

# RESPONDING TO THE NEED

## Programs to Increase Counselor Numbers

Indiana’s efforts to combat the opioid epidemic have properly included a partial focus on expanding treatment options. More counselors and clinical workers are required to achieve that mission.

Two of the various initiatives to do just that include Community Health Network and its partners in central Indiana, as well as Trine University in Angola.

The Community Behavioral Health Academy will prepare students to be both a Licensed Clinical Social Worker (LCSW) and Licensed Clinical Addiction Counselor (LCAC). Indiana currently falls about 7,000 workers short of the need for behavioral health professionals. Among the contributing factors: low pay, stressful working conditions and the need for more relevant curricula around evidence-based treatments for substance use disorders.

Academy participants will complete a specialized curriculum and internship over two semesters. Graduates will receive financial incentives and educational opportunities, including a priority job interview at Community Health Network upon graduation.



In addition to Community Health Network, partners are the Indiana University School of

Social Work-IUPUI campus, the University of Indianapolis and Ascend Indiana. The academy is made possible through a grant from the Richard M. Fairbanks Foundation.

Organizers say the program is a model that can be replicated in other communities and regions.

George Hurd, vice president of Community Behavioral Health, notes, “By creating a pipeline of qualified, specially trained therapists, we will strengthen our fight against the opioid epidemic and change the lives of those with addiction.”



At Trine, the College of Graduate and Professional Studies (CGPS) program is now offering a licensed addictions counselor concentration. It

allows students who earn a bachelor’s degree in criminal justice or psychology to take specialized coursework in order to sit for the addictions counselor licensure exam.

Ryan Dombkowski, Ph.D., dean of the CGPS, shares that the new concentration “prepares students to become powerful agents of change in their communities, as well as increasing their ability to gain employment.”

Tess Ottenwiler, director of addiction recovery and family services at the Bowen Center, adds, “As the need for addictions recovery services continues to grow, quality treatment is imperative. I look forward to partnering with Trine to further our addiction recovery efforts in our communities.”

**RESOURCES:** Community Behavioral Health at [www.ecommunity.com/services/mental-behavioral-health](http://www.ecommunity.com/services/mental-behavioral-health) | Trine University at [www.trine.edu](http://www.trine.edu)

## Helping the Health Care Professionals

Health care professionals are at the forefront of assisting those suffering from opioid and other addictions. And while they are also subject to the same substance use disorders, most have an option that provides treatment and a return to work upon successful completion.

“The accepted addiction rates across the board – that’s for all people in the country – are about 10%,” reports Dr. David Cummins, medical director for the Valparaiso-based Indiana Professionals Recovery Program (IPRP). “We think it’s probably a little higher in the health care workforce.”

Parkdale Management has a contract with the state of Indiana to manage the monitoring phase of the alternative-to-discipline program for nurses, pharmacists and podiatrists. Cummins says physicians and dentists have had their own separate, very effective program in place for many years.

Three stages of any treatment, according to Cummins, are detox, formal treatment and monitoring. “That’s someone watching you, drug testing you, being sure you’re seeing your therapist, being sure you’re going to your meetings. That’s what IPRP does.”



Dr. David Cummins

Parkdale, formed in 2014, features a residential treatment center in Chesterton that serves professionals from around the country. Seventy percent of those patients are in the health care field. It also has a consulting business to assist hospitals and other employers with addiction-related policies and best practices. IPRP is a separate entity with its own staff.

Cummins contends that health care professionals can be more susceptible to addictive behaviors, but also benefit from IPRP and the other related initiatives in place.

“One of the things that health care providers have is access. All of us can find a way to acquire opioids off the street if we are motivated to. But nurses (and others) have easier access,” he maintains.

On the other hand, “If they are answering to a licensing board, they’re forced to get proper treatment. One of the biggest problems for the general population is getting the treatment you need and then following through on it. With your license at stake ... that’s a real strong incentive to follow through with your treatment.”

The state should be credited for its efforts, Cummins believes.

“Indiana has put itself out there as a very progressive state with an alternative-to-discipline program – with a comprehensive and broad monitoring program. It gives these professionals a pathway back. Other states have much smaller versions or none at all.”

