

**MISSION**

**POSSIBLE!**

CATALYST Mission Command:

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LaPorte County  
**Drug Free Partnership**

*Collectively we strive to achieve a Drug Free Community*



**Social Change Agents:**

**La Porte County Drug Free Partnership**



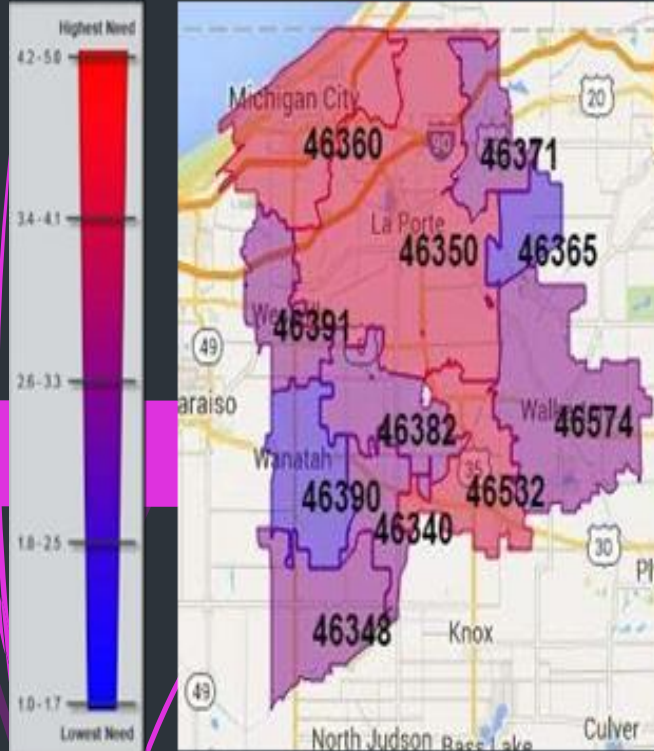
**MISSION: CATALYST**

**for Trauma Informed  
Community Change via  
Cross Sector Collaboration**

# LA PORTE COUNTY, INDIANA

- 600+ sq miles- HIDTA
- Urban/rural 109,840 population
- Health Behavior: 82th/92 counties
- Social Economic (crime, education, death): 89th/92
- Mental Health Provider shortage
- **LaPorte 910:1**, Indiana 560:1, US 350:1.
- Second worst quartile nationally

# DATA ANALYSIS



Drug Overdose Deaths- 50 in 2022

Indiana: 1,852/ 29.4

US: 70,237/21.7

Suicides more than 2 X state and national average

# Disrupt Programmatic Silos

- **Vision is to create an equitable, multi-sector community infrastructure to reduce recidivism and address access to mental health and/or substance use services by proactive **inclusive** engagement of community stakeholders**

# TRAUMA INFORMED

“A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences”.

- National Center for  
Trauma-Informed Care

# CATALYST Cross Sector Collaboration

- TI-ROSC: Trauma-Informed Recovery Oriented Systems of Care
- MIRT: Mobile Integrated Response Teams
- SOFR: Suicide/Overdose fatality review teams
- CIT: Crisis Intervention Teams

Engage multiple stakeholder sectors in a Trauma-Informed Recovery-Oriented System of Care

**(TI-ROSC)**

Integrate of Mobile Integrated Response Teams **(MIRT)** and peer recovery coaches increase and navigate expedient access to services

Implement a Suicide/ Overdose Fatality Review team **SOFR** and a Crisis Intervention Team **CIT**

Learn the secret and most powerful strategy in any community.





# TI-ROSC

A coordinated network of community-based services and supports that is **person-centered** and builds on the strengths and resiliencies of individuals, families and communities to achieve abstinence and improved health/mental health, wellness and quality of life.

# TI-ROSC PRINCIPLES RECOGNIZE

- ▶ Widespread **impact** of trauma
- ▶ Trauma's **connection** to addiction and mental health issues and paths for recovery.
- ▶ **Signs and symptoms** of trauma in clients, families, staff and others involved with the system.
- ▶ Fully **integrating knowledge** about trauma into **policies, procedures and practices** and seeks to actively resist re-traumatization.

# TI ROSC Action Planning

## ➤ **Systems Mapping**

- County Change Teams should create specific objectives and action steps should have **“SMART” objectives** for each step in the recovery continuum and across service components.
- The TI-ROSC Action Planning Tool provides County Change Teams **action plan grids** to facilitate the process.

## La Porte QRT

- Frontline Foundations launched the Quick Response Team (QRT) pilot program in Nov. 2018
  - ➔ Funded by 21st Century Cures Act
- Outreach team comprised of Police, Fire, and recovery coaches.
- Within 72 hours of an overdose, this team will visit and connect them with the resources they need.
- 72-hour window is a critical time and can be the difference between life and death.

