of all pregnancy-associated deaths in 2020.

MY HEALTHY BABY

- My Healthy Baby, Indiana's OB navigator program, continues to expand and will be in all but 10 counties by the end of 2022, providing local home visitation and family support to eligible women during their pregnancy and through the first year of their baby's life.

PREGNANCY PROMISE PROGRAM

- Free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past
- Connects individuals to prenatal and postpartum care, other physical and mental health care, and treatment for opioid use disorder during the prenatal period and for 12 months after the end of pregnancy.
- Nearly **1,900 individuals** have been identified as potentially eligible and outreached since July 2021.
- **Over 280 individuals** are enrolled as of August 2022 representing **68 counties**.

CRISIS RESPONSE

9-8-8 SUICIDE AND CRISIS LIFELINE

- 9-8-8 offers a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress, including thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.
- Indiana is using the arrival of 9-8-8 to invest in a broader crisis response system to not only include someone to call (9-8-8) but also someone to respond (mobile crisis response teams) and a safe place for help (crisis stabilization units).



RECOVERY

RECOVERY RESIDENCES

- The Indiana Division of Mental Health and Addiction has **80 active certified recovery residence operators**, operating 152 recovery residential settings with **over 1,900 beds**.

OXFORD HOUSES

- Oxford Houses are self-supporting, substance-free homes for individuals in recovery.
- Indiana has **86 Oxford Houses** with over **660 beds**.

RECOVERY HUBS

- Partnership with Indiana Recovery Network
- 20 hubs across five regions deliver support services and expand connection to peer recovery specialists.
- The hubs have provided **over 40,000 individual services** and **43,000 group services** provided since April 2020.

ACCESS TO TRANSPORTATION

- With state support, Indiana 2-1-1 has provided more than **34,560 free rides** to substance use treatment through ride-sharing service, Lyft.
- In 2022, DMHA awarded nearly **\$2.5 million** to 10 vendors to assist with reliable transportation to and from places of employment, substance use and mental health treatment, court, and other services related to reentry and overall wellbeing.

RECOVERY CAFÉ NETWORK

- Partnership with Indianapolis-based nonprofit We Bloom
- Network of 13 peer-led cafés for individuals who have struggled with substance use disorder, mental illness, and homelessness
- **Over 3,670 individuals** served across six cafés between July 2021 and June 2022.
- 84.5% of members reported the Recovery Café helped them maintain their recovery. 82.8% reported a reduced risk of drug use relapse. 91.8% reported the café helped stabilize their mental health.

ENFORCEMENT

DRUG TAKE BACKS

Indiana has collected over **218 tons** of unused medication over the course of 23 National Prescription Take Back Days, an initiative of the Drug Enforcement Agency.

HEA 1540

Enacted in 2017

Enhances penalties for those who commit pharmacy robberies

HEA 1359

Enacted in 2017

Increases penalties for those who manufacture or distribute drugs that result in an overdose death

INDIANA STATE POLICE SIGNIFICANT SEIZURE STATS

Reporting Period: Jan. 2017 to Sept. 2022

- Marijuana - 17,141 pounds
- Heroin - 324.5 pounds
- Methamphetamine - 1,871 pounds
- Cocaine - 654.3 pounds
- Fentanyl - 135.8 pounds
- Fentanyl Tablets - 18.74 pounds
- U.S. Currency - \$27,043,460
- State Search Warrants - Est. 1,350