

SEOW Symposium May 17th, 2019 – AGENDA

- 07:30 – 08:00 Registration & breakfast
- 08:00 – 08:10 Opening remarks
Joshua Vest, PhD, MPH
Center for Health Policy, IU Richard M. Fairbanks School of Public Health
- 08:10 – 08:30 Key findings from the 2018 SEOW Report
Marion Greene, PhD, MPH
- 08:30 – 08:50 Opioid overdose deaths in Indiana
Raven Helmick, MPH
- 08:50 – 09:10 Burden of tobacco use among adults with mental illness and substance use disorders
Katelin Rupp, MPH
- 09:10 – 09:30 Co-occurring substance use and mental health disorders
Betty Walton, PhD, LCSW
- 09:30 – 09:45 State-level evaluation findings for DMHA grantees
Erin Ables, MA
- 09:45 – 10:00 SPF Process Fidelity Indicators and Community-Level Outcomes
Hope McMickle, BA
- 10:00 – 10:20 Break & Networking
- 10:20 – 10:40 Local Knowledge, Local Solutions: The Power of a Guided Vision for Indiana’s Local Coordinating Councils
Michael Ross, MSW, LCSW; Grace Dickinson, BA; & Cory Smith, BSN, RN
- 10:40 – 11:00 A systems approach to substance use disorders
Benjamin Gonzales, MPH/MHA Candidate
- 11:00 – 11:55 Thriving IN Scott County - Collaborations and Efforts to Address Substance Abuse in Scott County
Lori Croasdell, MA; Kelly Dean, CAPRC II; Eliza Mount; Madelyn Shelton; Billy Snowden; & Michelle Matern, MHA
- 11:55 – 12:00 Adjourn & evaluation
Marion Greene, PhD, MPH



CENTER FOR HEALTH POLICY

RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH
Indiana University-Purdue University
Indianapolis

Alcohol, Tobacco, and Other Drugs in Indiana

(Key Findings from the 2018 SEOW Report)

Marion S. Greene

Chair, State Epidemiological Outcomes Workgroup

2nd Annual SEOW Symposium

May 17, 2019



INDIANA UNIVERSITY

CENTER FOR HEALTH POLICY



Talk outline



- Who is the SEOW?
- What we accomplished this year
- Key findings of the new 2018 report
- How is Indiana faring on their statewide prevention priorities?



The State Epidemiological Outcomes Workgroup (SEOW) is a collaboration of representatives from various state agencies

Including

- Division of Mental Health & Addiction (DMHA)
- Criminal Justice Institute (CJI)
- Department of Child Services (DCS)
- Department of Education (DOE)
- National Guard (IN NG)
- State Department of Health (ISDH)
- State Police (ISP)
- Center for Health Policy at Fairbanks School of Public Health provides leadership and technical guidance
- Prevention Insights at IU provides additional input



SEOW was established in 2006

- Primary objectives

- Monitor substance use + consequences as well as mental health + suicide in Indiana
- Identify statewide behavioral health prevention priorities
- Disseminate findings to legislators, prevention planners, and community organizations to encourage data-driven decision-making



SEOW products and materials for SFY 2019

- Published new 2018 annual SEOW Report
- Drug fact sheets
- 4 research briefs
 - The Impact of Parental Incarceration on Children's Health & Development
 - Recovering from Substance Use Disorders: A Case for Peer Recovery Coaches
 - Medication-Assisted Treatment in Indiana
 - Regional patterns of substance use in Indiana



SEOW products and materials for SFY 2019

- Data portal
- All materials available free of charge on http://bit.ly/CHP_Indy

Home / Research & Centers / Centers / Center for Health Policy
SEOW DATA PORTAL

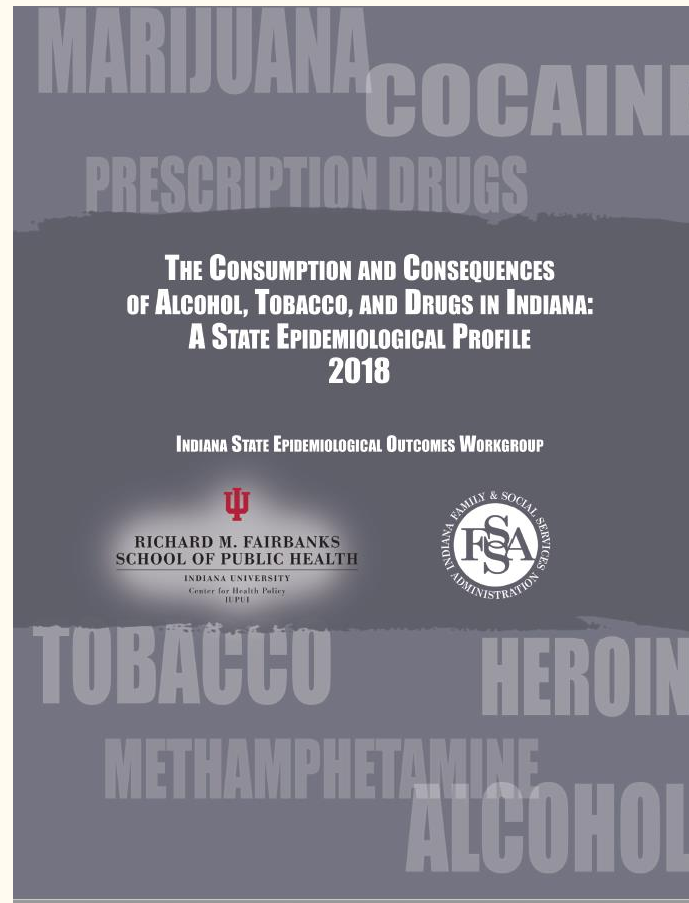
The State Epidemiological Outcomes Workgroup (SEOW) Data Portal

In an effort to make the data in the SEOW's annual epidemiological report more accessible to agency representatives, policy makers, community organizations, and the public at large, the SEOW has developed a Tableau data portal. Tableau is a data visualization software product which will allow users the ability to explore the data used by the SEOW in a more detailed manner as well as to access historical data, view trends, and download figures and maps for presentations. The site will be updated as new data become available. For a brief discussion of how to use the data visualizations (i.e., graphs, tables, maps), please read the FAQ. To start exploring a topic, simply select from one of the choices below.

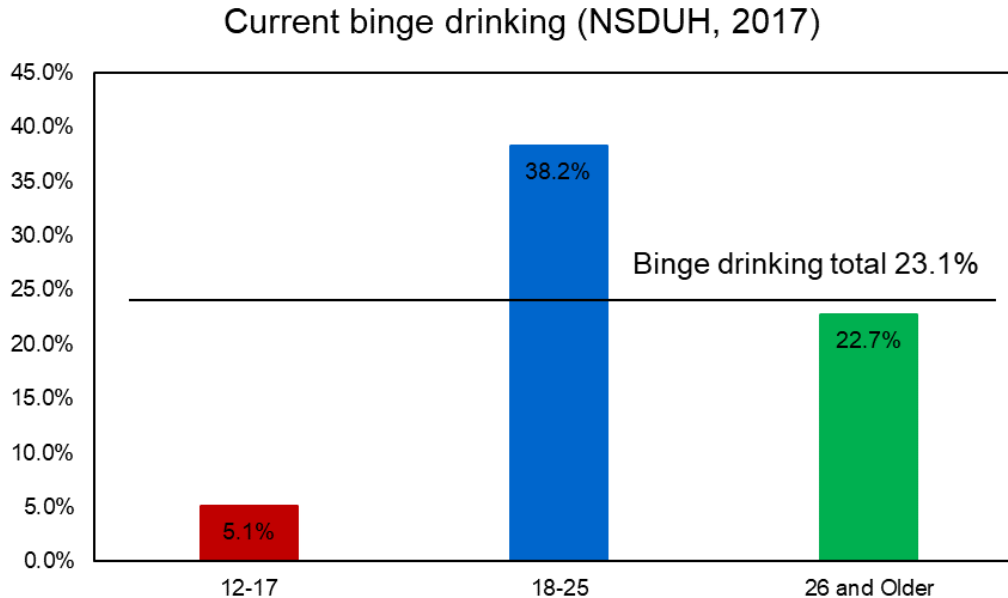
Alcohol	Marijuana
Opioids	Tobacco
Cocaine	Methamphetamine
Other Stimulants	Description of Data Sources Used in Visualizations
Tableau FAQs	Opioid Analyses by the Lewin Group



KEY FINDINGS OF THE 2018 REPORT



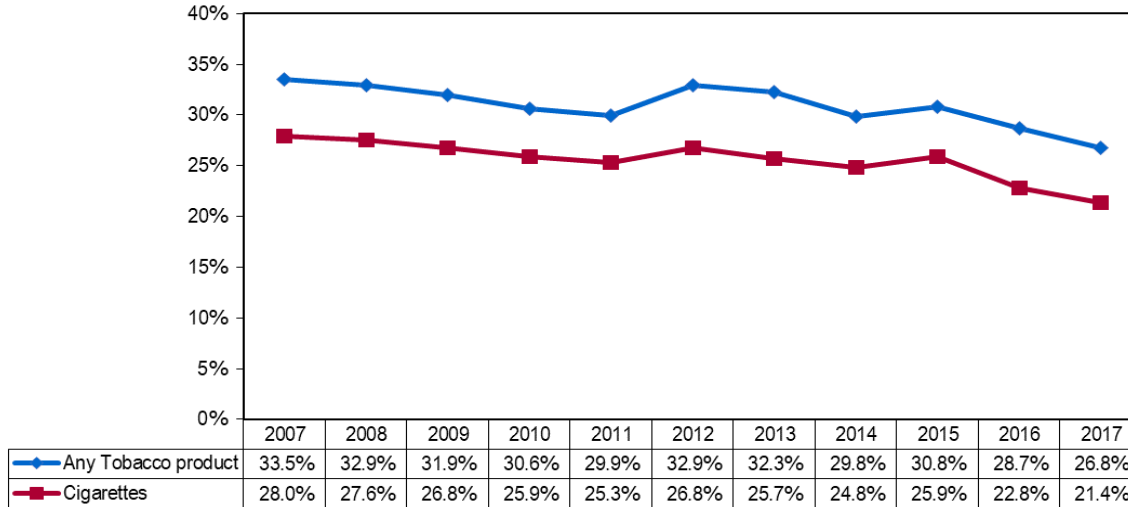
Alcohol continues to be the most widely used & abused substance



- About half of Indiana residents currently drink alcohol
- Primary concerns are underage drinking and binge drinking
 - ~ One-third of high school students drank alcohol in past month
 - ~ One-fourth of Hoosiers ages 12+ engage in binge drinking
- 5% of Hoosiers ages 12+ suffered from an alcohol use disorder in past year
- Alcohol abuse in treatment population is decreasing

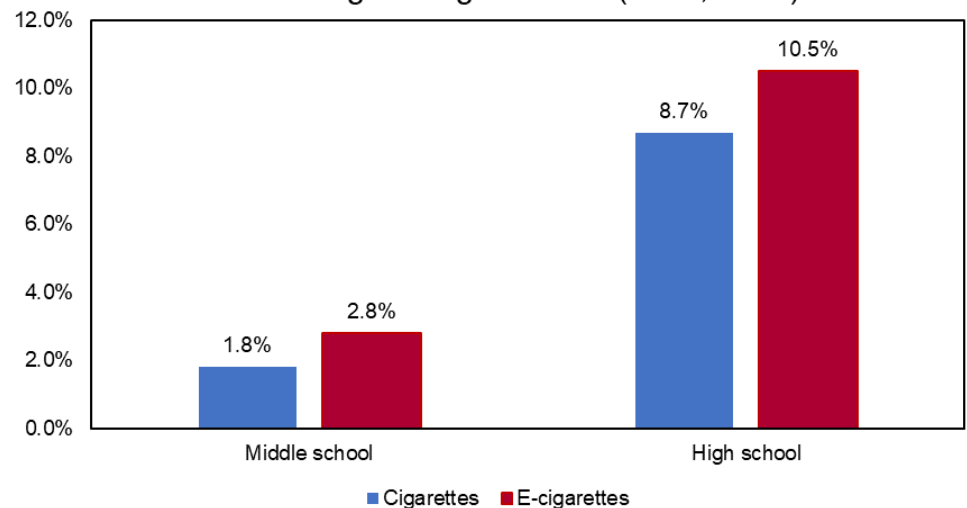
Tobacco is still the leading cause of preventable death in U.S.

Past-month use, ages 12+ (NSDUH)

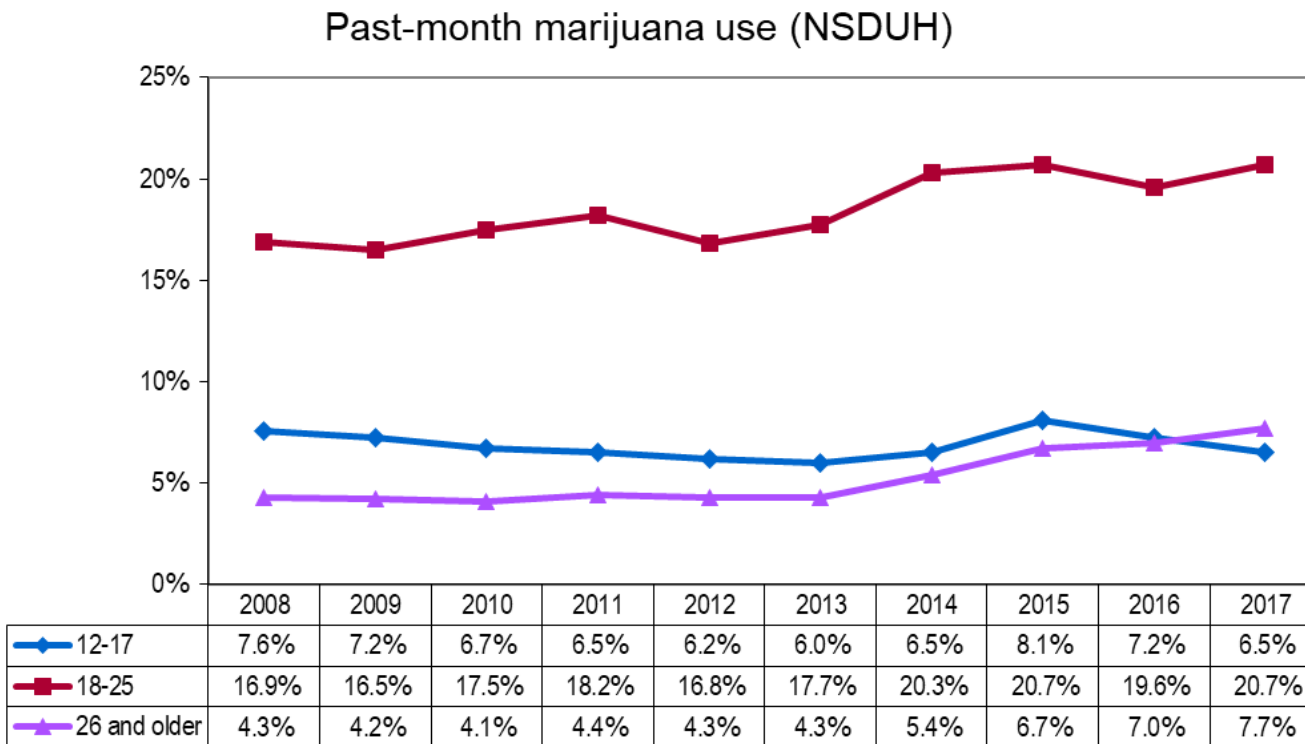


- Tobacco use is decreasing
- Smoking is higher among people with lower educational attainment and income
- Among youth, e-cigarettes (vaping) is more prevalent than traditional cigarettes

Current smoking among students (IYTS, 2016)



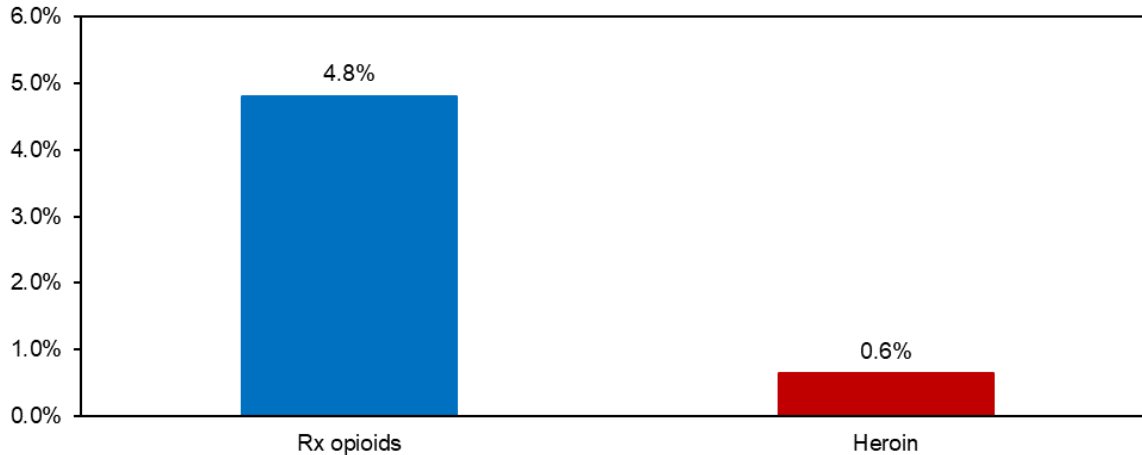
Marijuana is the most widely used illicit drug



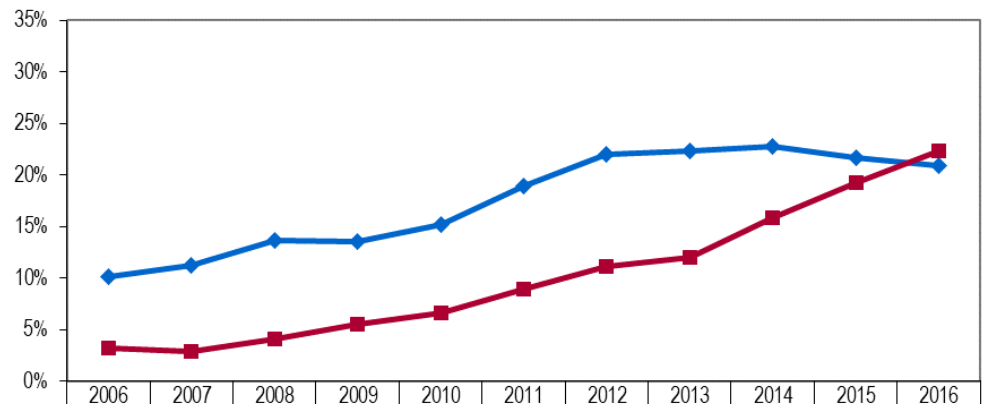
- 9% of Hoosiers ages 12+ used marijuana in the past month
 - Highest among young adults ages 18-25
 - Use has increased, except for youth ages 12-17
- Reported in nearly half (48.4%) of all treatment admissions

Opioid misuse continues to be a problem

Past-year use, ages 12+ (NSDUH, 2017)

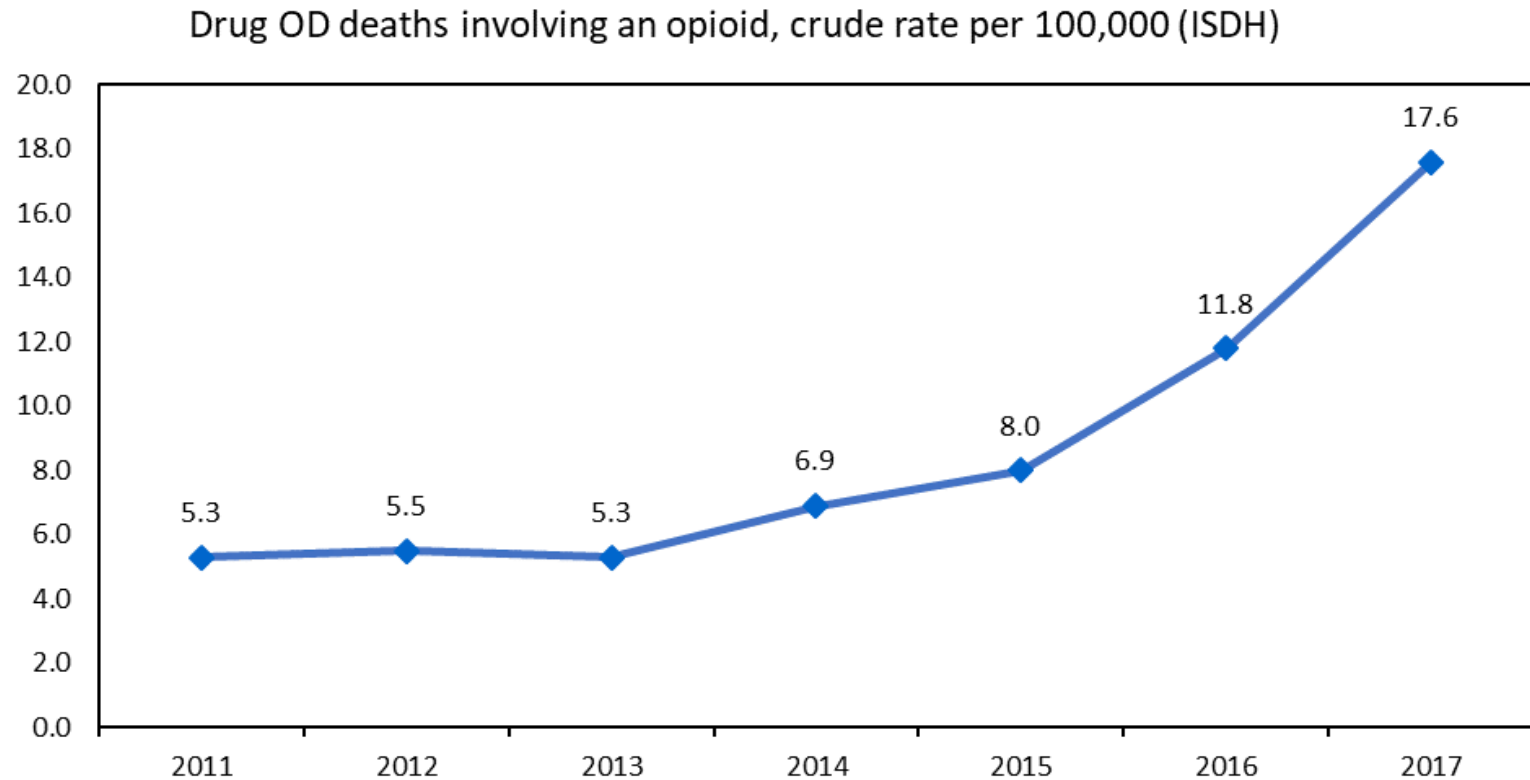


Use reported at treatment admission (TEDS)



- In general population driven by Rx meds
- In treatment population, heroin use is surpassing Rx opioids

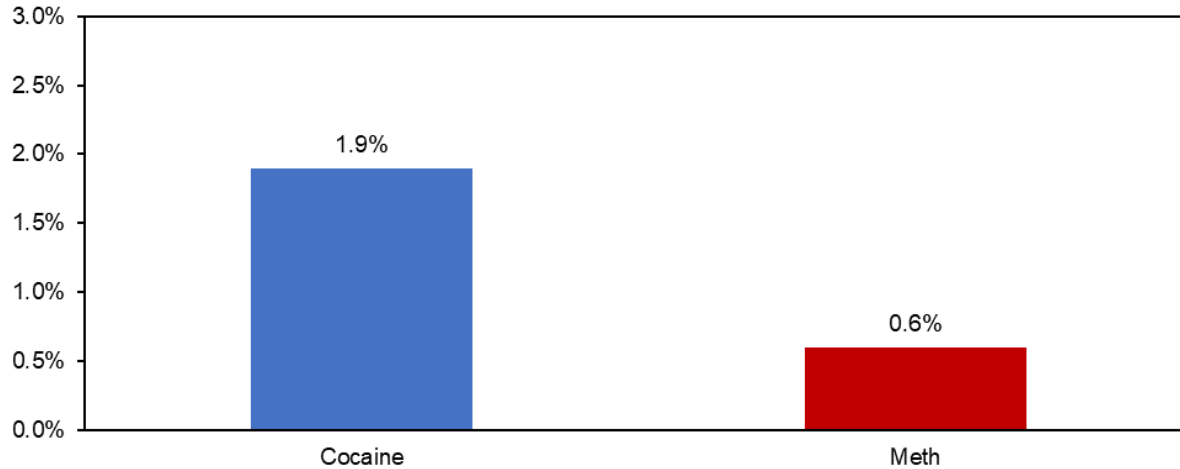
Opioid misuse continues to be a problem



Drug overdose deaths are still rising

Stimulant use in the general population remains low

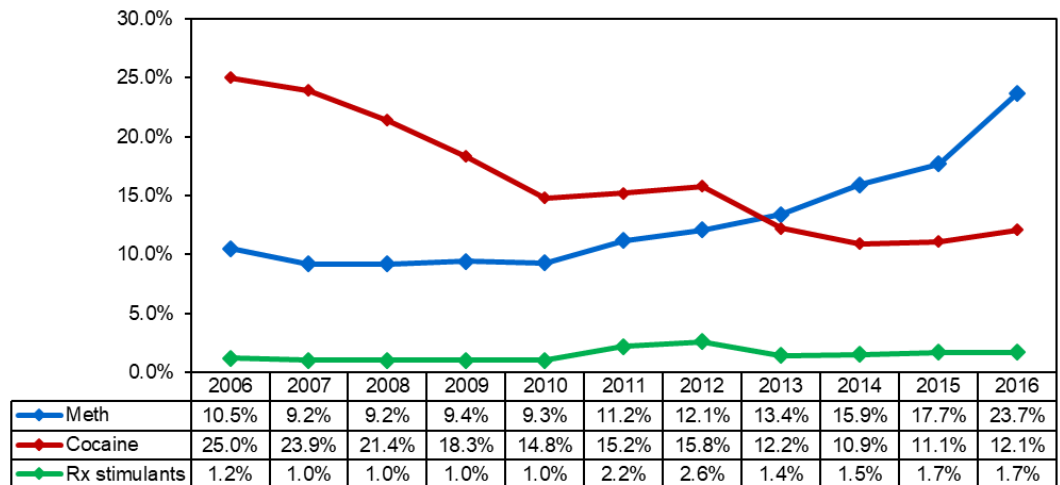
Past-year use, ages 12+ (NSDUH, 2017)



In treatment population

- Meth use increased
- Cocaine use decreased
- Rx stimulant misuse is low and stable

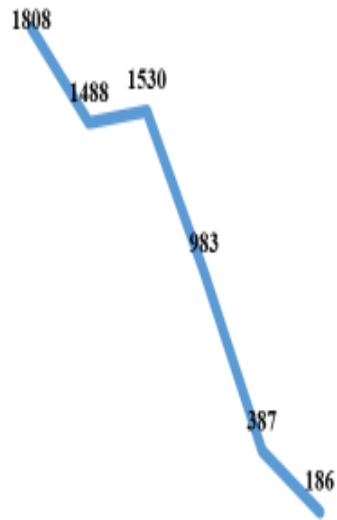
Use reported at treatment admission (TEDS)



Stimulant use in the general population remains low

METHAMPHETAMINE

Meth Lab Seizures



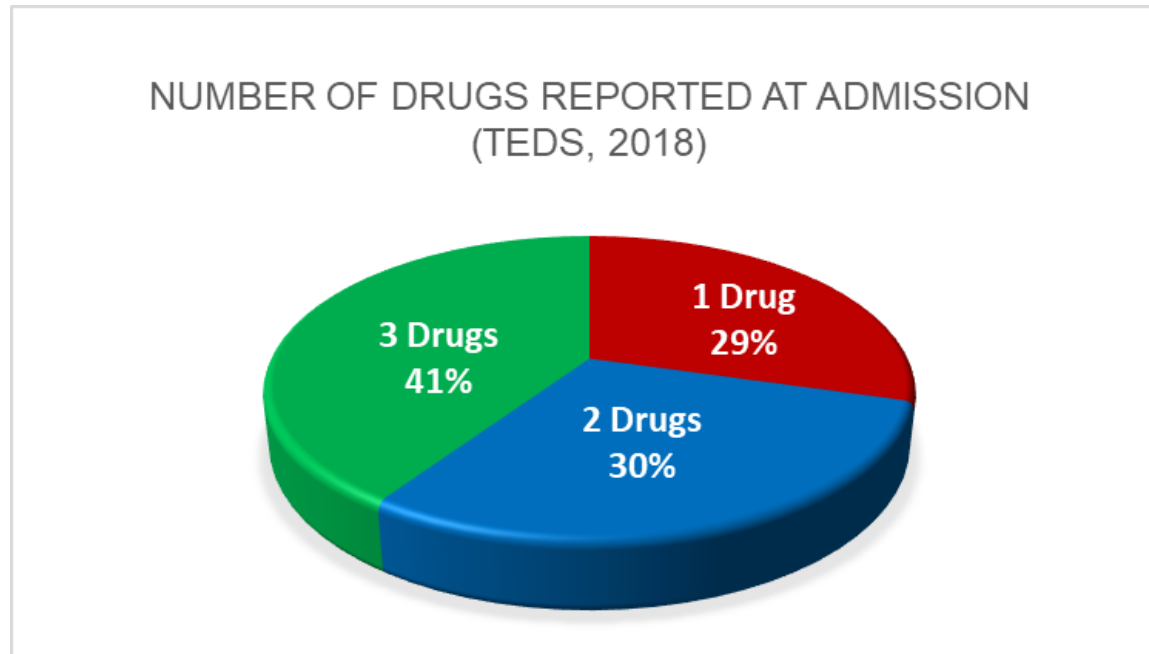
2013	2014	2015	2016	2017	2018
1808	1488	1530	983	387	186

ISP Regional Lab Submissions (Meth only)

Year	Number Identified
2013	3,011
2014	3,240
2015	3,678
2016	4,222
2017	6,026
2018	8,328

