La Porte County
Opioid Addiction Needs Assessment

Beyond the Whiteboard

Jennifer Walthall, MD MPH
Secretary, Indiana Family and Social Services Administration
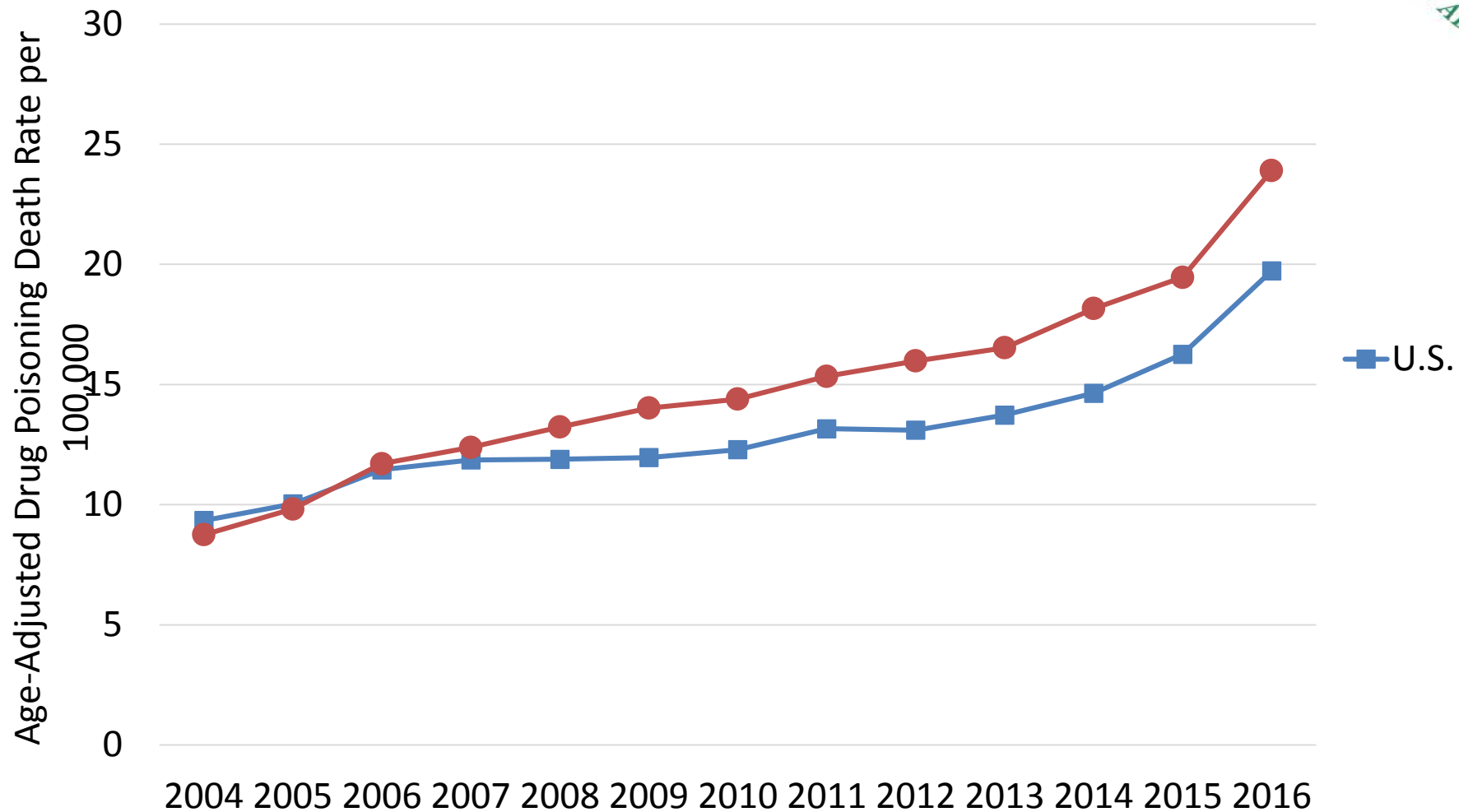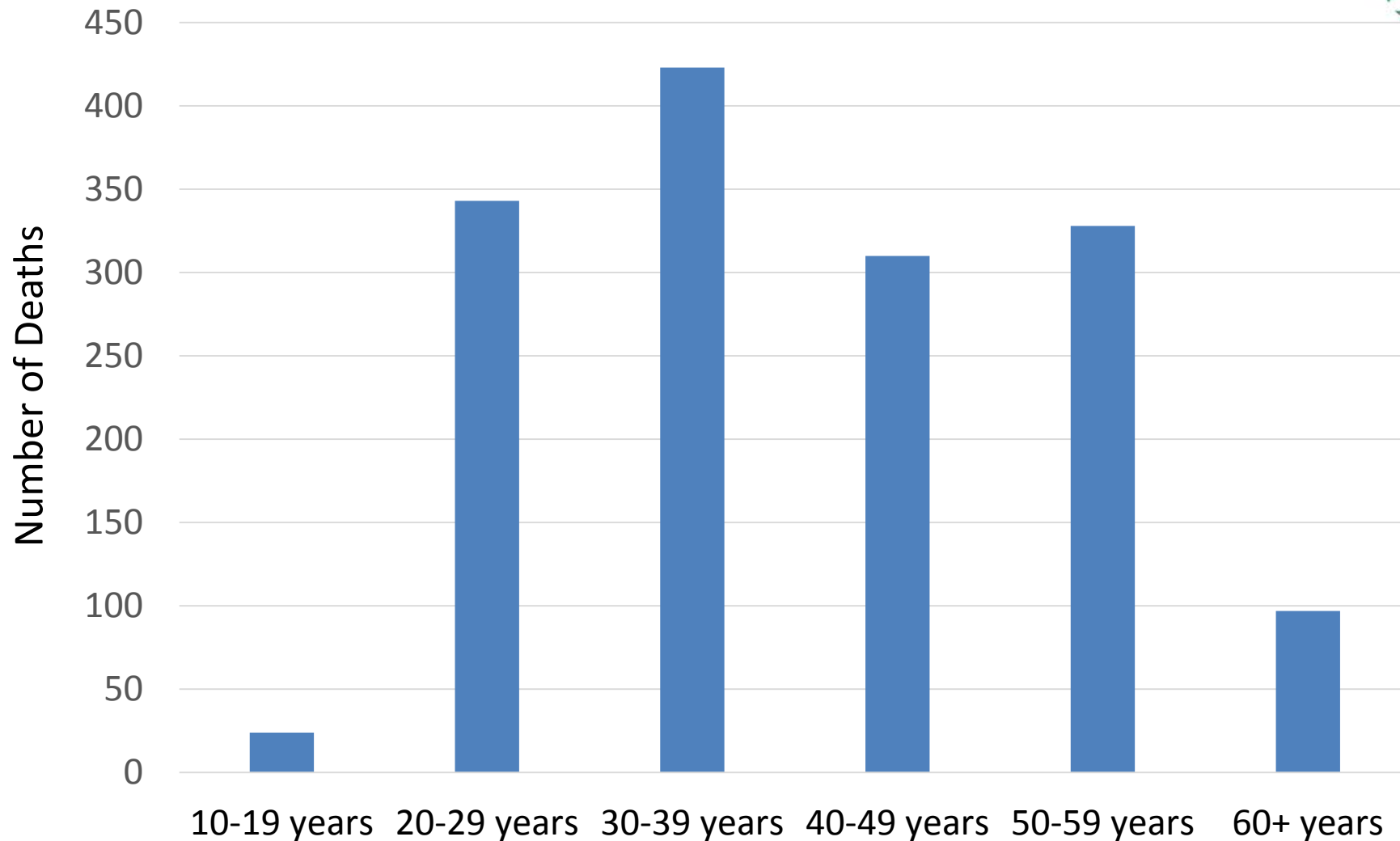
Data matters, but stories convince.

The data

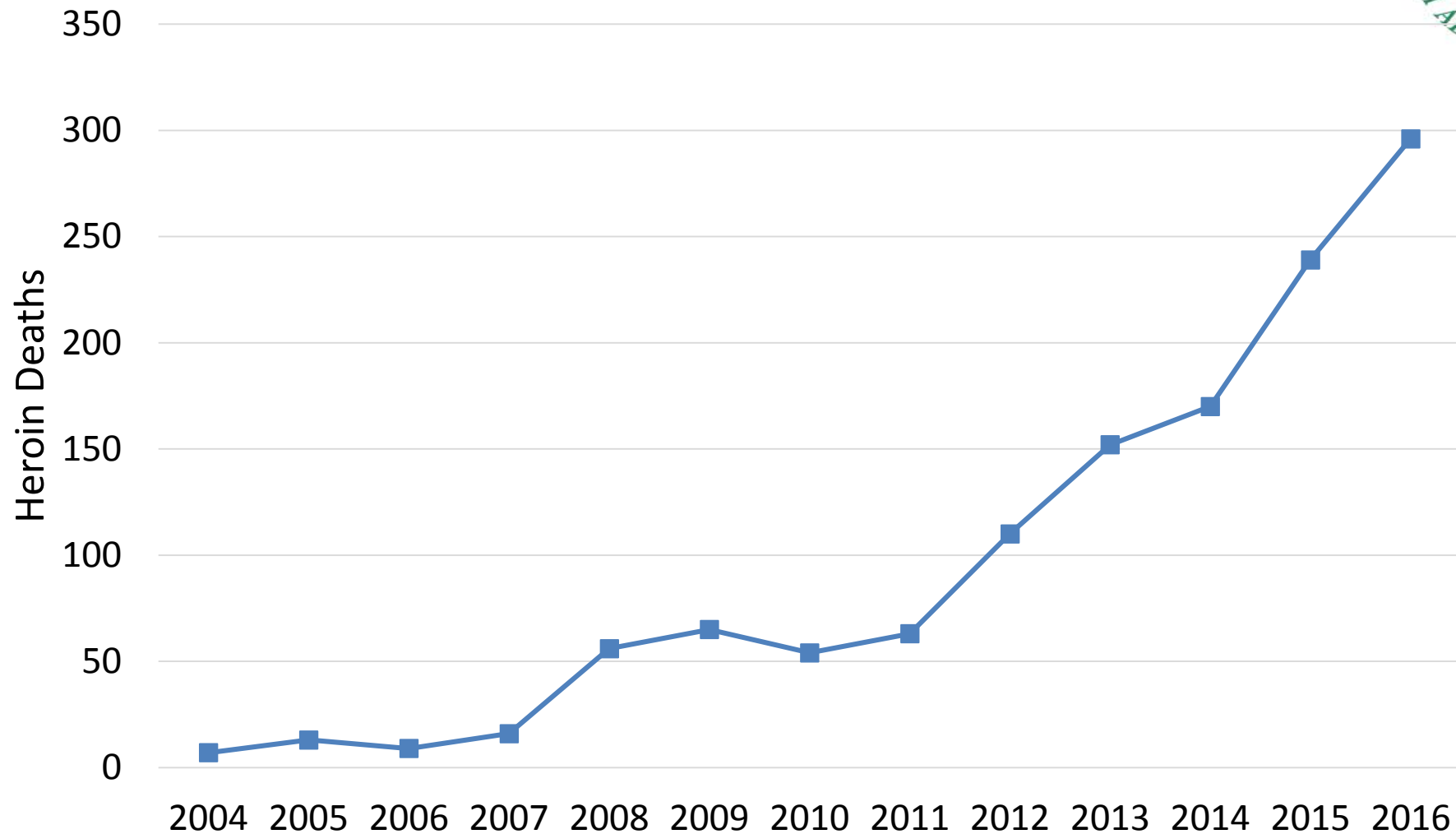# Drug Poisoning Death Rates by Year, Indiana and U.S., 2004-2016

Drug Poisoning Deaths by Age Group, Indiana, 2016

Drug Deaths Involving Heroin by Year, Indiana, 2004-2016

Percent Change in Leading Cause of Injury Death in Indiana, 1999-2016

Cause	Percent Change
Unintentoinal Poisoning	1038.70%
Unintentional Fall	87.60%
Unintentional Motor-Vehicle Accident	-14.40%
Homicide	24.30%
Suicide	64.70%

