



Welcome to the
2022
SEOW
Annual
Symposium

Thursday,
9:00 AM – 12:00 PM





2022
SEOW
Annual
Symposium

Welcome

Deepika Vuppalanchi, Ph.D.



EFFECTS OF MENTAL HEALTH PARITY LAWS ON MENTAL HEALTH

Hannah Pitzer, Ball State University



Motivation

- Nearly 1 in 5 adults in the U.S. struggle with mental illness.
- Those who struggle with mental illness experience lower quality of life than those who do not.
- Research on factors, such as policy changes, impacts on mental health outcomes specifically is slim.
- Additionally, there are new methods to determine treatment effects, so all previously examined relationships should be reexamined.



What are Parity Laws?

- Mental health parity laws require insurers to offer or include mental health care coverage at parity with general health care coverage.
- Federal Mental Health Parity Act of 1996 (MHPA)
- By 2002, 45 states had implemented mental health insurance legislation.

What About the State of Indiana?

- Indiana currently has what Lang (2011) refers to as a mandate if offered law. This means that Indiana's state mental health care legislation is similar to that outlined in the 1996 MHPA.
 - Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 became effective in 2010.
- In 2015, Indiana expanded the Healthy Indiana Plan which would cover hundreds of thousands of previously uninsured Hoosiers. This coverage would include mental health care at parity with medical and surgical care.

Previous Literature

Effect on usage of mental health care

- Harris, Carpenter, and Bao (2006)
- Bao and Sturm (2004)
- Pacula and Sturm (2000)

Effects on suicide rates

- Klick and Markowitz (2006)
- Lang (2011)

- Data:

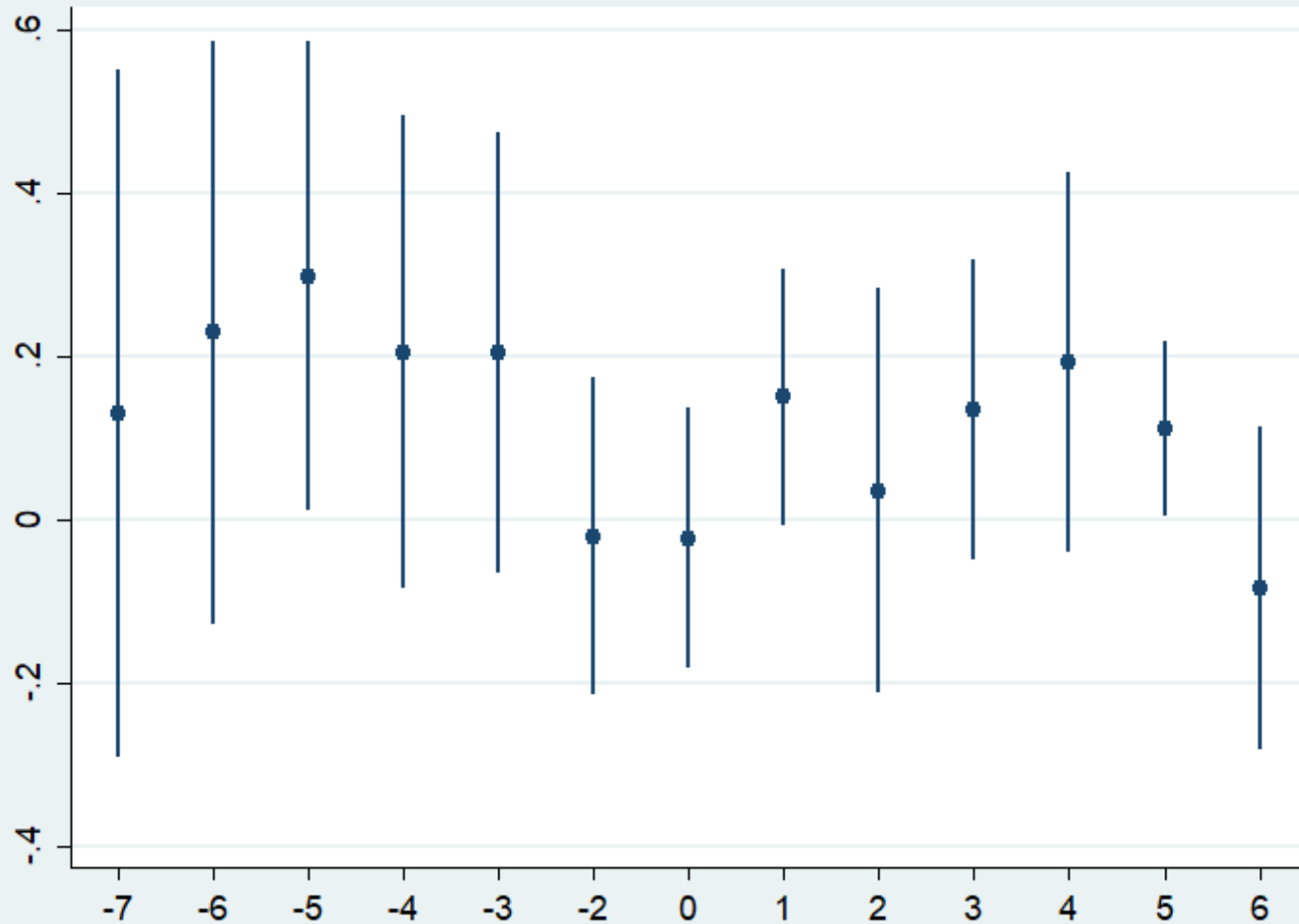
- *Behavioral Risk Factor Surveillance System (BRFSS)*
 - 1993-2009
- *State Mental Health Care Legislation*
 - Harris, Carpenter and Bao (2006)
 - Lang (2011)

- Methods:

- *Several accepted methods for determining treatment effect*
 - Difference-in-differences, Event Studies, Goodman-Bacon Decomposition, Abraham-Sun

Data and Methods

Poor Mental Health Days Before and After Parity Implementation



Results

- I find that mental health parity mandates do not have a statistically significant effect on number of poor mental health days per month based on parity legislation data from both Harris, Carpenter, and Bao (2006) and Lang (2011).

Conclusion

- Based on my analysis, I do not find that increased mental health care legislation has a statistically significant effect in decreasing self-reported poor mental health days per month.
- More research should be done to determine if these results hold in other scenarios
 - *Following the Mental Health Parity and Addiction Equity Act of 2008*
 - *With an objective proxy for mental health*
 - *Looking solely at individuals with health insurance coverage*

QUESTIONS





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INDIANA STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP (SEOW)

KEY FINDINGS FROM THE ANNUAL SEOW REPORT (SFY 2022)

Srikant Devaraj, Ph.D.

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Co-Chair of SEOW

&

Research Economist & Research Assistant Professor, Ball State University

State Epidemiological Outcomes Workgroup (SEOW)

- Representation from about 16 state agencies/divisions who are knowledgeable about mental, emotional and behavioral disorders, prevention, intervention, and treatment issues.
- Advisory capacity to the State of Indiana, the Division of Mental Health and Addiction (DMHA), the Mental Health and Addiction Planning and Advisory Council (MHAPAC), and the MHAPAC Prevention Leaders Workgroup.
- Monitor and mitigate substance abuse and protect the physical and mental wellbeing of all Indiana residents using epidemiological data and evidence-based practices.



ALCOHOL

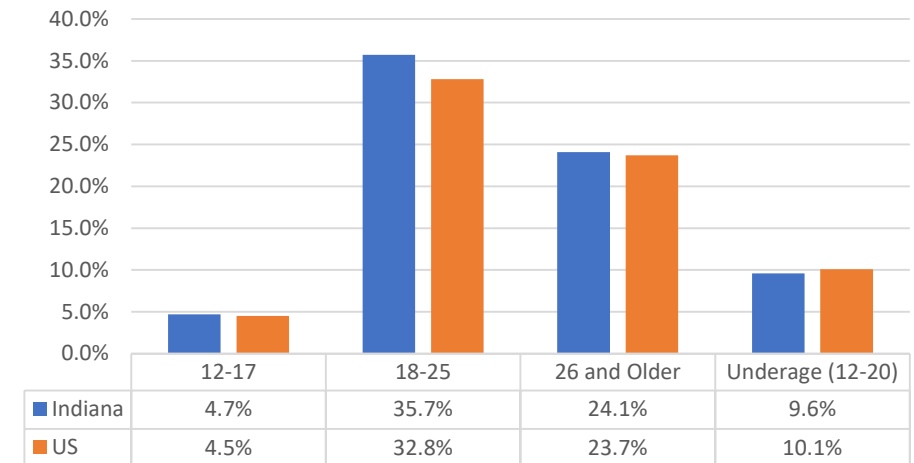
Prevalence

- In 2020, 48.4% Hoosiers (12 years and older) reported current alcohol use [1.1 percentage point (PP) ↘ from previous year] (NSDUH, 2020).
- Relative to other age groups, higher incidence of alcohol use among young adults (18 to 25 year old) with 55.1% reporting past-month use [0.7 PP ↘ from previous year] (NSDUH, 2020).
- About 23.8% Hoosiers (12+ years old) reportedly engaged in binge drinking [higher rate among young adults] (NSDUH, 2020).
- Adult alcohol use increased slightly to 51.1% in 2020 [1.1 PP ↗ from previous year]; with 56.1% men [0.3 PP ↘ from previous year] and 44.2% women [3.3 PP ↗ from previous year] used alcohol in the past month (CDC-BRFSS, 2020).
- About 43.4% of total treatment admissions had used alcohol as a prim/sec/tert substance in SFY 2021 [1.8 PP ↗ from prev year]; where 28.6% of episodes had alcohol as primary substance [2.2 PP ↗ from prev year] (DMHA ,2021).



Current binge drinking by age group

Source: NSDUH, 2020



ALCOHOL (contd.)



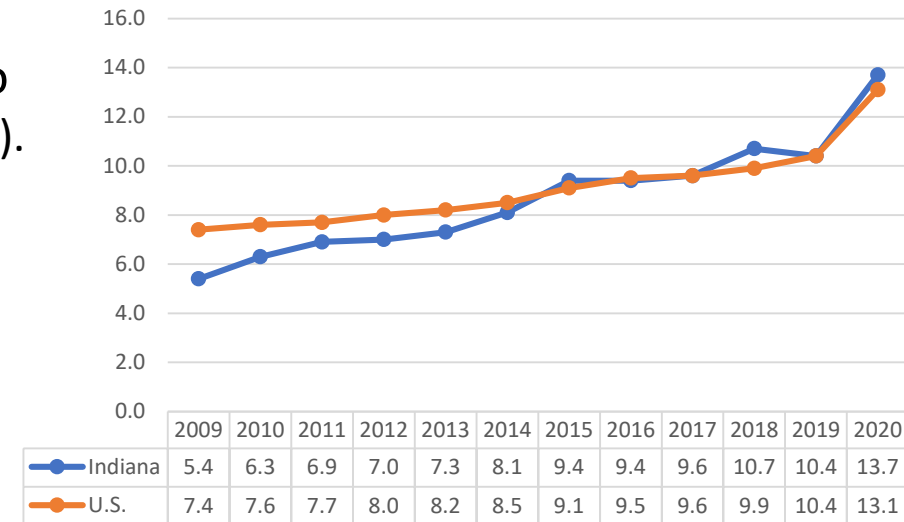
Consequences

- Age-adjusted alcohol-attributable mortality rate in Indiana was 13.7 per 100k population in 2020 [3.3 points \uparrow from previous year] (CDC,2020).
- Alcohol-related collision rate in Indiana was 0.61 per 1,000 population in 2020 (ARIES, 2020).
- About 11.3% of child removals in SFY 2021 was attributable to parental alcohol abuse [1.5 PP \uparrow from prev year] (IN-DCS, 2021).

Key Takeaways

- Adult alcohol use increased in 2020 (CDC-BRFSS, 2020).
- Share of women consuming alcohol increased in 2020
- Binge drinking among young adults (18 to 25 years) in Indiana higher than national average
- Alcohol-attributable mortality and alcohol use and dependence reported at treatment admissions increased in 2020

Age-adjusted Alcohol-attributable Mortality Rates per 100k population
Source: CDC, 2009 to 2020



TOBACCO

Prevalence

- In 2020, 25.4% Hoosiers (12 years and older) reported current tobacco use [2.8 PP ↘ from previous year] and 20.2% used cigarettes [2.3 PP ↘ from previous year] (NSDUH, 2020).
- About 20.8% men [0.4 PP ↘ from previous year] and 18.1% women [0.8 PP ↗ from previous year] smoked in 2020 (CDC-BRFSS, 2020).
- Higher incidence of smoking rates among working age adults, high school graduate or less, and among lower income groups (CDC-BRFSS, 2020).
- E-Cigarette use (vaping) among youth and young adults
 - About 18.5% of high school students used e-cigarettes in 2018 [8 PP ↗ from 2016] (Indiana Youth Tobacco Survey, IDOH-Tobacco Prevention and Cessation, 2018).
 - In 2021, about 21.6% of college students used electronic vapor products (Indiana College Substance Use Survey, 2021).



Key Takeaways

- Adult smoking declined from 25.6% in 2011 to 19.4% in 2020, but still above the national average of 15.5% (CDC-BRFSS, 2020).
- Smoking rates among women increased slightly in 2020.
- E-cigarette use among youth and young adults has been rising and should be monitored.



MARIJUANA

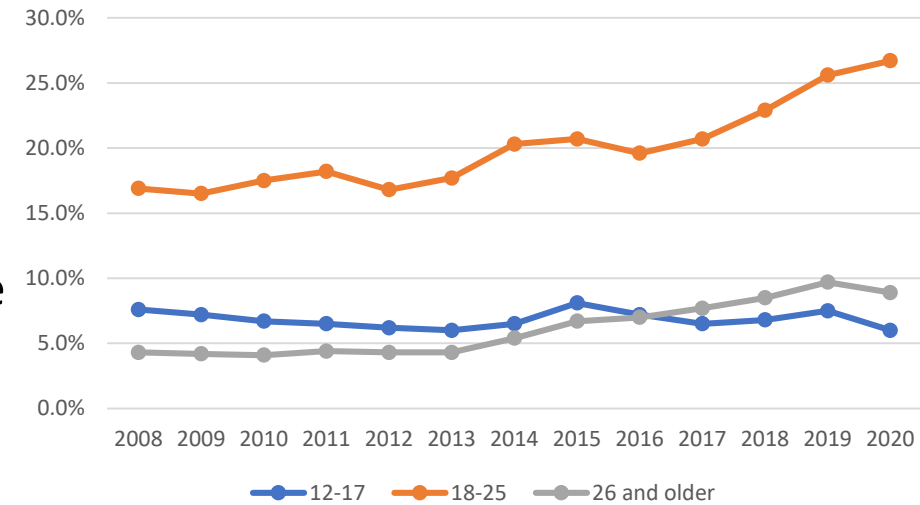
Prevalence

- In 2020, 10.9% Hoosiers (12 years and older) reported current marijuana use [0.7 PP ↘ from previous year] (NSDUH, 2020).
- Relative to other age groups, higher incidence of marijuana use among young adults (18 to 25 year old) with 26.7% reporting past-month use [1.1 PP ↗ from previous year] (NSDUH, 2020).
- About 47.1% of total treatment episodes had reported marijuana use as a primary, secondary or tertiary substance in SFY 2021 [0.2 PP ↘ from previous year]; where 18.1% of episodes had reported marijuana as primary substance [0.3 PP ↘ from previous year] (IN-DMHA, 2021).



Current marijuana use by age group

Source: NSDUH, 2020



Key Takeaways

- Marijuana use among young adults (18 to 25 years) has been increasing since 2016.
- Included as one of the SEOW strategic priorities and will be monitored continually.



OPIOID



Prevalence

- As of 2021Q3, the opioid dispensation rate* in Indiana was 179.4 per 1,000 population [7.1 points ▼ from 2020Q3] (IDOH, 2021).

**Includes opioid analgesics, opioid antidiarrheal/antitussives and opioid antagonists and treatment addiction medications*

- About 3.3% Hoosiers (12 years and older) reported misusing prescription pain relievers in the prior year during the 2020 survey [0.5 PP ▼ from previous year] (NSDUH, 2020).
- About 16.1% of total treatment admissions had reported prescription opioid† use as a primary, secondary or tertiary substance in SFY 2021 [0.6 PP ▼ from previous year]; where 7.0% of episodes had reported prescription opioid as primary substance [0.3 PP ▼ from previous year] (IN-DMHA,2021).

†Includes non-prescription methadone and other opiates/synthetics (such as buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics)

- From the 2020 survey, about 0.5% young adults (18 to 25 years) used heroin in the past year (NSDUH, 2021).
- Among all treatment admissions in SFY 2021, 23.6% reported heroin use as primary, secondary or tertiary substance [0.7 PP ▼ from previous year]; and 16.9% of episodes reporting heroin as primary substance [0.8 PP ▼ from previous year] (IN-DMHA,2021).



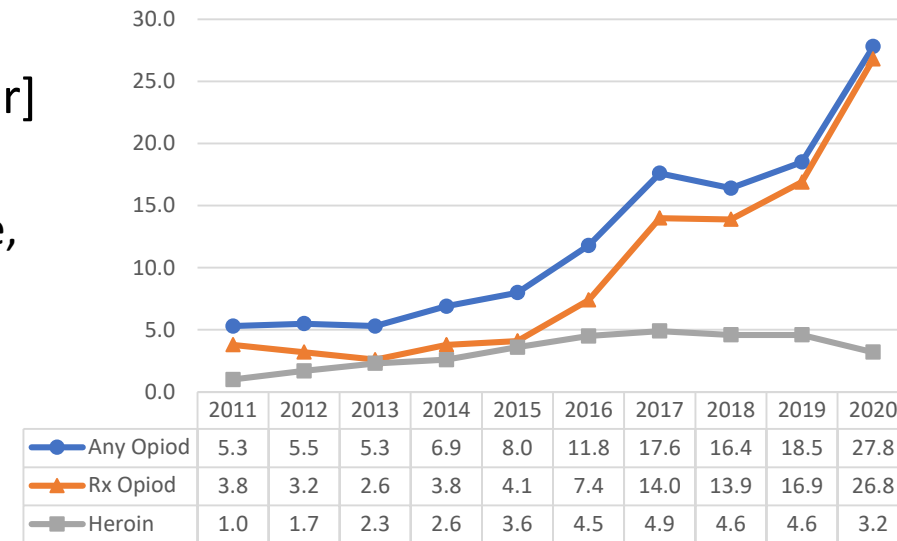
OPIOID (contd.)



Consequences

- There were 2,316 deaths due to drug poisoning in 2020 [621 deaths ↗ from previous year] with age adjusted rate of 36.6 per 100k population (IDOH, 2021).
- Drug overdose mortality rate involving any opioids* in 2020 was 27.8 per 100k population [9.3 points ↗ from previous year] (IDOH,2021).
*includes opium, heroin, natural/semi-synthetic opioids, methadone, synthetic opioids (fentanyl/tramadol), other narcotics
- Number of visits to Emergency Department due to any opioid overdose were 7,191 visits in 2020 [2,127 visits ↗ from previous year] (IDOH, 2021).

Drug Overdose Death rate per 100k population
Source: IDOH, 2022



Key Takeaways

- Drug overdose deaths involving opioids had risen dramatically from 1,098 deaths in 2018 to 1,875 deaths in 2020 (IDOH, 2020).
- Impacted by polysubstance use, fentanyl, or lower drug prices.
- Continues to be an important public health issue for Indiana.



STIMULANTS – Cocaine and Methamphetamine

Prevalence and consequences

- From the 2020 NSDUH data, about 1.8% Hoosiers reported using cocaine in the previous year [0.2 PP ↗ from 2019 data] and 4.2% of young adults (18 to 25 year old) used cocaine during the same period (NSDUH, 2020).
- About 10.3% of total treatment admissions had reported cocaine use as a primary, secondary or tertiary substance in SFY 2021 [1 PP ↘ from previous year]; where 3.4% of episodes had reported cocaine use as primary substance [0.4 PP ↘ from previous year] (IN-DMHA,2021).
- From 2020 data, 0.8% of Hoosiers reported using methamphetamine in the previous year [same as the US rate] and 1% of young adults (18 to 25 year old) used meth [0.3 PP ↗ than the US rate] (NSDUH, 2020).
- Among all treatment admissions in SFY 2021, 41.3% reported methamphetamine use as primary, secondary or tertiary substance [similar to previous year]; and 24.0% of episodes reporting methamphetamine use as primary substance [similar to previous year] (IN-DMHA,2021).
- In 2021, the number of clandestine meth labs seized in Indiana was 38 [24 lab seizures ↘ from 2020] and the number of arrests made at the meth labs by Indiana law enforcement agencies was 39 [6 arrests ↗ from 2020] (ISP, 2021).

Key Takeaways

- Higher share of patients seeking substance use treatment appear to be using methamphetamine (as a primary or secondary or tertiary source).
- The meth lab seizures has decreased from 1,808 in 2013 to 38 in 2021.



Polysubstance Use

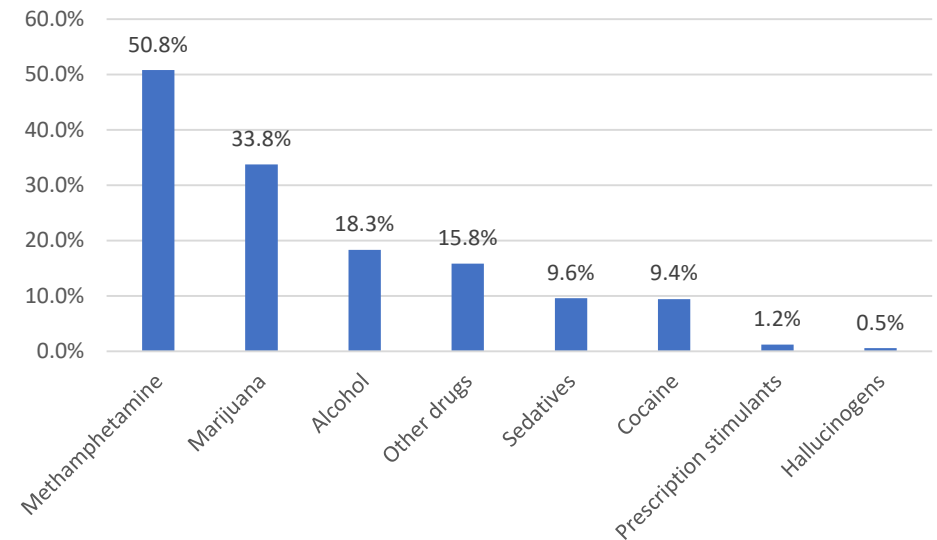
Prevalence

- In SFY 2021, 35.4% of Hoosiers who received substance use treatment had reported using opioids (including heroin, non-prescription methadone and other opiates/synthetics) as a primary, secondary or tertiary substance (IN-DMHA, 2021).
- Among these opioid users, methamphetamine use was highest (50.8%), followed by Marijuana use (33.8%) and alcohol use (18.3%) (IN-DMHA, 2021).
- Similar patterns for opioid dependent [or opioid as primary use] treatment patients.

Key Takeaways

- Strong evidence of polysubstance use among opioid users.
- Included as one of the SEOW recommendation and will be monitored continually.

Polysubstance use among opioid users
Source: IN-DMHA, 2021 and authors calculations



MENTAL HEALTH



Prevalence

- From 2020 data, about 21.8% Hoosiers (18 years and older) reported having any mental illness* in the past year [0.5 PP ↓ from previous time period] (NSDUH, 2020).

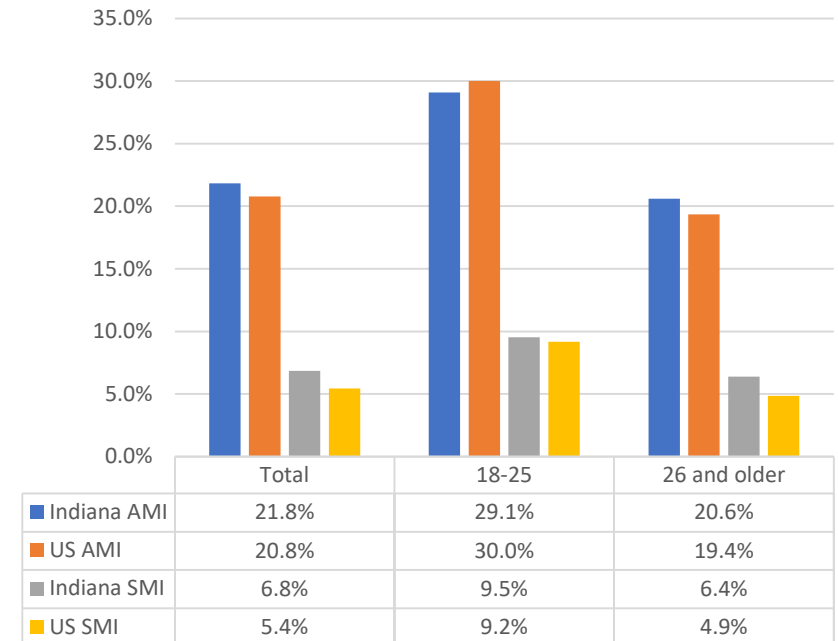
**Any Mental Illness (AMI) is defined as those having a diagnosable mental/behavioral/emotional disorder*

- About 6.8% Hoosiers in 2020 reported having serious mental illness† in the past year [1.4 PP ↑ from previous time period] (NSDUH, 2020).

†Serious Mental Illness (SMI) are subset of individuals with AMI, but with serious functional impairment

- In 2020, about 8.8% Hoosiers (18 years or older) reported having at least one major depressive episode [0.5 PP ↑ from previous time period] (NSDUH, 2020).

Share of population reporting mental illness in past year
Source: NSDUH, 2020



MENTAL HEALTH (contd.)



Heterogeneity by gender and race

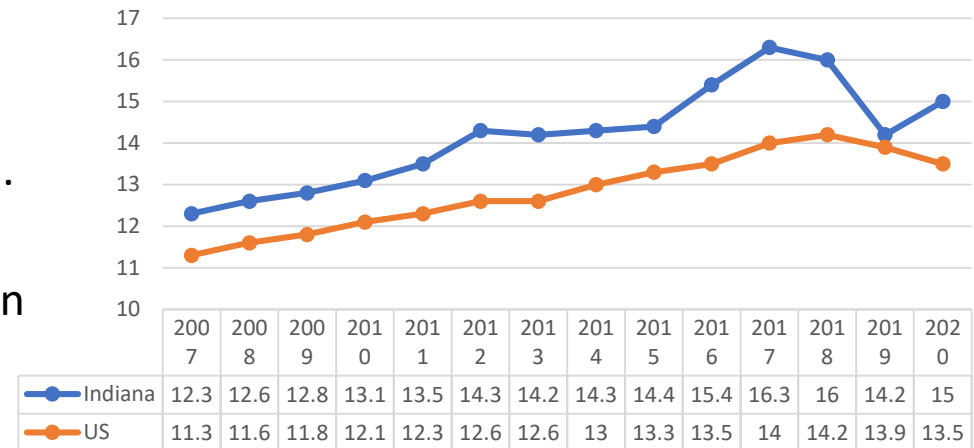
- About 15.8% men [0.9 PP \uparrow from previous year] and 27.7% women [0.9 PP \uparrow from previous year] reported being told that they had depression (CDC-BRFSS, 2020).
- Reported increase in depression rates among all race groups in 2020 – White race [22.9%; 0.3 PP \uparrow from 2019]; African-American race [17.4%; 2.9 PP \uparrow from 2019]; Hispanic race [17.8%; 6.7 PP \uparrow from 2019].