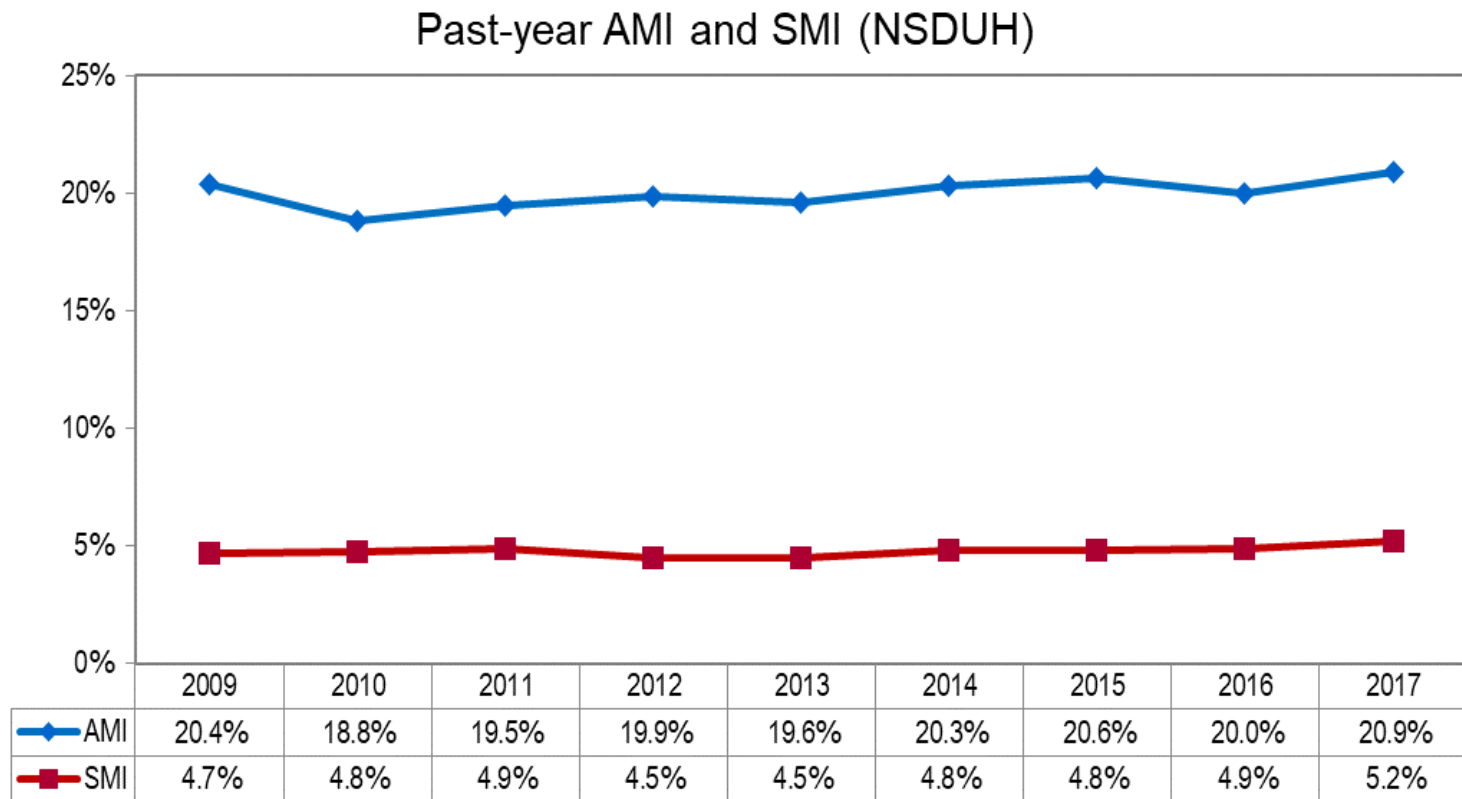
- ISP meth lab seizures decreased since 2013
 - But lab submissions that identify meth use has steadily increased
- ➔ Though domestic production is down, foreign cartels are supplying more meth to Hoosiers

Majority of Hoosiers in treatment use 2 or more substances



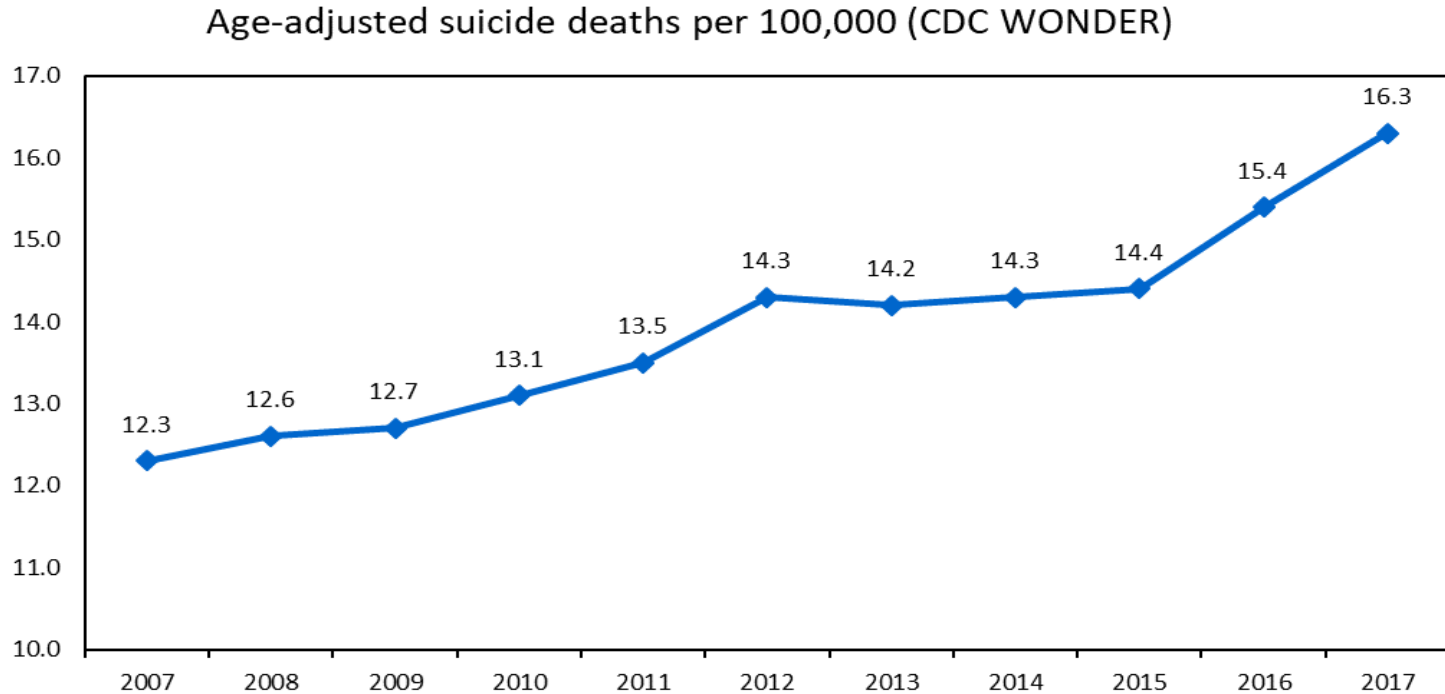
- Polysubstance use is common among treatment population
- More than two-thirds who are in treatment reported using 2 or more drugs
- Most polysubstance use involved either alcohol and marijuana or alcohol and some other drug

Mental health concerns are prevalent



- AMI and SMI rates remained stable
- Nearly one-in-four (23.5%) Indiana adults experienced depression in their lifetime
- Depression rates higher for females (30%) than males (17%)

And suicide is rising



- 10% of Indiana high school students attempted suicide in the past year
 - Rate among LGBT youth about 4 times as high
- Overall suicide mortality has increased significantly

Reviewing our Statewide Priorities

- Tobacco (3 priorities)
- Alcohol (2 priorities)
- Opioids (1 priority)
- Mental health (1 priority)
- General recommendations (2)

July 2017

For questions and additional information, please contact:

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Indiana Strategic Behavioral Health Priorities 2017 – 2021

The State's overarching goal is to reduce substance abuse and protect the physical and mental wellbeing of all Hoosiers. Based on findings from the 2016 State Epidemiological Profile and expertise from SBOW members, we identified behavioral health priorities in the following areas:

- Tobacco use in youth, pregnant women, and overall adults
- High-risk alcohol consumption in youth and young adults
- Misuse of prescription and non-prescription opioids, often leading to, potentially fatal, overdoses
- Suicide attempts in youth
- General recommendations to (a) monitor marijuana use and (b) expand data collection efforts to better address behavioral health needs of special populations

The SBOW recommends a four-year period, from 2017 to 2021, to address and re-evaluate the identified behavioral health priorities. However, we will review these statistics annually and add priorities as necessary; i.e., if the magnitude or consequences of an emerging trend warrants additional attention.

OUR VISION

Healthy, safe, and drug-free environments that nurture and assist all Indiana citizens to thrive.

OUR MISSION

To reduce substance use and abuse across the lifespan of Indiana citizens.

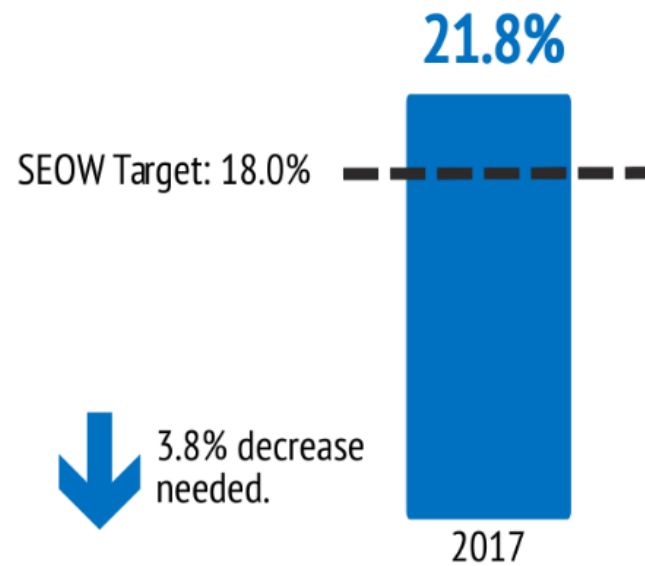
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SCHOOL OF PUBLIC HEALTH
INDIANA UNIVERSITY-PURDUE UNIVERSITY
INDIANAPOLIS



Adult Smoking

In 2017, 21.8% of Hoosier adults reported smoking.

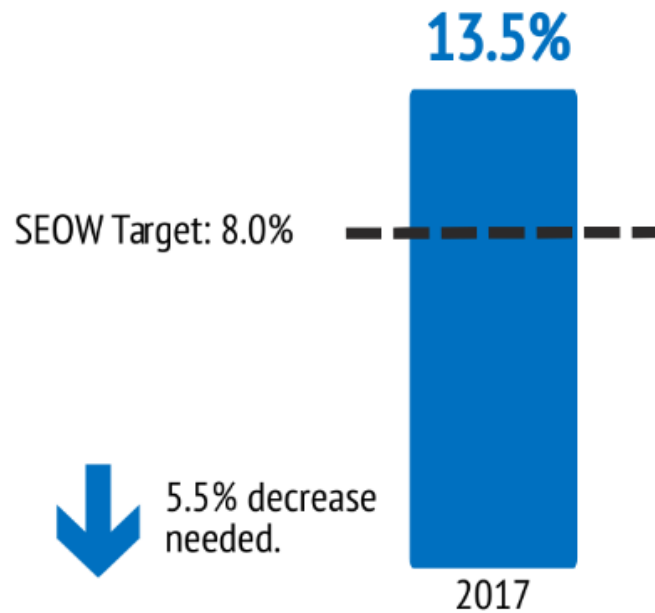
Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC



Smoking During Pregnancy

In 2017, 13.5% of pregnant women smoked during their pregnancy.

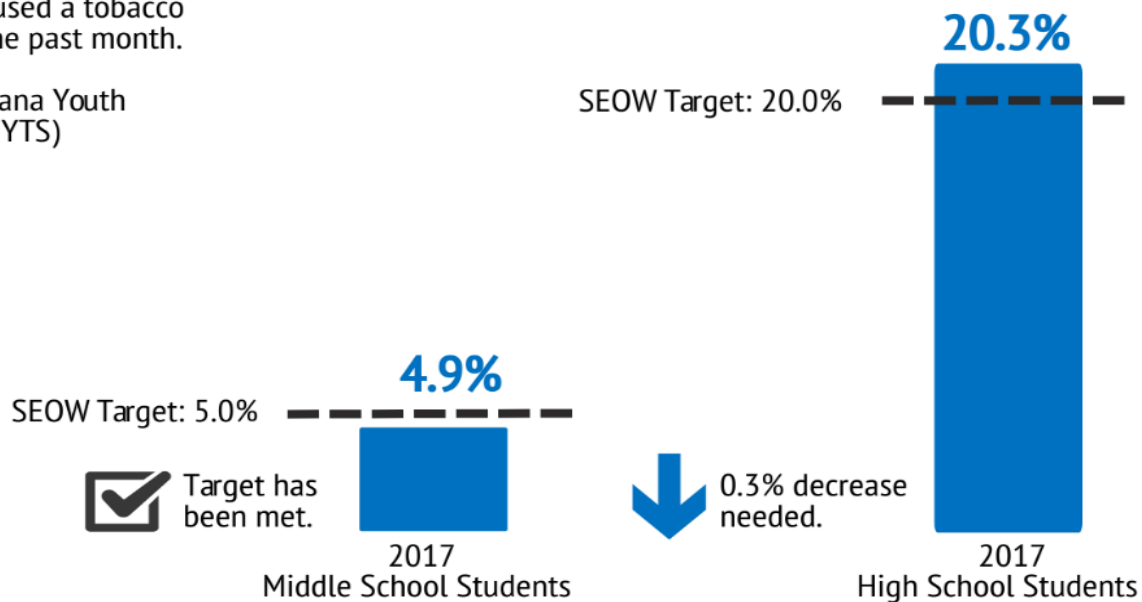
Data source: 2017 Natality Report. Indiana State Department of Health (ISDH)



Youth Tobacco Use

In 2017, 4.9% of middle school students and 20.3% of high school students used a tobacco product within the past month.

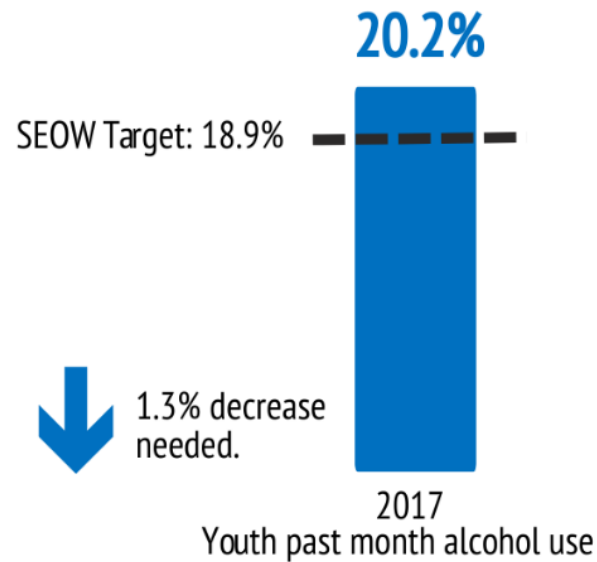
Data source: Indiana Youth Tobacco Survey (IYTS)



Underage Drinking

In 2017, 20.2% of 12-20 year olds in Indiana reported past month alcohol use.

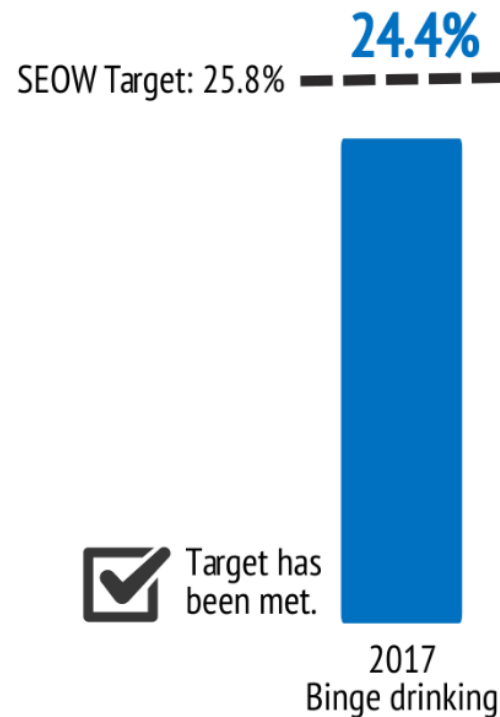
Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA



Binge Drinking

In 2017, 24.4% of young adults aged 18-24 reported binge drinking.

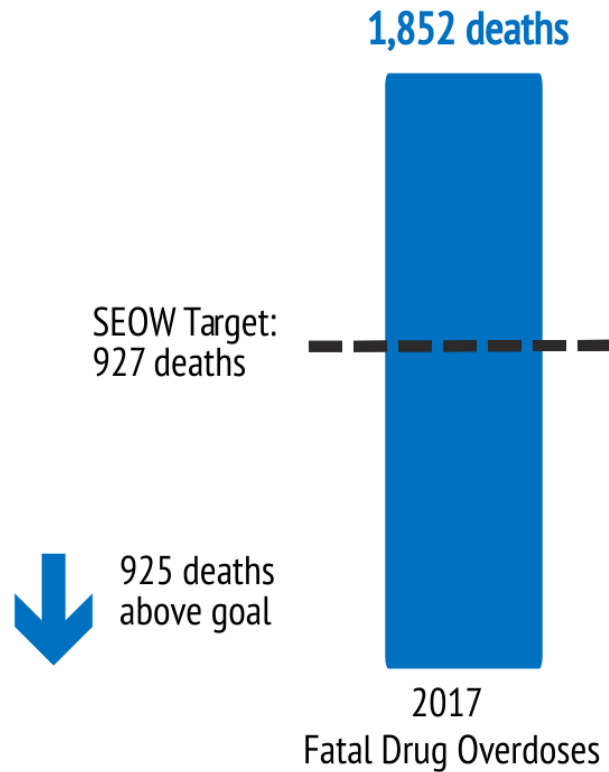
Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC



Opioids

In 2017, there were 1,852 fatal drug overdoses.

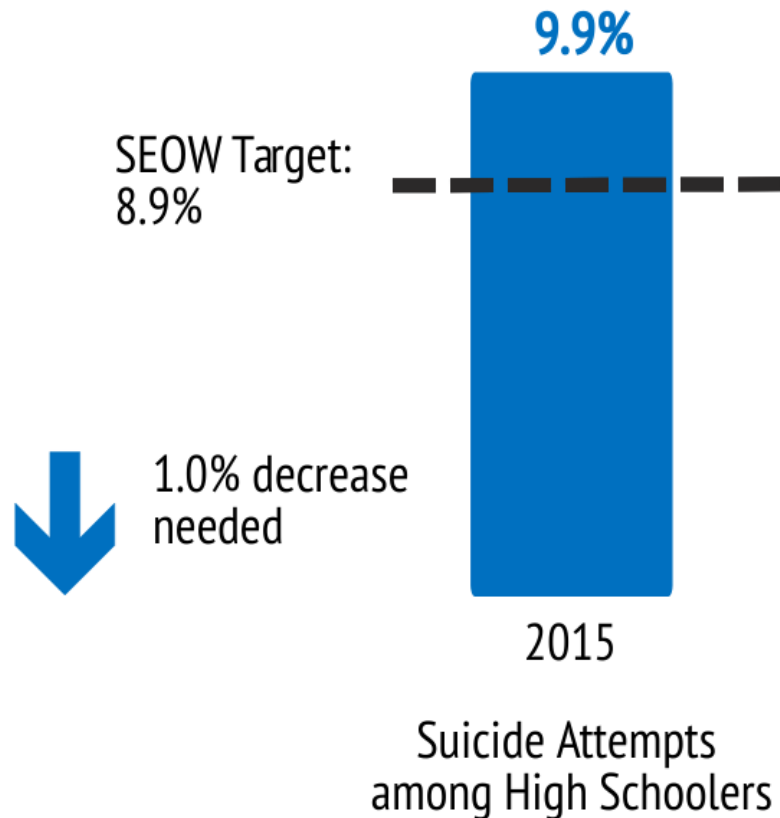
Data source: Indiana State Department of Health (ISDH)



Mental Health among Youth

In 2015, 9.9% of high school students attempted suicide.
Updated data for Indiana are not available.

Data source: YRBS, 2015



General Recommendations

- Maintain, strengthen, and expand data collection at state and sub-state levels
- Continue monitoring marijuana





**Take
home message*

- Alcohol & tobacco continue to have the greatest impact; i.e., they affect the largest number of people (both prevalence and deaths)
- Marijuana use is on the rise
- Opioids continue to be a public health problem, especially overdoses
- Don't forget mental health
- Suicide is a serious concern with rising rates
 - At risk LGBT



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Enhanced State Opioid Overdose Surveillance (ESOOS)

Raven Helmick, MPH, CPH

Drug Overdose Epidemiologist

Indiana State Department of Health

Division of Trauma and Injury Prevention



Indiana State
Department of Health

ESOOS Context

- Centers for Disease Control and Prevention.
- Focus on opioid data collection, time lags, and comprehensiveness to address the epidemic.
- Indiana is a cohort 2 state awarded in 2017.

ESOOOS Key Strategies

1. Increase reporting of emergency department opioid overdose data.
2. Increase reporting of fatal opioid overdose and associated risk factor data.
3. Disseminate findings to stakeholders working to prevent opioid overdose.
4. Develop standardized toxicology panel for coroner testing of suspected drug-involved deaths.

Implementing Strategy 2

- Collect death certificates, coroner and toxicology reports.
- Abstract data into the State Unintentional Drug Overdose Reporting System (SUDORS) within eight months.
- Analyze more than 175 data elements for dissemination.

Challenges and Limitations

Less than 75% of coroner reports received on time.

- IN data cannot be published in national reports:
 - Not fully representative of some counties.
 - Quality of coroner reports/investigations varies.
 - Cause of issues in timeliness of data reporting.
 - Coroners change every 2 years.

On the Bright Side...

- Automated collection of tox reports enables the identification of opioid overdoses when the death certificate did not specify a drug type.
- CDC now grants state datasets regardless of 75% coverage.
- Identified improvement processes.
- One closeout period left to practice improvements.

SUDORS Exploratory Analysis

- Replication of MMWR, “Opportunities to Prevent Overdose Deaths Involving Prescription and Illicit Opioids”
- Opioid-involved overdoses occurring from July 1, 2017, to June 30, 2018.
- 3 opioid groups created for analysis: Rx Only, Illicit Only, and Rx & Illicit
- 1,192 deaths collected, but only 956 available for further analysis based on groupings



44% of opioid deaths had the detection of only illicit opioids.



23% of opioid deaths had the detection of only Rx opioids.



14% of opioid deaths had the detection of both types of opioids.

Demographics are statistically different among the three groups.

(*overall chi-square statistic has a p-value <0.001)

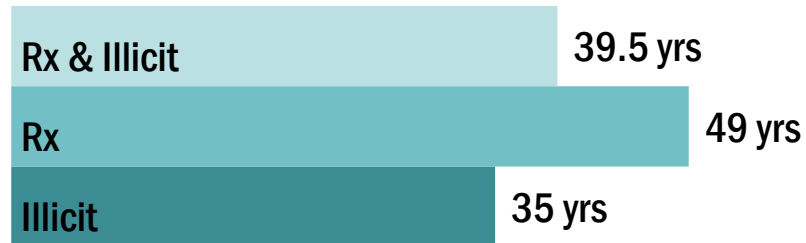
***Sex (% Male)**



***Ethnicity/Race (% White)**



***Age (median)**





One of three had evidence of **injection** drug use among groups involving illicit opioids.

(overall chi-square test statistic has a p-value <0.001)



Evidence of **ingestion** was most common among those in the Rx only group.

(overall chi-square test statistic has a p-value <0.001)

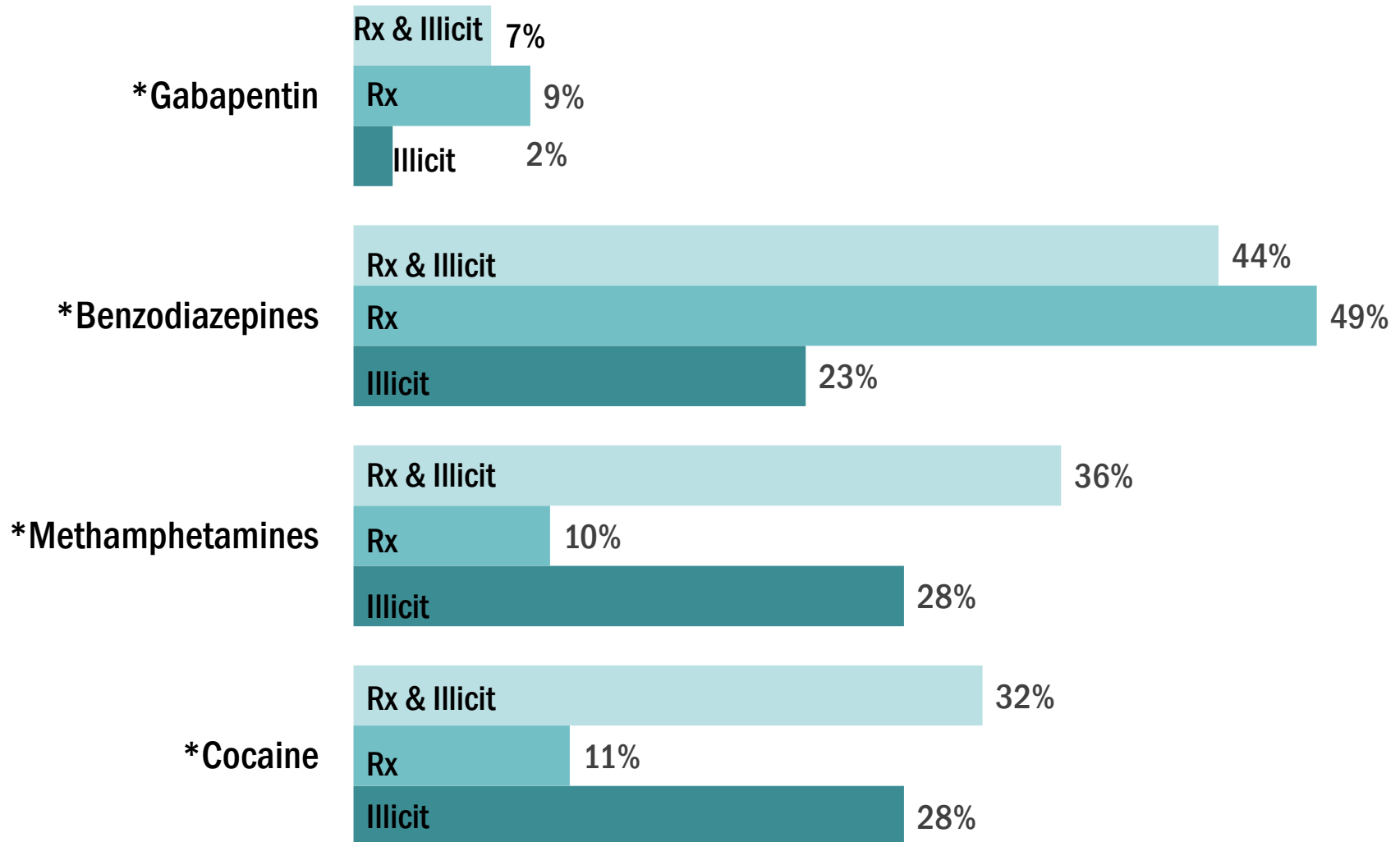


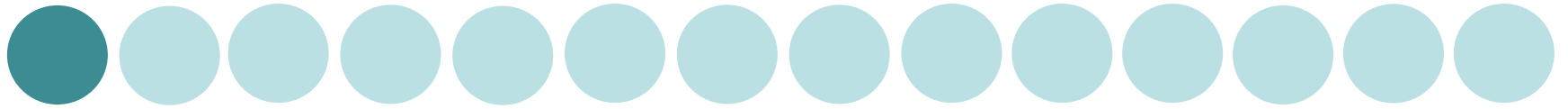
No evidence of **administration** was available **for over 50%** of all groups but was most frequently missing for the Rx only group.

(overall chi-square test statistic has a p-value <0.001)

The co-use of non-opioid substances are statistically different among the three groups.

(*overall chi-squared statistic has a p-value <0.001)





1 out of 14 opioid deaths had evidence of recent release from an institution.



Jail, prison, or detention facility was the most common setting when **illicit opioids** were involved.



Hospital facility was the most common setting when only **Rx opioids** were involved.



1 out of 15 had evidence of a prior overdose. Previous overdose was most common when illicit opioids were detected.



1 out of 10 had evidence of fatally overdosing with a bystander present. The presence of a bystander was most common when illicit opioids were detected.



<1% of those with a bystander present were administered naloxone by the layperson.

Future Data Plans

- Toxicology report generation
- Data briefs on other results
- SUDORS data dashboard
- Expanding to all drug overdoses.
- Concentrating focus on a subset of counties
- Inform potential Overdose Data to Action grant-funded prevention activities

A Big Thank You!

- CDC
- Participating coroners
- ISDH abstractors
- Marion Greene, SEOW
- Noun Project for their awesome icons

Contact Information

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Indiana State
Department of Health

BURDEN OF TOBACCO USE AMONG ADULTS WITH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

Katelin Rupp

Tobacco Prevention and Cessation Commission, ISDH

Smoking and Behavioral Health, U.S.

About 25% of the adult population is smoking nearly 40% of all cigarettes.

Figure 1. Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year among Adults 18 or Older: 2009-2011

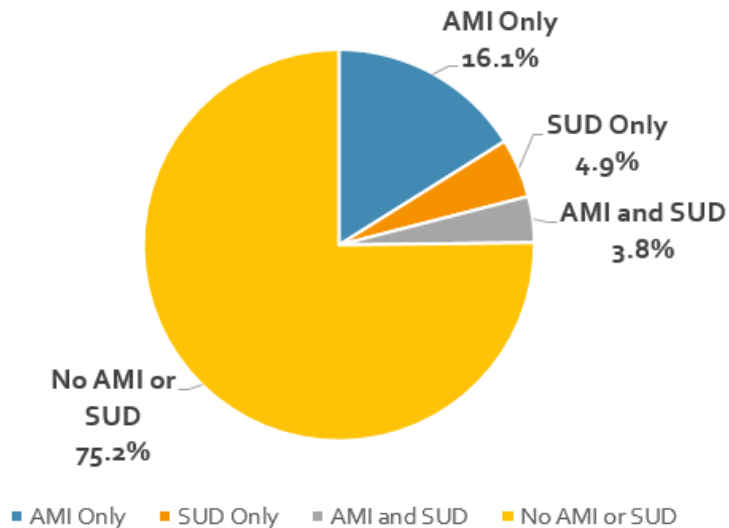
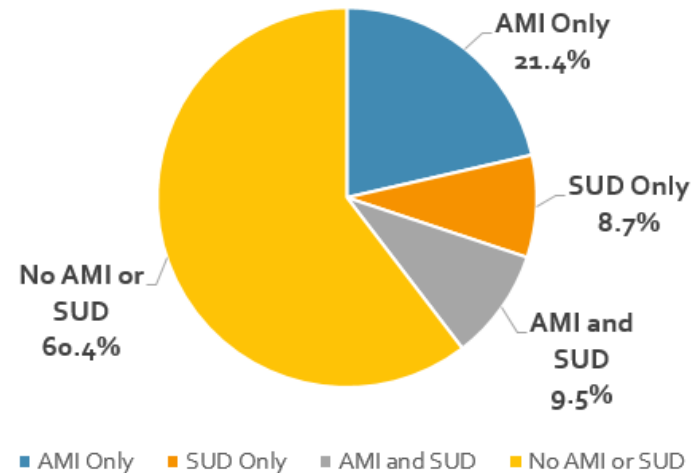
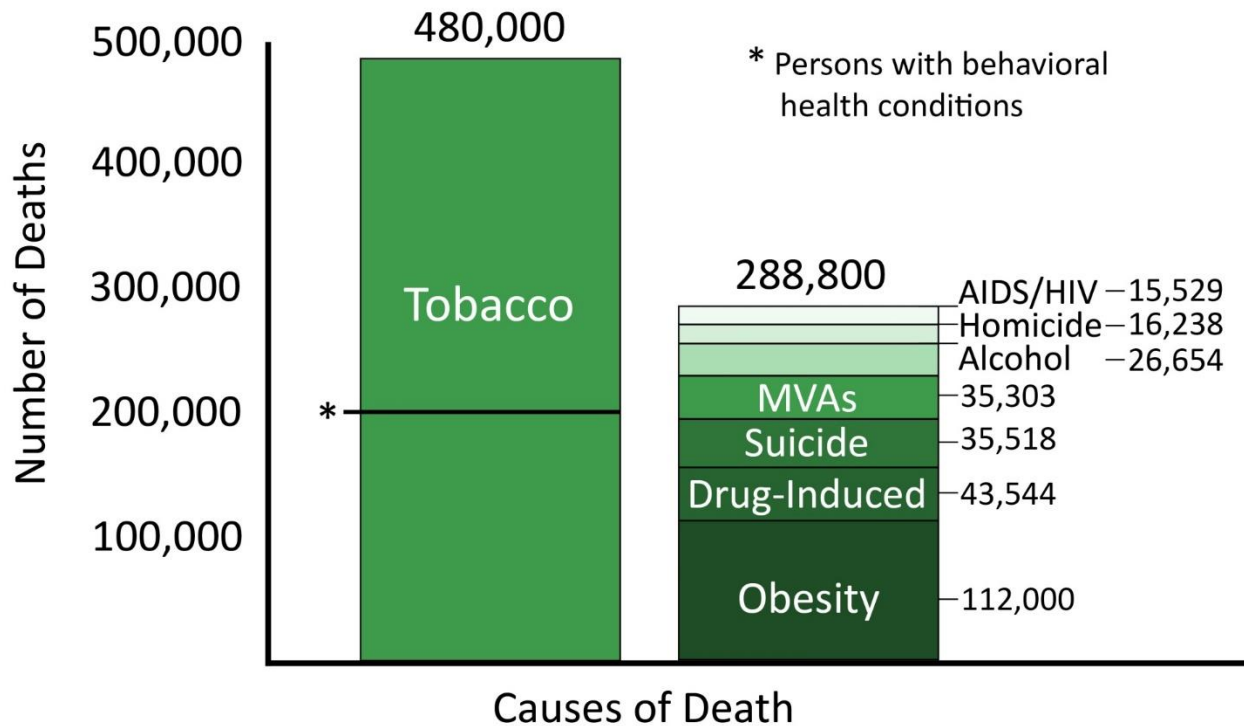


Figure 2. Percentage of Cigarettes Smoked in the Past Month among Adults 18 or Older, by Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: 2009-2011



Any Mental Illness (AMI) in the Past Year is defined in the NSDUH survey as currently or at any time in the past 12 months having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Assoc., 1994). The NSDUH Report (SAMHSA), March 20, 2013. Available at: <http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

Preventable Causes of Death in the U.S.