## **MIRT= Mobile Integrated Response Teams**

- ▶ **HealthLINC FQHC COLLABORATED With NORTHSHORE**
- ▶ **LEVERAGED La Porte Coalition PARTNERSHIPS**
- ▶ **PART TIME TO FULL TIME, 15 PEERS 4 COUNTIES**
- ▶ **WRAP AROUND SERVICES, EXPANDING COUNTIES**
- ▶ **HOME BASED & YOUTH SERVICES**
- ▶ **OTHER TREATMENT AGENCIES**

# MIRT Cross Sector Engagement

- **1305 total referrals** were received in the first two grant years resulting in **253 unique patients** with an Opioid Use Disorder (OUD) and/or Stimulant Use Disorder **enrolled** into the MIRT program
- *LaPorte leads all 4 counties in both referrals and intakes*
- **MOUs with over 72 partner organizations**
- Provides peer services in 4 hospital ERs

# MIRT Outcomes as of Feb. 2023

- FT employment increased **150%**
  - Proportion in the workforce went from **25% → 62%**
  - Unemployment rate **dropped 34 percent**
  - **78% who completed 6-month had been at least 30 days abstinent**
  - Crimes in last 30 days **decreased** from **37% → 21%**
  - Those in self-help groups went **up** from **45% → 88%**





# Suicide/Overdose Fatality Review Team

- Modeled on Child Fatality Review Teams
- Suicide- Overdose deaths are preventable with coordinated prevention strategies, timely implementation of evidenced based strategies, and community mobilization
- SOFR helps to understand local landscape



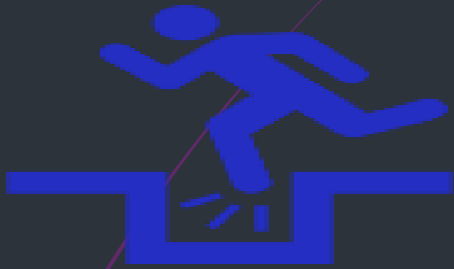
## SOFR

- **Multi-agency/multi-disciplinary** team conducts confidential case reviews of county overdose deaths.
- State legislation protects content of meetings so we can share health/school/other typically protected records **within and for the purpose of the meeting.**
- All members must sign confidentiality form.

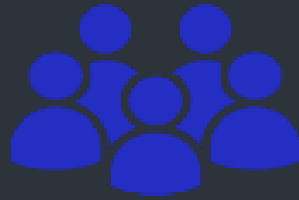
## **LaPorte County SOFR**

- Initially came out of interest from Coroner's office.**
- Worked closely with Indiana Department of Health to implement the team that meets monthly.**
- Leveraged Drug Free Partnership meeting to present idea to county and identify participants.**
- LaPorte County SOFR team provided template to start teams in 2 other counties.**

# SOFR Goals



**Identifying  
missed  
opportunities  
for prevention  
and gaps in  
system**



**Building cross  
sector working  
relationships  
between local  
stakeholders on  
overdose or  
suicide  
prevention**



**Recommending  
changes in  
policies,  
programs, laws,  
etc. to prevent  
suicide or  
overdose  
deaths**



**Informing local  
prevention  
strategies**

# SOFR Members- not to place blame

- ▶ **Coroner**
- ▶ **Department of Child Services**
- ▶ **Prosecutor**
- ▶ **Probation/Corrections**
- ▶ **Representative from school systems**



LCC/Drug Coalition  
Law Enforcement officers  
Health care agencies and hospitals  
Behavioral Health services  
EMS provider  
Individuals with lived experience

# SOFR Review Process

- Discuss investigation and death response
- Identify risk factors
- Discuss delivery of services
- Make recommendations for system improvements
  - ▶ Tracked by IDOH for analysis
- Identify and catalyze community action
- Identify greater patterns across reviews
- Representatives of County SOFR sit on Indiana Pediatric SOFR

# LaPorte County SOFR Recommendations

- ➔ **Connect individuals** who are involved with the criminal justice system or in need of services to resources, peer supports, and services.
- ➔ **Educate healthcare providers**, including dental providers, about screening individuals for substance use or mental health concerns and connecting individuals to services.

# SOFR Outcome Examples

- Identified **larger pattern** of emergency dental visits at FQHC
- Spoke with Chief Dental Officer at FQHC and was able to **present to all dental staff** on common dental issues with substance use, identifying and providing referral/resource
- Peer coaches went to each clinic to role play with dental staff to **practice SBIRT**.
- **Need to develop a Countywide CIT Team** since law enforcement were often the first to respond to a crisis.



# Crisis Intervention Team

Crisis Intervention Team (C.I.T.) programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates (people living mental illness and their families), and other partners to improve community responses to mental health (and/or) substance use crises.

