Developing Strategies to Address Behavioral Health, Addiction, and Criminal Justice Challenges within your County

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Session Objectives











TREATMENT OPTIONS





THIS IS NOT A SESSION ABOUT **RESTATING FACTS** AND STATISTICS **REGARDING THE** ADDICTION PROBLEM **IN INDIANA**

How Did We Get Here?

County Commissioners are not responsible for the addiction problems in our communities due to the structure and approach towards addiction treatment historically established in Indiana.

In many states, county government maintains administrative, organizational, and operational control over community mental health centers and other mental health/addiction providers, however, Indiana utilizes an approach based on non-profit providers and state government oversight model of funding and treatment.

Historically, addiction was perceived as a "moral failing" by addicted individuals and limited federal, state, and local monies were directed toward treatment.

The State of Indiana only in the last few years began to utilize the Medicaid program in Indiana to address addiction treatment.

Without public funding and financial support for addiction treatment, health providers were not "incentivized" to provide a broad range of treatment options resulting in a lack of available services.

How Did We Get Here?

Because addiction was perceived as a "moral failing" by the legislature, courts, criminal justice systems, and the general public, our institutions sought to penalize individuals suffering from a substance use disorder versus developing programs and clinical services designed to address their addiction.

This is largely the reason county jails have become "de facto" mental health and addiction treatment centers. Criminal justice professionals receive limit training in addiction treatment, mental illness, or alternative treatment methods, including pharmacological considerations.

Pharmaceutical companies and prescribers received enormous profits in providing pain management treatment through drugs designed to make the user dependent on opioids and other pain management prescriptions (we now see the results demonstrated through the opioid settlement agreement).

Public funding for addiction treatment was primarily provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Historically, this was about \$60 million annually. An insufficient amount to address the cost to society as the result of addiction.

How Did We Get Here?

Due to limited state/local funding, increasing public pressure, and rising addiction levels, Indiana began to accept Medicaid reimbursement for detox, residential addiction treatment, and some therapy services. This is important because it allows state/local funding to be spread farther due to federal matching requirements.

Because Medicaid has the effect of "incentivizing" community mental health and addiction treatment providers to carry out addiction treatment, most are now providing some level of Medicaid-based addiction treatment.

The Governor's office established the Next Level Recovery program which has assisted greatly in prioritizing addiction treatment as a public health need and raising public awareness on ways to address this crisis. The State should also be commended for efforts to expand the use of Medicaid to treat addiction.

With expanded programs for residential addiction treatment, detoxification, crisis/mobile response services, allowable tele-health services, Indiana is now moving towards addressing Addiction challenges.

Economic Costs of Addiction

To move the addiction dialogue forward it is important to focus on both the direct and indirect costs the addiction epidemic has on our communities.

Addiction acts like a tax on each county resident due to the impact on criminal justice, uninsured hospitalizations, unemployment, workforce productivity, child welfare programs, educational attainment, and community development.

Non-lethal opioid overdoses costs were projected at over \$243 million in hospitalization costs, with an additional \$322 million in other opioid-related hospital stays.

When factoring indirect societal costs of low productivity and the impact on trades, education, and community development, addiction is one the greatest economic costs in our counties.

County Commissioners are experiencing increased public pressure to act despite limited control over addiction treatment programs, funding, or administrative decision making.

Economic Costs of Opioid Misuse

Cost Per Capita by County

Projected impact of over \$4 Billion to the state in Calendar Year 2018.

Light Green: \$775.02-\$3,515.69

Dark Green: \$3,515.70- \$6,872.57

Blue: \$6,872.58- \$11,915.34

Yellow: \$11,915.35- \$21,568.91

Red: \$21,568.92-\$36,917.29

Sources:

Bowen Center for Health Workforce Research & Policy.

"Cumulative economic damages from 15 years of opioid misuse throughout Indiana" Spring 2018. Indiana Business Review.



Reframing the Approach to Addiction Treatment

How is addiction defined?

"Addiction is a biopsychosocial disorder characterized by compulsive engagement in rewarding stimuli despite adverse consequences."