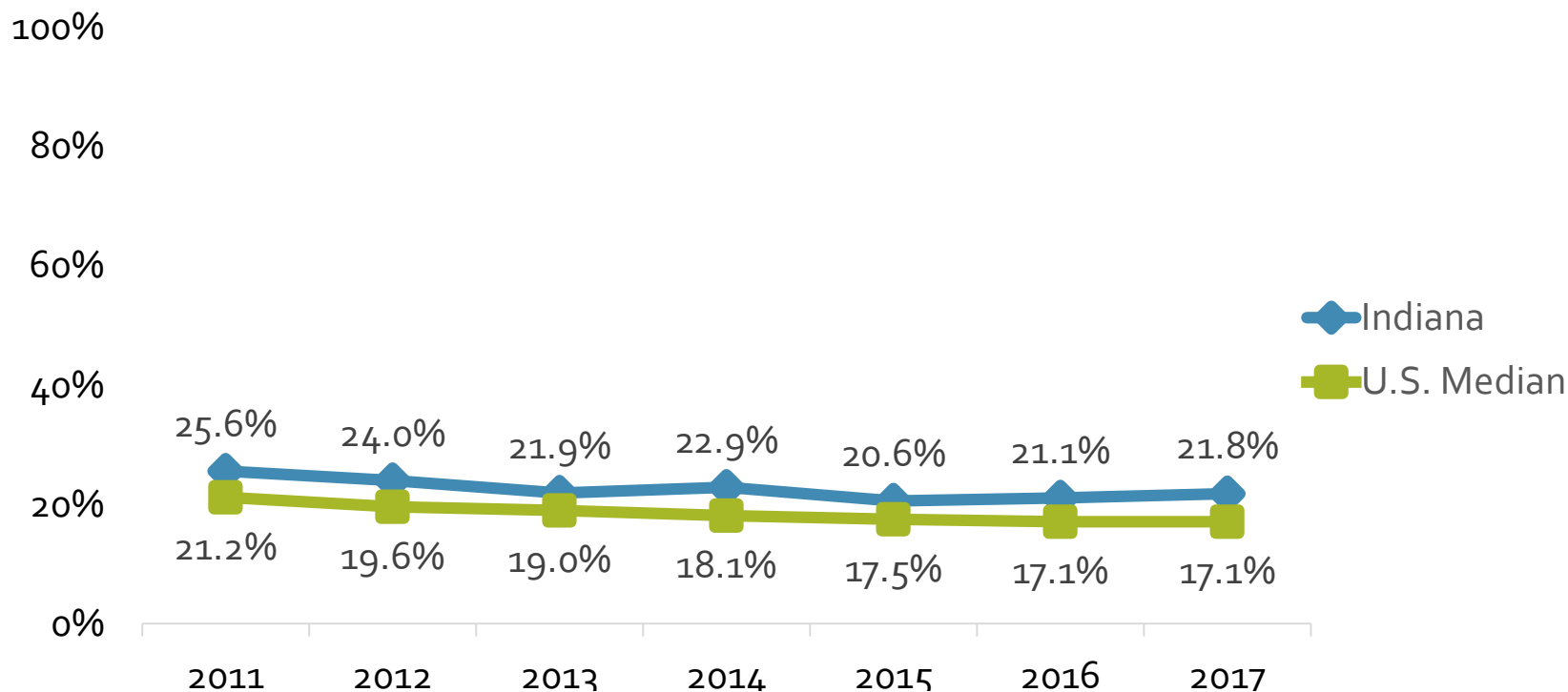


Smoking , Cancer, and Mental Illness

- More than 50% of patients with terminal cancer have at least one psychiatric disorder
- Individuals with a mental illness may develop cancer at a 2.6 x higher rate on account of late stage diagnosis & inadequate treatment and screenings
- Individuals with a mental illness have a higher rate of fatality due to cancer
- Lung cancer is the **#1** cause of cancer death for men *and* women
- Nearly 9 out of 10 lung cancers are caused by smoking

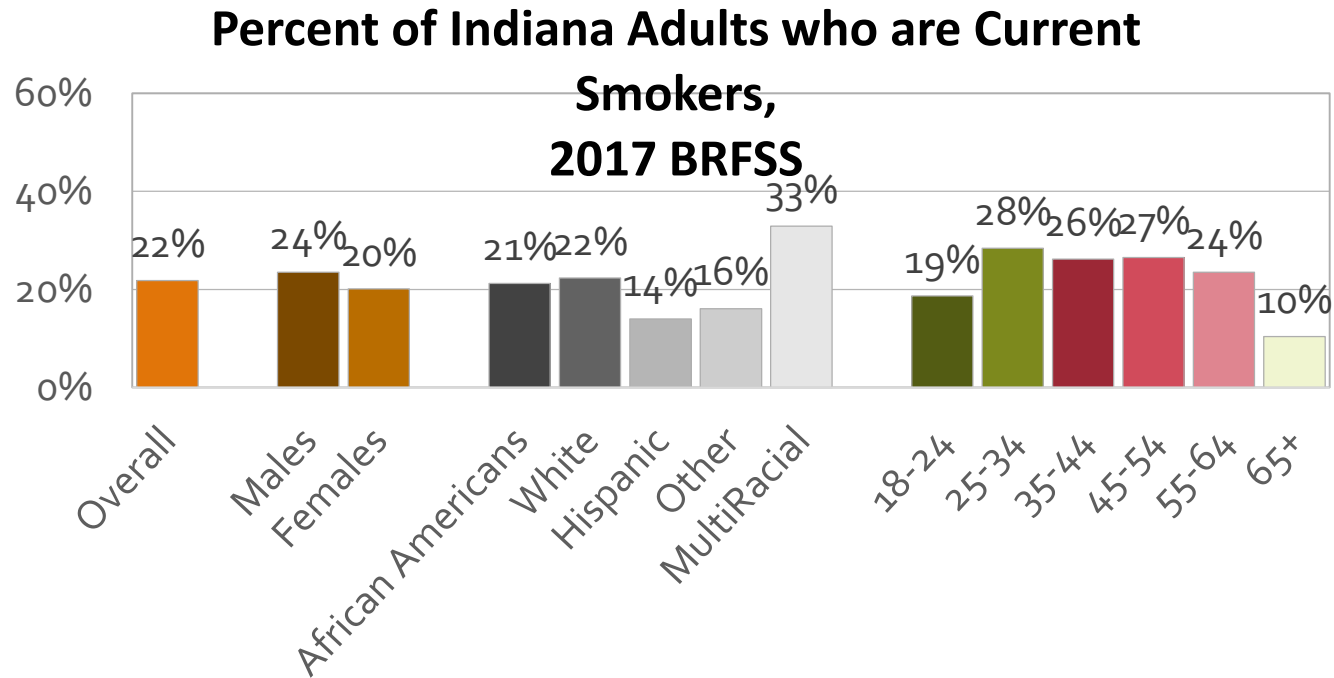
Current Smoking Trends

Percent of Adults who Smoke, 2011-2017 BRFSS



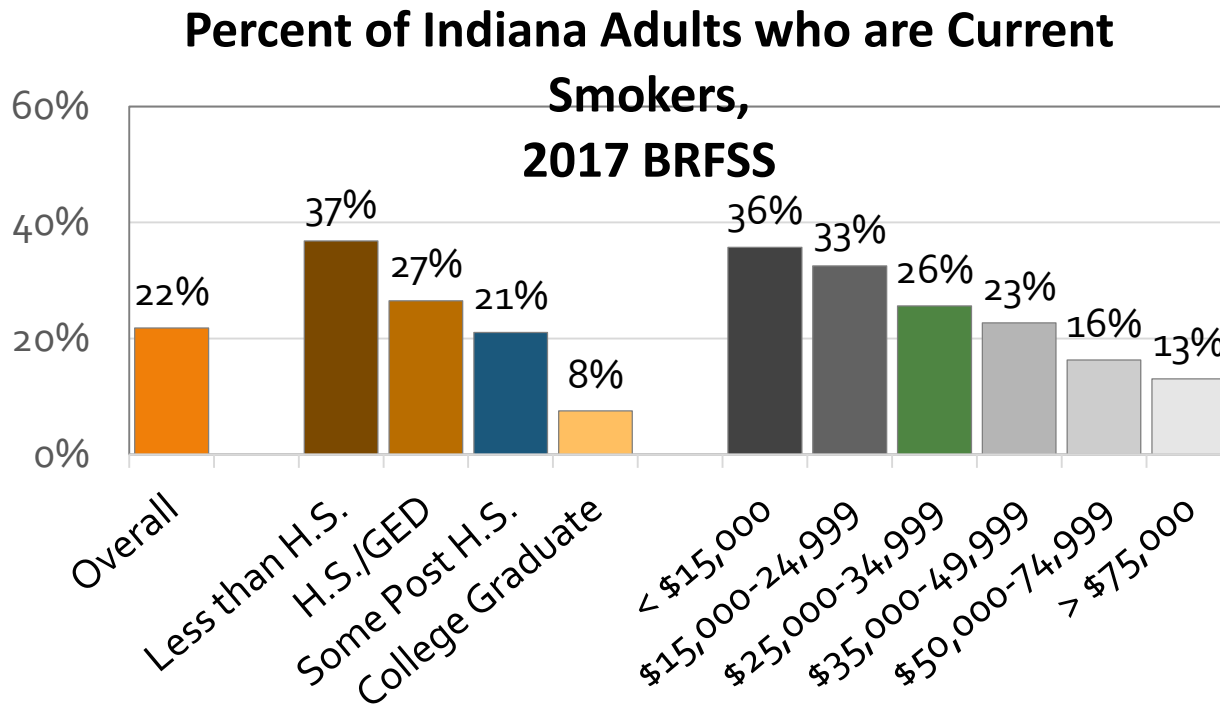
Source: 2011-2017 Behavioral Risk Factor Surveillance System

Current Smoking – 2017 Demographics



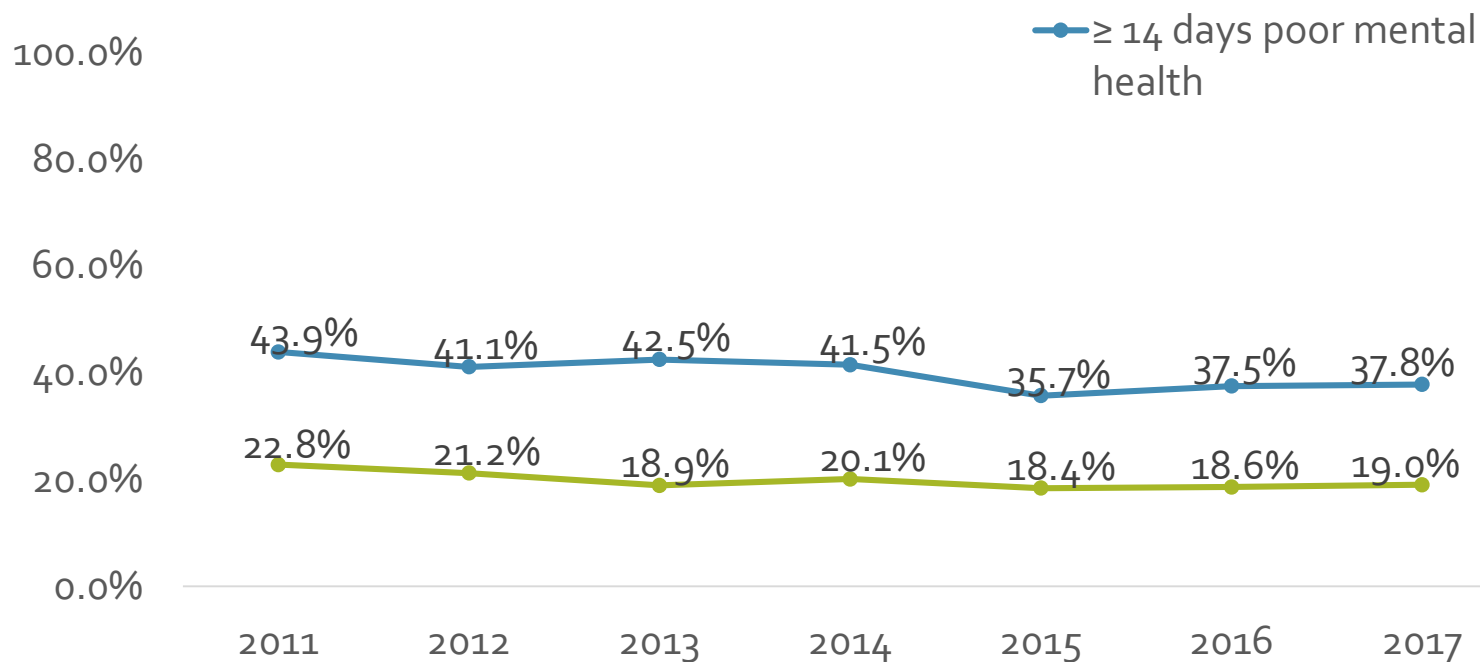
Source: 2017 Indiana Behavioral Risk Factor Surveillance System
Note: Race and ethnicity are treated as mutually exclusive categories.

Current Smoking by Education & Annual Income, 2017



Source: 2017 Indiana Behavioral Risk Factor Surveillance System

Current Smoking Prevalence among Indiana Adults Aged 18 Years and Older by Mental Health Status*

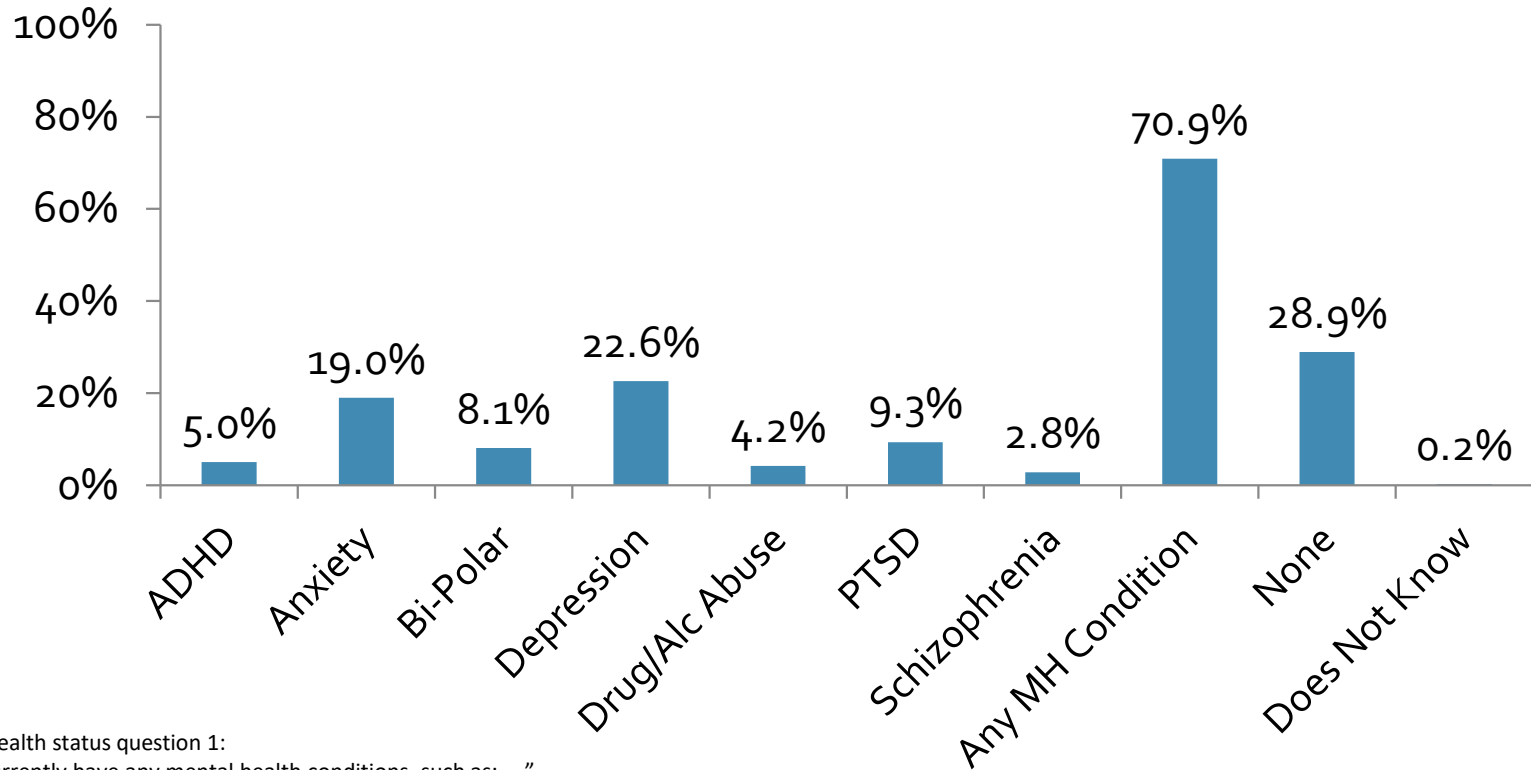


*Poor Mental Health defined as 14 or More of the Past 30 Days Not Good.

Question Wording: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Source: 2011-2017 Indiana Behavioral Risk Factor Surveillance System

Indiana Tobacco Quitline - Tobacco Users by Mental Health Conditions, 2018*



*Mental Health status question 1:

“Do you currently have any mental health conditions, such as: ...”

Chart above does not include “not collected” or “refused.” Participants may select multiple responses.

What does Smoking Cost Our State?

- 11,100 deaths annually
- 333,000 living with a smoking-related disease
- Nearly \$3 billion in annual health care costs
 - Including \$590 million in Medicaid costs
- Indiana taxpayers pay over \$900 per household in smoking-caused government expenditures
- For every pack of cigarettes sold in Indiana, the state spends \$16.00 in health care and lost productivity

**A High
Toll:**

**\$2.9
BILLION**
In Healthcare
Costs

**\$3.1
BILLION**
In Lost
Productivity

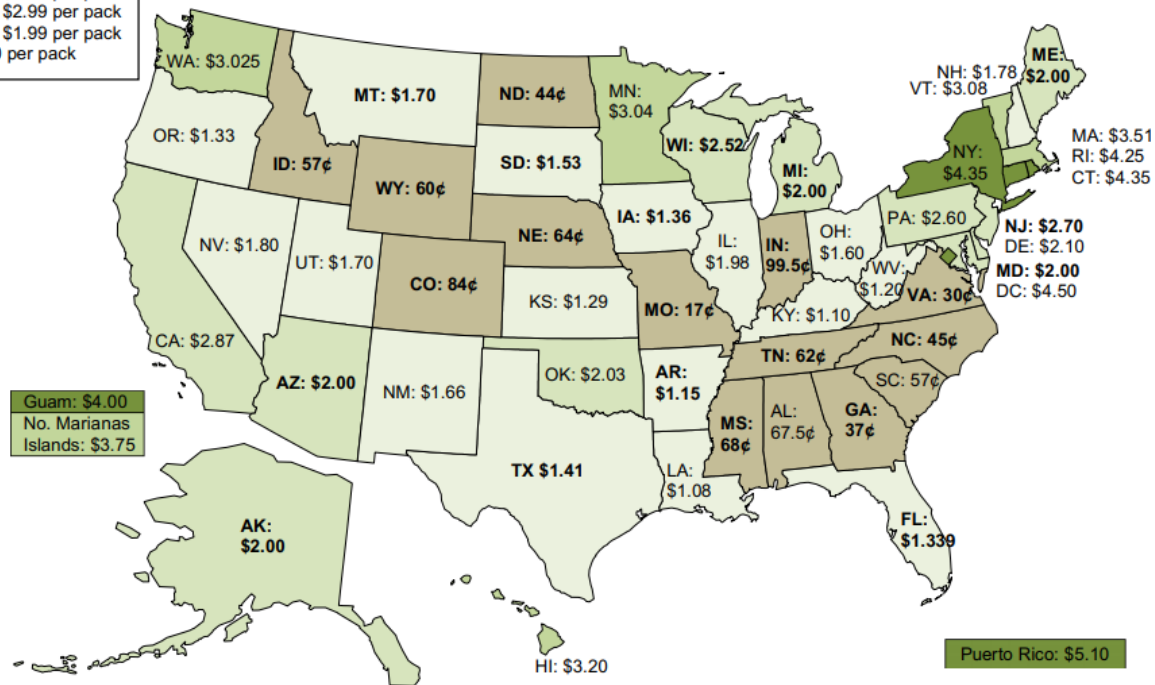
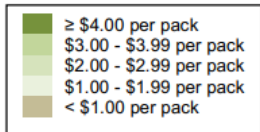
**11,100
HOOSIERS**
Die
Annually

What Works to Reduce Tobacco Use?

- Increasing the price of tobacco products
- Clean Indoor Air policies
- Changing the retail environment
- Access to evidence-based tobacco cessation treatment and resources
[Refer to *Treating Tobacco Use and Dependence Clinical Practice Guideline, 2008* for data on social support, pharmacotherapy and counseling]

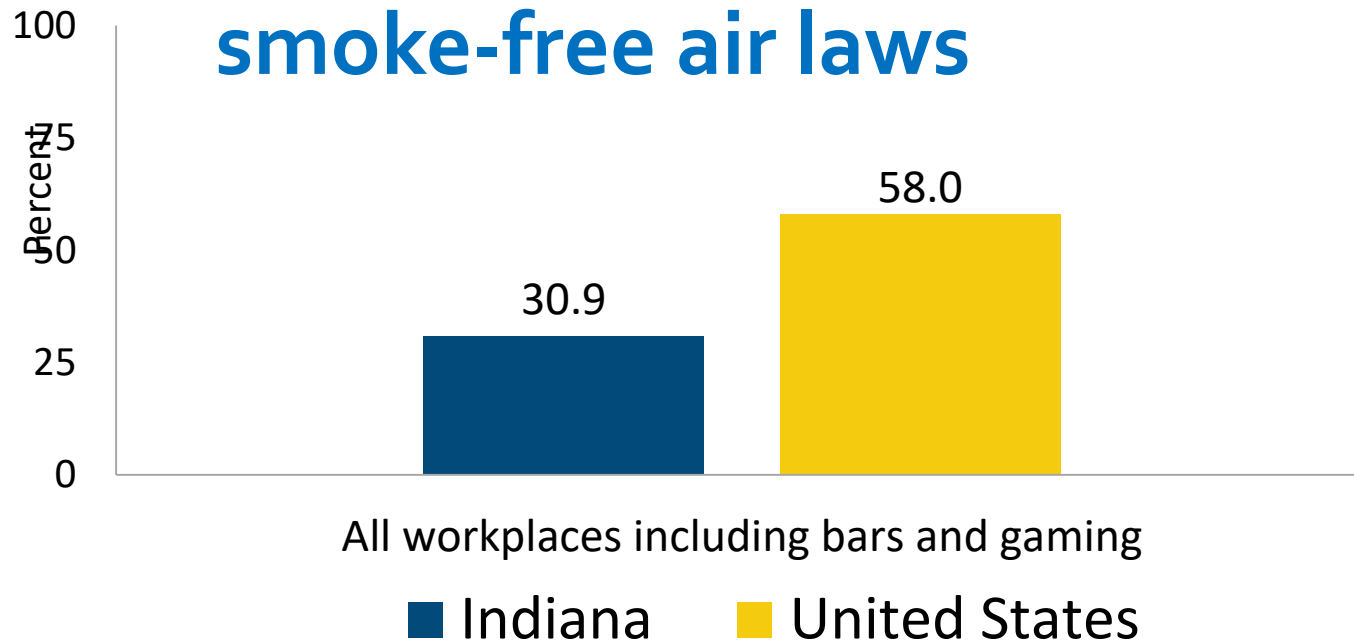
Excise Tax Rates on Cigarettes, U.S.

Average State Cigarette Tax: \$1.79 per Pack

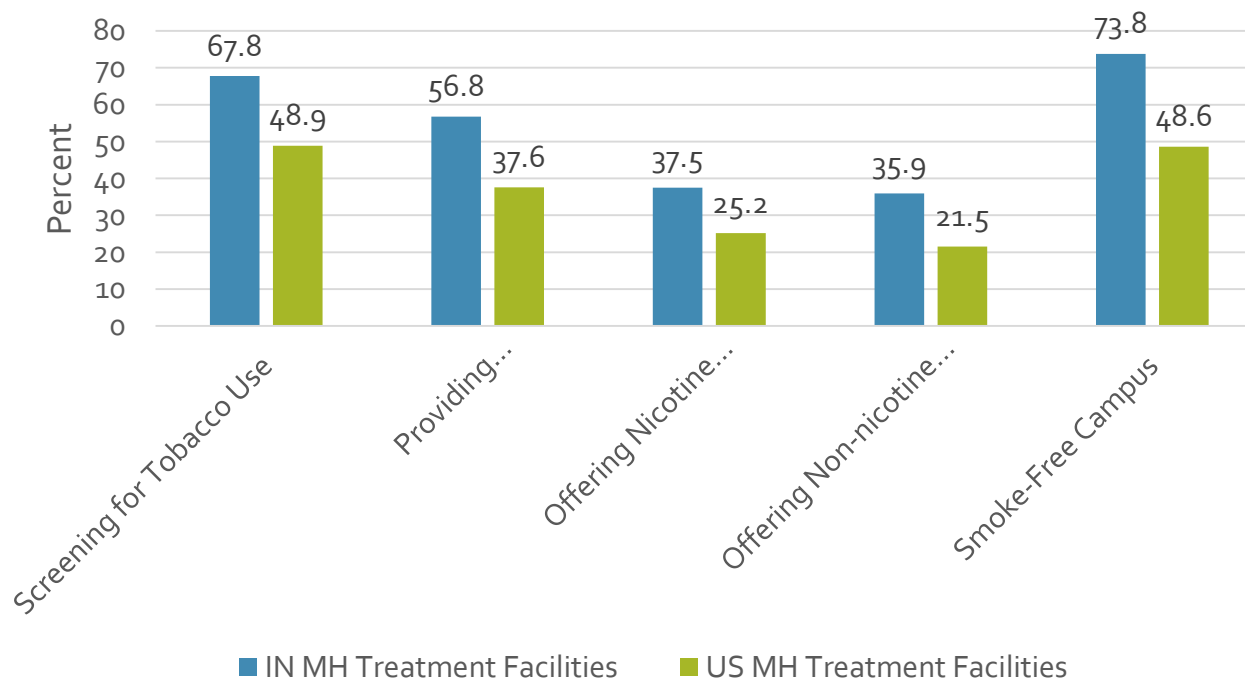


Source: <https://www.tobaccofreekids.org/assets/factsheets/0222.pdf>

Percentage of population covered by comprehensive smoke-free air laws

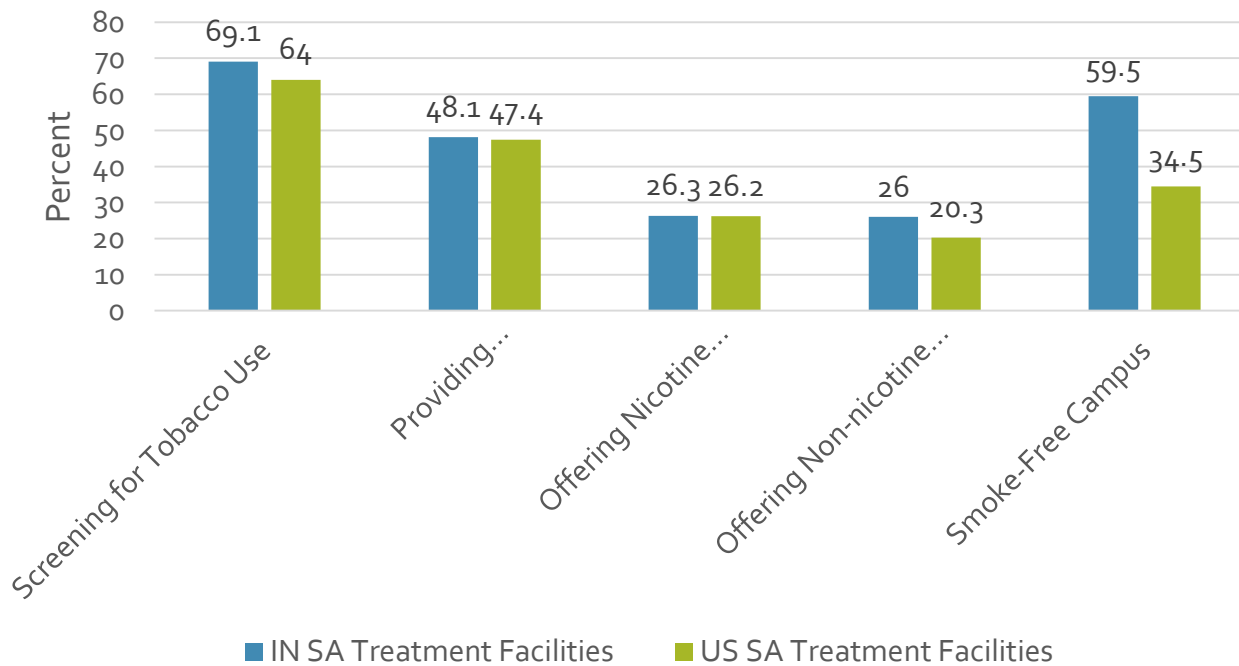


Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health Facilities, IN (N=301) vs. United States (N=12,136), 2016



Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3>

Tobacco Cessation Interventions and Smoke-Free Policies in Substance Abuse Treatment Facilities, IN (N=262) vs. United States (N=14,263) 2016



Tobacco-Free Agency Assessment: Statewide Survey

- Senate concurrent resolution was passed in 2010
- ISDH teamed with DMHA to re-administer a comprehensive survey assessing current status of implementation
 - Survey was previously administered in 2017: **32/35 (91.4%)**
 - 2019 administration: **32/33 (96.9%)**

Survey Population Settings

“Which of the following applies to your agency?”

