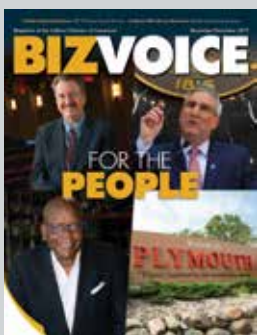


BIZVOICE



INDIANA WORKFORCE RECOVERY

Governor Eric Holcomb began to tackle the challenge of the state's opioid epidemic on his first day in office in 2017. It wasn't long before representatives reached out to the Indiana Chamber to search for a way to effectively connect with the business community.

In early 2018, Indiana Workforce Recovery was launched. The Wellness Council of Indiana was the perfect entity to lead the programming and outreach. The Indiana Chamber was a strong partner, through its various relationships and initiatives.

One of those Chamber resources is the award-winning BizVoice® magazine. Indiana Workforce Recovery and BizVoice combined to produce this yearlong series throughout 2019. Among the stories:

- Profiles of individuals and organizations dealing with the impacts of drug usage
- Enlightening survey results
- Rural risks
- Roundtable discussion on progress and remaining challenges
- One company's effort to simply do what is right for its people

We have compiled all the features, statistics, anecdotes and more in this special publication. We encourage you to enjoy the content – whether for the first time or as a refresher. Indiana Workforce Recovery and the battle against this epidemic will continue as we move into the new decade.

Sincerely,

Jennifer Pferrer
Executive Director
Wellness Council of Indiana

Tom Schuman
Editor
BizVoice magazine



'THOUSANDS LIKE ME'

Wabash Mayor Endures Daughters' Addictions

By Charlee Beasor

Opposite page: Danielle (left) and Brianne Long as young girls and years later at their mother's funeral. Wabash Mayor Scott Long has been telling the story of his daughters' struggles with substance use disorder and addiction over the past 12 years.

Wabash Mayor Scott Long has a collection of images on his phone that depict everyday life for the 54-year-old community leader and former police officer of over 20 years.

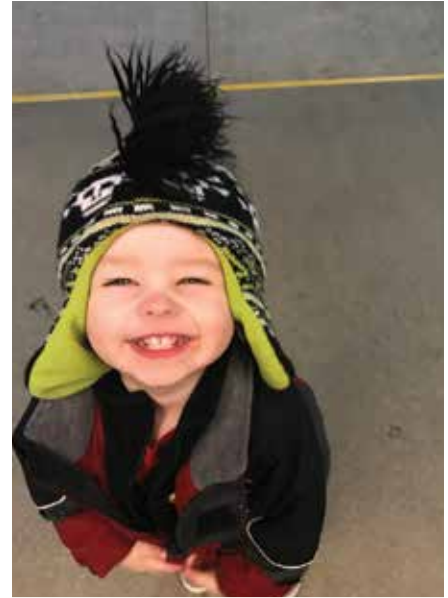
There's Long, his wife and grandson Brenden at a Fort Wayne TinCaps ballgame on a summer day. A swipe of a finger and there's video of a different grandson, Landon (who just turned 2 years old), playing the drums (loudly) and singing behind a pacifier.

"He's singing. The only word I can pick out is 'Jesus,' which I'm thankful for. I don't know what song he's singing," Long says with a chuckle.

He also has photos of both grandsons splashing and playing in the same creek years apart.

But in stark contrast – represented in other images – are the harsh realities of the past 12 years for Long and his family. Those same grandsons pictured playing in the water have both lived with Long and his wife while their mothers were incarcerated or in recovery for substance use disorders. The Longs have raised Landon since he was several weeks old.

One image shows Long with his son and two daughters at their mother's (his ex-wife's) funeral (see photo on opposite page). Except, he points out, he later learned that one of his daughters had shot up with methamphetamine at the cemetery. Another image is more shocking.



Long and his wife have helped raise two grandsons while his daughters work through substance use disorder and addiction. He says Brenden (top photos) had a dramatically different look just a few weeks after he was placed with the Longs at 18 months old. Landon (bottom photos) went to live with the Longs when he was just over two weeks old. He was a frequent visitor at City Hall and loves playing the drums.



It depicts his other daughter, lying on the floor of her grandmother's bathroom, face turning purple during an overdose. It was snapped by a police officer on the scene as Long's daughter was eventually, *finally* revived. (A nasal dose of Narcan did "nothing," he emphasizes. It took inserting an intravenous stream of the lifesaving drug into her neck to bring her back.)

Even though that photo is hard to look at, Long keeps it on his phone. He shows it to

his daughter occasionally, to remind her of where they've been and where they never want to return.

"A lot of my daughter's friends, I've attended their funerals because they overdosed and died. I'm fortunate that I haven't had to face that situation, although I was very close."

Back to the beginning

Long's daughters – Brianne, 28, and Danielle, 26 – both became addicted to



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Learn more at www.wellnessindiana.org/recovery.

This is the first in a yearlong series on the drug and addiction issues facing Indiana, as well as efforts to combat the crisis.



Long was elected mayor of Wabash in 2016 after serving as a police officer for over 20 years. He was also a member of the Wabash City Council for 16 years.

heroin while in high school. As a law enforcement officer, he'd quickly picked up on signs of problems. Things started to go missing around the house. The girls began asking for small amounts of money, mostly for things like personal hygiene items.

Long learned that Brianne's addiction began when she was 16. Immediately, he got her into an outpatient treatment program in nearby Huntington.

"Shortly after that, my youngest daughter ... she was a cheerleader at the high school and as a freshman, one of the senior cheerleaders introduced her to heroin also."

Danielle went to a Fairbanks facility in Indianapolis for her treatment and recovery. There was a relapse shortly after she got out, then another stay at Fairbanks while on probation. She attended and graduated from Hope Academy, a high school created for students in recovery.

But at the same time her younger sister was recovering, Brianne and a boyfriend were trafficking drugs from Chicago. Long called the drug task force and the pair were arrested. Brianne served two and a half years in prison. She had two young children at home at the time.

"It was either (make the call to get her arrested) or watch her die. And worry about my grandchildren. I've got two grandchildren in that home. Mommy ODs and there's a needle there or there's a bag there. You see those stories occasionally," Long explains.

"I went to (Brianne and the boyfriend) and said 'I'll get you both in treatment' a month before I made that call. 'No, we're fine,' they said."

It was around that time that Danielle "got mixed up with an older guy who was cooking meth within 1,000 feet of a park," Long relays.

"He got busted, she got arrested and charged with aiding and manufacturing meth within 1,000 feet of a park. First criminal offense. Got a sentence of 13 years, suspend eight with probation, do five. So she ends up going to prison."

Things improved – for a while. Danielle's son Landon was born in 2016.

Long was surprised to get a call from the Department of Child Services (DCS) just over two weeks after the baby was born.

"I thought everything was fine. Unbeknownst to me, she tested positive for meth when he was born, and he tested positive."

And there's that phone again, ringing early one morning in March

2017. It was the captain of Long's police force.

"He told me that (Brianne) had overdosed at her grandmother's house, where she was living. Had her grandmother not gotten up to go to the bathroom, she probably wouldn't have found her in time," he says. "He told me at the hospital that when they got (to the home), she was taking a breath about every 15 seconds."

The dose of Narcan directly into her neck revived her and she recovered. Long took his daughter back home and later that day his phone rang. It was DCS telling him he would need to collect Brianne's son, Brenden, who was 18 months old at the time.

"All of a sudden, we're dealing with Landon, who would have been four months old and an 18 month old. I'd already gotten Landon into daycare locally. My wife had to take three weeks off work because he couldn't get into daycare until he was six weeks old and we didn't have anybody else to watch him," Long conveys.

"He spent some time here at City Hall. I've got a good staff and they loved having a baby around. We ended up with Brenden and we had him for six to eight months. And I think that last incident really scared my older daughter. She realized how close she was to dying."

Brianne went to drug court and was a model of what professionals wish people in that situation would do – she went to classes, did everything she needed to do and was employed.

"She was able to start rebuilding and is doing a good job. She's struggling like any single mother," Long offers.

When Long's ex-wife passed away from cancer in 2017, he paid the bond for Danielle to be able to go to the funeral.

"I'd never bonded either of the girls out. I bonded her out the day of the funeral, her boyfriend came down from South Bend and I later found out she injected methamphetamine at the cemetery that day. ... She got sentenced to serve the remainder of her probationary period."

Danielle was released from prison on October 1, 2018. She is employed and working full time. Long allows Landon (he's got guardianship of his grandson) to see his mother now twice a week. She's attending church with the family, he adds.

Grandparent-slash-parent

Long mentions that his pension check helps cover daycare costs. Who expects to be nearing 55 years old and trying to figure out

how to pay for daycare, diapers and formula?