Consequences

- Age-adjusted suicide mortality rate in Indiana was 15 per 100k population [0.8 points \uparrow from previous year] in 2020 (CDC,2020).
- The age-adjusted suicide mortality rate (1999 to 2020 average) was higher for men (22.2 per 100k population) relative to women (5.1 per 100k population) (CDC,1999-2020).

Age-adjusted suicide mortality rates per 100k population

Source: CDC, 2009 to 2020



Key Takeaways

- Depression rates increased for both men and women (CDC-BRFSS, 2020).
- Evidence of increasing depression rates across all race groups, with higher increases among Hispanic and African-American race.



SEOW Strategic Behavioral Health Priorities for 2022-2026:

1. Tobacco use in youth, pregnant women, and overall adults
2. High-risk alcohol consumption in youth and young adults
3. Misuse of prescription and non-prescription opioids, often leading to, potentially fatal overdoses
4. Suicide attempts in youth and young adults
5. *New priority* - Marijuana use among young adults



SEOW Strategic Behavioral Health Priorities for 2022-2026:

Priorities	Measures	Latest statistic	SEOW 5-year Goal	Source
Youth tobacco use	<i>Past-month use of any tobacco product, including e-cigarettes among High school students</i>	22.9%	17.0%	<i>IYTS, 2018</i>
Youth tobacco use	<i>Past-month use of any tobacco product, including e-cigarettes among middle school students</i>	8.1%	5.0%	<i>IYTS, 2018</i>
Smoking during pregnancy	<i>Mothers smoking during pregnancy</i>	10.9%	6.0%	<i>IDOH, 2020</i>
Adult smoking	<i>Prevalence rate of adults who are current smokers</i>	19.4%	15.0%	<i>CDC-BRFSS, 2020</i>
Underage drinking	<i>Past-month alcohol use among 12- to 20-year-olds</i>	16.1%	12.9%	<i>NSDUH, 2020</i>
Binge drinking in young adults	<i>Past-month binge drinking in young adults ages 18 to 24</i>	20.3%	16.2%	<i>CDC-BRFSS, 2020</i>
Drug overdose mortality	<i>Annual fatal drug overdoses (number of deaths)</i>	2,316	927	<i>IDOH, 2020</i>
Prescription misuse	<i>Overall prescription pain reliever misuse among age 12+ years in past year</i>	3.3%	2.6%	<i>NSDUH, 2020</i>
Prescription misuse	<i>Prescription pain reliever misuse in youth ages 12 to 17 in past year</i>	2.4%	1.9%	<i>NSDUH, 2020</i>
Prescription misuse	<i>Prescription pain reliever misuse in young adults ages 18 to 25 in past year</i>	4.8%	3.8%	<i>NSDUH, 2020</i>
Prescription misuse	<i>Prescription pain reliever misuse among adults ages 26+ years in past year</i>	3.1%	2.5%	<i>NSDUH, 2020</i>
Suicide attempts among youth	<i>Percentage of high school students who attempted suicide in the past year</i>	9.9%	8.9%	<i>YRBSS, 2015</i>
Suicide attempts among young adults	<i>Young adults ages 18 to 25 years who attempted suicide in the past year</i>	1.8%	1.4%	<i>NSDUH, 2020</i>
Marijuana use among young adults	<i>Past-month marijuana use among young adults ages 18 to 25 years</i>	26.7%	21.4%	<i>NSDUH, 2020</i>



SEOW General Recommendations 2022-2026:

- Continue and improve efforts to collect relevant data on behavioral health indicators from priority populations.
- Monitor and analyze drug overdose mortality data.
- Monitor underage inspection data on tobacco retailers.
- Monitor e-cigarette use among youth.
- Monitor the mental health data on behaviors preceding attempted suicide among youth.



Focus Areas of SEOW

- Alcohol
- Tobacco
- Marijuana
- Opioids – Rx Opioids, Heroin
- Stimulants – Methamphetamine, Cocaine, Rx Stimulants
- Mental health
- *Two new focus areas:*
 - Problem gambling
 - Viral Hepatitis/HIV/AIDS



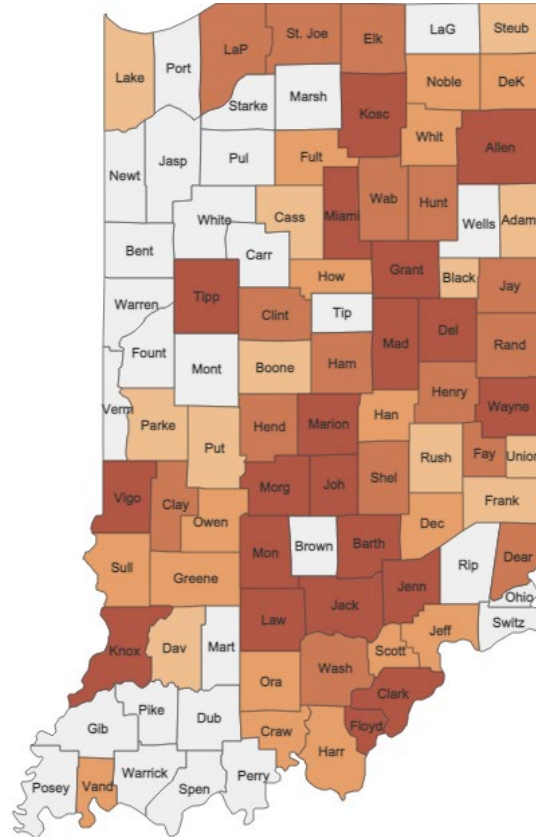
Problem Gambling

- Sports betting was legalized in Indiana effective September 1st 2019.
- Individuals with mental health issues may exhibit higher risk of problem gambling (Gerstein et al., 1999).
- Substance use (especially alcohol use or drug problems) and problem gambling are associated (Wareham and Potenza, 2010).
- Significant mental health problems (e.g. suicidal thoughts) – possibility of problem gambling as a comorbidity (Allami et al., 2021).

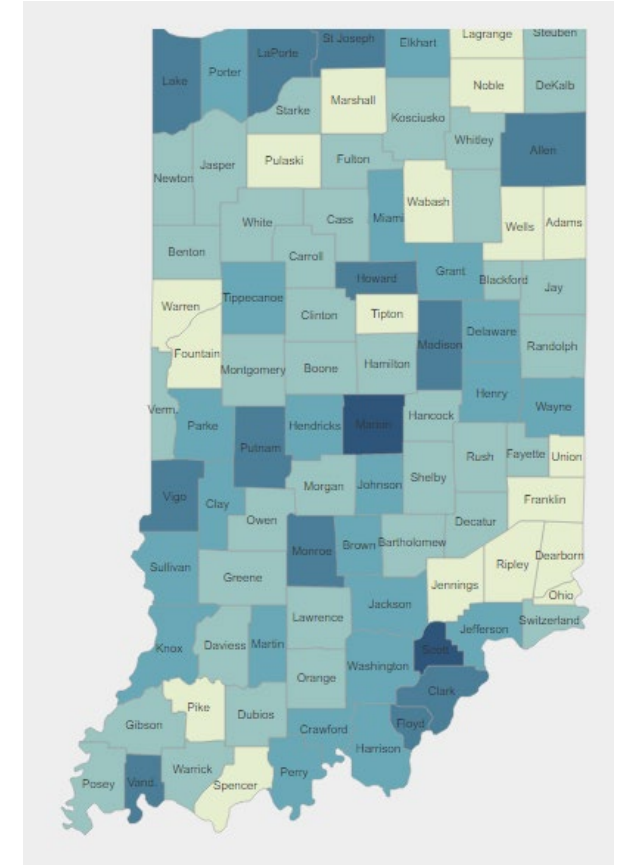


Hepatitis A and HIV/AIDS

Hepatitis A (Nov 2017 to May 2021)
Source: IDOH, 2022



HIV/AIDS (2020)
Source: IDOH, 2020



- In Indiana, about 2,566 Hepatitis A outbreak cases; 4 deaths; 1,434 hospitalizations between Nov 2017 and May 2021 (IDOH, 2022)

- In Indiana, about 12,593 cases (185.6 per 100k pop) of HIV/AIDS prevalence in 2020 (IDOH, 2020)





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THANK YOU

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Strategies for Addressing the Behavioral Health Needs of the Nation

Nadia Al-Amin, MPH

Assistant Regional Administrator

Substance Abuse and Mental Health Services Administration (Region 5)

U.S. Department of Health and Human Services

Indiana State Epidemiological Outcomes Workgroup

05/26/2022



SAMHSA
Substance Abuse and Mental Health
Services Administration

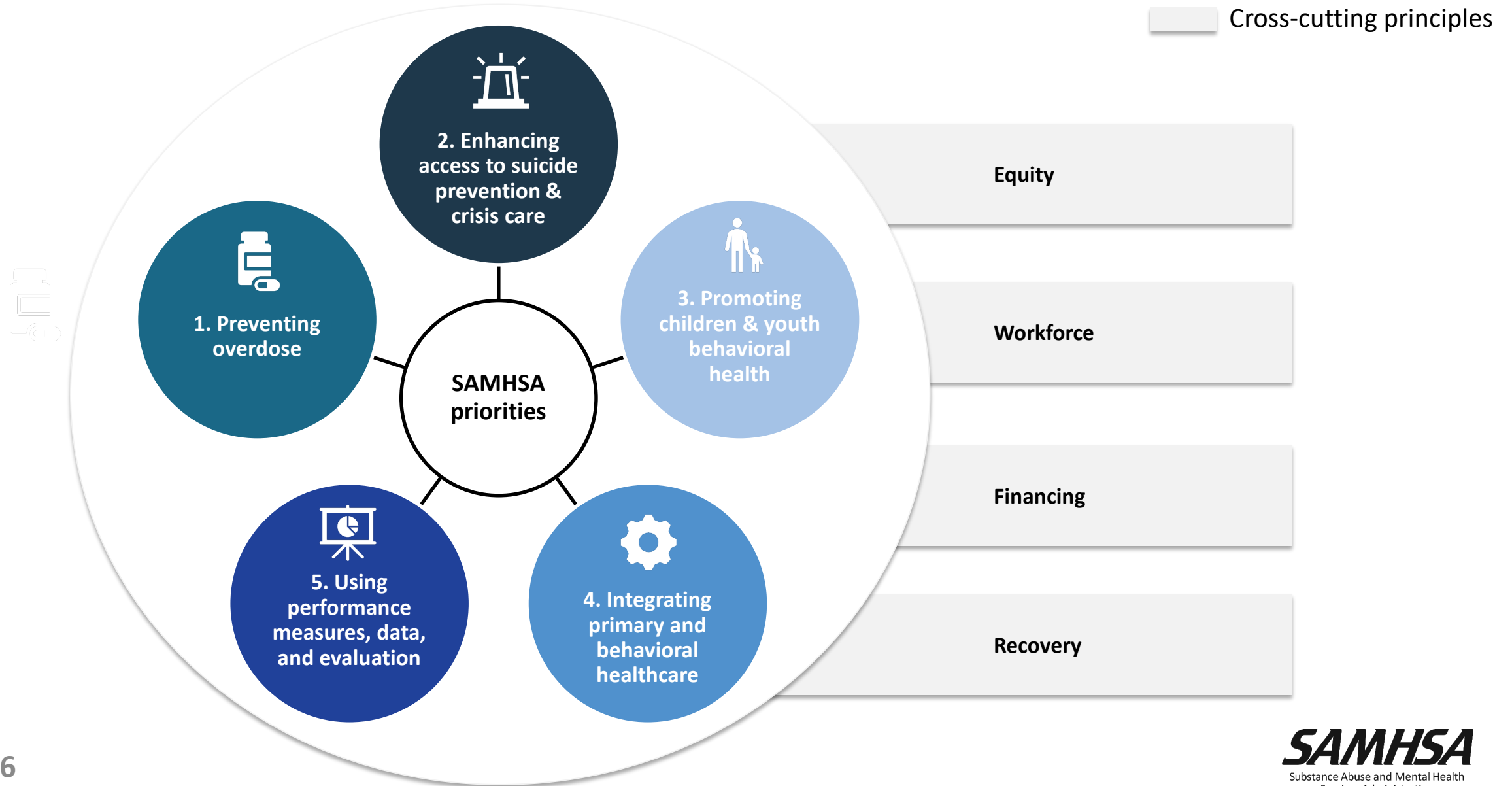
Overview

- SAMHSA's mission, priorities and cross-cutting principles
- Behavioral health (BH) in time of COVID-19
- Behavioral health disparities
- Prevention within the context of BH efforts
- HHS Overdose Prevention Strategy and SAMHSA's initiatives
- Resources and Technical Assistance

SAMHSA - Leading Public Health Efforts to Advance Behavioral Health

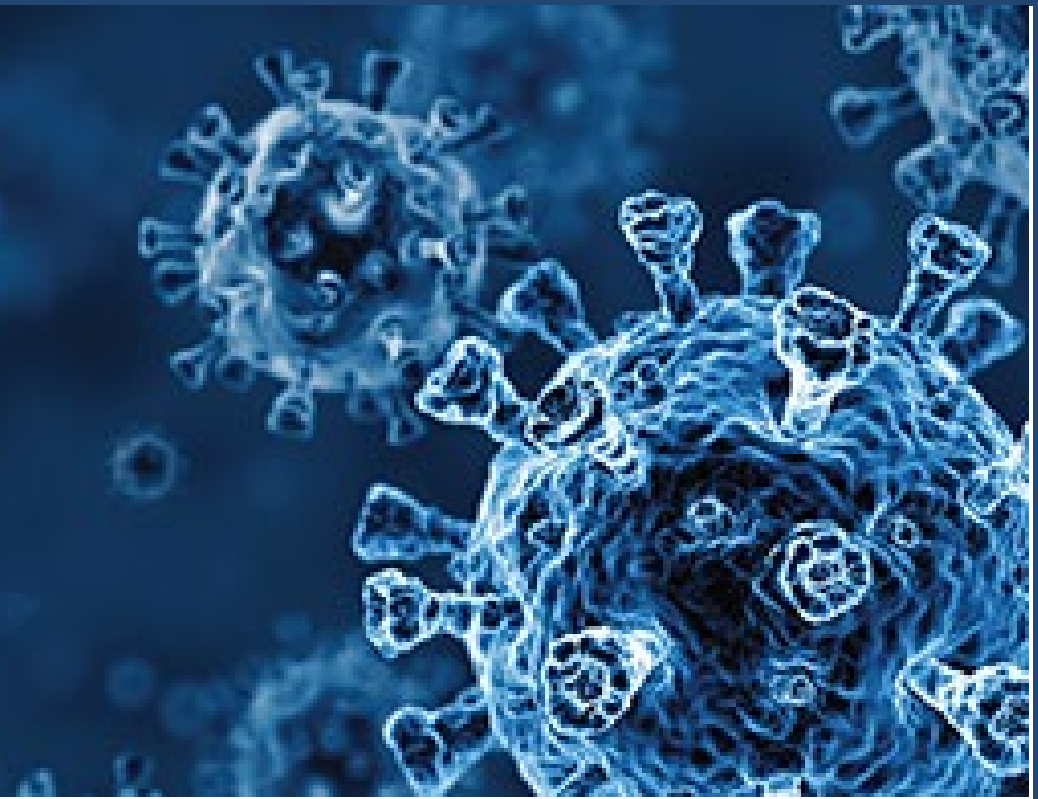
- Dedicated solely to mental health and substance use disorders, with statutory requirements related to service delivery in the United States
- Funds block grants, discretionary grants, contracts, and cooperative agreements
- Develops and enacts national policies related to behavioral health issues
- Major role in healthcare practitioner education
- Regulates Opioid Treatment Programs and Drug Abuse Treatment Act (DATA)-waivered practitioners

SAMHSA Priorities and Cross-Cutting Principles



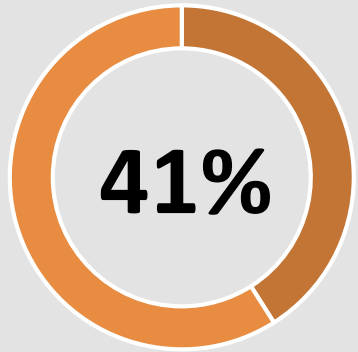
Coronavirus

(COVID-19)



COVID-19 and Behavioral Health

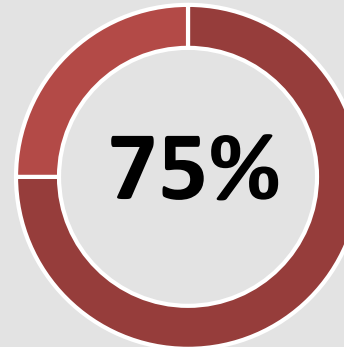
COVID's Impact: Behavioral Health



Reported symptoms of at least one adverse behavioral health condition

**6,000 – 7,000
Calls Per Day**

10-30% increase in calls to the Suicide Lifeline when compared to the same dates last year



of all overdose deaths during the early months of the pandemic are attributed to opioids

Layoffs of behavioral health staff/providers without financial reserves to survive long-term and unable to generate enough revenue to survive.

All of this portends major increases in mental/substance use disorder treatment and recovery service needs and potential loss of the staff and services to assist Americans experiencing these issues

26% 36%

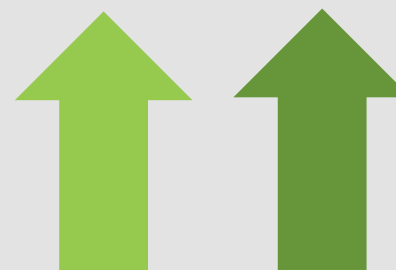


Suicide Attempt

Drug Overdose

ED visits in 2020 were higher for the period mid-March through mid-October 2020 compared to same period in 2019.

24% 31%

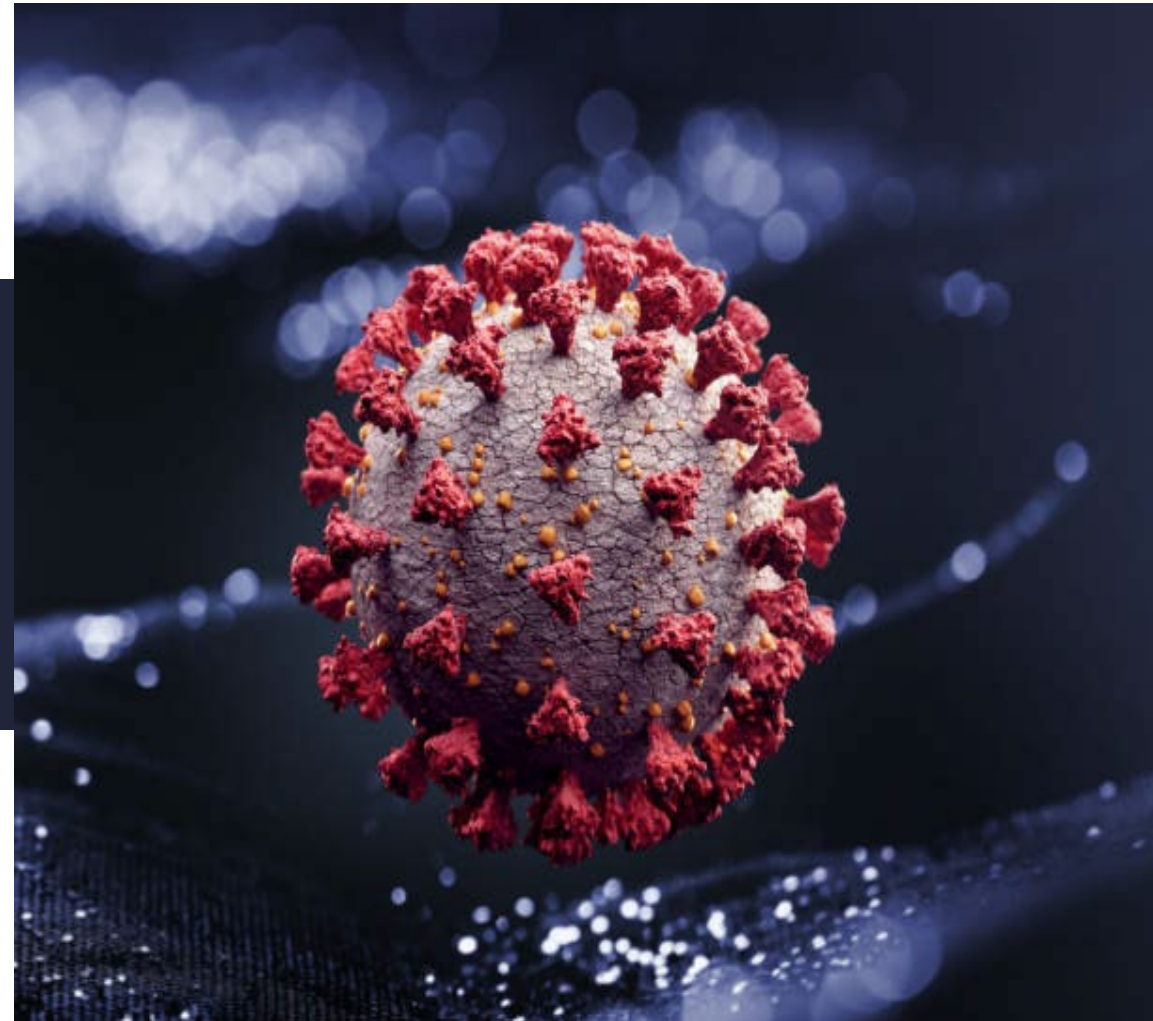


5-11 years Old

12-17 years Old

Children MH-related ED visits from 04/2020-10/2020 increased compared with 2019.

A Snapshot of the Behavioral Health Disparities Landscape

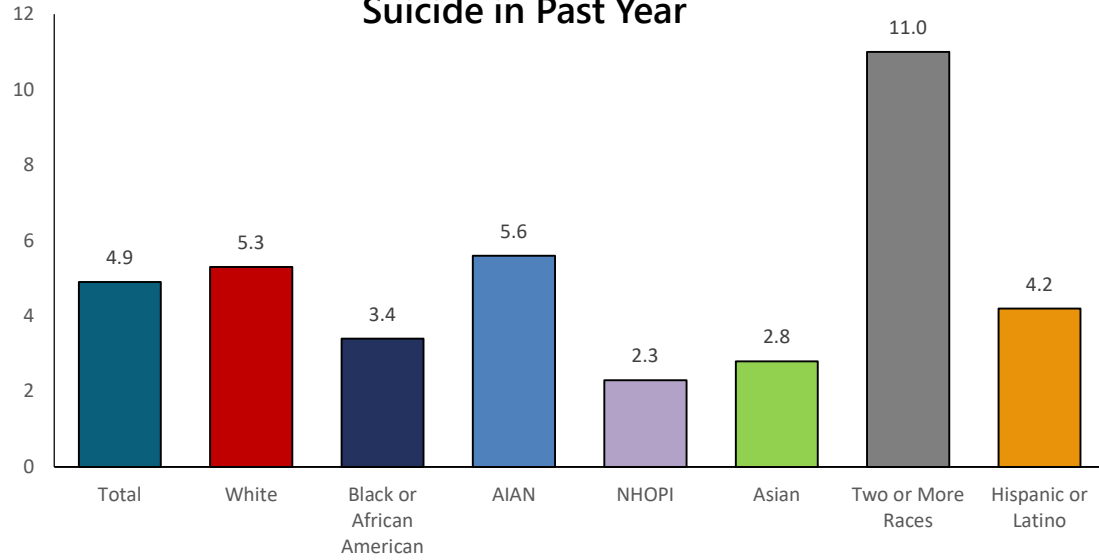


1 in 10 adults
with no mental illness in the past year perceived the COVID-19 pandemic to have negatively affected their mental health “quite a bit or a lot.”

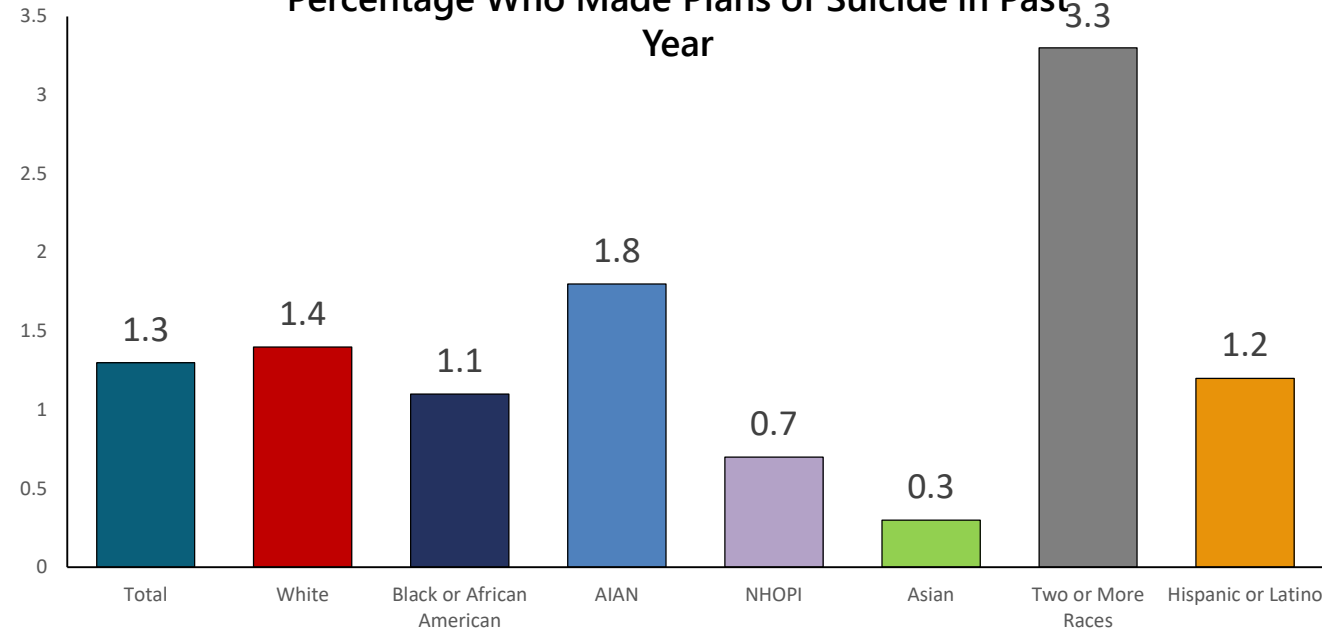
1 in 5 adolescents
perceived that the COVID-19 pandemic negatively affected their mental health “quite a bit or a lot.”