Setting	2017 %	2019 %
Community Mental Health Center	72	75
Addiction Provider	69	78
Hospital	25	NA

100% of settings have a formal policy in place supporting a tobacco-free work environment

Tobacco-Free Workplace Policy Characteristics

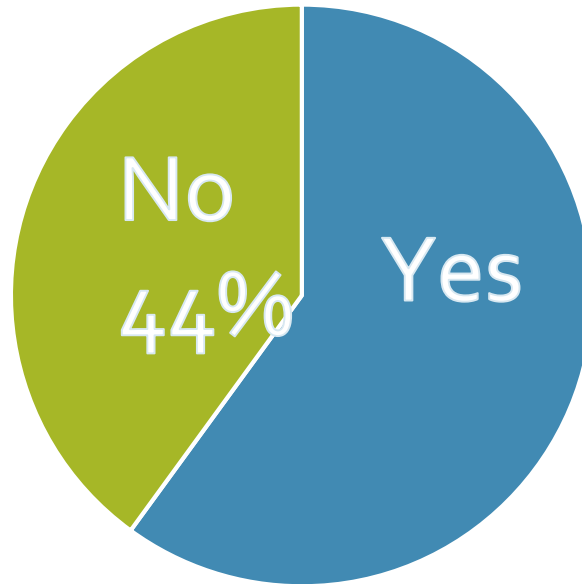
“Does your tobacco-free workplace policy include the following in its definition of the tobacco-free environment?”

Included	2017 %	2019 %
Facility (buildings)	100	100
Grounds	97	100
Vehicles located on the property	88	100
Designated smoking area	63	**
E-cigarettes (vapes)	81	94

** Survey item reworded in 2019.

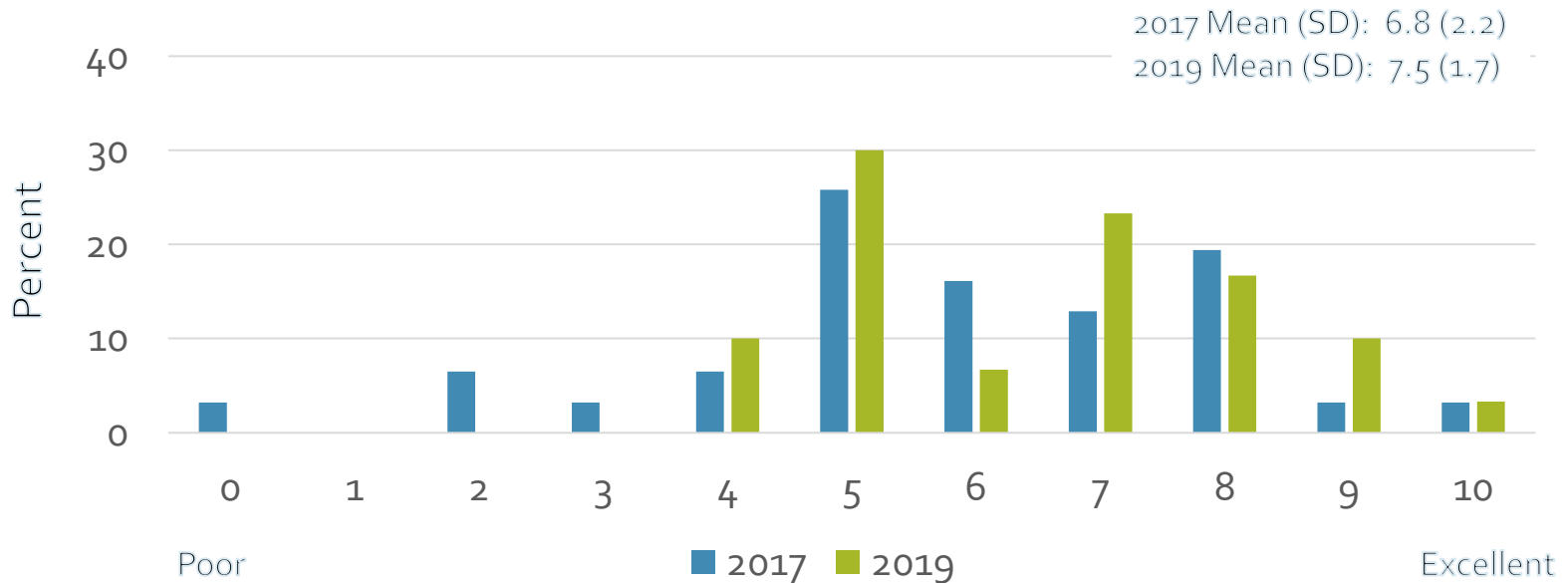
Designated Smoking Area

Does your agency have a designated smoking area? (2019)



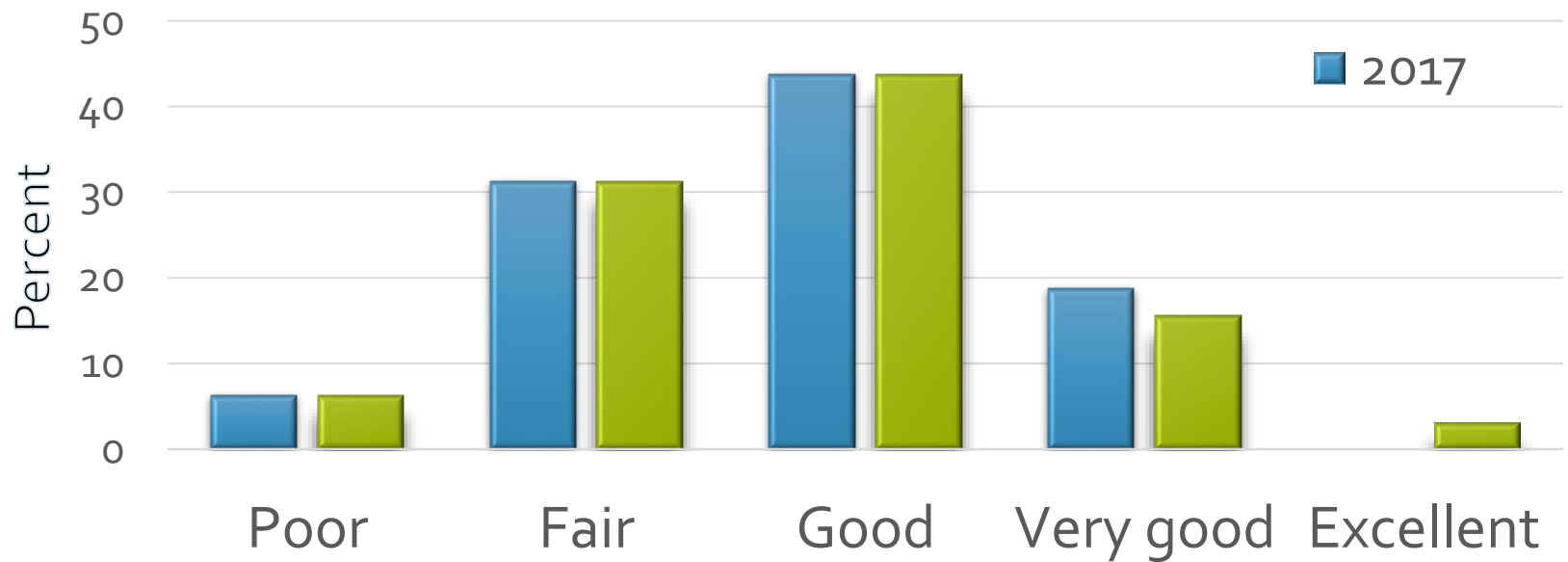
Self-Rated Integration of Tobacco Dependence Treatment

“On a scale of 0 (poor) to 10 (excellent), please rate the level of your agency’s current efforts to integrate tobacco treatment into the planning process for your overall **patient population** of consumers.”



Tobacco Dependence Education

“Since Concurrent Resolution of 2010 (2017)/ In the last two years (2019), how would you rate your ongoing efforts to provide ongoing tobacco treatment education to your **clinicians**?”

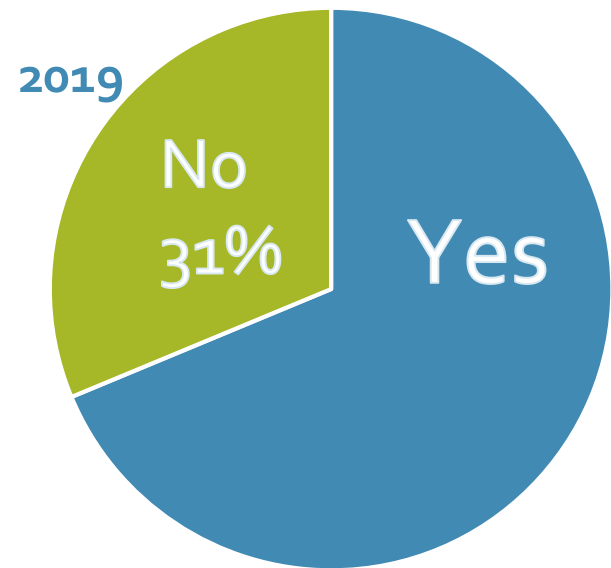
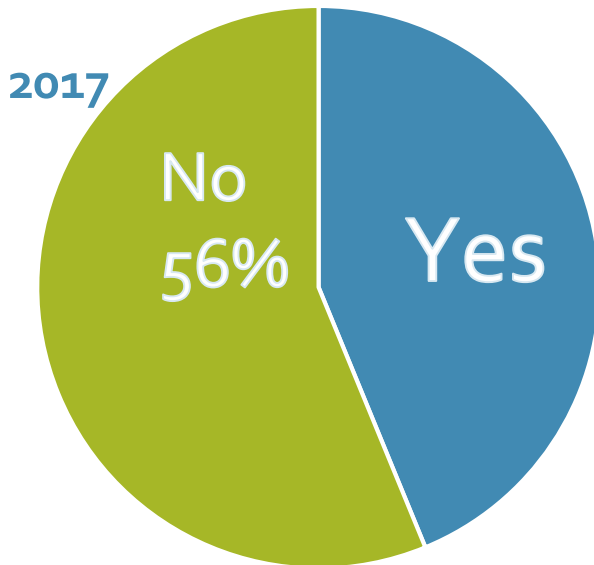


Patient Care: Screening and Assessment

Does your agency currently...	2017 %	2019 %
Screen for tobacco as part of initial clinical assessment?	94	100
Require initial screening assessments be recorded in clinical records?	90	100
Screen for tobacco as part of ongoing clinical assessment?	65	100
Require ongoing screening assessments be recorded in clinical records?	64	100

Patient Care: Treatment Planning Process

“Does your agency routinely incorporate tobacco dependence treatment into the treatment planning process?”



Freedom To Live campaign: consumer and provider focused; launched in 2017



FREEDOM
+ TO LIVE +

I WANT TO HELP
Clients break their tobacco addiction.

I BELIEVE
Tobacco treatment is essential to recovery.

I BELIEVE
Tobacco treatment is essential to recovery.

The Power of Teamwork
Champions for the Cause

tobacco treatment is essential to recovery

successful quit through mutual help

we believe



FREEDOM
+ TO LIVE +

Tobacco Use Rewires Your Brain.

FACT: Tobacco interferes with your recovery and causes illness and death. Ask your behavioral healthcare provider for help.

respiratory system on your brain causing it to quit

the up and down cycle of smoking will lead to addiction and death

neuroplasticity

behavioral healthcare provider **1.800.QUIT.NOW**
Indiana's Tobacco Quitline
QuitNowIndiana.com

Indiana Tobacco Quitline Tobacco Cessation Behavioral Health Program

- 7 scheduled calls scheduled to provide additional support during the pre-quit planning phase and prevent relapse.
- 12-week regimen of combination therapy NRT.
- A letter sent to the participant's health care provider informing them that their patient is attempting to quit tobacco and giving them some suggestions on how they can support them in the process.
- A team of dedicated Coaches who have received additional extensive training on mental illness and tobacco cessation and who are able to flex intervention content and tailor the treatment to these participants.

ReThink Tobacco Indiana

- A statewide initiative aimed at bringing tobacco awareness to the field of behavioral health
- Highly skilled tobacco treatment specialists dedicated to helping behavioral health organizations integrate evidence-based tobacco treatment strategies into their continuum of care
- Resources offered: technical assistance, policy development, education, specialized training



Thank you!

Katelin Rupp

KaRupp@isdh.in.gov

Young Adults with Co-occurring Disorders Identification and Outcomes

Betty Walton, Ph.D., LCSW
Indiana University School of Social Work

SEOW Symposium
May 17, 2019



- Young adults, with higher prevalence rates of SUD, are the most common SUD treatment participants (Hawke et al., 2017).
- Limited research has explored SUD treatment outcomes for young adults with COD (Bergman et al., 2004).
- Mental health disorders often co-exist with substance use disorders (SUD; Wusthoff et al., 2011).
- Frequently, practitioners identify substance use or mental health concerns, but overlook co-occurring disorders (COD), creating a treatment barrier (Priester et al, 2016).
- Identifying and addressing COD is important for young adults as they transition to adulthood (Cather et al., Davis et al., 2017; Hawke et al., 2018).



Research Questions

- How well are we identifying SUD and co-occurring BH needs for young adults?
 - How often were mental health conditions identified for young adults participating in substance use treatment?
 - How often was SUD identified in behavioral health treatment?
 - How does this compare with research?
- What were the outcomes at the end of SUD treatment episodes?



Two Young Adult Groups with Closed Episodes of Care



Methods

1. A statewide group of 3,802 young adults, 18-25, who participated in publically funded SUD treatment during 2018. They were primarily male (55.7%), Caucasian (80.6%), African American (10.8%), & Hispanic (5.7%).
2. A statewide group of 4,397 young adults, 18-25, who participated in mental health services during 2018. They were primarily female (60%), Caucasian (87%), African American (11%), & Hispanic (1%).

Youth in SUD Treatment with Identified COD

- 1) At the beginning of treatment, practitioners identified COD that adversely affected functioning **for 55.4% of the SUD treatment group**.
- 2) In the ANSA, COD included psychosis (3%), depression (35%), anxiety (37.9%), impulse control (31.4%), adjustment to trauma (24.6%), anger control (16.5%), antisocial behavior (6.8%), interpersonal problems (13%), or eating disorders (3.1%) and substance use (80.2%).
- 3) For SUDs, 29.8% had dangerous or disabling conditions; 50.4% had moderate SUD symptoms with adverse functional effects.
- 4) Another 18.2% of the cohort had significant SUD history or needed further evaluation.
- 5) Other frequently identified needs for intervention included criminal behavior (43%), family functioning (41.3%), social functioning (41%), legal (70%), and decision-making (47.4%).

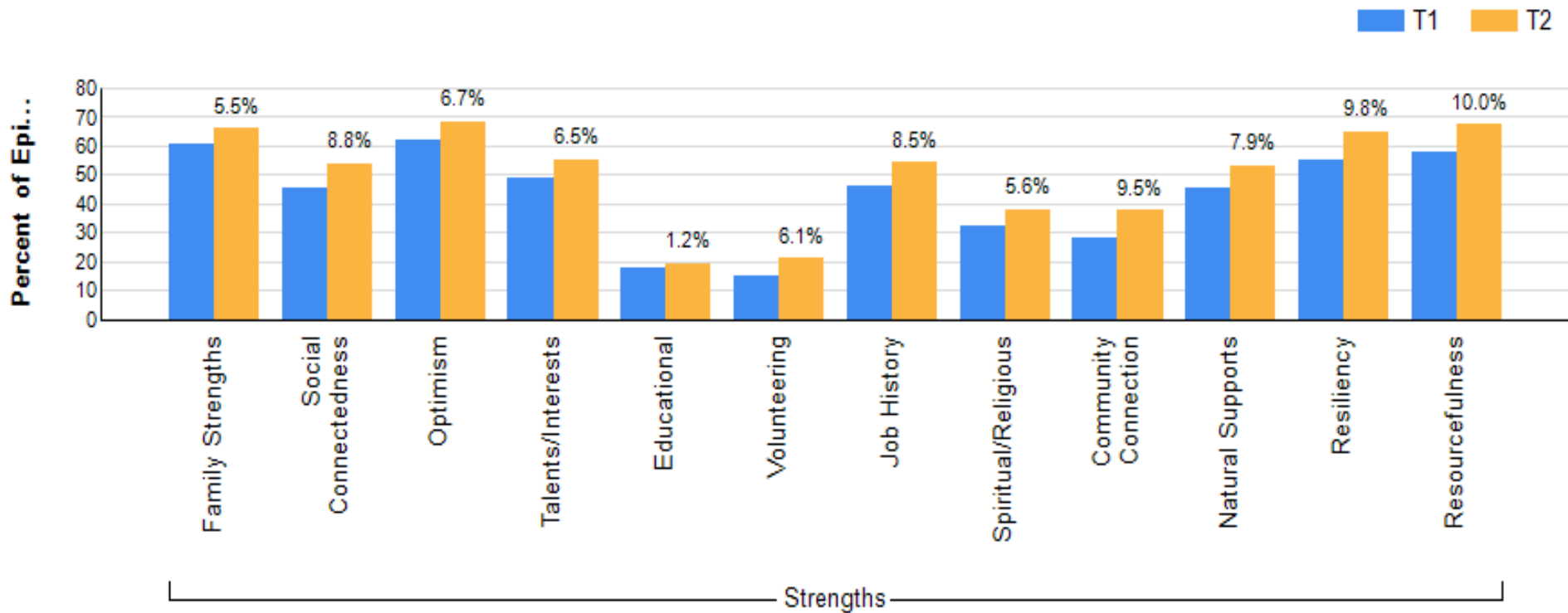


Youth in MH Treatment with Identified SUD

- 1) **SUD.** For 4,397 young adults who completed MH treatment, **16.9% had SUD identified.**
- 2) **Actionable MH items.** Depression (74%), Anxiety, (69%), Adjustment to Trauma (40%), Impulse Control (36%), Anger Control (32%), & Psychosis (12%)
- 3) For young adults with **Psychosis**, current actionable SUD identified for 26% and a history or mild SUD for another 25%
- 4) Other frequently identified life functioning needs included Family Functioning (51%), Social (51%), Recreational (41%), & Sleep (47%).
- 5) Usable strengths included Social Connectedness (41%), Community Connections (26%), & Natural Supports (47%).



Strength Development over Time for Young Adults with SUD Statewide, n = 3,053, 3 = 3,151 as of 1/29/2019



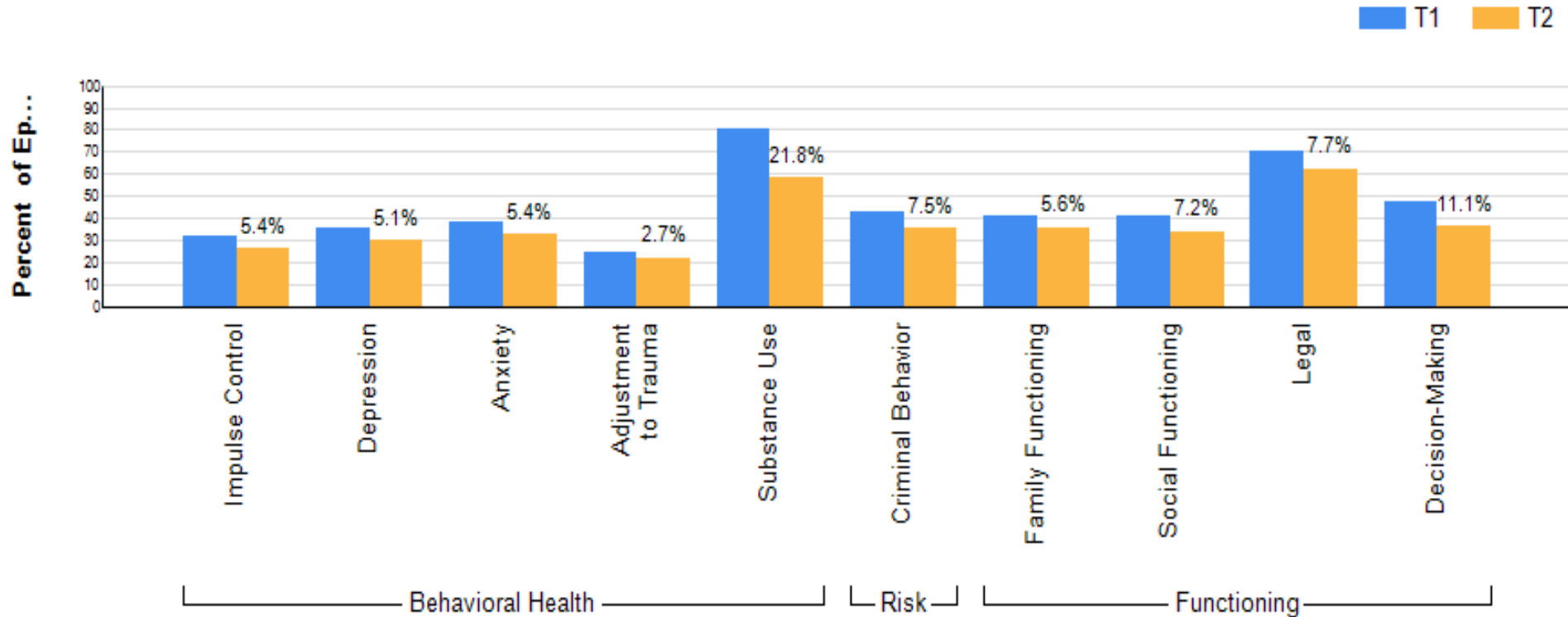
Selected Filters: Statewide, ANSA, T1=Baseline, T2=Latest, Calendar Year 2018, Age 18 to 25 years, CA, Closed Episodes; Graph presents data from 07/10/2008 to 12/31/2018.

SUD Treatment Outcomes

- 1) **Clinical progress (Better).** For 3,042 individuals who completed an episode of SUD treatment in 2018, **SUD symptoms for 39% got better**, dropping from a higher to lower level of severity.
- 2) **Resolved.** SU needs were resolved, no longer affecting functioning, for **21.9%**.
- 3) **Reliable improvement in at least one domain** (behavioral health, life functioning, risk behaviors, or strengths) metric, **35.7%** improved.
- 4) **Strengths.** Identified usable strengths were sustained and further developed ($M = 7.2\%$).



Key Interventions for Young Adults with Substance Abuse Disorders Statewide, n = 3,802, e = 3,927 as of 01/26/2019



Selected Filters: Statewide, ANSA, T1=Baseline, T2=Latest, Calendar Year 2018, Age 18 to 25 years, CA, All Episodes; Graph presents data from 07/10/2008 to 12/31/2018.

Discussion

Practice-based assessment results were consistent with research (Bergman et al., 2004; Cather, et al., 2019; Center for Behavioral Health Statistics and Quality, 2018; Hawke et al., 2019).

- For young adults in SUD services, early identification of co-occurring behavioral health needs in SUD treatment were lower than in an inpatient setting results (Hawke et al., 2018).
- The rates of mental health disorders in this study of community-based practices were much higher than for the general population (Center for Behavioral Health Statistics and Quality, 2018).
- For young adults with psychosis, SUD was identified for about 50% (Cather et al., 2018).
- However, we need to further examine identification of SUD for young adults in MH treatment.

Implications

Structured assessment processes and outcome management reports help identify resources, risks, functional challenges, and behavioral health disorders.

- Results can inform program management and individualized planning.
- Explore better screening and evaluation of SUD and COD with young adults participating in treatment.
- Measured through multiple lens, modest outcomes perhaps reflected the ongoing nature of some SUDs and mental health conditions that, similar to physical health conditions, benefit from intermittent treatment and management.
- Effective behavioral health services engage young adults to address COD as well as development tasks (independent living, education and employment, and social functioning).

References

- Bergman, B. G., Greene, C., Slaymaker, V., Hoepfner, B. B., & Kelly, J. F. (2004). Young adults with co-occurring disorders: Substance use disorder treatment response and outcomes. *Journal of Substance Abuse Treatment*, 46(4), 420-428.
- Cather, C., Brunette, M. F., Mueser, K., Bobbin, S. F., Rosenbeck, K., Correll, C. U., & Kales-Meyer, P. (2018). Impact of comprehensive treatment for first episode psychosis on substance use outcomes: A randomized controlled trial. *Psychiatry Research*, 268, 303-311.
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- Hawke, L. D., Koyama, E., & Henderson, J. (2018). Cannabis, other substance use, and co-occurring mental health concerns among youth presenting for substance use treatment services: Sex and age differences. *Journal of Substance Abuse Treatment*, 91, 12-19.
- Lyons, J.S. (2009). CANS and ANSA instruments: History and applications. In J. S. Lyons & D. Weiner (Eds.), *Behavioral health care: Assessment, service planning, and total clinical outcome management*. Kinston, NJ: Civic Research Institute.
- Priester, M. A., Browne, T., Lachini, A., Clone, S., DeHart, D. & Seay, K. D. (2016). Treatment access barriers and disparities among individuals with co-occurring mental health substance use disorders: An integrative literature review. *Journal of Substance Abuse Treatment*, 61, 47-59.
- Wusthoff, L. E., Waal, H., Ruud, T., Roislien, J., & Grawe, R. W. (2011). Identifying co-occurring substance use disorders in mental health centres. Tailored approaches are needed. *Nordic Journal of Psychiatry*, 65(1), 58-64.

State-Level Evaluation Findings for SAPT BG Recipients – FY18

Erin Ables

May 17, 2019

**PREVENTION
INSIGHTS**

AT THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH

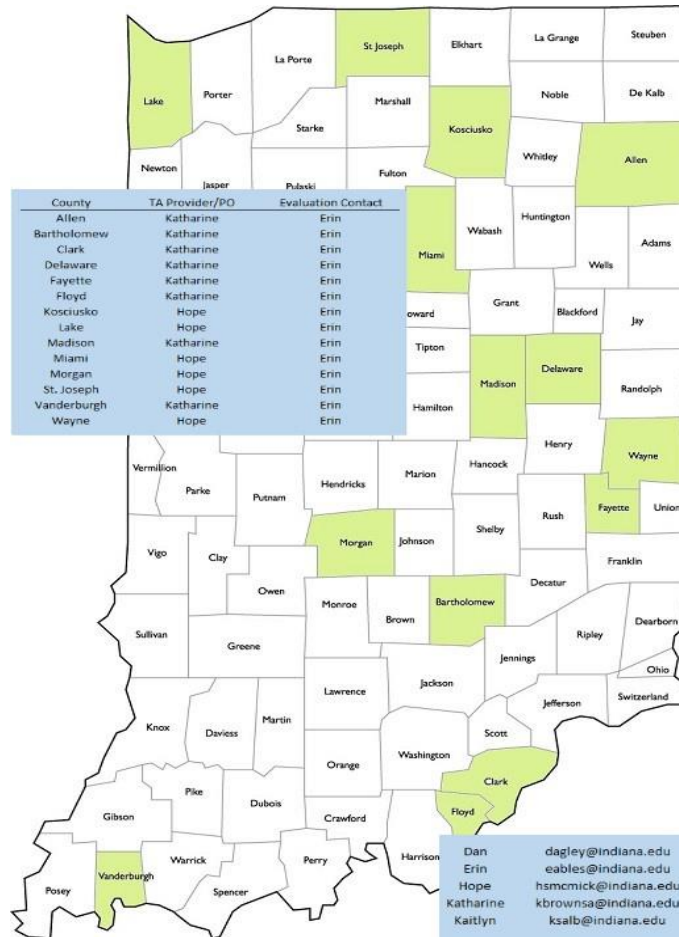
Applying
Addiction
Science
for Healthier
Communities



Overview

- Technical & Evaluation Assistance provided to:
 - 14 SAPT BG grantees
- Used tiered evaluation approach to evaluate at the program level, community level, and state level

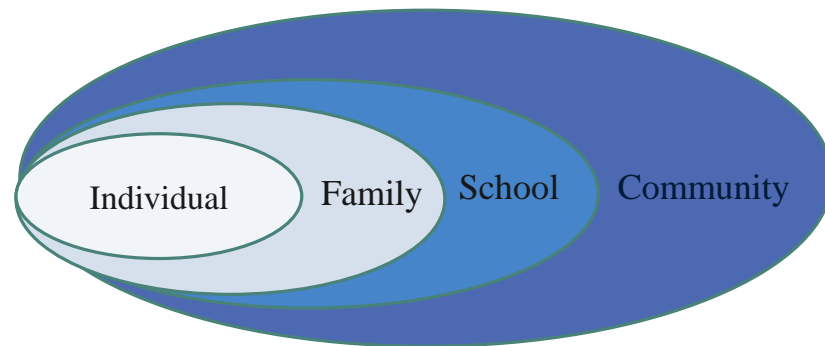
DMHA Grantees



Risk and Protective Factors

Exist in four domains:

- ◆ Peer/Individual
- ◆ Family
- ◆ School
- ◆ Community



Risk and Protective Factors

Peer/Individual

- Early Initiation of Drug Use (R)
- Interaction with Antisocial Peers (R)
- Favorable attitudes toward Antisocial behavior (R)
- Perceived Risk of Drug Use (R)
- Rewards for Antisocial Involvement (R)
- Interaction with Prosocial Peers (P)

Family:

- Family Conflict (R)
- Family Management (R)
- Parental Attitudes Favor Drug Use/Antisocial Behavior (R)
- Family Opportunities for Prosocial Involvement (P)

School:

- Lack of Commitment to School (R)
- Academic Failure (R)
- Opportunities for Prosocial Involvement (P)
- Rewards for Prosocial Involvement (P)

Community:

- Availability of Drugs (R)
- Community Laws/Norms Favorable Toward Drug Use (R)
- Rewards for Prosocial Involvement (P)

