

Metropolitan Indianapolis Addiction Referral Assessment and Plan- Implementation Phase

Final Report-September 2021



**MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT**

Prevent. Promote. Protect.

Contents

I. Purpose.....	2
II. Method	2
III. Proposals to Implementation	3
IV. Results and Conclusions.....	9
A. Overview.....	9
B. Successes	9
C. Lessons Learned	9
Appendix A: Referral Form Group Charter.....	11
Appendix B: Agency Profile Group Charter	12
Appendix C: Universal Referral Form	13
Appendix D: Authorization for Release of Information.....	15
Appendix E: Transportation Toolkit	16
Appendix F: Directory Announcement and Link	17
Appendix G: Recovery Assist Platform Poster	20
Appendix H: Presentation Slides	21
Appendix I: Re-Survey of the Provider Community	34

I. Purpose

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

- Assess the current landscape of substance use disorder (SUD) treatment and support delivery in Indianapolis and the surrounding metropolitan area;
- 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.

Conception of the project started in the fall of 2019. Phase I of the project began March 2020 and continued through July 2020. The purpose of the current phase of the project spanning October 2020 through September 2021, was to:

- Implement the plan from the initial phase; and
- Re-survey the service community to determine improvements to communication and referral.

This document closes out the current (implementation) phase of the project, identifying the elements of the plan and the efforts toward implementing the plan. Additionally, the results of a re-survey are included to identify successes in improving the referral process for PWSUD in the community.

II. Method

In order to implement the findings and recommendations from the first phase of the project, the RAP Project team:

- Convened a teleconference on October 1, 2020, using the list of agencies and contacts at those agencies, from Phase I and adding additional participants as identified. The RAP team presented the Phase I plan and solicited work group volunteers to help make the plan come to life.
- Convened a group to meet weekly beginning October 2020 to develop a universal referral form and generic Release of Information (ROI) form. The group charter (Appendix A) requested participation through the end of 2020, but a few additional meetings were convened in January 2021 to review the developed forms.
- Obtained a generic Release of Information form from a partner agency, made slight modifications, and had MCPHD's legal department perform a review of the document. This served as the basis for development of a webform that could be downloaded and used by agencies to complete and send with a referral.
- Convened a group to meet weekly beginning October 2020 to develop an Agency Profile template to be completed by agencies online. The group charter (Appendix B) requested participation through the end of 2020, but a few additional meetings were convened in January 2021 to review the developed template.

- Developed mockups of the universal Referral based on the workgroup input and subsequently developed a webform that could be downloaded and used by agencies to send either via email, print and fax, or print and give to a client.
- Developed electronic version of the Release of Information to accompany the Referral form if appropriate.
- Developed an online Agency Profile tool to capture data from agencies to post to an online directory of services and share with other online directories.
- Created an online searchable directory to house the agency profiles, referral and release of information forms, and a transportation toolkit.
- Created and distributed an online survey to capture data about improvements in the process as a result of the implementation of the RAP recommendations. The results of the re-survey can be found in Appendix H.
- During a time when in-person meetings were basically non-existent due to Covid-related restrictions, INSTEP went virtual, reformatting their meeting schedule and agendas, to ensure the RAP project would meet the recommendation for better communication and increased networking among agencies serving Persons with Substance Use Disorder.
- INSTEP reformatted their meeting agendas and increased the frequency of meetings from quarterly to monthly in order to meet the recommendation of having better communication and networking among agencies serving Persons with Substance Use Disorder.

III. Proposals to Implementation

The tables below identify the areas of recommended improvements, the recommendation, and the implementation scope in phase two. Appendix H is a succinct presentation of the project.

Directory of Services
<p>Recommendation:</p> <ul style="list-style-type: none"> • Directory of Services: <ul style="list-style-type: none"> ○ 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 (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. <p>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.</p>

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.

Implementation:

With our community partners the RAP team created an online 'survey' to capture profiles for every agency that wished to have their information included in an online directory. The information to be gathered in the profile was determined by the a cross-discipline workgroup collaborating to decide what data needed to be gathered and published and where applicable the standardized values for that data.

The Agency Profiles were submitted based on service site location. Users were allowed to enter information for up to three categories of services at one service site where appropriate. The allowance for multiple service profiles for the same location was to accommodate complex organizations with multiple service arrays. Currently, there were 126 profiles from 80 agencies resulting in 196 distinct agency profiles when separated by service category.

The RAP team contacted a number of existing online service directory providers about submitting the profiles gathered to update, add to, or enhance the profiles each directory provider already posted. For various reasons, this would not be feasible at the time. Consequently, the Marion County Public Health Department decided to create a new Directory of Services for the metropolitan Indianapolis area to house the Agency Profiles gathered. The result is the RecoveryAssistPlatform.com. which is also available under RecoveryAssistPlatform.org.

The RecoveryAssistPlatform.com is a Directory with the following features:

- Search for Service Provider by a variety of parameters, e.g., location, service types, payer sources, etc.;
- Downloadable Universal Referral Form and Instructions;
- Downloadable the Release of Information Form and Instructions;
- View and/or download the Transportation Toolkit; and
- Link to the website of a listed provider.

The Agency Profiles were created with the idea of standardizing the language describing services and levels of care (e.g., ASAM criteria) that an agency provided. This was accomplished through use of agreed upon drop-down lists to select from and allowing for free format text for uncovered items. That concept flows throughout the profiles to standardized choices for payment types, ages and genders served, exclusionary criteria, and other data.