-50.0%   150.0%   350.0%   550.0%   750.0%   950.0%   1150.0%

Source: CDC WISQARS, Prepared by ISDH Division of Trauma
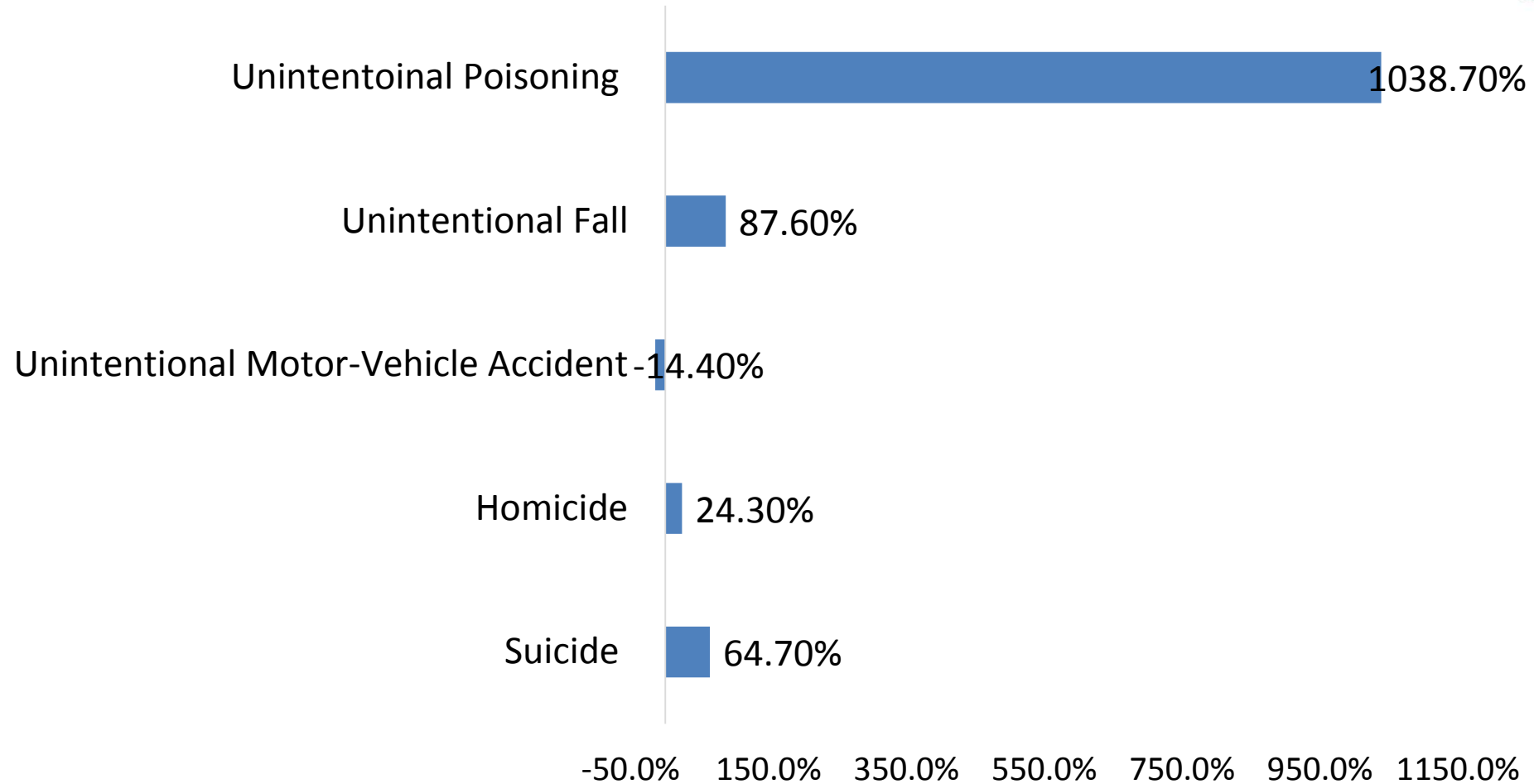
Percent Change in Leading Causes of Injury Death Indiana, 1999-2015

Suicide — 38.3%

Homicide — -3.8%

Unintentional MV Traffic — -21.7%

Unintentional Falls — 40.9%

Unintentional Poisoning — 771.4%

-100% 0% 100% 200% 300% 400% 500% 600% 700% 800% 900%
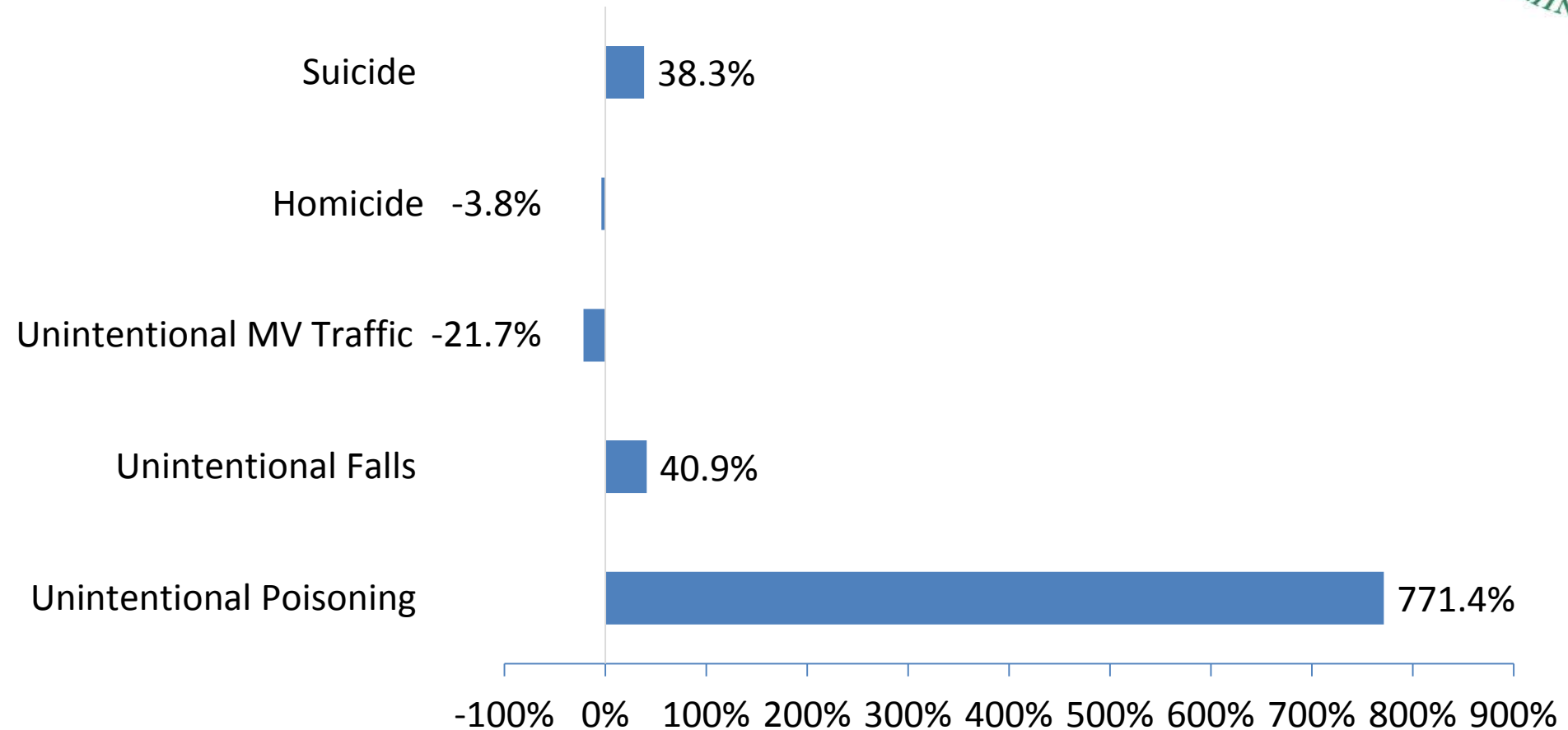
Age-adjusted rates

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

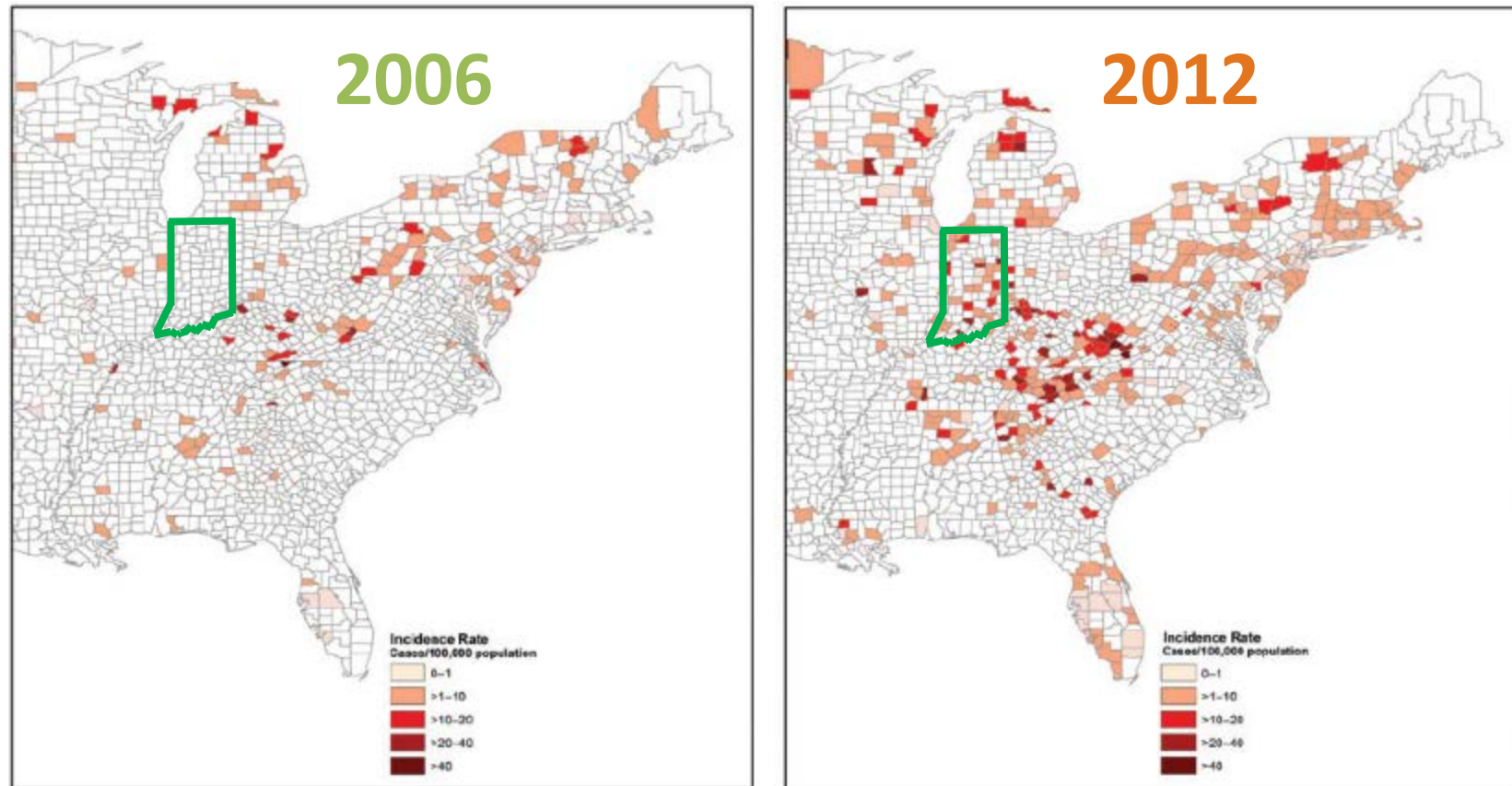# Emerging Epidemic of Hepatitis C Virus Infections Among Young Non-Urban Persons who Inject Drugs in the United States, 2006–2012