Suicidality

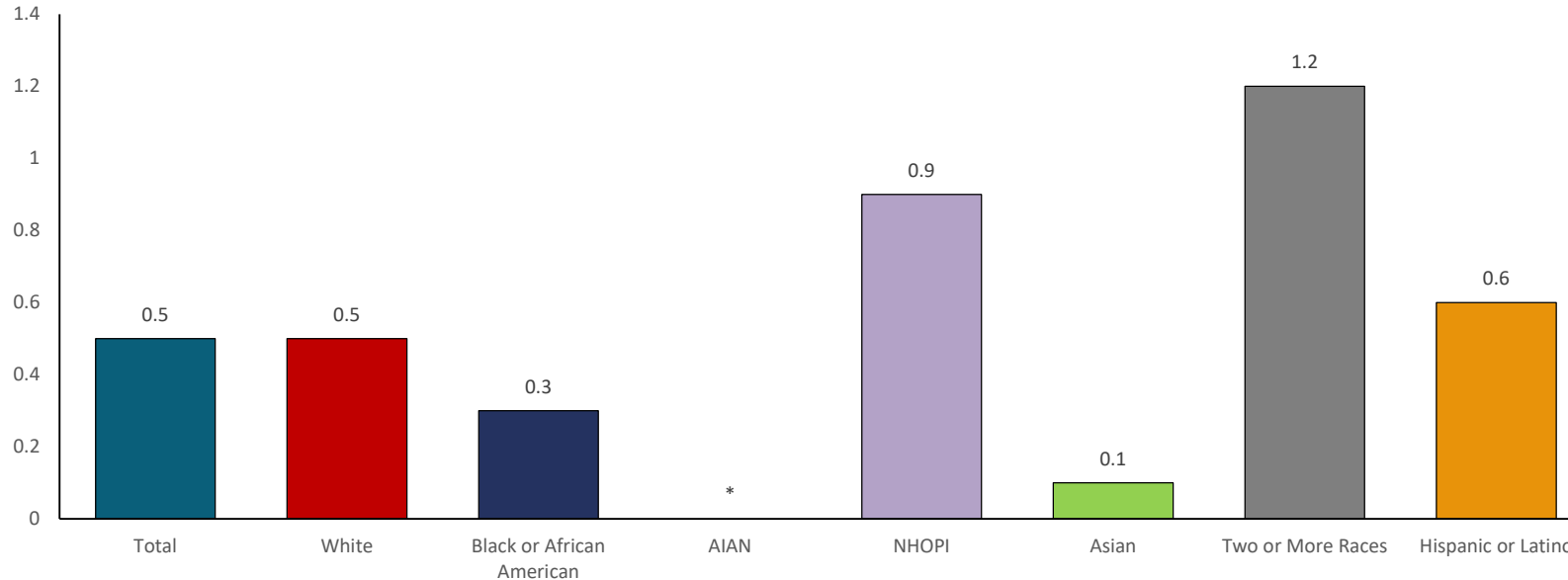
Percentage Who Had Serious Thoughts of Suicide in Past Year



Percentage Who Made Plans of Suicide in Past Year

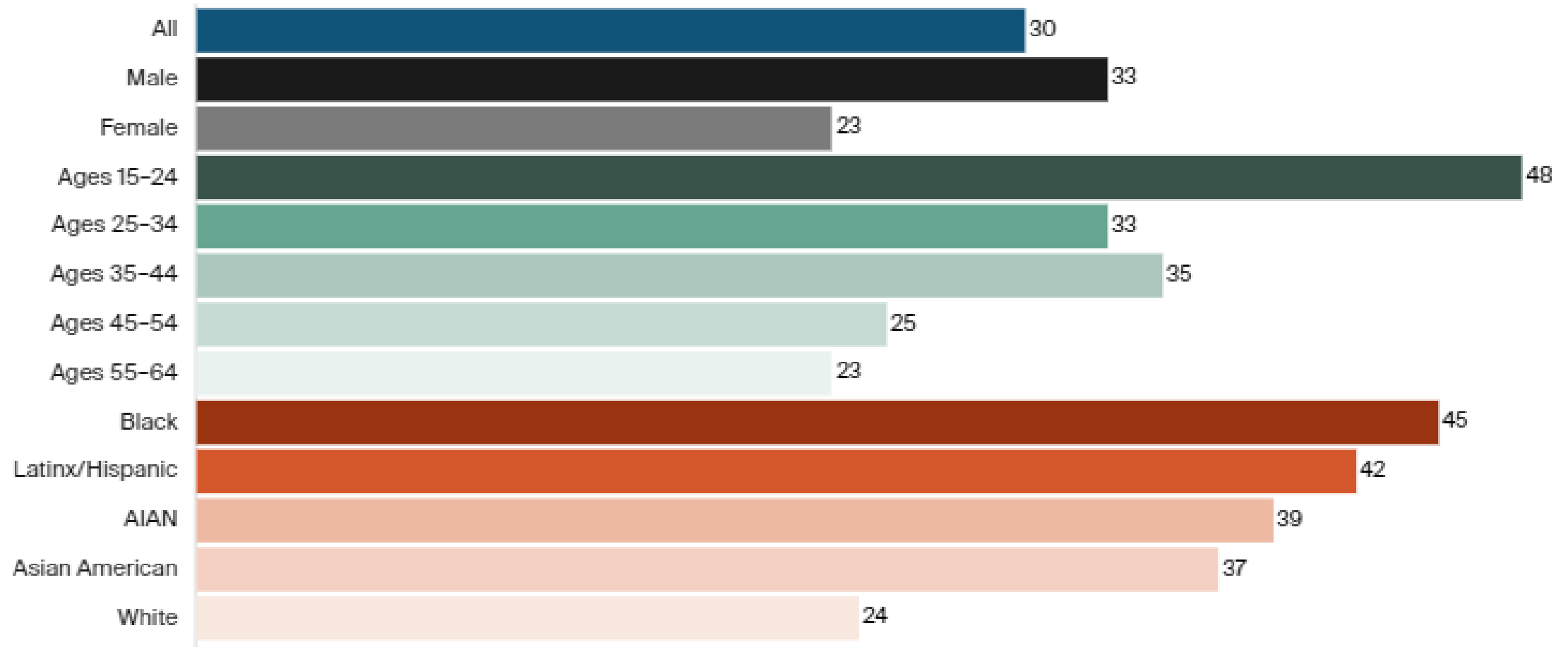


Percentage Who Attempted Suicide in Past Year



Overdose Deaths During 2020

All demographic groups experienced more overdose deaths during 2020 — particularly males, younger age groups, and communities of color.



Social Determinants of Health (SDOH)

...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks



Social Determinants of Health



- Housing
- Unemployment

- Early Education
- Graduation Rates

- Access
- Telehealth

- Violence
- Crime

- Racism
- 988

SAMHSA Programs Addressing SDOH

- Substance Abuse and HIV Prevention
Navigator Program for Racial/Ethnic Minorities
- Services Grant Program for Residential
Treatment for Pregnant and Postpartum
Women
- Treatment Drug Courts

988 and Crisis System

Background & context: 988 is a public health response to critical behavioral health system needs

- Nearly **45,000 suicides in 2020**
- Among **51 million adults** with any mental illness in 2019; 26% perceived an unmet need for services
- For **individuals with serious mental illness, nearly 48%** perceived an unmet need for services
- **Significant gaps in the system of care**, including crisis care, result in overreliance on the criminal justice system for the management of individuals with behavioral health conditions

988 Vision

988 is a once-in-a-lifetime opportunity to strengthen and expand the National Suicide Prevention Lifeline and transform America's crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation.

Provide direct, life-saving service to all with suicidal or mental health crises through a strengthened and expanded network of Lifeline call centers.

Link Lifeline callers with a community-based crisis care system ready to deliver needed services.

988 – America's Lifeline

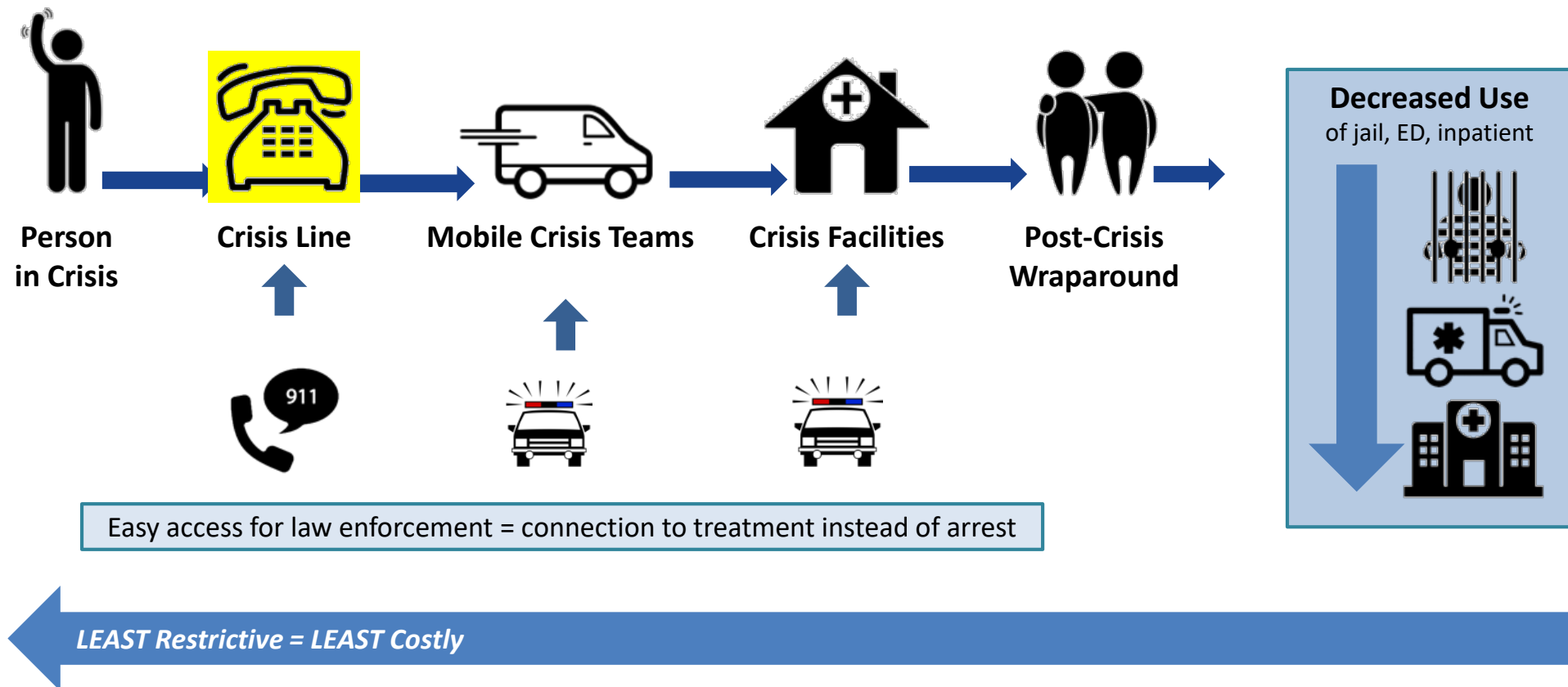
National Suicide Prevention Lifeline

- \$282M investment to help transition it to 988
 - \$177 million to strengthen and expand existing network
 - \$105 million to staff crisis call centers
- Leaning into 988 as a point of entry for prevention efforts
- No wrong door to access prevention



988 and Crisis System

The crisis system: crisis lines are an essential component of an effective and comprehensive mental health crisis response system



Lifeline effectiveness

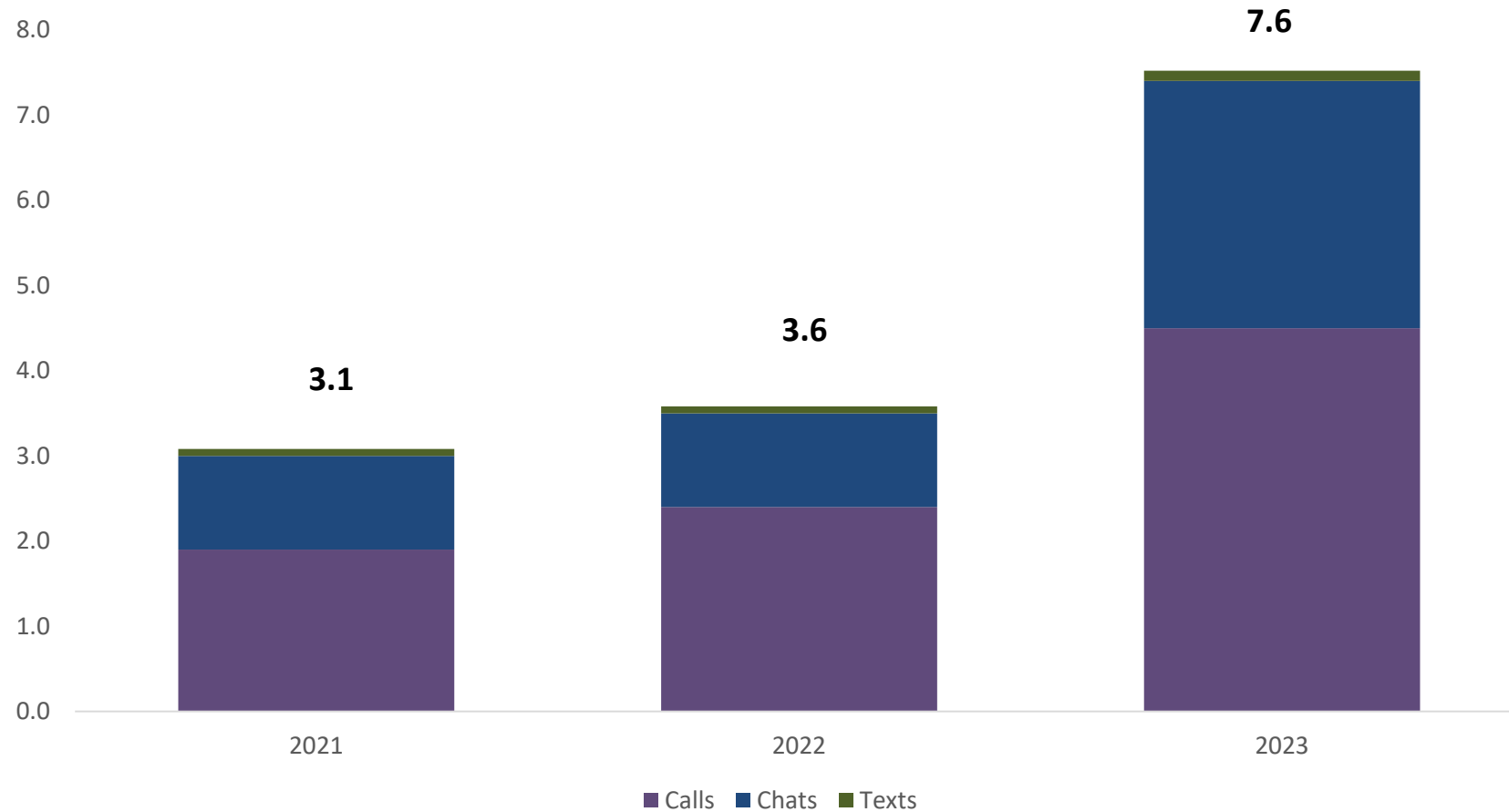
The Lifeline has demonstrated success in helping to support callers experiencing mental health crises

- Seriously suicidal persons call, chat, or text the Lifeline.
- **Callers' intent to die is significantly reduced during the call.**
- Counselors **able to obtain collaboration on over 75% of imminent risk calls.**
- Follow up calls by Lifeline centers to suicidal callers are experienced by 90% of callers as helping keep them safe and not kill themselves.
- **Suicidality reduced among 50% of those accessing chat.**
- “Third-party callers” calling the Lifeline when they are worried about someone deemed to be at imminent risk are provided a range of interventions which can supplement, and at times replace, calling 911.

Projected State

Volume Growth Over Time

Projected calls, chats, and texts (millions)



Source: SAMHSA and Vibrant estimates

Potential impact of 988

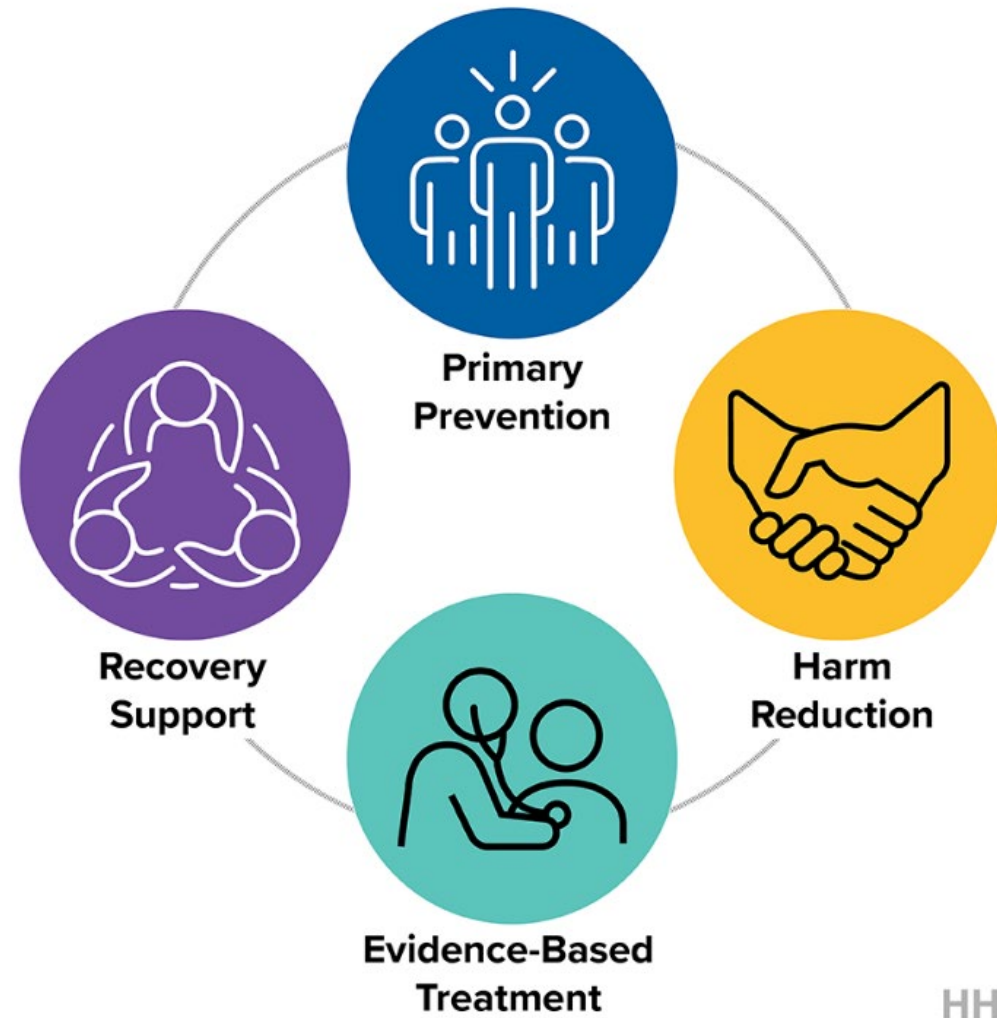
- A sufficiently resourced 988 system will be a **catalyst for behavioral health system transformation**
- Through effective 988 implementation, **millions of individuals in crisis** can receive support and linkage each year, resulting in:
 - **decreased suicides**
 - **better engagement in services**
 - **less interaction with law enforcement**
- Success requires **federal investment and leadership** to ensure adequate system capacity and to support coordinated, equitable, person-centered design

Prevention of Substance Use Disorders

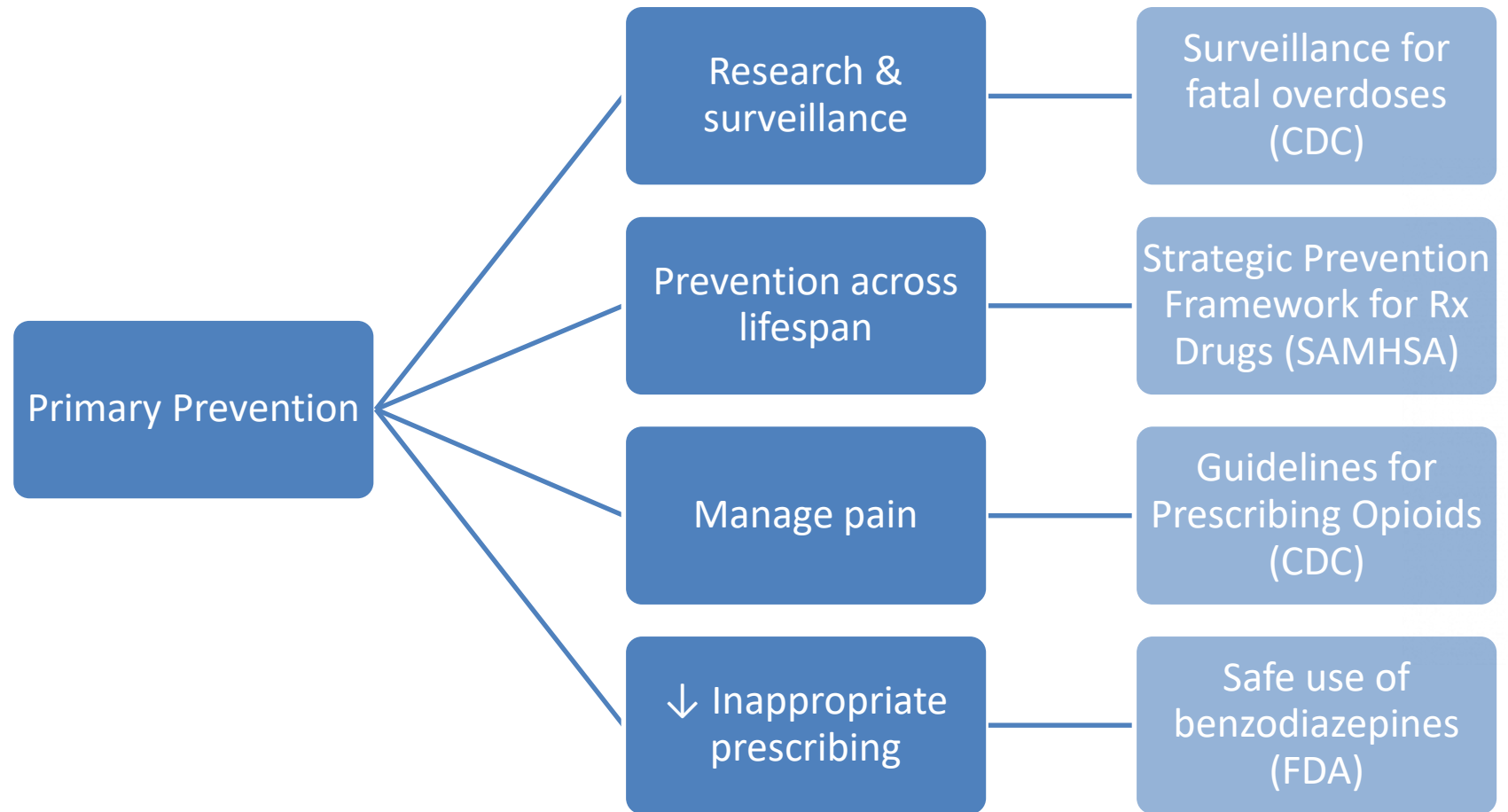
- Upstream
- Across the Lifespan
- Across Continuum of Care
- Cross-Cutting with other Behavioral Health Efforts



HHS Overdose Prevention Strategy



Priority Area 1: Primary Prevention

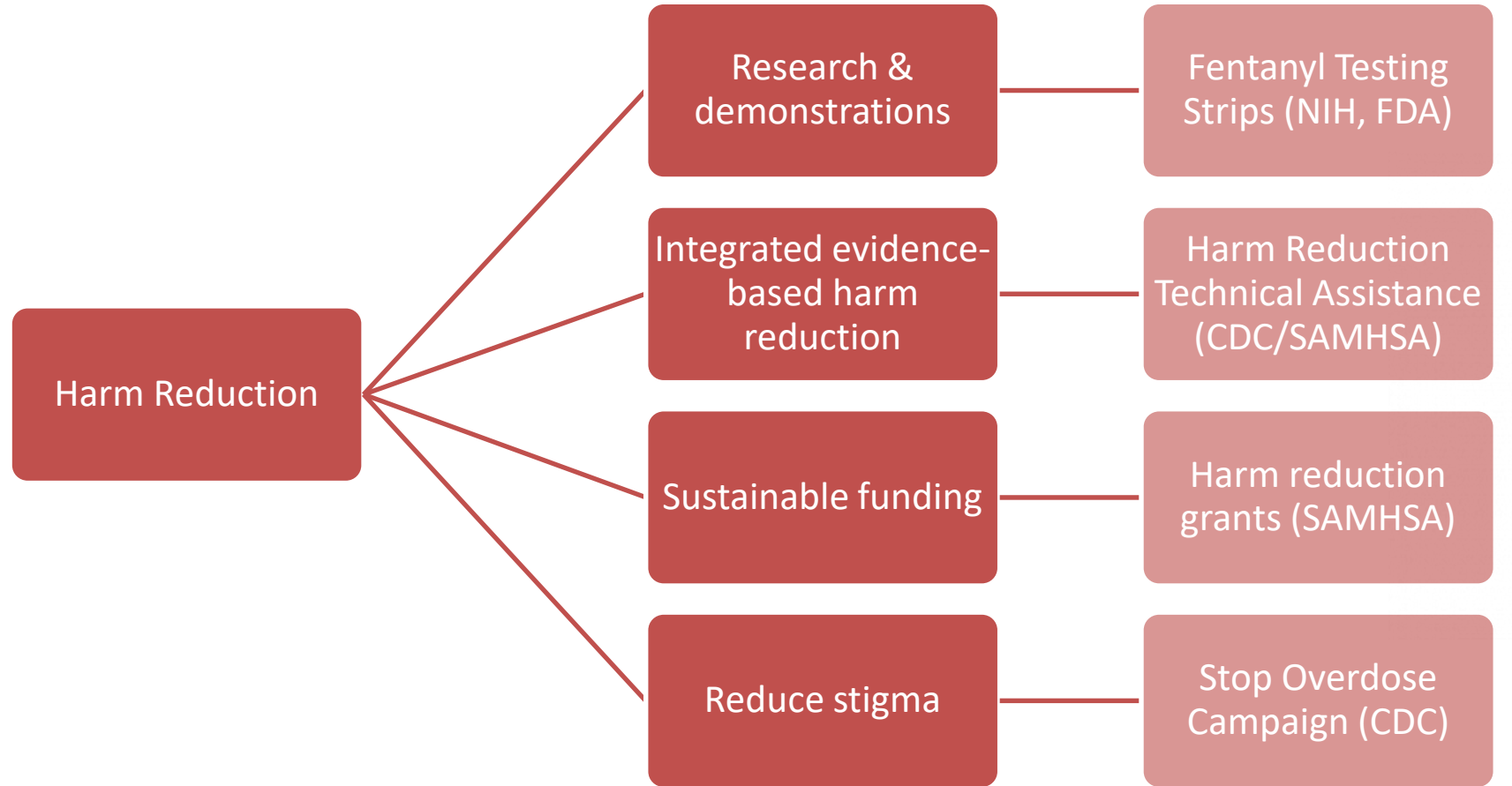


Priority Area

Objectives

Activities (examples)

