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Eric J. Holcomb  
*Governor*

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Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Pallone, Ranking Member Walden and the members of the House of Representatives Committee on Energy and Commerce:

Thank you for the opportunity to update you regarding Indiana's progress in addressing the opioid crisis. From the first day of my administration, we have made attacking the drug crisis and helping Hoosiers recover from substance use disorder a top priority.

In 2017, I signed an executive order appointing the State of Indiana's first executive director for drug prevention, treatment and enforcement and called for an "all hands on deck" approach to addressing this public health crisis. Shortly afterward, the Indiana Commission to Combat Drug Abuse developed a strategic plan, focused on our key priorities of reducing the incidence of substance use disorder, keeping people alive, expanding timely access to quality treatment, and taking steps to help prevent others from becoming dependent on substances.

Working with Indiana's federal partners, local governments and private organizations, our state agencies have coalesced to tackle this mission. Our efforts have been bolstered with federal grants which we have effectively leveraged to combat the drug crisis, working collaboratively to engage stakeholders. We have increased timely access to treatment and recovery housing, expanded access to and the availability of naloxone, implemented guidelines for opioid prescribing and launched a medication-assisted treatment pilot program for jail inmates.

State Targeted Response grants and State Opioid Response grants appropriated by Congress have helped Indiana launch mobile crisis teams across 14 counties, create Mobile Integrated Response Systems in 24 counties, place peer recovery coaches in emergency departments in 19 hospitals and expand school-based prevention initiatives. We're building treatment infrastructure that can meet people where they are, and help them get their lives back through evidence-based care. Inpatient and residential capacity has increased 65% and we now have more treatment available than ever before.

Additionally, Indiana's Medicaid waiver expanded access to substance use treatment to 1.6 million people. Under the waiver, since February 2018, more than 63,000 Hoosiers have received treatment for substance use. Over 40,000 people received outpatient treatment and more than 10,000 people have received inpatient services. More than

11,000 Medicaid patients have received Medication Assisted Treatment at our Opioid Treatment Programs.

In response to the committee’s questions:

**1. Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has Indiana received?**

	<b>SAMHSA</b>	<b>CDC</b>	<b>BJA</b>
2016	\$ 948,352	\$1,924,513	\$0
2017	\$12,675,992	\$2,863,135	\$0
2018	\$29,873,215	\$6,345,334	\$4,063,050
2019	\$27,620,073*	\$7,153,983	\$0
<i>Total</i>	<i>\$71,117,632</i>	<i>\$18,286,965</i>	<i>\$4,063,050</i>
<b>Grand Total</b>		<b>\$93,467,647</b>	

*\*Funding amount has been awarded but not yet received by the state.*

**a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?**

In anticipation of the receipt of federal funding, the Division of Mental Health and Addiction (DMHA) met with Indiana Department of Administration (IDOA) to discuss the state procurement process, anticipate challenges and work to expedite solutions. This partnership has helped to ensure that state procurement rules and processes do not unnecessarily cause delays in the awards of contracts and disbursement of funds.

Local infrastructure to utilize these funds among community partners at times has been problematic as some providers have had difficulty in building community partners or struggle with the volume of activity due to their other priorities in addiction treatment and prevention. We have been creative in utilizing other state agencies or branches of state government to help build capacity and provide technical assistance to partners to help build the infrastructure and capacity needed to utilize the federal funding.

The specificity of these funds going solely to opioid use disorder has caused some local communities to not utilize money because other substances (methamphetamines) are more problematic in their area.

**b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient; the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them.**

Indiana has allocated all of the federal funding that has been awarded. See attachment #1 for further details.

- c. *If your state has not used the entirety of federally allocated funding, please explain why.*

Indiana has allocated all of the federal funding that has been awarded.

2. *Please describe how your state determines which local government entities (i.e. counties, cities and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.*

As part of the strategic planning process, heads of the relevant state agencies convened to share data and identify areas most in need, assess the resources available to the communities and identify gaps at the community, regional and statewide level. Based on this assessment and amount of funding DMHA would issue a request for proposal, listing the goal of the project and relevant requirements of the respondent.