2006

2012

Incidence Rate
Cases/100,000 population

- 0–1
- >1–10
- >10–20
- >20–40
- >40

Suryaprasad Clin Infect Dis; 2014, 59(10):1411-1419

The story

How to create an opiate epidemic in three easy steps

1) Create a culture with an expectation of pain free experience with powerful support

2) Change the practice of a generation of physicians

3) Enact regulations to change practice without accounting for a population with substance use and behavioral health infrastructure needs

- Emergency Interventions
- Treatment expansion
- Prevention and System Change
- Sustainability

The whiteboard

- Dashboard
- Open source Medicaid data sets
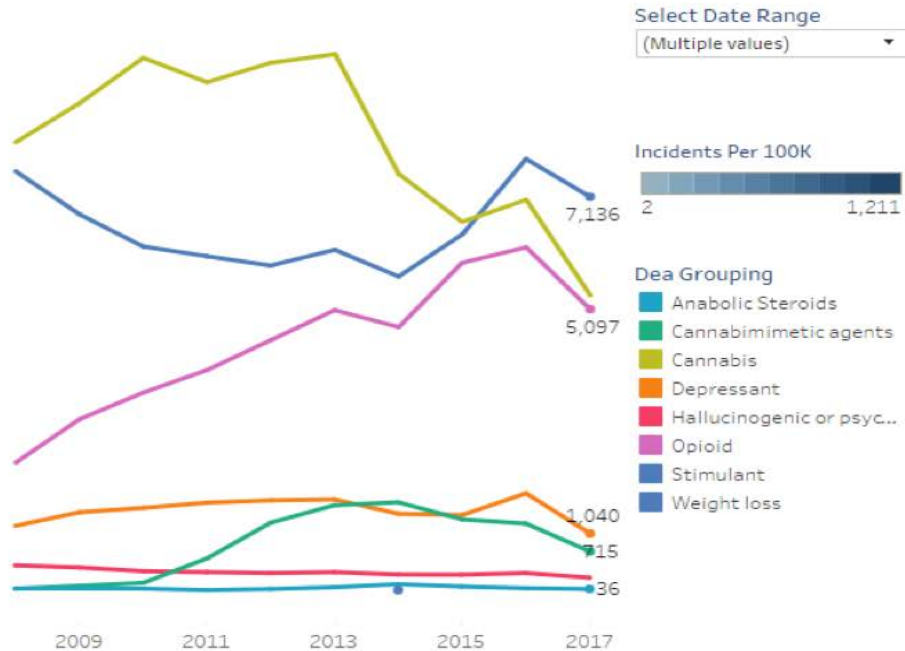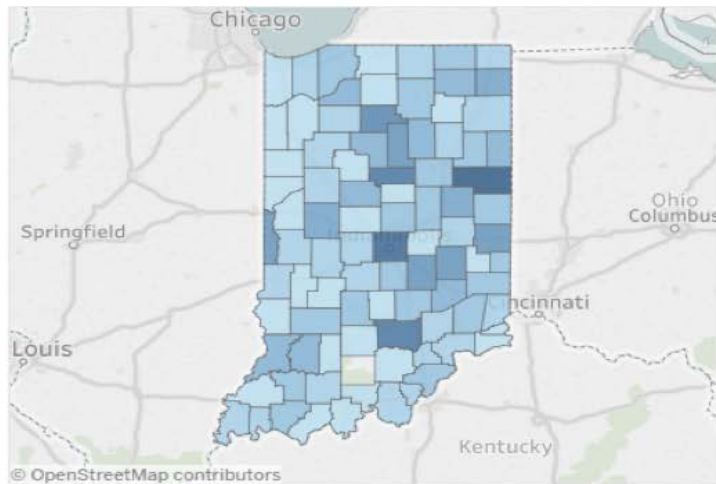- INSPECT

Data build

Drug Dashboard

Datasource: LIMS

Click the ">" Button to Watch The Map Change Over Time

< | 2016 | ▼ | >

☐ Show History

Select Date Range

(Multiple values) ▼

Incidents Per 100K

2 ————— 1,211

Dea Grouping
- Anabolic Steroids
- Cannabimimetic agents
- Cannabis
- Depressant
- Hallucinogenic or psyc...
- Opioid
- Stimulant
- Weight loss

7,136

5,097

1,040

715

36

© OpenStreetMap contributors

2009   2011   2013   2015   2017

Submissions by DEA Group

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Anabolic Steroids	47	45	43	16	35	68	124	82	50	36
Cannabimimetic agents	41	94	146	589	1,236	1,553	1,605	1,297	1,219	715
Cannabis	8,123	8,830	9,651	9,210	9,561	9,711	7,549	6,682	7,076	5,347
Depressant	1,179	1,425	1,504	1,598	1,641	1,657	1,399	1,374	1,766	1,040
Hallucinogenic or psyched..	465	426	359	342	326	342	299	295	326	241
Opioid	2,323	3,110	3,591	3,999	4,540	5,084	4,773	5,940	6,217	5,097
Stimulant	7,593	6,815	6,236	6,060	5,891	6,175	5,690	6,454	7,820	7,136
Weight loss							1			

MANAGEMENT
PERFORMANCEHUB

Opioid Dashboard
Datasource: LIMS

	2014	2015	2016	2017
BUPRENORPHINE	295	315	347	317
FENTANYL	140	224	623	713
FURANYL FENTANYL			45	29
HEROIN	2,438	3,554	3,468	2,683
HYDROCODONE (DIHYDR..	810	729	655	417
METHADONE	117	93	82	48
MORPHINE	178	169	127	90
TRAMADOL	80	118	134	106
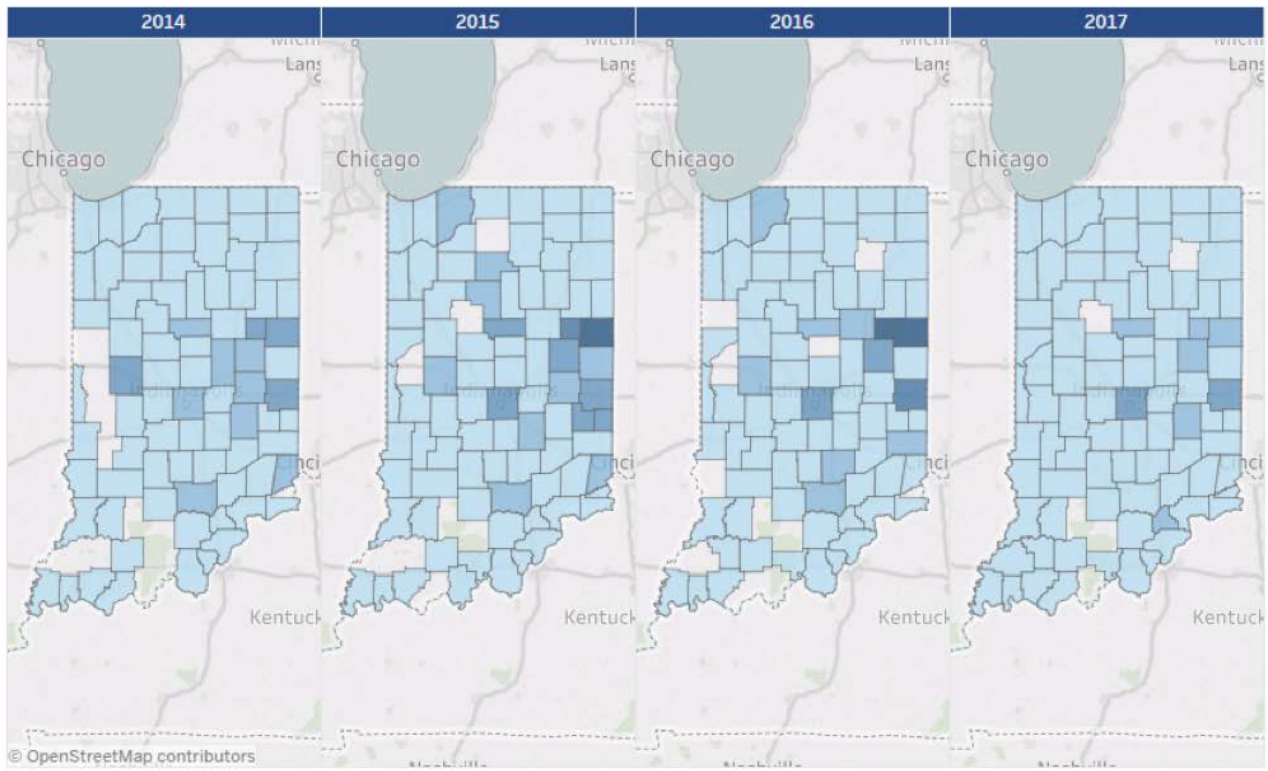
Select Date Range
(Multiple values)

Select Opioid Drug(s)
(Multiple values)

Incidents Per 100K
2.9   487.1

- Naloxone
- SSP
- MAT coverage
- Coroner reporting
- OTP expansion
- Access

Policy Needs

Optin.in.gov

Provider Search

LEGEND (click Pins to Filter)

- 501(c) Non-Profit
- Corrections
- Pharmacy
- Other
- Addiction Treatment
- Health Department
- School

Keyword / City / Zip

Q Filter

Are you having trouble finding Naloxone?
Click here
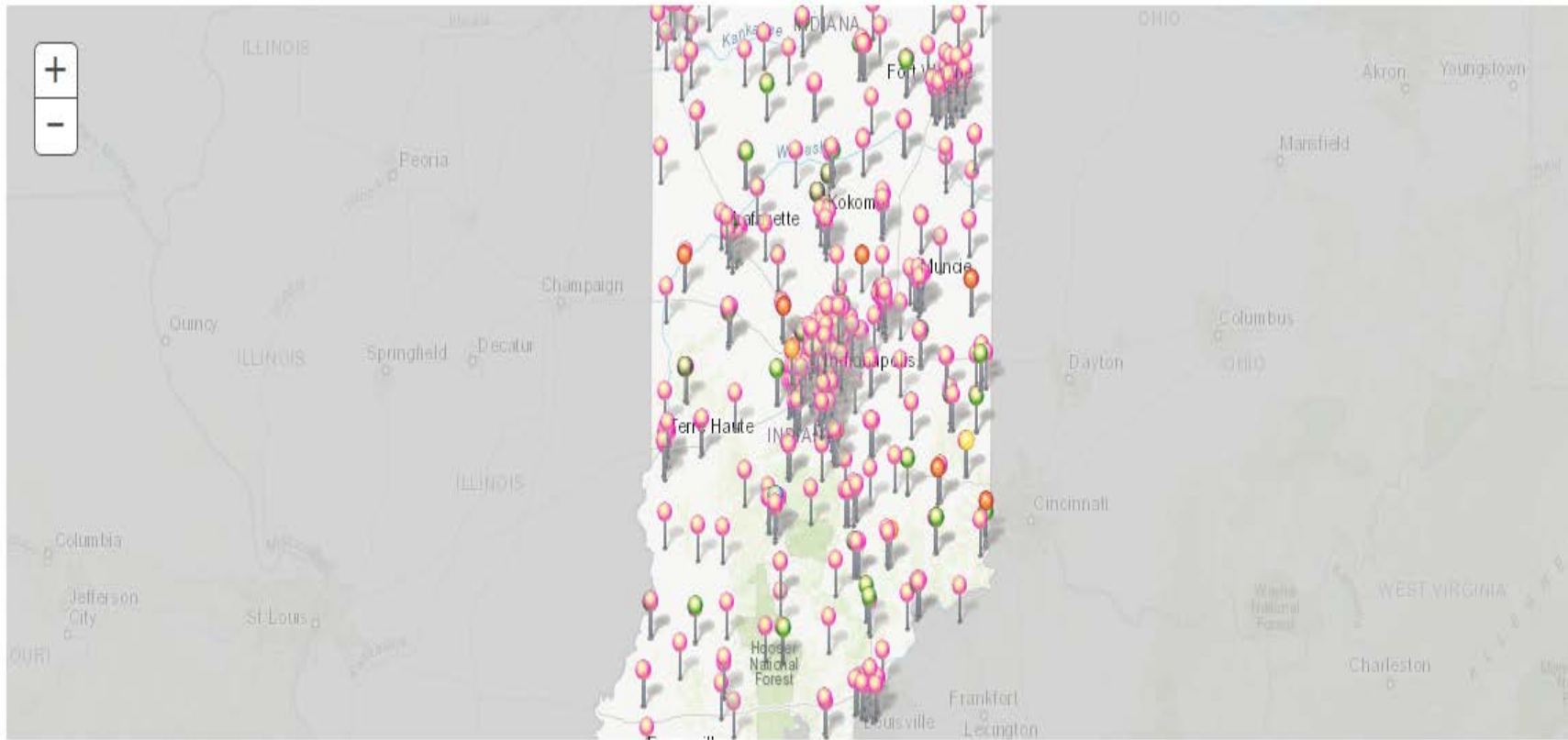
Future state naloxone continuum