In addition to these functions, the Directory also has a page describing the project and contact information (About Us) and a page listing all the agencies in the directory searchable by alphabetic character.

The Recovery Assist Platform launched in early July 2021 to a select group for review and comment. Based on comments from the group, slight modifications were made and the site was publicly announced on August 3, 2021. The individual profiles represent different locations and/or different services offered at the same location. See Appendix F for the announcement email and press release.

Relationship Building

Recommendation: 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, 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.

Implementation:

The RAP project and INSTEP worked collaboratively to identify potential participant organizations. When agency contacts were identified those contacts were shared between RAP and INSTEP to engage them to participate in both.

INSTEP created virtual bi-monthly meetings, previously quarterly, with organizations presenting their services to stimulate discussion among the INSTEP membership. Additionally, on a bi-monthly basis interspersed with the general meetings, INSTEP created monthly provider spotlight meetings. These are virtual meetings to introduce new provider organizations to the rest of the INSTEP members to encourage collaboration.

In addition to INSTEP, RAP worked with various local entities to promote awareness of the project, the directory, and resources available to serve the PWSUD community.

The RAP Team worked with the Marion County Public Health Department's Public Relations division to develop and distribute posters, full size, and postcard size, describing the Recovery Assist Platform- its uses and access information- to 279 individuals directly and through a booth at the annual Indiana Recovery Month Symposium (INARMS).

The RAP Team also participated resented the project information to participated as presenters at a session at the INARMS conference to further inform the community of the resources developed from the project as well as the process involved.

Universal Referral Form

Recommendation: 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.

Implementation:

The RAP team, with the invaluable assistance of community partners and participants, developed a universal web-based Referral form and a universal web-based Release of Information form to be used primarily by Substance Use Disorder treatment and related services providers to refer clients to other providers of treatment or related services. The forms can be completed and emailed, faxed, or printed and given directly to the client.

The Referral form includes:

- Referring Agency;
- Release of Information, if applicable;
- Agency Being Referred To;
- Purpose of the Referral including whether feedback is needed;
- Client Information that will help the referred to agency determine if they can assist the client/accept the referral;
- Client Payment Resources;
- Medical Information as it relates to the referral; and
- Medication as it relates to the referral.

The Release of Information (ROI) form was provided by a partner in the project as a starting point. It was altered only slightly and was reviewed and approved by the Marion County Department of Public Health legal staff. The ROI is available to use when appropriate. The Referral and Release of Information forms were distributed to the providers in March 2021. See Appendix C and D for copies of the forms.

Transportation

Recommendation: 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.

Implementation:

The RAP team researched and developed a resource guide for accessing free or reduced cost transportation services available in the greater metropolitan Indianapolis area. The

Transportation Toolkit is available on the Recovery Assist Platform. Additionally, the user can download and post or distribute a copy of the toolkit. The Transportation Toolkit is found in Appendix E.

Payment Options

Recommendation: 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.

Implementation:

Included in the Agency Profiles in the Recovery Assist Platform is a section identifying what payment types the provider accepts. Additionally in the referral form a section deals with what payment types the client has available to them. Using either of these helps the client know what the provider accepts and the provider know what the client has available. This avoids the issue of the client showing up at the service site and finding out they will not receive services because they do not have the acceptable financial means.

Housing

Recommendation: 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.

Implementation:

The Recovery Assist Platform captures recovery housing information as well as the populations served, limitations on populations served and, if appropriate, state certification level, and type(s) of psychiatric conditions, medications, and medication-assisted treatment accepted. Contact information for the facility is provided so that the referrer can determine if there is space available.

IV. Results and Conclusions

A. Overview

The modifications made in the referral landscape in the greater Indianapolis metropolitan area through RAP Project have been significant in the tools they present to the providers of services for Persons with Substance Use Disorder. The usage of these tools will expand as more and more agencies begin to use them on a regular basis, as the profiles contained in the service directory expand and as the forms and transportation toolkit are revised as necessary to maintain currency and increased available resources.

The service directory has been very well-received. We have gotten anecdotal feedback from several organizations that their staff is using the directory regularly. We also distributed a survey to assess the impact to the community more formally. In the final survey of community members about the RAP project, we received 44 responses. Seventy-three percent of respondents were aware of our platform and 63% of those that were aware had used the directory itself. While many were aware of the resources embedded within the website (i.e., referral and ROI forms and transportation toolkit), very few seemed to be utilizing them. When asked to assess the adequacy of the universal referral forms to be used to send referrals, 54% of those that make referrals said the forms collected a sufficient level of detail, but 43% of the respondents said they were not sure, but we think this is due to the respondent being unfamiliar with the form. Forty-three percent of respondents said they thought that the RAP project helped them form new connections and establish contacts with agencies they did not previously interact with. Thirty-six percent said there are better resources for finding transportation than existed a year ago.

Details of the Re-survey responses are found in Appendix I

B. Successes

- Collaboration and information sharing among service providers for SUD Treatment and related services have been enhanced.
- Web based Universal Referral Form and Release of Information form have been developed and are readily available for download online. Additionally, instructions for completing those forms are available on the Directory.
- Transportation information was gathered and put into a readily available in the online Directory and a pdf version can be downloaded. The Transportation toolkit is also available on the Indiana Recovery Network site. Online Service Directory of SUD Treatment and Related Service Providers developed and launched. Several agencies in the greater metropolitan Indianapolis area have agreed to provide a link to the Recovery Assist Platform on their sites as well.

