



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) tax exempt status with the IRS was approved in March of 2019. With support and involvement from more than 75 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.

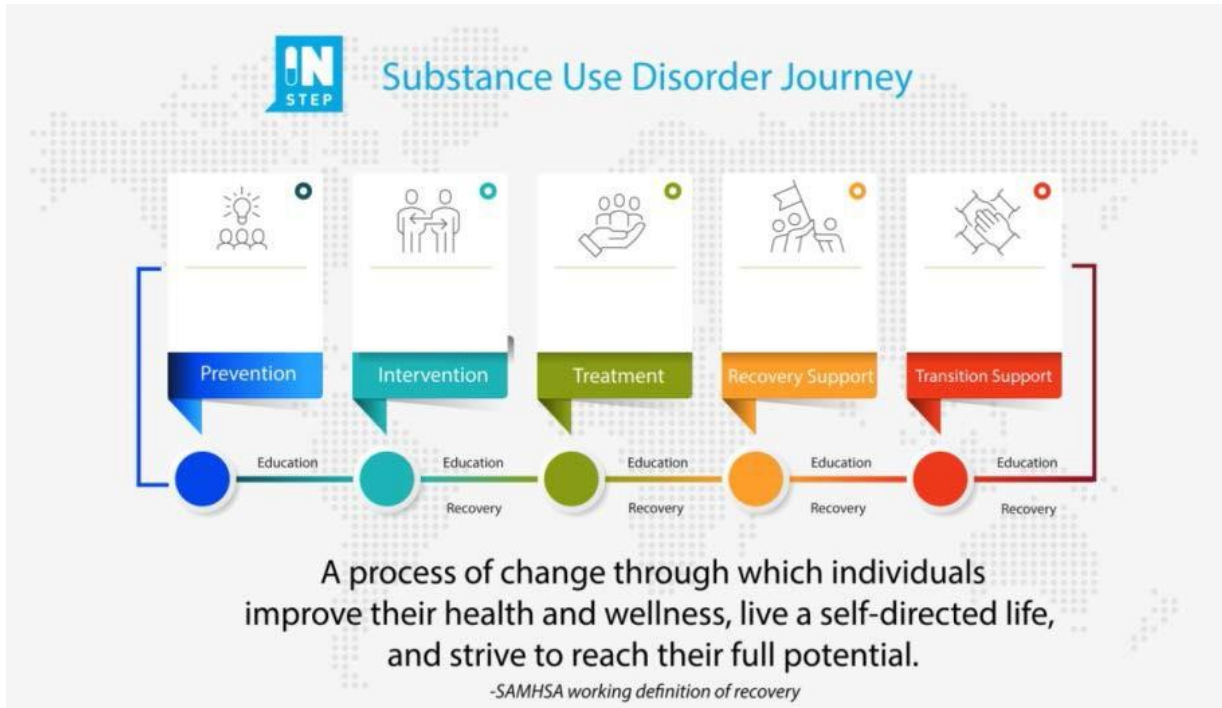
Another special guest for the event was a mother of a recovering addict who shared her and her son's troubling experience in trying to navigate the existing system of care and social support services available for those suffering with SUD. Her story provided important context for the day's discussion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

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

Each of the initial six Workgroups 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 Workgroups 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.

On **April 11, 2019**, INSTEP's partnering organizations met again to review updates, discuss the progress made since the February session, and continue to refine the top priorities of each of the six Workgroups for the coming year. The specific objectives of the meeting were to: a) Advance the commitment to a SUD systems approach; b) Finalize workgroup priorities and create related action plans; and c) Identify and explore collaborative opportunities between and among organizations within INSTEP and beyond. Individual Workgroups will be meeting throughout April and May of 2019 to revise and fine tune action plans, while establishing cross-functional project teams to move forward accordingly.

Before breaking into the smaller Workgroups, Bill Corley shared with the larger session that on March 22, 2019, INSTEP received from the U. S. Department of the Treasury its official designation as a 501(c)(3) tax-exempt organization. He also announced that INSTEP has received a two-year, cross-sector coalition grant from the State of Indiana. Working with the Executive Director for Drug Prevention, Treatment and Enforcement, Jim McClelland, and the Division of Mental Health and Addiction, INSTEP can enhance and continue its efforts to collaborate and enhance a community-wide response to substance use disorder in the greater Indianapolis area.