It's not an uncommon situation. Long emphasizes, "There are thousands of people like me in this state and probably hundreds of thousands throughout this country. Locally, I know a lot of people are raising their grandkids."

But for Long and his wife, there is no question of the "honor" they feel in taking care of Landon and any of their grandchildren who need it. He and his wife never had children together – each had three previously, two boys and a girl for her. Their version of *The Brady Bunch*, he says with a laugh.

As part of the Fairbanks in-patient recovery process that Danielle went through initially, Long and his wife took part in weekly parent support group meetings to help them learn how to help their children. Later, he brought the idea to the community of Wabash and hosted similar meetings for parents in the area.

"It got into making them realize how they were enabling their children. Because as a parent of an addict, you can love them to death," Long articulates. "Literally, because you keep feeding them money."

Some of those families, despite their best efforts, have since lost their children to overdoses.

The stigma of addiction, Long says, extends to not just the people going through the struggle, but parents, siblings and extended family. Long says his son, who has never struggled like his sisters, endured comments about their addictions through school and the cumulative experiences most likely influenced some of the depression the younger Long has dealt with.

"You raise your kids to make good decisions. But once they hit a certain age, the decisions are theirs to be made and parents need to understand that. They need not be guilty about it," Long maintains.

"The guilt needs to go away from the parents. It's not anything they've done wrong. You raise them to make good decisions and you encourage that, but you can't be with them 24/7. ... You hear, 'Oh, we come from such a good family.' It doesn't matter if you're a good family or a bad family."

'Develop an understanding'

This is not the first time Long has told of his family's struggles with addiction, recovery, relapse, overdoses, guardianship and pain. It won't be the last.

What does he hope people take away from hearing his story?

"There's a lot of people who are dealing with addicts who, because of guilt or shame, won't speak publicly about it. I've always

been open about it, I've done numerous articles in the paper about it, going back to when the youngest daughter went to Fairbanks; they did a piece in the local paper about it.

"Through sharing my story, I'm letting people know you're not alone. It's going to take all of us together to make a difference."

Other things he hopes people take away: understanding and compassion.

"I wish people who have never dealt with an addict were a little less opinionated about those of us who have dealt with it," Long expresses.

"It can be hard to comprehend until it 'smacks you in the face,' he says. "It's tough, as a police officer ... you use words like 'junkie' and things like that and I'll admit I was one of those guys. I hated drugs. But

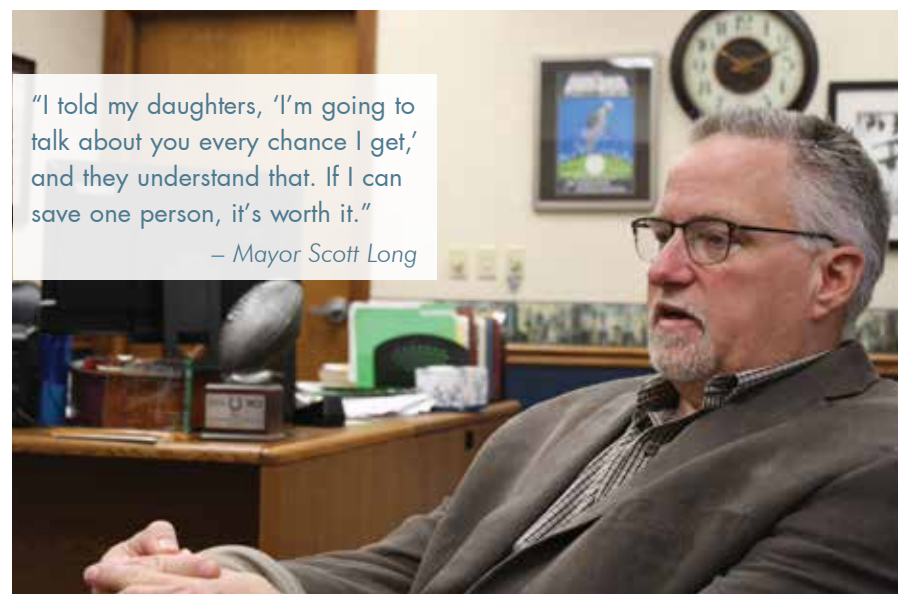
"We need to quit calling, at the state level, this an opioid crisis. Because if we zero in on that, methamphetamine is going to turn around and kick us in the butt. ... Let's call it an addiction crisis; let's not call it an opioid crisis."

Nobody said life was easy

What does Long hope for his children? The standard stuff: for them to grow into good, productive members of society and be good parents for their children.

"Nobody said life was easy and nobody said life was fair," he contends.

"I've witnessed pain and suffering. There are things I saw on the police department to cause the average person to want to drink heavily or use a drug to escape it. Until we get to the point where our kids can talk about



then I tried to develop an understanding.

"The state's pushing really hard now on the terminology and phrases you use when you talk about the situation. Hopefully people are paying attention. I think our police department's getting better. They're starting to understand these people aren't POS's (pieces of sh**). They're humans."

Long was invited to join the advisory board for the Indiana University Grand Challenge on addiction. He's also given some input about grandparent and family caregiving to the new director of DCS.

Wabash efforts include creating a community drug steering committee that's been at work for over a year and a half. Another keen area of interest is workforce issues, particularly the idea of employers hiring convicted felons.

It's also not just an opioid crisis.

their problems openly and freely with family and friends, they're going to seek alternative means to escape those problems."

Finding outlets for people to decompress – whether that's attending church, becoming involved in the community or just getting out into nature – is one aspect of stemming some of these issues.

"That's why it's important to me as mayor to make sure our parks are up to par ... more amenities. We've got a fantastic Riverwalk that we're working on; a private group that's building a trail right now."

And he's going to continue beating the drums and using his family's personal experiences.

"I told my daughters, 'I'm going to talk about you every chance I get' and they understand that. If I can save one person, it's worth it."



DRUG DILEMMA

All Eyes on Workplace Challenge

By Tom Schuman

Susan Murray Carlock, vice president of business development and corporate relations, is passionate about Mursix Corporation. The custom-engineered product solutions business, founded in 1945 and now located in Yorktown, has been part of her family since it was purchased by her parents in 1990.

That helps one understand her willingness to openly discuss a difficult issue – drug use in the workplace. Any employer with similar concerns, she says, should be worried about employee attendance, work quality and, first and foremost, safety.



Mursix employs approximately 300 associates over two shifts at its Yorktown facility.



Susan Murray Carlock (bottom, left) says safety and quality are too important for the company to risk having employees suffering from substance use disorder on the manufacturing floor.



"We make safety components in the automotive industry," Carlock explains while sitting in a company conference room on a wet but mild mid-January day. "If your seat belt buckle doesn't click correctly because there is a dimension off, someone here didn't do their job correctly, that could cost someone their life."

Carlock and Katy Drumm, human resources manager, are taken aback when the discussion turns to some businesses, desperate for workers, advertising the fact that they don't drug test.

Drumm relates that such billboards "blow my mind," while Carlock has no empathy. "Shame on them! Who would want to hire a business to produce or make anything for them with that kind of philosophy? I say they're going to lose business and go out of business with that mentality."

Initial signs

The Mursix effort to clean up its workplace

began about five years ago.

"We noticed behavioral changes, especially on second shift. People told us pills were being sold on the floor and there was drug paraphernalia found outside the building, so we initiated some reactive measures at the time," Carlock recalls.

Those steps included exterior cameras (see sidebar on security strategies), training for supervisors and managers on what to look for on the shop floor and an enhanced presence in the form of off-duty police or security officers.

"To be straightforward, our strategy was

to scare the hell out of them," contends Carlock, an emergency room nurse for 12 years before joining the family business. "We wanted a police presence walking through the building at any given time in the day or night. All that did though was take it (drug usage) down the street."

But those initial steps did make a positive impression on other team members.

Citing the equipment in the plant and the safety considerations, Drumm says, "People are offended by that (drug use). They don't want to sit back and say, 'That's just so-and-so, that's what he does.'"

The initial zero-tolerance policy was adjusted to one that offers assistance and support.

"We realized how consuming it was. I truly feel 80% of our population was affected," Carlock states, "whether it was (employees) or their families. We needed to become more approachable as an employer instead of being so staunch.

"It was kind of strange how fast it happened," she goes on in describing the workplace reaction. "It was OK to talk about it. It was OK to confidentially go to HR, they're not going to fire me, right? It took the fear away. The (gut reaction) as an employer is get it (the drugs) the heck out of here now. Then you stop and think about the people component of it. This is a community epidemic that is now inside our four walls."

Changing course

Employees may have become more willing to speak up, but there is no easy answer or quick solution.

"It was almost the better part of a year and a half to two years (to see a difference)," Carlock estimates. "Getting the proper people in the right places, especially on second shift, was our biggest hurdle."

The drugs that Mursix was battling against varied.