Priority Area 2: Harm Reduction



Priority Area

Objectives

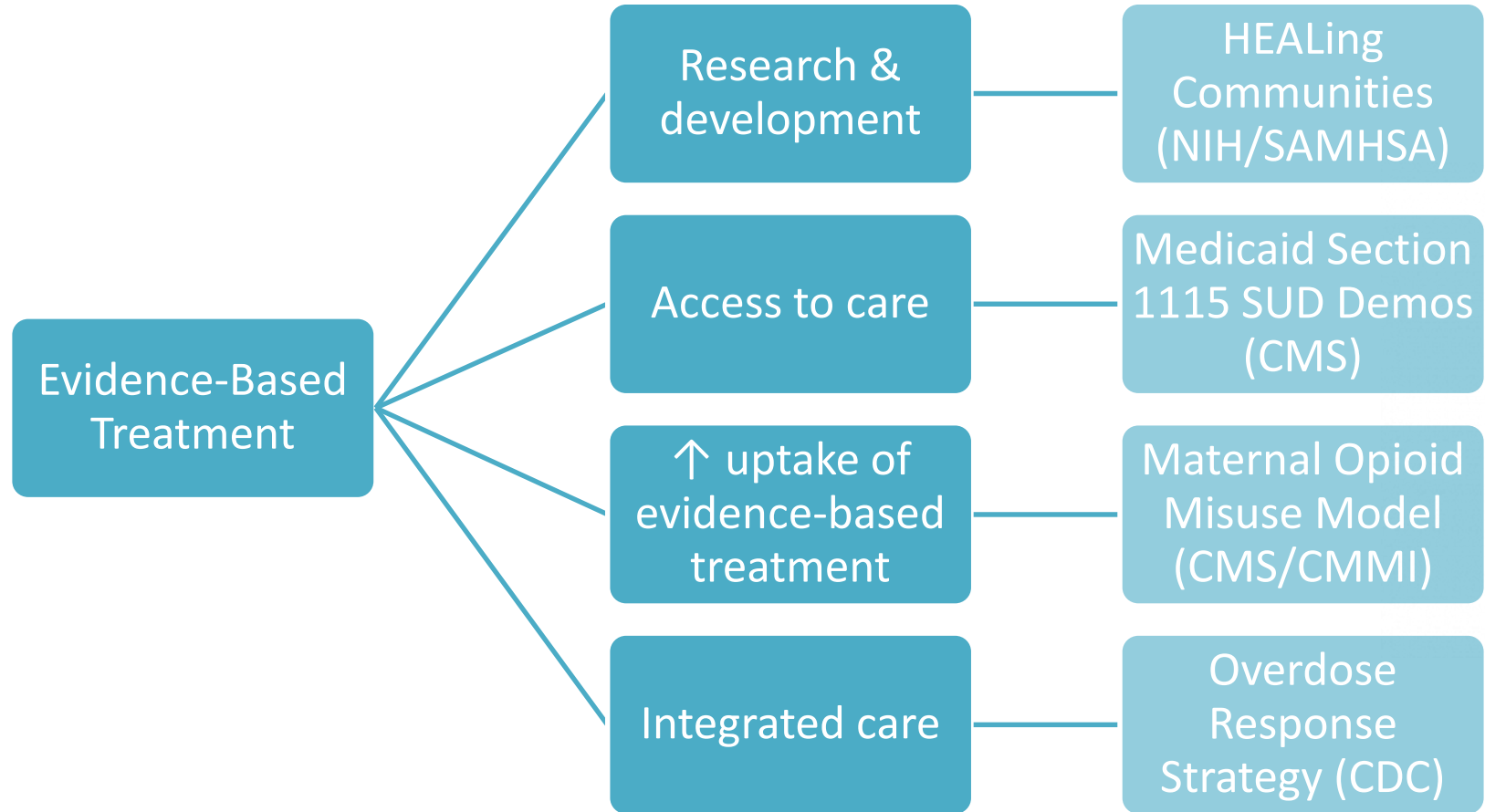
Activities (examples)

\$30M Harm Reduction Grant Program

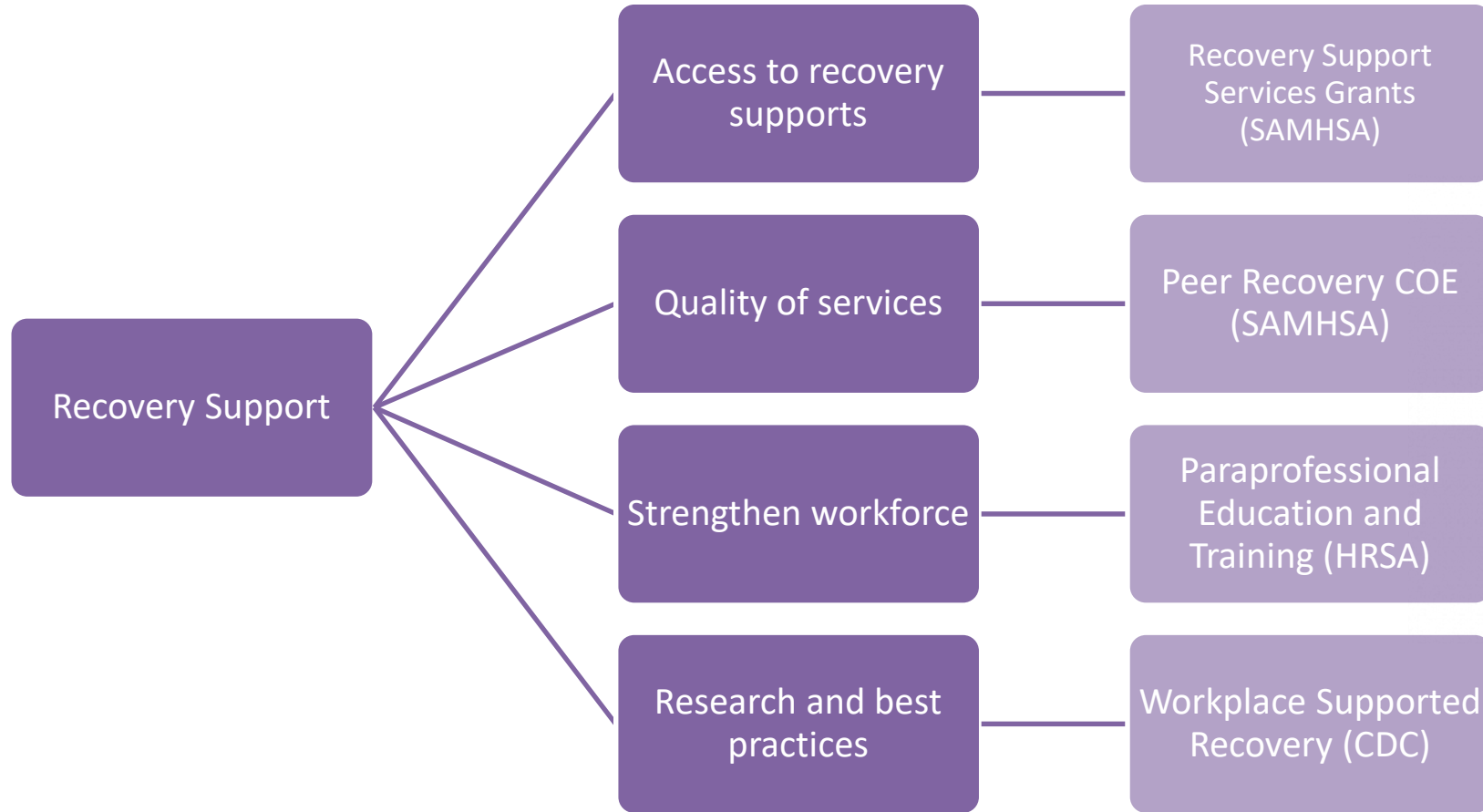
- Prevent and control the spread and SUD consequences of infectious diseases
- Support distribution of opioid overdose reversal medication
- Connect individuals to overdose education, counseling, and health education
- Reduce the negative personal and public health impacts of substance use or misuse.



Priority Area 3: Evidence-Based Treatment



Priority Area 4: Recovery Support



Priority Area

Objectives

Activities (examples)

Proposed Budget

The President's FY 2022 proposed budget for HHS on overdose prevention programs and initiatives

- **\$11.2 billion** across HHS
- **54 percent increase** from FY 2021
- Funding to expand access

- For SAMHSA:
 - **\$3.5 billion** for the Substance Abuse Prevention and Treatment Block Grant, with 10% set-aside for recovery support services
- For HRSA:
 - **\$1.1 billion** to support SUD responses in community health centers, invest in the National Health Service Corps, develop workforce, and expand response in rural U.S.

Looking Ahead - Prevention Workforce Development

New SAMHSA initiatives - Supported by approx. \$2 million

1) Turning Prevention Core Competencies into Curriculum

- Develop a training curriculum to address the workforce needs
- Train 5,000 participants by the end of FY 2023

2) Prevention Workforce Fellows

- Develop and sustain a well-trained and knowledgeable cadre of prevention professionals
- Support 10 Prevention Fellows, 1 in each of the 10 HHS regions

3) Youth Voice Initiative

- Connect the existing health professionals to support youth-led strategic planning
- A minimum of 20 youth will participate

Combating the Opioid Crisis: Grants and Resources

Grant Programs

Substance Abuse Prevention and Treatment Block Grant
State and Tribal Opioid Response Program
Medication Assisted Treatment for Prescription Drug and Opioid Addiction Program
Prevent Prescription Drug/Opioid Overdose-Related Deaths
First Responders – Comprehensive Addiction and Recovery Act
Strategic Prevention Framework for Prescription Drugs
Strategic Prevention Framework – Partnership for Success
Minority AIDS Initiative
Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation
Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families
Grants for the Benefit of Homeless Individuals

Publications/Resources

<i>Talk. They Hear You.</i> National Media Campaign
Evidence-Based Practices Resource Center, for example: Substance Misuse Prevention for Young Adults Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders Treatment of Stimulant Use Disorders Use of Medication-Assisted Treatment in Emergency Departments Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings Substance Use Disorders Recovery with a Focus on Employment and Education
Treatment Improvement Protocols (TIP), for example: TIP 26, Treating Substance Use Disorders in Older Adults TIP 35, Enhancing Motivation for Change in Substance Use Disorder Treatment TIP 39, Substance Use Disorder Treatment and Family Therapy TIP 42, Substance Use Disorder Treatment for Persons With Co-Occurring Disorders TIP 63, Medications for Opioid Use Disorders
FindTreatment.Gov, Finding Quality Treatment
Recovery Housing Guidelines
Addiction Technology Transfer Center
Provider’s Clinical Support System for Medication-Assisted Treatment

Technical Assistance and Training Resources

SAMHSA website – Practitioner Training



U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

Home | Site Map | Contact Us


Search SAMHSA.gov

Find Treatment **Practitioner Training** Grants Data Programs Newsroom About Us Publications


Practitioner Training

SAMHSA's practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.




Technology Transfer Centers (TTC) Program

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare and...




State Targeted Response Technical Assistance (STR-TA)

The State Targeted Response (STR) Technical Assistance (TA) Consortium was created to support efforts in addressing opioid use...




Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT)

Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) is a national training and clinical...




Clinical Support System for Serious Mental Illness (CSS-SMI)

This initiative supports the use and implementation of evidence-based screening and treatment for serious mental illness (SMI)...



Suicide Prevention Resource Center (SPRC)

The Suicide Prevention Resource Center (SPRC) provides a virtual learning lab designed to help state- and community-level...



Rural Opioid Technical Assistance (ROTA)

The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing...

<https://www.samhsa.gov/practitioner-training>

Technology Transfer Centers - TTC

Addiction
Technology
Transfer Centers
ATTC

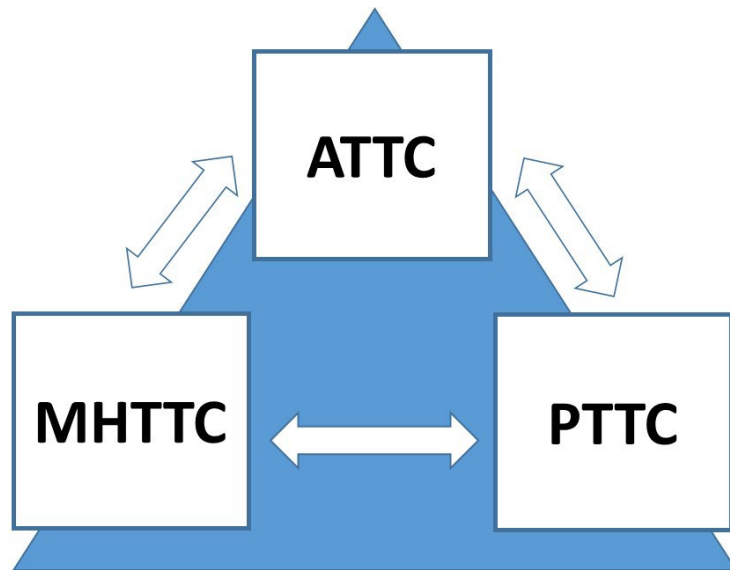
<https://attcnetwork.org/>

Mental Health
Technology
Transfer Centers
MHTTC

<https://mhttcnetwork.org/>

Prevention
Technology
Transfer Centers
PTTC

<https://pttcnetwork.org/>



MISSION: Helping people and organizations incorporate effective practices into substance use disorder and mental health prevention, treatment and recovery services.

Opioid Response Network (ORN)

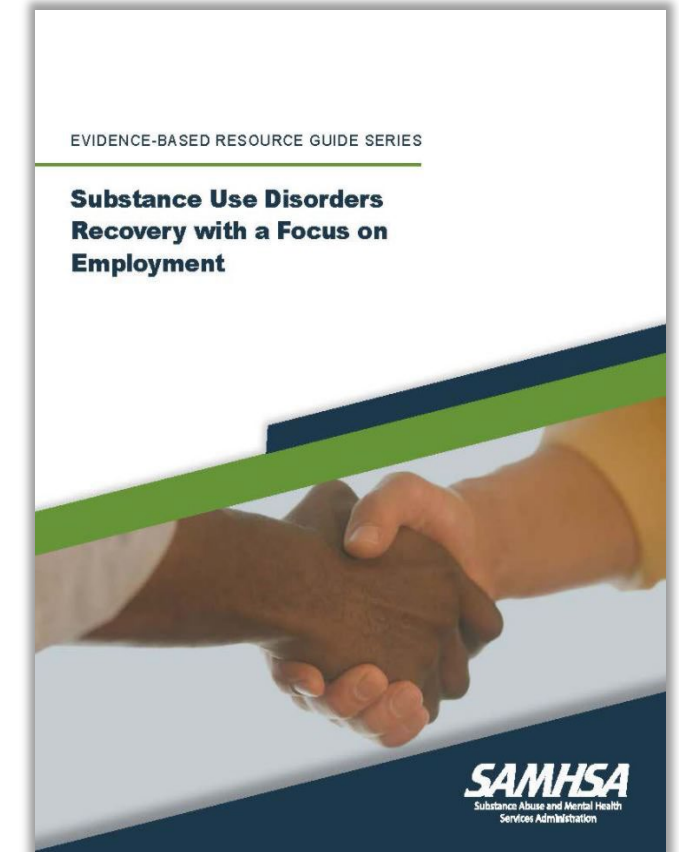
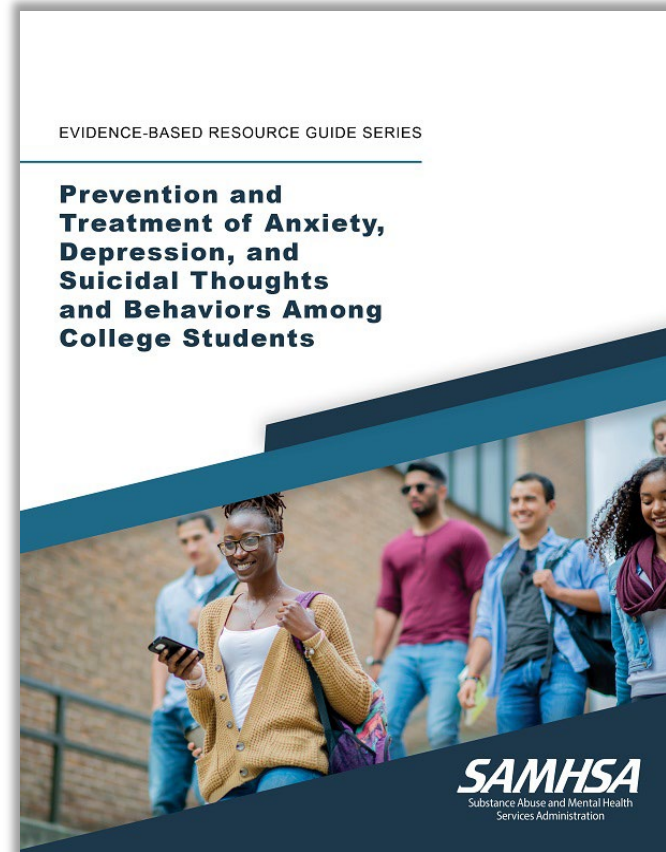
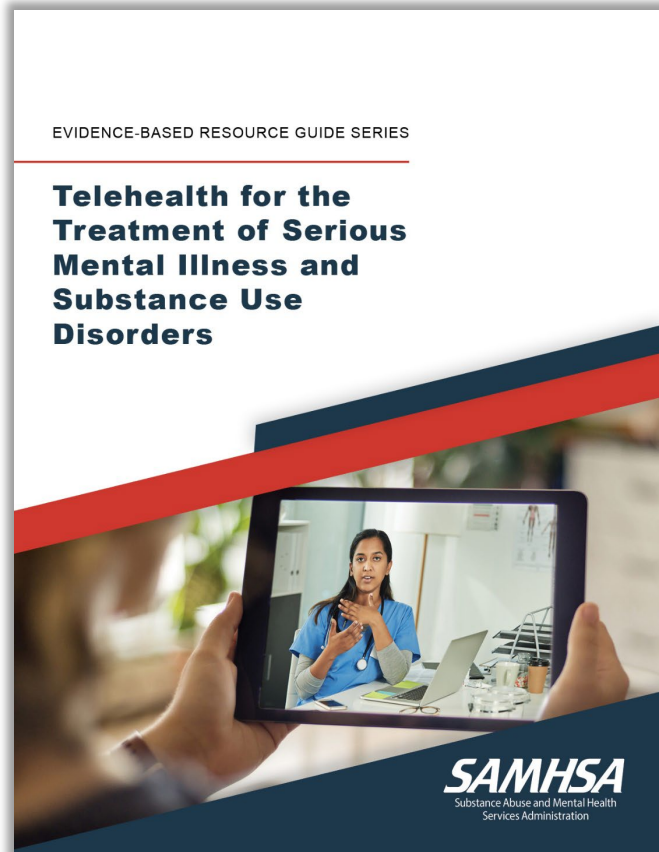
- Consultants in all 50 states and nine territories respond to local needs by providing free educational resources and training to states, communities and individuals
- Between October 2020-October 2021, **14,922** participants were trained, including Physicians; Counselors; Social Workers; Addiction Specialists; Addiction Recovery Specialists; Nurses; and Peer Specialists.
- Over **68%** of requests have provided services to underrepresented or under resourced communities. Nearly **30%** of requests were received for communities of color.



Opioid
Response
Network

SAMHSA
Substance Abuse and Mental Health
Services Administration

Evidence-Based Guides



Evidence-Based Practices Resource Center
<https://www.samhsa.gov/resource-search/ebp>

Thank You

SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities.

Regional Administrator

CAPT Jeffrey Coady, Psy.D., ABPP
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(312) 244-9598

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www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)



Welcome to the
2022
SEOW
Annual
Symposium

Thursday,
9:00 AM – 12:00 PM

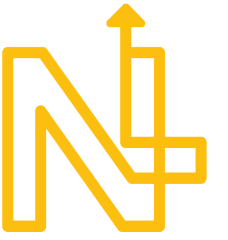


INSIDE INDIANA'S RESPONSE TO THE DRUG EPIDEMIC

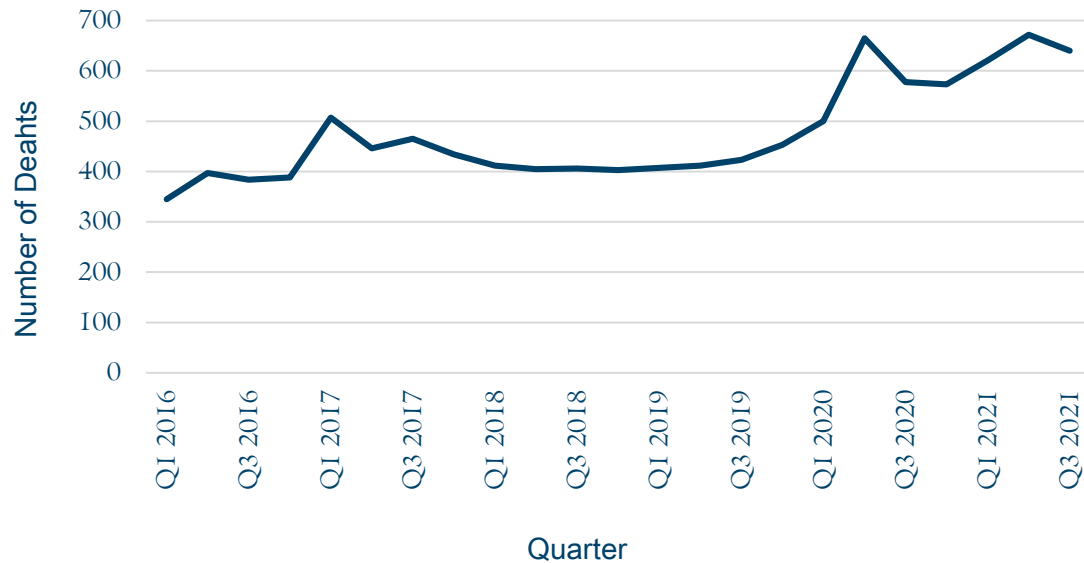
SPRING 2022

Doug Huntsinger

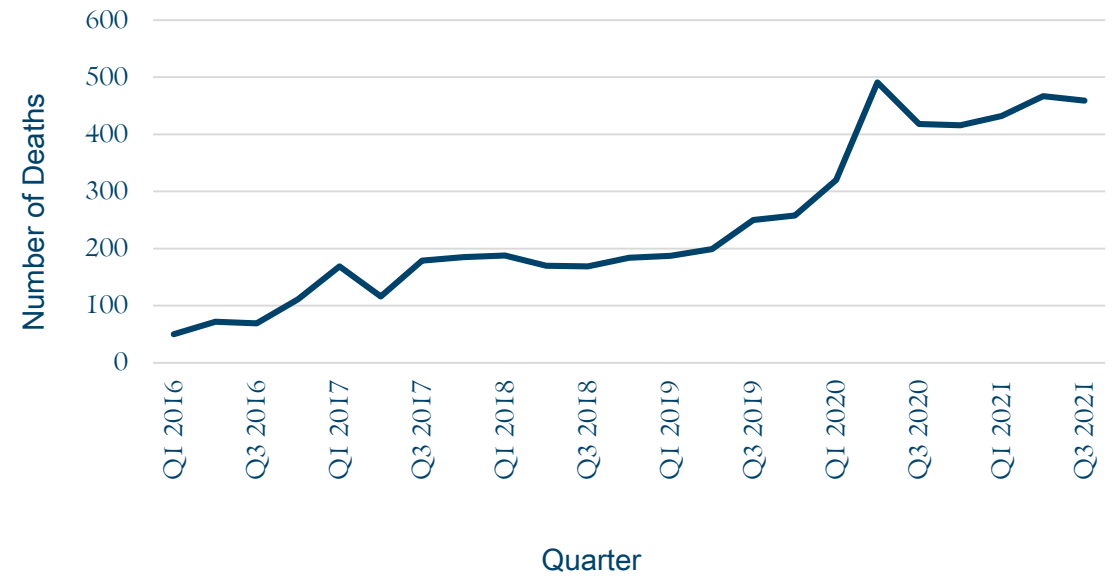
CURRENT SNAPSHOT



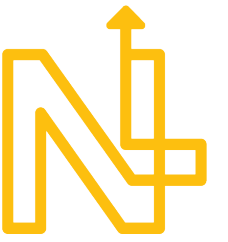
Number of Deaths due to Any Drug Overdose - Indiana



Number of Overdose Deaths due to Synthetic Opioids - Indiana



OUR RESPONSE



- **Naloxone**

- 130,000 doses distributed since May 2020
- Over \$4 million invested since May 2020
- Individual distribution, 430 NaloxBoxes, 19 vending machines

- **Harm Reduction Street Outreach Teams**

- 10 teams statewide

- **Community Coordination Grants**

- \$1.8 million to 21 counties
- Funding coordinator position to manage and organize initiatives and meetings, community needs assessment and action plan, and/or development and support of local coalitions and collaborations

OUR RESPONSE: REGIONAL RECOVERY HUBS



- **Project Objective:**
 - Strengthen Indiana's recovery infrastructure statewide by creating regional recovery hubs
 - Hubs deliver a plethora of support services and expand connection to peer recovery specialists
- **Services include:**
 - Access to SUD treatment
 - Recovery residences
 - Mental health services
 - Employment and education



WHAT'S NEXT?