Overdose victim → First responder → EMS → Hospital

Naloxone stocking and reimbursement

- HIP history

- 1115 renewal

- Cures overview

- Block grant efficiency

Payment Infrastructure

A Brief History of HIP

- HIP 1.0 – cigarette tax expanded coverage for 40,000
- HIP 2.0 – partnership with federal government, hospitals, and cig tax expanded coverage for 400,000
  - POWER account
  - Medicare reimbursement
  - Incentives for behavior change

HIP today

- 415,627 members
- 42.9% <5% FPL (62% opt into PLUS)
- 66.2% in PLUS overall
- 18% medically frail
- Improved preventive care

HIP Enhancements

Substance Use Disorder:

- Fill treatment gaps by adding new services: inpatient detox, residential treatment, and addiction recovery services (recovery education, peer recovery support services, housing support services, recovery focused case management and relapse prevention)

- Lift current Medicaid restriction on IMD providers – expand access of at least 15 more facilities with 12 additional in queue

- Within HIP, member incentive programs will target SUD treatment

HIP renewal and the opiate epidemic

- Waiver of current IMD exclusion
  - Allows Medicaid to reimburse for short-term services (30-days of treatment) provided in an Institution for Mental Disease (IMD)—a mental health medical facility of more than 16 beds.
    - Currently able to reimburse for 15-day IMD stays through managed care programs only (HIP, Hoosier Healthwise, Hoosier Care Connect), but not fee for service.
  - Expands access
    - New Medicaid access at nearly 15 new facilities and possible increased capacity at 12 others

Division of Mental Health and Addiction

Addiction Inpatient Units and Residential Facilities

New or Expanded Points of Access
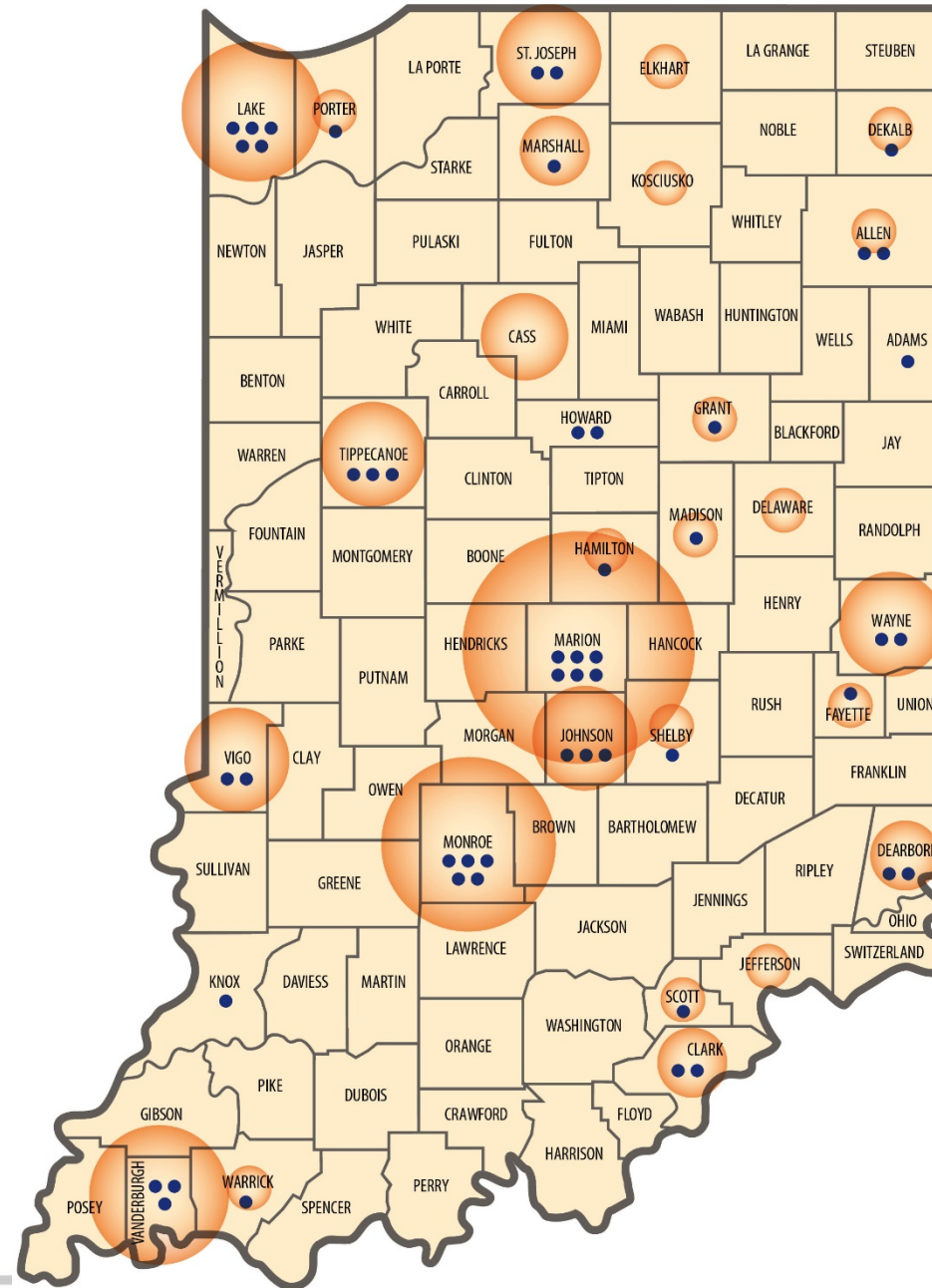
21st Century Cures Grant – Year 1

Residential capacity has grown from 800 beds to 1008 (26% increase)

Project ECHO launches in March 2018 with a focus on physicians, social workers, community health workers

Provide peer supports in Eds. Adds 65 peers to the workforce

Supporting integration of PDMP into health care records

Two mobile addiction teams covering 14 rural counties (15% of the state)

21st Century Cures – Year 1

8500 naloxone kits distributed to State Police, DNR, and local health departments

Skills training for providers (DBT/12 step, Motivational Interviewing, and Effective Use of MAT)

Establish local Recovery Oriented Systems of Care (ROSC). DMHA will provide a toolkit for other interested communities

Humanizing campaign. KnowtheOFacts.org

- Physicians
- Hospitals
- Stakeholders
- SUD providers
- Public Health
- General public
- Elected officials

Culture change

- OTP expansion
- ECHO MAT
- ECHO HCV
- Open Beds/2-1-1
- NAS pilots
- Recovery Works

Program Build

FSSA – OpenBeds® State Referral Process

Acute Care Hospitals

Social Workers
Case Managers

Drug Courts

EMS

Individuals

Referrals
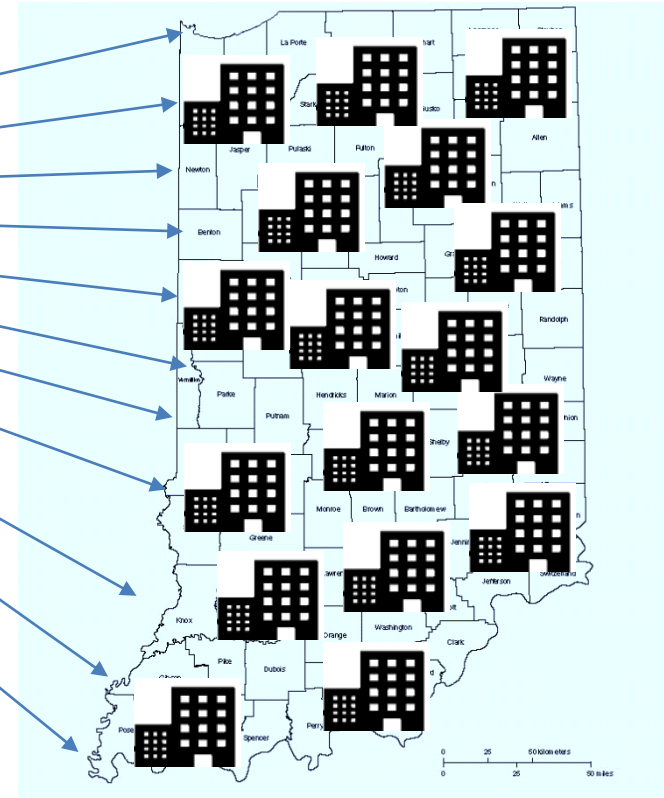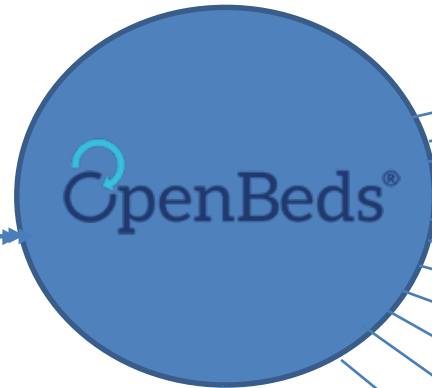
Referral Channel and Wraparound Services for Sustainability Reporting

Providers

FSSA – 211 Wrap Around Services Process

Referral Channel and Wraparound Services for Sustainability Reporting
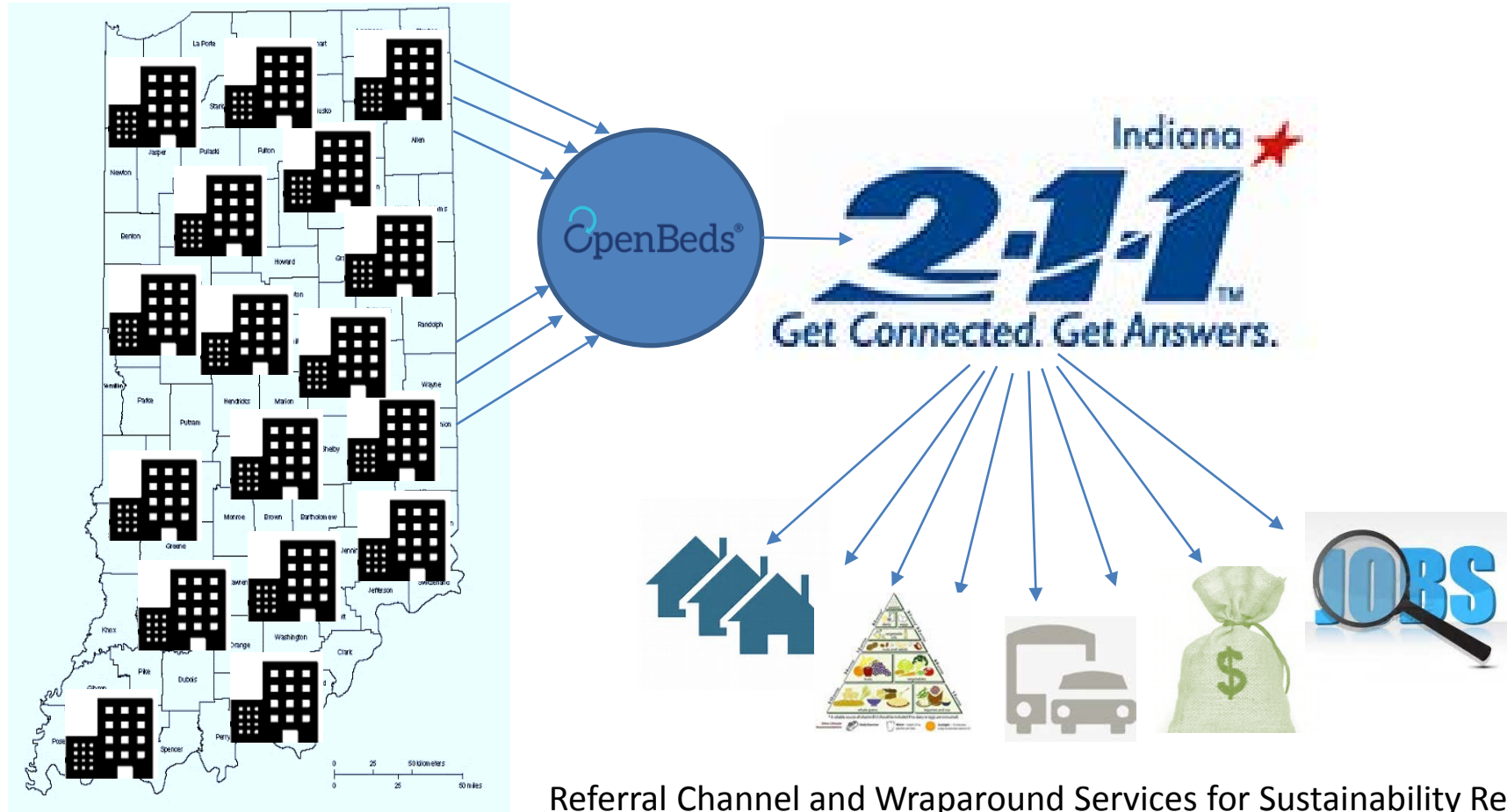
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME** (NAS), WHICH CAUSES **LENGTHY** AND **COSTLY** HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