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 Workgroups will continue to meet on a regular basis throughout the coming year. Key tasks will include the following.

- The Care Coordination and Data Workgroup will determine the best methodology for collecting, sharing and applying the appropriate data to make improvements in the quality and continuity of care.

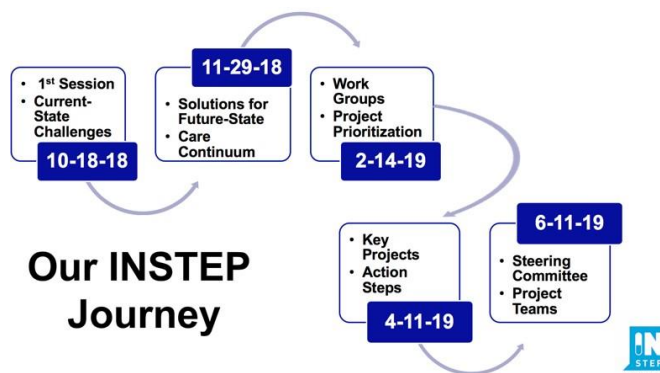
- Workgroups and project teams will meet independently, but will utilize a matrix approach across the various teams to ensure appropriate alignment of care management, required resources, funding and data integration. The highest priority projects will be identified and shared among all members.
- INSTEP will provide the “glue” and support to the various Workgroups and project teams as they focus on specific short-term objectives (90 days) and longer-term goals.
- Steering Committee is being formed, comprised of key individuals of the INSTEP collaborative and other leaders from the SUD community at large. Its inaugural meeting will be in May of 2019.

On **June 11, 2019**, INSTEP convened its fifth general session of the partnering organizations to review progress made since the April meeting, and to further discuss the top priorities identified by the seven Workgroups. It was also an opportunity to review the focus of 10 newly formed Project Teams, and to share feedback from the first meeting of the INSTEP Steering Committee that occurred in May.

The meeting began with a review of the day’s overall objectives which were to:

- Understand the relationship among INSTEP’s Board, Steering Committee, Workgroups, and project teams;
- Advance the SUD systems approach through targeted project team initiatives;
- Explore and identify collaborative opportunities between and among organizations within INSTEP and beyond; and
- Learn about and support formation of a consumer focus group.

A timeline depicting the organization’s key areas of focus at each of the five working sessions to date was also shared with the group.

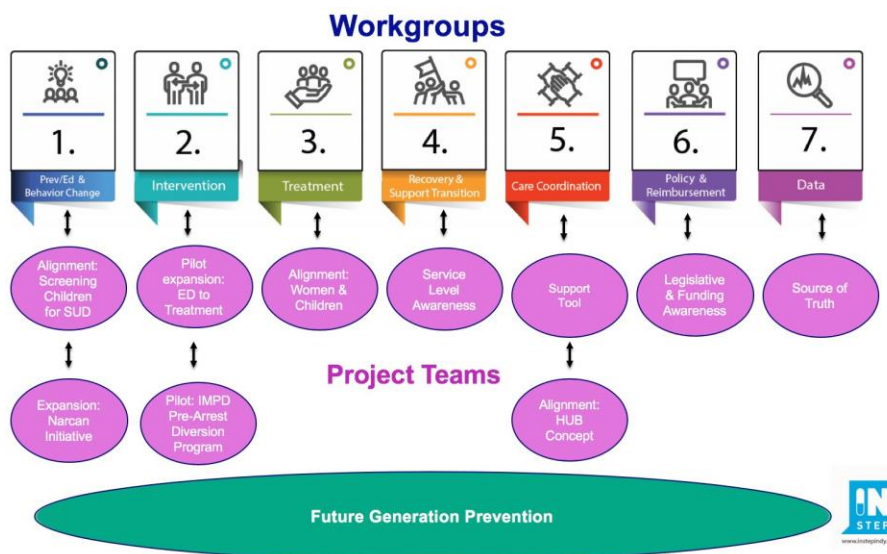


Bill Corley, President of INSTEP, gave an update regarding the newly formed Steering Committee which held its first meeting on May 30, 2019. The group is comprised of key individuals from the INSTEP collaborative and other leaders from the SUD community at large, including: Dr. Glenn Bingle, Dr. Kristina Box, Rebecca Buhner, Dr. Virginia Caine, Dr. Lisa Harris, Steve McCaffrey, Jim McClelland, and Judge William Nelson. The focus of their first meeting was to gain a common understanding of INSTEP’s mission, vision, and areas of focus to date.