"We had always been told there were pills being sold," Carlock says. "We did not know the extent (of the problem) until we found meth paraphernalia, until we saw meth



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Open spaces can help minimize on-site locations for drug misuse.



Investigating on the Manufacturing Floor

A police officer and detective for eight years, Mike Budenz has operated his investigative company (Michael Budenz & Associates) in Fort Wayne since 1984. Opioid and other instances of drug use have become more common in the workplace.

"The drugs and the alcohol, there's definitely been an increase," Budenz reports. "Generally speaking, if somebody has a really severe opioid problem, they show up on the radar screen pretty quickly. They don't show up for work, which can be a dischargeable offense. They engage in other misbehaviors at work, fighting with co-workers, engage in theft to support their habit."

And, due to their nature, manufacturing facilities can be a fertile ground for that drug use.

"Usually it's spread out over a pretty wide area, sometimes even multiple buildings or facilities," he shares. "It's tough because supervisors can't be everywhere and the employee might have friends who cover for them. There are places in large facilities where employees can hide among the pallets, among the shelving. We call them 'nests,' where they hide from their supervisors."

The presence of equipment and machinery poses an additional challenge. Budenz says an impacted employee can injure themselves or others, either unintentionally or in the desperate attempt to secure more painkillers.

Asked if faking injuries was part of the equation, his immediate answer was, "Yes. Yes. Yes!"

The strategies are fairly straightforward when an employer contacts Budenz with evidence or suspicions of a drug problem.

"The first part is observation, by doing physical surveillance if we suspect drug use taking place during breaks, during lunch hours, out in the parking lot or even off the facilities," Budenz outlines. "We document it with as much video as we can get from a distance. If they remain inside the facility, finding the 'nests' with hidden surveillance cameras."

"Part of it is conducting an evaluation of the employee – a background search to find out if the person has a history of drug usage, what's the drug of choice, do they have a propensity for violence."

Employers can help themselves by identifying potential problem areas within the facility and looking at their policies regarding employees, including being in vehicles during lunch time or breaks. Once a problem has been identified and addressed, Budenz offers additional services such as protection for individuals involved and security for the facility.

Although technology has helped him and others do their jobs at a greater level than 35 years ago when he started in this business, he reminds that "people are still people" and problems will never go away.

RESOURCE: Mike Budenz, Michael Budenz & Associates, at www.budenzinvestigations.com

being used (through security cameras) in a car by two of our associates. The pills, I think, were a constant. Pills seemed to linger."

Drumm adds, "It's important to separate out that these are not bad people. They just found themselves in a bad position. If we can offer time off or make referrals (for treatment), we absolutely prefer that to be the first step."

The drug use inside the company may have been decreasing. The same can't be said for the heartbreak.

"There have been crushing, crippling stories. Near death and death experiences," Carlock relays. "We've had it all here. By family members – way too many. Mental health illnesses due to it."

Success – but only partial

Here is perhaps the greatest testament to the cruelty of this epidemic.

BizVoice (BV): Talk about the three years since you've been able to see a difference.

Carlock: "I want to definitely make it clear that we feel we are a success story. We are very fortunate to have amazing people, from HR to leadership, who understand the importance of this and prioritized to keep it (drug use) out of the building and make it stay out. That in itself is a great accolade to our people."

Drumm: "On my end, I can say we haven't seen as many people affected by it personally. It's more, 'I have family members who are having difficulty.' Now it's focusing on the people who are dealing with it in their personal lives and how can we provide resources for them and their family members."

Carlock describes the full fitness center, health and wellness consultant brought on board and other initiatives to drive better physical and mental health.

Carlock: "We've also been burned. Not so much by the drugs coming back, but by the people we give another opportunity to. I don't want to call it second chance, because it's not that. We want to believe. We want to trust the three months they've been away at rehab really stuck and unfortunately that's not the case."

BV: Have the greater percentage of employees returning from receiving assistance or treatment been successful?

For the only time in our 40-minute conversation, the two company leaders pause to look at each other and confirm their response.

Carlock: "There are no success stories right now. Not yet."

Drumm: "It might have been like a short-term success. We've seen that."

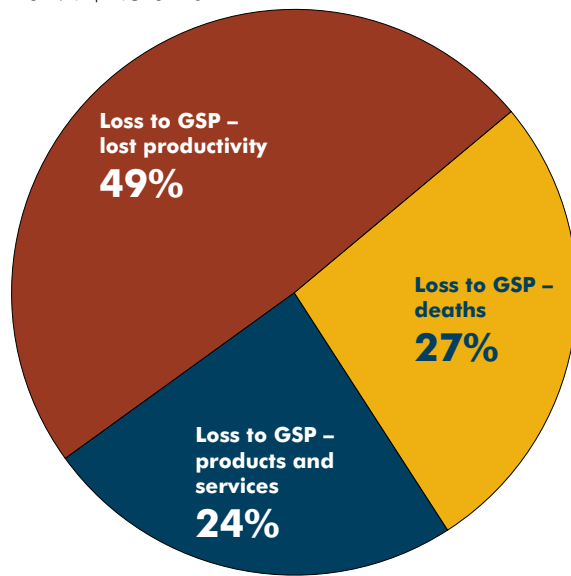
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Adding Up the Opioid Impacts

The United States comprises 5% of the world's population but uses more than 80% of all opioid medications. The growing impact in Indiana in recent years has been felt by individuals, families, communities and more.

The economic effects have also expanded. We share a few of the numbers here – and will continue to do so throughout the year as part of the Indiana Workforce Recovery (IWR) series. Learn more about the IWR partnership between the Wellness Council of Indiana and the Indiana Chamber at www.wellnessindiana.org/recovery.

Opioid-Related Economic Damages 2017: \$4.3 billion

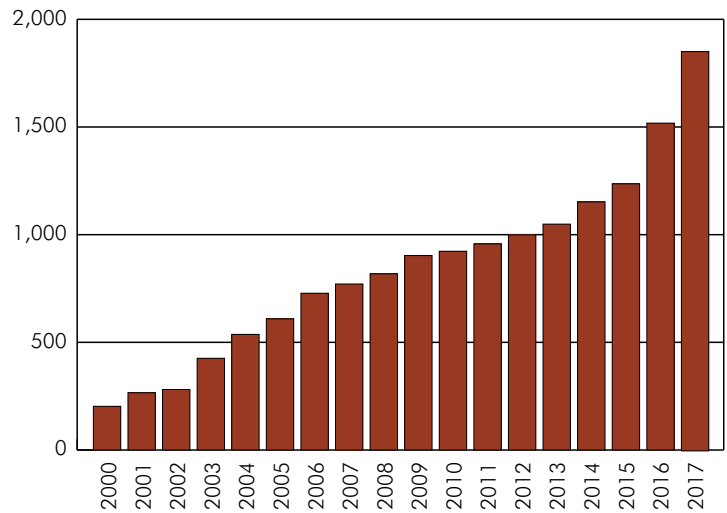


Acute hospitalization	\$625,906,625
Incarceration	\$93,850,932
Foster care	\$73,497,347
Property losses	\$63,771,612
Long-term treatment	\$43,417,692
Neonatal abstinence syndrome	\$43,385,585
HIV	\$17,448,276
Arrest and court costs	\$17,232,788
Funerals	\$8,557,004
First response	\$5,114,570