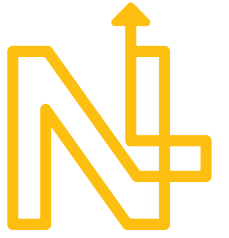
- **Access to care**

- Treatment Locator ... Coming Soon
- Core Competencies

- **Opioid Settlement**

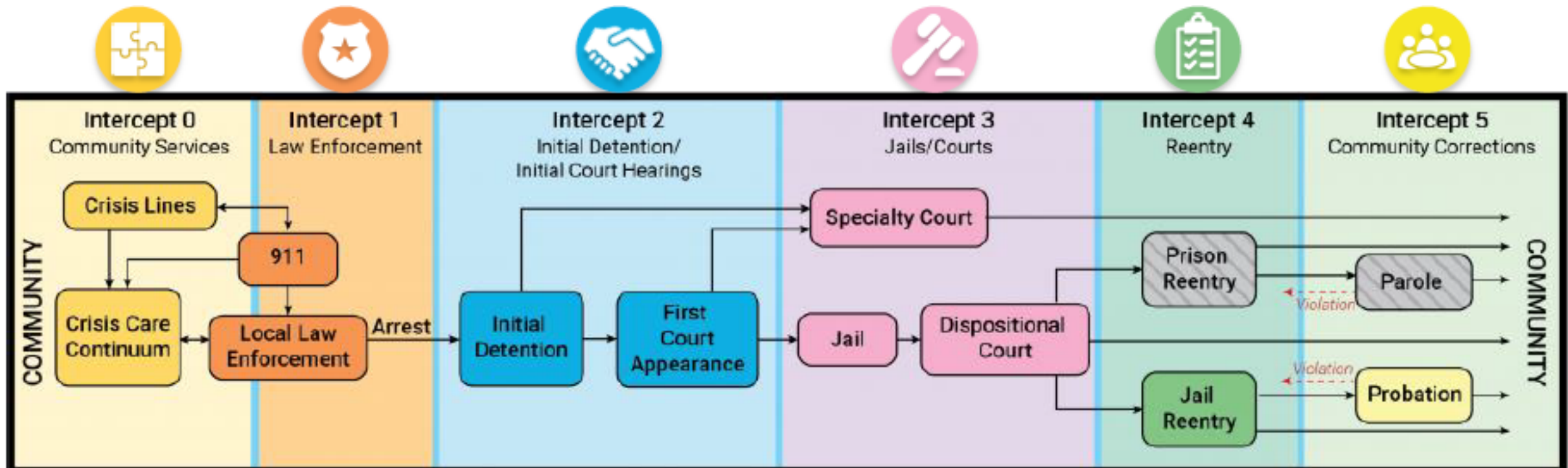
- \$506M over 18 years
- HEA 1193
 - Creates state-local split at 50/50
 - Funds to be used for SUD abatement
- Identifying possible uses of state funding – i.e., match/incentive payments to ensure locals maximize the impact of their funds

GUIDING PRINCIPLES FOR USE OF OPIOID SETTLEMENT FUNDS



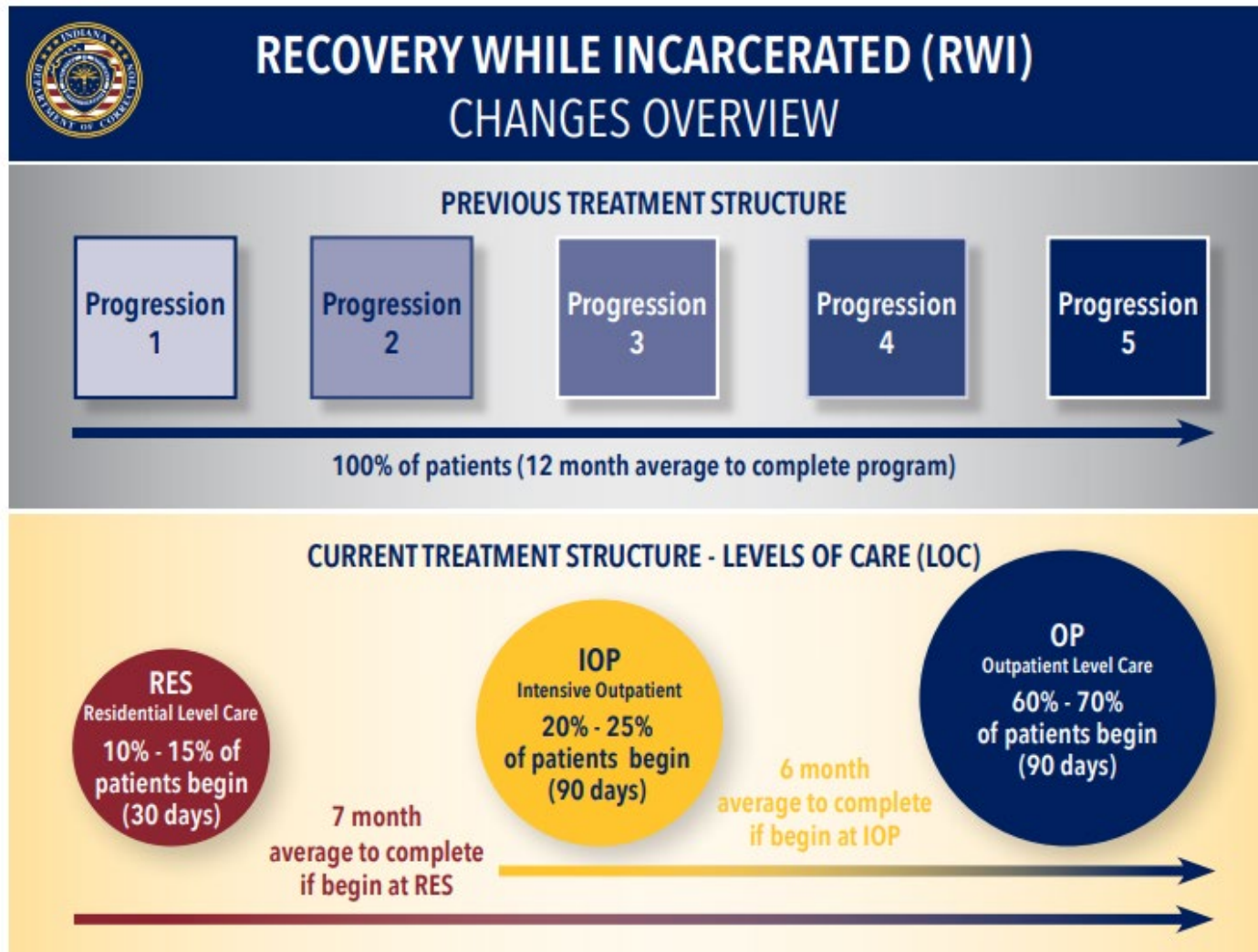
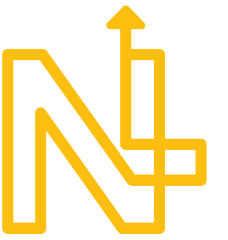
1. Spend the money to save lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on Racial Equity
5. Develop a fair and transparent process for where to spend the funds.

MENTAL HEALTH & SUBSTANCE USE DISORDER IN THE JUSTICE SYSTEM

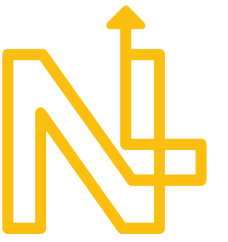


Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
 © 2019 Policy Research Associates, Inc.

RECOVERY WHILE INCARCERATED



MENTAL HEALTH & THE JUSTICE SYSTEM



Someone to Call

Statewide 24/7
Call Center(s)



Someone to Respond

Mobile Crisis Teams



A Place to Go

Short-term Crisis
Stabilization Facilities

A system that will serve
anyone, anytime, anywhere

CONTACT US

 dhuntsinger@gov.in.gov

 317-232-4574

 recovery.in.gov





2022

SEOW

**Annual
Symposium**

Break

10:20 AM to 10:30 AM

PREVENTION DURING A PANDEMIC:

**FINDINGS FROM AN EVALUATION OF THE
SUBSTANCE ABUSE PREVENTION & TREATMENT
BLOCK GRANT**

Indiana State Epidemiological Outcomes
Workgroup Symposium

May 26, 2022



THOMAS P. MILLER & ASSOCIATES

THOUGHTFUL
SOLUTIONS.
EMPOWERED
COMMUNITIES.

EVALUATION OVERVIEW

Implementation & outcomes evaluation of substance abuse prevention grants in Indiana

- SFY 2021: 15 Comprehensive Community grantees, 4 Older Adult grantees
- SFY 2022: 15 Comprehensive Community grantees, 4 Older Adult grantees, 3 CRRSA-ARP Implementation grantees, 14 CRRSA-ARP Capacity-building grantees

Tracking site-level & state trends, including quantitative & qualitative findings

TPMA Evaluation Team

Maureen Hoffmann, Ph.D.
Senior Consultant



Rebekah Gaidis, Ph.D.
Senior Consultant



Dana Schoeph
Project Associate

Samantha Carpenter
Project Associate

Evaluation Partners

Montrell Partnerships
Program Observations

Bingle Research Group
Data Analysis

netlogx
Project Coordination

PANDEMIC-RELATED CHALLENGES: SCHOOLS

Transitioning to and from **virtual learning** has presented challenges for engaging students.

The pandemic and limited in-person engagement has worsened **student mental health issues** and their abilities to interact socially.

School staff are overworked as they help students recover from the effects of the pandemic, limiting their capacity for other programming.

PANDEMIC-RELATED CHALLENGES: OTHER POPULATIONS

Zoom fatigue has impacted program participation, as participants are less interested in attending online programs.

Families are catching up on other in-person activities missed during the pandemic and have less time for family prevention programs.

Continued health and safety concerns for the **vulnerable senior populations** has created barriers for engaging older adults.

ADDITIONAL CHALLENGES & BARRIERS

Prevention is an **incremental process**. Significant movement in indicators may not be visible within the grant period.

Grantees have experienced growing resistance to programming due to politicization of **social-emotional learning**.

SUCCESSSES & SILVER LININGS

Grantees with existing **strong partnerships** found them instrumental to their ability to implement programming, particularly in SFY2021.

Some grantees found virtual programming **removed barriers** that had previously impacted participation.

Grantees developed **creative solutions** to adapt to pandemic challenges, some being retained even as in-person activities returned.

In SFY2021:

13,249

served through individual-based strategies

4,891,004

served through population-based strategies

In SFY2022
(as of April):

19,367

served through individual-based strategies

LOOKING FORWARD

- Additional support in restructuring **messaging around SEL** would help providers address school concerns.
- Further direction towards **resources for sustainability** could empower providers to continue grant efforts after this two-year cycle.
- Grant implementation and outcomes may still not have returned to what they were pre-pandemic, so **continued flexibility** regarding expectations would support providers.

QUESTIONS?

Contact us:

- Maureen Hoffmann, mhoffmann@tpma-inc.com
- Rebekah Gaidis, rgaidis@tpma-inc.com





Welcome to the
2022
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Annual
Symposium

Thursday,
9:00 AM – 12:00 PM



DATA DRIVEN PREVENTION; Planning to Outcomes

MeriBeth Adams-Wolf MA, CPS, LCAC, CSAMS

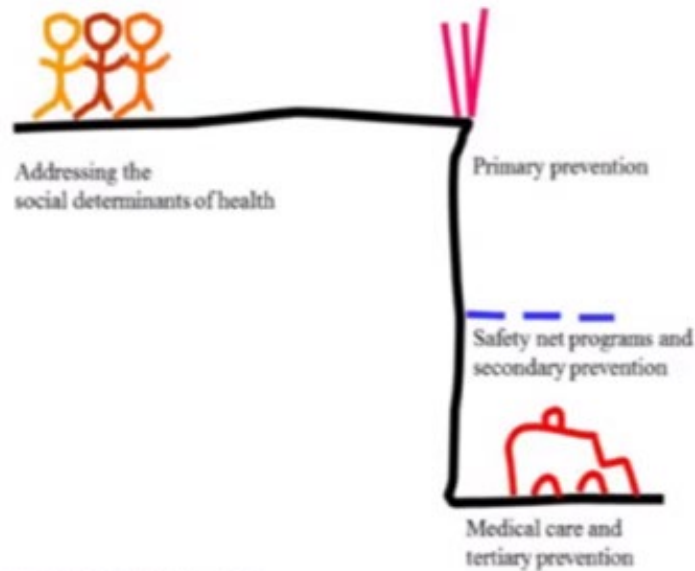
Casey Nesmith, CPS, Prevention Programs Coordinator

The logo for "Our Place" is displayed in a white square box. The text "Our Place" is written in a black, elegant cursive script font. The word "Our" is positioned above "Place", and the two words are connected by a decorative flourish.

*Our
Place*

PRIMARY PREVENTION

Types of Prevention



Jones CP et al. *J Health Care Poor Underserved* 2009.

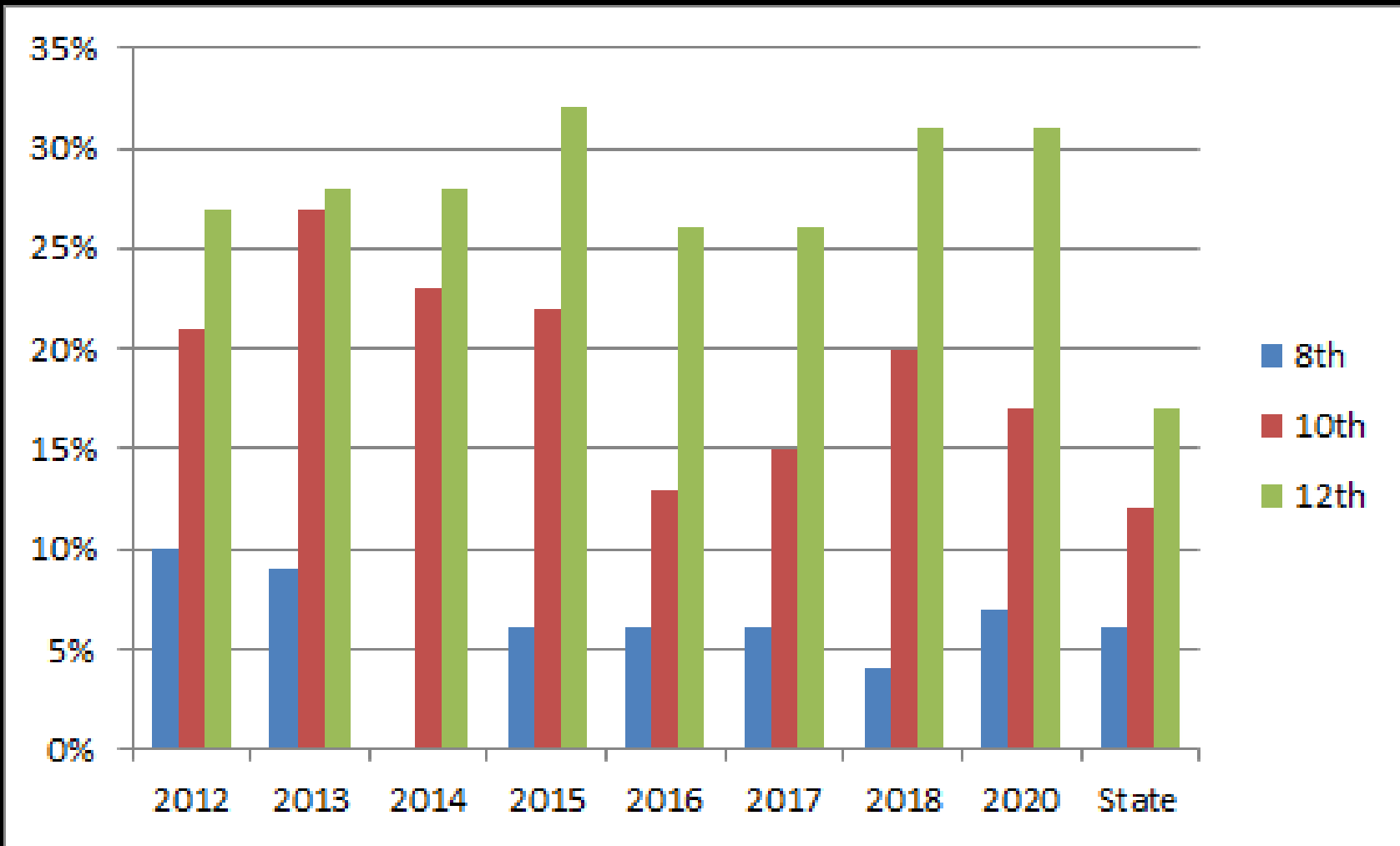
- **Primary Prevention:** aims to avoid the development of a disease or disability in healthy individuals.
- **Secondary Prevention:** early disease detection, to prevent worsening of the disease and emergence of symptoms before the disease becomes severe.
- **Tertiary Prevention:** to reduce the negative impact of a disease that is already established.

DATA COLLECTION WITHIN THE STRATEGIC PREVENTION FRAMEWORK

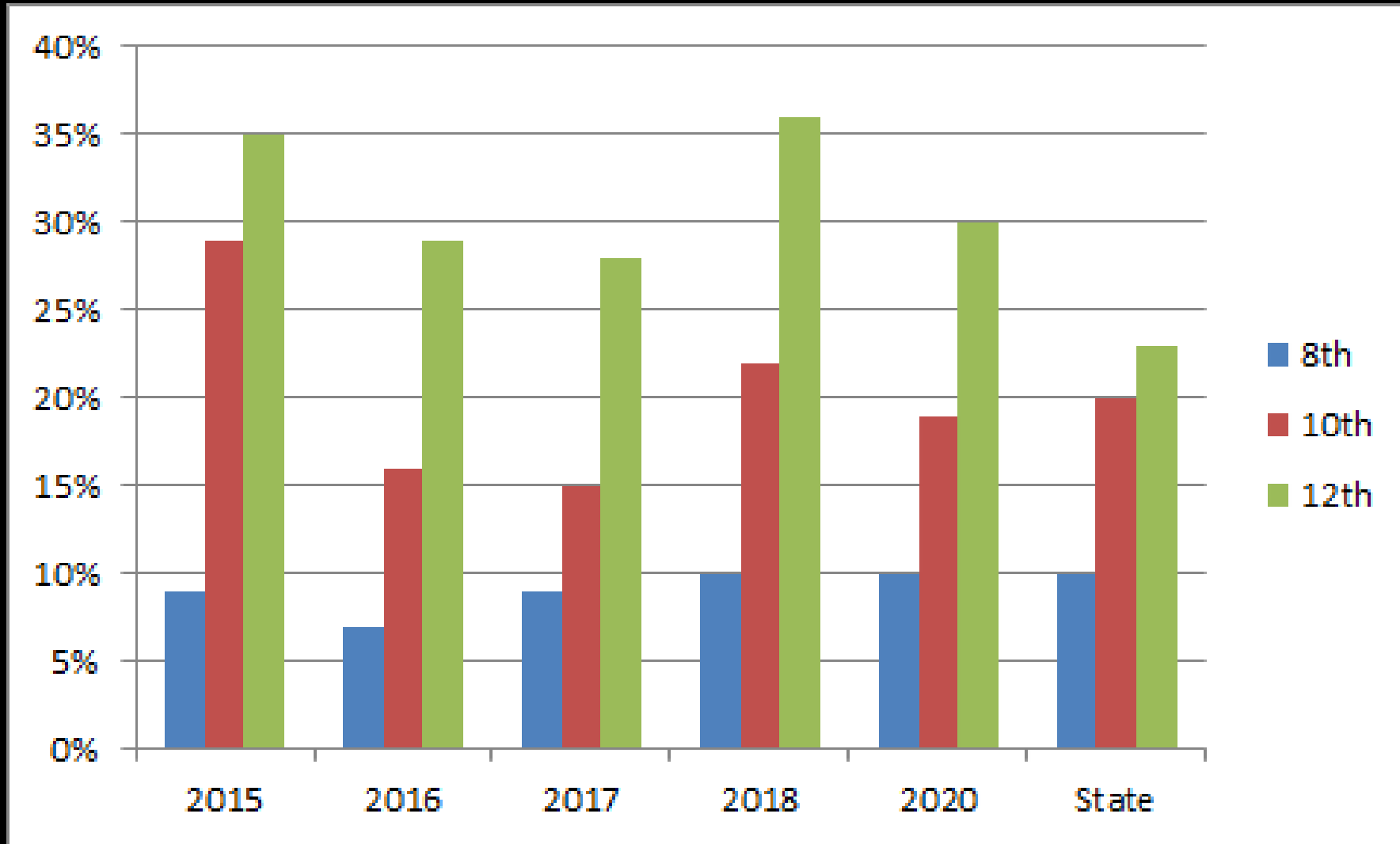


ASSESSMENT

- Relationships to get access to data
- Triangulation of data
 - Multiple sources
 - Awareness of source of data/quality
- Confidence in the data collected
 - Watch out for “Cherry Picking”
 - What is it telling you?



Past 30 Day Marijuana Use



Vaping - Use of Electronic Devices

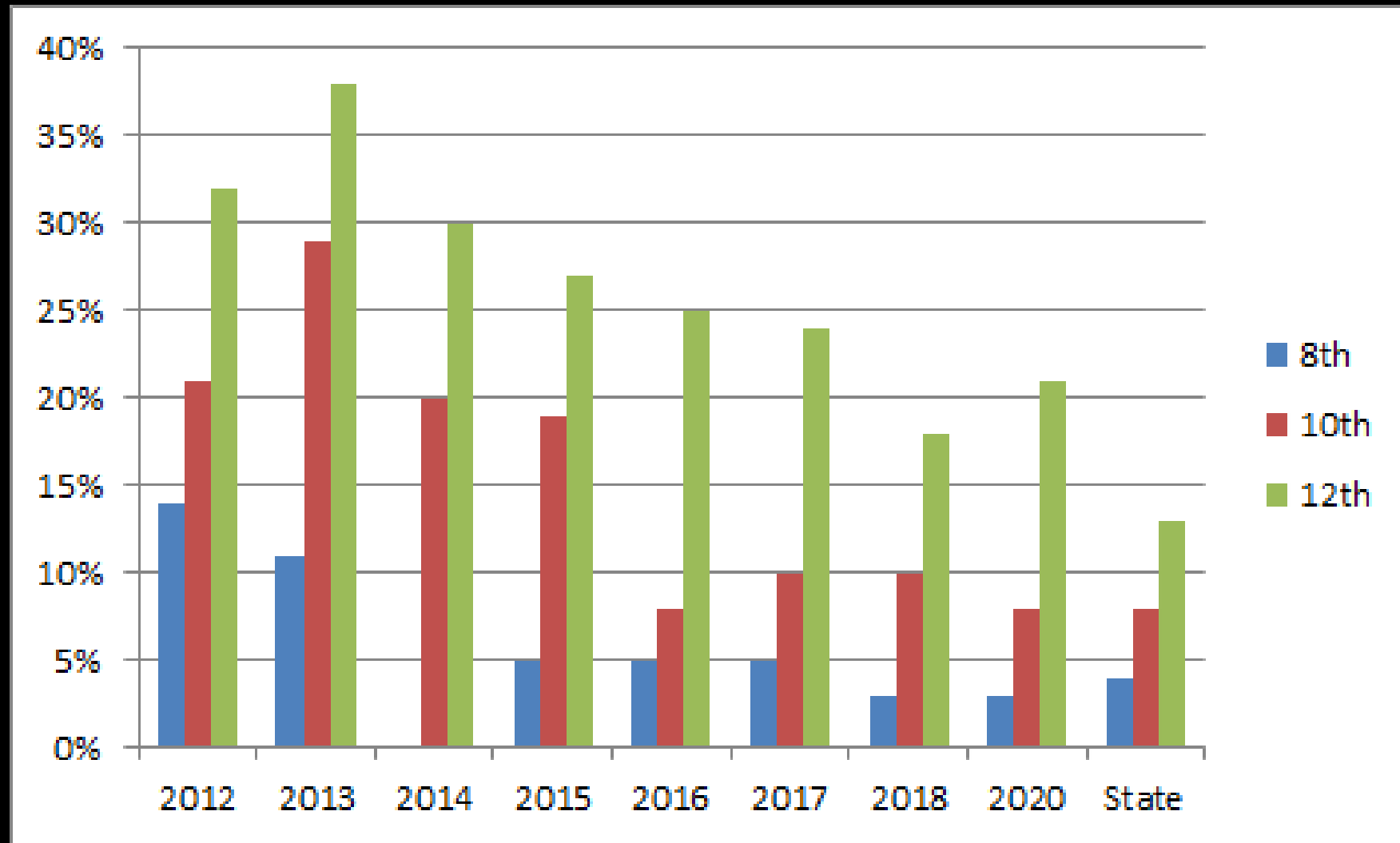
CAPACITY

- Qualitative Data
- Readiness
- Resource Assessment/Gaps Matrix
- The process of beginning to look at targeted populations and do you have access to them?