C. Lessons Learned

- To be successful in improving the referral process within the greater Metropolitan Indianapolis Area, the message that there is a resource, the Recovery Assist Platform, and the resources contained on the site, need to be widely advertised not only at the executive level but down to the “front desk” level.

Ongoing funding is needed to support the maintenance of the directory and resources contained therein and to expand upon the functionality within the platform.

Appendix A: Referral Form Group Charter

GROUP CHARTER

GROUP: UNIVERSAL REFERRAL FORM AND RELEASE OF INFORMATION

OBJECTIVE: TO DETERMINE COMMON ELEMENTS AND FORMAT OF A UNIVERSAL AND STANDARD REFERRAL FORM TO BE USED BY AGENCIES WHEN REFERRING CLIENTS WITH SUD RELATED PROBLEMS FOR NEEDED SERVICES. THIS FORM SHOULD BE DEVELOPED TO BE USED IN THE FUTURE ON A SECURE ELECTRONIC HOST PLATFORM TO BE ACCESSED BY SERVICE PROVIDERS. THE FORM SHOULD ALSO BE DEVELOPED TO CONTAIN A RELEASE OF INFORMATION FORM THAT COMFORMS WITH ANY REQUIRED STATE AND FEDERAL CONFIDENTIALITY REQUIREMENT.

GOAL: A GROUP OF VARIOUS REPRESENTATIVES WILL MEET TO DETERMINE THE COMMON ELEMENTS AND FORMAT OF A UNIVERSAL REFERRAL FORM. ONCE AGREED UPON AND CREATED THE GROUP WILL WORK TOWARDS GETTING THEIR AND OTHER AGENCIES TO ADOPT THE FORM FOR USE.

FREQUENCY AND DURATION: THE GROUP WILL INITIALLY MEET WEEKLY AND THEN DETERMINE FREQUENCY OF MEETING AS THEY MAKE PROGRESS ON DEVELOPING THE CONTENT AND FORMAT. IT IS EXPECTED THE FINALIZED FORM (S) WILL BE COMPLETED BY DECEMBER 31, 2020.

Appendix B: Agency Profile Group Charter

GROUP CHARTER

AGENCY PROFILES WORKGROUP

Objective: Offer technical assistance to area SUD and related service providers to better develop their business profiles to be used in comprehensive directories, and to have such profiles contain more comprehensive information on services and to include payment types, sliding fee scales and their parameters, service costs and limitations of services based on payment type.

Goal: Group members representing a variety of agencies and types of agencies will meet to establish a unified and agreed upon standard set of information to be included on agency profiles that will describe the services they provide, populations served, and the how such services can be obtained and paid for. These agency profiles should be developed so both consumers and other referring agencies can utilize them when determining if the agency can meet their need for the service they are requesting.

Frequency and Duration: The workgroup should initially plan to meet weekly and then determine the future frequency based on progress. A standard agency profile format should be determined by December 31, 2020. Following the creation of this profile we would ask that group members assist in implementing the standardized profile within their respective agency and other agencies as needed.

Appendix C: Universal Referral Form

Referral for Substance Use Disorder and Related Services

Referring Agency Information

Name of Agency

Date

Email

Secondary Contact Name

Secondary Phone Extension

Primary Contact Name

Phone Number Extension

Secondary Email

Agency Fax Number

Release of Information

Is there a Release of Information (ROI) form attached to this referral? Yes No

Agency Being Referred To

Name of Agency

Service Site

Site Street Line 1

Site Street Line 2

Site City Site State Site ZIP Code

Primary Contact Name Email

Phone Number Fax Number

Purpose of Referral

Purpose of Referral
Examples: SUD treatment, behavioral health services, housing, counseling, medication management, employment assistance, etc. Include as many details as helpful.

Will the client remain in services with the referring agency? Yes No

Feedback is requested Yes No

Comments

Client Information

Legal First Name MI Legal Last Name

Preferred Name Date of Birth

Address

Please enter address below where client can pick up/get mail.

Street Line 1 Street Line 2 City

State ZIP Code Phone Number

Email

Parent or Legal Guardian (if under 18)

Personal Pronoun Preference

Gender

Is Client Pregnant? Yes No

Client has access to video/phone conferencing Yes No

Veteran

Interpreter Services Needed? Yes No

If Yes, please explain
Examples: American Sign Language (ASL), Spanish, Burmese, etc.

Housing Status

Does the client have a safe place to stay? Yes No

Is the client at risk of losing housing in the next 30 days? Yes No

Provide details to any of the above questions, if appropriate.

Will the client need transportation assistance? Yes No

If Yes, provide details.

Alternate Contact (someone who always knows where client is)

Name Email

Phone Number

Payment Information

Medicare ID# Medicaid/HIP ID# Veteran's Benefits

Private Insurance (if checked, provide details below)

Company ID# Group Plan Policyholder Name Add

Self pay No insurance, needs financial counseling Potentially Eligible for Recovery Works

Other

If Other, provide details.