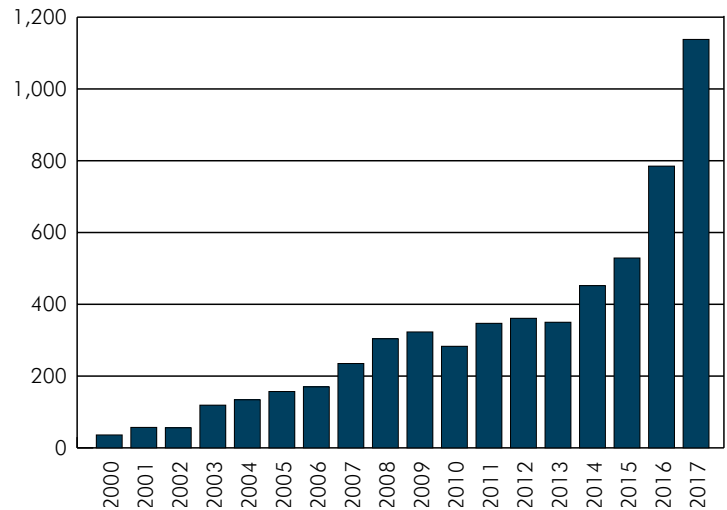
GSP: gross state product

Source: Indiana Business Research Center

Indiana Drug Overdose Deaths

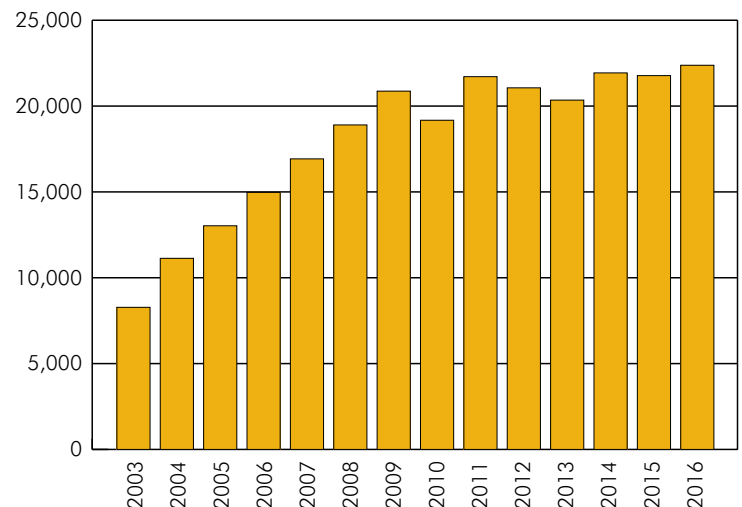


Indiana Opioid-Related Overdose Deaths



Source: Indiana State Department of Health

Indiana Opioid-Related Arrests



Source: Indiana Business Research Center

HELPING HAND

What Employers Need to Know About Opioids

By Tom Schuman

Drug addiction is a “cunning, baffling and powerful disease.” But it is also “manageable,” as evidenced by 23 million Americans in long-term recovery.

Those are the words of Dana Simons, executive director of the Next Step Community faith-based residential and resource program in Terre Haute. Simons kicked off the inaugural Employer Opioid Strategy session being facilitated by the Indiana Workforce Recovery initiative.

The mission: Assist employers with helping their employees impacted by drug misuse and reduce the stigma associated with the opioid crisis. Upcoming convening sessions are taking place in Indianapolis, Plainfield, Lafayette, Greenwood and Bloomington.

Governor Eric Holcomb began aggressively attacking the opioid

epidemic his first day in office. Many important educational meetings have taken place. The Indiana Workforce Recovery employer strategy gatherings, however, are the first ones focused on the workplace. Local leaders and state experts offer information and guidance, including input on some of the many legal implications.

Richard Payonk, executive director at the United Way of the Wabash Valley, terms this a crucial topic for the business and social services communities. “We’re not the experts, but we can’t overlook this anymore. If we can make this community better for employees coming to work every day, that makes business better.”

Continuing challenge

A snapshot of just some of the information shared in Terre Haute – and throughout each of the sessions.

- Katanna Royer, CVS pharmacist: Nationally, 62 people die each day of overdoses related to prescription opioids. One in four teens has misused or abused prescription opioids, and 70% of those 12 and older who abused prescription medications say they obtained the drugs from relatives or friends. Pharmacists can work with employers and medical professionals on controlling prescription abuse.

Upcoming Employer Opioid Strategy Sessions

- Northeast Indianapolis, March 5
- Downtown Indianapolis, March 12
- Plainfield, March 19
- Lafayette, March 21
- Greenwood, April 3
- Bloomington, April 4

Additional details at www.wellnessindiana.org/recovery



Sharing knowledge and insights at the Terre Haute employer strategy session are (clockwise from left) Amy Adolay, Krieg DeVault; Richard Payonk, United Way of the Wabash Valley; and Kourtayne Sturgeon, Overdose Lifeline. Resource materials are also available from state and local agencies.

- Amy Adolay, attorney with Krieg DeVault LLP, notes the complicated interplay of the Americans With Disabilities Act, Family and Medical Leave Act and more: “Confidentiality is probably the area where I see employers make the most mistakes.”

She emphasizes drug testing of applicants can only take place if it is required of all applicants in the same job category, as well as the importance of medical information being kept separate from employee personnel files.

- Tony Toomer, opioid treatment program (OTP) manager for the Family and Social Services Administration’s Division of Mental Health and Addiction: He outlines various treatment options and describes the expansion of the certified OTP centers in the state from 13 to 18 – with that number to grow to 25 by the end of 2019. The clinics are the only source for methadone treatment to help with stopping the symptoms of drug use withdrawal. Counseling and other supportive services are offered.

Toomer outlines four recovery goals: withdraw from the problem opioid, begin recovery, stay in recovery and live addiction-free.

Employer perspective

Two of the various employer representatives in attendance in Terre Haute were simply looking to educate themselves on the issue.

Elizabeth Coleman, an HR generalist with Terre Haute Savings Bank, says she was surprised about the depth of drug use at such a young age. She hopes to be able to share portions of the presentations with her colleagues.

“It’s realizing this exceeds employees and includes family and friends,” she reveals. “I was just reading an article about a family and the uncle was impacted and he could hardly concentrate at work. The *Know the O Facts* (campaign) is important, knowing what to say and what not to say to people.”

Denise Smith has enjoyed a 30-year career at the Terre Haute operation of Ampacet, an international company focused on the future of plastics. In addition to gaining knowledge to use on the job, she wants to help ensure her two young grandchildren are as protected as possible.

“I’ve been saying for a long time that this is bigger than what people have been saying. This (event) is reinforcing that,” offers Smith, noting failed drug tests and distracted employees as among the impacts in the workplace. “It touches everybody; nobody is immune from it.”

Ball in your court

Each Employer Opioid Strategy convening closes with practical guidance on the administration on Naloxone (commonly known as Narcan) in an overdose emergency. Kourtayne Sturgeon, education program director for Overdose Lifeline, also provides additional sobering statistics.

While 23 million people are in long-term recovery from drug misuse, she adds that 20 million more show symptoms of problems and that only one in 10 in need receive treatment. And, as a reminder about future dangers, four in five new heroin users started down that road by using prescription pain pills.

Treatment barriers, according to Sturgeon, are availability, high costs, lack of insurance and required travel time.

While state programs and other initiatives strive to address these obstacles, Simons, the Next Step Community leader, identifies three keys for long-term recovery:

- Stable housing (to help avoid stress)
- A job (providing purpose and meaning)
- People (good relationships)

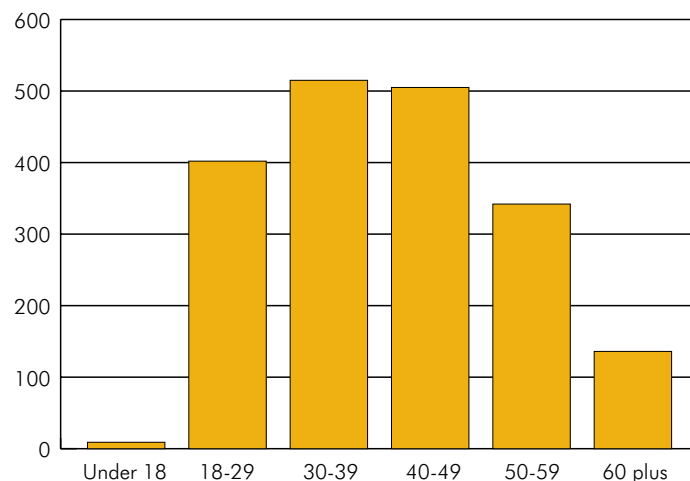
Noting a waiting list for her organization’s residential program, she attests, “It’s always tragic when you can’t serve people serious about treating their addiction.”

Employers, however, have the opportunity to be part of that solution.

Sturgeon cites recent research in which it was found employers have even more influence than family members when it comes to people seeking treatment.

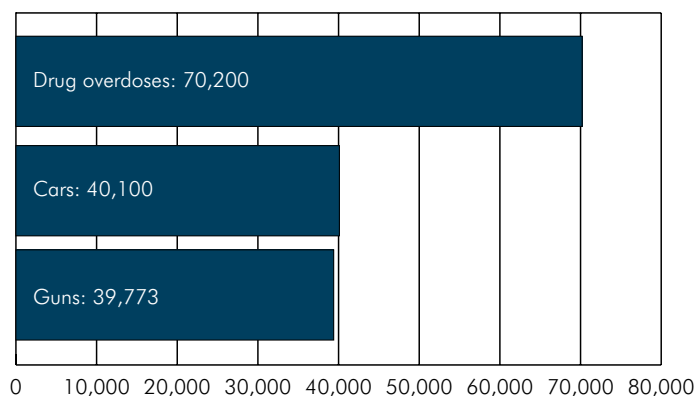
Thus, the importance of Indiana Workforce Recovery and its mission to assist employers.

