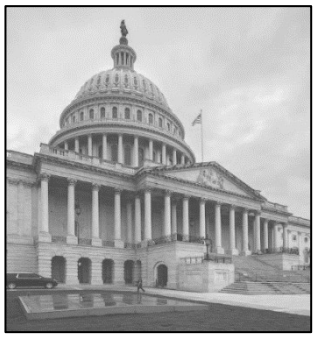
Opioid Response Network

Indiana SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants



The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

Single State Agency (SSA): Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA)

FSSA DMHA has received $162,724,885 in SOR funding from FY18 through FY23. For FY23–FY24, it received $59,313,545.

DMHA developed a strategic plan, and based on identified needs, gaps, and issues, determined that all 92 counties in Indiana needed several key strategies.

The initiatives have focused on populations that include individuals of all ages who have been diagnosed with a substance use disorder (SUD), with an emphasis on adult men and women who are uninsured or underinsured; pregnant women and/or women with children; adolescents; individuals re-entering the community; and veterans and their families. DMHA also recognized the importance of improving workforce shortages.

DMHA's overarching goals include:

1. **Education** – Increase education and training for healthcare professionals, first responders, pharmacists, and the general public.
2. **Access to Treatment and Recovery** – Increase access to evidence-based treatment and recovery resources for all people in Indiana with opioid use disorder (OUD) and StUD.
3. **Harm Reduction** – Reduce overdose deaths by implementing evidence-based strategies.
4. **Recovery Housing** – Increase bed capacity and access to recovery residences in Indiana.
5. **Workforce** – Increase the number of addiction professionals within the state to provide treatment and recovery services for OUD and StUD.

Indiana has integrated strategies for the underserved with each of these goals.

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Preventing Opioid and Stimulant Misuse Before It Starts

Indiana has used SOR to support an anti-stigma campaign in the state and implement youth prevention programming.

FIX Museum

Indiana partnered with the Indiana State Museum and other key stakeholders to develop "FIX: Heartbreak and Hope Inside Our Opioid Crisis." The program's intent was to ensure the experience extended beyond the physical exhibit and into classroom curriculum and provided a virtual experience for school-aged children. "FIX Virtual" was released and featured five modules that included videos, resource materials, and recommended activities, allowing classrooms and the community to engage with the exhibit virtually. While developed independently, the exhibit and program complemented the work of Indiana's anti-stigma campaign "Know the Facts" and were funded to humanize SUD and reduce stigma by showcasing real stories of recovery.

"Know the Facts" Humanizing Campaign

SOR funded the Know the Facts Campaign, initiated to reduce stigma and increase educational efforts regarding addiction and treatment across Indiana's 92 counties. Funding the anti-stigma campaign with SOR funds helped the state convey the following messages:

- **Know** – Addiction is a disease.
- **Support** – Treatment is available.
- **Hope** – Recovery is possible.

Throughout the grant's duration, social media interactions continued to increase, with nearly 5,644,785 new impressions on targeted social media content and campaigns occurring just in the last grant year.

To evoke empathy, firsthand storytelling of addiction experiences leading to recovery was a key pillar of this campaign. The campaign reached Hoosiers through a variety of mediums, including radio, TV, social media, outdoor advertising, news media, outreach, and online platforms (paid search, digital display banner ads, and website). The public can learn facts about SUD and hear stories of inspiring people in recovery. The campaign also focused on the state's BIPOC population with the goal of increasing African American residents' access to desired treatment. By collaborating with community stakeholders, Know the Facts incorporated strategies like social media influencer marketing and grassroots efforts to appeal directly to this population. Recently, a new call to action, "See Beyond the Addiction," was created, building upon the previous campaign's foundations to raise awareness of stigma and its harmful effects on recovery and those seeking treatment.

A focus on statewide outreach, particularly with influential stakeholders in high-risk areas, is a campaign enhancement. Public service announcements featuring individuals discussing their experiences with OUD were developed and released through various media sources, social media outlets, radio, and audio streaming. Furthermore, a new microsite was developed with educational and treatment information, as well as on-demand printing resources available to the public. Lastly, an interactive display was created for resource events and public engagement, teaching individuals about preferred language for stigma reduction.

PreVenture

Indiana used SOR to train facilitators in PreVenture, an evidence-based youth prevention program. PreVenture incorporates motivational interviewing and cognitive behavioral therapy (CBT) to help youth understand and manage aspects of their personalities associated with risky behaviors and substance use, while assisting professionals in preventing opioid use, substance use, and other risky behaviors in youth. Indiana partnered

with Overdose Lifeline (ODL) during the grant to expand the reach of PreVenture through the state. Approximately 110 new facilitators, including community mental health centers (CMHCs), schools, and other approved providers, across multiple counties in Indiana have been certified.

Overdose Reversal Efforts: Saving Lives

Indiana reduces overdoses through overdose reversal agent distribution and education.