EVERY 25 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.

AVERAGE LENGTH OR COST OF HOSPITAL STAY

NEWBORNS

WITH NAS — 16.9
W/O NAS — 2.1

WITH NAS — $66,700
W/O NAS — $3,500

■ DAYS
■ COST
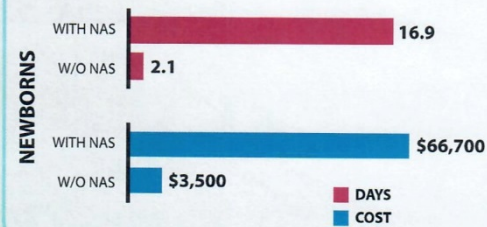
NAS AND MATERNAL OPIOID USE ON THE RISE
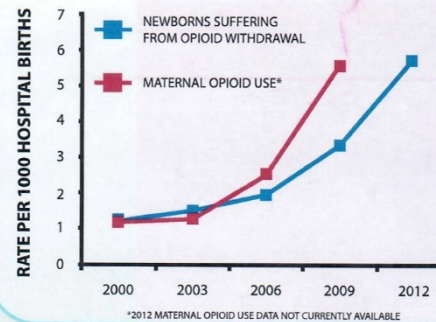
RATE PER 1000 HOSPITAL BIRTHS

■ NEWBORNS SUFFERING FROM OPIOID WITHDRAWAL
■ MATERNAL OPIOID USE*

Years: 2000, 2003, 2006, 2009, 2012

*2012 MATERNAL OPIOID USE DATA NOT CURRENTLY AVAILABLE

NIH National Institute on Drug Abuse

Source: Patrick et. Al., JAMA 2012 , Patrick et. Al., Journal of Perinatology 2015
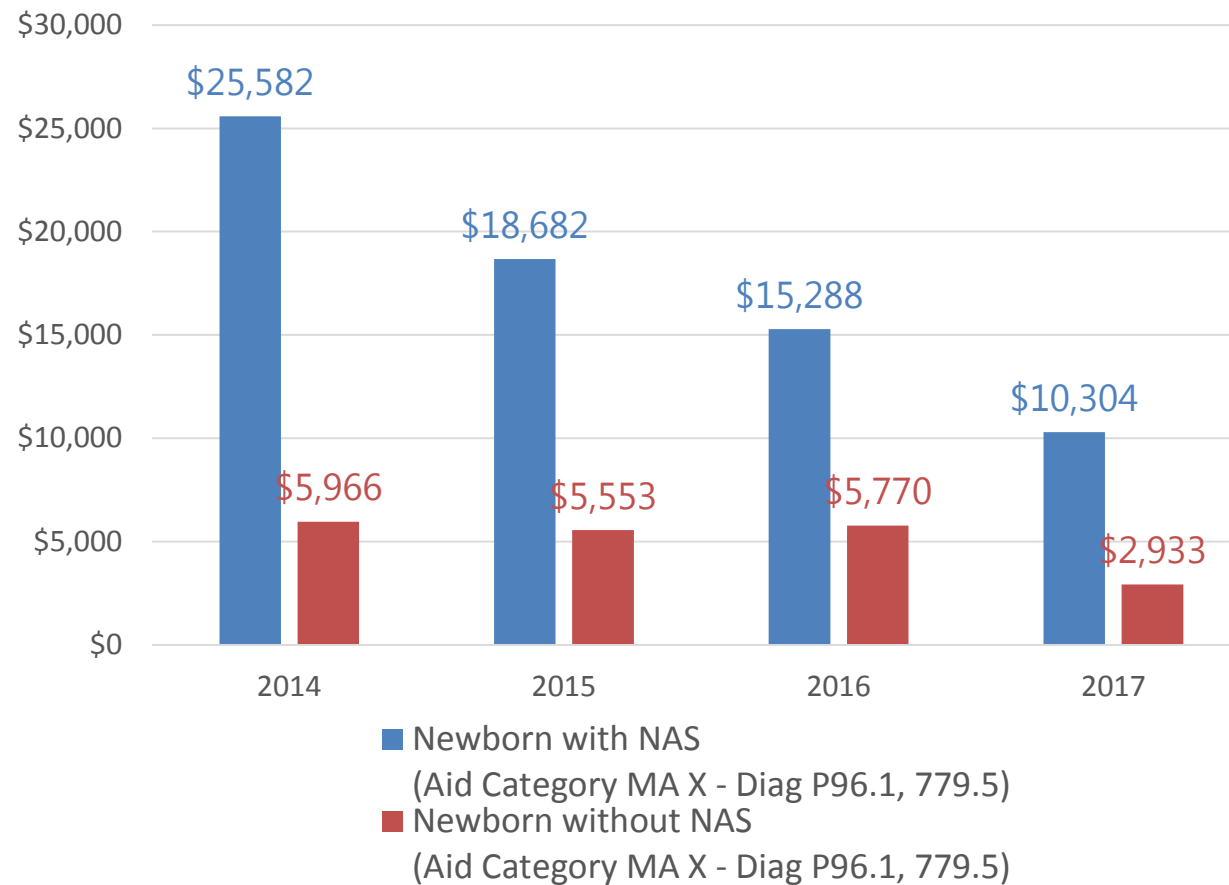
Initial Aid Category MA X with NAS vs.
MA X without NAS: Average 1-3 Years Claim
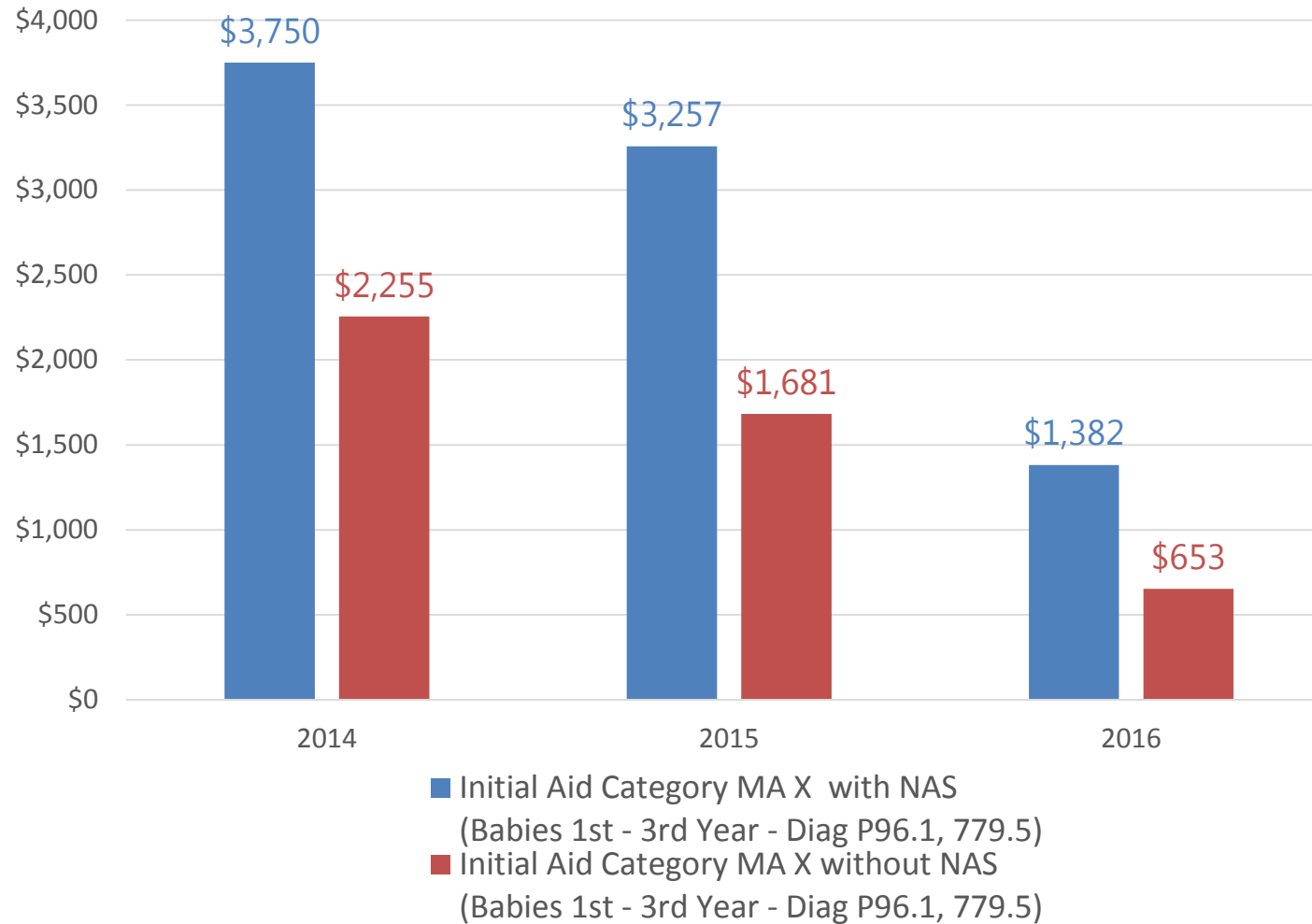
Best or same?

education

understanding

empathy

hope

recovery

FACTS:

OPIOID USE DISORDER IS A DISEASE

THERE IS TREATMENT

RECOVERY IS POSSIBLE

o

Know the facts.

Stigma reduction
PDMP
Counseling and referral - SBIRT
Naloxone kits
Take back programs
Partial fills and prescriber rules

Working the whiteboard together

- HIV continuum of care
- Treatment capacity
- Overdose information
- Reduced rates of SUD
- Reduced need for naloxone

Assessment – what is success?

"The world is indeed full of peril, and in it there are many dark places; but still there is much that is fair, and though in all lands love is now mingled with grief, it grows perhaps the greater."

In a world filled with despair, we must still dare to dream. In a world full of distrust, we must still dare to believe.