Indiana Drug Overdoses in 2017 (by age group)



Source: Centers for Disease Control

U.S. Accidental Deaths in 2017



Source: Indiana State Department of Health

Top 5 Opioid Medications Dispensed in Indiana (2018; quarter 3)

1. 45%: Acetaminophen and hydrocodone
2. 15%: Tramadol
3. 11%: Acetaminophen and oxycodone
4. 8%: Buprenorphine and naloxone
5. 5%: Oxycodone

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention

RESOURCE: Indiana Workforce Recovery at www.wellnessindiana.org/recovery



COVER STORY

HEAVY LOAD

Opioids
and the
Construction
Industry

By Charlee Beasor

You're a bricklayer in Plainfield or any other Indiana community. One day, you turn and feel a pop in your back and then pain.

Work-related injuries in your field aren't unusual. A worker's compensation claim is set into motion and you head to the doctor. The advice is rest, ice, stretch and take a prescription pain medication, if you need it.

You do those other things, but the medicine makes you feel better – and faster. It gets you back on your feet. Your employer is asking when you can come back and in no time, you're thinking, "I'm fine. I can go back to work. I really can't afford to miss another day.

"I'll just take a few extra pain pills to get me through."

A February 2018 report from the Midwest Economic Policy Institute highlights several factors why the above scenario is all too common in the construction industry.

- The injury rate for construction workers is 77% higher than the national average of other occupations
- Fifteen percent of construction workers have a substance abuse disorder (compared to a national average of 8.6%)
- Most worker's compensation claims in the industry have involved opioids

"The construction industry is a more physical industry and you're going to have people who will experience that (physical body) degradation in the construction industry," offers Chris Price, president of the Indiana Construction Roundtable (ICR). "(Opioids are) just a highly addictive drug and something not everyone can use in a responsible way."

The ICR is an industry association that serves the interest of the construction consumer, or private and public owners of projects, including universities, hospitals, states and municipalities.

Price himself suffers from degenerative disk disease and understands the need for appropriate pain relief.

"When you go through even one script of OxyContin, you're well aware of the amount of pills you have in that bottle. That was the first time I realized I don't ever want

to use this ... and you shouldn't be thinking about how many are left (in the bottle), but that's what people are thinking of."

'We have an aging workforce'

The construction industry is already hurting for workers. A population that's aging and low unemployment are among the factors contributing to an ongoing labor shortage.

"We have an aging workforce. The average age of our tradespeople is 46. We have a lot of baby boomers who are still hanging around in the trades, nearing retirement," Price admits. "We have a mass exodus and we don't have the interest of young people."

That doesn't mean safety – and the drug testing that accompanies construction workplaces – should be discontinued or compromised to avoid losing out on employees or potential employees, Price maintains.

"Especially in a tight labor market, we can't lose track (of the importance of safety). I know we need people, but we can't just abandon and sacrifice a safe work environment for it."

While the situation is serious, representatives from two central Indiana construction management firms report they haven't seen a direct impact on their companies, due to Coalition for Construction Safety (CCS) efforts around substance abuse in the workplace.

Brad Skillman, president of The Skillman Corporation, and Sam Mishelow, chief strategy officer for Meyer Najem Construction, highlight the safety standards put into place by CCS as having made a preventative impact.

"We do so much public work that we're required to do drug screenings for contractors and employees that come on site," Skillman explains. "When the tradespeople are working around an occupied hospital environment, occupied K-12 school, there is a level of protection and scrutiny."

Mishelow also acknowledges the workforce shortage is the most pressing need for the industry.

"If labor shortage or the lack of skilled labor is a 10, I would say substance abuse is probably a one or two. That's from our perspective. (Others might) give a different perspective if they have their own workforce. We manage a construction process," he conveys.

"Is the (substance abuse) issue more dramatic for subcontractors? I don't have the data to answer that."

Indiana efforts

Marcy Watson, CCS association manager, relays the non-profit organization's mission: to "send workers home safely every day, free from harm to themselves, their families and friends."

Leaders from Eli Lilly and (what is now) IU Health and others shaped the CCS substance abuse program in 1993.

Price says Indiana's safety culture and programs such as CCS have put the state on good footing in terms of substance abuse prevention.

"CCS really brought Indiana into a much higher standard for substance abuse (programs) than other states have. The companies and the industries utilizing that program are way ahead of employers in other states," she asserts.

But opioids present a particular challenge, Watson affirms.

"If somebody has a valid prescription for an opioid, even if they fail a test, they're going to show as passing that test in our system, because they have a valid prescription."

"But fitness for duty – that can get complicated. And you have to have really well-trained individuals on job sites to be able to recognize (when someone is not fit). I had a safety director say to me, 'One of the things that keeps coming up is what does an overdose look like? How do we know when someone is really under the influence?'"

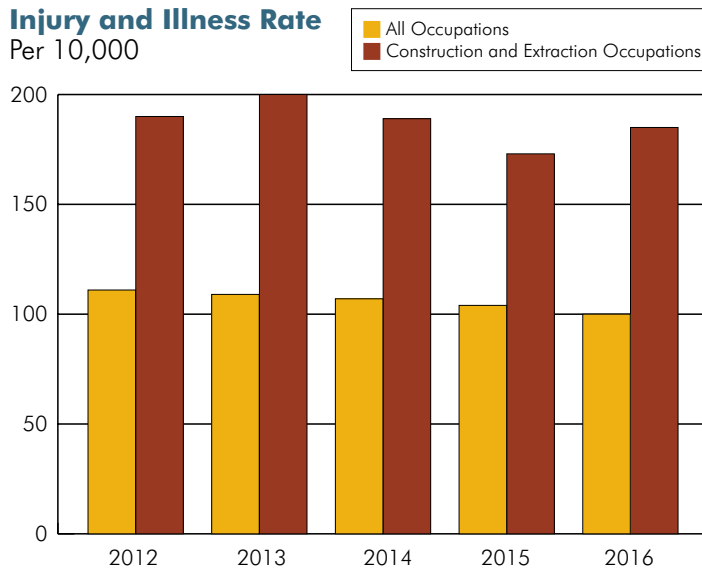


The Coalition for Construction Safety conducts monthly forum discussions on safety-related topics, including how to properly use pain medication.



The physical attributes of the construction industry lead to higher injury and illness rates than other occupations (Midwest Economic Policy Institute chart), potentially resulting in additional use of opioid medications.

Injury and Illness Rate Per 10,000



Not every company utilizes the CCS program and the potential to work around its safeguards do exist.

"If ABC company or XZY company, they know they're going to go to work for Duke or Lilly and they do random tests, they're going to make sure the ones they're sending there (can pass a screen), but they know (another) company over here doesn't require drug testing," Watson points out.

Employer concerns

Sean Devenney is an attorney with Drewry Simmons Vornehm, LLP in Carmel and is part of the firm's construction practice. Employment law is a factor for employer consideration in conjunction with safety and health practices. Since opioids are a legal drug for a health problem, the Americans with Disabilities Act comes into play, Devenney offers.

"The employer is now in a situation where somebody is getting a prescription that may or may not impact their ability to do their job and, for that time frame, they may need to be accommodated while they're on that drug."

His suggestion is that employers create clear and articulate job functions that can be applied in that situation.

"It's a real problem for all industries, not just the construction industry. But it's kind of unique in the fact that they are physical laborers that often have issues with chronic pain. The interplay is deeper than other industries."

Skillman refers to the CCS program as a reason why he hasn't personally seen the impact of opioids in his company. Another reason: an emphasis on workplace wellness.

"Knock on wood, but we've not had a need to focus on strictly opioid addictions. If we have enough issues with people using opioids, we've got a much bigger problem in how we're keeping our employees healthy," he says.

More than opioids

According to a December 2018 Quest Diagnostics Drug Testing Index update, the construction industry experienced a year-over-year increase in marijuana positivity (on drug screens) between 2015-2017 at 26.7%, coming in third behind transportation and warehousing, and other services (except public administration) industries, both at 33.3%.

But methamphetamine positivity is where the industry really stands out – and not in a good way, having grown every year between 2015-2017.

Tiffany Ellefson, DISA Global Solutions general manager, notes that yes, the construction industry "statistically and historically" has higher drug use. DISA (formerly Midwest Toxicology) administers workplace drug and alcohol testing.

"The kind of workplaces you have (in construction), they're open, not well controlled. You have an industry (where) you can make a lot of money quickly with a lot of work and overtime. Generally speaking, it tends to be an occupation where it's easier to hide your drug use."

She asserts that it's more common now than it was 20 years ago that companies in the industry are proactively testing for substance use. Unions are also involved in getting members the help they need.

"A lot of the unions have seen the benefit of having (a testing program) in place. ... They don't have to lose that good worker that they've spent five years training in an apprenticeship program. They've built this process where (workers) can go through the (employee assistance program) and turn their life around. I have heard the stories. 'This guy, whether alcohol or using drugs, it worked and he's working and sober.' Even just helping one member makes a difference."

Federal Department of Transportation (DOT) guidelines are the "gold standard," Ellefson suggests. "Those that follow what DOT does have a pretty solid program."