Medical Information

Are there any medical or behavioral health concerns that need to be known for this referral? Yes No

If Yes, provide details
Examples may include wheelchair-bound, has visual/hearing impairment, recent suicidality, needs oxygen, etc.

Medication

Is the client taking or needing to take any medications that need to be considered for this referral? Yes No

If Yes, provide details
Examples may include benzodiazepines, medication assisted treatment, etc.

Time Form Completed: 2021-09-29 16:14:08
Save copy as PDF

Appendix D: Authorization for Release of Information

Revoked On

Authorization For Release Of Confidential Information

Client Name **Date of Birth**

I HEREBY AUTHORIZE to: Release to; Obtain from; or

Share information between:

Person or Agency: Relationship:

Address of Person or Agency:

Phone: Email: Fax:

The purpose of disclosure is for:

Coordination of Care Leave messages/facilitate communication between agency and client

Obtaining Treatment Information Scheduling Emergency/Medical reasons

Insurance Billing Other

I authorize the disclosure of the following information

Client Records related to SUD treatment admission Assessment/Treatment plan

Medical Records pertaining to SUD treatment admission Pre intake progress Report(s)

Recovery Plan(s)/Recommendations Medical Records pertaining to SUD treatment admission

Substance Use/Mental Health Screening Results Discharge Summary/Discharge Plan

Any Information obtained to assist with placement into a treatment program

Other

This consent is valid for 30 days unless otherwise specified but no longer than one year.

Date valid till Initials of client

I understand that this information may include information relating to: a. Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection; b. Recovery support for drug or alcohol abuse; c. Mental, emotional, or behavioral health; d. Psychiatric or medical care.

I understand that any release or disclosure is bound by Title 42 of the Federal Regulations governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R. Pts. 160 & 164; and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part. Pursuant to IC 16-39 regarding the release of mental health records and federal confidentiality rules 42-CFR Part 2 regarding the release of addiction information:

- This consent is subject to revocation at any time, except to the extent that action has been taken in reliance on the patient's consent.
- If not previously revoked, the patient's consent to release mental health and/or addiction information will expire when this date, event, or condition met occurs: One Year from Date Signed.
- If involuntary commitment to the program, I understand I may not revoke this consent until disposition of my case is complete or if I leave without committing authority's permission, the committing authority will be notified.

(Signature of client) (Signature of Parent/Guardian, when required)

(Print Name of Client) (Print Name of Parent/Guardian)

(Date) (Date)

(relationship to the client)

NOTICE TO RECEIVER: Any addiction information disclosed to you is protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

[Save copy as PDF](#)

Appendix E: Transportation Toolkit

Below is information about transportation options for Persons with Substance Use Disorder in and around the greater metropolitan Indianapolis area. This guide provides information about contacts and costs associated with the transportation. Some of the options require specific healthcare coverage. The Transportation Toolkit is also available on the [IRN](#) (Indiana Recovery Network) site as well as additional resource information.

You may also download a copy of the Transportation Toolkit for further reference or to print and display.

Statewide:

For all **Emergency** transportation: **Call 911**



Non-Emergency Transportation:

Call - 211

Indiana's Information and Referral Service

- Enter the 5-digit zip code
- Press 1- Mental Health or Substance Use Disorder
- Press 9 – Rides to and from treatment through Lyft

FREE rides statewide, cannot have Medicaid/HIP Plus or live within 2 city blocks from bus stop, limited funding end of the month

Managed Care Coverage

Make reservations 2 days in advance and have available:

- Member ID Number
- Date of Birth
- Address of pickup and drop off with zip code, phone number and appointment time



Be sure to check health plan coverage for ride limitations per calendar year, mileage reimbursement and bus passes. Only use if no other safe transportation option is available.

Call :

Anthem - (844) 772-6632 Hoosier Care Connect, Hoosier Healthwise, Healthy Indiana Plans (HIP)

CareSource - (800) 508-7230

CHIP - Call 911 only covers emergency ride to a hospital

Managed Health Services (MHS) - (800) 508-7230

MDWise - (800) 356-1204

Medicaid - (855) 325-7586



Local:

CICOA/Way2Go - (800) 432-2422 <https://cicoa.org/services/transportation>

Marion County residents 60+ years old and have completed an application are eligible.

My Freedom increases transportation options for individuals of any age with disabilities in central Indiana counties- Boone, Hamilton, Hendricks, Johnson, Madison, Marion, Morgan, and Shelby. Must fill out application to be eligible for this program

Bus Lines - IndyGo and Red Line - <https://www.indygo.net>

Visit the website to assist with Routes, Fares, Passes and reduced fare applications. Applications are available to those who qualify in Marion County:

- Free for Veterans
- Half-price tickets for 18 and younger, 65 and older
- Half-price tickets for the disabled - ***MENTAL HEALTH & SUBSTANCE USE DISORDER QUALIFY***
- Visit the website to apply with medical approval:
 - Fares and Passes
 - Half Fare
 - Fill out the application- choice of language English or Spanish
 - Half Fare Supplemental Application – must fill out both
 - Half Fare cards cost \$2.00 for 3 years



Appendix F: Directory Announcement and Link

From: Angela Shamblin <AShamblin@MarionHealth.org>

Sent: Tuesday, August 3, 2021 4:55 PM

To:

Subject: RAP IMPLEMENTATION: Announcing RecoveryAssistPlatform.com

Hello,

The RAP Project team and Marion County Public Health Department are excited to announce that our service directory is ready for use! Please see the press release below announcing the release of the directory to the public. Visit <https://www.RecoveryAssistPlatform.com> to check out our new site and find substance use disorder treatment and related services near you!