FSSA Indiana
Daring to dream and believe since 1991

LaPorte County
Opioid Addiction Needs Assessment

A Study Completed by the

Center for Health Policy

Indiana University Richard M. Fairbanks School of Public Health

At IUPUI

Outline of Today's Talk

Part I – Data Analysis

A Look at State and County-Level Information

(Harold Kooreman)

Part II – Community Feedback

Review of Survey Responses and Key Informant Interviews

(Marion Greene)

Part III – Recommendations

Developing a Strategic Framework to Guide Initiatives on a Continuum of Care

(Joshua Vest)

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Part I – Data Analysis

A Look at State and County-Level Information (Harold Kooreman)

Publically Available Datasets were Used for Analysis

- All datasets used were publically available.

- Where possible, data are presented at the county level.

- Data were gathered from the following sources:
  - National Survey on Drug Use and Health
  - Treatment Episode Dataset (Admissions)
  - ISDH Web-based Data Tool
  - SAMHSA substance abuse treatment locator
  - SAMHSA buprenorphine prescriber locator
  - ISDH Opt-in database

Nationally in 2016, nearly 10% of 18-25-year-olds misused prescription pain relievers (NSDUH, 2015-2016)
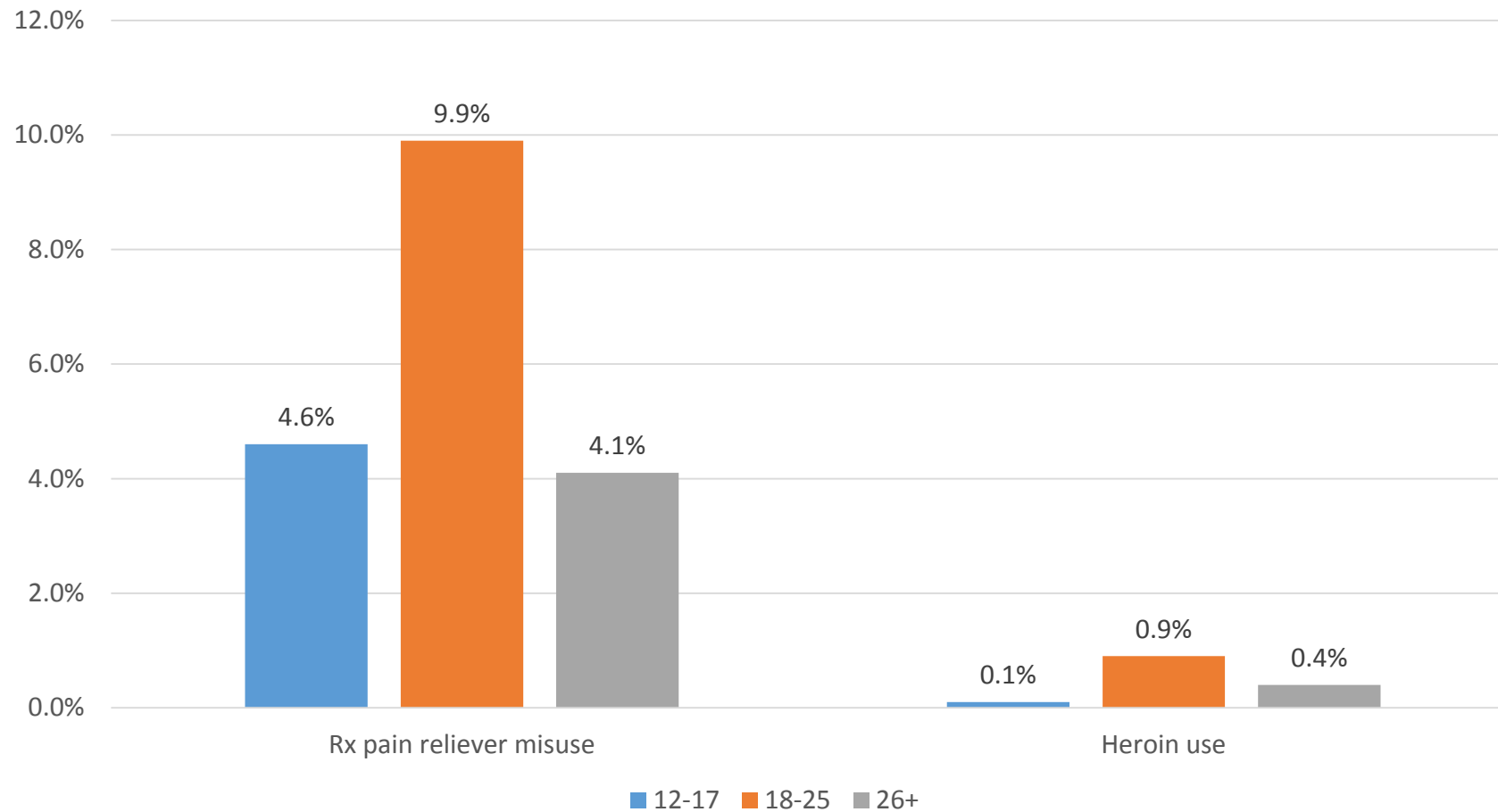
Over 50% of persons entering substance abuse treatment in LaPorte County wanted treatment for opioids
(TEDS, 2017)

	Any Treatment Admission	Opioid Treatment Admissions	
	Number	Number	Percentage
Gender			
Female	110	69	62.7%
Male	171	91	53.2%
Race/Ethnicity			
White	231	147	63.6%
Black	39	5	12.8%
Other	11	8	72.7%
Total	**281**	**160**	**56.9%**

Opioid admissions were high among all age groups under 45 (TEDS, 2017)

	Any Treatment Admission	Opioid Treatment Admissions	
	Number	Number	Percentage
Age			
Under 18	3	3	100.0%
18-24	30	22	73.3%
25-34	115	80	69.6%
35-44	57	34	59.6%
45-54	55	16	23.8%
55+	21	5	23.8%
Total	**281**	**160**	**56.9%**

Opioid use within LaPorte's treatment population has seen a 137% increase since 2010 (TEDS, 2010-2017)

	2010	2011	2012	2013	2014	2015	2016	2017
LaPorte	24.0%	31.8%	35.2%	42.2%	42.3%	45.1%	49.1%	56.9%
Porter	34.2%	44.4%	46.8%	50.9%	49.8%	50.0%	46.8%	56.3%
St. Joseph	14.7%	18.4%	19.3%	23.1%	22.6%	24.4%	25.0%	29.3%
Starke	25.8%	33.5%	46.6%	48.3%	61.9%	66.0%	68.4%	79.3%
Indiana	18.6%	22.1%	27.5%	30.3%	31.4%	33.9%	35.9%	37.1%

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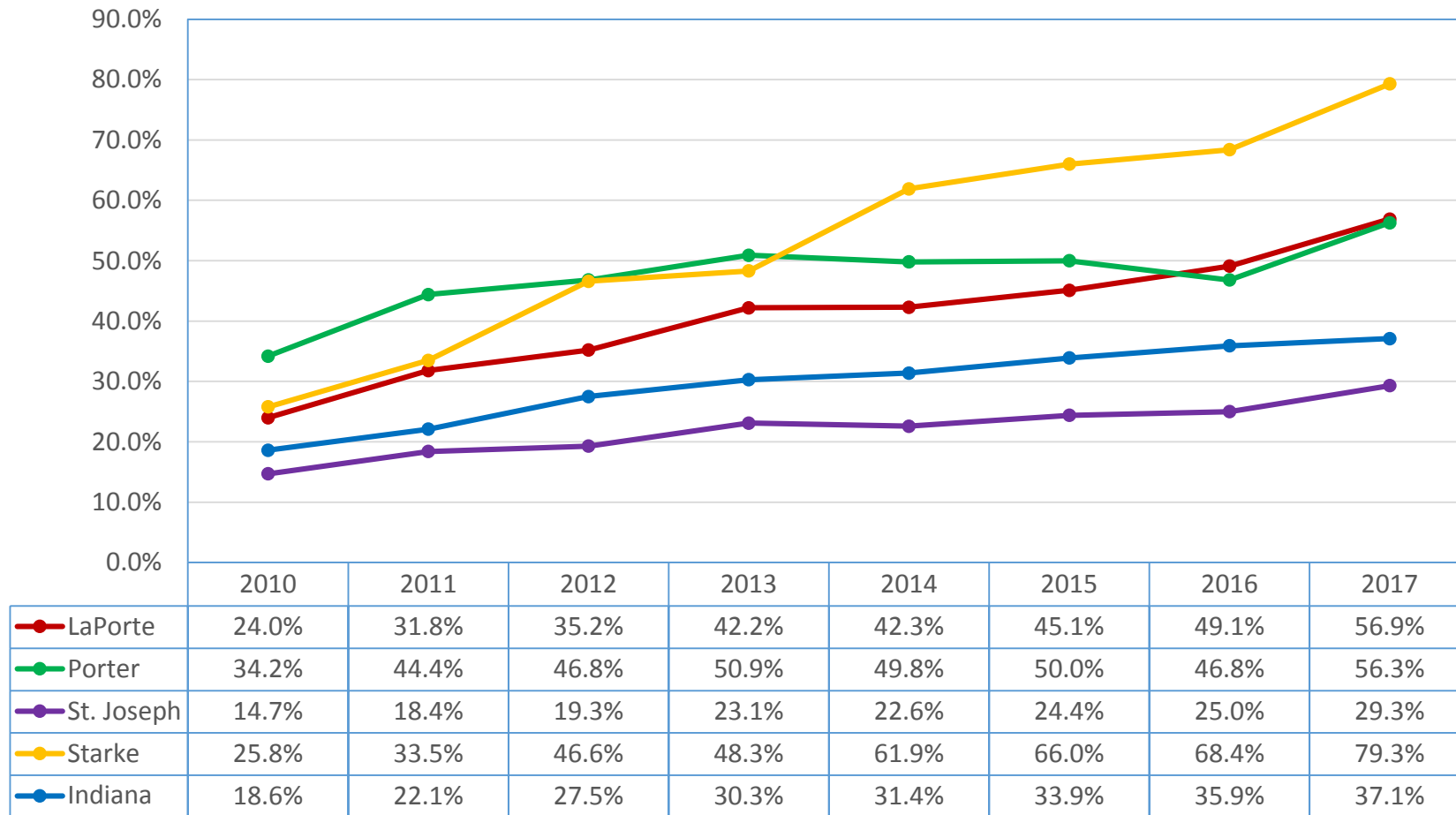
The percentage of the treatment population in LaPorte reporting injection drug use has risen by 188% since 2010 (TEDS, 2010-2017)