But marijuana still tops all other substances, she concedes, making up half of all positive results. It is followed by cocaine or methamphetamine, she says.

Evolving state laws on the issues of medical and recreational marijuana also make things challenging for companies.

"Policy is more important than ever. Company policies need to be reviewed by legal representation based on the states you operate in and you need to make sure the legal team can defend the testing program."

Ellefson offers that education is one of the best methods of substance use prevention in the workplace, particularly regarding opioids.

"(Education) can be very helpful in trying to combat the problem, as well as encouraging companies to have employee assistance programs in place and have the supervisors trained to know what to do if someone comes forward asking for help."

RESOURCES: Sean Devenney, Drewry Simmons Vornehm, LLP, at www.dsvlaw.com | Tiffany Ellefson, DISA Global Solutions, at www.disa.com | Sam Mishelow, Meyer Najem Construction, at www.meyer-najem.com | Chris Price, Indiana Construction Roundtable, at indianaconstruction.org | Brad Skillman, The Skillman Corporation, at www.skillman.com | Marcy Watson, Coalition for Construction Safety, at www.ccs-safety.org

Drug Dilemma

Continued from page 8

BV: If that “another opportunity” fails, do you then move on from that person?

Carlock: “Absolutely. There’s a credibility as an employer with your entire village. The people down on the floor, they know what is going on. If you continue to allow things to happen. ... You can’t let your people down.”

BV: How painful is the finality of having to let a person go under these circumstances?

Drumm: “When it doesn’t work out, it’s almost like working through the five stages of grief: Angry because we really tried to help. We wonder what we could have done differently. Then you’re really sad because you think of this person’s family and if you have been with them long enough, you’ve seen what their life or potential can be like when they’re not under the influence.

“You mourn the person they could be, the opportunities they are losing. But then eventually you pull yourself up and say we’re going to help the next one. One bad experience is not going to stop us from helping anyone who comes and seeks help from us.”

Enduring challenge

Mursix willingly shares its story to try and help others. But there

lies another contrast – pride in what has taken place at the company and frustration that an ultimate solution proves so elusive.

“There’s a lot of dialogue, especially in the manufacturing community,” Carlock offers. “To be honest, we’re all talked out. What more can we say? I think everybody is feeling helpless and out of control. As a business, we don’t feel in control of this, but we know what we can control within these four walls.”

As for Mursix itself, “The attention we’ve given to our people the last five years is what has changed us as a company. The focus has been on what we can do to be the best employer we can be for our people. That means a more satisfied workforce and a more satisfied customer base.”

Drumm was not with the organization five years ago but says today: “I’m happy to be at a place that has standards, the attention that has been put on it, the reputation within the community. I’m happy for the impact it has had for the people on the floor. To know now that one of the stressors, whether direct or indirect, has been removed so we can all come in and focus on our business and have a good day – I’m proud of that.”

The two are asked what suggestions they have for others.

“Make it their highest priority. They have to get the right people together, get them trained, put a little money toward it and start beefing up their standards, their security, their policies,” Carlock contends.

Drumm stresses, “You’ve got to change your viewpoint on this. It needs to be: ‘How can we solve this, not how can we make this workable for us.’ There’s definitely a difference between the two.”

RESOURCES: Susan Carlock and Katy Drumm, Mursix Corporation, at www.mursix.com



OPIOIDS in the WORKPLACE

Employers Have Options for Assistance

By Rebecca Patrick

There are two definitive actions for any problem: Face it head on, or ignore it in hopes it simply resolves itself.

When it comes to the state's ongoing opioid crisis, the latter shouldn't even be considered an option anymore for employers.

"You can look at your workforce and make assumptions that they have it all together – no one has anyone in their life affected by opioid usage. But the fact is that it is so pervasive," declares Kim Canada, strategist at FirstPerson, a benefits and compensation advisory firm.

"We really need to do what we can to get out in front of it and provide that education and reduce that stigma, so people feel like they have a resource or a place to go for themselves or a loved one ... because it's extremely isolating."

Both Canada and Brooke Salazar, HR consultant with Apex Benefits, report that more employers are recognizing the urgency and seeking out their services.

"Employers really want to understand what their role is when it comes to addiction and their employees," Salazar offers.

Having a formal policy is recommended, she continues, not only for legal and practical purposes but for the human and compassionate

side of the equation.

"You need it for the HR person and the employee just as much. So, when that human resources person gets a call at 3:30 on a Friday afternoon that someone is passed out in the bathroom, they are able to jump in quicker if there is a policy."

But she cautions any plan shouldn't be one-size-fits-all and instead generated after spending time assessing the company environment.

"It's so important to really be deliberate and thoughtful so you are living your values. Whether those values are employee safety, as it should be for every company, or one time is too many – especially if that employee can do himself/herself or others harm based on their job – or is it you have a chance to seek treatment and then return, and what that looks like.

"It just depends on the company. But having a deliberate and



Indiana Workforce Recovery is the Indiana Chamber and Wellness Council of Indiana initiative to help combat the opioid epidemic in the workplace.

Learn more at www.wellnessindiana.org.

This is the third in a yearlong series on the drug and addiction issues facing Indiana, as well as efforts to combat the crisis.

thoughtful policy is absolutely necessary to prevent inconsistency in how terminations or discipline are handled.”

Testing and data tracking

A key aspect of any substance policy revolves around testing.

Amy J. Adolay, a partner at Krieg DeVault law firm, encourages employers to “set out their plan for a drug-free workplace program – when they are going to test and what they are going to test (for) and put that in writing.”

But before any drug testing policy is implemented, it’s advisable to speak with an attorney about the implications of such testing and making sure the drug policies are in accordance with the American with Disabilities Act and any applicable state law, she notes. Not to mention, there are different drug tests allowed depending on the situation.

Data tracking can help employers become aware of trends of substance dependencies and how to mitigate high-risk claims. This is done by tracking not only pharmacy usage but visits to the doctor or emergency room.

Salazar shares a scenario that occurred with an Apex client.

“One of the employees was going to the ER quite often in different locations for a variety of reasons. However, the billing code kept coming back as pain management, so we were able to identify that that could be drug-seeking behavior.

“We were able to notify the crisis case manager with the insurer so they could reach out to the employee. Then in turn, that crisis

case manager put a block on opioid use for that employee through the pharmacy plan.”

Apex staff discovered this trend by combing through reporting data.

FirstPerson also offers that service. “We can help employers identify what percentages of prescriptions being prescribed are indeed opioids. And then really continue to have conversations around that, and then go back to providers to ensure we have safeguards in place that need to be there,” Canada describes.

She stresses that privacy is a must and employee information is kept confidential.

“Employers are definitely not getting, ‘Kim Canada uses opioids X number of times.’ That isn’t identified. They will just see how pervasive it is among the population.”

Canada and Salazar also both repeatedly mention having an employee assistance program, or EAP, in place to provide education, review claims utilization and, perhaps most importantly, give one-on-one assistance to employees who need it.

From the frontline

A northeastern Indiana employer told *BizVoice*® it has had a drug and alcohol policy in place for over 20 years. Where that company has stepped up recently is in the education of workers and updating procedures.

Regarding testing, there is a drug and alcohol screen post offer, post incident, random and when there is reasonable suspicion or cause.

“Our employees understand that any time you believe that you may need some type of drug addiction or similar assistance

that you can come forward; we can put you in touch with our EAP and our insurance platform, and get you the services that you need, along with FMLA leave if you are eligible,” explains the health care professional representing the company.

“Then upon return they would need to show they have completed a (rehab) program and are subject to random drug screening that is separate from our normal company practice for a period of time.”

As Salazar stressed, it’s paramount for employers to adopt specific policy that makes sense in relation to their values, overall employee safety and job demands.

For this employer, that translates to encouraging employees to speak up and come to the health care professional, HR person or manager before the fact – before there is an incident at work or they are selected for a random test. If an individual waits until a failed test occurs or they know they will fail the random check, it means termination.

The company recognizes that continued communication is and will be key.

Medical disposal kits to deactivate the drugs are also part of the plan, as is naloxone training in the event an overdose occurs.

On the right road

Celadon Group, headquartered in Indianapolis, is one of the 10 largest truckload carriers in North America.