Unlike other states that have a fragmented county by county approach, Indiana has a centralized agency that oversees mental health and addiction services for the state.

The primary factor Indiana considers when distributing funds is if the vendor meets the specific requirements listed in the scope of work that is sent out for bidding. Our specific requirements are decided upon by taking our goals for the funding into consideration including organizational capacity, statement of need and ability to execute the request. We have the same requirements for private sector vendors and governmental agencies.

In situations where a lack of infrastructure, resources and cooperation has led to a lack of response to the funding proposals, the state has helped identify organizations, provide additional resources and foster cooperation among entities working in this area to ensure project success.

For further details, please see attachment #1.

3. *Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.*

Indiana uses the same approach regardless of the type of organization, local governmental agency or city or town.

For details, please see attachment #1.

- 4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Indiana in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.**

Federal funding has not been restricted to specific demographic or geographic entity or to a population in the state, allowing for the funds to be focused on areas of high need. However, some of Indiana's areas of highest need due to drug abuse are not opioids but rather other substances (methamphetamines). Indiana needs flexibility to focus on all substances, not just opioids.

- 5. In what ways, specifically, have federal funds extended to Indiana helped change your state's treatment system and/or led to a reduction in opioid overdoses?**

Federal funds have supported systemic change within Indiana's addiction treatment system through infrastructure development and greater access to needed services. Specific examples of this include:

1. Indiana forged a partnership between a statewide call center (IN211) and a software platform (OpenBeds) to allow for 24-hour access and streamline the process of finding addiction treatment. This partnership resulted in over 700 referrals for an addiction treatment bed and over 4300 referrals for outpatient treatment for 2018.
2. Indiana increased the number of residential addiction treatment beds by 250 since receiving the State Targeted Response Grant with almost 200 of these beds being added with support from federal funds. This increase in bed capacity allowed Indiana to better prepare for the SUD Medicaid Waiver approval in February 2018 that allows for reimbursement of residential addiction treatment.
3. Indiana utilized federal funds for reimbursement of addiction residential treatment for 320 individuals who did not have access to a third party payer, totaling 3,345 bed days
4. Indiana's State Opioid Treatment Authority, the Division of Mental Health and Addiction and Office of Medicaid Policy and Planning, partnered to develop a bundled rate for individuals in treatment at a certified Opioid Treatment Program (OTP), effective September 1, 2017. Supported by just under \$40 million in federal funds, over 11,000 individuals received treatment in an OTP funded by Medicaid since the program's inception.
5. Indiana utilized federal funds to support two mobile addiction treatment teams in fourteen counties. These teams were able to engage over 330 individuals in

rural communities to ensure access to needed mental health and addiction treatment.

6. Indiana utilized over \$1 million in federal funds to purchase Naloxone to ensure local health departments and first responders across the state sufficient access to the life-saving medication.

**6. *What performance measures is Indiana using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?***

As outlined in our strategic plan, Indiana utilizes the following metrics to monitor the state's activity related to substance use disorder:

1. Number of persons with overdoses admitted to hospitals or emergency departments
2. Deaths from overdoses
3. Opioid prescription rates
4. Number of babies born with Neonatal Abstinence Syndrome
5. Program level data regarding people seeking treatment. (An increase in the number of people engaged in treatment reveals the increased accessibility to treatment in Indiana. The state is also working on a data project to help estimate the number of person entering and continuing in recovery.)

**7. *According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment – particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.***

**a. *Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.***

“A strategic Approach to Addressing Substance Abuse in Indiana” was adopted by the Indiana Commission to Combat Drug Abuse in May of 2017 (See Attachment #2, also available online at <https://www.in.gov/recovery/1063.htm>.)

