



# **Metropolitan Indianapolis Addiction Referral Assessment and Plan 2020- Executive Summary**



**MARION COUNTY**  
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Dear Metropolitan Indianapolis Substance Use Disorder and Recovery Service Organizations:  
Many organizations form the service system supporting recovery from substance use disorder (SUD) in Marion County. The current system is complex and often uncoordinated, resulting in difficulties with navigation and access by consumers and their loved ones. Easily accessible and coordinated services for persons of all ages and cultures, tailored to the needs of the individual, and including multidirectional feedback between agencies is critical in optimizing success in long term recovery.

The Metropolitan Indianapolis Addiction Referral Assessment and Plan project culminated in this document to: (1) provide an in-depth assessment of the current landscape of care coordination between agencies supporting persons with SUD; (2) identify barriers to effective communication and referrals between agencies supporting persons with SUD; and (3) create a plan for practical short and long-term improvements to communication and referrals between these agencies.

Many agencies supporting persons with SUD in the Metropolitan Indianapolis area responded to our survey to inform and guide development of this plan. Still others participated in virtual interviews. Additionally, numerous individuals personally affected by SUD – either living with the condition or having a close friend or family member who is – participated in interviews. We are grateful for the commitment you demonstrated over the past several months to help with plan development.

While the Marion County Public Health Department facilitated creation of this plan, it belongs to you. You are asked to endorse this plan and to demonstrate a commitment to its implementation. Many of the recommendations must be implemented by you; however, the Marion County Public Health Department will support your implementation in a variety of ways. Soon, you will be contacted by the Marion County Public Health Department to evaluate next steps in creating implementation and evaluation plans. We look forward to growing this relationship with your agency, and to partnering with you to improve the health and quality of life of our residents.

If you have questions about this project, please contact Tammie L. Nelson, Epidemiology Manager and Marion County Overdose Data to Action Grant Coordinator at the Marion County Public Health Department. To contact her, call 317-221-3596 or send an email to [TNelson@MarionHealth.org](mailto:TNelson@MarionHealth.org).

Regards,

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## Executive Summary

### A. Purpose

The purpose of the Metropolitan Indianapolis Referral Assessment and Plan (RAP) project is to:

- assess the current landscape of substance use disorder (SUD) treatment and support delivery in Indianapolis and the surrounding metropolitan areas;
- identify barriers to effective communication and referrals between agencies supporting persons with substance use disorder (PWSUD); and
- recommend practical short and long-term improvements to communication and referrals between agencies supporting PWSUD.

### B. Method

In order to gather data to inform the assessment and plan, the RAP Project team:

- developed a list of agencies, and contacts at those agencies, that provide treatment, recovery, and supportive services to PWSUD;
- created and distributed an online survey to those contacts;
- interviewed those survey respondents who indicated a willingness to participate in follow-up interviews to elaborate on responses in the online survey;
- developed a list of PWSUD and/or family members supporting PWSUD;
- contacted the PWSUD and asked for their participation in a telephone interview regarding their experience in getting treatment and support;
- conducted structured interviews with PWSUD and/or their family members who agreed to participate;
- interviewed representatives from known or suggested groups or systems supporting the initial or continuing referral of PWSUD to a treatment or recovery support agency.

The goal of the survey and interviews was to identify barriers or gaps in the effective coordination of the referral process. We found that organizations and PWSUD provided information about not just the referral process but also the initial entry into the treatment and recovery process, most of which impact the coordination of referrals as the treatment and support agencies assist the individual in navigating the continuum of addiction services.

### C. Findings

An observation from all the data gathered from both organizations and PWSUD was that every organization with which we interacted was passionate about providing the best services possible to their clients and anxious to move forward in improving the

coordination of referrals. Some of the recommendations made to improve the referral process are the responsibility of individual organizations, while others require cooperation and participation by an organized group of the organizations or the Marion County Public Health Department. The project team believes there is a commitment by the SUD treatment and recovery support community to implement this plan.

From the data gathered, the RAP Project team found the following issues to be the most common barriers in coordinating effective and timely agency to agency referrals:

- There are several listings for providers of SUD treatment and recovery support services with varied levels of information. However, there is not currently a comprehensive online **directory of services** that is up to date and pertinent to coordination of care, or that has an online referral and follow-up functionality;
- Many agencies have built trusted relationships over time through trial and error and commonly make referrals to those they know and trust. Younger provider organizations or newer staff at those agencies may not have established those relationships. Neither generally has a way or forum to expand on, or to form, new **relationships** with new providers in the area or new contacts at established providers;
- There is no **universal referral form** that alleviates the need for the patient to repeatedly provide the same information;
- Selection of a referral target agency is hindered by the client's not having access to, or knowing about or how to use, available **transportation**;
- Referral to or access to services is limited or prevented by the client's **access to or limited payment options**;
- Referral to some services, particularly **housing**, is hindered by the availability of those services, i.e. quantity, at the time needed.

## D. Proposed Improvement Plans

The proposals for improving upon the coordination of referrals are both short-term and long-term. They involve initiatives fostered by, sponsored by, or carried out by the Marion County Public Health Department in order to sustain the initiatives long-term. However, the cooperation and participation by each agency providing SUD treatment and recovery services in the greater Metropolitan Indianapolis area is essential for the greatest success. These proposals should not be seen as substitutes for current efforts by several agencies but as additive or expansive of those initiatives. The proposals are:

- **Directory of Services:**
  - Existing lists of service providers are currently in transition or process. 211 navigators have access to listings of treatment and service providers and are trained to make referrals into the system of care. Both 211 and [treatmentconnection.com](http://treatmentconnection.com) (OpenBeds) list providers. The Indiana Recovery Network's (IRN's) [Recovery HUB](#) links to provider information in various

areas. These services are important in getting PWSUD initially into the treatment and recovery support continuum.