The committee also reviewed the relationship between the original seven Workgroups and the various Project Teams formed to address the current top priorities. After review and discussion, the committee affirmed those top 10 projects, and recommended adding a broader, longer-term focus on future generation prevention.

The following diagram depicts the Workgroup/Project Team relationships:



The same graphic was shared with the INSTEP partners at the June 11, 2019 session. Following an overview and discussion of each project, those in attendance were invited to comment, critique and validate the focus and importance of each project. They were also asked to identify other key organizations that could enhance the work of a particular project team, or to express their personal interest in working on one or more of the teams.

Project Team Descriptions

1. Screening Children – Partner with pediatricians and staff to screen children for SUD.
2. Naloxone Distribution – Align with organizations to optimize Naloxone training and distribution programs.
3. Expansion of ED to Treatment – Collaborate with ED(s) to transition SUD patients to treatment providers quickly (including MAT and other services).
4. Pre-Arrest Diversion – Collaborate with IMPD to pilot placement of patients into treatment versus immediate arrest.
5. Women & Children – Align with efforts to connect SUD and NAS services for pregnant women, new mothers, and their children promoting best practices.
6. Service Level Awareness – Educate providers on 4 levels of recovery residences, and provide level information to social workers and treatment facilities for best placement of patient.
7. Collaboration and Information Sharing Tool - Identify a process and tool that supports the SUD patient journey through connection and coordination to achieve positive outcomes.
8. HUB Concept – Align with organizations and agencies working to identify potential HUB models.
9. Funding and Policy – Provide timely updates to increase member awareness and knowledge of SUD related legislation, policy and funding.
10. Data – Identify the “source of truth” for metrics used to ensure consistent data.
11. Future Generation Prevention – Align with organizations to expand youth prevention programs aimed at root cause issues contributing to the rise in SUD.

There was also a good discussion surrounding INSTEP's channels of inclusiveness to ensure all segments of the community are participating in the initiative:



Continuing on the topic of channels of inclusiveness, an announcement was made regarding an effort underway by INSTEP to secure the voice of the consumer in its efforts to identify and address SUD issues and solutions. To that end, INSTEP is looking for volunteers to participate in a consumer focus/advisory group. Partners are encouraged to submit names of possible invitees representing:

- Recovering individuals
- Individuals in treatment
- Individuals in supportive services
- Family members
- Diverse representation (gender, race, ethnicity, age, etc.)

Those interested in participating can register directly by visiting the INSTEP website at:

www.InstepIndy.org

On **September 5, 2019**, INSTEP convened its sixth general session of the partnering organizations to review progress made since the June meeting. INSTEP staff reviewed the four major objectives for the meeting which were: 1. to continue our collective role as teachers and learners; 2. to understand new alignment possibilities; 3. to identify collaboration opportunities; and 4. to discuss key updates and future summit opportunities.

Guest speaker for the “My Story” segment of the meeting was Kim I. Manlove. Kim is a Peer Recovery Coach, a Parent Ambassador for The Partnership at Drugfree.org., a Founding Board Member of The 24 Group, and a former member of the team at INSTEP. Most importantly, he is a father who lost a 16 year old son to addiction in 2001 after only a six month battle. And then two years later, he found his own way into long-term recovery from addiction. Kim chronicled and shared with the group the path he has taken and lessons learned over the past 18 years along his addiction journey.

Kim concluded his remarks with what he called the “kinetic ideas” and core messages of the National Recovery Advocacy Movement:

1. Addiction recovery is a living reality for individuals, families and communities.
2. There are many (religious, spiritual, and secular) pathways to recovery, and ALL are cause for celebration.
3. Recovery flourishes in supportive communities.
4. Recovery is a voluntary process.
5. Recovering and recovered people are part of the solution: recovery gives back what addiction has taken from us, our families and our communities.
6. Recovery is contagious and can be spread in local communities by an increasing number of recovery carriers and expanding recovery landscapes (physical, psychological, social and cultural spaces) supportive of addiction recovery.