*“With an initial focus on opioids, we will develop and implement a data-driven system focused on substance abuse prevention, early intervention, treatment, recovery, and enforcement that substantially reduces the prevalence of substance use disorder (SUD) in Indiana and helps those with SUD achieve recovery and become or return to being productive, contributing members of their communities.*

*We will coordinate, align, and focus the resources of Indiana state government and leverage the resources of other public sector entities and other sectors—including businesses, higher education institutions, health care systems, philanthropies, and not-for-profit organizations—to respond to the current opioid crisis and enhance the potential for timely responses to future crises resulting from substance abuse and addictions.*

*Toward that end, we will develop and implement complementary public health and public safety strategies that: Recognize substance use disorder as a chronic disease and incorporate prevention, treatment, and recovery systems accordingly, and are designed to reduce the supply of and demand for illicit substances.*

*Key Components:*

- 1. Data Driven: Data will inform all systems and programs created for government, individuals, families and providers—evolving as learning increases and as Indiana’s drug crisis changes.*
- 2. Comprehensive and Holistic: Indiana’s approach will be multi-faceted and focused on substance abuse prevention, early intervention, treatment, recovery and enforcement.*
- 3. Collaborative: The state will align and focus the efforts of multiple state agencies that currently provide substance abuse services and resources. Further, Indiana’s approach makes clear that local communities, state officials, and the federal government must all have a stake in helping overcoming the drug crisis.”*

***b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.***

One of the biggest gaps identified in the State of Indiana is lack of a qualified workforce to address the needs of individuals with an addiction and specifically an opioid use disorder. Some of our strategic approaches to increasing our addiction workforce and reducing limitations across the state include but are not limited to: increasing the number of certified recovery coaches, allowing for Medicaid reimbursement of recovery coaches, increasing the number of Certified Addiction and Drug Abuse Consultants (CADAC), increasing knowledge and skills of our current workforce around OUD by using telehealth and telecommunications, increasing integration of programs such as drug courts, diversion programs and supporting expansion of improvement as it relates to SUD treatment.

Specific examples of these initiatives include:

1. Indiana utilized federal funds to add recovery coaches to local hospital emergency departments with the goal of connecting individuals to treatment prior to leaving the hospital. This initiative added recovery coaches to our workforce in 24 hospitals around our state with over 1,000 patients being seen and over 400 patients engaging in treatment. As of July 1, 2019, all peer support services in Indiana are reimbursed through Medicaid which allows for sustainability of the peers in the ED initiative.
2. Indiana added two new CADAC credentials for bachelors- and masters-level licensed social workers with required supervision hours and course work but need to take the certification exam. This has resulted in adding over 30 new CADACs.
3. Indiana used federal funds to start a Project ECHO Extension for Community Healthcare Outcomes. This initiative, which launched March 2018, is a partnership between local healthcare providers and a team from Indiana University to utilize technology to improve knowledge around treatment for opioid use disorders in rural areas. Topics have included: an overview of opioid use disorder, review of SBIRT techniques, medication assisted treatment, related morbidities, overdose prevention, pain management and treating opioid use disorder in special populations. Some of our targeted tracks include: physicians (focused on buprenorphine prescribers), community health workers, licensed social workers, Recovery Coaches in ED, women who are pregnant and First Steps providers.

***c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment-particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.***

Through the STR grant, Indiana was able to contract with 9 hospitals and behavioral health providers to employ peer recovery coaches in the emergency departments of 24 hospitals in Indiana. In this project, completely funded by STR, at least 18 peer recovery coaches encountered 1,032 patients from February 2018 to March 2019. Nearly 2 of every 3 patients admitted to these hospitals for an OUD related illness were successfully engaged by a peer recovery coach. 415 patients received some type of SUD treatment with 51% of those being connected to MAT services. Nearly 9 in 10 of those who received MAT as a result of the peer recovery coach encounter chose a methadone/OTP provider.