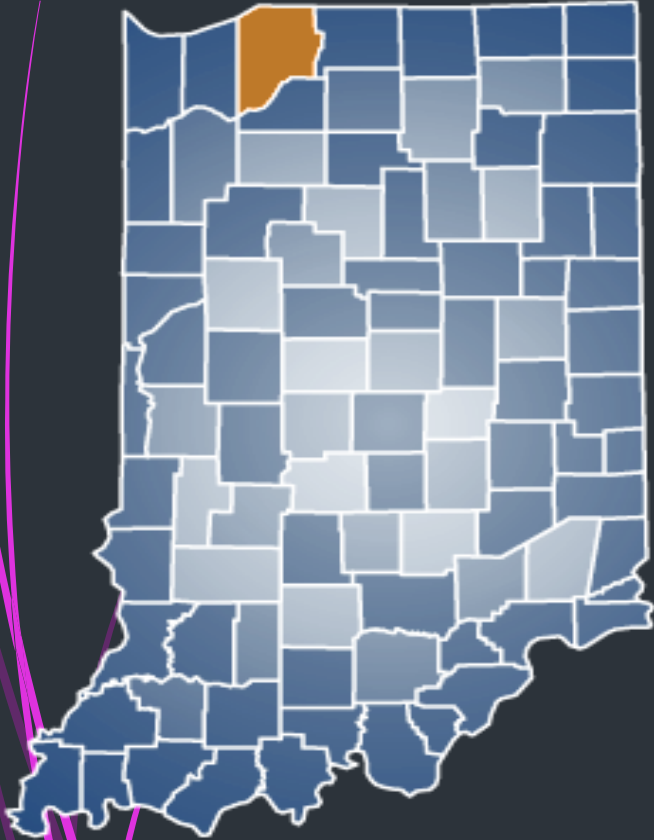




## CIT Goals

- To increase connections to effective and timely mental health services for people in mental health crisis.
- To use law enforcement strategically during crisis situation.
- To reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery.
- To improve safety during law enforcement encounters, for everyone involved.

# La Porte County Law Enforcement



- **Multiple Jurisdictions**
- **3 Large Police Agencies**
- **4 Marshal's Offices**
- **2 Institutional Police Agencies**
- **Indiana State Police**
- **Indiana DNR**

## Shifting the Paradigm

- *Rethink the services available to people in crisis, and if there are gaps, demand something better.*
- *One of only 19 In. Counties with a CIT Team*
- ***Only In. county** with a **multi-jurisdictional CIT** every department and every shift*

# The Team

- ▶ The most visible faces of CIT are CIT officers, but CIT is not just a law enforcement program.
- ▶ CIT is designed to bring mental health professionals, advocates, elected leaders, and others to the table to problem-solve and take responsibility for improving the mental health crisis response system—so that police and jails are not the default responders and locations.

# CIT Programs

- CIT programs work to build crisis response systems where law enforcement plays a supporting role and responds only when the level of danger or criminal activity warrants such a response.
- CIT programs also work to strengthen locations in the community where community members can walk in and receive the help they need without contact with the justice system.



## Key Goals For C.I.T

- ▶ Community partnerships
- ▶ Specialized officer training
- ▶ Emphasis on increasing safety by de-escalating crisis situations
- ▶ Focus on routing to community service providers and facilities rather than jail
- ▶ Improving and expanding crisis response and service systems



## Key Goals For C.I.T.

- Improve safety
  - For law enforcement
  - For the person in crisis
  - For the community
- Provide law enforcement with tools to properly respond to behavioral health crises





## Key Goals For C.I.T.

- Make behavioral health systems understandable and accessible
- Divert individuals with serious mental illness, substance use disorders, or intellectual or developmental disabilities away from the Criminal Justice or Juvenile Justice system when it's appropriate to do so.

# Our First CIT Class January 2023!





# Our Second CIT Class March 2023!



## C.I.T Ongoing Elements

- ▶ Under the auspices of Catalyst Leadership Team; C.I.T. Advisory Team inclusive of **Micki Webb**, County Catalyst CIT Coordinator, **Sergeant James Lear**, LCSO, CIT Law Enforcement Coordinator, **Katie Jasnieski**, Chief Clinical Officer Swanson Center CIT Mental Health Coordinator
- ▶ Partnerships: Law Enforcement, Advocacy, Mental Health
- ▶ Community Ownership / Identity: Planning, Implementation & Networking
- ▶ **47 trained in the 40 hour CIT and certified including several 911 Dispatchers**

# Policies and Procedures

- ▶ Responding CIT Officers now have a **Informational Resource Cards** for distribution during Crisis Response
- ▶ **Code of RS** indicating they have responded and referred for services
- ▶ **Shared file drop** accessible to ALL multi-jurisdictional CIT Officers.
- ▶ Peer Specialists under HealthLinc LCSW Supervision
- ▶ **STATWATCH SOFTWARE (TECHSERV)** for data LAW ENFORCEMENT & Health Linc FQHC

# References

TIROSC Toolkit [https://www.thenationalcouncil.org/wp-content/uploads/2021/01/IN-gov\\_TI-ROSC\\_Toolkit\\_Final\\_4.20.pdf?daf=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2021/01/IN-gov_TI-ROSC_Toolkit_Final_4.20.pdf?daf=375ateTbd56)

Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises, the first comprehensive guide for communities to best practices for starting and sustaining CIT- FREE download programs. <https://www.citinternational.org/bestpracticeguide>

National Council on Behavioral Health online hub (new resource) & next deliverables for TI-ROSC Toolkit <https://www.thenationalcouncil.org/trauma-informed-recovery-oriented-systems-of-care-state-of-Indiana>

CIT International Best Practice Guide for Transforming Community Response  
[https://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019\\_08\\_16%20\(1\).pdf](https://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019_08_16%20(1).pdf)