Strategies

Al's Pals

Footprints for Life

Guiding Good Choices

Project Alert

Positive Action

Strengthening Families Program

LifeSkills Training

Parents Who Host Lose The Most

Talk, They Hear You

Positive Culture Framework

Social Host Ordinance

**Over 925,000
served!**

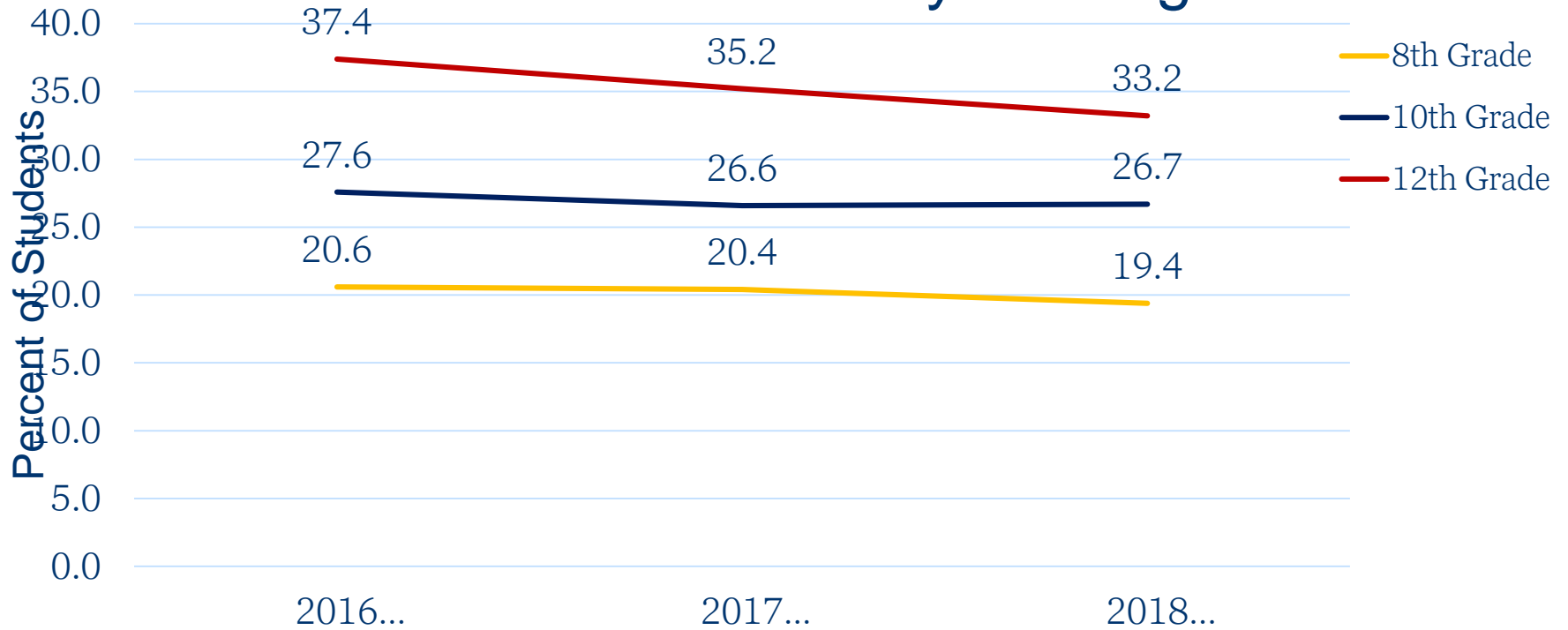
Statewide Changes in Risk & Protective Factors

Changes for funded communities across time

Source: Indiana Youth Survey (INYS)

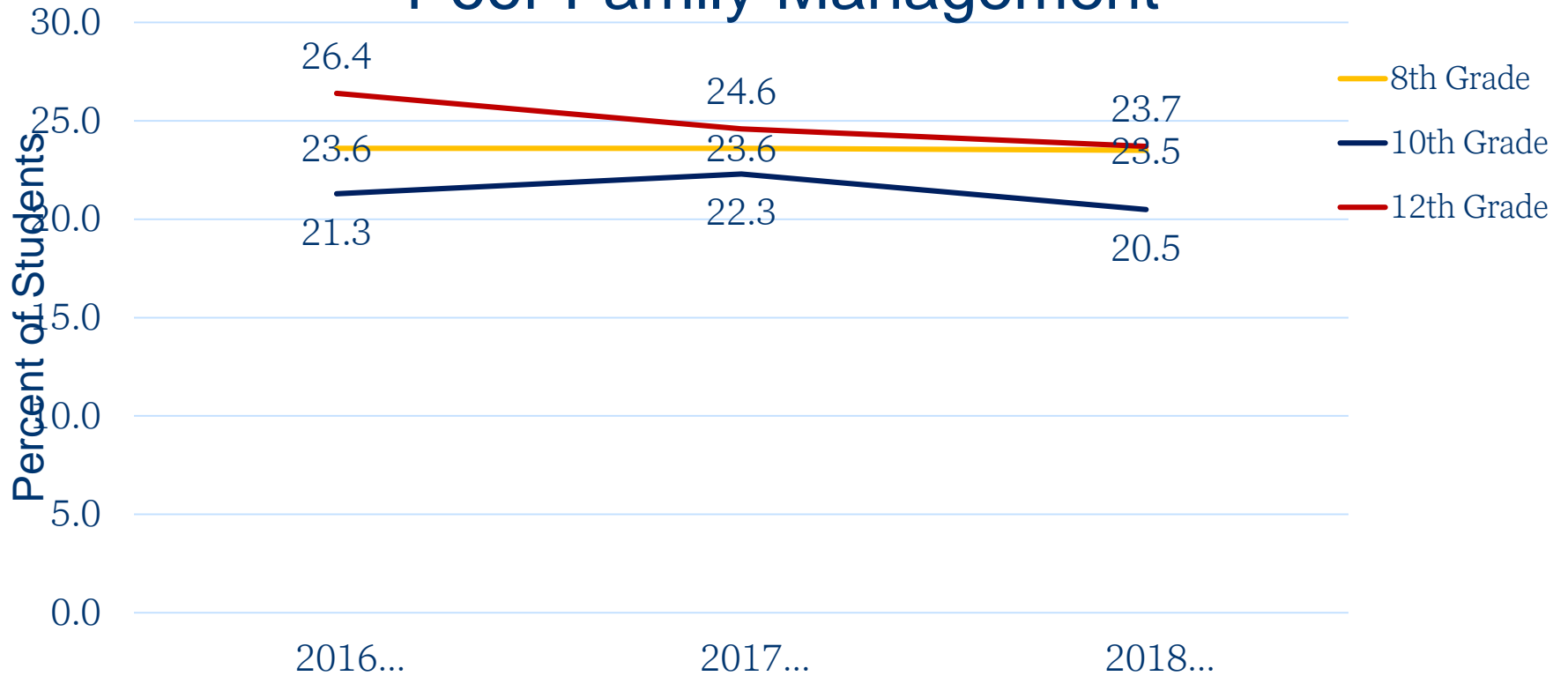
Gassman, R., Jun, M., Samuel, S., Agle, J. D., & Lee, J. , & Wolf, J. (2018). *Indiana Youth Survey – 2018*. Bloomington, IN: Institute for Research on Addictive Behavior.

% of Students at High Risk for Perceived Availability of Drugs



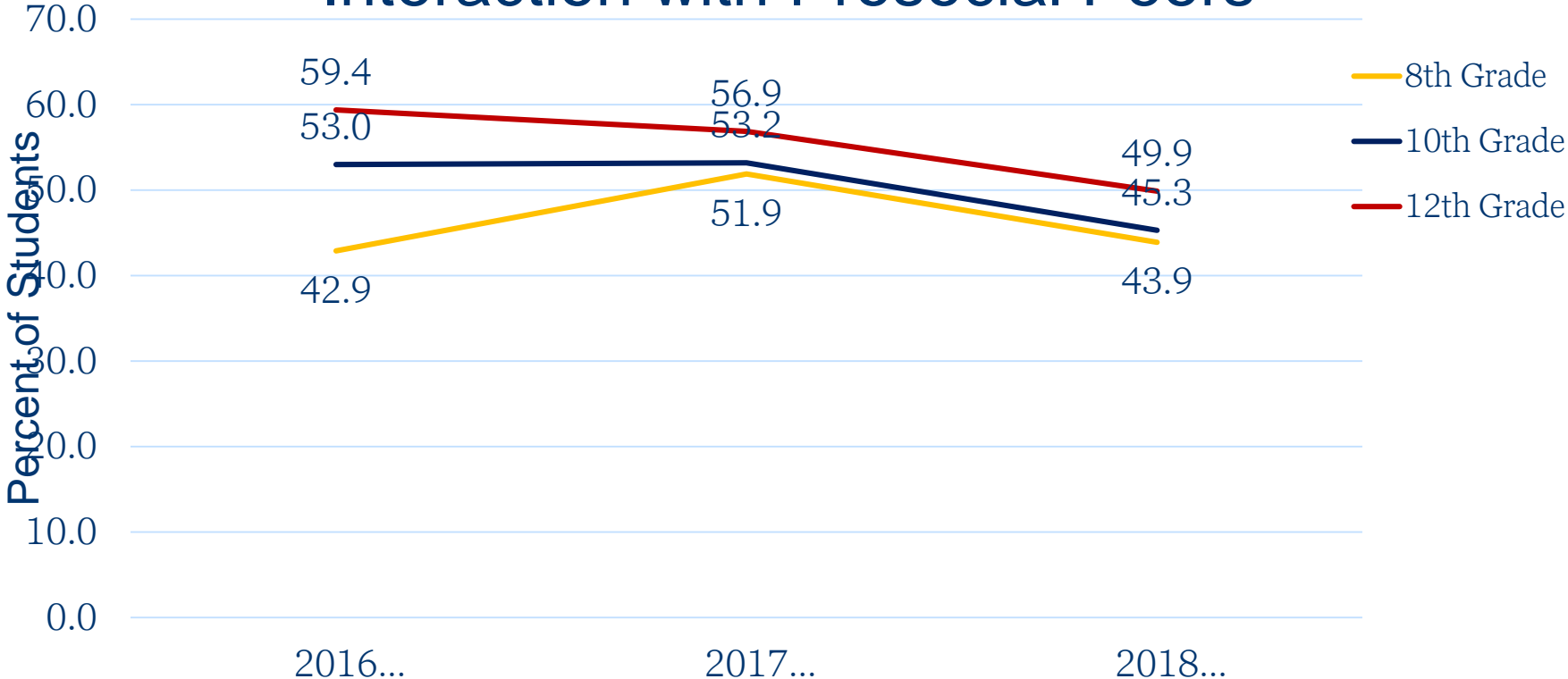
Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

% of Students at High Risk for Poor Family Management



Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

% of Students at Low Protection for Interaction with Prosocial Peers



Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

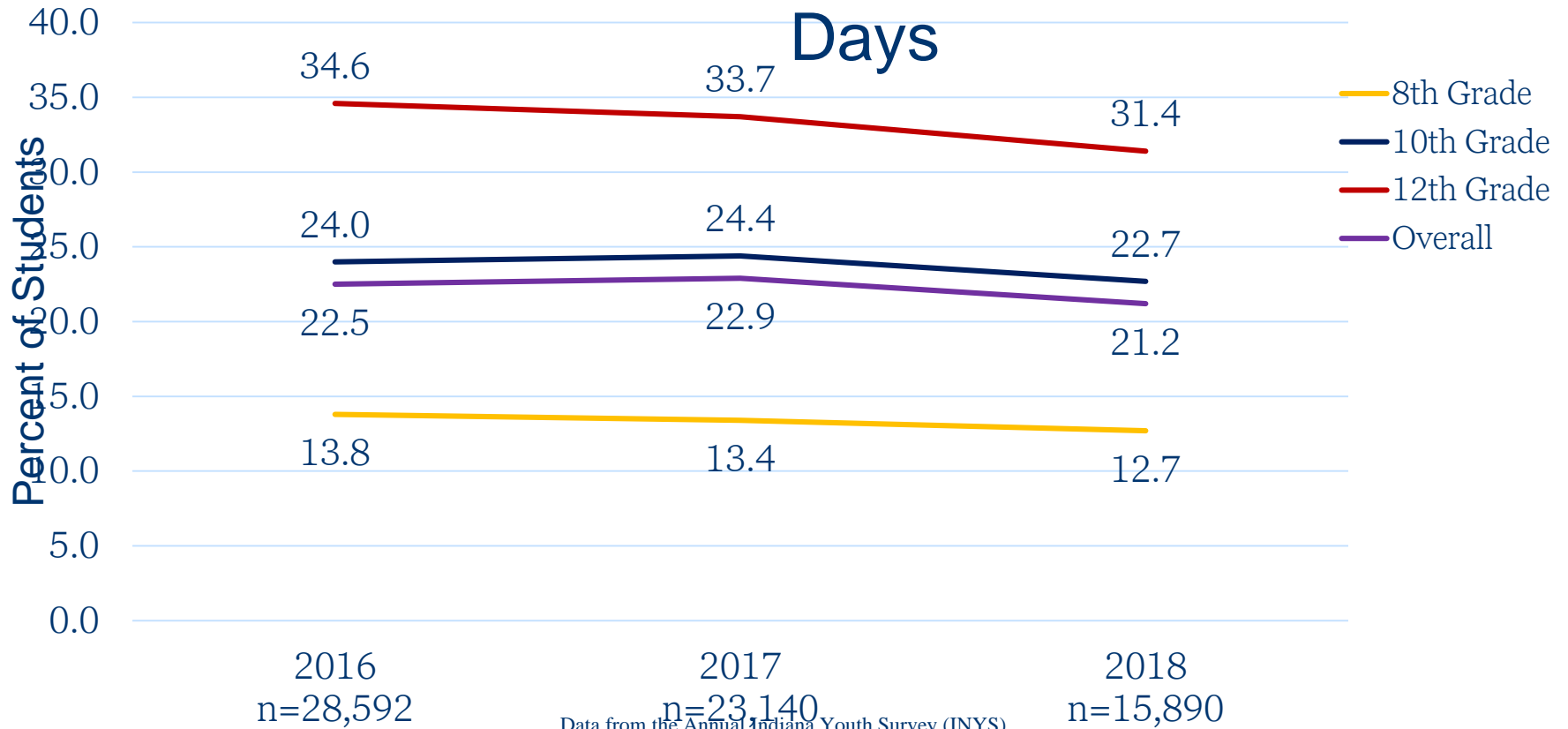
Youth Use Rates

Indiana's SEOW has identified priority substances:

1. **Alcohol**
2. **Marijuana**
3. **Tobacco**
4. **Prescription Drugs (used without a prescription)**

Compared rates (2016—2018) in DMHA-funded communities

% of Students Using Alcohol in Past 30 Days



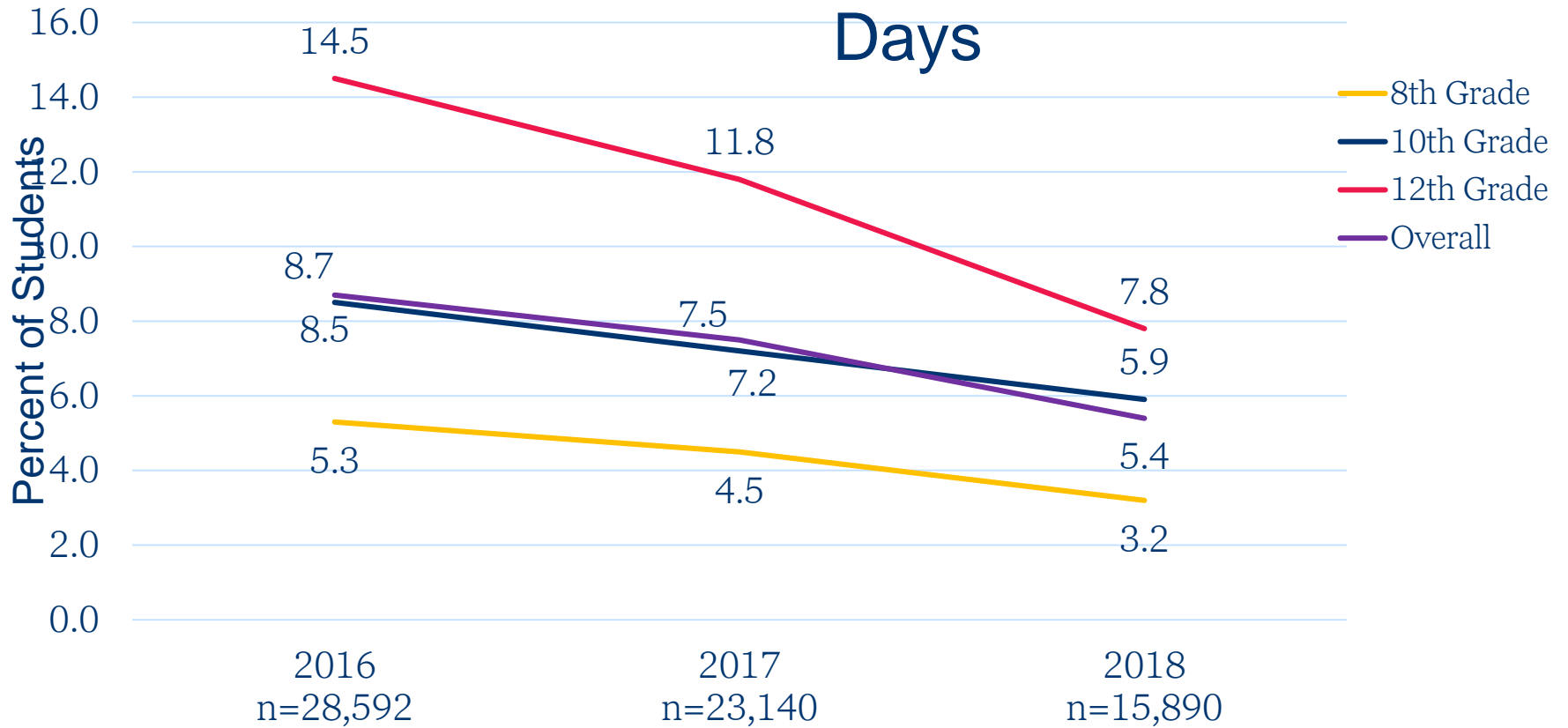
2016
n=28,592

2017
n=23,140

2018
n=15,890

Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

% of Students Using Cigarettes in Past 30 Days



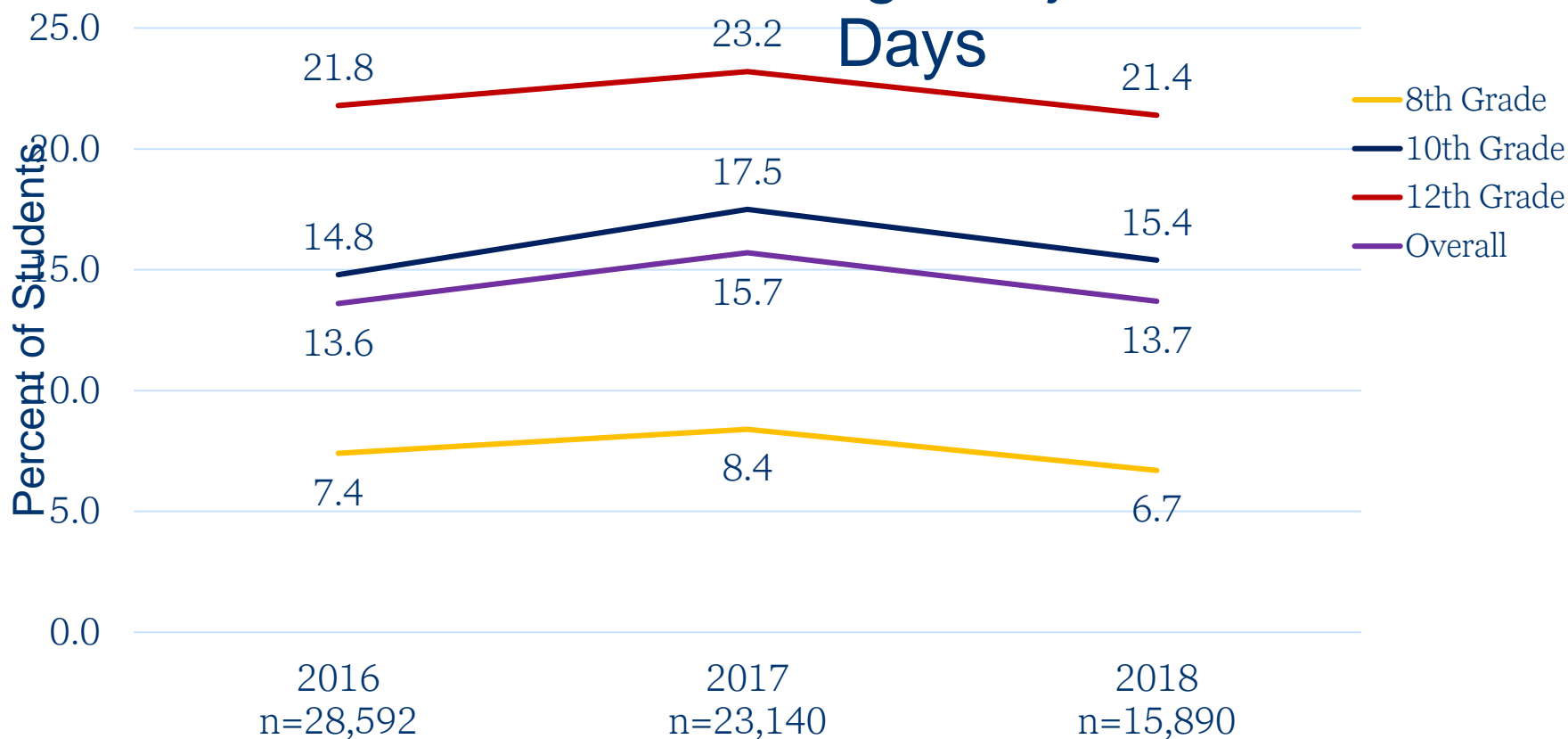
2016
n=28,592

2017
n=23,140

2018
n=15,890

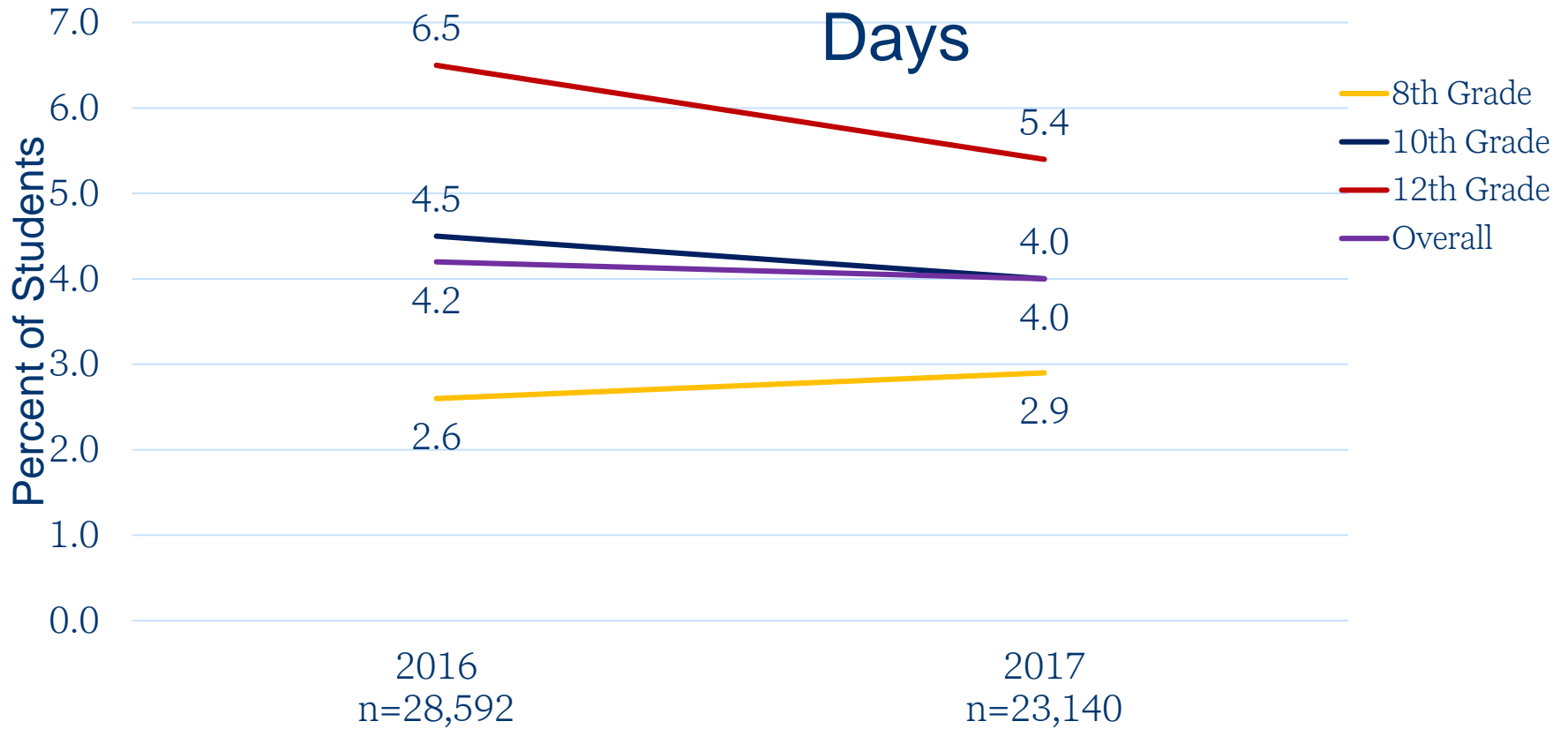
Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

% of Students Using Marijuana in Past 30 Days



Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

% of Students Using Rx Drugs in Past 30 Days



2016
n=28,592

2017
n=23,140

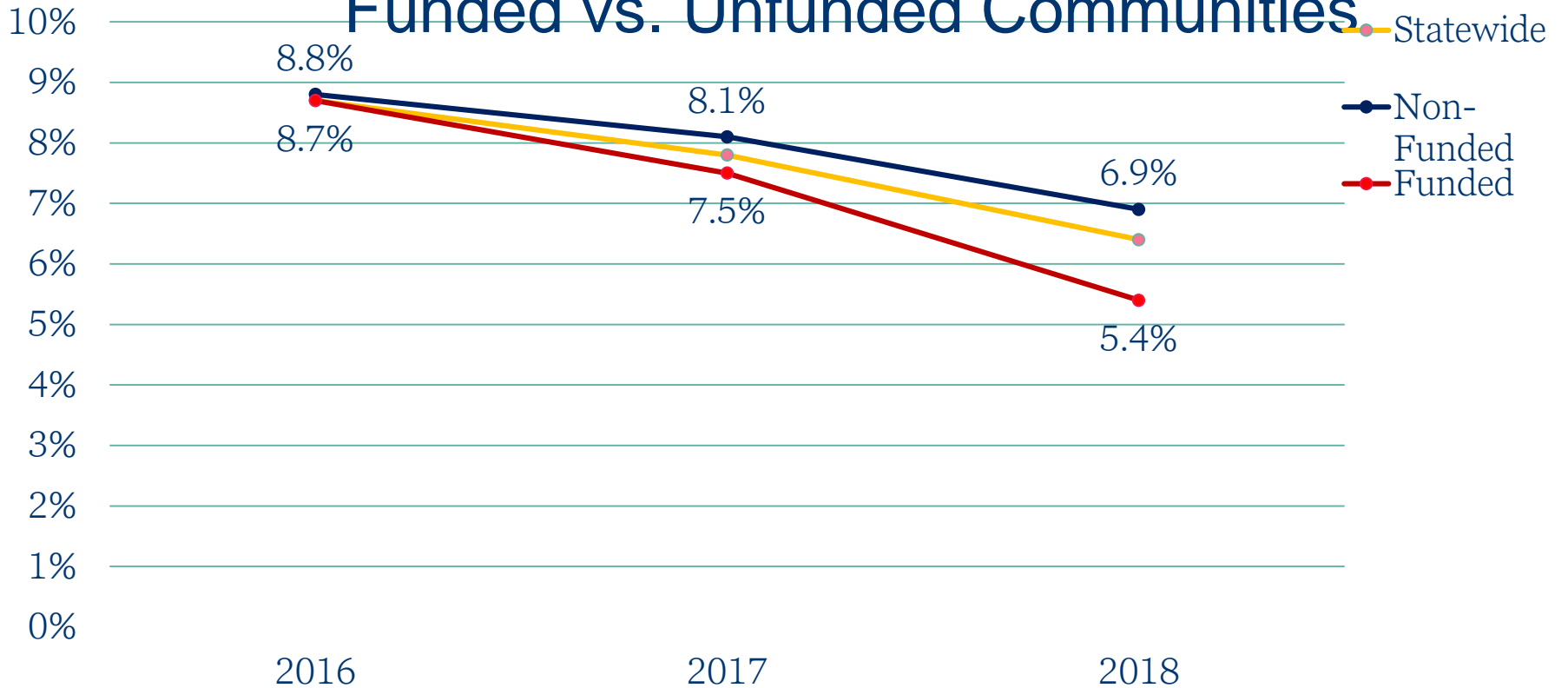
Data from the Annual Indiana Youth Survey (INYS)
(Gassman, et al., 2016; Gassman, et al., 2017; Gassman, et al., 2018)

Statewide Youth Rates of Use

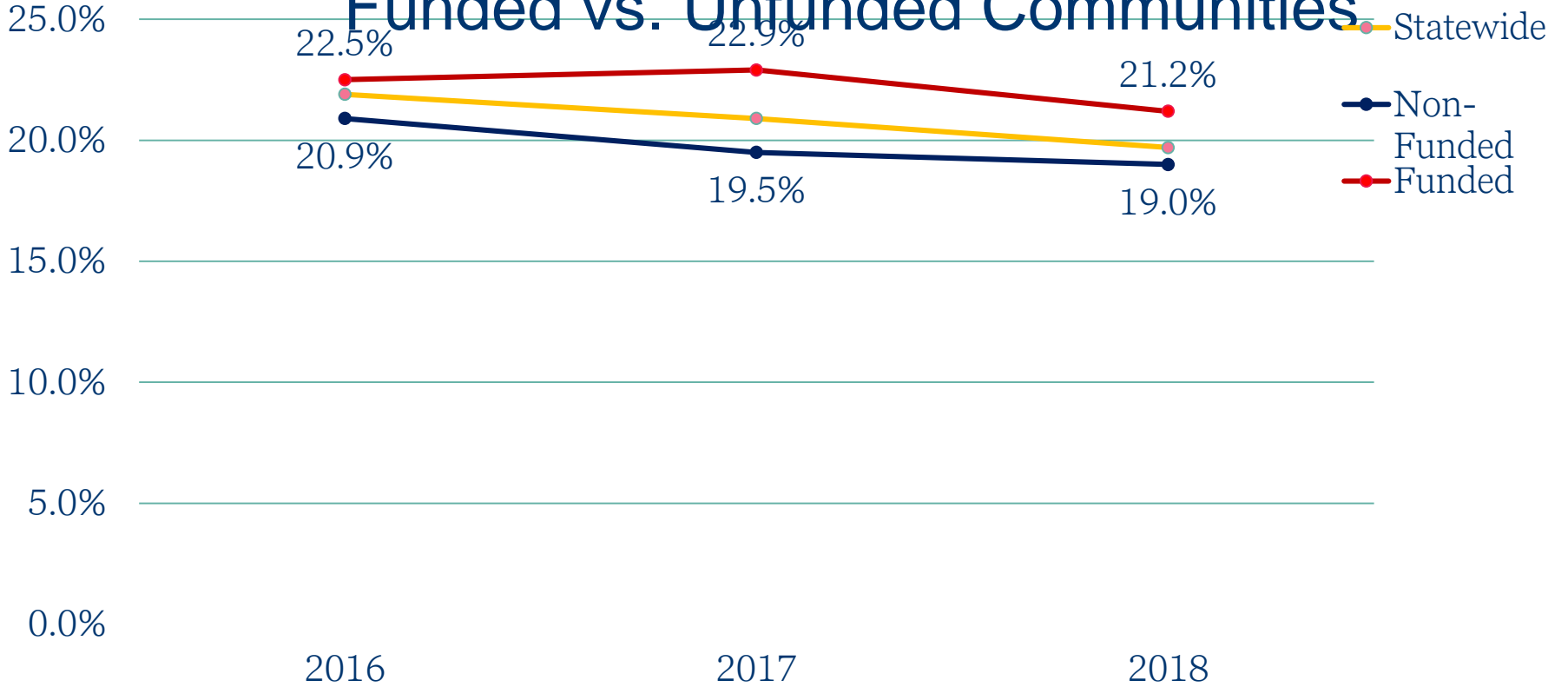
- ◆ Statewide Rates
- ◆ Rates in Unfunded Communities
- ◆ Rates in Funded Communities



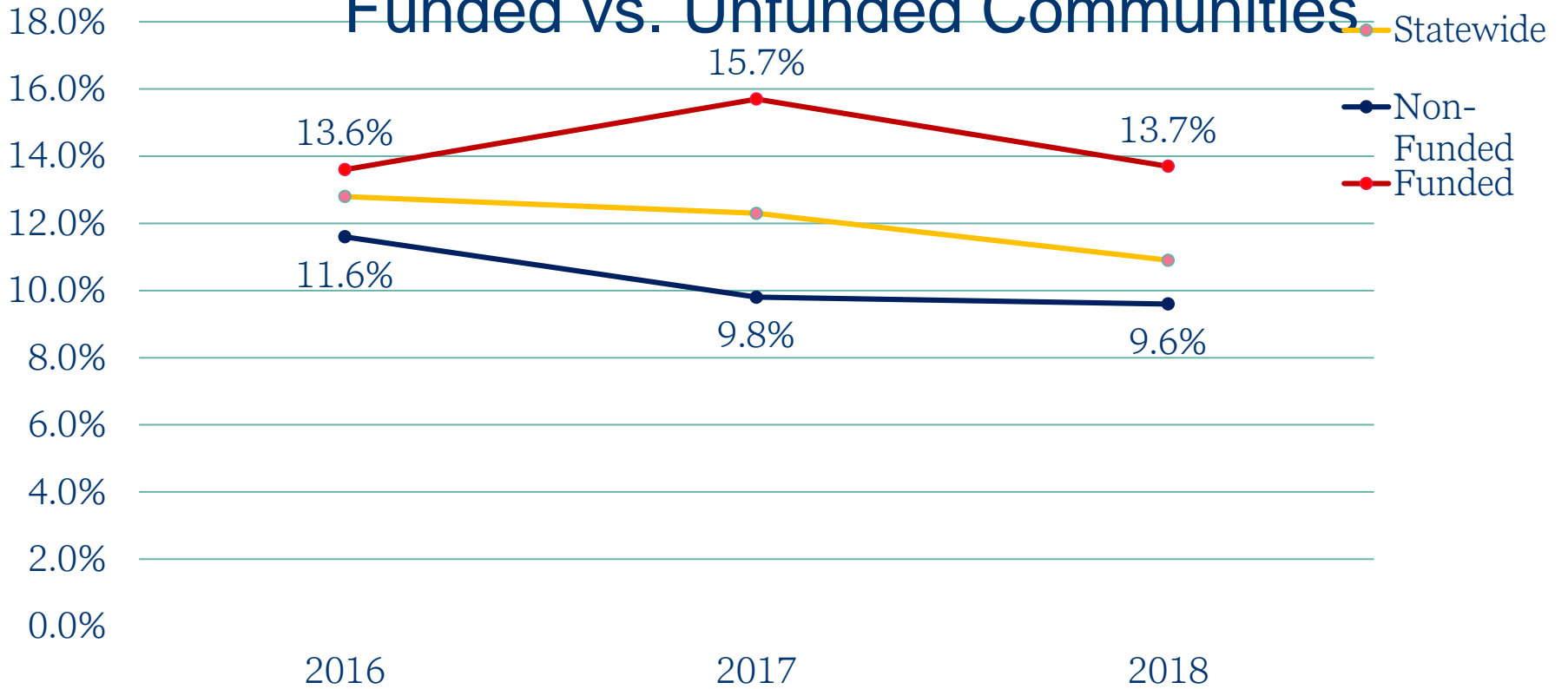
30 Day Use – CIGARETTES Funded vs. Unfunded Communities



30 Day Use – ALCOHOL Funded vs. Unfunded Communities



30 Day Use – MARIJUANA Funded vs. Unfunded Communities



Summary

- ◆ Some improvements in high risk and low protection factors for funded communities
- ◆ Decreases in cigarette and alcohol use rates from 2016 to 2018 for both funded and unfunded communities
 - ◆ Cigarette use decreasing at greater rate for funded communities
- ◆ Marijuana use rates decreasing in unfunded communities, but no change seen in funded communities
- ◆ Considerations
 - ◆ Inconsistent participation in INYS
 - ◆ According to Communities That Care model, changes in substance use rates take 4-5 years to realize as reach and saturation increase

Questions, Comments? Connect with Us!