Through the STR grant, Indiana was able to make treatment more accessible to rural communities through Mobile Response Teams. These teams operated in 14 Southeast Indiana counties, encountering 334 people between March 2018 and March 2019. These teams were comprised of both peer recovery coaches and clinicians. As these counties are very rural with sparse resources for addiction care, the teams traveled to where the patient was to offer assistance. 97 patients were encountered in their home and 36 were encountered while in jail. The teams

were able to make 72 successful referrals to treatment during the first encounter and 83 people walked away with at least a naloxone kit for overdose reversal.

Through STR funding alone, Indiana was able to add 197 residential treatment beds to the state. Each provider who received STR dollars to expand their residential capacity offered at least one type of MAT to their patients. Indiana was also able to get the Open Beds platform running to utilize real-time information to connect people to a treatment bed anywhere in the state.

Two neonatal abstinence units were opened in Indiana using STR dollars, in Saint Joseph and Clark counties, as well as a facility in Indianapolis that focuses treatment on pregnant mothers and mothers with dependent children. These locations offer on-site and community based services, peer recovery coaching walk-in intervention services, assessments, community center and telephone recovery coaching.

Lastly, STR dollars are currently being used to incentivize more prescribers to obtain their waiver. The prescribers were offered a stipend of \$600 to take the waiver training and another \$600 stipend upon seeing their first waiver patient. Providers primarily treating pregnant women were offered a premium bonus as well as those who practiced in communities of color. As of this report, we can confirm that STR funds were used to add at least 42 new prescribers in Indiana; 12 of these primarily treat pregnant women.

***d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.***

The Division of Mental Health and Addiction Treatment works collaboratively with Mental Health Promotion and Addiction Prevention Team receiving federal block grant funds through the Substance Abuse Prevention Treatment Block Grant. Funds are currently awarded to 14 communities. The Prevention Team has targeted efforts to address underage drinking at four Indiana colleges.

Prevention efforts are based on the Strategic Prevention Framework endorsed through SAMSHA. The state dedicated \$7 million towards this effort, slightly more than the mandated minimum 20% of the total Block Grant award. The state is looking to increase the funding to continue efforts to address Alcohol, Tobacco and Other Drug prevention initiatives.

Indiana was also awarded a five year SAMHSA grant for \$1.8 million each year to support efforts in 10 counties. The SPF Partnership for Success program is designed to address two of the nation's top substance abuse prevention priorities: (1) underage drinking among persons aged 12 to 20; and (2) prescription drug misuse among persons aged 12 to 25.



Indiana also received a three year grant award for \$1 million from the Office of Juvenile Justice Delinquency Program. DMHA is the pass-through for a Mentoring Program for Youth Who Are at High Risk for Opioid Use. We are in year two of the grant.

**8. *What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?***

Indiana needs the flexibility to fight substance use disorder no matter the individual's substance of misuse.

In closing, thank you again for the opportunity to provide an update on our state's efforts, in partnership with local and federal partners, to combat the drug crisis and help people live full and productive lives in recovery.

While one life lost from a drug overdose is too many, we are seeing encouraging signs that demonstrate our Next Level Recovery efforts are having a positive impact and saving lives. CDC data shows that Indiana's drug overdose death count declined 12.9% in 2018, faster than the national average. The number of opioid pills dispensed last year declined 23% and opioid prescriptions were down 12%, falling faster than the national average. Of course, there is much more to do.

Thank you for your continued support of our efforts to fight the drug epidemic facing our state and the nation. We must be nimble as we continue to combat the opioid crisis while simultaneously working to address and prevent future crises involving substance use. To that end, we ask that you provide additional flexibility for states to utilize federal funds to address substance use more broadly. To ensure that federal funding reaches states most impacted by the drug crisis, we urge you to revise your funding metrics and allocate future funds to states based on the most current data available.

We appreciate your continued support of our efforts to help more Hoosiers recover from or avoid substance use disorder. If you need any further information, please contact Douglas Huntsinger at (317) 232-1080 or [DHuntsinger@gov.in.gov](mailto:DHuntsinger@gov.in.gov).

Sincerely,



Eric J. Holcomb  
Governor of Indiana