Overdose Reversal

To reduce overdose deaths, DMHA partnered with the Indiana Department of Health and an outside vendor, ODL, to support the state goal of increasing overdose reversals. First, DMHA provided SOR funds to the Indiana Department of Health for the purchase and distribution of naloxone to programs and individuals in need through local health departments in the state. Secondly, it created a partnership with ODL to use SOR to purchase and distribute naloxone and fentanyl test strips through its 166 distribution partners. Additionally, 400 NaloxBox and 18 vending machine sites were strategically placed across the state.

Throughout this funding period, statewide outreach and distribution of naloxone increased. With these partnerships, more than 575,000 doses of naloxone have been distributed.

Implementing Harm Reduction Strategies

Indiana has also used SOR to support allowable harm reduction strategies.

ODL Naloxone Distribution

Through a partnership with ODL, SOR purchased and distributed naloxone and fentanyl test strips through 166 distribution entities. ODL continues to foster additional relationships to increase distribution and education. To date, 391,300 fentanyl strips have been purchased and 232,175 distributed.

Increasing Access to Treatment

Indiana used SOR to enhance treatment access for OUD by expanding MOUD services in low-threshold MOUD clinics and by expanding workforce training opportunities.

American Society of Addiction Medicine (ASAM) Trainings

The state is collaborating with ASAM, a professional medical society representing more than 6,000 physicians, clinicians, and associated professionals in the addiction field, to train addiction treatment providers. DMHA used SOR to support more than 50 training sessions to help Indiana addiction treatment service providers become more proficient.

Addiction Interns

An increase in qualified addiction service providers is needed in Indiana. To address this issue, the state dedicated SOR funds to expanding the addiction workforce. DMHA partnered with the Behavioral Health Academy to work with Community Health Network Behavioral Health and other providers to increase the workforce of providers specializing in SUD. The initiative includes partnerships with universities that meet dual licensure requirements for mental health and SUD, increased training for trainers and field instructors in CBT and evidence-based practices, and recruitment of new students to participate in a practicum experience. The

practicum provides students with the opportunity to apply classroom learning in a clinical setting with mentorships that meet dual licensure requirements for mental health and SUD treatment.

Low-Threshold MOUD Clinics

Indiana granted funds to three qualified providers to develop and implement low-threshold MOUD clinics. These clinics are located within proximity to or on the campus of hospitals with emergency departments. They have been designed to eliminate barriers to accessing FDA-approved MOUD while adhering to evidence-based standards of care, as well as federal, state, and local laws. The clinics are closely aligned with hospital emergency departments to allow quick access for discharged patients in need of MOUD.

Services include emergency department overdose treatment, onsite peer recovery coach and community health worker case management services, referrals for mental health interventions, patient coordination of care to higher levels of inpatient treatment or withdrawal management, warm-handoff to treatment (including MOUD), community outreach events for individuals experiencing or at risk of SUD/OUD, counseling sessions led by master's-level therapists, and case management, screening, and referrals for individuals experiencing homelessness. Three qualified providers (Schneck, Reid, and Community Fairbanks) served more than 700 individuals during SOR 3 funding.

MOUD for People Without a Third-Party Payer

SOR funds are being used across the state to increase and expand MOUD access for individuals who do not have a third-party payer and to increase the number of individuals receiving treatment statewide. Eligible providers include CMHCs and office-based opioid treatments (OBOTs). During SOR funding, 1,630 patients received evidence-based treatment and MOUD from more than 75 provider facilities.

Clare Matrix

The Matrix Model is an easy-to-use, manualized, evidence-based practice protocol that equips patients with the skills and understanding needed to overcome addiction. It has been refined over the past 30 years to integrate CBT, contingency management, motivational interviewing, 12-step facilitation, family involvement, and other elements to successfully treat individuals with SUD. With SOR funding, the Matrix Institute provided training to providers in Indiana. This included training for staff and their supervisors on the general Matrix Model, as well as more focused models for criminal justice and teen and adolescent populations. To date, more than 500 participants in the state have been trained by the Matrix Institute.

Supporting Long-Term Recovery

Indiana has used SOR to assist individuals in recovery by increasing peer support services, deploying community-based mobile response teams, and expanding recovery housing.

Recovery Residence Upgrades

DMHA recognizes that people in recovery need safe places to call home where they can feel supported. With that in mind, it modified several DMHA-certified recovery residences. Recovery residences needing minor renovations or alterations of existing facilities could request funding based on DMHA criteria. Among other

requirements, the criteria included reviewers overseeing the selection process, prioritizing geographically underserved areas, and assisting recovery residences that lacked financial capacity to make improvements. Expectations included that recovery residences increase bed capacity throughout the state. Since inception, 13 organizations were awarded SOR funds for modifications and increased bed capacity by 127.