PLANNING

- Goal is to be as comprehensive as your resources can allow
 - A mix of Direct, Indirect, Policy Change
 - Data Driven Goodness of Fit, Cultural considerations
 - Aligning strategies to risk factors and determinants
 - Prioritizing needs based on funding or the ability to impact

When our local data began improving is when our students had been through all programs that we were offering



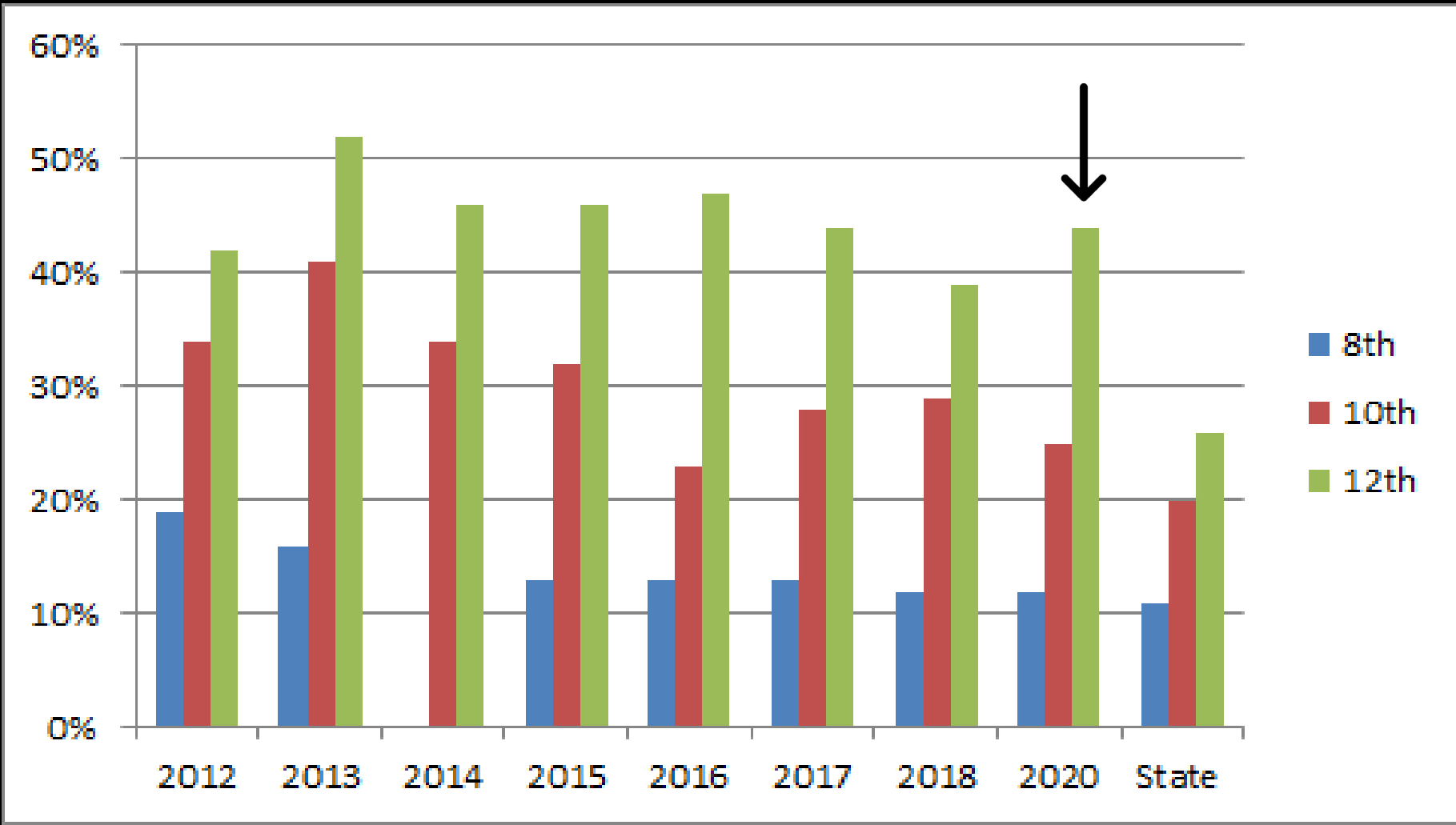
Binge Drinking within past two weeks

OUR PLAN

Direct Strategies Programming for Students

- 2nd grade - Footprints for Life (Parent letters accompany the curriculum)
- 4th grade – LifeSkills
- 7th grade – LifeSkills (7th and 8th grade)
- 9/10th grade – LifeSkills

What is the data telling you?



Past 30 day Use of Alcohol

OUR PLAN (CONT.)

Indirect Strategies

- Be The Majority (middle and high school) (INYS data)
- Early Identification and Referral
- Parent Night and Teacher Presentations
- Forty Developmental Assets and Trauma Informed Care
- Parents Who Host Lose the Most
- Don't Drink Like a Fish (college age – IUS) (ICSUS data)
- Policy – school vaping, advocating for alcohol density review and compliance efforts (qualitative and quantitative data)

Comparisons between Past Month Reported Use (Q8) and Perception of Peer Use (Q36)

New Albany-Floyd County Consolidated School Students, 2018

(Values are percentages, valid cases only)

	Grade		
	8th	10th	12th
Alcohol: Actual Reported Use	11.7	29.4	39.4
Alcohol: Perception of Peer Use	67.4	92.4	91.2
Cigarettes: Actual Reported Use	1.8	5.7	10.3
Cigarettes: Perception of Peer Use	54.8	80.1	80.2
Marijuana: Actual Reported Use	4.3	20.4	31.0
Marijuana: Perception of Peer Use	64.3	90.5	91.1
Prescription Painkillers: Actual Reported Use	1.0	1.9	3.1
Prescription Painkillers: Perception of Peer Use	38.8	70.6	67.3
Prescription Stimulants: Actual Reported Use	1.3	1.9	4.4
Prescription Stimulants: Perception of Peer Use	36.2	72.3	69.0

Comparisons between Past Month Reported Use (Q7) and Perception of Peer Use (Q38)

New Albany-Floyd County Consolidated School Corporation Students, 2020

(Values are percentages, valid cases only)

	Grade		
	8th	10th	12th
Alcohol: Actual Reported Use	12.1	25.2	44.2
Alcohol: Perception of Peer Use	25.4	45.6	54.8
Cigarettes: Actual Reported Use	1.3	5.5	4.9
Cigarettes: Perception of Peer Use	16.5	27.9	28.8
Marijuana: Actual Reported Use	6.8	16.8	31.2
Marijuana: Perception of Peer Use	29.4	52.7	61.5
Prescription Drugs: Actual Reported Use	1.6	3.6	3.0
Prescription Drugs: Perception of Peer Use	20.3	29.6	25.4

Note: Perception of Peer Use - In the past month, approximately WHAT PERCENTAGE of students in your school do you think used...?

IMPLEMENTATION

Importance of fidelity and process data

Goal: reach 80% of targeted population with 80% of programming

May 2021 -

- Direct reach and saturation-
 - 97.5% Duration, 90.6% Dosage
- Indirect reach
 - BTM 120%, PWH/Youth Counts 258%, and FISH 81% of promised reach
- Check your demographics

EVALUATION

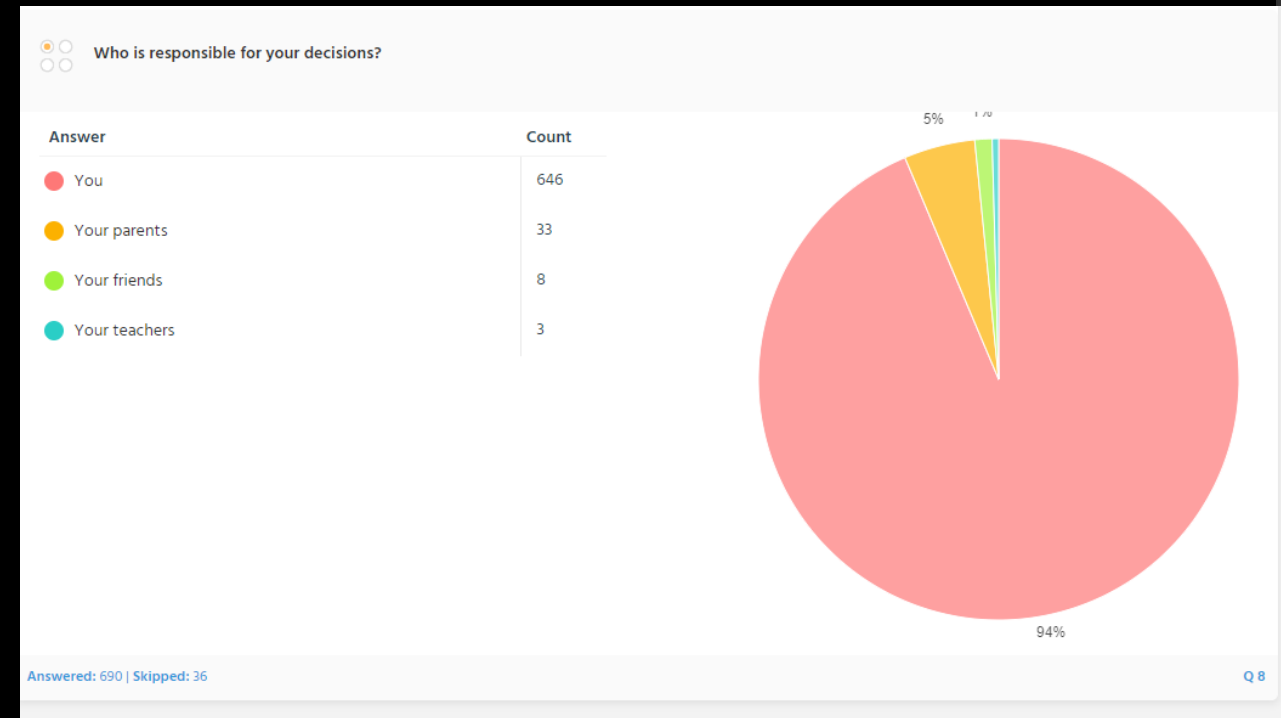
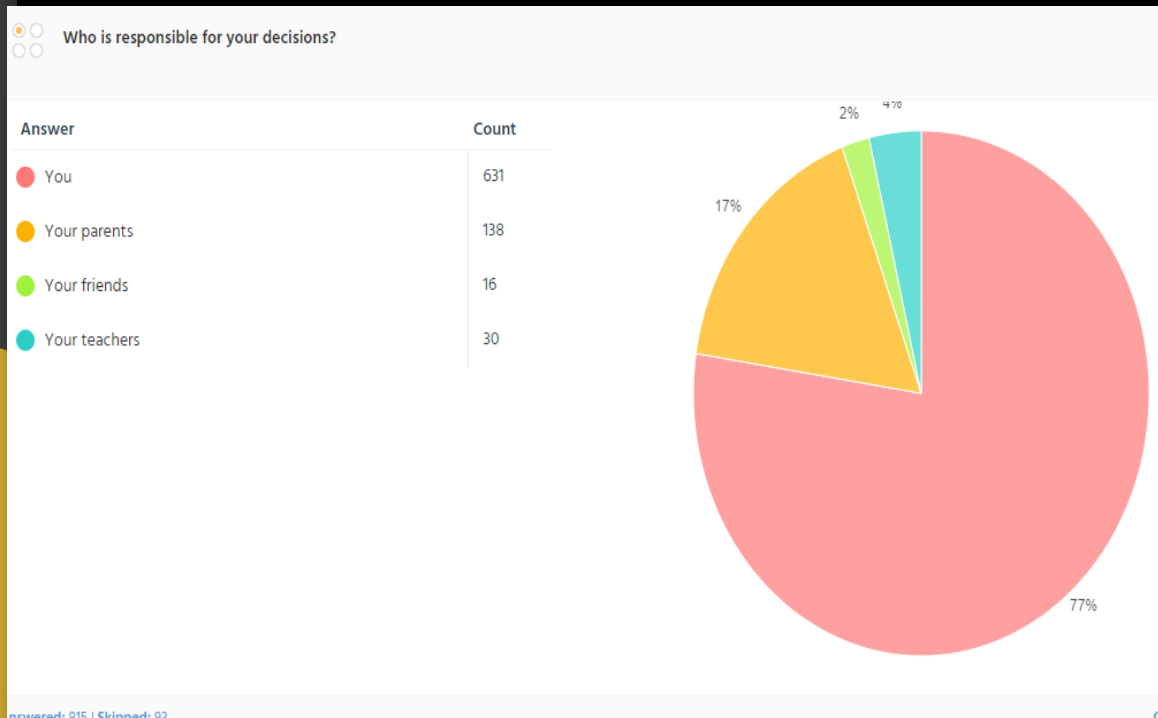
Are You Moving the needle?

- Short term-Program evaluations pre/post, feedback
- Next Level – Indiana Youth Survey, ER visits for youth, school violations, juvenile charges/infractions
- Long Term - Trends and Community change – may be ten years before data can demonstrate real community change such as arrest rates, treatment episodes, etc. (SEOW)

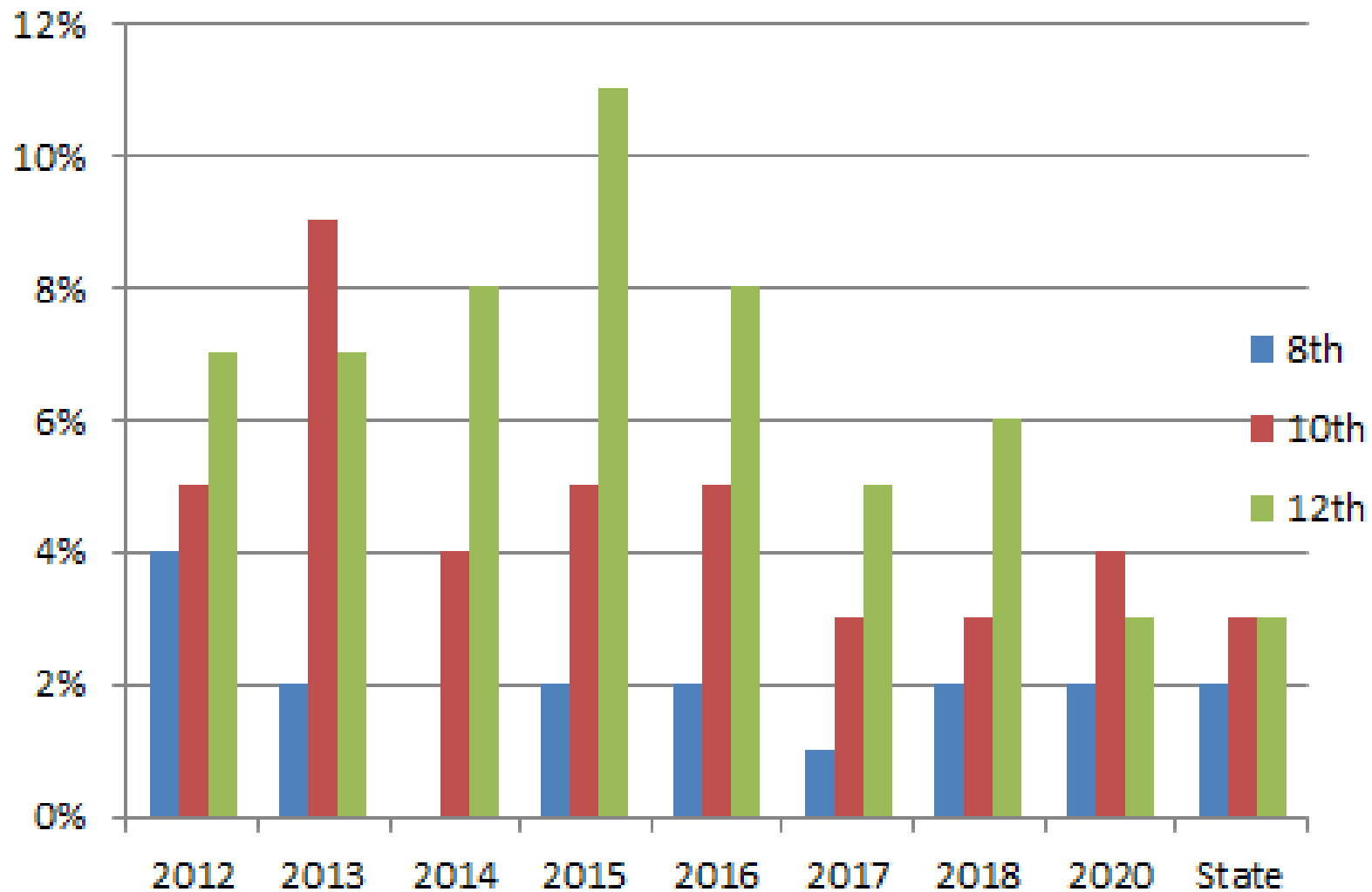
SHORT TERM OUTCOMES

Pre-Test 77%

Post Test 94%



Who is responsible for your decisions?



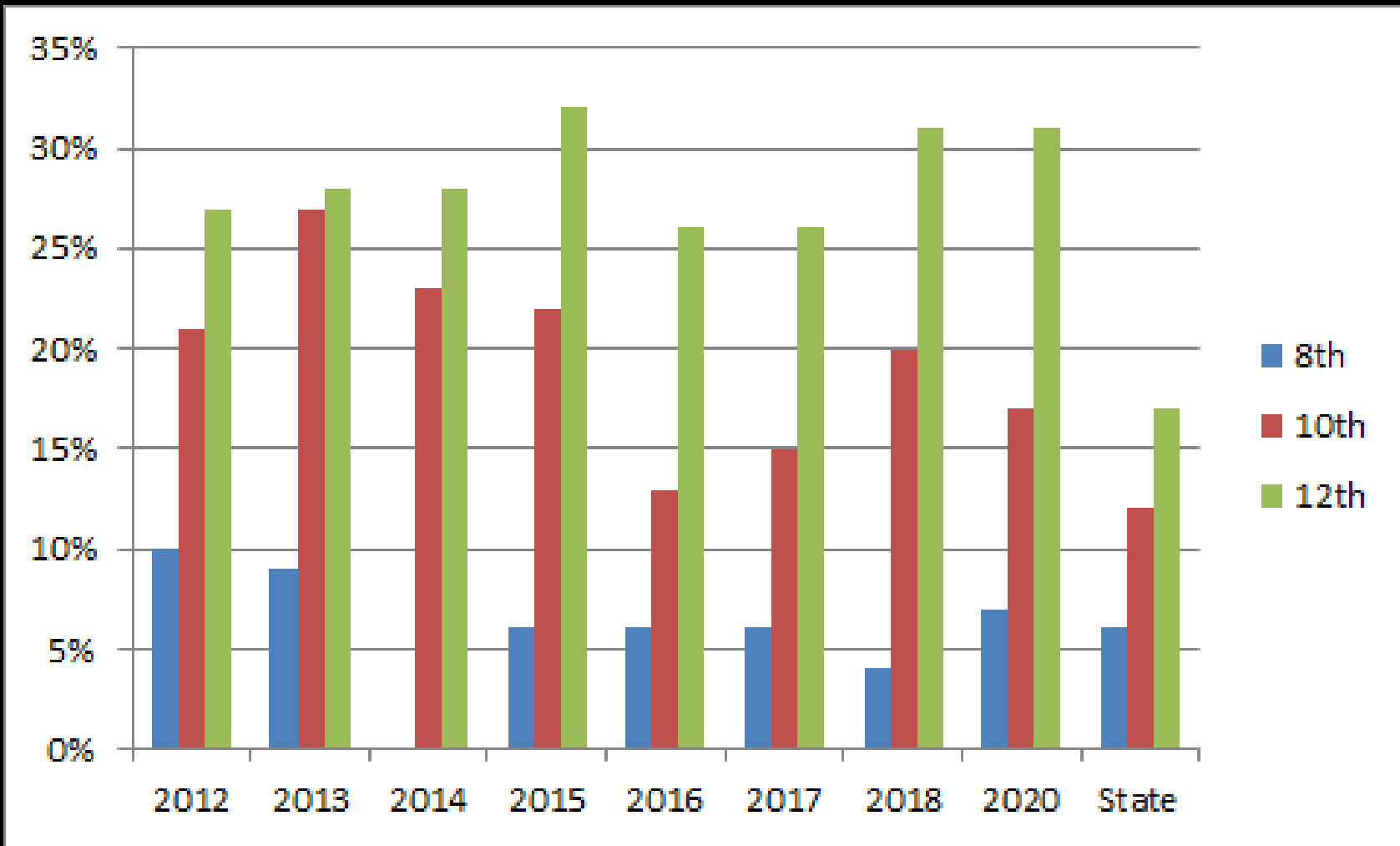
Prescription Drug Use

CONSIDER INTERVENING VARIABLES

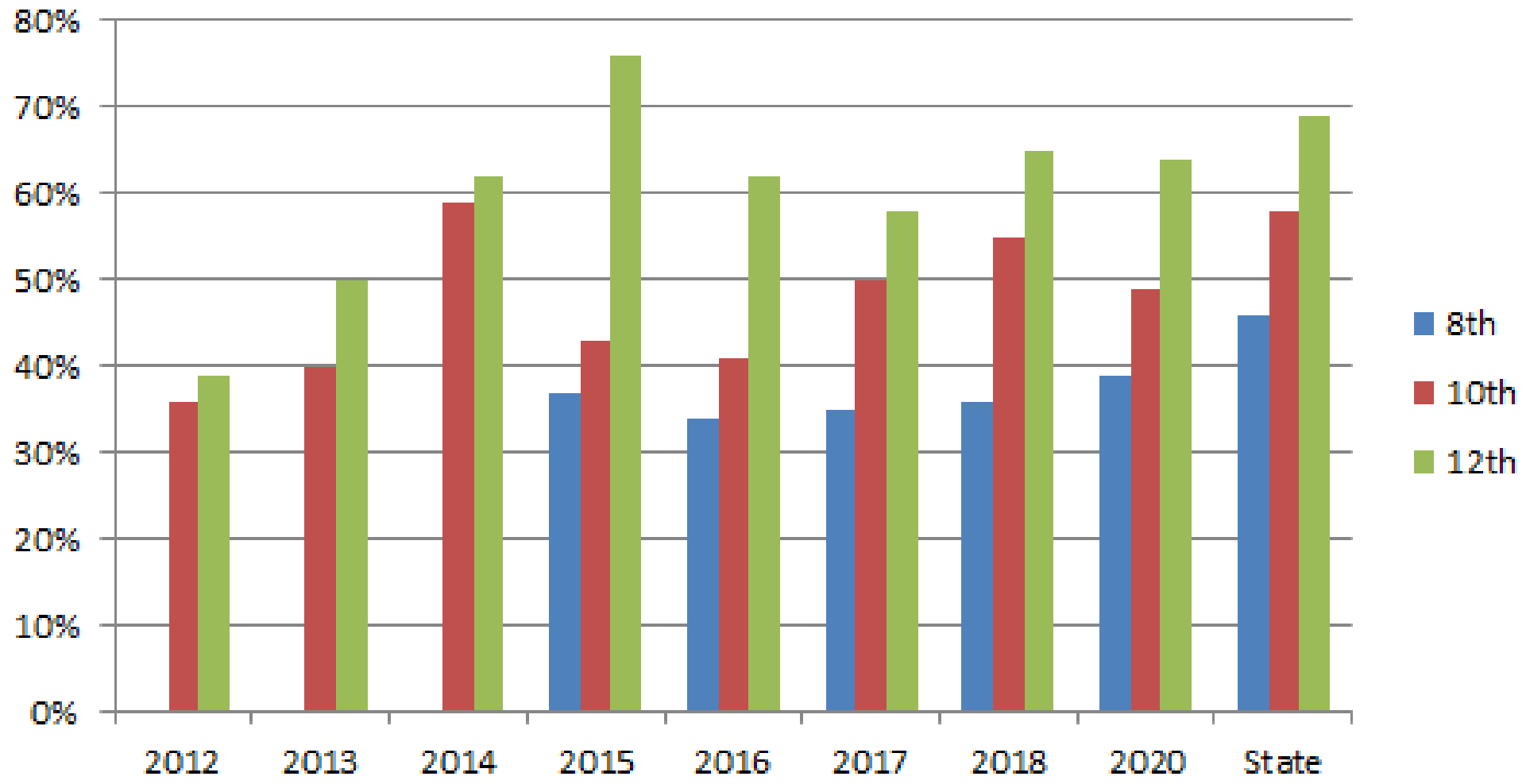
Community Norms

Legalization pushed through media outlets that are mainly pro

Policies and practices that continue to push back against prevention efforts



Past 30 Day Marijuana Use



Lack of Perception of Harm - Marijuana Use

SUSTAINABILITY

When you can demonstrate that you have taken the time to do a needs assessment to identify the determinants

When you can identify the gaps in programming that you are filling

When you can obtain access to your target population in such a way that you are reaching saturation

When you can demonstrate that the programs you have selected will be evidence/research based, and delivered with fidelity

When you can demonstrate outcomes with your data.....





DRUG AND ALCOHOL EDUCATION SERVICES, INC.

