INDIANA COMMISSION TO COMBAT SUBSTANCE USE DISORDER

February 2, 2024

MINUTES

The Indiana Commission to Combat Substance Use Disorder met on February 2, 2024, at 10:00 a.m. EST at the Indiana State Library, History Reference Room 211.

Present: Chairman Douglas Huntsinger (Executive Director for Drug Prevention, Treatment and Enforcement); Mr. Jay Chaudhary (Director of the Indiana Division of Mental Health and Addiction); Mr. Dan Evans (retired CEO, Indiana University Health); Ms. Lindsay Hyer (Executive Director of the Indiana Professional Licensing Agency); Mr. Cris Johnston (Director of the Office of Management and Budget); Ms. Amy Kent (representing the Indiana Department of Health); Mr. Devon McDonald (Executive Director of the Indiana Criminal Justice Institute); Mr. Chris Naylor (Executive Director of the Indiana Prosecuting Attorneys Council); Ms. Christina Reagle (Commissioner of the Indiana Department of Correction); Mr. Jacob Sipe (Executive Director of the Indiana Housing & Community Development Authority); Mr. Mark Smith (Judge, Hendricks County Superior Court); Mr. Cory Voight (representing the Office of the Attorney General); Indiana State Senator Shelli Yoder.

Call to Order & Consideration of Minutes **Chairman Douglas Huntsinger**

Chairman Huntsinger calls the meeting to order at 10:00 a.m. Chairman Huntsinger asks for a motion to approve the minutes for the November 3, 2023, meeting. Mr. Mark Smith moves to approve the minutes as presented. Mr. Devon McDonald seconds. Minutes are approved unanimously.

Chairman Huntsinger introduces Mr. Andrew Fuquay, the newest member of the Indiana Division of Mental Health and Addiction. Mr. Fuquay serves as the Divisions' first Peer Support Manager, leveraging his lived experience to help train the growing peer workforce.

Recovery Speaker **Andrew Fuquay,**
Peer Support Manager,
Division of Mental Health and Addiction,
Indiana Family and Social Services Administration

Mr. Fuquay is in long-term recovery from substance use disorder, depression, and anxiety.

Mr. Fuquay shares he grew up in the small town of Shelbyville, Indiana, raised primarily by his mother, with his father in and out of the justice system due to alcohol use; however, he describes his childhood as being full of love despite financial challenges and substance use in his family.

Mr. Fuquay says his own substance use started in middle school as a means to feel normal and to fit in, experimenting with alcohol and marijuana before moving to prescription medication. He says his substance use worsened throughout high school as he was introduced to heroin and found himself with mounting legal issues.

After his tenth arrest in 2019, Mr. Fuquay says he was offered treatment for his substance use disorder in the Shelby County Jail. He completed the jail's treatment program and upon release moved into Progress House, a residential recovery facility in Indianapolis, where he says he was finally able to apply the knowledge he had learned in his jail treatment program to his life to change old behaviors.

Mr. Fuquay has lived in active recovery since his last incarceration and says his life has improved tremendously. Prior to accepting a position as DMHA's first Peer Support Manager, he worked in many different areas of the recovery and mental health field. He thanks the members of the Commission for their time.

Health First Indiana **Pamela Pontones**
Deputy Health Commissioner,
Indiana Department of Health

Ms. Pontones thanks the Commission for allowing her to present. She credits State Health Commissioner Dr. Lindsay Weaver as an instrumental figure in the development of Health First Indiana.

Ms. Pontones explains the origins of Health First Indiana, sharing that the aftermath of the COVID-19 pandemic cast a spotlight on public health metrics that needed to be addressed. She says Indiana has typically not fared well in public health metrics when compared to other states and falls short of the national average for life expectancy, a trend which began in the nineties and continues today.

The Governor's Public Health Commission was established in August 2021 in an effort to examine Indiana's public health system, leverage strengths, and recommend improvements. Thirty-two recommendations were issued in August 2022, serving as the impetus for appropriate legislation, including HEA 1001, which established public health budgets, and SEA 4 ,which established the process for counties to opt in to enhanced local public health funding.

Ms. Pontones explains that 60% of Health First Indiana funding must be spent on preventive core services, whereas no more than 40% may be spent on the remaining core services.

She says she is frequently asked how Health First Indiana connects to mental health and substance use disorder, given they are not explicitly mentioned in the identified core services; however, three core public health services are related – trauma and injury prevention, access and linkage to care, and maternal and child health. Counties can also use opioid settlement funding to support these core services in their communities.

Ms. Pontones says 86 counties opted in to the Health First Indiana funding, and six opted out. [As of May 2024, all 92 counties have opted in to the Health First Indiana funding.] She moves on to the implementation phase, citing that Indiana is in a historic time for investment in public health. She offers a brief overview of Health First Indiana's website, showcasing the site's capabilities, including an interactive map that lists how much each county has received in funding, what they will receive in the future, and to which services they are dedicating funds.

Ms. Pontones summarizes the county budgets, sharing that 78% of funding is going toward prevention/health outcome core services, and only 22% to regulatory. Sixty-six counties are partnering with community agencies in the first year to provide core public health services. She showcases the dashboard on the website and its various data capabilities.

Counties will be required to submit an annual financial report before funding is approved and dispersed each year. Local health departments will be required to submit an annual report demonstrating how dollars were spent and semi-annual reports of state-level key performance indicators to measure delivery of core public health services.