All agencies that submitted an agency profile will receive a free printed copy of our poster to hang up in their workspaces in the next few weeks. We are including a printable copy of our poster with this email as well should you wish to produce smaller versions of the poster.

Please feel free to share the link to this resource with others and, if you would like, post the link to the Recovery Assist Platform directory to your website.

Also, for those who partnered with us and intended to include their logo on our site, but forgot to get it to us, please forward those on to Carol Key at ckey@rcrtechnology.com.

Thank you all for supporting this project! We could not have achieved this without so many of you volunteering your time and expertise to this effort. We hope that this directory will be useful to the provider community for finding resources and assist in referring individuals to those resources. Our ultimate hope is that the directory will help improve the lives of many folks struggling with substance use disorder in Marion County and the greater Indianapolis metropolitan area.

If you have any questions related to the service directory or you are part of an agency or know of an agency that should be included in the directory, contact Dean Babcock at dbabcock@marionhealth.org or call him at (317) 506-4641.

Have a great day!

Angela Shamblin, MA
Epidemiology Manager
MCPHD Overdose Data to Action Grant Coordinator
Department of Epidemiology
Marion County Public Health Department

3901 Meadows Drive
Indianapolis, IN 46205
Office: 317-221-3596



From: Curt Brantingham <cbrantingham@hhcorp.org>
Sent: Tuesday, August 3, 2021 2:49 PM
To: Curt Brantingham <cbrantingham@hhcorp.org>
Subject: RELEASE: New website features resources, services to address substance use disorder



For Immediate Release
August 3, 2021

Website launched by the Marion County Public Health Department features a directory of services, resources related to substance use disorder

INDIANAPOLIS – In an effort to better help those suffering from substance use disorder, the Marion County Public Health Department announces the launch of a website that is a directory of local support services and resources. Primarily developed for agencies to make referrals to other agencies, this website can also be used by the public to learn about and access services.

The website, www.RecoveryAssistPlatform.com, is part of the Metropolitan Indianapolis Referral Assessment and Plan (RAP) project, which has been taking a closer look at care coordination and improving communication and referrals between agencies that support persons with substance use disorder.

What makes the website unique is its focus on agencies in the area with a mission to serve people with substance use disorder. The site includes relevant details about the agency that might not be available in a browser search or on the agency's own website. The searchable site allows the visitor to search by agency, type of service, specific interventions, population, and ages served.

"Until now, a website did not exist in Marion County or the surrounding areas that provided detailed information about agencies that are helping to fight this public health crisis," said Virginia A. Caine, M.D., Director, and Chief Medical Officer of the Marion County Public Health Department. "Anything we can do to make the path to recovery easier and more accessible, especially during the COVID-19 pandemic, is a tremendous benefit for the health of individuals and for the community."

RecoveryAssistPlatform.com is a project of the Marion County Public Health Department with funding from the National Association of County and City Health Officials (NACCHO) through a grant called Implementing Overdose Prevention Strategies at the Local Level (IOPSLL).

"We have to do everything possible to save lives, and this directory is much-needed for people seeking help," said Brandon George, vice president of the Mental Health America of Indiana and director of the Indiana Addiction Issues Coalition. "The number of overdoses were going up before COVID-19, and we are just now learning the negative impact the pandemic had on substance use disorder. This is a great tool for all."

#

Link to: [Recovery Assist Platform](http://www.RecoveryAssistPlatform.com)

Appendix G: Recovery Assist Platform Poster



INTRODUCING THE
RECOVERY ASSIST
PLATFORM **ONLINE**
DIRECTORY

Need help finding support for persons with substance use disorder?

Users of the Recovery Assist Platform can:

- Search for providers via types of service, population, location, payment and more
- Download a universal referral form and release of information form
- Find resources for free or reduced-fare transportation to services

For more information please visit
RecoveryAssistPlatform.com

 **MARION COUNTY PUBLIC HEALTH DEPARTMENT**
Prevent, Promote, Protect.

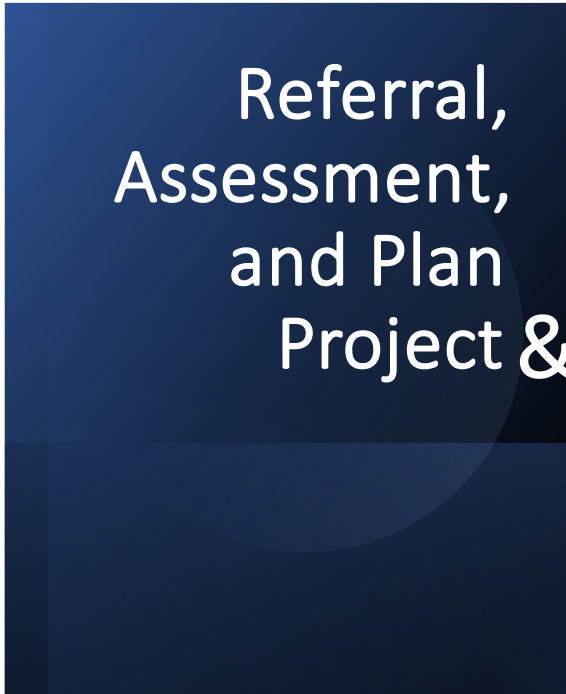
 **IN STEP**

 **IAIC**
Indiana Addiction Services Coalition
Improving Outcomes. Restoring Lives.

 **RCR TECHNOLOGY**

The Recovery Assist Platform focuses on Marion County and the surrounding area

Appendix H: Presentation Slides



Recovery
Assist
Platform.com

September 2021

WHAT IS THE RAP PROJECT?