Current services do not facilitate the referral process between or among agencies but are currently available as a starting point and are accessible by the client as well as service organizations. PWSUD can also connect to a peer through IRN's [Recovery HUB](#) for help in finding a provider and ongoing support.

Education about these resources should be organized and delivered to providers across the spectrum of services needed by PWSUD.

- Longer term, a neutral government agency (e.g., Indiana Family and Social Services Administration, City of Indianapolis, Marion County Public Health Department) should procure an automated tool that provides not only a directory of services but facilitates referral services including the following elements:
  - A comprehensive searchable database that includes both treatment and non-treatment services such as, but not limited to, facilities for housing, recovery coaches and peers, and transportation. This would require no fee listings. The directory would need to be searchable by treatment or support services delivered, location, substance use being treated, and other factors relative to the needs of a client. Agency profiles are necessary and need to include factors such as, but not limited to, population served, population not served, payment type accepted, current availability of services;
  - A release of information (42 CFR Part 2, HIPAA, and Indiana State law compliant) and standard referral form (paper or electronic) with data capture of common information;
  - Feedback and communication including appointment scheduling and appointment resolution from the target agency to the referring agency;
  - Communication through email, text, or paper with the client about appointments and follow up;
  - Record retention in compliance with governing regulations and availability of records to the client;
  - Potential interface with electronic provider and client portals;
  - Business and technical support for developing agency profiles, delivering training and support for system usage and maintenance.
- **Relationship Building**
  - Regular, at least quarterly, meetings for agencies and organizations to introduce themselves, present information about their organization

including their service offerings and profiles, and to network to build relationships and professional trust are needed.

- Using the findings from this project of the most common agencies referred to or receiving referrals from, these conferences could target invitees, although should not be constrained by those results.
- These meetings can be organized by agencies; however, to provide the widest exposure and sustainability, the Marion County Public Health Department should be involved in providing support and information where necessary.
- At least annually, a regional provider conference should be held to allow for representatives from all types of provider organizations serving the SUD community to share and network. These conferences should include educational materials as well as direct contact information from the various providers. In addition, representatives from 211, [treatmentconnection.com](http://treatmentconnection.com), a referral system if procured, Indiana Family and Social Service Administration's Department of Mental Health and Addiction Services, Division of Family Resources, Office of Medicaid Policy and Planning, Medicaid Managed Care Entities, Department of Child Services, Department of Corrections and local criminal justice systems should be included to address the breadth of services needed and available for PWSUD. This not only provides treatment and support agencies the opportunity to learn about State and local systems and services but also provides those agencies an opportunity to learn about the provider community and their needs and ideas to improve services.
- Long term, the project proposes technical assistance to help organizations enhance their profiles so that referring agencies can better tell what populations they do or do not serve, including special populations (e.g., youth, LGBTQ, people with children).
- **Universal Referral Form**
  - Organization participants indicated in the survey and follow-up interviews that the lack of a universal referral form presents barriers to effective referral coordination. A standard referral form should be developed that includes the common information needed when a client is accepted as a referral. This form should be developed by a group of agency representatives and be compliant with privacy regulations covered by 42 CFR Part 2, HIPAA, and Indiana State law. The referral form should be an electronic form and would require the referring agency to scan the signed client authorization for release of information for electronic transmission, as appropriate.

- Organizations should agree to and use the common referral form, once developed and approved.
- If an automated referral system is used, it should incorporate the elements of this standard referral form.
- **Transportation**
  - While not directly tied to referral coordination, transportation is a barrier to referral if there is no way for a client to get to a referred facility. The project team recommends increased use of videoconferencing where the organization and PWSUD are able to participate. Out of necessity due to COVID-19 restrictions, many organizations have already begun expanded use of these services.
  - Information about the availability of transportation services to PWSUD through, for example, 211 Lyft transportation, Medicaid covered transportation, and public transportation routes and usage, needs to be made available to providers to assist their clients. Informational training sessions should be created to disseminate information about currently available services. For agencies that have funding for transportation, any online profiles about their services need to be updated to include this information, including limitations.
  - Longer term, grant-funded organizations should include transportation costs in their requests and proposals.
- **Payment Options**
  - As with transportation, payment for services is indirectly tied to the referral process. In order to enhance the coordination of referrals, organizations need to clearly advertise and include in their online organizational profiles: 1) the methods of payments they accept; 2) if they use a sliding scale, what the determinants are; and 3) if there are limitations based on method of payment.
  - Initial contact staff need to be trained on and aware of the accepted methods of payment to assist either the PWSUD, family or friends, or referring agencies in making decisions about referral to the provider.
- **Housing**
  - The referral process is impacted by availability of recovery supportive living housing. There are not enough facilities/beds for the need; however, the scope of this project is limited to the referral process. Recovery supportive living housing listings on electronic directories must be comprehensive in terms of indicating the populations served, populations not served, availability, state certification level, and type(s) of psychiatric conditions, medications, and medication-assisted treatment accepted.