INSTEP President Bill Corley then revisited the organization’s vision: to be a network of collaborating organizations that coordinates efforts to address the current and future impact of substance use disorder in our community.

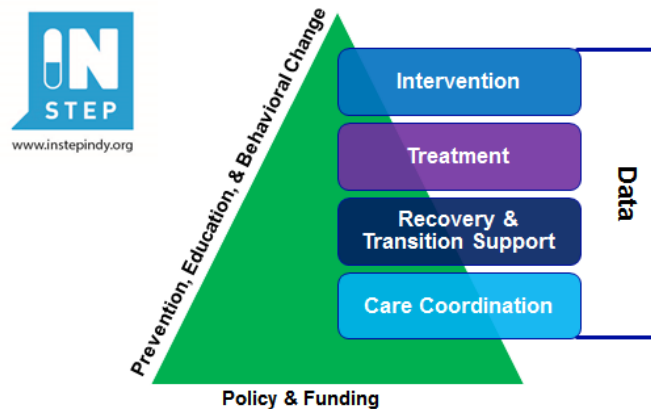


INSTEP is a community-wide collaboration of more than 75 partners comprised of healthcare, law enforcement, government, education, businesses, and faith-based organizations.

He reminded the group that INSTEP’s priorities and key projects came from discussions of the membership of the whole. Any progress to date is from the collective efforts of the partnering

organizations working together to identify gaps in the SUD continuum, discover best practices, and build consensus and partnerships for bringing about the necessary changes.

He then reviewed the INSTEP model for areas of focus and support:



Project team leaders and staff members then provided the attendees with updates, progress reports, challenges and next steps for the following areas of focus:

- Voice of the customer
- Narcan Heat Map
- ED to Treatment
- Pre-arrest Diversion
- Children and Families
- Team Patient - Support System Tool
- HUB/CARC
- The POLIS Center and Indiana Data Partnership

There was a robust discussion around each of the above topics with participants engaged and providing feedback relative to scope, timing, funding, political challenges, data and technology.

Mr. Corley then reported on the SUD Coalition Summit hosted by INSTEP in August on behalf of FSSA. The summit was held at the Indiana Hospital Association in Indianapolis and involved 10 coalitions from throughout the state. The summit provided an opportunity for SUD coalitions like INSTEP to compare similarities, differences and common challenges for how others are addressing SUD issues in their communities. The group agreed to meet again to continue shared learnings and discuss opportunities for further collaboration.

2019 SUD Coalition Summit Word Cloud:



Establishing a strong systems 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.

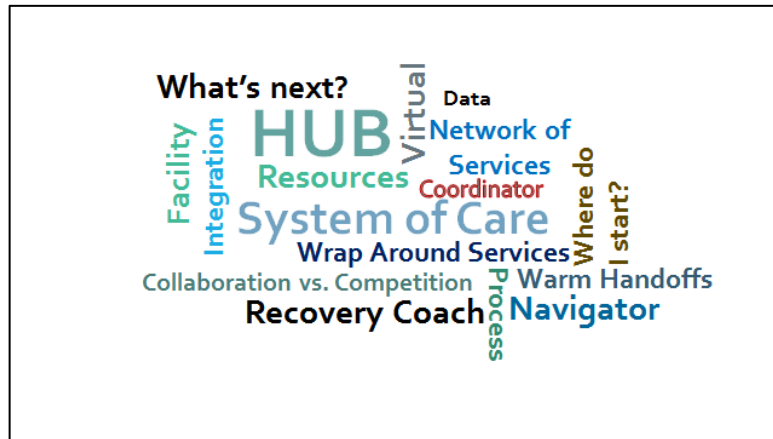
Without building these strong partnerships throughout the community, each individual provider and support organization working independently will result in a rate of change too slow to get ahead of the epidemic and the power of addiction. This requires a system approach that ensures a coordinated, comprehensive 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
- Everyone must understand addiction is a chronic brain disease and treat it accordingly.