	2010	2011	2012	2013	2014	2015	2016	2017
LaPorte	11.5%	18.0%	18.8%	19.4%	21.4%	23.7%	25.7%	33.1%
Porter	15.4%	19.6%	21.7%	24.1%	24.8%	25.7%	30.0%	29.3%
St. Joseph	4.9%	8.0%	10.0%	11.8%	12.3%	14.3%	16.2%	19.0%
Starke	8.2%	9.4%	15.9%	16.3%	21.3%	31.2%	37.3%	54.0%
Indiana	6.7%	8.0%	9.8%	11.7%	14.1%	17.1%	19.3%	21.5%
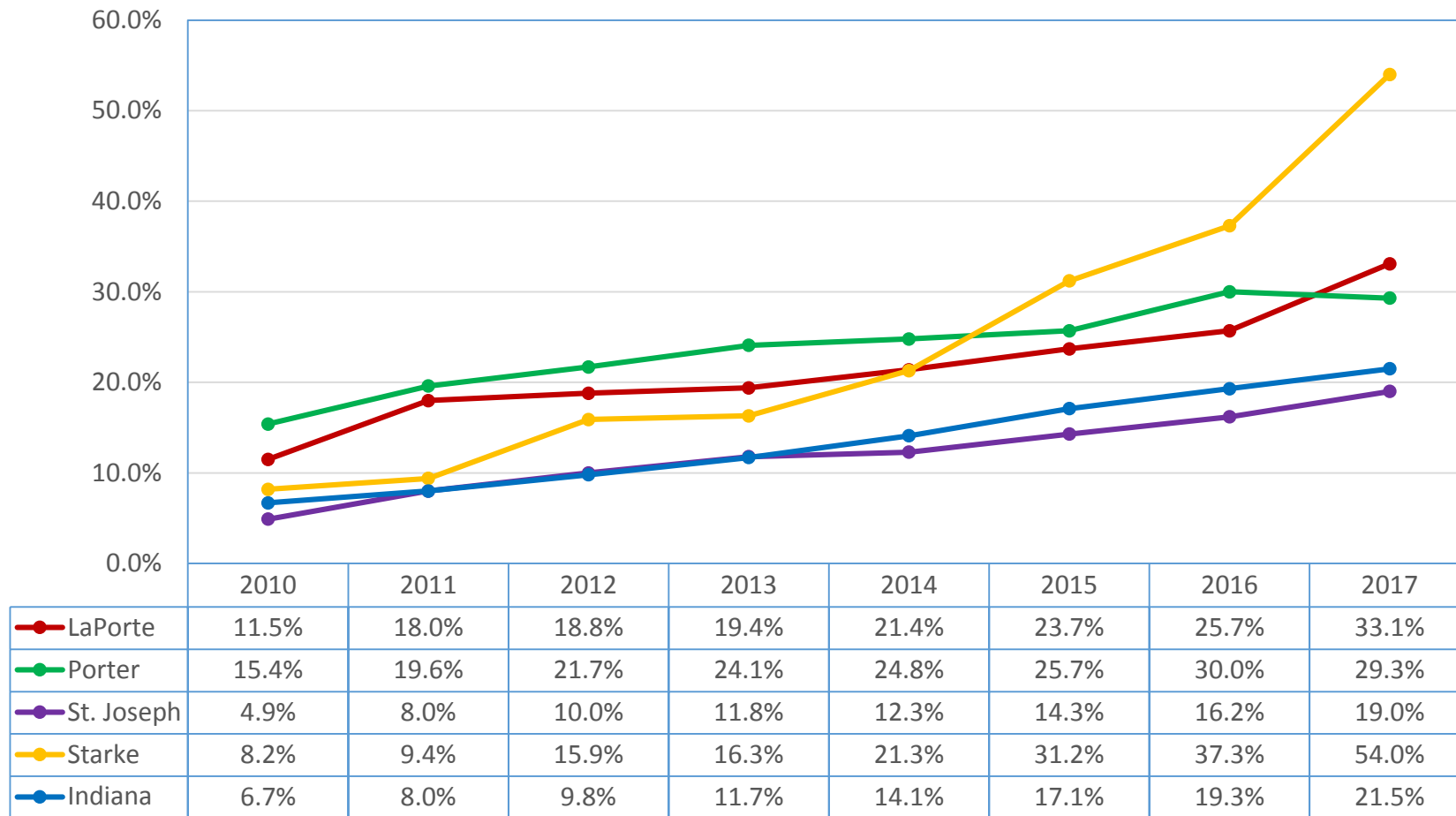
LaPorte's rate of non-fatal opioid overdoses is higher than that of Indiana (ISDH, 2011-2015 combined totals and average annual rates per 100,000)

LaPorte		Porter		St. Joseph		Starke		Indiana	
Non-Fatal opioid overdoses									
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
269	48.4	267	32.1	563	42.2	56	48.4	11,781	35.9
Drug overdose deaths (all drugs)									
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
95	18.9	185	22.5	226	18.2	37	34.9	5,954	18.7
Drug overdose deaths involving heroin									
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
19*	3.4*	62	7.4	73	5.5	8*	N/A	967	2.9
Drug overdose deaths involving prescription opioids									
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
4*	N/A	56	6.7	61	4.6	15*	13.0*	1,386	4.2

*Rates based on less than 20 cases are unreliable

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LaPorte has consistently had higher arrest rates than the state for sale/possession of cocaine and opiates (UCR, 2010-2014)

	2010	2011	2012	2013	2014
LaPorte	1.34	2.85	1.45	1.29	1.11
Porter	0.24	0.3	0.32	0.23	0.2
St. Joseph	0.44	0.32	0.35	0.4	0.32
Starke	0.81	1.28	1.12	0.82	0.35
Indiana	0.68	0.67	0.48	0.44	0.49

Rate per 1,000 population
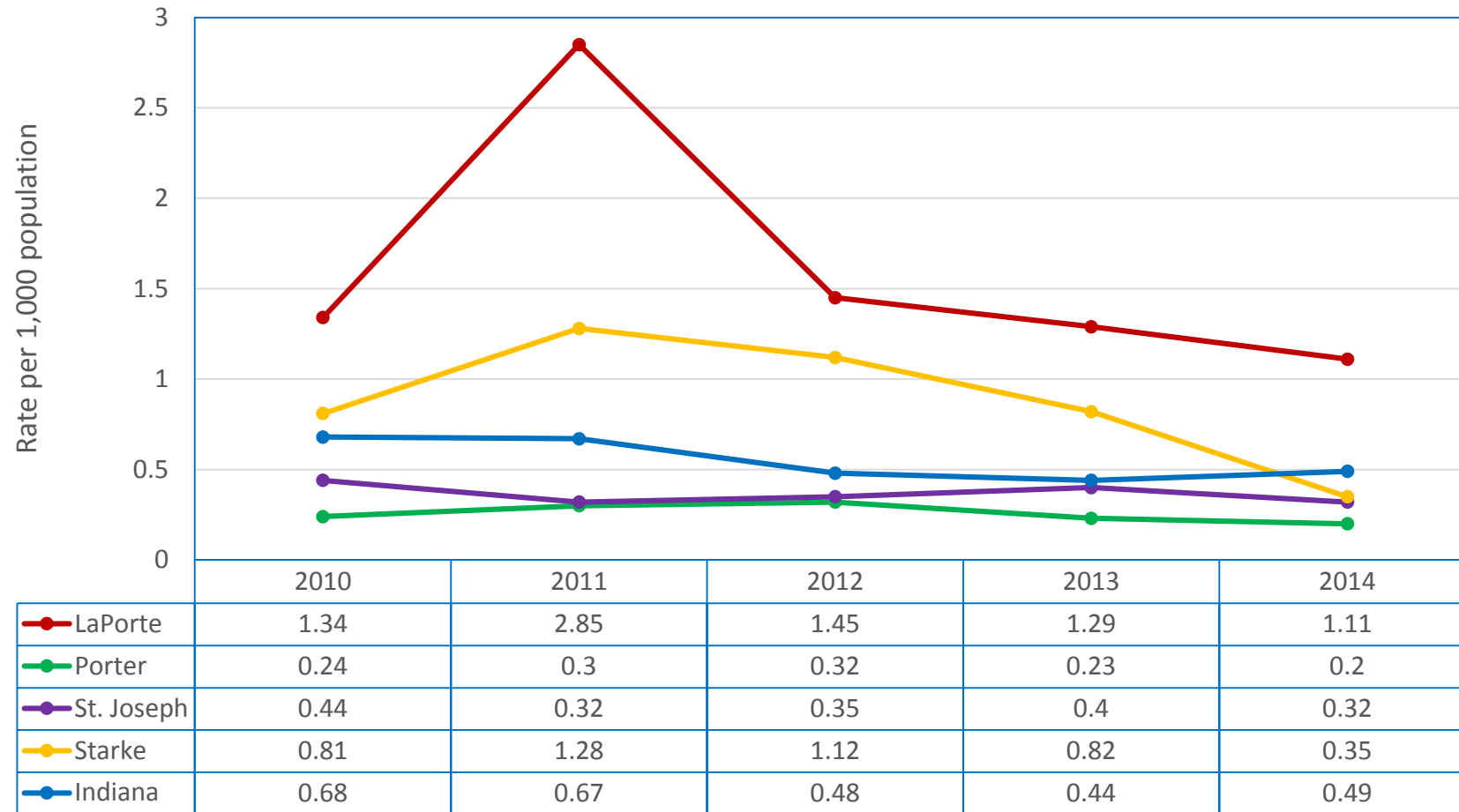
The number of mental health counseling centers in LaPorte is limited

- Five mental health/counseling centers are currently operating in LaPorte County:
  - Swanson Center
  - Frontline Foundation
  - Samaritan Counseling
  - Family Concern Counseling
  - Healthlinc Community Health Center
- All offer outpatient counseling
- Swanson center offers medication assisted treatment in partnership with Recovery Works through the Detox Now! program in Merrillville, Indiana.

Few mental health centers offer medication-assisted treatment

- Eight mental health/counseling centers located in Porter County
  - Porter-Starke CMHC offers medication-assisted treatment
- One mental health/counseling center located in Starke County
- One mental health/counseling center in Lake County
  - Semoran Treatment Center offers medication-assisted treatment

Only seven physicians in LaPorte are authorized to prescribe Buprenorphine

- Seven physicians authorized to prescribe Buprenorphine are listed in SAMHSA's prescriber database.
- Five were determined to be actively prescribing:
  - Michael Best, MD
  - Weldon Cooke, MD (retired, practice now run by Olusola Olowe, MD)
  - Charles Motley, MD
  - Donald Perrine, MD
  - Syed Quadri, MD

Naloxone is available in five locations in LaPorte

- CVS – 901 Karwick Rd., Michigan City

- Kroger – 55 Pine Lake SC, La Porte

- Meijer – 5150 S. Franklin Street, Michigan City

- Walgreens – 1816 Franklin Street, Michigan City

- LaPorte County Health Department

Part II – Community Feedback

Review of Survey Responses and Key Informant Interviews from LaPorte County
(Marion Greene)

What is the Community's Perspective?

Getting a better understanding of the community's views on the opioid epidemic

✓What are the most pressing issues?

✓What resources are available / lacking?

✓What are the biggest challenges?

✓What are the strengths and assets?

➔We collected qualitative data

  1. Online survey
  2. Key informant interviews

AND THE SURVEY SAYS...

Key Findings

Caveat: Findings are based on experiences and perceptions of survey respondents and may or may not accurately reflect the conditions in LaPorte County.

Community members from various sectors completed the survey

- ✓ Mental health
- ✓ Prevention
- ✓ Medical community
- ✓ Government
- ✓ Advocacy

- ✓ Judicial / law enforcement
- ✓ Business
- ✓ Faith-based
- ✓ Family members
- ✓ Persons in recovery

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Most respondents were unfamiliar with current prevention programs

Available

✓ School-based programs such as the Lead and Seed or D.A.R.E.

✓ Awareness campaigns such as *Drop it and Lock it* or *Hidden in Plain Sight*

Missing

✓ More school-based programs (e.g., Too Good for Drugs; Botvin Life Skills; more ATOD education)

✓ Programs for special populations (e.g., children of drug addicted parents; grandparents raising children of drug addicted parents; dually diagnosed individuals; veterans; people suffering from trauma)

Are treatment services available in LaPorte County?

- ✓ Nearly half of respondents believed that the community's healthcare organizations provide substance use treatment services
  - Primarily outpatient programs
- ✓ A little over one-fourth of respondents believe that medication-assisted treatment is available in LaPorte County
- ✓ 11% stated that detoxification treatment is available

Treatment programs that were most frequently listed as missing

	Number	Percentage
Detoxification Services	19	42%
Inpatient treatment services	16	36%
Medication-assisted treatment (MAT)	11	24%
Outpatient counseling (especially Intensive Outpatient)	9	20%
Halfway/Residential/Transitional Services	6	13%
Programming for specific groups	6	13%
Support / Ancillary Services	6	13%
Cheaper/Free Treatment Services	4	9%

Most respondents believed officers receive special training to prevent overdoses

✓ 79% of respondents believed officers receive training to recognize opioid use problems such as an overdose

✓ 84% believed officers receive Narcan (naloxone) training

✓ 75% believed officers carry Narcan (naloxone)

Extent to which your community is supportive of prevention and treatment initiatives

✓ 85% of respondents believed their community would be very or somewhat supportive of substance use <u>prevention programs</u>.

✓ 79% of respondents believed their community would be very or somewhat supportive of substance use/addiction <u>treatment programs</u>.

✓ Nearly 40% of respondents believed their community would be very or somewhat supportive of <u>medication-assisted treatment</u>.