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Serving Southern Indiana since 1981



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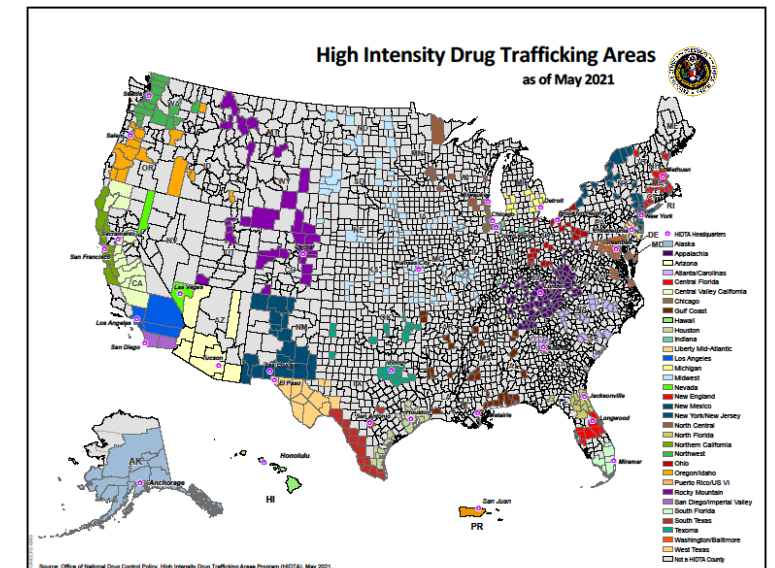
Indiana Drug Trends a Look at Price, Arrests, & Seizures

Robert Glynn, DEA retired
Indiana HIDTA Drug Intelligence Officer
Overdose Response Strategy



Indiana HIDTA

- Indiana High Intensity Drug Trafficking Area
 - Created in 1996
 - Funded by Congress and the Office of National Drug Control Policy
 - HIDTA founded to combat illegal narcotics trafficking
 - 24 initiatives (DTO, MLO, gangs, firearms and fugitives)
 - 33 HIDTAs across the country

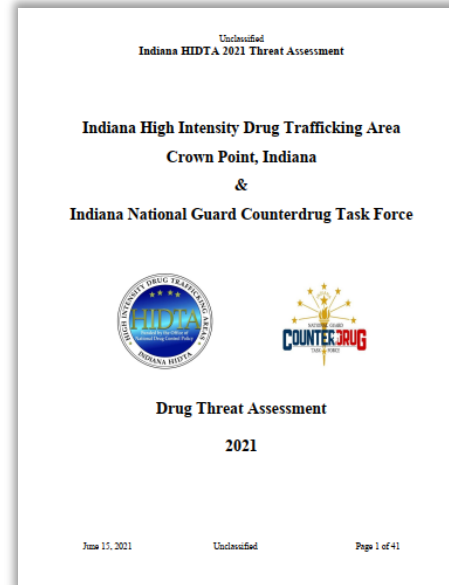


Data Sources

- “Arrests” —Indiana’s MPH arrest dashboard
- “Samples” —Samples reported analyzed by ISP Laboratory Division
- “Seizures” —Bulk seizures reported by HIDTA initiatives
- “Price” —From MAGLOCLLEN (Middle Atlantic-Great Lakes Organized Crime Law Enforcement Network) which is calculated every two years. Average used for gap years

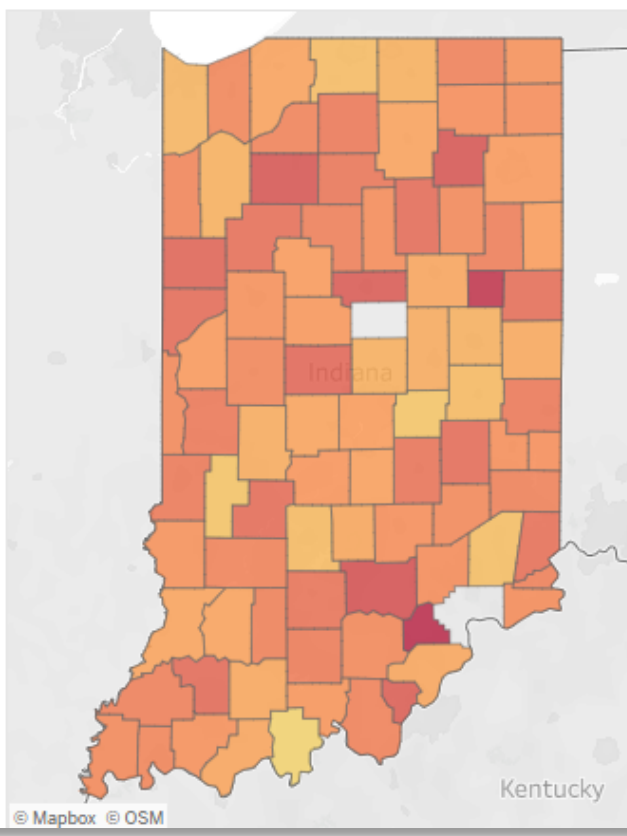
Indiana Drug Trafficking from 30,000 feet

- The big four according to Indiana HIDTA 2022 Drug Threat Assessment
 - Fentanyl
 - Methamphetamine
 - Heroin
 - Cocaine

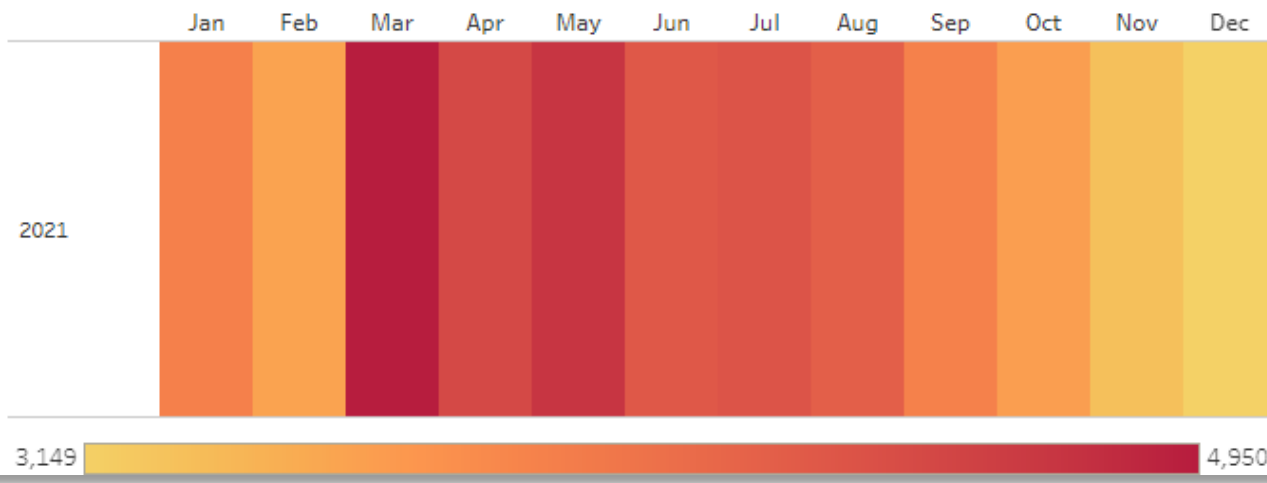
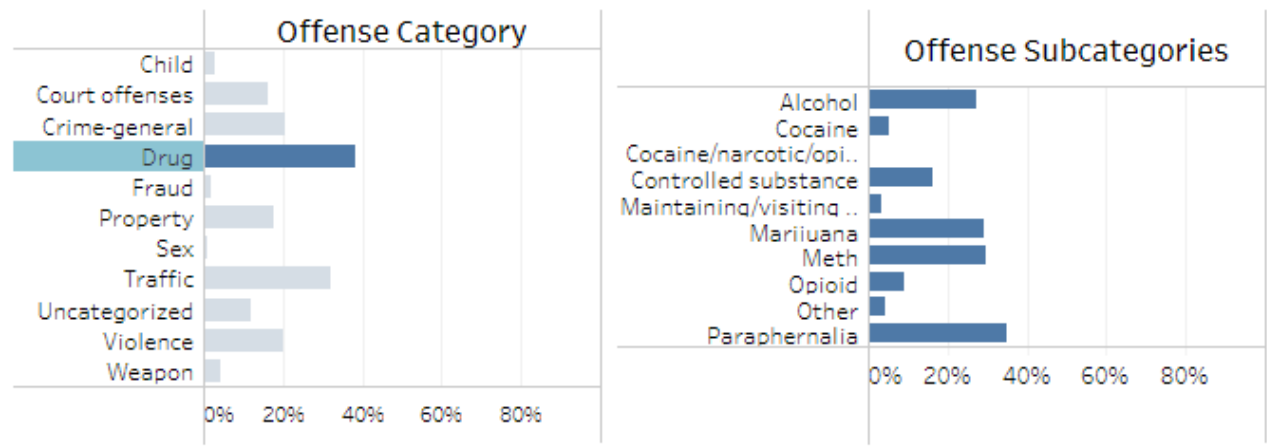


- The assessment will be published June 2022 and is available to the public

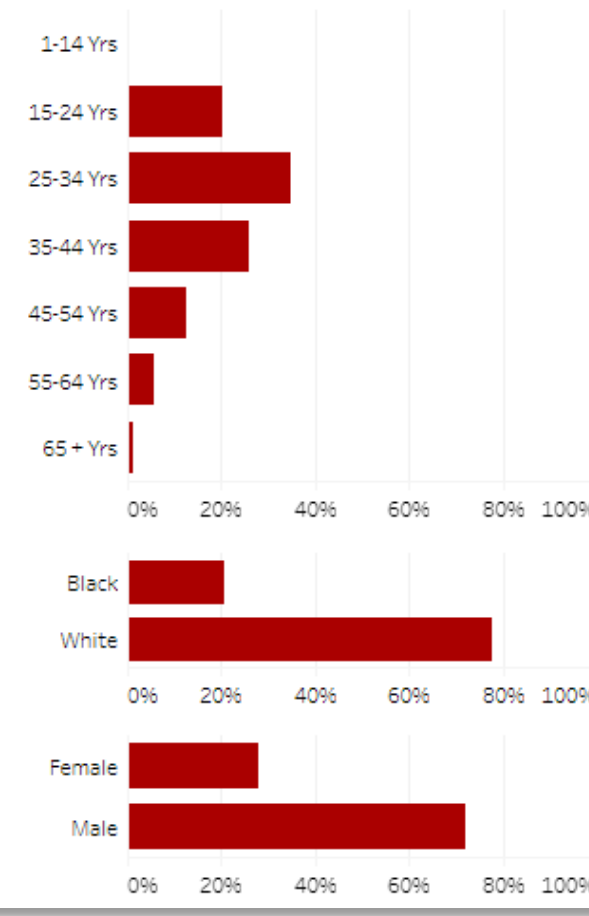
Rate or Count?
 Rate per 10,000 County Residents



Select an Offense Category to see Subcategories

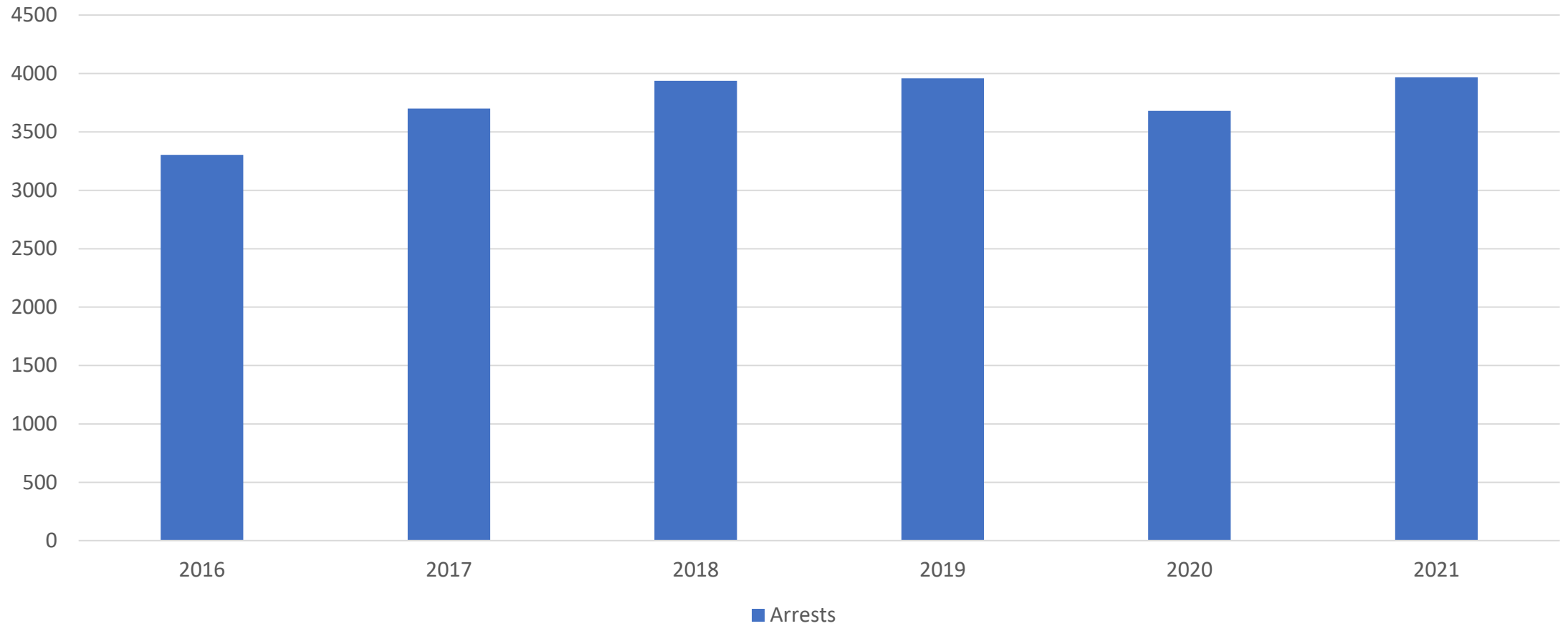


Demographic Information

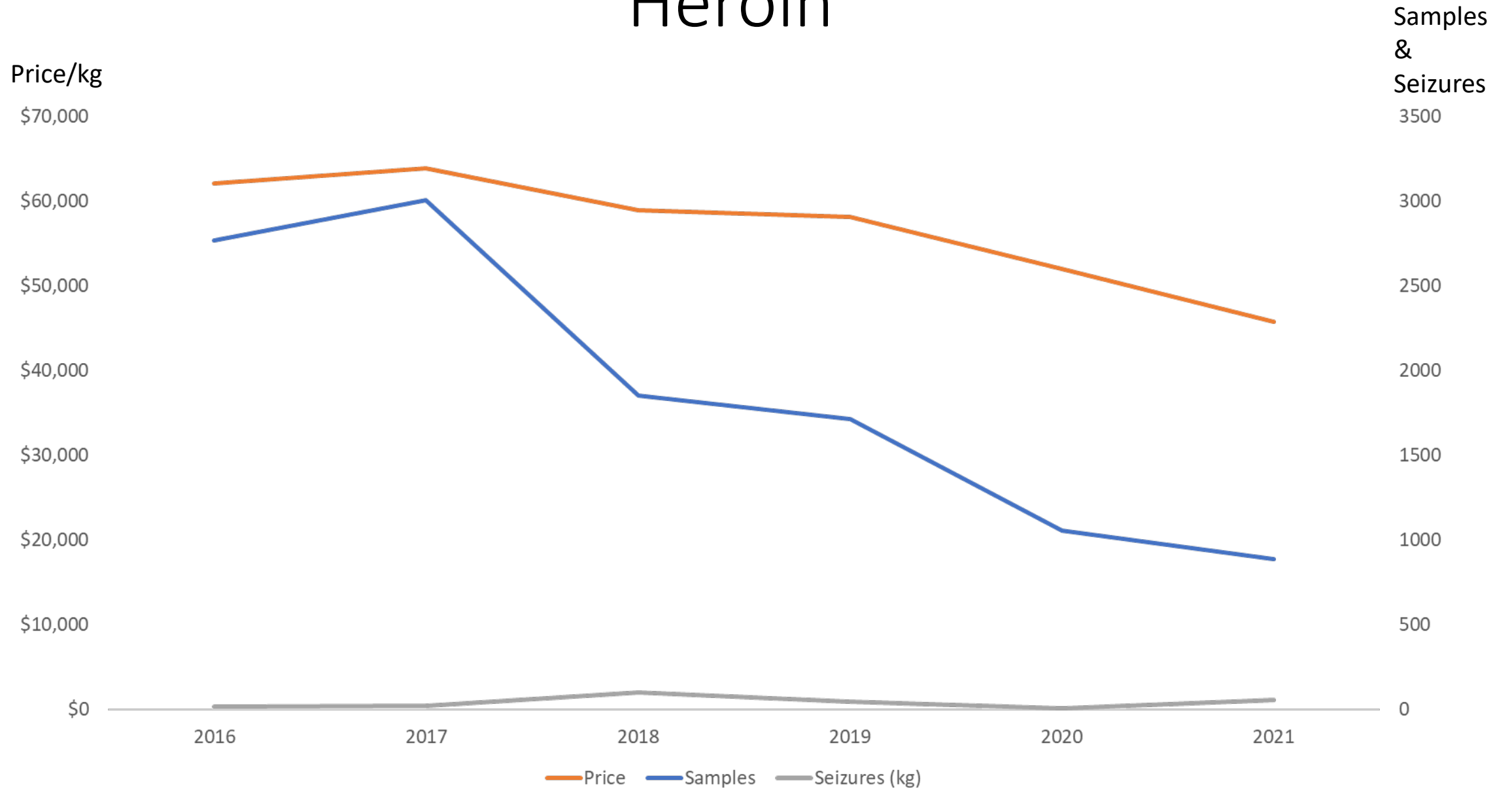


2021 arrest data, Indiana MPH

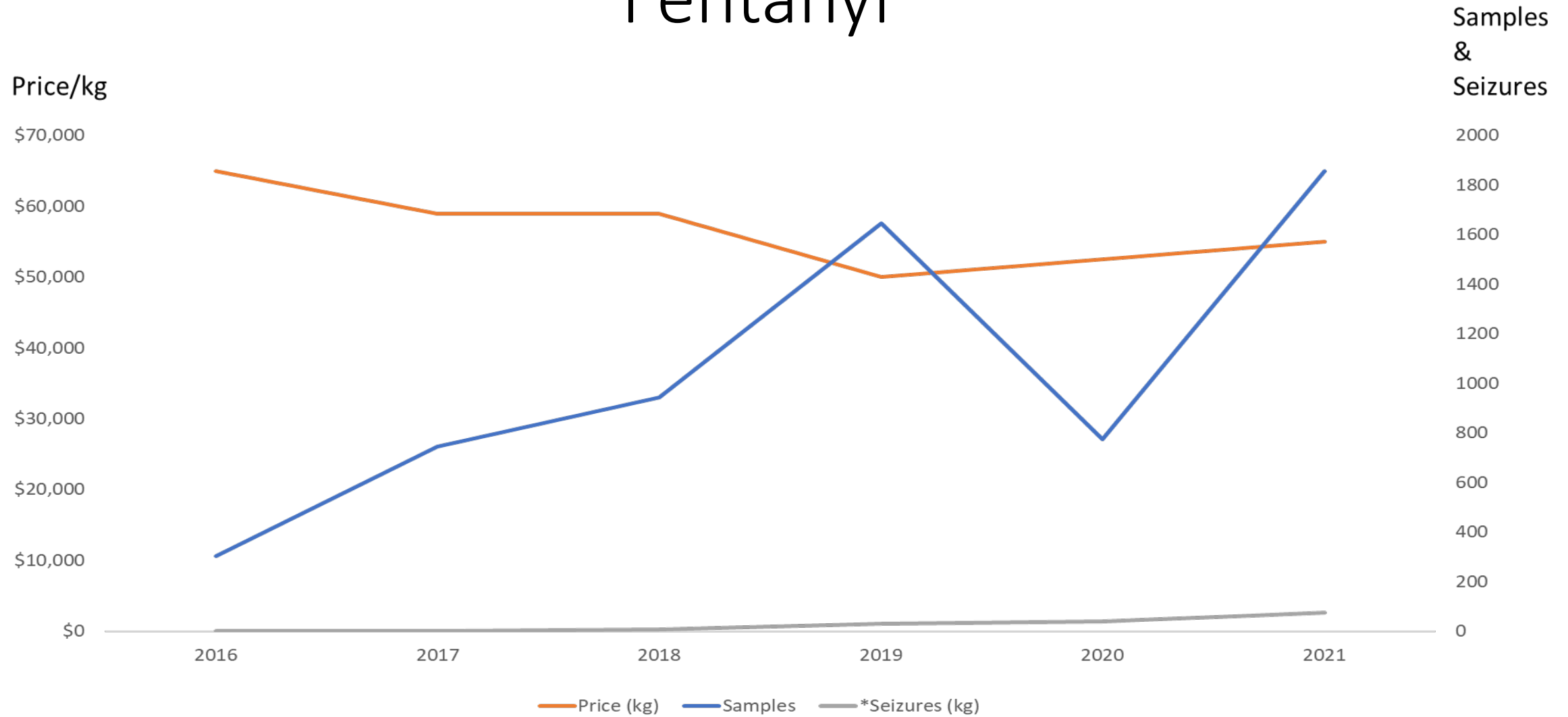
Opioid arrests



Heroin



Fentanyl



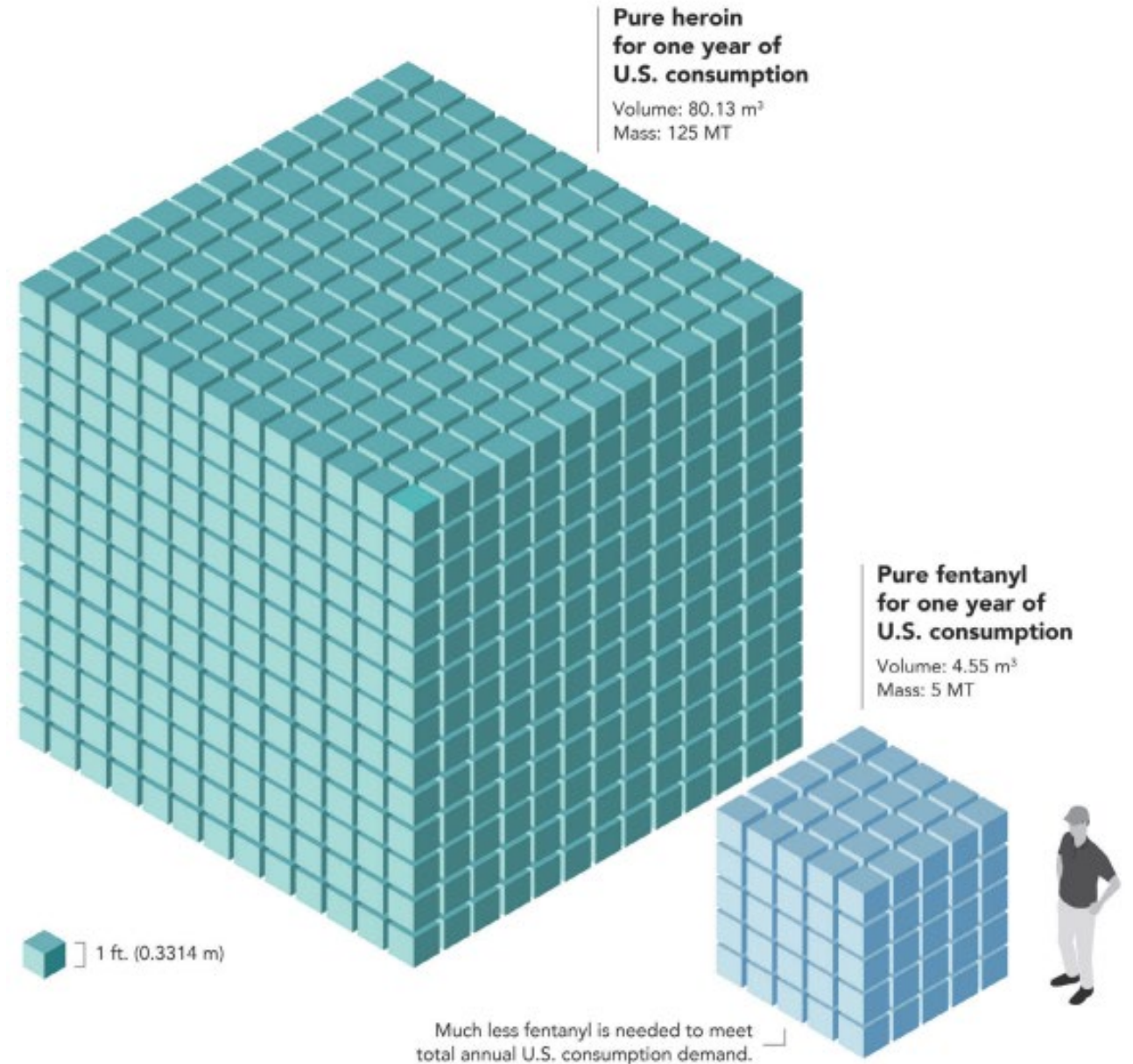
*Seizures include item not entered in 2021

Price data from multiple source pre-2019

Fentanyl

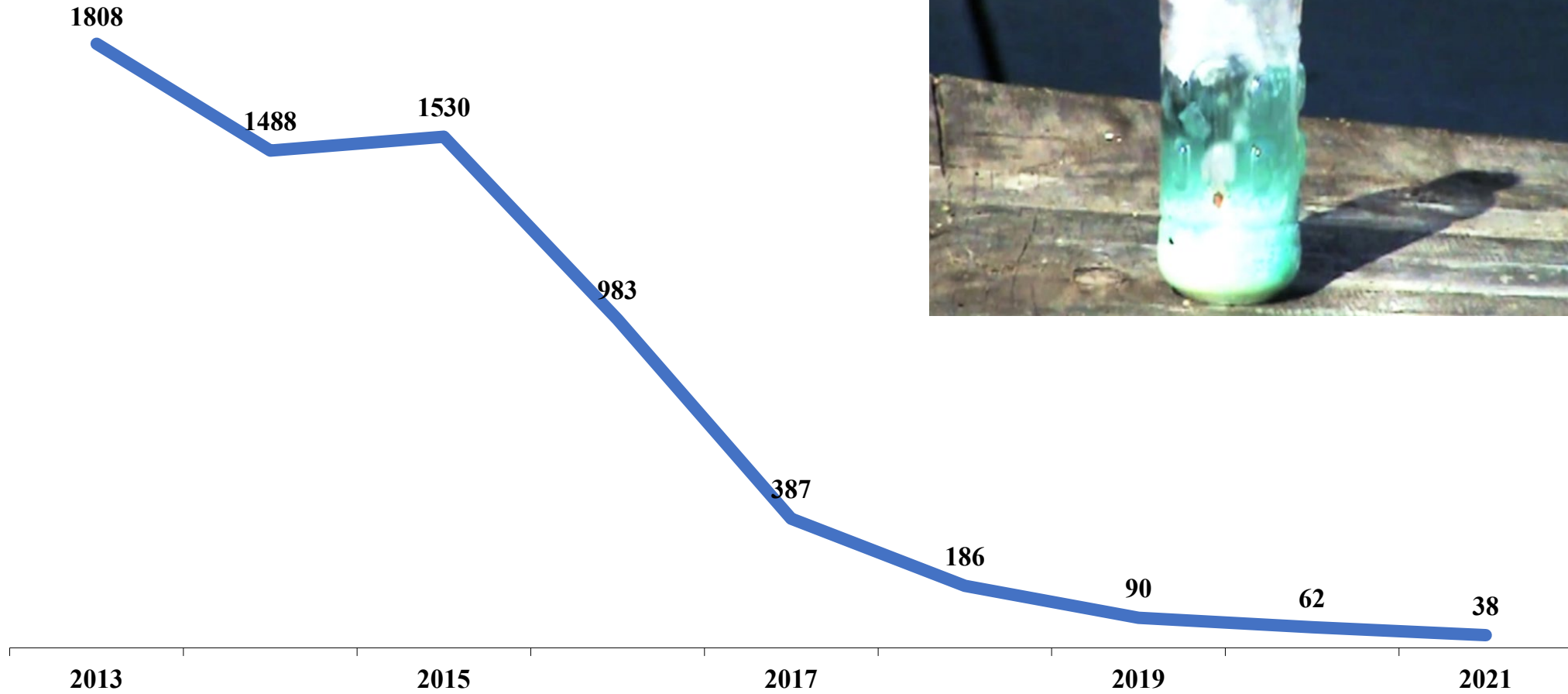
- Synthetic opioid considerably cheaper to make than opioids from the poppy plant
- 50x more potent than heroin - requires a lot less for the same high
- Mostly now in powdered form – seeing significantly less patches and suckers
- One kilogram (2.2 lbs.) of pure fentanyl has the potential to kill 500,000 people
- Precursors purchased from China by Mexican TCOs under the umbrella of “research chemicals” before being cooked
- Mexican fentanyl labs are small and mobile so to mitigate LE hits on production so that each seizure has a small impact on volume

Estimated Volume Needed to Meet U.S. Consumption for Illegally Sourced Opioid: Fentanyl Versus Heroin



NOTE: To achieve morphine-equivalent doses for all U.S. consumption in a year, 125 MT would be required. However, only 5 MT of fentanyl provides the same morphine-equivalent dosage. The volume of these supplies is illustrated with an average-size American man for scale.