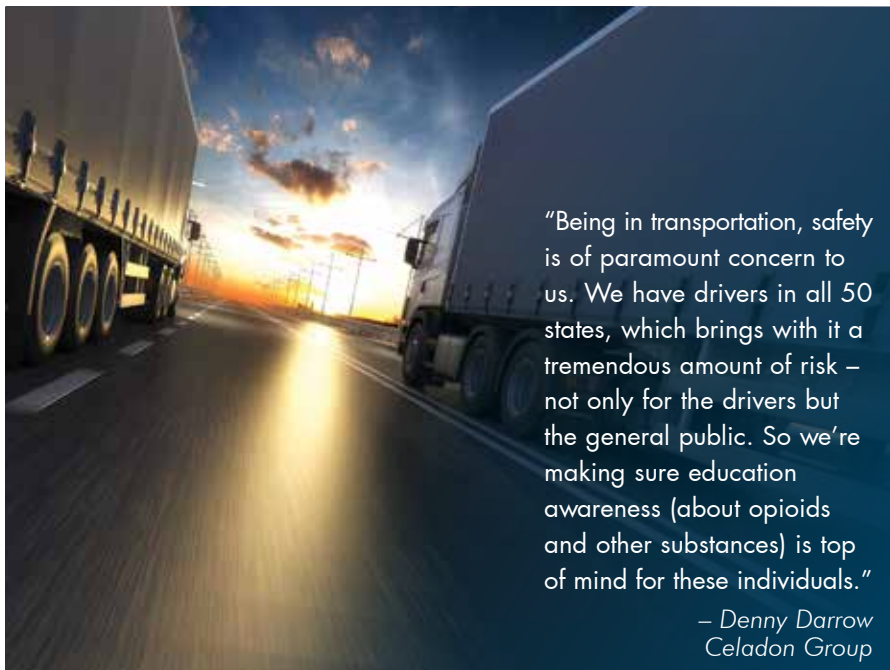
Denny Darrow, vice president of human resources, points to 2016-2017 as when Celadon and other employers started seeing meaningful impacts on their health plans and claims.

“You saw a spike in the number of concurrent claims for both opioid prescriptions and additional services requested as a result of those individuals or families who were prescribed those medications. That may be counseling services or mental health services or additional health conditions as a result of increased opioid dependencies or prescriptions.”

Giving the nature of the trucking industry and the rigorous U.S. Department of Transportation compliance program, “The topic of opioids is part of our pre-employment, screening and education process,” Darrow notes. “It’s part of our onboarding, built-in program to where time is devoted to those employees should they need conversation and education around it.”

Celadon’s on-site clinics play an integral role too.

“We make sure that they are doing those physicals there. That they are having those conversations and reviewing medical history and, at the first opportunity, educating them about the dangers of opioids as well as identifying the resources and alternatives.”



“Being in transportation, safety is of paramount concern to us. We have drivers in all 50 states, which brings with it a tremendous amount of risk – not only for the drivers but the general public. So we’re making sure education awareness (about opioids and other substances) is top of mind for these individuals.”

– Denny Darrow
Celadon Group

Darrow believes the company's overall strategy is having an impact.

"From what I've heard from our clinic team, we have had good conversations with employees. They are asking questions: 'Hey if I have to take this, what are my alternatives and should I talk to my doctor or pharmacist about safeguards and disposing of the opioids when I'm through with the prescription?'"

"I have had enough comments which are leading me to think we are having an impact. How profound it is I can't really tell you numerically. But it's good to have that feedback."

State issues helpful resource

Indiana's new substance abuse treatment law (circa 2018) is intended to help employers by putting forth the proper guidelines they should follow in the event an employee fails a drug screening or voluntarily comes forward for assistance.

Any employer can participate and follow the free guidelines, which were scheduled for a May 1 release. The second part of the law provides employers in the program with civil immunity protection for negligent hiring. As of press time, language in 2019 legislation was on track to open up this legal safeguard to any Hoosier employer (originally, it was only for those without an EAP).

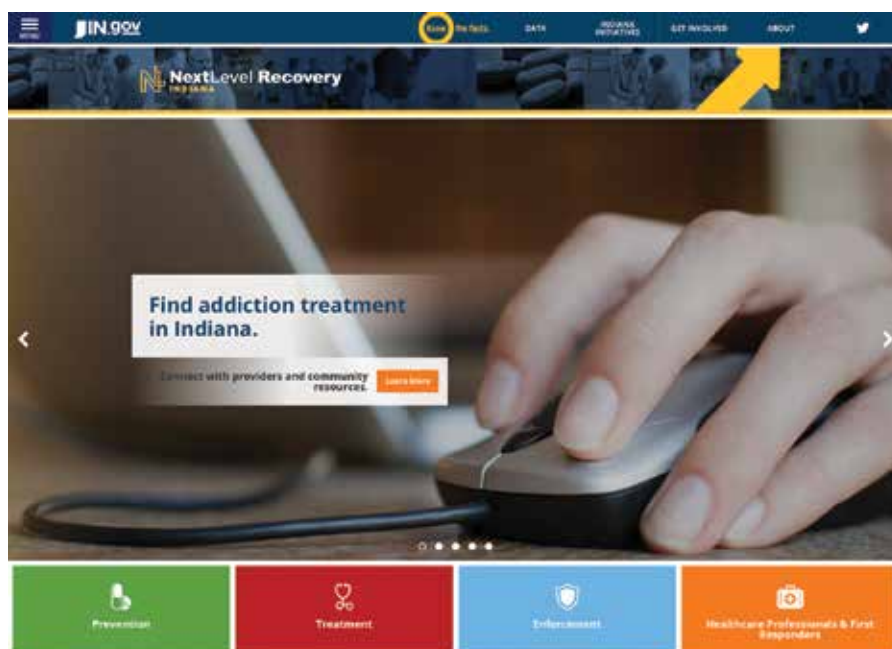
"The goal is to provide employers with a system whereby they can refer an individual to treatment and retain that individual," states Mike Thibideau, director of the Indiana Workforce Recovery initiative for the Wellness Council of Indiana (WCI).

"Also, if an individual is hired for a position and is qualified for the position but cannot pass a successful drug test, this gives the employer a system they can go through that can keep that position open for that individual and refer them to care and get them to working as soon as possible after treatment."

In order to receive the full benefit – and namely the legal protection – an employer has "to fully participate in all the listed-out actions (in the guidelines). Anything that is not specifically designated as discretionary would have to be followed," Thibideau notes.

He also clarifies what the guidelines don't do, which is provide information on industry-specific regulations (testing or otherwise): "They need to do that individually with their legal counsel."

The guidelines are available on the state of Indiana and WCI web sites.



Mike Thibideau, director of Indiana Workforce Recovery, urges companies of all sizes to utilize the state's new employer guidelines (available online) for dealing with substance abuse – either as a starting point or reference for existing policies.

WCI also has five new videos that serve in conjunction with the guidelines and take a deeper dive on the subject matter.

Thibideau explains, "The guidelines will walk you through a process, but there will be multiple portions where you need a little more foundational information, so that's where we refer you to an individual video module to learn more. For example, it could be on workplace drug testing or on drug-free workplace policies."

Each video runs 12 to 15 minutes, with an additional set slated for release in July.

Top takeaways

Salazar says it's only natural for employers to need assistance in this area.

"This is relatively new territory, and I don't think HR and executive leadership gets into their profession thinking that these are the problems I'm going to deal with every day."

Darrow advises his counterparts to seek out the "impressive yet new and evolving toolkits out there for employers." He cites both the Employers' Forum of Indiana and the Indiana Workforce Recovery initiative.

"The Wellness Council of Indiana is doing a very good job at holding regional meetings with health care providers,

professionals, caregivers and employers in the area to educate them on the current risks, dangers and opportunities," he remarks. More of these events are slated for fall 2019.

Above all, use what you have – and in many cases, it's already right there at your fingertips.

"Employers just need to make sure they are leveraging their resources, through their insurance plans, through their broker – like FirstPerson (which Celadon uses) – on best practices and any independent solutions, like an on-site clinic, to make sure any issues are being addressed," Darrow suggests.

For Canada, it's about striking that right balance while covering all the bases.

"It's making sure you are not doing things that violate privacy, so that means consulting with an attorney on policy – that's the hard stuff, that's not the warm and fuzzy stuff," she begins.

"But also, on the softer side, providing education for employees about different ways that if they need help, here are resources. If you have a friend or family member (in crisis), here are resources. It's really trying to open up more conversations between employee and employer to make it clear they have a resource that they can reach out to."

RESOURCES: Brooke Salazar, Apex Benefits at www.apexbg.com | Denny Darrow, Celadon Group, at www.celadontrucking.com | Kim Canada, FirstPerson, at www.firstpersonadvisors.com | Amy J. Adolay, Krieg DeVault, at www.kriegdevault.com | Mike Thibideau, Wellness Council of Indiana, at www.wellnessindiana.org

Costly Concerns

Addressing Hidden Health Care Challenges



Jeremy Watson

The issue pops up in the workplace in a thousand subtle ways. Maybe someone always needs to leave early to go meet with their high schooler's principal. Maybe it's consistently late arrivals. Or increasing absenteeism. Or worse, presenteeism where your employee is physically at work, but not mentally "there" or productive.

These can be signs that employees may be facing behavioral health issues such as depression, anxiety or substance use. Or that their spouses or children may be.

