



## **INSTEP – Marching to overcome substance use disorder**

Substance use, including opioid dependency, is a growing concern in the greater Indianapolis area. According to the Indiana State Department of Health Epidemiology Resource Center, Marion County (Indianapolis), the largest county in the state, had 228 overdose deaths in 2017. This is the most overdose deaths of any county in Indiana. Between 2011 and 2017, the number of deaths from opioid-related drug poisoning increased 333% in Marion County, compared to 209% statewide. The impact of substance use disorder (SUD) in our community is compounded further when considering infants exposed to opioids in utero and the number of children entering the welfare system because of parental substance abuse. While a variety of organizations in Marion County offer support to those who suffer from SUD, there is still a great need for better coordination and collaboration across the care continuum.

INSTEP was established in 2018 as a non-profit corporation to coordinate, integrate and align a community-wide response to substance use disorder in the greater Indianapolis area. Our 501(c)(3) designation with the IRS is pending with approval anticipated in Q1 2019. With support and involvement from more than 60 partner organizations, meaningful collaboration has brought together representatives from several sectors including health care, law enforcement, government, education, the business and labor community, and faith-based organizations. We serve as a coordinating hub for resources and alignment across the various organizations involved with SUD. As such, we bring together caregivers, people in recovery, and members of the community that care about substance use disorder and can empathize when providing solutions.

Through collaboration, we're helping the greater Indianapolis area march "INSTEP" to better address SUD by identifying the gaps and ideal care coordination across the continuum of care including prevention, intervention, treatment, recovery support and transition support.

## **Description of the current need and initiatives of the coalition**

INSTEP was formed to encourage and enhance collaboration among the various organizations that support individuals and families affected by SUD, particularly opioid dependency. Its key goals are to:

1. Decrease mortality from overdoses
2. Decrease the number of substance-exposed infants
3. Decrease the number of children needing social services due to parental addiction
4. Decrease the number of crimes attributable to addiction.

To that end, on October 18, 2018 INSTEP hosted its first “working session” which brought together 37 provider and community organizations to discuss the formation of a coalition to improve SUD prevention, treatment and recovery in the greater Indianapolis area. Attendees included stakeholders from the area’s six major hospitals/health systems, community mental health centers, prevention organizations, federally qualified health centers, recovery centers, government agencies, and law enforcement. In the coming year, we plan to broaden the coalition to include other stakeholders including faith-based organizations, employers, academia, first responders, life coaches, and individuals directly affected by SUD.

At this initial session, the focus was on determining the gaps in service across the continuum and opportunities for enhancing the current system. Some of the initial findings included the lack of treating SUD as a chronic disease, the need for greater alignment and handoff protocols across the continuum, the need for a strong emphasis on treatment and recovery, the need for more integrated data, and the need for greater knowledge and understanding of what each coalition partner contributes along the SUD journey.

Guests at the October 18, 2018 session included **Jim McClelland**, who was appointed by Indiana Governor Eric Holcomb in 2017 as the State’s Executive Director for Drug Prevention, Treatment and Enforcement and Senator **James W. Merritt**, who has worked with health care providers and fellow senators on SUD for the last 10 years. Both gentlemen emphasized the critical need and their support for a more collaborative approach to addressing SUD in the state. They focused on the fact that no one entity can do it alone, at the state or local level, and achieve the desired success that a coordinated effort can bring. Also in attendance was **Virginia A. Caine, M.D.**, Director of the Marion County Public Health

Department. She and members of her team participated in the event by bringing a message of need, hope and commitment to improving the integration and alignment of the SUD support services and the importance of including feedback from those who are directly impacted by the continuum of care along their recovery journey. Involving key leaders such as Senator Merritt, Mr. McClelland and Dr. Caine early in the process was important for establishing appropriate alignment and collaboration at the state and local levels.