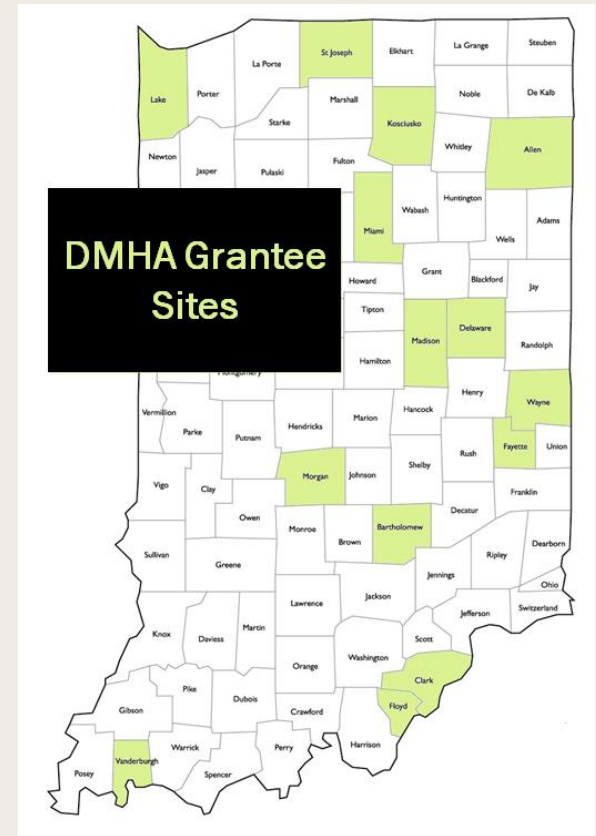
- ◆ <https://prevention.iu.edu/>
- ◆ @Prev_Insights – Follow us on Twitter!
- ◆ <https://www.facebook.com/preventioninsights/>

SPF PROCESS FIDELITY INDICATORS AND COMMUNITY-LEVEL OUTCOMES

Hope McMickle
SEOW Symposium, May 17, 2019

SPF Fidelity Assessment

- Developed by the SPF-SIG Implementation Fidelity Workgroup to serve as guidance for assessing state-level implementation of SPF processes within funded communities; correspondence with CLI item groups
- Structured Interview/Self-Report Instrument used in 14 SABG-funded sites
- Baseline Fall FY17, Mid-Cycle Fall-Spring FY19, Post-Cycle Spring FY20.



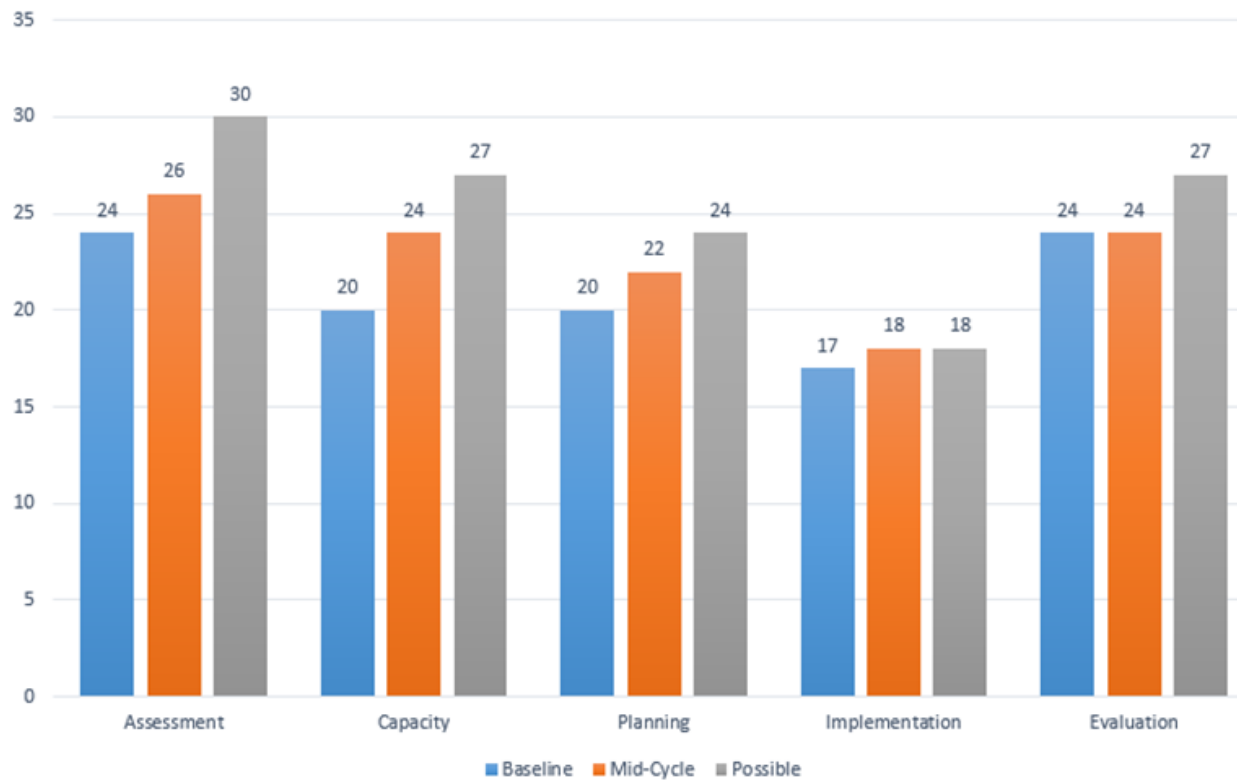
SPF Fidelity Assessment Tool Structure

Aggregate fidelity scores used for outcome analysis; ratings of core activities used for formative feedback to communities.

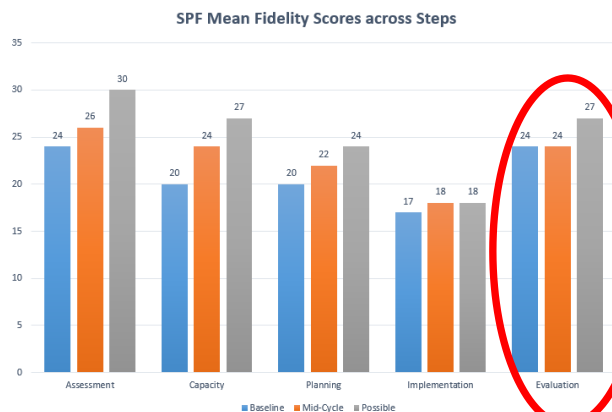
- Assessment: 10 Core Activities
- Capacity: 9 Core Activities
- Planning: 8 Core Activities
- Implementation: 6 Core Activities
- Evaluation: 11 Core Activities

SPF Step 1 Fidelity Assessment Rubric				
Core Activity	Missing	Weak Fidelity	Moderate Fidelity	Strong Fidelity
	0	1	2	3
1. Needs assessment management: an authorized entity (e.g., a data management workgroup or individual) has been identified and charged with collecting, reviewing, and analyzing community-level data on substance abuse-related (1) consequences, (2) consumption patterns, (3) geographic/target population differences, (4) intervening variables (such as risk and protective factors), (5) prevention resources, and (6) community readiness to address the targeted issue and/or contributing factors.	No organization or individual has been identified to perform this role.	An existing or new group/individual has been tasked with some of these responsibilities but the charge does not include collecting/acquiring, analyzing and reporting data necessary to address all six of core data areas.	The entity has been identified and the charge clearly incorporates data collection/acquisition, analysis, and reporting on all six of the core data areas, but the project provides limited support for data acquisition.	The entity has been identified and the charge clearly incorporates all essential activities to collect/acquire, analyze, and report data on the six core data areas.

Mean Fidelity Scores by SPF Step



SPF Fidelity Aggregate Score Correlations



Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Assessment Pre & Assessment Post	12	.414	.181
Pair 2	Capacity Pre & Capacity Post	12	-.160	.620
Pair 3	Planning Pre & Planning Post	12	-.243	.447
Pair 4	Imp Pre & Imp Post	12	.517	.085
Pair 5	Eval Pre & Eval Post	12	.628	.029
Pair 6	Aggregate Pre & Aggregate Post	12	.445	.147

Aggregate SPF Fidelity Score Dispersion

ASSESSMENT:

	Min	Mean	Max	Possible
Baseline	14	24	29	30
Mid-Cycle	22	26	29	30

CAPACITY:

	Min	Mean	Max	Possible
Baseline	6	20	25	27
Mid-Cycle	20	24	27	27

PLANNING:

	Min	Mean	Max	Possible
Baseline	15	20	23	24
Mid-Cycle	21	22	23	24

IMPLEMENTATION:

	Min	Mean	Max	Possible
Baseline	12	17	18	18
Mid-Cycle	17	18	18	18

EVALUATION:

	Min	Mean	Max	Possible
Baseline	19	24	27	27
Mid-Cycle	21	24	26	27

Aggregate SPF Fidelity Score Dispersion

- Minimum baseline capacity score -14 points from mean
- Mean baseline capacity score -7 points from possible score
- Minimum baseline assessment score -10 points from mean
- Mean baseline assessment score -7 points from possible score
- Minimum mid-cycle capacity and assessment scores demonstrated greatest distance from possible scores

ASSESSMENT:

	Min	Mean	Max	Possible
Baseline	14	24	29	30
Mid-Cycle	22	26	29	30

CAPACITY:

	Min	Mean	Max	Possible
Baseline	6	20	25	27
Mid-Cycle	20	24	27	27

PLANNING:

	Min	Mean	Max	Possible
Baseline	15	20	23	24
Mid-Cycle	21	22	23	24

IMPLEMENTATION:

	Min	Mean	Max	Possible
Baseline	12	17	18	18
Mid-Cycle	17	18	18	18

EVALUATION:

	Min	Mean	Max	Possible
Baseline	19	24	27	27
Mid-Cycle	21	24	26	27

Assessment Core Activities

ASSESSMENT:		Baseline	Mid-Cycle
CA1	Needs assessment management	2.4	2.5
CA2	Requisite skills	2.5	2.5
CA3	Data acquisition	2.1	2.4
CA4	Data analyses	2.1	2.5
CA5	Use of assessment for issue prioritization	2.9	2.8
CA6	Use of assessment for population and area prioritization	2.3	2.5
CA7	Use of assessment for intervening variable prioritization	2.9	2.6
CA8	Identification in gaps in resources and infrastructure	2.4	2.5
CA9	Assessment of community readiness	1.6	2.3
CA10	Needs assessment data are updated and re-analyzed regularly	2.6	2.8

Assessment Core Activities

ASSESSMENT:		Baseline	Mid-Cycle
CA1	Needs assessment management	2.4	2.5
CA2	Requisite skills	2.5	2.5
CA3	Data acquisition	2.1	2.4
CA4	Data analyses	2.1	2.5
CA5	Use of assessment for issue prioritization	2.9	2.8
CA6	Use of assessment for population and area prioritization	2.3	2.5
CA7	Use of assessment for intervening variable prioritization	2.9	2.6
CA8	Identification in gaps in resources and infrastructure	2.4	2.5
CA9	Assessment of community readiness	1.6	2.3
CA10	Needs assessment data are updated and re-analyzed regularly	2.6	2.8

Capacity Core Activities

CAPACITY:		Baseline	Mid-Cycle
CA1	Capacity building efforts directed at resource gaps and redundancies identified in resource assessment	1.7	2.3
	Capacity building efforts are clearly documented	2.5	2.5
CA2	Community education and recruitment efforts directed at weaknesses identified in readiness assessment	1.8	2.6
	Community education and recruitment efforts are clearly documented	2.1	2.5
CA3	Missing partners are systematically identified and recruited	2.5	3.0
	Formal recruitment and membership procedures are established and observed	2.3	2.2
CA4	Coalition infrastructure established, including procedures for communication, decision-making, conflict resolution, and leadership	2.7	2.9
	Guidance from target populations sought in planning and implementation	2.3	2.9
	Prevention project outcomes are sustainable	2.4	2.7

Capacity Core Activities

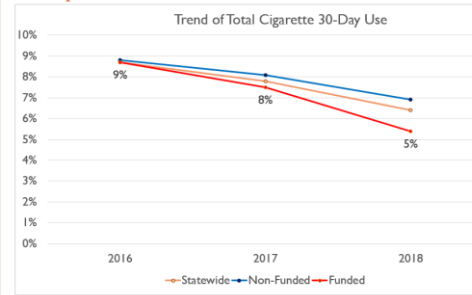
CAPACITY:		Baseline	Mid-Cycle
CA1	Capacity building efforts directed at resource gaps and redundancies identified in resource assessment	1.7	2.3
	Capacity building efforts are clearly documented	2.5	2.5
CA2	Community education and recruitment efforts directed at weaknesses identified in readiness assessment	1.8	2.6
	Community education and recruitment efforts are clearly documented	2.1	2.5
CA3	Missing partners are systematically identified and recruited	2.5	3.0
	Formal recruitment and membership procedures are established and observed	2.3	2.2
CA4	Coalition infrastructure established, including procedures for communication, decision-making, conflict resolution, and leadership	2.7	2.9
	Guidance from target populations sought in planning and implementation	2.3	2.9
	Prevention project outcomes are sustainable	2.4	2.7

Reflections and Considerations

1. Prior community **SPF, PFS, and CTC experience** correspond with higher fidelity scores
2. Relationship between **deliverables and funding requirements aligned with core activities** creates conditions for stronger fidelity
3. Need for consideration of **weighting of core activities** across SPF steps
4. Need for **uniform inter-rater reliability** mechanism as part of the structured interview process
5. Scoring is impacted most by variables such as **coordinator turnover** for steps such as capacity and assessment
6. Future opportunity for **greater linkage between low fidelity core activities and strategic process enhancements through formative evaluation feedback** and follow-up technical assistance

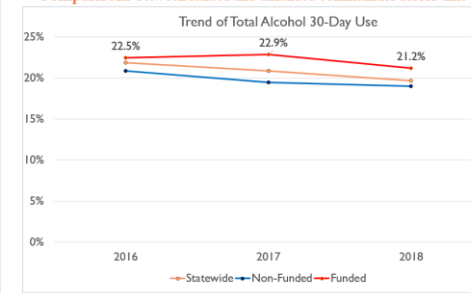
30 DAY USE - CIGARETTES

Comparisons between funded and unfunded communities across time



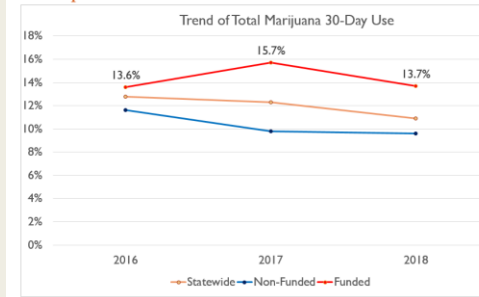
30 DAY USE - ALCOHOL

Comparisons between funded and unfunded communities across time



30 DAY USE - MARIJUANA

Comparisons between funded and unfunded communities across time



Break & Networking until 10:20am





Local Knowledge, Local Solutions: The Power of a Guided Vision for Indiana's Local Coordinating Councils

Michael Ross, MSW, LCSW

Cory Smith, BSN, RN

Grace Dickinson, BA



Eric Holcomb, Governor
Devon McDonald, Executive
Director



Behavioral Health Division

The Behavioral Health Division oversees 92, state recognized, coalitions (Local Coordinating Councils) that are responsible for creating local plans and delivering local solutions.



Vision

- Create dynamic, replicable, and scalable recovery focused systems that are built through communication, by diverse individuals, and maintained through local planning.
- Curate knowledge that ensures communities build systems that are trauma-informed and evidence-guided.
- Provide co-equal space for diverse stakeholders to effectively address the challenges presented by substance use in their community.
- Support local innovation and solutions.

Behavioral Health Division

State Level

1. Provide the vision, expertise and leadership to develop comprehensive statewide strategies to address the complex problems associated with alcohol and other drugs.
2. Facilitate and maintain communication, collaboration and coordination efforts across the state.
3. Improve the coordination of evidence-based and social science informed alcohol and other drug abuse efforts at the state and local level.

State Segmentation

LOCAL COORDINATING COUNCIL MAP



- Region 1** ■
 Lake, Porter, La Porte, St. Joseph,
 Newtown, Jasper, Starke, Marshall,
 Pulaski, Fulton, Benton, White, Cass,
 Miami, Carroll
- Region 2** ■
 Elkhart, Lagrange, Steuben, Kosciusko,
 Noble, De Kalb, Whitley, Allen, Wells,
 Wabash, Huntington, Adams, Howard,
 Grant, Blackford, Jay
- Region 3** ■
 Warren, Tippecanoe, Clinton, Vermilion,
 Fountain, Montgomery, Boone, Parke,
 Putnam, Hendricks, Vigo, Clay, Owen,
 Morgan
- Region 4** ■
 Tipton, Madison, Delaware, Randolph,
 Hamilton, Hancock, Henry, Wayne,
 Marion, Johnson, Shelby, Rush, Fayette,
 Union
- Region 5** ■
 Sullivan, Greene, Monroe, Knox, Daviess,
 Martin, Lawrence, Orange, Gibson, Pike,
 Dubois, Crawford, Posey, Vanderburgh,
 Warrick, Spencer, Perry
- Region 6** ■
 Brown, Bartholomew, Decatur, Franklin,
 Jackson, Jennings, Ripley, Dearborn,
 Washington, Scott, Jefferson, Ohio,
 Switzerland, Washington, Scott,
 Jefferson, Harrison, Floyd, Clark



Behavioral Health Division TA Section Chiefs

Prevention/Education - Grace

Treatment/Intervention - Michael

Justice Services – Cory

REGION	STAFF
Region 1	Cory
Region 2	Grace
Region 3	Cory
Region 4	Grace
Region 5	Michael
Region 6	Michael



Behavioral HealthDivision

Local Level

1. Work to strengthen local coordinating councils and assist in strategic and comprehensive planning
2. Mobilize communities to address alcohol and other drug issues in their communities
3. Drive data to the state in order ensure a common operating picture and unity of effort.

Behavioral Health Division

Each year Local Coordinating Councils are charged with implementing comprehensive community plans that address substance abuse through treatment, prevention and justice services. Funded by **County Drug Free Community Fund**.

These efforts support the mission and vision of Indiana's **Commission to Combat Drug Abuse**.



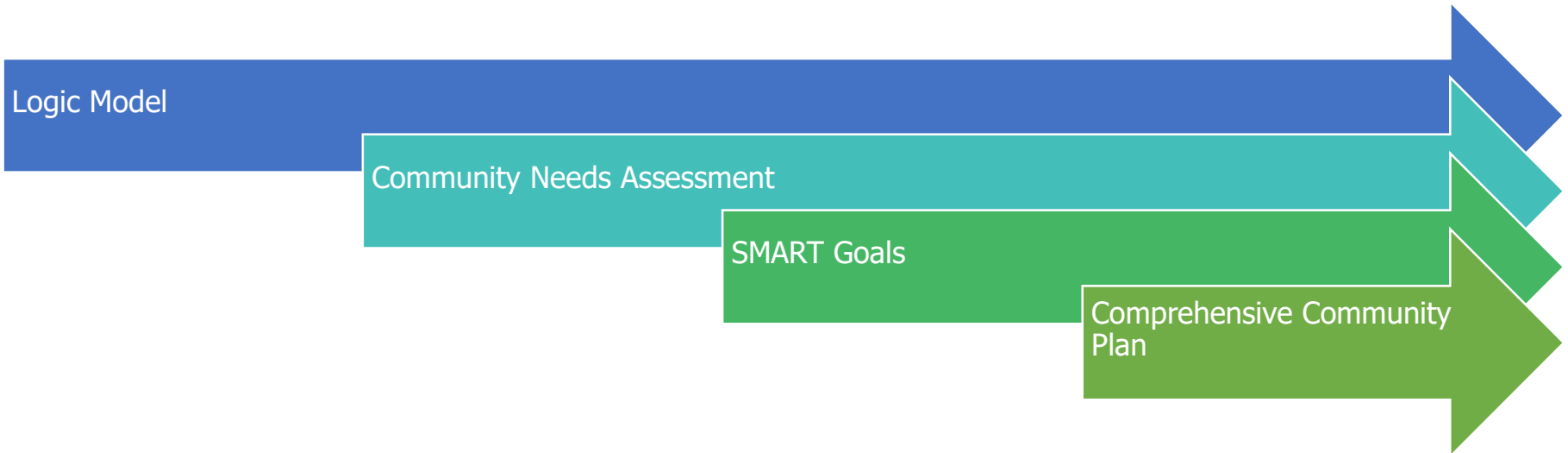
Local Coordinating Councils

- Established in 1989 (30 years ago.)
- Only statutorily established state-wide network of coalitions in the United States that is focused on creating drug free communities.
- Entirely county funded via County Drug Free Community Fund.
- The greatest resource is the coalition!
 - Local knowledge, local plans, local solutions

LCC Core Functions

- Improve the coordination of drug abuse efforts at both the state and local levels through collaboration and communication.
- Steward of County Drug Free Fund according to comprehensive community plan.
- Serve as the local link to/with state government
- Tell the communities stories by collecting and sharing local data.

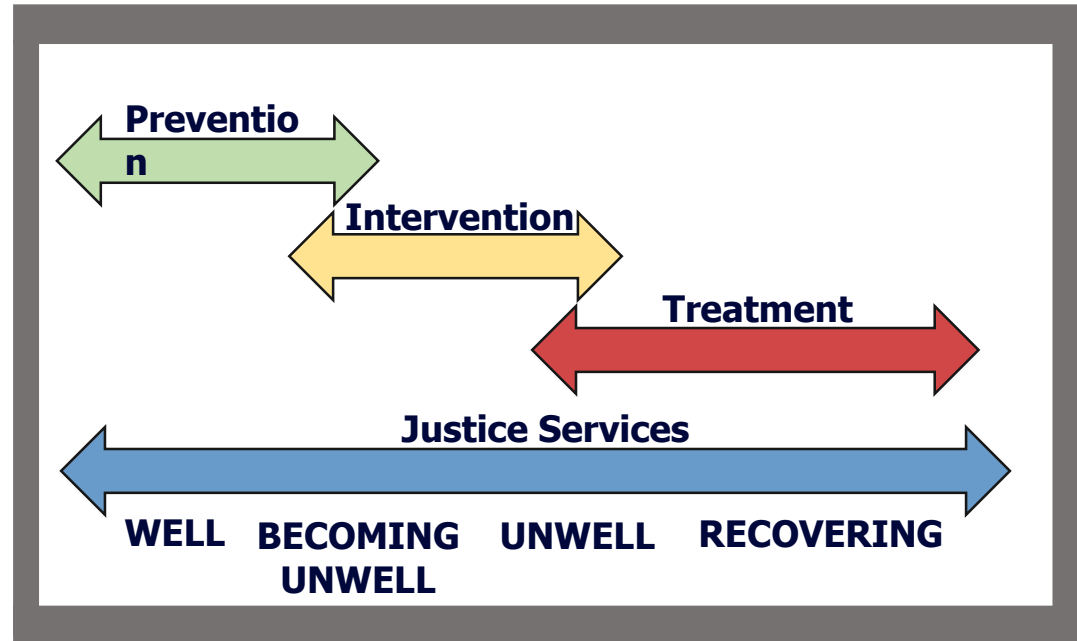
Problem Solving Model



Three Co-equal Buckets



Planning Spectrum

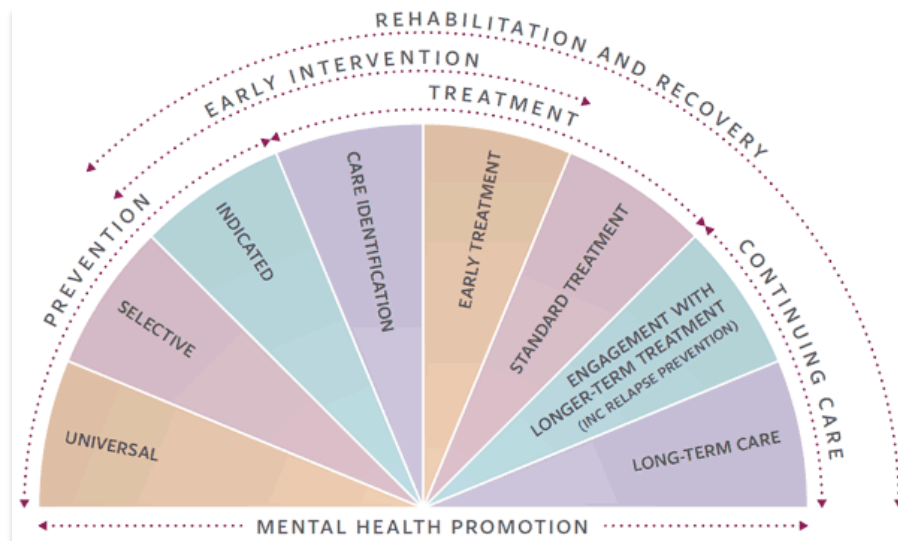


Prevention and Education

- IC 5-2-11-1.8
 - The anticipatory process that prepares and supports an individual and programs with the creation and reinforcement of healthy behaviors and lifestyles
- LCC's work to mitigate future risky behaviors while enhancing coping skills and resilience in a social system
- Provide LCC's assistance to enhance their strategic prevention plans

Treatment and Intervention

- Holistic, trauma informed, and evidence-guided services that help to foster hope and support recovery at an individual and family level.