Addiction behaviors include impaired control over the appropriate use of substances, a preoccupation with the substance itself, and continued actions despite consequences.

Addiction behaviors are characterized by immediate gratification without consideration on the long-term impact of their actions.

Treating addicts is not just about treating the addiction. Addiction behaviors are typically predicated around treating anxiety, depression, trauma, ADHD, among other human ailments.

This requires a comprehensive approach to care and treatment and policies aimed at addressing addiction in a wholistic manner for what it is, a biopsychosocial disorder with a profound negative impact on our residents and counties.

Reframing the Approach to Addiction Treatment

Addiction treatment isn't cheap, but it doesn't have to be expensive.

- Cognitive and Behavioral Therapies Understanding the source of thought patterns
- Motivational Enhancement Therapy Inwardly motivated to change behaviors
- Trauma Resolution Therapy Addressing past trauma to move forward and heal
- Art, Music, Writing (and even Horse) Therapy Self expression to reduce stress and anxiety leading to addiction
- Mindfulness Practices Meditation and Self Awareness
- Solution Based Therapy Focusing on Solutions versus Problems
- Biofeedback Therapy Using mind to control bodily functions and physical reactions.

Actions Step for County Commissioners

1) Behavioral Health and Addiction Community Assessment

- Socio-economic Analysis
- Economic Factor Analysis
- County-based Behavioral Health Risk Factors
- Community Needs Analysis Assessment
- Community Mental Health Center Data

2) Behavioral Health Performance Review

- Develop a performance metrics analysis
- Develop performance and documentation review of current community-based behavioral health providers
- Review and understand CMHC data submitted to County Government, including required financial reports (IC 12-29-2).
- Additional county CMHC data provided by DMHA here:

https://secure.iot.in.gov/fssa/dmha/3454.htm

• Develop an understanding of data and performance metrics in relation to local investment.

Actions Step for County Commissioners

3) Fostering Partnerships

- County Commissioners can play a primary role in fostering partnerships with community mental health centers, community organizations, and other addiction treatment providers to expand service offerings and provide the best use of limited resources
- Ensure your appointment to the CMHC Board of Directors is actively involved and sharing information with county officials

4) Understand Health Systems in Your Community

- Ensure your county is properly leveraging available resources through Medicaid, insurance, and health provider systems to best serve your community.
- Offer something that incentivizes a health system to change behavior or business practices
- Promote approaches (use your voice) to addiction treatment which include;
- Value Based Healthcare
- Telehealth Services
- Crisis/Mobile Response
- Residential addiction treatment
- Holistic and less expensive approaches with documented improved outcomes

Actions Step for County Commissioners

5) Criminal Justice Coordination

- Fostering partnerships with county prosecutors, judges, community corrections, and behavioral health providers are key. Many of these leaders are outside of county commissioner control requiring collaborative approaches.
- Pursue requirement of Crisis Intervention Training (CIT) for anyone going through the Indiana Law Enforcement Academy. More training of officers to understand and know mental illness and addiction issues.
- Establish and operationalize Local or Regional Justice Reinvestment Advisory Councils including coordination in pursuing criminal justice and behavioral health funding opportunities.
- Avoid making your Local JRAC a part of your CC Advisory Board to maintain its focus on addiction treatment over a criminogenic approach. Have behavioral health leaders chair the Local JRAC and drive discussion around treatment.

6) Use of Available Funds

- Develop strategies maximize behavioral health funding in the most cost-effective manner possible.
- Avoid using American Rescue Plan and Opioid Settlement Funds towards programs without opportunity for long-term sustainability. Return on investment is key.

Commissioner Action Steps in Summary

1		2	3	4	5	6
Undertake an analysis and assessment of your county's mental health and addiction health resources and statistics.	f	Develop performance metrics specific for your county based on the information you have available.	Work towards improved partnerships with health providers and social service organizations in your local community.	Develop an understanding of health system, specifically health system financing and the Medicaid program.	Promote a using a treatment versus criminal justice approach to addressing mental illness and addiction.	Investigate all existing and new sources of revenue for behavioral health and maximize return with sustainability.



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