RAP stands for the Referral, Assessment, and Plan

RAP is a community-based effort aimed at increasing care coordination among substance use disorder (SUD) treatment, recovery, and related organizations.

Its goal is to enhance the referral process between agencies helping people achieve and maintain long-term recovery in the greater Indianapolis area.

3

RAP OBJECTIVES

Assess	Assess the current landscape of SUD treatment and support in the greater Indianapolis area;
Identify	Identify barriers to effective communication and referrals between organizations supporting persons with SUD;
Recommend	Recommend practical short and long-term improvements to overcome these barriers and
Implement	Work with participating agencies to implement recommendations

4

PHASE 1

THE ASSESSMENT

These agencies helped us engage with and solicit the help of the community:



Building Trust Through Innovation and Dedication



ASSUMPTIONS FOR THE ASSESSMENT

No one agency had all the services a person would need and that persons may need the help of several agencies or services to build and maintain recovery in the community.

People needed a variety of services from different types of agencies including SUD treatment, mental health treatment, healthcare, housing, job assistance, faith-based services, etc.

We needed to ask the community agencies themselves to evaluate the current state of affairs in the referral process.

We needed to ask persons with lived experience to enhance our understanding of the current state of affairs.



RAP ASSESSMENT METHODS

Organizational survey

- Emailed to 230 individuals from 148 organizations
- 76 individuals from 61 organizations responded (33% response rate)*Note: COVID-19 pandemic prevented many individuals from participating.*

Survey respondent interviews

- 30 individuals from 22 organizations interviewed

Interviews with persons living with SUD and their close friends and family

- 24 persons interviewed

THE RAP ASSESSMENT IDENTIFIED BARRIERS IN THE REFERRAL PROCESS

No current, comprehensive directory of treatment, recovery, and related providers.

Organizations make referrals to those with which they are familiar. New organizations or personnel do not have established relationships.

No universal referral form, so persons with SUD must complete a different form for each provider.

Lack of transportation limits referral options.

Referrals are limited by cost, limited payment options, and a lack of related information.



RECOMMENDATIONS FROM THE ASSESSMENT

COMPREHENSIVE UPTO-DATE ON-LINE DIRECTORY of treatment, recovery, and related services (e.g., housing, legal, financial, employment, faithbased)

- Some directories are in use but do not meet all needs
- Long-term, the database would provide online referrals with two-way feedback between providers and integration with electronic medical record systems

RELATIONSHIP BUILDING

- Regular networking events and educational conference hosting all types of providers serving persons with SUD

RECOMMENDATIONS FROM THE ASSESSMENT continued



Online universal referral and release of information forms that are compliant with HIPAA, 42 CFR Part 2, and Indiana state law



Increased use of telehealth and increased information and funding for clients with transportation needs



Increased sharing of information on cost of services, payment type(s) accepted, and limitations of service based on payment type

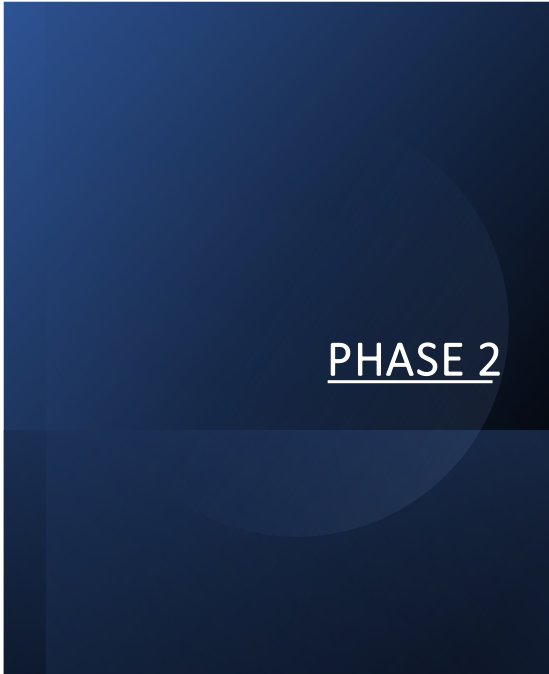
11

RAP EXECUTIVE SUMMARY REPORT AND ENDORSEMENT

Following the assessment, plan, and identified recommendations we asked all participating organizations to endorse the plan AND to provide a signed commitment to working with the Marion County Public Health Department (MCPHD) and other participating agencies to implement the plan

- 42 individuals from 39 agencies endorsed and committed to the plan, including all the major hospital systems

The RAP Project Executive Summary can be found in the "About Us" page on www.RecoveryAssistPlatform.com.



LET'S IMPLEMENT THE PLAN!