Mobile-Integrated Response Teams (MIRS)

The MIRS program was designed to serve people with OUD and StUD. It uses a combination of the Trauma-Informed Recovery-Oriented System of Care (TI-ROSC) and community-based mobile response teams to close critical system gaps in local communities. The intent is to allow multiple counties to partner in each system to allow communities to leverage local resources for their populations. MIRS sites partner with various health, criminal justice, and social systems to provide a multifaceted, integrated approach for people experiencing OUD and StUD. MIRS teams play vital roles in communities and provide a warm handoff for the individual to the next appropriate intervention and step towards recovery while also providing MOUD as necessary for OUD treatment. MIRS teams are a crucial pillar in their communities by providing support to people with SUD where they then shepherd them towards recovery. MIRS teams offer peer support, clinical interventions, referrals, and transportation to MOUD, food banks, childcare, medical clinics, recovery housing, employment support, and other necessary client services. Indiana now has 10 MIRS providers operating in 30 counties. Over the past three years, MIRS teams have provided at least one service to more than 16,000 individuals.

Regional Recovery Hubs

Indiana currently operates 20 Regional Recovery Hubs across the state. Mental Health America Indiana, through their Indiana Recovery Network, manages the project, dividing the state into five regions. These regions are overseen by Anchor Hubs, which are recovery community organizations managing peer recovery services for other affiliated peer service providers in the region. These organizations offer peer recovery services for individuals with OUD and StUD free of charge, accessible in person or via virtual platforms. These services can be accessed statewide, 24/7, through Indiana 211 call centers or referral to the organization. These hubs conduct significant outreach in their communities. SOR funding supports this programming.

> Through 2023, recovery hubs have provided peer support services to 24,616 individuals with specific needs related to OUD or StUD. Additionally, there have been 11,257 referrals for resources and services for individuals with needs related to opioid and stimulant misuse.

Oxford House

Oxford houses are residential homes for individuals recovering from SUD. Based on ASAM levels of care, Oxford House, Inc., provides Level One recovery housing in Indiana. The homes are self-run, single-family houses. Individuals in recovery can live in an Oxford House if they remain drug- and alcohol-free and contribute equally to household expenses. Houses are available to men, women, and women with children. Residents move out when they believe it is the “right thing to do” and when they are comfortable enough with their sobriety to avoid relapse. Indiana has 94 Oxford houses with more than 730 beds.

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Reaching & Serving Populations of Focus

Indiana has identified several subpopulations for targeted initiatives: pregnant and parenting women, people in criminal justice settings, and veterans.

Kaleidoscope

With this initiative, Kaleidoscope Recovery Services was created to help pregnant women and mothers of young children struggling with SUD sustain recovery and strengthen their families by connecting them with community-based resources and treatment.

Sequential Intercept Model (SIM) Grants

SIM helps communities identify resources and gaps in services at six intercepts:

1. **Community Services** – opportunities to divert people into local crisis care services
2. **Law Enforcement** – diversion performed by law enforcement and other emergency service providers who respond to people with mental conditions and SUDs
3. **Initial Court Hearings/Initial Detention** – diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing
4. **Jails/Courts** – diversion to community-based services through jail or court processes and programs after a person has been booked into jail
5. **Re-Entry** – supported re-entry into the community after jail or prison to reduce further involvement of people with mental conditions and SUDs in the justice system
6. **Community Corrections** – community-based criminal justice supervision with added support for people with mental conditions and SUDs to prevent violations or offenses that may result in another jail or prison stay

SIM also involves the development of local strategic action plans using a mapping process to bring together leaders from different agencies and systems to collaborate and identify strategies that divert people with mental conditions and SUDs away from the justice system and into treatment. The intent is to implement projects at any or all intercepts of the local county system that do not currently have collaborative programming or SIM partnerships in place.

With SOR funding, over 70 counties have participated in the SIM model and implemented at least one intercept. The number served across the state was over 10,000 within the last grant year.

Additionally, SIM strives to support local training, facilitation, planning, and/or enhancement efforts surrounding the model.

Purdue University's Military Family Research Institute (MFRI)

This initiative assists service members, veterans, and family members who are seeking mental health and SUD services. Indiana has partnered with Purdue University's MFRI to provide training for the Star Behavioral Health Providers curriculum to licensed mental health and addiction professionals in the state. These trainings focus specifically on active duty and retired military culture, as well as the unique circumstances, experiences, and trauma these service men and women face. This training includes targeted curriculum for licensed mental health and addiction professionals to address substance misuse, including opioids and stimulants, among military personnel in Indiana.

Treatment Services in Justice-Involved Settings

DMHA dedicated SOR funds to assist certified opioid treatment programs with expanding MOUD to incarcerated individuals. Two providers (Victory and HCI) in the state were provided funds to cover treatment costs, including MOUD, for incarcerated individuals, as well as for the transport of the treatment medication to the jail in properly licensed, DEA-approved labeled containers and lockboxes. Per SAMHSA requirements, a documented chain of custody for all medications being transported was completed. Individuals have received services in St. Joseph, Vigo, and Sullivan counties.

About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website here or request training or TA here.**

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