Ms. Pontones says the Indiana Department of Health regional teams are offering technical assistance to local governments in the form of data analytics, core services support, financial support, clinical support, and communications and legal support. She says several states have inquired about how to implement a similar program.

Ms. Pontones lists the next steps for Health First Indiana, including the development of budget plan templates, report templates, and county-level key performance indicators (KPI), district workshops for specific core public health services, utilization of data to track long-term impact on health outcomes, and engagement between IDOH subject matter experts and the 10 lowest counties according to scorecard indicators.

Chairman Huntsinger calls for questions.

Mr. Johnston asks how engaged the counties are in establishing their KPIs.

Ms. Pontones says some counties have already started thinking about what their county-level KPIs might look like in order to meet state-level KPIs. She continues that IDOH has convened a core leadership committee which includes representatives from local health departments, academic health partners, and subject matter experts to assist in developing those KPIs.

Sen. Yoder, citing recent legislation regarding reading proficiency, proposes that the Indiana Department of Education and the Indiana Department of Health collaborate in counties with the poorest public health statistics. She explains there is a connection between literacy and health, and that improving literacy in these areas could also improve public health outcomes.

Ms. Pontones thanks Sen. Yoder for her suggestion.

Division of Mental Health and Addiction Update

Jay Chaudhary,
Director,
Division of Mental Health and Addiction,
Family and Social Services Administration

Mr. Chaudhary thanks the Commission for their time.

Mr. Chaudhary introduces DMHA's plan to build an integrated behavioral health system that meets the growing needs among individuals experiencing complex mental health and substance use disorders through strategic and transparent initiatives.

He cites legislation passed during the 2023 legislative session – SEA 1 and HEA 1006. SEA 1 increased the scope for the Certified Community Behavioral Health Clinic services and established the crisis response system built on the back of the 988 Suicide and Crisis Lifeline. HEA 1006 enabled emergency detention orders to divert people to mental health facilities instead of jail and established a local mental health referral program.

Mr. Chaudhary outlines Indiana's future crisis response system, built upon three pillars. Pillar 1 is having someone to contact, consisting of a collaborative network of 988 centers that will respond to every call, chat, and text in a standardized and informed manner to resolve crises. Pillar 2 is having someone to respond, generally Mobile Crisis Teams (MCT), for individuals who need in-person support. Pillar 3 is having somewhere to go, namely Crisis Stabilization Units (CSU), which will be open to individuals whose crises cannot be resolved over the phone or by an MCT.

Mr. Chaudhary offers an update for year one of Community Mental Health Funds and explains how the $50 million in that fund is divided between contracts with CCBHC-eligible organizations, a $10 million MCT Accelerator Program, closing geographic gaps in crisis services, and hiring Grant Coordinators.

He shares a video from the 988 Indiana marketing campaign.

Mr. Chaudhary explains the plan to replace the existing Community Mental Health Center (CMHC) system with the Certified Community Behavioral Health Clinic (CCBHC) model. He says the CCBHC model ensures access to integrated services, including 24/7 crisis response and medication-assisted treatment, meets strict criteria regarding access, reporting, and staffing, and receives adequate funding through a Prospective Payment System (PPS) rate.

Mr. Chaudhary outlines the specific improvements the CCBHC model will make upon the CMHC model. Structural barriers and practices that currently silo care will be replaced with established standards for integrated and coordinated care. Programs designed to be billable will now be designed to meet needs. Lastly, high staff turnover due to low salaries will be remedied through a Prospective Payment System. He lists key benefits to the CCBHC model, including complete transparency, a strengthened behavioral health care ecosystem, and tailored treatment pathways for individuals.

Mr. Chaudhary concludes his presentation by offering a hypothetical story of an individual named David who experiences a mental health crisis in a gas station and is arrested. He

highlights the numerous points for intervention where David could instead have been directed to treatment instead of the justice system and says this is the future Indiana is working toward with 988.

Chairman Huntsinger calls for questions.

Sen. Yoder asks what can be done for people who are unhoused, are not presenting the necessary symptoms to be admitted to an emergency department, and are not causing enough trouble to be arrested, but do not want to be housed with other people.

Mr. Chaudhary responds that CCBHC's modality is assertive community treatment, meaning that teams have regular, daily checkpoints. He continues that incompetency to stand trial rates soared once this style of treatment was no longer offered, since episodes of private psychosis often went unnoticed. He adds that the notion of involuntary treatment is something that needs to be discussed more internally.

Mr. Evans asks if the total number of calls for Indiana 988 is calculated by adding the "routed" and "answered" calls or whether call centers answer a subset of the "routed," and if this means there are hundreds of calls every day,

Mr. Chaudhary confirms the total is calculated by adding the "routed" and "answered" calls and confirms there are hundreds of calls every day.

Mr. Evans asks if there is currently any efficacy data available or if there will be in the future, and how it's possible to keep up with the number of calls.

Mr. Chaudhary says the biggest barrier to data collection is that 988 is anonymous. Users are not pressed for more data than they want to offer to avoid hesitation to call.

Chairman Huntsinger thanks Mr. Chaudhary for his time.

Chairman's Comments **Chairman Douglas Huntsinger**

Chairman Huntsinger says the work of every state initiative or agency is connected by the common goal of reducing the harm done by substance use disorder. Collaboration at the local, regional, and state levels will be crucial for future progress.

The Indiana Commission to Combat Substance Use Disorder will meet Thursday, August 1, 2024, at 10 a.m. EDT at the Indiana State Library, History Reference Room 211.

The meeting adjourns at 11:20 a.m.