Building Trust Through
Innovation and Dedication



BARRIERS	RECOMMENDATIONS	IMPLEMENTED SOLUTIONS
No current, comprehensive directory of treatment, recovery, and related providers.	Comprehensive, up-to-date online directory of treatment, recovery, and related services (e.g., housing, legal, financial, employment, faith based)	RecoveryAssistPlatform.com
Organizations make referrals to those with which they are familiar. New organizations or personnel do not have established relationships.	Relationship building through regular networking events and educational conference hosting all types of providers serving persons with SUD	INSTEP Meetings
No universal referral form, so persons with SUD must complete a different form for each provider.	Online universal referral and release of information forms that are compliant with HIPAA, 42 CFR Part 2, and Indiana state law	Universal Referral and ROI Forms
Lack of transportation limits referral options.	Increased information and funding for clients with transportation needs	Transportation Toolkit
Referrals are limited by cost, limited payment options, and a lack of related information.	Increased sharing of information on cost of services, payment type(s) accepted, and limitations of service based on payment type	Agency Profiles



Out of Scope Recommendations

There were recommendations we could not take on in the implementation phase due to lack of funding and resources or not having the sphere of influence to change this aspect of the system of care for people with substance use disorder. These were:

- A database that would provide online referrals with two-way feedback between providers and integration with electronic medical record systems; and
- Increased use of telehealth.
- Make resources more available and affordable

MOVING FROM PLANS TO ACTION, BRINGING THE COMMUNITY TOGETHER TO HELP IMPLEMENT THE RECOMMENDATIONS

We created “workgroups” to create the RAP Products

RAP Work Groups

Universal Forms Work Group

Developed the content of the universal referral form and the universal Release of Information (ROI) form.

Agency Profile Work Group

Developed criteria and categories for the agency profiles that ultimately ended up in the RecoveryAssistPlatform.com directory.



Each group met weekly in the fall of 2020 with the number of participants ranging from 1-8 per week.

RAP RELATIONSHIP BUILDING INITIATIVES

The RAP Team utilized a variety of established organizations and groups to help build relationship among the providers.

INSTEP Meetings

INSTEP Agency Spotlights

Marketed our efforts through Drug Free Marion County, Beech Grove Drug Free Coalition, and the Decatur Township Drug Free Coalition.

Overdose Data to Action Projects

Indiana Addictions Issues Coalition, Indiana Recovery Network

Meetings with other existing Directory Services representatives

BUILDING A TRANSPORTATION TOOLKIT

Led by the Indiana Addiction Issues Coalition efforts were initiated to solicit and compile a set of resources clients could use for transportation to needed services.

Ride Services

Public Transportation

Free Transportation Services

Reduced fare information

Managed Care benefit information

IDENTIFYING A CENTRALIZED ON- LINE RESOURCE TOOL

SO..... Now we have all these community developed products....

Where do they live?



DECISIONS, DECISIONS, DECISIONS

- We initially thought it wise to work with existing online directory search platforms, we determined that we could not impose the level of detail contained in the community developed referral forms and agency profiles on another platform.
- After much deliberation we concluded that it would be best to develop our own website.
- We wanted a platform focused on the greater Indianapolis area and specific to services supporting SUD clients.
- Funding prevented a larger scale project, such as a bi directional on-line referral system.

CREATING AN ON-LINE RESOURCE TO HOUSE THE RAP PRODUCTS

RCR Technologies and their development teams were employed to build an on-line service directory that would serve as an easily accessible resource to house the products developed by the RAP Project.

Agency Profiles

Universal Referral Form

Universal Release of Information Form

Transportation Toolkit

WHAT MAKES THE SITE UNIQUE

RECOVERYASSISTPLATFORM.COM

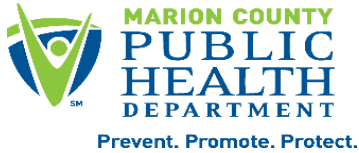
-  Search by location, population served, service type, specific interventions, categories of care, ages, types of payments, etc.
-  Includes map locations
-  Multiple search parameters allowed
-  User-friendly
-  Downloadable referral and ROI forms
-  Information on transportation services
-  Can be used by agencies and the general public to find resources

FOR
ADDITIONAL
INFORMATION

Contact information can be found
on
www.RecoveryAssistPlatform.com

Or contact Dean Babcock at
dbabcock@marionhealth.org or
317-506-4641

Appendix I: Re-Survey of the Provider Community



The Metropolitan Indianapolis Addiction Referral Assessment and Plan (RAP) Implementation Survey

1. What are the most common sources of referral to your organization?

Educational Institutions	7
Employers referring Employees	4
Faith Based Organizations	8
Family / Friends	30
First Responders	10
Front End Access Entities	6
Government Agencies	12
Justice System Entities	25
Medical Treatment organizations	19
Recovery Housing / Supportive Living	17
Recovery Support Services	19
Substance Use Disorder Treatment organizations	26
Other (e.g., Self, Homeless Shelters)	19

2. What are the most common sources of referral from your organization?

Educational Institutions	3
Employers Referring Employees	2
Employment Readiness / Job Placement Training	10
Faith Based Organizations	7
Family/Friends	5
First Responders	2
Front End Access Entities	1
Government Agencies	7
Justice System Entities	5
Medical Treatment Organizations	21
Mental Health Treatment Organizations	24
Recovery Housing / Supportive Living	26
Recovery Support Services	28
Substance Use Disorder Treatment Organizations	32
Other (e.g., Basic Needs, Food)	23

3. How does your organization most commonly receive/send referrals?

211/ Open Beds	8
Email to organization	19
Formal referral given to the individual by an org	19
Hand the individual a list of resources	12
Online Scheduling	6

Orally tell the individual	17
Telephone call from individual seeking treatment	27
Telephone call to agency/organization?	29
Walk ins – self referral	17
Walk ins from other organizations within your org	7
Warm handoff	24
Other (e.g., formal referral from Dr., Justice System)	19

4. Were you aware of the RAP Project workgroups, Referral Form development and Agency Profile development?

Yes	27
No	11
Not sure	6

If Yes, did you participate in a work group?