**RESOURCES:** Dr. David Cummins, Parkdale Management, at [www.parkdalecenter.com](http://www.parkdalecenter.com) | Indiana Professionals Recovery Program at [www.inprp.org](http://www.inprp.org)

# Teaming to Provide Emergency Treatment

An initial pre-arranged call to interview Christine Michiaels of Frontline Foundations for this story on the city of LaPorte’s Quick Response Team (QRT) did not take place as planned.

Michiaels was engaged with the team in a response following a potential overdose. She ended up driving the person in need of help to a treatment facility more than two hours away.

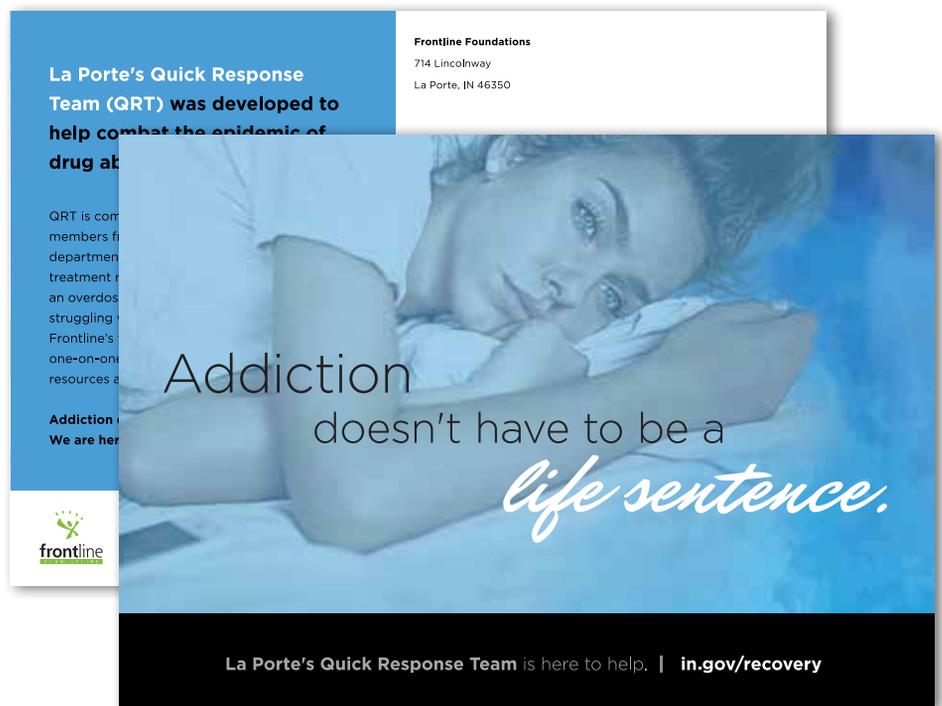
Speaking the next day, she says the goal is to “get all the people that have requested or are interested into treatment – wherever that may be. We just want to find the best fit for people.”

The QRT effort began in November 2018. First responders provide information on local and state resources, as well as a “leave behind card” for the victims of a drug incident to sign and give consent to be contacted about treatment. Responses and overdose reports are turned into Michiaels, the QRT coordinator for Frontline, which offers treatment and recovery support services from offices in Chesterton and LaPorte.

The next step, she says, is to make contact with the individual within 72 hours. The visiting team includes a police officer, a firefighter or medic, and recovery coach or counselor.

“The recovery coach helps navigate the direction they need to go,” explains Michiaels, adding that Narcan (emergency overdose treatment) is available and supplied to family members with the training they need for potential use. “We want to figure out what is going to work for that individual.”

An extensive awareness campaign was



A community awareness program introduced residents to LaPorte’s Quick Response Team initiative.

conducted prior to the QRT being put into place. That was important to alleviate skepticism about the effort. The result: “More people realize we’re truly trying to help them. There were a lot of opioid overdoses. Now we are seeing more methamphetamine and other drugs.”

Michiaels estimates that 60% of those treated by first responders sign the consent card. “We definitely see that number rising,” she adds. “The last week (in early March), we

had overdoses every single day and every single day we’ve gotten the consent cards as well.”

The timing of the response is particularly important.

“There are a lot of resources. Many people just don’t know about them,” Michiaels contends. “An overdose or potential overdose is a big scare, a reality check. That’s going to be the best chance to get somebody to agree to treatment.”

**RESOURCE:** Christine Michiaels, Frontline Foundations and LaPorte Quick Response Team, at [www.frontlinefoundations.com](http://www.frontlinefoundations.com)