Respondents were asked to leave additional comments

✓Funding
- Increase funding available to organizations to address the opioid epidemic

✓Continuum of Care
- Enhance the availability of primary, secondary, and tertiary prevention services
- Support nontraditional services, such as job training, childcare, and transportation

✓Community Collaboration
- Get community buy-in for change
- Create collaborative rather than adversarial relationships

✓Workforce Development
- Support mental health providers through continuing education and other educational opportunities
- Increase the number of providers within the community to enhance treatment capacity

Key Informant Interview Findings

Key Informants Interviewed

Sector	Number of Participants	Number of Distinct Agencies
Healthcare / Public Health	10	4
Criminal Justice / Law Enforcement	9	6
First responders	4	3
Education	4	1
Counseling / Treatment	3	2
Non-Profit / Advocacy	3	3
Government	2	1
Business	1	1
Total	**36**	**21**

In your opinion...

1. What are the root causes of the opioid epidemic in LaPorte County?

2. What strategies are currently in place to address the opioid epidemic?

3. What are the key challenges the community is facing?

4. What are the community's strengths and assets in dealing with the opioid epidemic?

5. What would it take to fix the problem?

What are the root causes of the opioid epidemic in LaPorte County?

✓Liberal opioid prescribing for pain
- Some patients becoming addicted
- Unused meds diverted, encouraging nonmedical use

✓Availability of opioids within the community
- From high-volume prescribing
- Heroin coming in through interstate 94, a high drug-trafficking corridor connecting Chicago to Detroit

✓Socio-economic factors & mental health
- High rates of poverty, unemployment, mental illness, broken homes, and the fast-paced nature of life creating significant stress

What strategies are currently in place to address the opioid epidemic?

"We can't arrest our way out of this"

✓ Law enforcement & judicial strategies

- Arrests and incarceration
- Joint Drug Task Force (partnership between police departments and the Metro Task Force)
- Federal "High Intensity Drug Trafficking Area" designation, joining Lake and Porter counties and the city of Chicago to control the flow of heroin and other drugs
- Drug- or problem-solving courts and juvenile detention alternatives

✓ Addiction treatment services

- Outpatient treatment services (Swanson Center and Frontline)
- *Detox Now!* – collaboration between the Swanson Center and Recovery Works, funded by HFL

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What strategies are currently in place to address the opioid epidemic? (cont.)

✓ School-based prevention efforts
- Evidence-based prevention programs such as *Keepin' it Real* and the *Botvin Life Skills* program

✓ Awareness raising public events
- *Rock the Block* (back to school rally)
- Panel discussions on opioid use
- Community marches against drugs
- Education and training for physicians, dentists, and first responders
- Drop-off boxes to safely dispose prescription medication

What are the key challenges the community is facing?

✓ Lack of treatment services

- Inpatient / detox
- Need more qualified mental health workers, substance use counselors, and psychiatrists
- More access to medication-assisted treatment

✓ Socio-economic factors

- Poverty and unemployment
- Need for supportive services such as job training/placement, childcare, transportation

What are the key challenges the community is facing? (cont.)

✓Limited community awareness or acceptance

- Community at large still in denial
- People need to acknowledge and become invested in creating a solution

✓Insufficient funding

- Lack of adequate federal, state, and other forms of funding prevents the development of more treatment resources and supportive services.

Awareness
Acceptance
Action

What are the community's strengths and assets in dealing with the opioid epidemic?

- ✓ Strong sense of community
- ✓ Willingness to collaborate across sectors
- ✓ Emphasis on solutions that are recovery-focused rather than punitive
- ✓ Continuing effort to improve prescribing practices
- ✓ Strong support from the Healthcare Foundation of La Porte, Drug Free Partnership, and United Way

LaPorte County is a caring, giving community with a strong sense of identity, where people are willing to work together and are stepping up to the challenge.

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What would it take to fix the problem?

This is a multidimensional problem that requires a multidimensional approach

✓Involvement and cooperation across all sectors

✓One organization to be the leader who brings everyone together through a "common vision"

✓Develop a strategic validated plan, addressing at a minimum the following components

- Capacity and behavioral health workforce development
- Supportive services
- School-based and other drug prevention programs
- Increased law enforcement
- Raising awareness
- Sustainable funding

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Now what?

A lot of information from the…

- Data assessment

- Survey

- Key informant interviews

We developed recommendations how to strategically address the opioid epidemic in LaPorte County.

To be continued after the break.

Break

Part III – Recommendations

Developing a Strategic Framework to Guide Initiatives
on a Continuum of Care
(Joshua Vest)

There are no easy solutions.

Lots of organizations with lots of activities & ideas.

We need a framework that can help…

1. get a holistic picture of what is going on.
2. find gaps or holes in activities.
3. organize activities to work together.

Categorize activities by level of prevention

Primary prevention

  Stopping the onset of misuse

  Interventions applied <u>before</u> misuse occurs

Secondary prevention

  Addressing misuse in its earliest stages to stop negative outcomes

  Interventions enable access to effective treatment

Tertiary prevention

  Minimize suffering caused by misuse (i.e. avoid death)

 Support long-term recovery & promote adjustment to condition (i.e. living with addiction)

The idea that services LaPorte County needs to enhance its services in all three of these areas is consistent with the survey & qualitative data.

https://www.med.uottawa.ca/sim/data/Prevention_e.htm

The foundation of a strategic framework to reduce opioid misuse in LaPorte County.

Continuum of Care

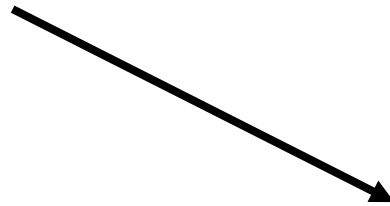| Primary prevention	Secondary prevention	Tertiary prevention
Prevent misuse before it occurs	Provide access to effective treatment	Support long-term recovery

Primary prevention

Prevent misuse before it occurs
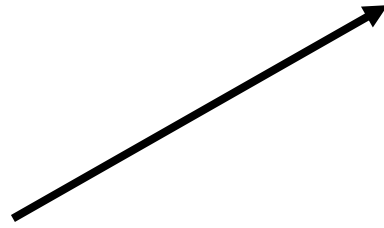
Reduce Opioid Supply

Reduce Opioid Demand

Prevent misuse before it occurs

Reduce Opioid Supply

- Educate on the importance of not sharing prescription drugs with others and locking opioids in medicine cabinets to prevent unauthorized use

- Provide drop-off boxes for unused medications throughout the county

- Encourage prescribers to follow opioid prescribing guidelines to reduce (a) number of patients receiving opioids, (b) number of prescriptions written, (c) number of pills prescribed, and (d) daily dosages/MMEs – when clinically appropriate

- Encourage prescribers to check INSPECT prior to prescribing opioids

- Encourage pharmacies to check INSPECT prior to dispensing opioids

- High Intensity Drug Trafficking Area (HIDTA) program

Reduce Opioid Demand

- Address social determinants of health (high rates of poverty, unemployment, broken homes) by providing supportive services e.g., job training, job placement, childcare, transportation, etc.

- Provide mental health screenings and access to mental health care (high rates of mental illness)

- Implement effective school-based prevention programs

Prevent misuse before it occurs

Reduce Opioid Supply

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Reduce Opioid Demand

Really not easy

- Address social determinants of health (high rates of poverty, unemployment, broken homes by providing supportive services e.g., job training, job placement, childcare, transportation, etc.

- Provide mental health screenings and access to mental health care (high rates of mental illness)
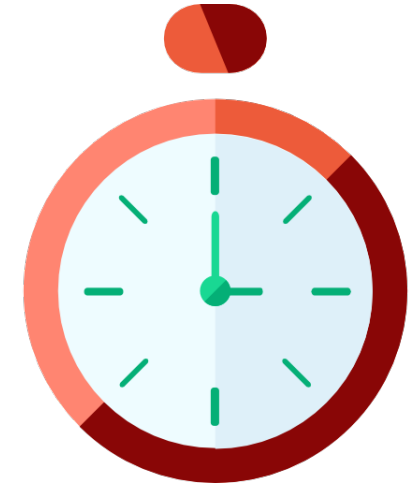
- Implement effective school-based prevention programs

Secondary prevention

Provide access to effective treatment

Geographic
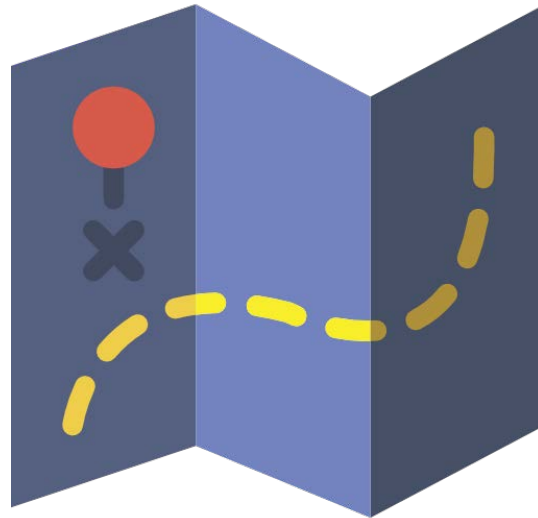
Temporal

Appropriate Setting & Treatment

Financial

Provide access to effective treatment

Setting & Treatments

- Inpatient / detox services

- Additional outpatient services

- Medication-assisted treatment
(including methadone, buprenorphine, and naltrexone)

- Increase capacity of problem-solving (drug) court

- Invest in behavioral healthcare workforce development

Financial

- ?

Geographic

- Distance to existing facilities was a viewed as a negative & a positive

Temporal

- ? (may be the ED, but for most patients it was the inappropriate setting)

Tertiary prevention

Support long-term recovery

Averting deaths

Helping individuals move forward

Not only preventing relapse, but helping to get on with lives

Support long-term recovery

Averting deaths

- Reducing overdose deaths by making Narcan widely available
- ? Family & child safety?

Relapse prevention

- Relapse prevention programs
- Peer recovery coaches

Moving forward with life

- Job placement
- Employer support

How to organize all of these efforts together?

Primary prevention — Prevent misuse before it occurs

Secondary prevention — Provide access to effective treatment

Tertiary prevention — Support long-term recovery

How to organize all of these efforts together?

Need a coordinating mechanism

Primary prevention
Prevent misuse before it occurs

Secondary prevention
Provide access to effective treatment

Tertiary prevention
Support long-term recovery

Strategic framework to reduce opioid misuse in LaPorte County.

Organize for Collective Impact

Common agenda ∘ Consistent measurement ∘ Mutually reinforcing activities ∘
Continuous communication ∘ Backbone organization

Primary prevention

Prevent misuse before it occurs

Secondary prevention

Provide access to effective treatment

Tertiary prevention

Support long-term recovery

Organize for Collective Impact

Common agenda ◦ Consistent measurement ◦ Mutually reinforcing activities ◦
Continuous communication ◦ Backbone organization

This approach means everyone in the community has….

Common agenda
- Shared definition of the problem
- Shared priorities
- Agreed upon actions & activities

Consistent measurement
- Ongoing assessment of actions & activities towards priorities
- Objective & transparent

Mutually reinforcing activities
- Coordination of effort
- Alignment of activities across participants & priorities

Continuous communication

Under the leadership of…

Backbone Organization
1. Guide vision & strategy
2. Support aligned activities
3. Established consistent measurement
4. Builds community will
5. Advances policy
6. Mobilizes funding

Strategic framework to reduce opioid misuse in LaPorte County.

Organize for Collective Impact

Common agenda ◦ Consistent measurement ◦ Mutually reinforcing activities ◦ Continuous communication ◦ Backbone organization

Primary prevention
Prevent misuse before it occurs

Secondary prevention
Provide access to effective treatment

Tertiary prevention
Support long-term recovery

About the Center for Health Policy

The Center for Health Policy (CHP) is the research hub of the department of Health Policy and Management in the Indiana University Richard M. Fairbanks School of Public Health. Our mission is to generate evidence that informs decision-making in Indiana and beyond. CHP Fellows and staff conduct rigorous research and evaluation on health system performance and health policy issues, with a specific focus on: population health and analytics; substance misuse and mental health services; and public health systems and services research.

The Center is directed by Dr. Joshua Vest.

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Questions

Full Study Available at hflaporte.org