On **November 7, 2019**, INSTEP convened its seventh general session of the partnering organizations. Mr. Corley provided an update on the status of the State’s forming regional Comprehensive Addiction Recovery Centers (CARC). For the Central region, the State has selected Health and Hospital Corporation of Marion County (HHC), d/b/a Sandra Eskenazi Mental Health Center (SEMHC), which will work in collaboration with Community Health Network (CHNw) Mental/Behavioral Health division. The partnership will work with a wide network of area agencies to provide a full continuum of care for adults 18 and older who are diagnosed with substance use disorder. The goal is to become operational by June 30, 2020.

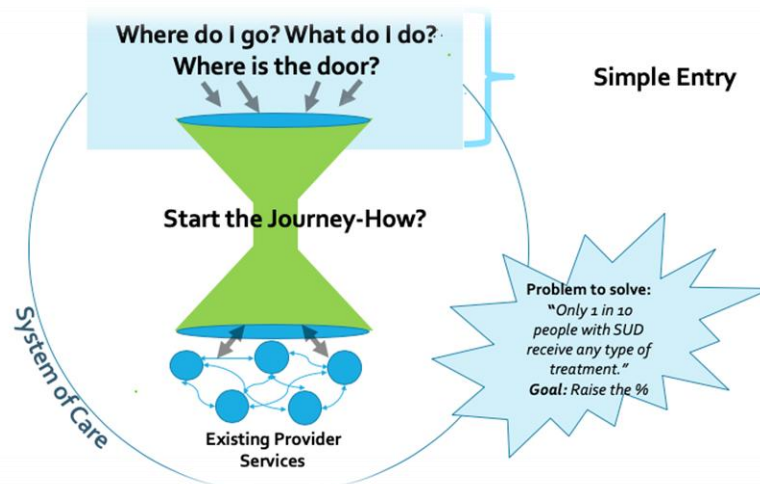
Members of the INSTEP management team also met with representatives from Eskenazi to offer any assistance its 75 partnering organization could provide the newly formed CARC in terms of alignment and collaboration.

Also at the November 7th meeting the membership focused on an exercise to frame the attributes and merits of an ideal HUB. The following word cloud emerged from the discussion:



Moving forward, it was suggested that working group or SUD summit be scheduled sometime after the first of the year to further explore alternative models, gather information, identify data systems required, and shared learnings from those already pursuing a HUB framework and future models for SUD resource integration.

On January 23, 2020, a small working group of 7 individuals with HUB related experience met to begin the process of identifying and prioritizing what the ideal HUB might look like. Given the depth and breadth of such an undertaking, it was agreed to focus first on what a common door with simple and timely entry might look like into the SUD system of care.



With only 1 in 10 people with SUD receiving any type of treatment, the group believes the graphic depicted above can serve as a discussion point for augmenting existing intake methodologies and ensure personalized coordination of care. Initial options to explore include having a 1-800 number or utilizing 211 to expedite and personalize referrals into the system of care. Participants in the summit agreed this model would not be to replace the existing referral development efforts of individual programs, services and facilities, but rather expand and augment those efforts by providing greater access into the SUD safety net. The group concluded it would continue meeting, and will report out the findings of their first summit to the full INSTEP membership at the next general session. When asked what words come to mind when thinking about a HUB model, the group identified the following:



On **February 6, 2019**, INSTEP held its eighth meeting of the general membership.

Updates provided and topics discussed included:

- The Data Partnership with The POLIS Center
- Collaboration with the Marion County Public Health Department (MCPHC) and the CDC's Overdose Data to Action Program
- Collaboration with MCPHC and Health & Hospital Corporation regarding The Metropolitan Indianapolis Addiction Referral Assessment and Plan (RAP)
- The HUB Summit recommendations and next steps
- Voice of the Consumer findings
- Collaboration with the Indiana Addictions Issues Coalition (IAIC) and Solutionize on Team Patient information sharing tool
- Convening of the second statewide SUD Coalition Summit

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.

The next general session for all INSTEP participating organizations is scheduled for:

Thursday, April 30, 2020

Registration 8:30 a.m. – Meeting 9-12 p.m.

Ruth Lilly Health Education Center

2055 N. Senate Avenue, Indianapolis, IN 46202

For Further information about INSTEP visit www.InstepIndy.org or call 317-819-7715