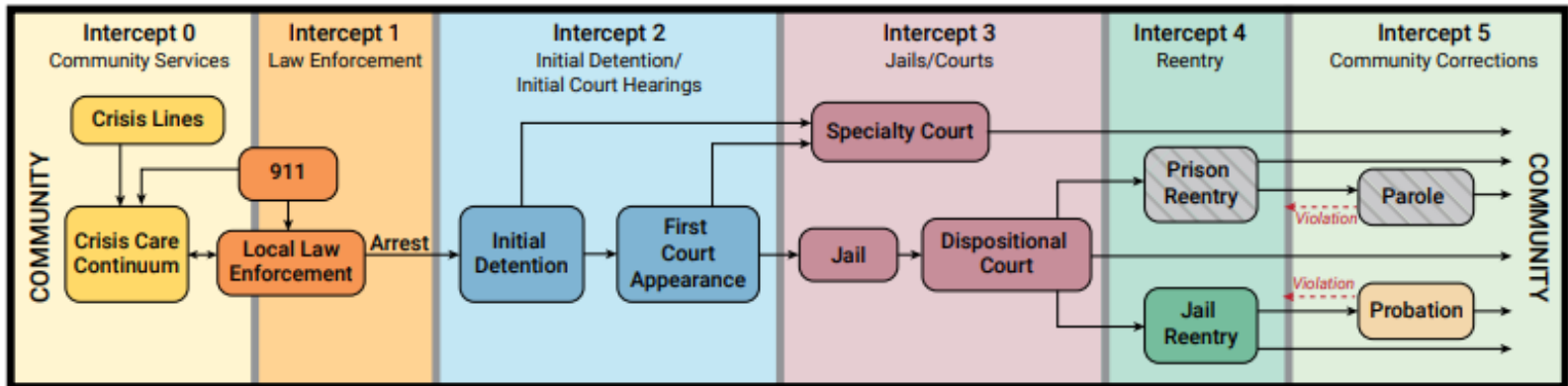
Source: Australian Government: Department of Health

Justice Services

- Programs that assist law enforcement, courts, probationary services, correctional facilities, and community corrections with individuals who have substance use disorders.
- Traditional Approach vs. Modern Approach
- Local stakeholder collaboration creates solutions

Justice Services

- Sequential Intercept Model



Source: SAMHSA Gains Center

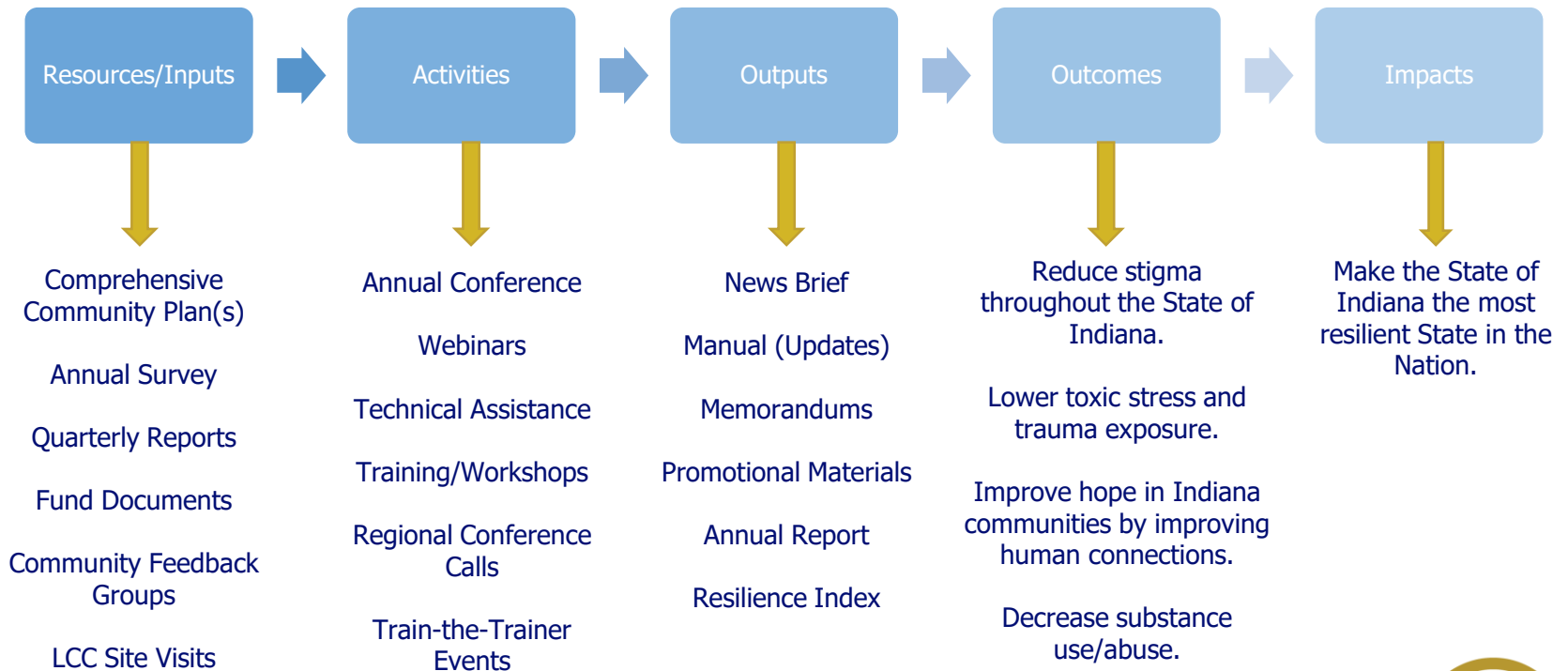
LCC Data: Baseline Survey

- 74 of 92 counties (80%) completed the survey
- 71 counties said their overall drug problem was either moderate or severe (the two highest points on the scale)
- The Top 5 substances being addressed are alcohol, prescription drugs, methamphetamine, marijuana, and heroin
 - Efforts affecting 7th grade to 34 years of age

LCC Data: Baseline Survey Cont.

- Interacting with other counties within their region and local systems
- Believe that addressing substance abuse issues locally, with the support of the state, works well
- Know that with a bit more resources, state and local support, and local effort, the coalitions will improve and expand impact

Logic Model





101 W. Washington Street
Suite 1170 East Tower
Indianapolis, IN 46204
<http://www.in.gov/cji>

Firstname Lastname

Full Title

Michael Ross, MSW, LCSW

Substance Abuse Division Director

Phone: (317) 296-2860

Email: MiRoss@cji.in.gov

Systems Approaches to Combatting SUD: Why Collaboration Matters



Benjamin C. Gonzales, MPH/MHA Candidate

Josh's Story



A Widening Impact



Ron Bryant, Eire Insurance Company

Unique Characteristics of the Recovery Odyssey



COMPLEX



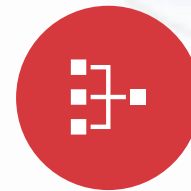
NO DEFINED
PATH



MULTIFACETED

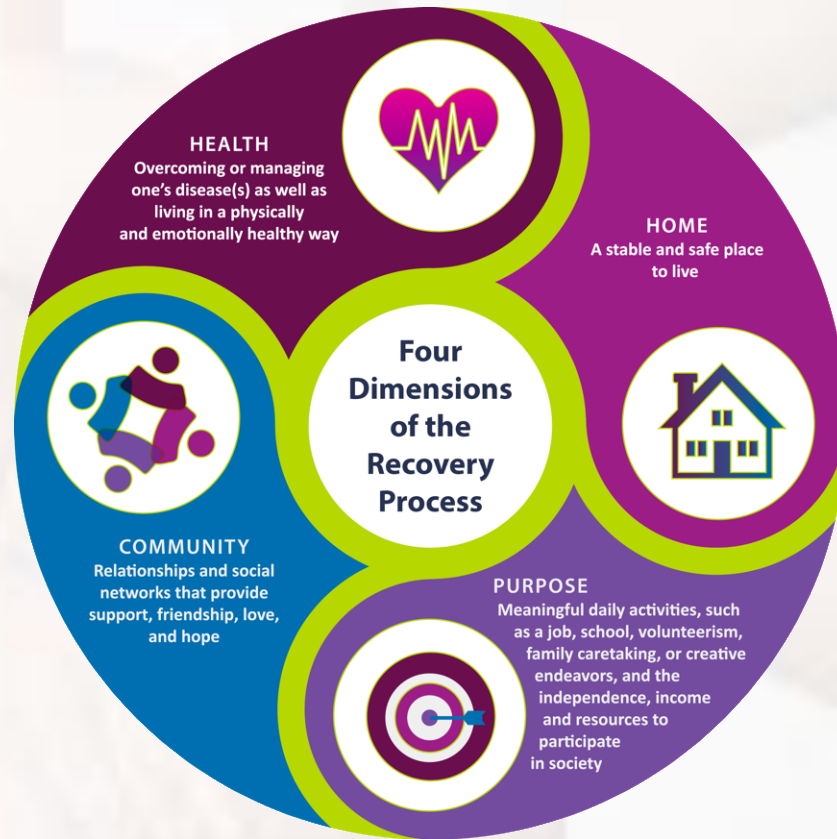


MANY INVOLVED
PARTIES




MANY POINTS
OF ENTRY

What is Recovery?

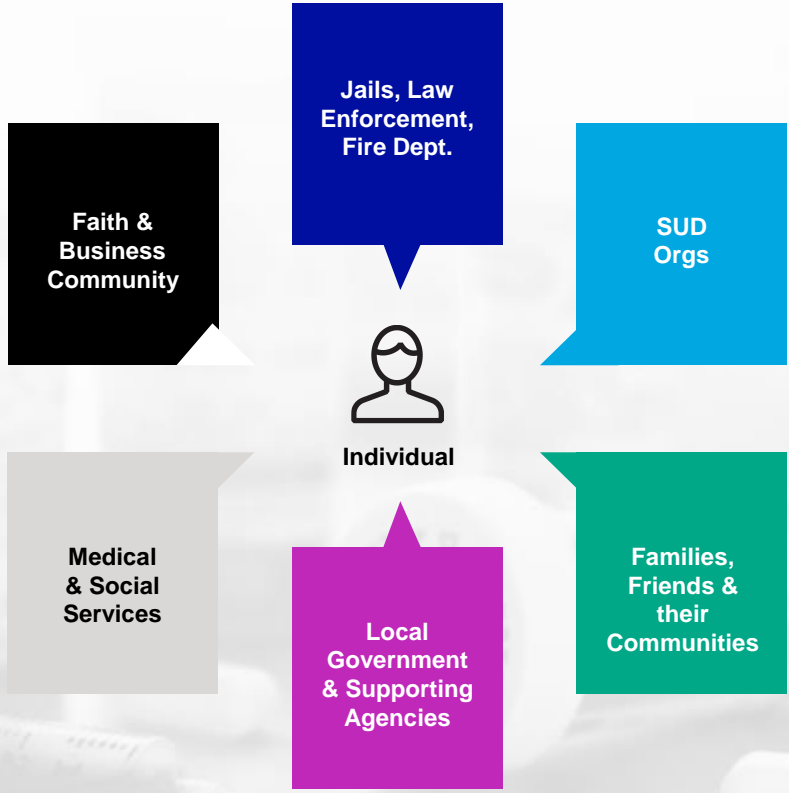


SAMHSA Working Definition of Recovery

A process of change through which individuals improve their health and wellbeing, live a self directed life, and strive to reach their full potential.



Channels
to ensure
we are
INSTEP
together!



6/5/2019

INSTEP – Mission, Vision and Long Term Goals

Mission: - INSTEP coordinates efforts from various organizations to support those suffering from substance abuse disorder. Together, we can educate the public and march proactively toward a solution.

Vision: - INSTEP is a movement encouraging partnership between all resources concerning substance use disorder in the greater Indianapolis area.

Long Term Goals: In the Indianapolis Community to Decrease:

- (1) mortality from overdoses
 - (2) substance exposed infants
 - (3) children needing social services due to an addicted parent
 - (4) crimes attributable to addiction
- Additional goals will be identified by coalition participants as we advance the coalition efforts



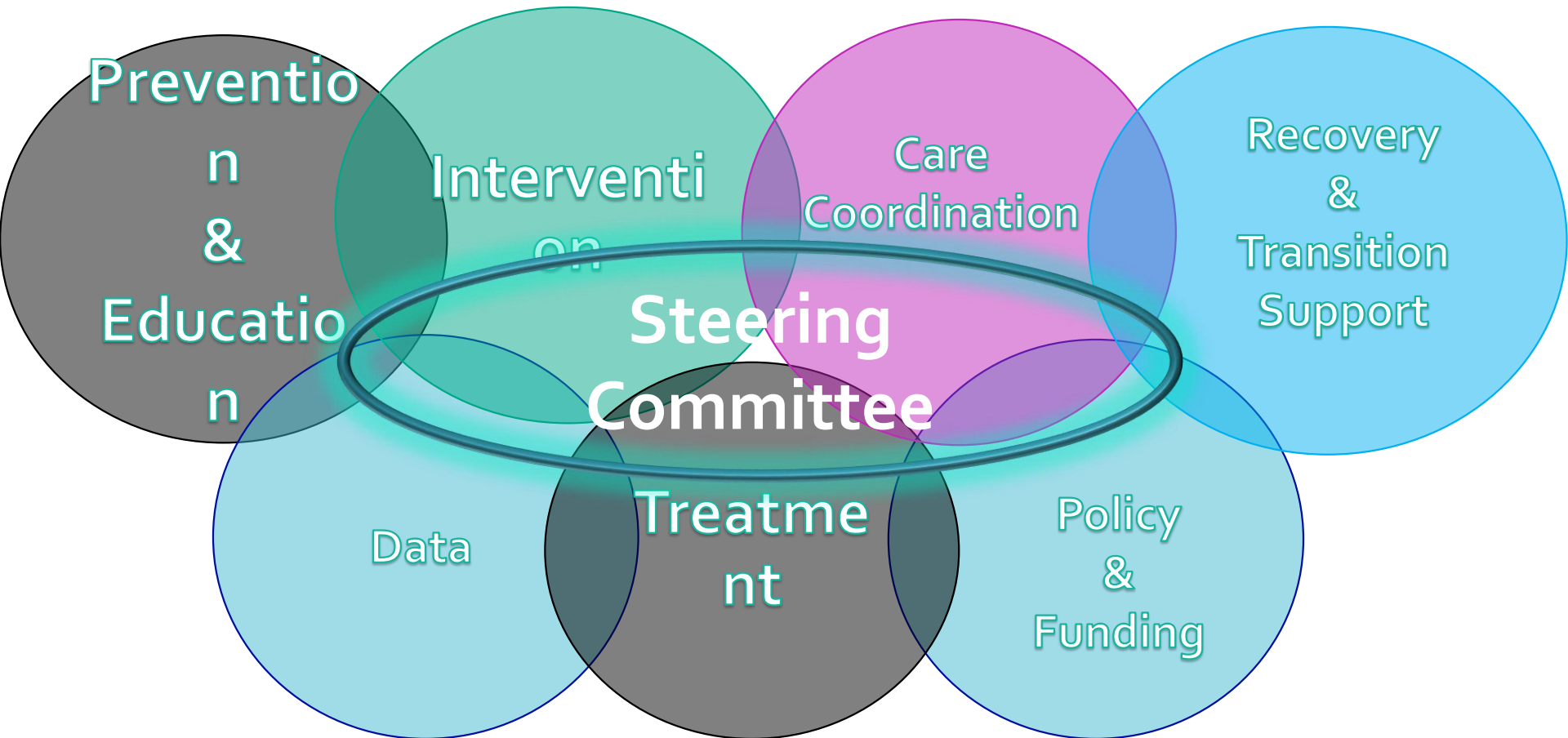
Substance Use Disorder Journey



A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

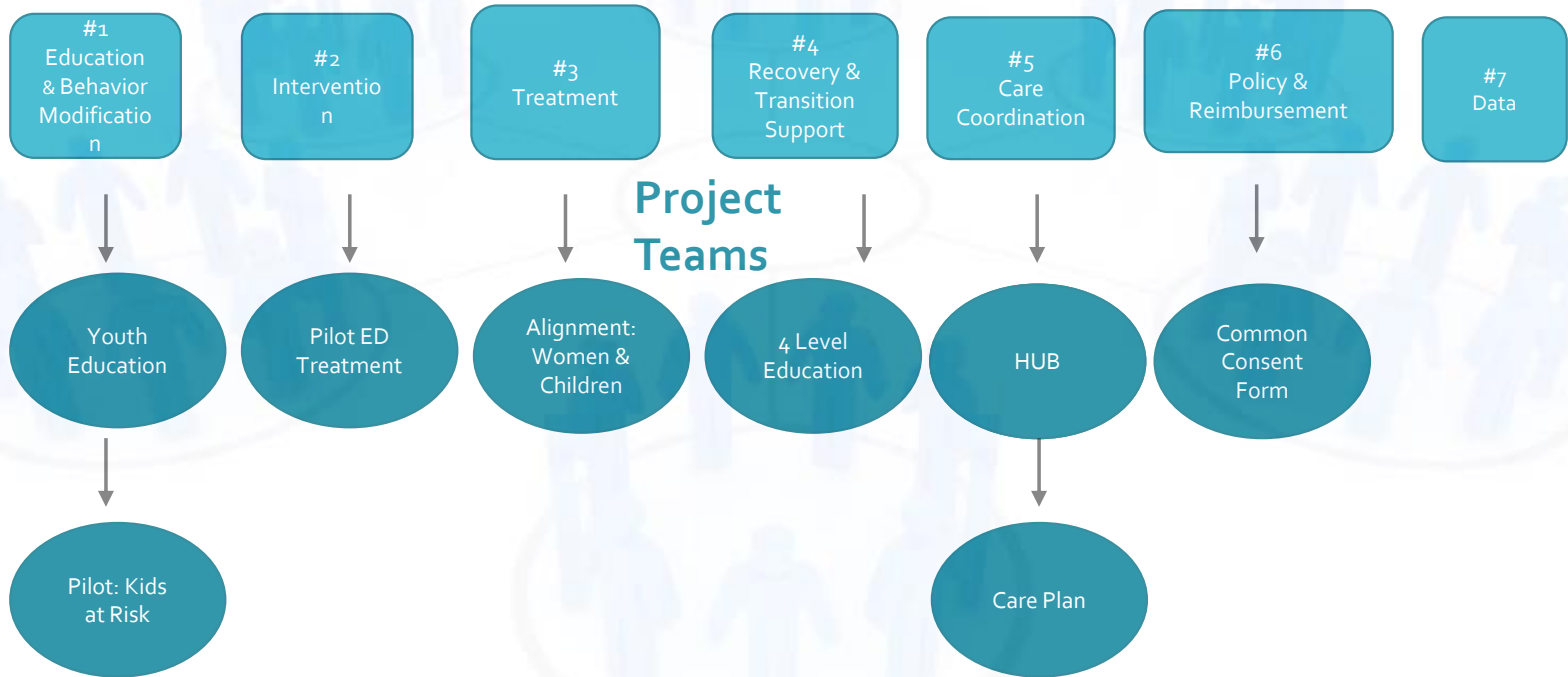
-SAMHSA working definition of recovery





Work Groups

(Project Teams report through)





Josh's Story Today

IN STEP

A word cloud of terms related to collaboration and communication. The most prominent words are 'Respect', 'Trust', 'Sharing', 'Listen', and 'Open'. Other visible words include 'Mutually/Beneficial', 'Communication', 'Brainstorming', 'Learn', 'Hopeful', 'Willingness', 'Synergistic', 'Awe', 'Complementary', 'Open/Mindedness', 'Acceptance', 'Honesty', 'Alignment', 'Know', 'Overwhelmed', 'Data/Sharing', 'Education', 'Intrigued', 'Cited', 'New/Ideas', 'Common/Good', 'Uniqueness', and 'Complimentary'.

Mutually/Beneficial
Common/Good
New/Ideas
Education
Intrigued
Data/Sharing
Cited
Respect
Trust
Sharing
Listen
Open
Communication
Brainstorming
Learn
Hopeful
Willingness
Synergistic
Awe
Complementary
Open/Mindedness
Acceptance
Honesty
Alignment
Know
Overwhelmed

Scott County

Indiana



*Thriving IN Scott County:
Collaborations & Efforts to
Address Substance Abuse*

Scott County Demographics

- **Population: 24,000**
- **Poverty Rate: 19%**
- **Poverty Rate under 18: 22.3%**
- **Children in Need of Services (CHINS) Rate per 1000 Children: 66.5 (#1 in State)**
- **Child Abuse and Neglect Rate per 1000 children: 66.5 (#1 in State)**
- **Unemployment Rate: 3.8%**
- **RWJF County Health Rankings: 92 / 92 (2009-2017)**
- **Demographics: 93.9% White, 3.6% Hispanic**
- **Strong Eastern Appalachian Sub-culture**

Scott County History

- **Early history: predominantly agriculture-based**
- **Late 1940's – early 1970's: Growth in manufacturing jobs**
- **Migration of Eastern Kentucky residents into Scott County**
- **Locally, Austin is affectionately referred to as "Little Hazard"**
- **Bottom dropped out for many families in the 1980's when manufacturing jobs began to disappear**

Indiana HIV Outbreak: Geography

Scott County pop. 24,000; Austin city pop. 4,200



HIV transmission related to injection of prescription opioid spread rapidly within a tight network of injection drug users

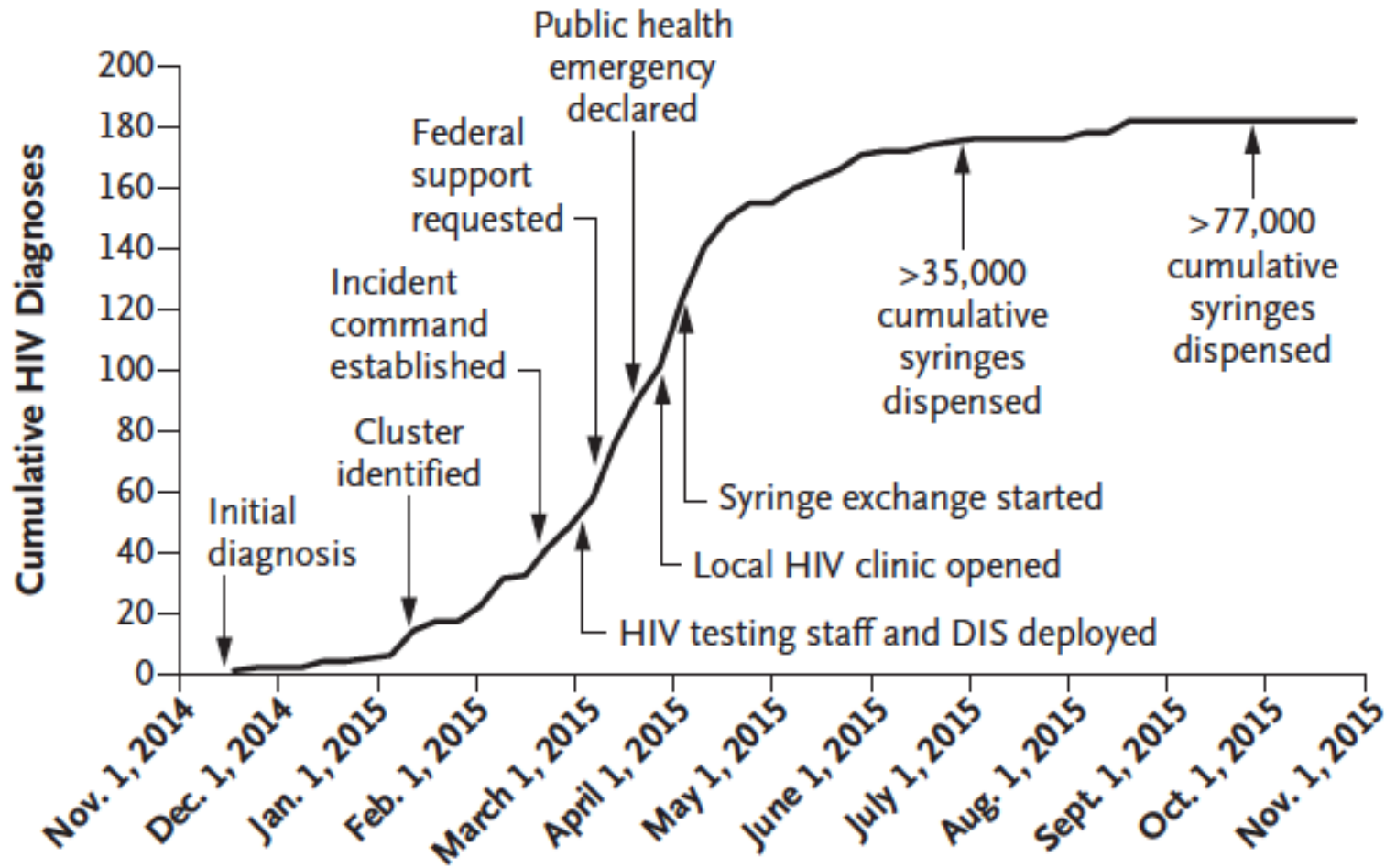
Scott County ranked 92nd in many health and social indicators among Indiana's 92 counties

- **Lowest life expectancy**
- **9% unemployment**
- **19% poverty**
- **21% no high school**
- **Many uninsured**

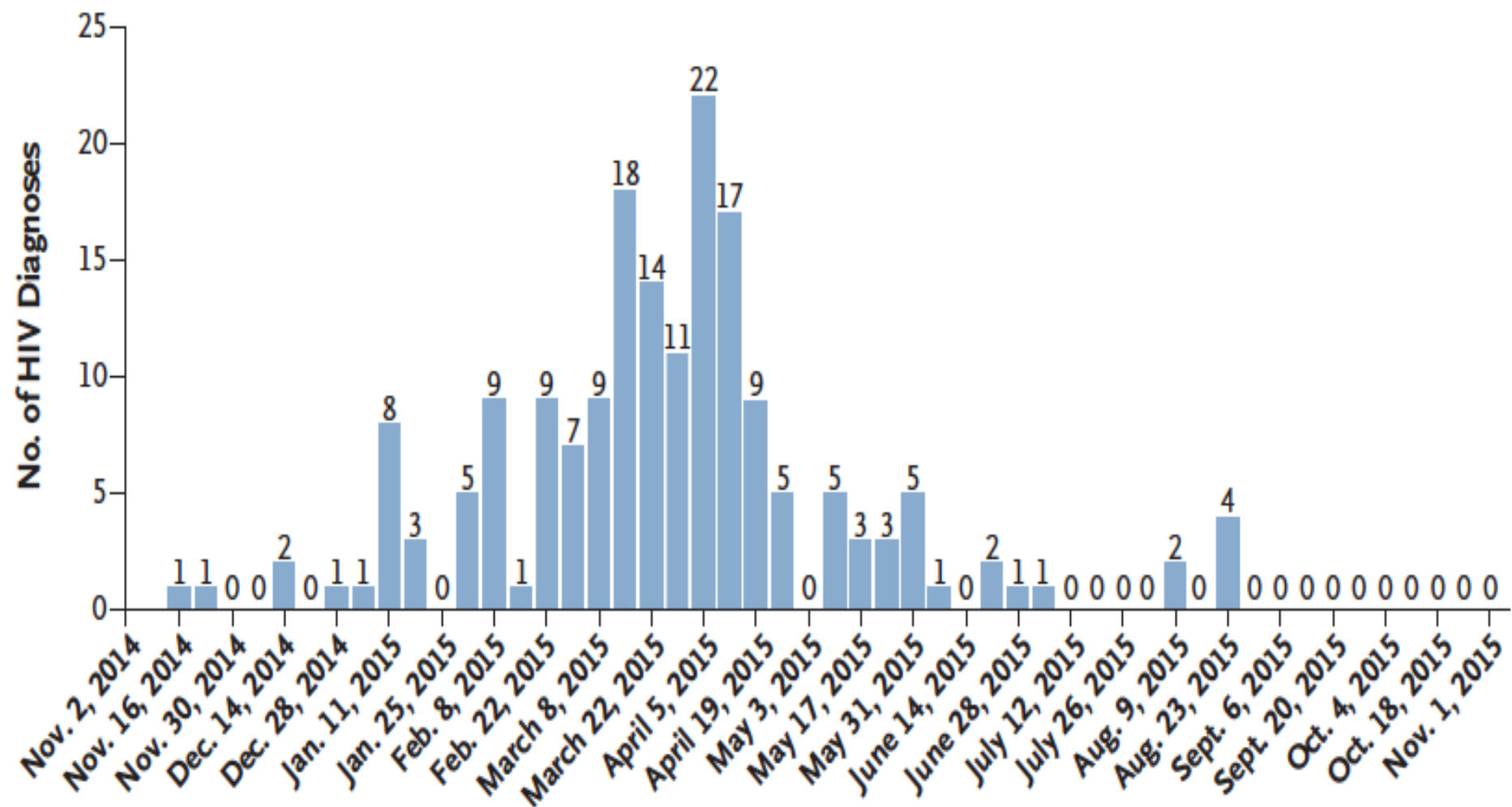
2015 – HIV Epidemic

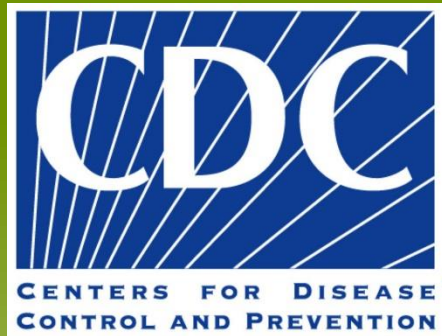
- Throughout 2014 rise in HepC cases (no local HIV testing available)
- Dec 2014, Indiana State Dept. of Health began documenting high numbers of new HIV cases
- April 2015, 135 confirmed NEW HIV cases – Epidemic declared
- Dec 2016– 214 Confirmed HIV cases
- Currently 235 HIV cases

Cumulative HIV Diagnoses and Public Health Response



HIV Diagnoses According to Week of Testing





- **80% dissolving Opana-ER and injecting**
- **Needles shared with 9 other individuals on average**
- **Estimates are 10% of Austin population are IDU's**
- **Higher incidence of HIV in Austin than "any country in sub-Saharan Africa" according to former CDC Director, Thomas Frieden**

BRIGHT LIGHT



The New York Times



The Courier-Journal
A GANNETT COMPANY



INDYSTAR.COM
THE INDIANAPOLIS STAR



Where We Are Now - Community Collaboration:

- Get Healthy Scott County Coalition:
Recovery Oriented System of Care Strategic Plan
- CEASe Coalition: Drug Free Communities
Support Program, Training, Education, Events,
Community Awareness
- Faith Community Outreach and Collaboration
- Youth Focused Initiatives – H2O, EMPOWER
- Expansion of Medical/Mental Health Services
- Recovery Community

Get Healthy Scott County Coalition



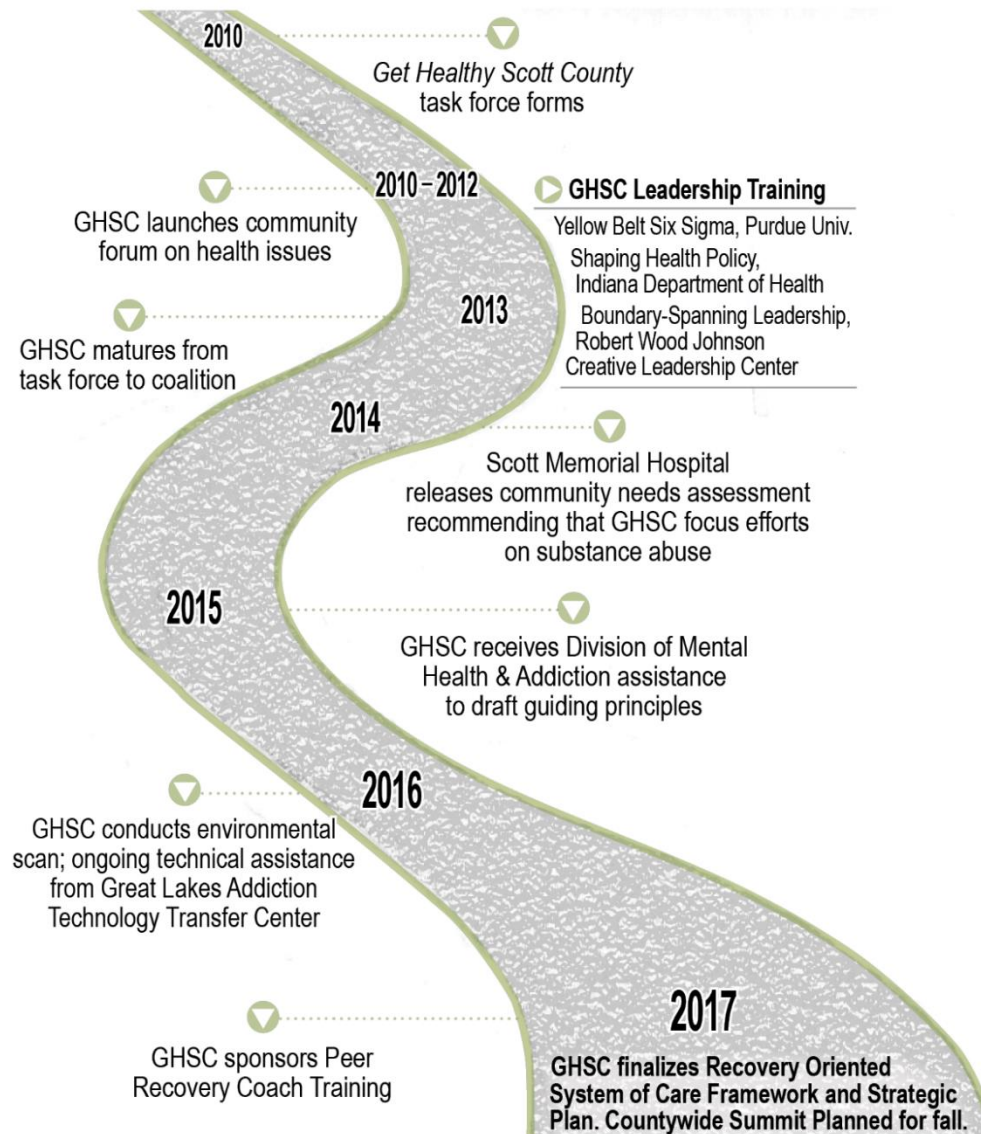
Get Healthy Scott County | Founded in 2010
Scott County, Indiana



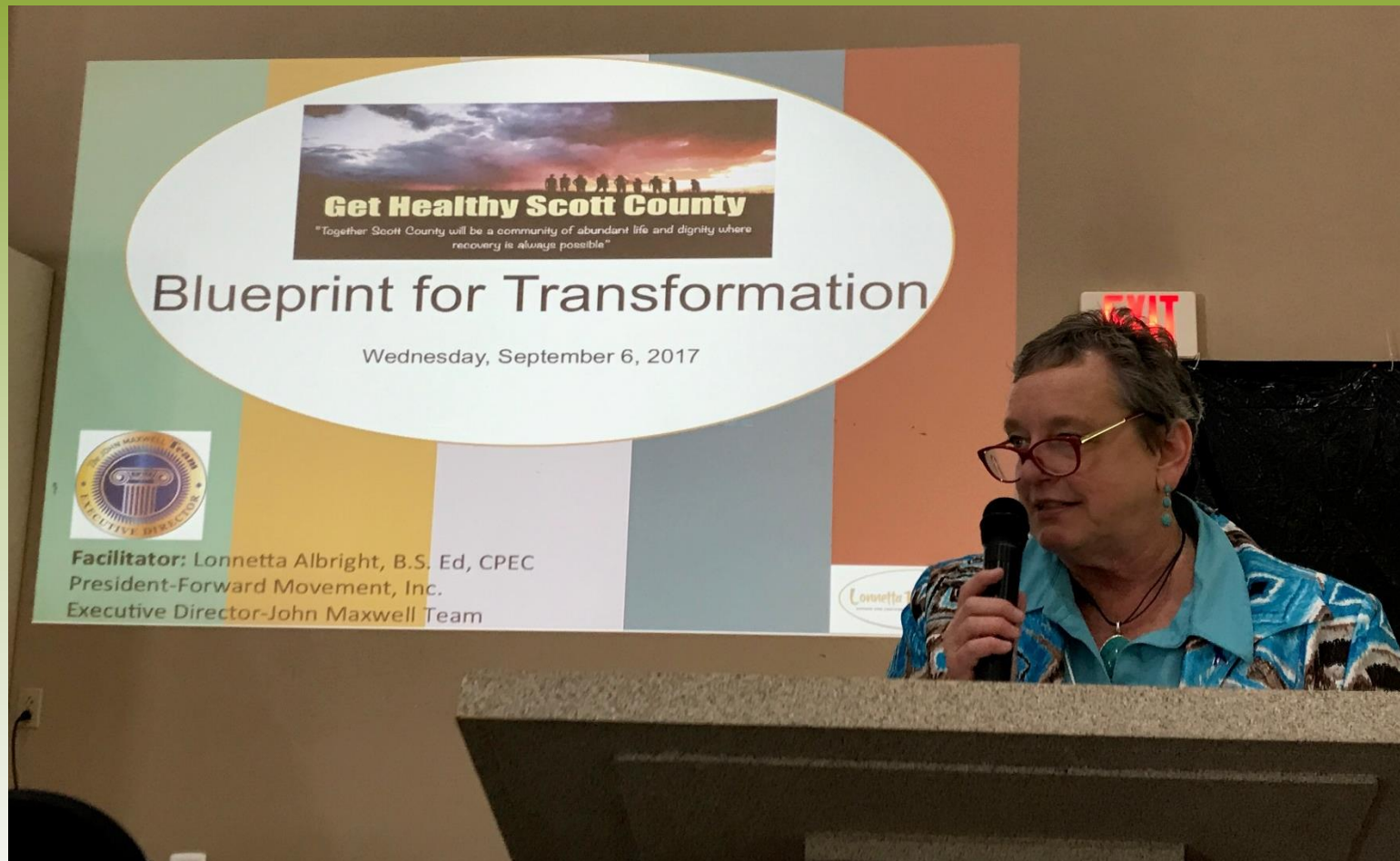
CEASE of Scott County | Founded in 1989
Scott County, Indiana

Scott County Path to Recovery

GET HEALTHY SCOTT COUNTY (GHSC)



GHSC Blueprint for Transformation: Roll out of Recovery Oriented System of Care Strategic Plan





Get Healthy Scott County Blueprint for Transformation Event, Sept. 6, 2017.



