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

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Drug Poisoning Deaths by Age Group, Indiana, 2016

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention
Drug Deaths Involving Heroin by Year, Indiana, 2004-2016

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH Division of Trauma and Injury Prevention
Percent Change in Leading Cause of Injury Death in Indiana, 1999-2016

- Unintentional Poisoning: 1038.70%
- Unintentional Fall: 87.60%
- Unintentional Motor-Vehicle Accident: -14.40%
- Homicide: 24.30%
- Suicide: 64.70%

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%

*Age-adjusted rates

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

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
Policy Needs

- Naloxone
- SSP
- MAT coverage
- Coroner reporting
- OTP expansion
- Access
Save a Life.
Help prevent overdose deaths.

This website provides resources around naloxone. If you have a question, are looking for a location that stocks naloxone, need answers to frequently asked questions, or would like a list of training/treatment resources, please see the appropriate tab at the top of the page.

Information on opioid misuse, prevention, and fatal overdoses may be found on the main overdose prevention web page: https://www.in.gov/isdh/27307.htm.

Pursuant to Indiana law, a Naloxone entity that seeks to act under the Indiana statewide Naloxone Storing Order or other standing order or prescription issued by a prescriber for an overdose intervention drug (e.g., Narcan/naloxone), must annually register via this Indiana State Department of Health website and make changes when warranted (e.g., new address or contact information, etc.). Use the buttons below to find a location that carries naloxone, register as a naloxone entity, or update/submit annual registration, report, or standing order.
Future state naloxone continuum

Overdose victim → First responder → EMS → Hospital

Naloxone stocking and reimbursement
Payment Infrastructure

- HIP history
- 1115 renewal
- Cures overview
- Block grant efficiency
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
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
Culture change

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

Referral Channel and Wrapsaround Services for Sustainability Reporting

Referrals

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 length 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

<table>
<thead>
<tr>
<th></th>
<th>WITH NAS</th>
<th>W/O NAS</th>
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<tbody>
<tr>
<td><strong>Newborns</strong></td>
<td>16.9</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>$3,500</td>
<td>$66,700</td>
</tr>
</tbody>
</table>

NAS and Maternal Opioid Use on the Rise

Rate per 1000 hospital births

Newborns with Neonatal Abstinence Syndrome (NAS) vs. Newborns without NAS: Average Cost

- **Newborn with NAS**
  - Aid Category MA X - Diag P96.1, 779.5
- **Newborn without NAS**
  - Aid Category MA X - Diag P96.1, 779.5

### Average Costs by Year
- **2014**: $25,582
- **2015**: $18,682
- **2016**: $15,288
- **2017**: $10,304
Initial Aid Category MA X with NAS vs. MA X without NAS: Average 1-3 Years Claim

Initial Aid Category MA X with NAS (Babies 1st - 3rd Year - Diag P96.1, 779.5)
Initial Aid Category MA X without NAS (Babies 1st - 3rd Year - Diag P96.1, 779.5)
Best or same?
FACTS:

- OPIOID USE DISORDER IS A DISEASE
- THERE IS TREATMENT
- RECOVERY IS POSSIBLE
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)
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)

<table>
<thead>
<tr>
<th></th>
<th>Any Treatment Admission</th>
<th>Opioid Treatment Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
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<tr>
<td>Female</td>
<td>110</td>
<td>69</td>
</tr>
<tr>
<td>Male</td>
<td>171</td>
<td>91</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
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<tr>
<td>White</td>
<td>231</td>
<td>147</td>
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<tr>
<td>Black</td>
<td>39</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>281</td>
<td>160</td>
</tr>
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</table>
Opioid admissions were high among all age groups under 45 (TEDS, 2017)

<table>
<thead>
<tr>
<th>Age</th>
<th>Any Treatment Admission</th>
<th>Opioid Treatment Admissions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Under 18</td>
<td>3</td>
<td>3</td>
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<tr>
<td>18-24</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td>25-34</td>
<td>115</td>
<td>80</td>
</tr>
<tr>
<td>35-44</td>
<td>57</td>
<td>34</td>
</tr>
<tr>
<td>45-54</td>
<td>55</td>
<td>16</td>
</tr>
<tr>
<td>55+</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>281</td>
<td>160</td>
</tr>
</tbody>
</table>
Opioid use within LaPorte’s treatment population has seen a 137% increase since 2010 (TEDS, 2010-2017)
The percentage of the treatment population in LaPorte reporting injection drug use has risen by 188% since 2010 (TEDS, 2010-2017)
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)

<table>
<thead>
<tr>
<th></th>
<th>LaPorte</th>
<th>Porter</th>
<th>St. Joseph</th>
<th>Starke</th>
<th>Indiana</th>
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<tbody>
<tr>
<td><strong>Non-Fatal opioid overdoses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>269</td>
<td>48.4</td>
<td>267</td>
<td>32.1</td>
<td>563</td>
<td>42.2</td>
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<tr>
<td><strong>Drug overdose deaths (all drugs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>95</td>
<td>18.9</td>
<td>185</td>
<td>22.5</td>
<td>226</td>
<td>18.2</td>
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<tr>
<td><strong>Drug overdose deaths involving heroin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>19*</td>
<td>3.4*</td>
<td>62</td>
<td>7.4</td>
<td>73</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Drug overdose deaths involving prescription opioids</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
<td>Rate</td>
</tr>
<tr>
<td>4*</td>
<td>N/A</td>
<td>56</td>
<td>6.7</td>
<td>61</td>
<td>4.6</td>
</tr>
</tbody>
</table>

*Rates based on less than 20 cases are unreliable
LaPorte has consistently had higher arrest rates than the state for sale/possession of cocaine and opiates (UCR, 2010-2014)
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
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
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detoxification Services</td>
<td>19</td>
<td>42%</td>
</tr>
<tr>
<td>Inpatient treatment services</td>
<td>16</td>
<td>36%</td>
</tr>
<tr>
<td>Medication-assisted treatment (MAT)</td>
<td>11</td>
<td>24%</td>
</tr>
<tr>
<td>Outpatient counseling (especially Intensive Outpatient)</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>Halfway/Residential/Transitional Services</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Programming for specific groups</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Support / Ancillary Services</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Cheaper/Free Treatment Services</td>
<td>4</td>
<td>9%</td>
</tr>
</tbody>
</table>
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 prevention programs.
- 79% of respondents believed their community would be very or somewhat supportive of substance use/addiction treatment programs.
- Nearly 40% of respondents believed their community would be very or somewhat supportive of medication-assisted treatment.
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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of Participants</th>
<th>Number of Distinct Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare / Public Health</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Criminal Justice / Law Enforcement</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>First responders</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Counseling / Treatment</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Non-Profit / Advocacy</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Government</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Business</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>
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?

✓ 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

“We can’t arrest our way out of this”
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.
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.
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
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 **before** 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.
The foundation of a strategic framework to reduce opioid misuse in LaPorte County.

Primary prevention: Prevent misuse before it occurs

Secondary prevention: Provide access to effective treatment

Tertiary prevention: Support long-term recovery

Continuum of Care
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.
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

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
Provide access to effective treatment

Geographic

Temporal

Appropriate Setting & Treatment

Financial
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 viewed as a negative & a positive

Temporal
- ? (may be the ED, but for most patients it was the inappropriate setting)
Support long-term recovery

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

Averting deaths
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
• 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

This approach means everyone in the community has....

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

http://www.collaborationforimpact.com/collective-impact/
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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