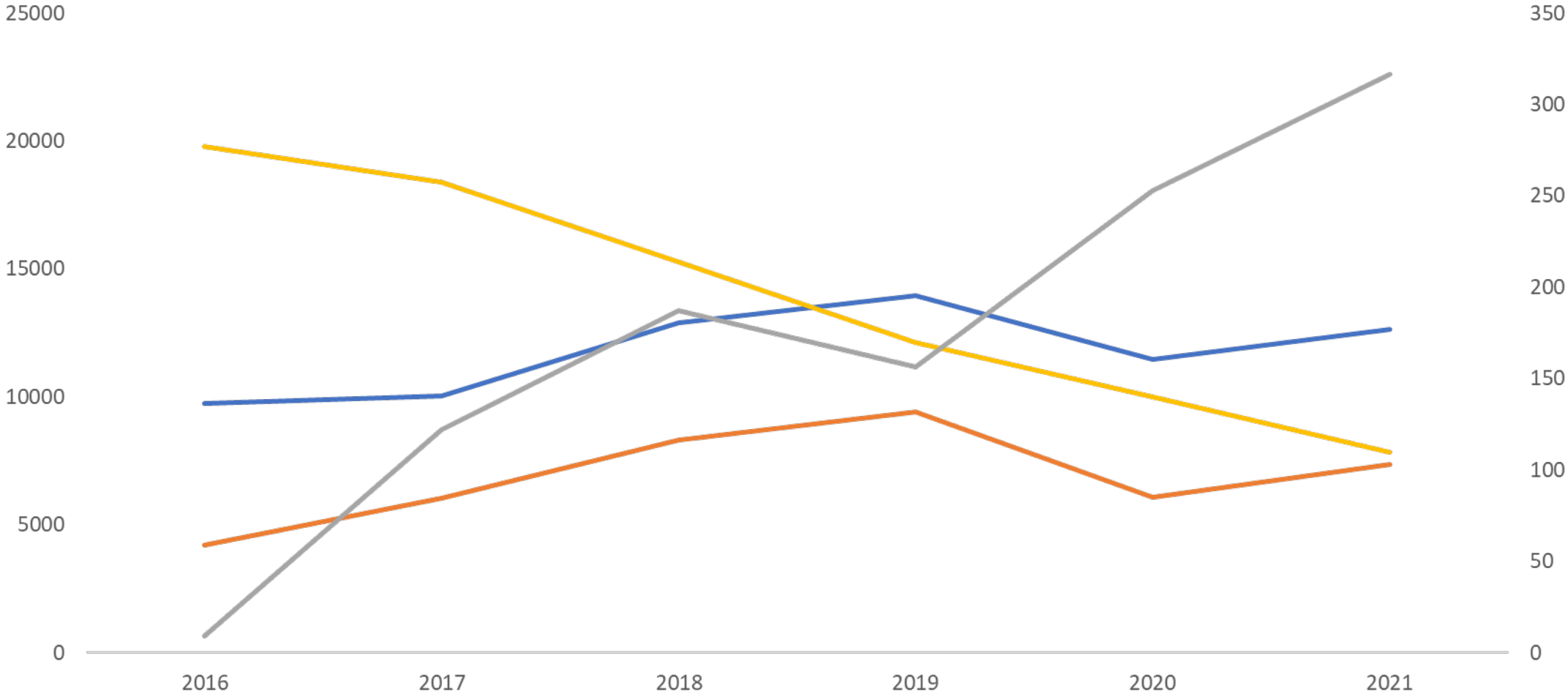
Meth lab seizures



Methamphetamine

Arrests, Samples, & Price

Seizures



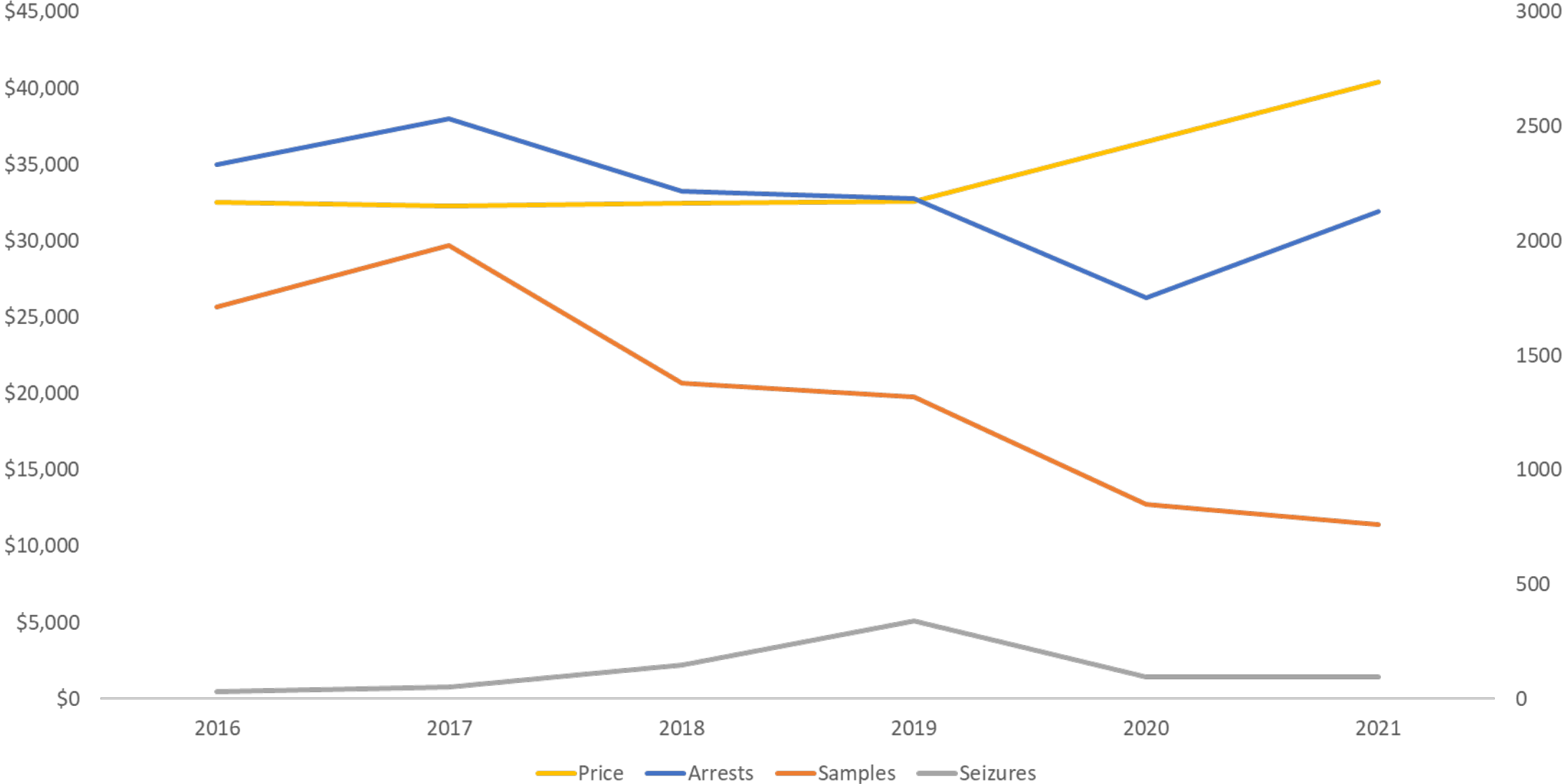
*Seizures include item not entered in 2021

Arrests Samples Price *Seizures (kg)

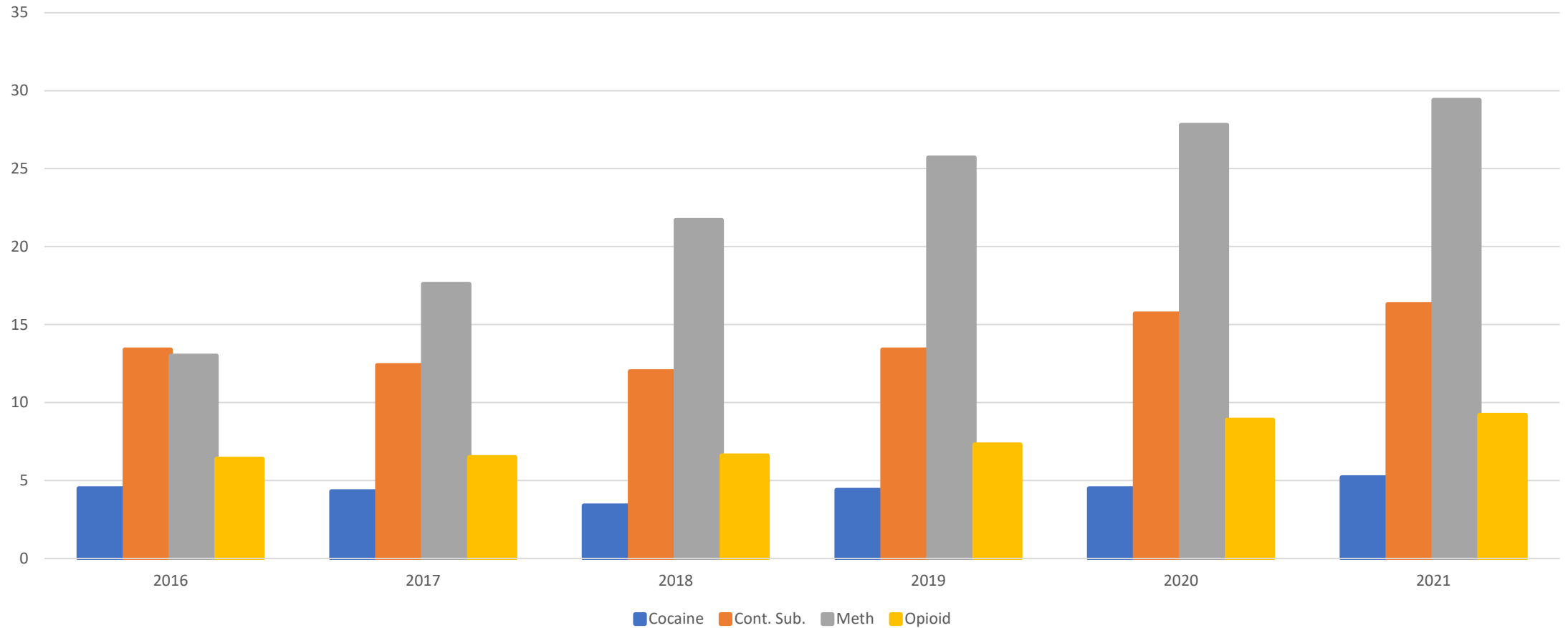
Cocaine

Price/kg

Arrests, Samples,
& Seizures



Percentage of Drug Arrests 2016-2021



What does it mean - Fentanyl

- Fentanyl seizures throughout Indiana and across U.S. continue to rise
- Indiana HIDTA's largest Fentanyl seizure occurred in 2021 (44 kilos)
- Fentanyl being found throughout Indiana's drug supply causing increased overdoses
- Availability remains high and apparently growing
- Production has moved from China to Mexico
- China remains primary point of precursor production

What does it mean - Heroin

- 2020 - Less than 10% of overdoses in Indiana had heroin in their system
- According to CDC - Annual percentage change of heroin overdoses in Indiana down 39%, the U.S. overall down 21%
- Heroin (poppy) cultivation in Mexico has been decreasing since 2017

What does it mean - Methamphetamine

- Indiana's appetite for methamphetamine still very strong and growing
- Counterfeit MDMA pills testing positive for Methamphetamine
- Availability remains high
- A single Indiana HIDTA seizure for methamphetamine in 2021 was over 65 kilos



Cocaine

- My prediction is that cocaine is the growth industry
- Cocaine users being exposed to fentanyl causing increase in overdoses
- DEA reporting seizures of cocaine in Chicago up 206%, 50% throughout Illinois/Indiana/Wisconsin 2022

Kilogram to Estimated Dosage Units

Drug Category	Amount in Kilograms	Converted by Formula	Dosage Amount
Cocaine	1	=	5,556
Heroin	1	=	142,857
Methamphetamine	1	=	10,000
Fentanyl	1	=	672,619

Conversions based on 1) expert witness estimates, and 2) U.S. Department of Homeland Security, U.S. Customs and Border Protection; Then National Impact of Drugs: From Dollars to Doses

Thank you for having me

Any questions?

Robert “Bob” Glynn

rglynn@indiana-hidta.org





Welcome to the
2022
SEOW
Annual
Symposium

Thursday,
9:00 AM – 12:00 PM





Building a Person-Centered Crisis System in Indiana

Christopher W. Drapeau, PhD, HSPP

Executive Director of Prevention, Suicide Prevention and Crisis Response

Division of Mental Health and Addiction

What is 9-8-8? We're Just Talking about a New Suicide Prevention Crisis Line, Right?



“9-8-8 is designated as the universal telephone number within the United States for the purpose of the **national suicide prevention and mental health crisis hotline system**”

S.2661 - National Suicide Hotline Designation Act of 2020
116th Congress (2019-2020)

LAW Hide Overview ✕

Sponsor: [Sen. Gardner, Cory \(R-CO\)](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation

“Beginning July 16, 2022, 988 will be the new three-digit dialing code connecting people to the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support is available for anyone experiencing mental health-related distress—**whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.** People can also dial 988 if they are worried about a loved one who may need crisis support.”





What is 9-8-8 in Indiana?

- “Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. **Establishes the statewide 9-8-8 trust fund.**”
- “**Not later than July 1, 2022**, the division may designate at least one (1) 9-8-8 crisis hotline center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the **9-8-8 suicide prevention and behavioral health crisis hotline** (9-8-8 crisis hotline) from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a week.”
- Per the bill, **DMHA will have oversight over**
 - 9-8-8 crisis hotline center(s)
 - Crisis receiving and stabilization services
 - Mobile crisis teams

House Bill 1468

Enrolled House Bill (H)

Authored by [Rep. Steven Davisson](#).

Co-Authored by [Rep. Edward Clere](#), [Rep. Brad Barrett](#), [Rep. Rita Fleming](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Ed Charbonneau](#), [Sen. Vaneta Becker](#), [Sen. Ronald Grooms](#), [Sen. Jon Ford](#), [Sen. Lonnie Randolph](#).





What is 9-8-8 in Indiana?

- **The mobile crisis teams must include a peer certified by the division and at least one of the following:**
 - A behavioral health professional licensed under
 - An other behavioral health professional (OBHP) as defined in 440 IAC 11-1-12.
 - Emergency medical services personnel licensed under IC 16-31.
 - Law enforcement based co-responder behavioral health teams.
- **Crisis response services provided by a mobile crisis team must be provided under the supervision of:**
 - a behavioral health professional licensed under IC 25-23.6
 - a licensed physician or a licensed advance practice nurse or clinical nurse specialist.
- The supervision required under this subsection may be performed remotely.

House Bill 1222

Enrolled House Bill (H)

Authored by [Rep. Cindy Ziemke](#).

Co-Authored by [Rep. Ann Vermillion](#), [Rep. Julie Olthoff](#), [Rep. Carolyn Jackson](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Jon Ford](#).

988 is More than a Number: It's a Chance to Transform Crisis Care



Someone to Contact



Someone to Respond

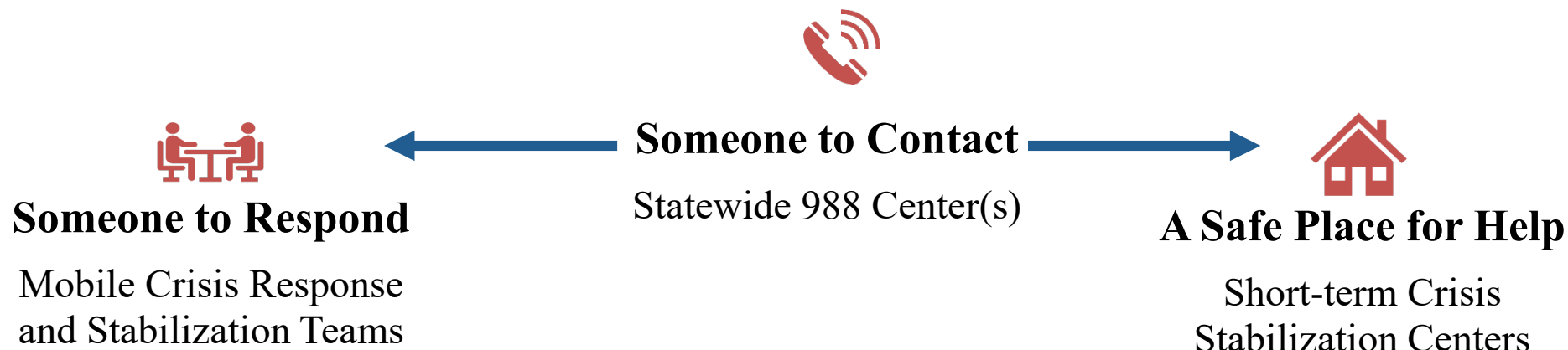


A Safe Place for Help

A system capable of serving *anyone, anytime, anywhere*



The 988 Centers function as *Care Traffic Control Centers*



**Status Disposition
for Intensive
Referrals**



**24/7
Outpatient
Scheduling**



**Shared Bed
Inventory
Tracking**



**High-tech, GPS-
enabled Mobile
Crisis Dispatch**

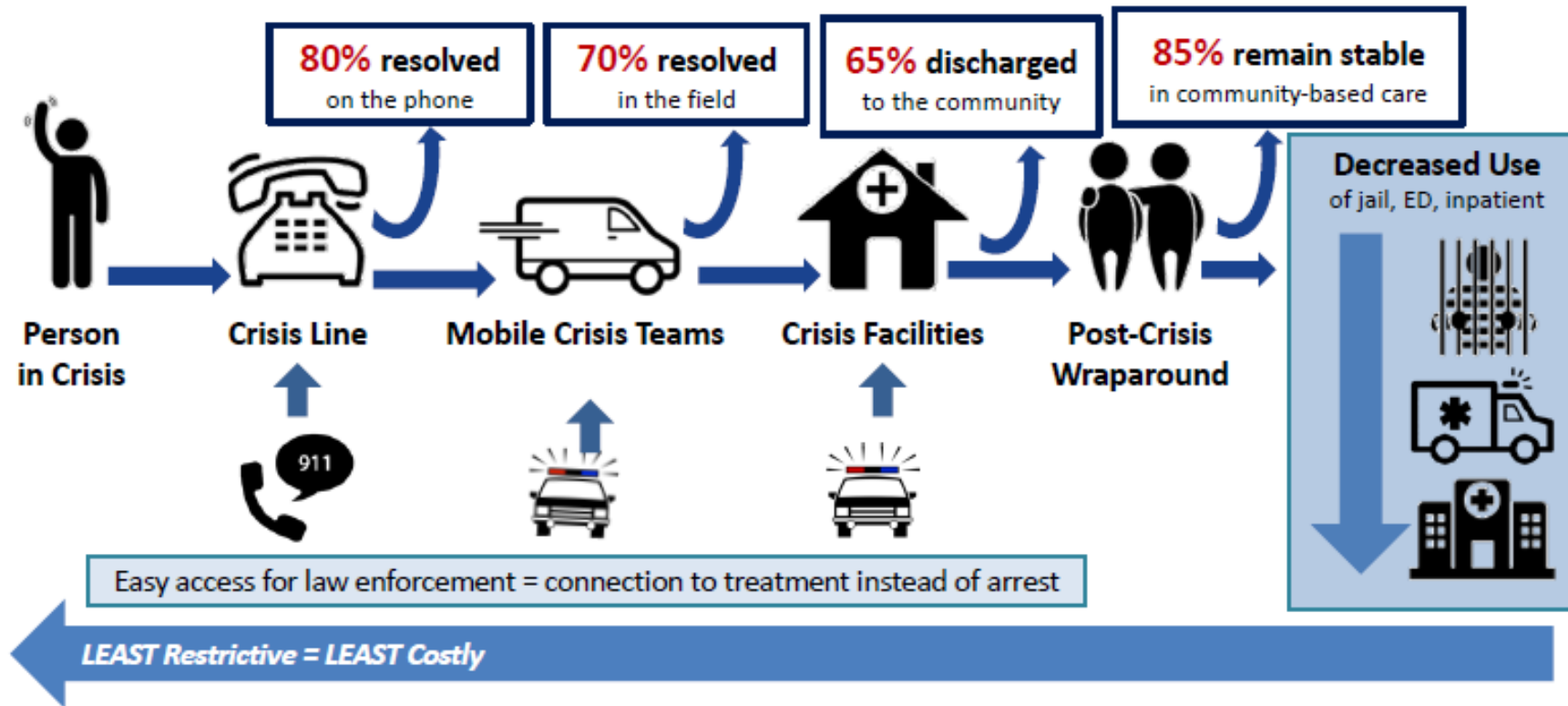


**Real-time
Performance
Outcomes Dashboards**

A Crisis System that Works



Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

The above image is a reproduced slide from the April 2, 2021 Congressional Briefing: Mental Health is Not a Crime: How 988 and Crisis Services will Transform Care

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit

SAMHSA
Substance Abuse and Mental Health
Services Administration



Vision and Mission Statements for 9-8-8 (Indiana)

Vision

- *Providing quick, competent, and nation-leading crisis response services for every Indiana resident*

Mission

- *Creating a sustainable infrastructure that will fully coordinate crisis care for mental health, substance use, and suicidal crises*

Applying a recovery orientation that includes:

- *trauma-informed care,*
- *significant use of peer staff,*
- *person and family centered focus,*
- *collaboration with law enforcement,*
- *and a commitment to Zero suicide/suicide safer care and the safety of consumers and staff*



988 Planning Committees

Operations and Training

- Developing standardized operational standards and training for Indiana's 988 Centers

Equity

- Ensuring that people in crisis are treated justly according to their circumstances

Marketing and Education

- Improving public understanding and awareness of 988 services

Resources, Referrals, and Linkages

- Ensuring 988 centers have up-to-date resources and linkage information

911-988 Interoperability

- Bridging language and data sharing barriers between PSAPs and 988 Centers, creating a diversion call matrix, and developing 911-988 specialized training

Saving Lives or Empowering People?



Primary goal of crisis intervention is to **help people in crisis restore control in their lives** (Young 2001)

Crisis Intervention is not about “rescue.” More often than not, rescuing benefits the rescuer more than the [person in crisis]; rescuers make the mistake of maintaining control over the [person in crisis] when control should be placed in [their] hands ... in order to be effective ... crisis intervention must be both empowerment-focused and flexible (Cavaiola & Colford, 2018, pp. 39)

A Trauma-Informed Approach = Competent Crisis Response



- **Safety:** *Developing protocols and crisis settings and activities that ensure physical and emotional safety (seek to understand from perspective of those served)*
- **Trustworthiness:** *Developing clear expectations about what will happen when people in crisis reach out for help*
- **Peer Support:** *A key vehicle toward establishing safety and hope, building trust, enhancing collaboration, and promoting recovery and healing*
- **Collaboration:** *Crisis service providers, consumers, and their families*
- **Empowerment:** *Using individuals' strengths in the development of a post-crisis plan*
 - **Choice:** *Informing people about their options and giving them the freedom to select their approach*
- **Cultural, Historical, and Gender Issues:**
 - *Move past cultural stereotypes and biases*
 - *Leverage the healing value of traditional cultural connections*
 - *Be responsive to racial, ethnic, and cultural needs*
 - *Recognize and address historical trauma*

Peers are the Key that unlocks the Potential of Crisis Care



<u>Common Themes in Elevated Stress Response</u>	<u>Potential Ways to De-Stress Crisis Response</u>
Threat of Social Evaluation (e.g., public speaking)	Safety, Trustworthiness , Dignity and Respect
Lack of Control over Outcomes	Collaboration, Empowerment, and Peer Support
Unpredictability	Information Sharing and Peer Support
Perception of Things Getting Worse	Trustworthiness and Peer Support
No Frustration Outlets (e.g., hobby, exercise, etc.)	Peers Connecting to Local Support Systems
Low Social Support (e.g., rejection)	Peers Connecting to Local Support Systems

Federal Law Supports Funding the Entire System



“Use of 9-8-8 funds.--A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State ... is expected to incur that are reasonably attributed to—

- (A) ensuring the efficient and effective **routing of calls** made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
- (B) **personnel and the provision of acute mental health, crisis outreach and stabilization services** by directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.”

“the fee or charge is held in a sequestered account to be **obligated or expended only in support of 9-8-8 services, or enhancements of such services**, as specified in the provision of State or local law adopting the fee or charge.”

S.2661 - National Suicide Hotline Designation Act of 2020
116th Congress (2019-2020)

LAW Hide Overview X

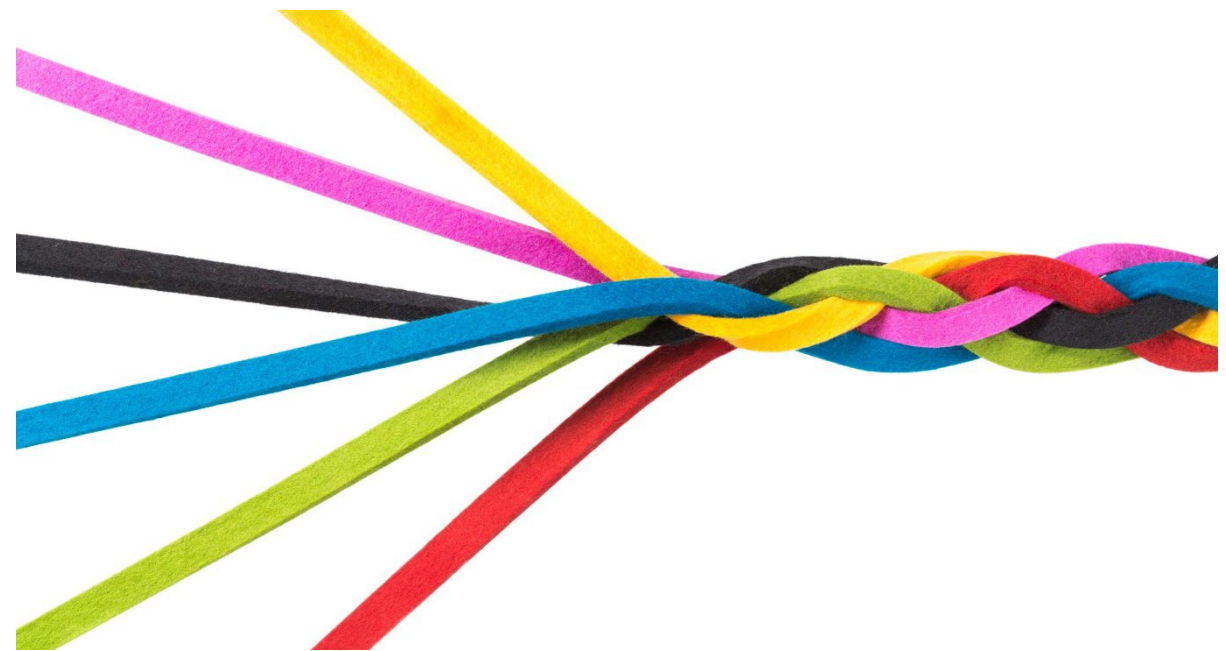
Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

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Financial Sustainability: Braided Funding Strategies



- **Medicaid**
- **SAMHSA Block Grants**
- **Discretionary Grant Funding**
 - Vibrant Capacity Building Grant
 - Vibrant State 988 Planning Grant
 - SAMHSA 988 Cooperative Agreement
- **American Rescue Plan Act Funds**
 - Including Home and Community Based Funds
- **988 fee similar to 911?**
- **Medicare? Commercial Insurance?**



Thank you!

Christopher W. Drapeau, PhD, HSPP

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Division of Mental Health and Addiction

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Phone: 219.258.0114





2022
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Closing Remarks

Jeannie Bellman



2022

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**Annual
Symposium**

DISCUSSION



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2022
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