One of the work groups during our Get Healthy Scott County Blueprint for Transformation Event, Sept. 6, 2017.

CEASe of Scott County (LCC)

- Acquired the Drug-Free Communities Grant in late 2016 (funded through ONDCP & SAMHSA)
- Utilizing Strategic Prevention Framework Model to pinpoint root causes and local conditions for youth substance misuse
- Identified Adverse Childhood Experiences (ACEs) as a priority root cause, developed strategies focused on building RESILIENCE and are initiating implementation
- 12-Month Action Plan is driving coalition – now in Year 3
- Local Problems Require Local Solutions
- 5 Active Work Groups implementing initiatives & activities



**Drug-Free
Communities**

Local Problems Require Local Solutions





Community Education Work Group



CEASe, EMPOWER &
Scott County EMS Training
Institute Present:

Scott County Community Health Series

Thursday, May 9, 6-8 pm

Pediatric Health Issues and First Aid, D.O.S.E.
Program, Smoking in the Home, Mental Health & the
Impact of Adverse Childhood Experiences

Scott County EMS Training Center
1468 Scott Valley Dr., Scottsburg, IN 47170
RSVP Required 2 days prior: Text 812-820-0620, Email lcroasdell@me.com

Scott County: Becoming a
Trauma-Informed Care Community

SAVE the DATE



June 3-4, 2019 • 9am-4pm
Course 1 & 2: Trauma-Informed &
Trauma Supportive,
Mid-America Science Park

June 5-7, 2019 • Trauma Informed
Master Trainer Course
Lifelong Learning Center
Scottsburg, Indiana

RSVP LORI CROASDELL
812-820-0620

ACEs & Resilience Work Group

BUILDING RESILIENCE IN OUR YOUTH

Let's Start the Conversation



County-Wide ACEs Survey

CEASE is looking for participants to take a 6 minute survey about adverse childhood experiences (ACEs). ACEs increase risk for substance use disorders. Knowing more about the prevalence of particular issues can help **CEASE** target prevention to support healthy families. Help us build a stronger Scott County. You may forward it to friends, family members, or clients that are welcome to take it as well.

Just click on the link below to take the survey:

https://iu.co1.qualtrics.com/jfe/form/SV_2ISVxp5hSSmZszz

HELP BUILD A STRONGER SCOTT COUNTY

ACEs (Adverse Childhood Experiences) increase risk for substance use disorders. Knowing more about the prevalence of particular issues can help **CEASE** target prevention to support healthy families. Help us build a stronger Scott County.

ACE SURVEY

The Coalition to Eliminate the Abuse of Substances of Scott County (**CEASE**) is looking for participants to take a 6 minute survey about adverse childhood experiences.

Take the ACE Survey today.



Training, Education, Events, & Community Awareness

- **INSPECT Training** – 70 Medical, Dental, Vet, and Law Enforcement Professionals trained 2016 to date
- **Overdose Lifeline** – Community based Substance Use Disorder and naloxone training (60 community attendees) + PreVenture Training for Middle Schools
- **HIV Education Workshops**
- **Evidence-Based Prevention Programs/Curricula in Schools and Community EXPANSION**
- **Trauma-Informed Care Training + Master Trainer Course coming June 2019**
- **Goal:** to become one of the FIRST Rural Trauma-Informed Care Counties in the USA



**Positive
Social
Norms:**

**What's
Your
Side
Effect?**

Scottsburg High School students sharing about the positive impact they are having on their community during a filming of our "What's Your Side Effect?" positive social norms campaign.



Austin High School students "speak up" and inform their peers about Rx drug abuse prevention as part of our "What's Your Side Effect?" positive social norms campaign.

CAMPAIGNS: Stand With Us



▲ Scottsburg High School Key Club
Austin High School Dimensions Show Choir ▼



#StandWithUs

“My community is my home. The people. The places. They make me who I am. It’s something I love. It’s a place I want to make better. That’s why we’re coming together, standing up for our community, making our voices heard. Most of us are avoiding the dangers of prescription drug abuse. Each of our stories, our memories, creates a picture of who we really are.

WE are the future of Scott County and we will STAND and be heard!”

LAW ENFORCEMENT ACTIVITIES

- Every 1st Responder carries naloxone
- Schools have naloxone
- Increased Park Surveillance & Party Patrols
- 2 DEA Drug Take Backs a Year
- Rx Drug Drop Boxes – Sheriff's Dept. and Austin PD



Utilizing Environmental Strategies to Reduce Access to Rx Drugs

SCOTT COUNTY HAS 2 DRUG DROP BINS

To Dispose of Controlled and Non-Controlled Medications
Scott County Sheriff's Dept. Lobby & Austin Police Dept. Lobby
24 hours a day / 7 days a week



Controlled and Non-Controlled medications may also be disposed of at Medical Arts Pharmacy

Needles and Sharps enclosed in containers may be disposed of at:

- Syringe Service Program at 825 N. Highway 31, Austin
- Hancock's Drug Store
- Medical Arts Pharmacy
- Williams Brothers Pharmacy

Non-controlled medications may also be disposed of at:

- Hancock's Pharmacy
- Williams Brothers Pharmacy

- **Safeguard all medications at home by locking them up in a safe**
- **Monitor quantities and control access**
- **Use Rx drugs only as directed by a medical provider**
- **It is against the law to give your medication to someone else**

For More Information on the proper disposal of unused, expired, or unwanted medications, contact LeAnn Walker, Prevention Resource Coordinator, (812) 752-0980.

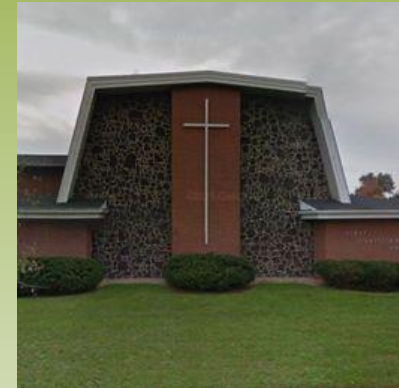
CEASe Social Media Expansion

- E-Newsletter - Mailchimp once/week
- Website: www.sccease.org
- Facebook: [@CEASeScottCo](https://www.facebook.com/CEASeScottCo)
- Twitter: [@CEASeScottCo](https://twitter.com/CEASeScottCo)
- Instagram: [@ceasescottcounty](https://www.instagram.com/ceasescottcounty)
- CEASe of Scott County on [YouTube Channel](https://www.youtube.com/channel/UC...)

Faith Community Collaboration and Outreach

Response from Community Churches

- Collaboration between Churches
- National Day of Prayer
- Prayer Walks (T4SC)
- Trauma Informed Congregations
- Scott County Celebrate Recovery
- Space for Recovery Groups
- Community Meals & Food Boxes
- Homeless Coalition





T4SC: Together For Scott County From Darkness to Deliverance Prayer Walk, Summer 2015 during the Scott County HIV epidemic.



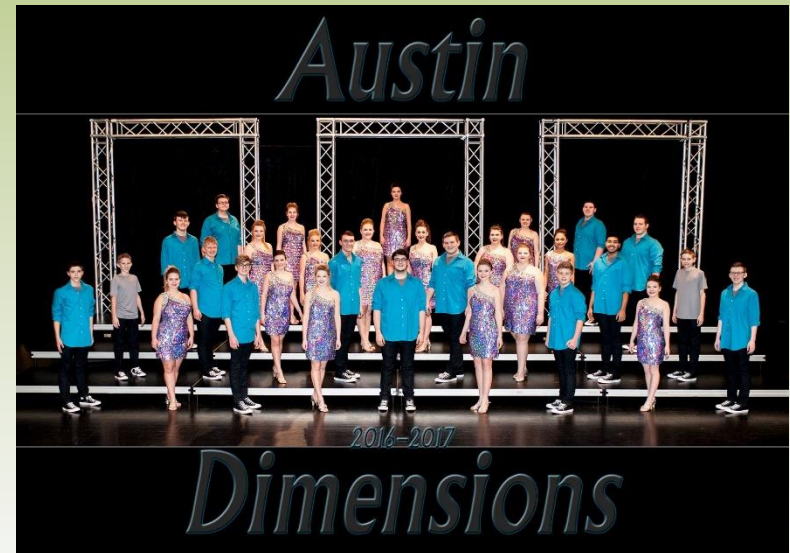
T4SC: Together For Scott County From Darkness to Deliverance Day of Hope March with over 500 participants, Austin, July 25, 2015.

Youth Focused Initiative

Youth-Focused Mentoring



- After School Programs
- School (Sports, Clubs, Band, Choir, etc.)
- Transportation to Youth Events
- Vacation Bible Schools
- Festivals at the Park
- Weekly Youth Program/Meals
- Super Summer Saturday Events
- Summer Meal Program



EMPOWER

ENGAGING YOUTH. IMPACTING COMMUNITY.



EMPOWER

ENGAGING YOUTH. IMPACTING COMMUNITY.

To get involved, text: @YOUTH823 to 81010



- Youth-Led,
Youth-Driven
- In 1 year, grown
from 3 to 25
members
- Created
Recruitment
Video on CEASe of
Scott County
YouTube Channel

EMPOWER

3RD
MONDAY OF
EVERY MONTH

ENGAGING
YOUTH.
IMPACTING
COMMUNITY.

AT
THE LIFELONG
LEARNING
CENTER

STUDENT



COALITION

TXT:
@YOUTH823
TO: 81010

5:45 PM



@EMPOWERSCOTTCOUNTY



@EMPOWERSCOTTCOUNTY

FOR MORE INFO: 812-722-8484



Drug-Free
Communities

Local Problems Require Local Solutions

EMPOWER

ENGAGING YOUTH. IMPACTING COMMUNITY.

Meetings: 3rd Monday
of every month, 5:45 p.m.
The Lifelong Learning Center
1092 W. Community Way
Scottsburg IN

ABOUT US

- We are a youth driven coalition with participation from both Scott County school districts.
- We formed as part of the Scott County Drug Free Communities (DFC) Support Program initiative.
- Our Mission is to align youth with their community to create a powerful impact through prevention, health improvement, & positive relationships.
- We chose the name EMPOWER because it encourages and equips Scott County youth with the tools to live healthy, safe, and drug-free lives.

"EQUIPPING SCOTT COUNTY
YOUTH WITH THE TOOLS TO
LIVE HEALTHY, SAFE,
DRUG-FREE LIVES."



ACCOMPLISHMENTS

- THE EMPOWER YOUTH COALITION FORMED SPRING 2018.
- MEMBERSHIP HAS INCREASED BY 80%
- 10 YOUTH TRAINED IN THE STRATEGIC PREVENTION FRAMEWORK.
- THROUGH CEASE PARTNERSHIPS, YOUTH HAVE INPUT IN COMMUNITY DISCUSSIONS.
- EMPOWER CREATED A RECRUITMENT VIDEO RELEASED SPRING OF 2019.



Nothing About Us
Without Us

QUESTIONS?
MELINDA LOWRY
DFC YOUTH COORDINATOR
(812) 595-6213



**Expansion of
Medical/Mental Health
Services & Access to
Services**

Austin One Stop Shop

- Primary Care Medicine
- Mental Health / Addiction Treatment
- Intensive Out-Patient Program
- Medically Assisted Recovery
- Syringe Service Program
- Infectious Disease Clinic
- HIV Testing / Treatment



**Covering Kids & Families
Outreach & Enrollment
Insurance Navigators**



Health Services

Southern Indiana Rural Health Clinic



Opened January 2017 in Austin on SCSD 1 Campus serving 3 school districts – Telehealth Capable

Foundations Family Medicine Austin, IN

**HIV/HepC Treatment, Care
Coordination**



**Substance Use
Disorder Treatment**

*Approved Vivitrol
prescriber*



Dr. Will Cooke

LifeSpring Austin Recovery Campus & Medical Center

- **Substance use assessments, Case Management and Individual treatment planning**
- **Individual, family, and group therapy**
- **Psychiatric services and medication for mental illness and substance use disorder.**
- **Medication Assisted Treatment (MAT): Suboxone, Subutex, Vivitrol**
- **Primary Healthcare**
- **Intensive Outpatient Treatment (IOT) 3 days a week for 3 hours per group.**
- **Peer Recovery Specialist**

Centerstone Treatment Services Expanded



- Centerstone opened up offices in Austin
- Centerstone expanded offices in Scottsburg
- Suboxone provider

Centerstone Recovery Center for Women
(1st ever residential treatment facility in Scott County!)
Opened Sept. 2017

Recovery Community



The mission of the FED UP! Coalition is to create one voice calling for an end to the epidemic of addiction and overdose deaths attributed to opioids (including heroin) and other prescription drugs.



The Recovery Community participated in the FED UP! Rally to bring community awareness to the opioid overdose epidemic in our county.

Recovery Community—Positive Social Norms: De-Stigmatizing Addiction/Recovery



Recovery Support Groups

See www.scease.org for complete meeting schedules.

AA Open Discussion, Mondays, Scottsburg

CR, Mondays, Crothersville

AA Closed Women's Discussion, Tuesdays,
Scottsburg

CR Step Study, Tuesdays, Austin

CR Step Study (Men), Wednesday, Scottsburg

AA Closed Discussion, Wednesdays, Scottsburg

Peers "Helping Hand", Wednesdays, Austin

Al-Anon, Wednesdays, Scottsburg

Chain Breaker, Thursdays, Austin

NA "Hope For Us" Open Discussion, Thursdays,
Scottsburg*

AA Sober A.M., Fridays, Austin

Peers "Hope Over Dope", Fridays, Austin

AA Closed Discussion, Saturdays, Scottsburg

NA "Hope For Us" Open Discussion, Saturdays,
Scottsburg

AA Closed Discussion, Saturdays, Scottsburg

Teen Chain Breaker, Sundays, Austin

CR, Sundays, Scottsburg

AA = Alcoholics Anonymous NA = Narcotics Anonymous

CR = Celebrate Recovery

**Number of recovery groups has
grown from 4 in 2015 to 16 in 2019!!!**

Recovery Is Beautiful Walls



Tony Amick
Production Supervisor
April 26, 2012*



Debbie Whitlock
Nurse
July 9, 2002*



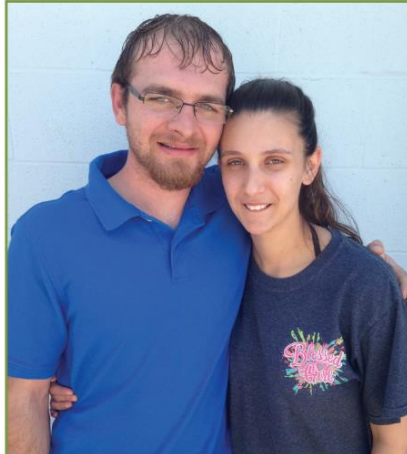
Tim Williams
Minister/Peer Recovery Coach
Nov. 6, 2011*



Kelly Dean
HIV Tester/Peer Recovery Coach
March 17, 2015*



Jacob Howell
Construction
June 2, 2015*



Jeremy and Linda Thomas
Carpenter and Stay-at-Home Mom
July 1, 2010 and Dec. 26, 2013*



Evan Hutchinson
Expediting Director, Fort Wayne
Salvation Army Adult Rehabilitation Center
Oct. 12, 2014*



Anthony Pastrick
Linkage to Care Coordinator/
Peer Recovery Coach
February 3, 2015*

SCOTT COUNTY'S PEER RECOVERY COACH CLASS



**Scott County's Trained Peer Recovery Coaches are
the leaders of Scott County's Recovery
Community**

Recovery
Community
paints
"Recovery
Mural" on
the front of
Hope To
Others
Church in
Austin,
epicenter of
epidemic.



***RECOVERY.
WHAT A
BEAUTIFUL THING***

GIVEAWAY

Circulation 17,563

Wednesday, August 9, 2017



Recovery Community Paint their first Recovery Mural

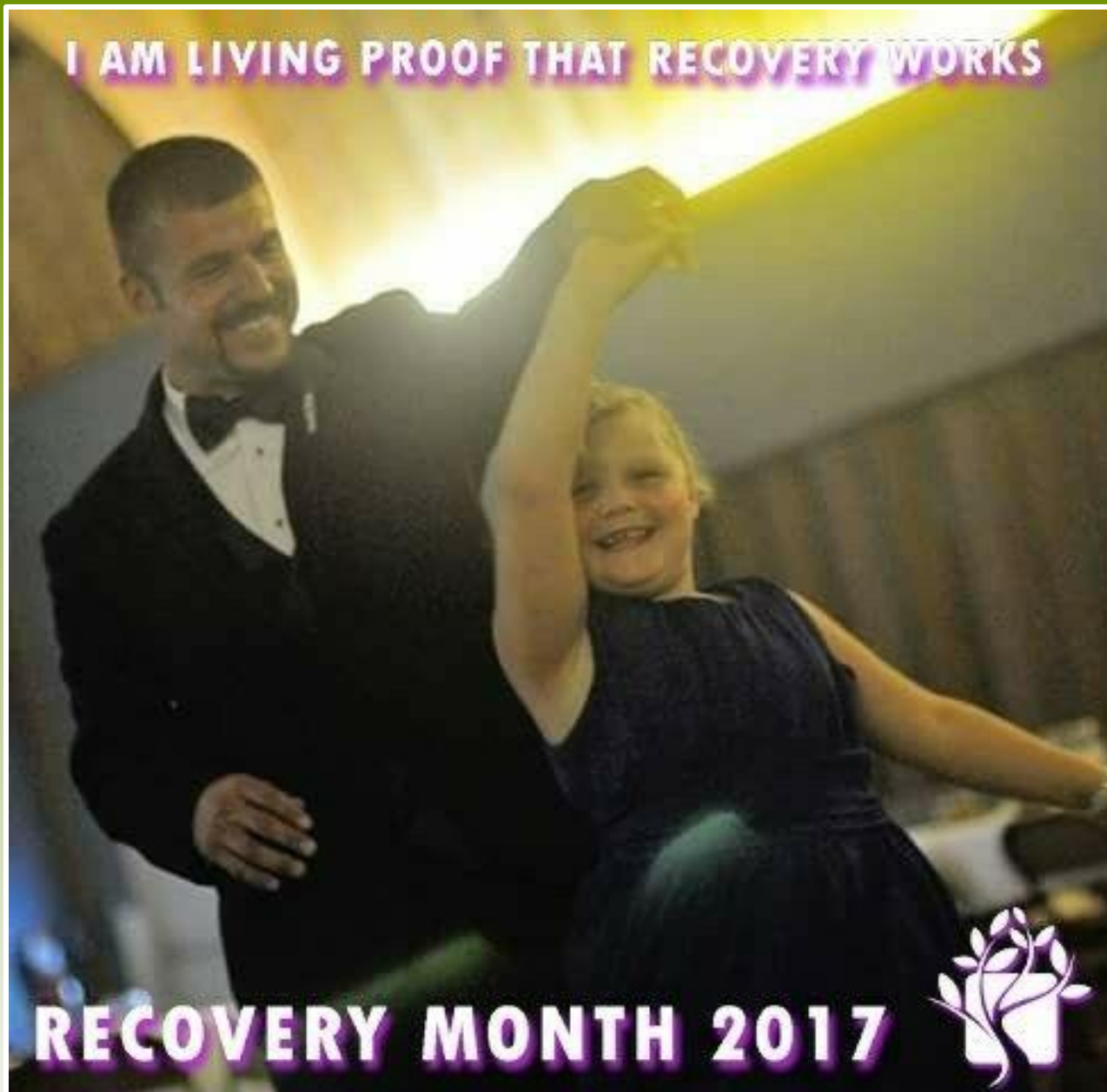
This is what a community in recovery looks like! On the north side of Austin on the front of the Hope To Others Church, Scott County's Recovery Community paints a "Recovery Mural" to celebrate a life in recovery and to share the message that there is HOPE to all who want a "Full Life Free From Addiction."

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Our Recovery Community was overjoyed for making the front page of the paper for doing something positive rather than negative for Scott County.

For
Eo



Tim Williams, now married with a toddler and baby, has custody of his daughter. He got his life back thanks to New Creation Ministries, where he now serves as a minister discipling and mentoring men struggling with addiction in 3 jails.



Lori Croasdell receives 2016 Prevention Professional of the Year Award and Anthony Pastrick receives Recovery Professional of the Year Award at the Indiana Counselors Association on Alcohol and Drug Abuse in Indianapolis.



CD.
10-11-16

Lisa W.
2-25-17

COVER
10-09-16

RED
5-10-17

Casey S.
12-8-16

Melissa
6-8-14

Kelly D.
3-17-15

TOMMY S.
12-8-16

TONY H.
3-15-16
JASON H.
1-6-16

6-17-11
MANDY T.

#WEARESCOTTCOUNTY

Shelby
W.
8-10-17

Recovery
Bea

DOWS HER

Madison
HOPE
14

WESTERN
SCOTTY COLLEGE
SCOTTY CAMP

“Recovery is
Cool”

H O



HOPE TO OTHERS

485
#WEARESCOTCOUNTY
Terry S.
Marian
Cathy S.
Rory
Joseph H.
Lizelle
Kathy D.

Recovery
IS Beautiful

Celebrate
Recovery



Evidence of Recovery!

COMMUNITY HEALTH OUTCOMES:

- **1000% increase in participation in recovery support groups**
- **From 17 overdose deaths in 2016 to 6 in 2017**
- **From 247 chronic HepC cases in 2015 to 102 in 2017**
- **Only 12 new cases of HIV in 2017; 10 in 2018**
- **Skin abscesses related to IDU treated at the hospital have decreased**
- **Number of endocarditis cases has decreased**
- **76% HIV Viral Suppression Rate**

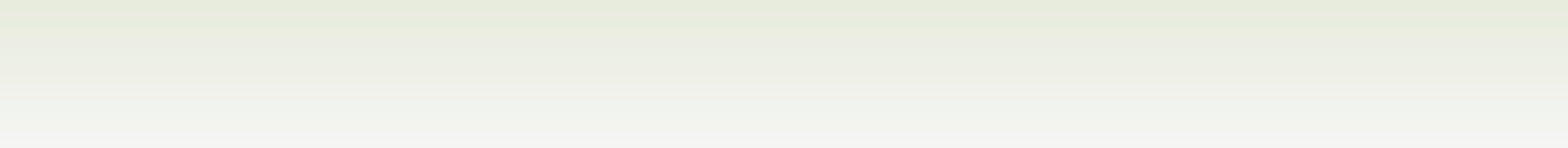
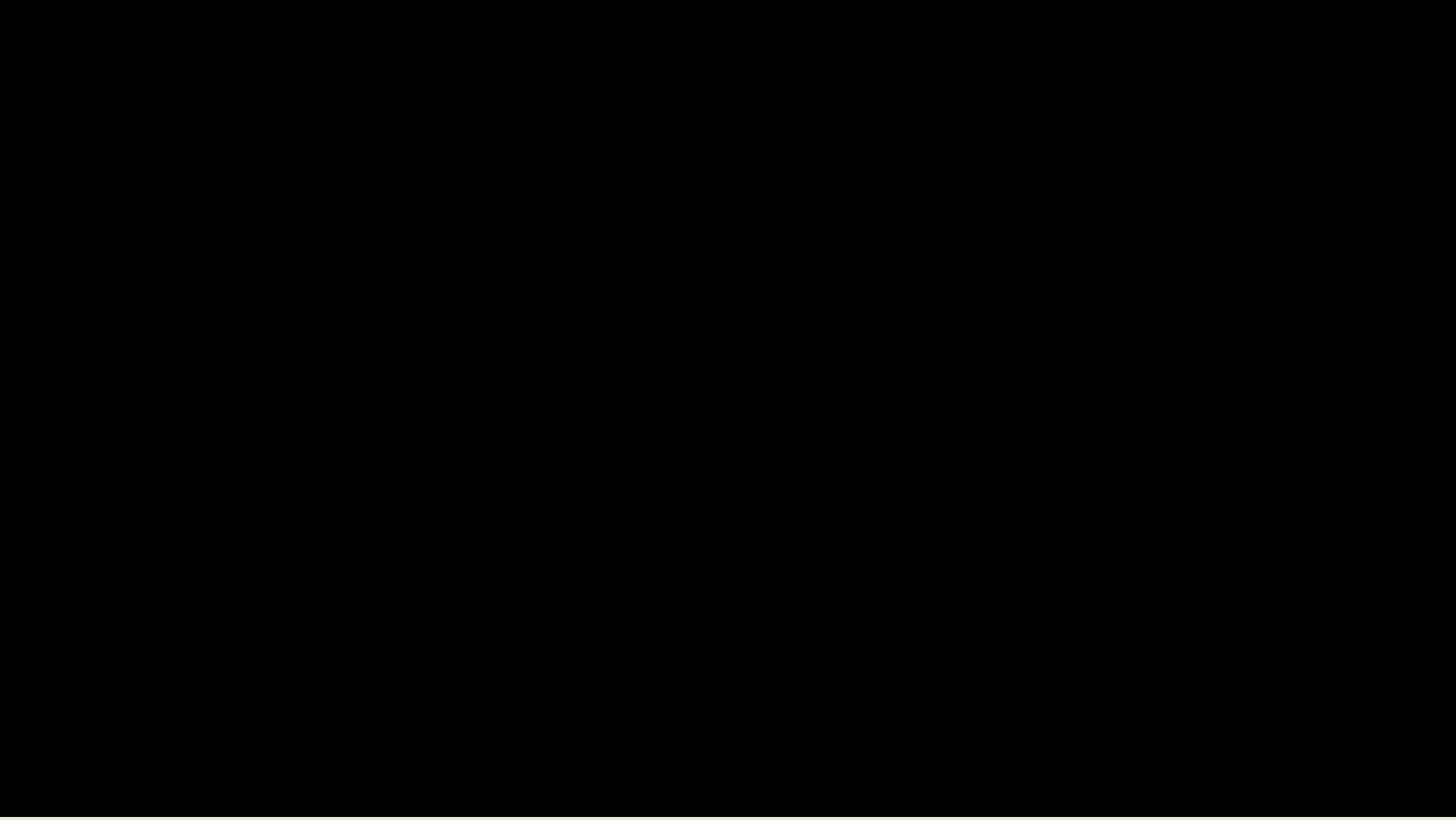
Robert Wood Johnson Foundation

**For the 1st time in 9 years
Scott County is NO LONGER 92 out
of 92 counties for Health
Outcomes!**

*Scott County is trending up when most
communities that look like us are trending down.*

Other Recovery Initiatives

- **Recovery Community Organization (RCO) “THRIVE” established, meets monthly, adopted By-Laws**
- **Great Lakes Prevention Technology Transfer Center conducting RCO Bootcamp with THRIVE soon**
- **“People Like Us” Video**



Thank You!



CEASe Coalition: Lori Croasdell, MA, CEASe and Drug Free Communities Coordinator

Recovery Community: Kelly Dean, CAPRC II, HIV Prevention Outreach Coordinator, Scott County Health Department, Austin One Stop Shop

EMPOWER Youth Coalition: Eliza Mount and Madelyn Shelton, Scottsburg High School Students

Faith Community: Billy Snowden, Indiana Dept of Child Services Practice Model Manager and Co-Pastor at Hope To Others Church

Scott County Health Department: Michelle Matern, MHA, Administrator