Yes	12
No	15

5. Are you aware of INSTEP and their meeting schedule?

Yes	27
No	11
Not sure	6

If Yes, do you attend the bimonthly meetings?

Yes	17
No	10

6. Are you aware of and/or have you used the following resources?	Aware of	Used
The Recovery Assist Platform Online Directory of Services	32	20
The universal Referral form for SUD and related services	25	3
The universal Release of Information form	22	2
The Transportation Toolkit	14	6
Not aware of the project /resources	N/A	10
7. Is the level of detail in the universal Referral form adequate for you to <u>send</u> referrals?		
Yes	20	
No	1	
Not sure	16	
Not applicable -Do not send referrals	7	
8. Is the level of detail in the universal Referral form adequate for you to <u>accept</u> referrals?		
Yes	17	
No	1	
Not sure	18	
Not applicable -Do not receive referrals	8	
9. Are there better resources for finding transportation for clients than existed a year ago?		
Yes	16	
No	8	
Not sure	20	

10. Over the last year, have you formed new connections, established contacts with organizations you did not previously interact with as a result of the efforts around the RAP Project?

Yes	19
No	11
Not sure	14

11. Have there been substantive improvements in the overall interaction among providers and the referral process over the last year? Please explain:

Responses:

- "There seems to be good interaction amongst those that typically work together"*
- "Not to my knowledge"*
- "not sure. It's hard with covid restrictions"*
- "I have not seen any change...if anything there has been less contact with 211/Open Beds"*
- "Not sure "*
- "Somewhat better"*
- "No"*
- "Not sure. Better communication. Unsure if it has resulted in better interaction have not been involved in referrals so I do not know"*
- "Not aware of this program"*
- " Not sure. Better communication. Unsure if it has resulted in better interaction"*
- "Hard to say. I manage our recovery housing division. All of our referrals come through CFRC"*
- "From what I can tell, both RAP and INSTEP are vast improvements"*
- "Overdose Lifeline organizational model does not easily fit into the referral process as would a treatment provider, housing, etc. Nor do we refer clients/contacts to treatment. We do promote the availability of RAP within Marion county area events and interactions. So I am personally not knowledgeable of improvements over the last year"*
- "Yes"*
- "We have not been fully involved in the RAP process so I would say this is not applicable."*
- "We have a community liaison for our marketing purposes, so I am unsure."*
- "Need to follow-up with the team to get a definitive answer."*
- "No"*
- "Yes. Collaboration appears to be increasing."*
- "Yes, I've noticed a difference in how we receive & give referrals. We are excited to use RAP and its components more moving forward to see how things improve for us."*
- "Yes, I've noticed a difference in how we receive & give referrals. We are excited to use RAP and its components more moving forward to see how things improve for us."*

12. From a provider perspective, what initiatives would you suggest the RAP group focus on for future enhancements to the referral and collaboration landscape for those serving Persons with Substance Use Disorder in all aspects?

Responses:

- *" Making access to treatment more easily accessible and affordable"*
- *" From a provider perspective, what initiatives would you suggest the RAP group focus on for future enhancements to the referral and collaboration landscape for those serving Persons with Substance Use Disorder in all aspects? following a person's overdose in the Emergency Room administration of MAT and referral to a Bridge Clinic"*
- *"To monitor and update the resources and to continually ensure the quality of services and standards are met when organizations are listed."*
- *"More signage to hang and information to distribute to patients."*
- *"Not Sure"*
- *"I would like to see data showing traffic to the site"*
- *"Not sure. Better communication. Unsure if it has resulted in better interaction"*
- *"I would love to see this expand to mental health needs in general and to continue to include more and more agencies around the Indy region."*
- *"I have no suggestions"*
- *"Additional outreach to grassroots organizations to ensure awareness and use of these resources"*
- *"My behavioral health team is not aware of this program."*
- *"Need to consider the special circumstances for how CMHCs do intakes, receive referrals, etc. For example, SEMHC does same day access—meaning anyone can get an intake if they walk in during a designated period of time. Assisting the person in a warm handoff to the organization would be good, but there's not a mechanism to generate an intake from a RAP referral."*
- *"Potentially staffing a "navigator" to assist with Persons with SUD with navigating the system"*
- *"Not sure"*
- *"Greater linkage to care from jail and prisons to treatment in the community post-release."*
- *"Residential Dual Diagnosis facilities"*
- *"Continued focus on Transportation and new focus on helping those recovering find Jobs"*
- *" More networking opportunities"*
- *"Unsure at this time."*
- *"How do we help persons served get direct access to available resources on a consistent and engaging basis?"*