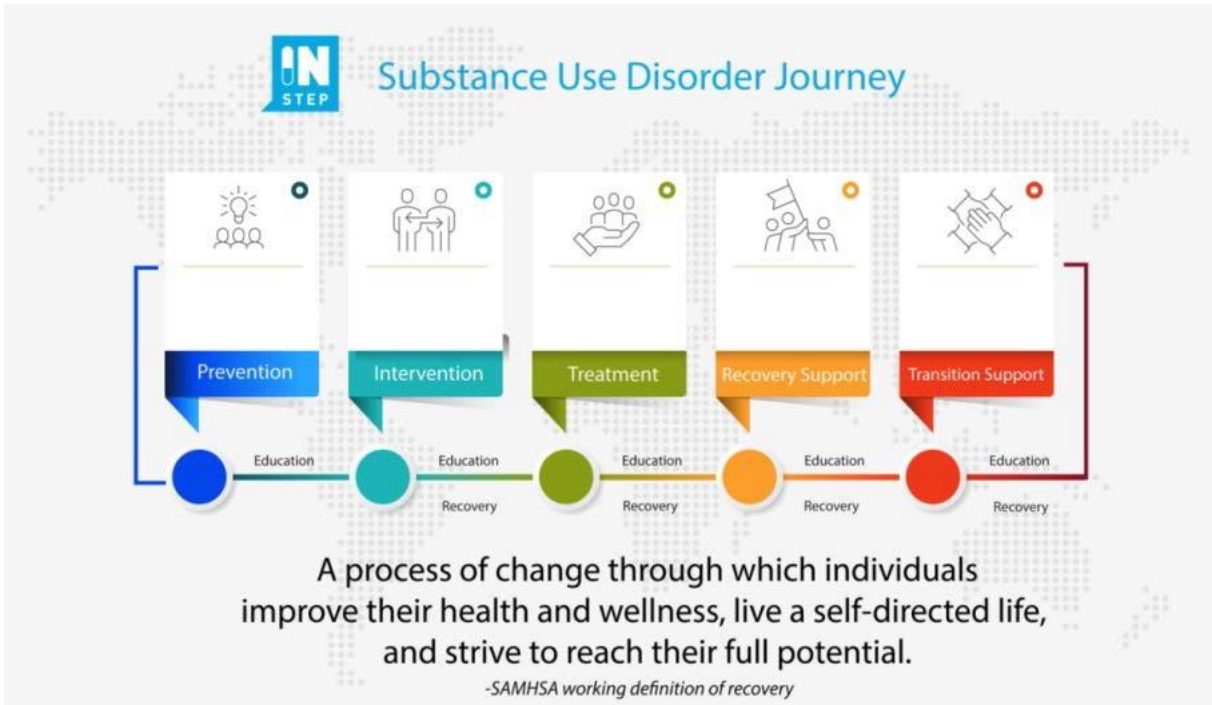
Another special guest for the event was a mother of a recovering addict who shared her and her son's troubling experience in trying to navigate the existing system of care and social support services available for those suffering with SUD. Her story provided important context for the day's discussion as those in attendance worked together to identify gaps and challenges in the current system.

Bill Corley, a former health system CEO and whose vision and passion regarding SUD led to the formation of INSTEP, reviewed the key objectives of this first working session:

- Appreciate the role each partner organization currently plays in the SUD effort
- Identify the challenges and/or gaps each partner organization is experiencing
- Explore challenges and/or barriers to an integrated approach to SUD
- Commit to collectively building a coordinated approach to SUD for Marion County and the greater Indianapolis area.

Another important primer for the group discussion was creating a common language around what the benefits are to forming a coalition. INSTEP believes that a coalition is most effective when used to: address an *urgent* situation, *educate* and *empower* the community, *increase communication* among groups working to address a common problem, *plan* and *launch* community-wide initiatives, create collective impact by *working together*, and foster long-term, persistent *social and system change*.

The need for a collaborative approach has become even more evident as participants identified and explored the working model for the continuum of care, which the group referred to as the SUD Journey (see figure below).



One of the key observations of the group in discussing the SUD journey was this: it's very important that organizations fully understand what services each other are providing within and across the 5 areas of focus (prevention, intervention, treatment, recovery support, and transition support), identify best practices, and then work together to ensure that the right connections are in place to improve outcomes and provide for a seamless experience.

On November 29, 2018 INSTEP hosted its second coalition meeting with 48 individuals representing 26 organizations. Most of the participants had attended the inaugural working session in October, and there were several others who were not at that first meeting.

The objectives of this second session were to: 1) Appreciate the role each partner organization continues to play in the SUD effort; 2) Brainstorm solutions that address the gaps, barriers, and challenges in the SUD effort; 3) Create an ideal approach to address SUD in the greater Indianapolis area; and 4) Commit to collectively build a coordinated approach for addressing SUD for the greater Indianapolis area.

The November 29, 2018 meeting began with a webcast discussion led by Sam Quinones, author of the bestselling book *Dreamland – The True Tale of America's Opioid Epidemic*. The two key themes discussed were **Incrementalism** (i.e. this journey will be a series of small wins over time) and **Community-wide involvement** (which will be essential to

achieving long-term success). The primary focus of the second working session was two-fold: to ensure active participation of all those in attendance in brainstorming solutions, and to build consensus on what the ideal state of care should be using the above SUD Patient Journey Care Continuum – prevention, intervention, treatment, recovery support and transition support – as the foundation.

The discovery work from the November 29, 2018 session has been integrated with the output of the October 18, 2018 meeting to further refine the ideal state for treating and supporting SUD. Related data and information has now been synthesized, shared with INSTEP coalition partners, and used to drive work groups that focus on each component of the care continuum. The combined findings of our first two working sessions were also used to establish the agenda and content for the third working session on February 14, 2019.

The focus of the third session was three-fold:

1. Continue to appreciate the unique role each partner organization plays in their commitment to collectively build a systems approach to SUD.
2. Create individual workgroup scope, prioritization of ideas, and structure necessary for a transformative approach to SUD.
3. Explore and identify collaborative opportunities between the partner organizations.

Establishing work groups predicated on the previously mentioned SUD journey is crucial for identifying project goals, scope and priorities across the continuum. Participants from partner organizations will serve on one or more of the following work groups:

- Prevention and Education
- Intervention
- Treatment
- Care Coordination and Data
- Recovery and Transition Support
- Policy and Funding.

Each of the initial 6 work groups will focus on their own areas of activity, although it's anticipated they will function as part of a matrix to ensure alignment of resources, key findings, priorities and funding. There will also be co-chairs for each group, along with an INSTEP staff person who can help facilitate and support the group meetings as necessary.

At the INSTEP working session on February 14, 2019 partner organizations broke into their respective work groups to begin identifying key areas of focus for the coming year by quarter, along with related action plans. Each group shared their key findings and next steps with the other 60 plus participants in attendance to ensure alignment, integration, and collaboration.

By all accounts, the INSTEP working sessions have been very successful and there is strong commitment on behalf of coalition partners to develop a more collaborative approach. INSTEP will continue working with each of the partner organizations to share our learnings and observations. At the same time, we will begin to identify the best structure and key processes required to ensure the best possible outcomes and success.

Moving forward, INSTEP recognizes the importance of **capacity building** for a successful local coalition. The work groups will continue to meet on at least a monthly basis throughout the coming year. Key tasks will include the following.

- The Care Coordination and Data group will determine the best methodology for collecting, sharing and applying the data to make improvements in the quality and continuity of care.
- Work groups will meet independently, but will utilize a matrix approach across the various teams to ensure appropriate alignment of care management, required resources, funding and data integration. The highest priority projects will be identified.
- A Steering Committee will be formed of key leaders of the coalition by April 2019.
- INSTEP will provide the “glue” and support to the various work groups as they focus on specific short-term objectives (90 days) and longer-term goals.

Establishing a strong **system approach** has also been part of the INSTEP vision from the very beginning. We recognize that the greater Indianapolis community will only succeed in addressing the SUD epidemic if we can actively engage and align all partners to create or enhance systems that prevent newly identified individuals from becoming dependent on opioids and other harmful substances while supporting the chronic long-term recovery of those addicted. Without building these strong partnerships throughout the community, each individual provider and support organization working independently will result in a rate of change too slow to keep up or get ahead of the velocity of the epidemic and the power of addiction. This requires a system approach that ensures a coordinated, comprehensive response. INSTEP believes there are several key components in developing a system-wide,

multi-community solution:

- Everyone in the community has a role to play
- Working together to ensure meaningful collaboration is a requirement
- A coalition must work to address multiple parts of this epidemic simultaneously; and
- Everyone must understand addiction is a chronic brain disease and treat it accordingly.

The American College of Physicians has called for addiction to be treated like any other chronic condition. That may mean life-long care and a longitudinal approach. There are also new models of integrated care and service alignment emerging around the country that show great promise in addressing the growing SUD crisis through a community-wide, coalition-based approach.

With the federal, state and local initiatives like INSTEP taking place to help tackle the SUD crisis, perhaps our community can turn the corner on fighting the deadliest epidemic of addiction in history, while ensuring those who have been affected firsthand receive the coordinated resources they need.

***For further information about INSTEP, please contact Bill Corley at 317-819-7715***

**[www.InstepIndy.org](http://www.InstepIndy.org)**

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