It's not easy to identify behavioral health problems in the workforce. Many times even the employee's closest family is unaware. Stigma and shame can keep employees from talking with their manager or with HR. It's vital to help employees confront these issues if a business is going to protect its investment in staff, improve productivity and be a high-functioning, profitable enterprise.

Consider the facts:

It is estimated by the Centers for Disease Control (CDC) that one in six workers is dealing with behavioral health issues such as depression, anxiety and stress, and that about one in 10 have a substance use disorder of some type, according to the National Institutes of Health (NIH). That means that between 10% to 15% of your staff could currently be in need of behavioral health care.

So what are three things you can do to help?

1. Look at the real costs

Looking at your insurance costs won't give you a true picture of how behavioral health is impacting your bottom line.

To get a clearer picture of the financial downside, use "The Real Cost of Substance Use to Employers." This free online calculator was developed by the National Safety Council and the national nonprofit Shatterproof in collaboration with the independent research institution NORC (formerly the National Opinion Research Center) at the University of Chicago.

This will give you specific information about the cost of substance use (including prescription drug misuse, alcohol misuse, opioid and heroin addiction as well as misuse of other illicit drugs and marijuana) in the workplace based on the size of your employee base, industry and state. Visit shatterproof.org/workplace-cost-calculator to see what substance use is truly costing your company.

2. Find a behavioral health partner

Just as you went to a professional to help develop and implement your wellness plan, the same should be true for behavioral wellness. Most HR departments are not comfortable addressing substance use or

behavioral health issues and are reluctant to bring up the topic. Likewise, employees are hesitant to reach out for help because of stigma and a fear of losing their co-workers' respect – or even their jobs.

A good first step is to talk to your benefits broker or employee assistance program provider. You may also want to work with a substance use treatment facility in your area to provide education to your HR staff and options to your employees. With the opioid crisis in full swing, treatment centers of all types are popping up throughout Indiana. To find a reputable, nationally accredited treatment facility, go to the National Association of Addiction Treatment Providers (NAATP) and use its directory at naatp.org.

3. Create a culture of acceptance

Easier said than done. However, openly talking about behavioral health issues and substance use is a great way to start a dialogue with employees. Supporting a staff member's behavioral health is not just about keeping a valuable asset but also about sending a message across the organization about your values.

For information on how to talk about substance use issues as well as find other valuable resources, visit Next Level Recovery Indiana at in.gov/recovery/know-the-o for facts, training, tools and more.

Often employees are afraid to discuss a behavioral health issue they may be experiencing; therefore, their problems can spiral out of control. These issues may not only affect the performance of the individual employee, but everyone in the organization.

Additionally, when employees return to work after having been treated for a medical issue, employers are often provided clear information on what accommodations need to be made to assist the employee with a successful transition. It is often less clear on how to support someone who is recovering from a behavioral health or substance use disorder.

Managers and supervisors of people often are not trained on how to identify employees at risk or how to have a conversation with someone about their behavioral health. Learning these skills, tackling any causes around work-related behavioral health issues and developing a culture supportive of both physical and mental health well-being will not only boost employee engagement – it may save a life!

AUTHOR: Jeremy Watson is director of business programs for Fairbanks Treatment and Recovery Center. Learn more at www.fairbanksemployerservices.com

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.



**Community
Health Network**

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."

TRINE
UNIVERSITY

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 | Trine University at 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."

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."



Dr. David Cummins

RESOURCES: Dr. David Cummins, Parkdale Management, at www.parkdalecenter.com | Indiana Professionals Recovery Program at 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

La Porte's Quick Response Team (QRT) was developed to help combat the epidemic of drug at

QRT is composed of members from various departments providing treatment and support for an overdose struggling individual. Frontline's one-on-one resources are available.

Addiction doesn't have to be a life sentence.

La Porte's Quick Response Team is here to help. | [in.gov/recovery](https://www.in.gov/recovery)

Frontline Foundations
714 Lincolnway
La Porte, IN 46350

frontline

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

SOBERING SURVEY

Challenge in Place; Resources Available

By Charlee Beasor

To solve a problem, one must truly understand it.

When that challenge is substance abuse in Indiana workplaces, there is now first-of-its-kind data to help analyze the issue. The details are courtesy of Indiana Workforce Recovery (IWR), the initiative launched by the Indiana Chamber and the Wellness Council (WCI) of Indiana in 2018.

A survey, conducted in late 2018 and early 2019, offers a statewide examination of what employers are doing to help employees dealing with substance use disorder (SUD) or those who are in recovery. Nearly half of the 400,000 Hoosiers struggling with SUD and the 40,000 seeking treatment each year are employed.

Of the survey respondents, 76% indicate they believe drug and alcohol misuse is a problem within their community. But only 13% of respondents acknowledge it is a problem for their organization.

That imbalance is emphasized by just half of respondents indicating they have a plan in place to help employees seeking assistance.

"Which means 50% of employers do not (have a plan)," notes Jennifer Pferrer, WCI executive director. In addition to the survey results, the state has released new guidelines for employers to follow to properly assist employees and IWR has unveiled an accompanying video toolkit and additional resources.

'We need to do better'

Survey results highlight the impact of substance misuse on employers. Almost half report increased employee absenteeism as a result of the disorders, along with decreased productivity and a shortage of workers.

Employee impacts – including family discord, arrest and property loss – are also emphasized. Up to 9% of employers reveal employees suffering non-fatal overdoses and 4% report fatal overdoses.



The Wellness Council of Indiana's Jennifer Pferrer stresses the positive outcomes that result when employers help their team members gain needed treatment.

Pferrer: "Less than 6% (of employers) follow best practices when applicants test positive for drugs. With workforce shortages in our state, we need to do better than that. We know employer intervention is effective. Individuals that are referred to treatment by employers have better outcomes. They stay in treatment longer when an employer recommends treatment."

Affordability and access to treatment is another survey topic. Less than half of organizations agree they have adequate health benefits for an employee's drug or alcohol misuse needs.

Due to state efforts from the Family and Social Services Administration (FSSA) and the "Know the O" marketing campaign, Pferrer adds that 70% of employers understand that addiction is a chronic disease. And more than half believe treatment works for SUD.

But, she emphasizes that the current reality is that "Hoosiers who fail a drug screen for the first time are just as likely to be terminated as to be given a second chance and seek treatment."

Providing assistance

The framework to create state employer guidelines was passed in 2018 as part of House Enrolled Act 1007, or the Indiana Substance Use Treatment Law. The goal: To

incentivize and assist employers to create best practice policies and a second-chance program for applicants who would otherwise be qualified for potential employment but test positive on a drug screen.

Pferrer refers to the ongoing talent shortage impacting all sectors of the Indiana workforce and points to the second chance guidelines as a "partial solution" for employers struggling to find workers.

Eight employer opioid strategy events took place around the state earlier this year, funded in part by the Anthem Blue Cross and Blue Shield Foundation. Rob Hillman, president of Anthem Blue Cross and Blue Shield in Indiana, refers to the opioid epidemic as "one of the most significant public health problems we've seen in our 75-year history."

"The effects of this epidemic are felt throughout society," Hillman says in a provided statement. "From babies born every 25 minutes suffering from opioid withdrawal to businesses having difficulty finding workers who can pass a drug test."

Jim McClelland, Indiana executive director for drug prevention, treatment and enforcement, shares that feedback from the employer opioid strategy convenings – which included more than 350 employers participating – contributed to the development of the guidelines.

Continued on page 29

SUBSTANCE USE & RECOVERY SURVEY

EMPLOYER IMPACTS

48% Absenteeism

37% Decreased productivity

26% Shortage of workers



EMPLOYEE IMPACTS

28% Family discord

23% Arrest

12% Property loss



IT'S A CONCERN

COMMUNITY PROBLEM:

76%
strongly agree/agree

But ...

PROBLEM FOR MY ORGANIZATION:

13%
strongly agree/agree

INDIANA EMPLOYEES TESTING POSITIVE FOR THE FIRST TIME ARE AS LIKELY TO BE TERMINATED (**21.5%**) AS GIVEN A SECOND CHANCE (**23.6%**)

MEDICAL APPROACH

ADDICTION IS A DISEASE:

71%

TREATMENT WORKS:

54%

But ...

ORGANIZATION CAN SUPPORT EMPLOYEES IN RECOVERY:

35%

ORGANIZATION CAN POSITIVELY PREVENT MISUSE:

16%



ORGANIZATIONS WITH ...

65%

Written misuse policy

45%

Plan to direct employees to assistance

48%

Use of pharmacy/claims data

15%

Annual drug-free supervisor training

42%

Adequate health benefits to assist employees

Data collection occurred electronically from November 2018 through February 2019. No responses identifying individuals or specific businesses were collected. Statistical significance was measured at a 95% confidence level.

CONTACT: Mike Thibideau (317) 264-2166 | mthibideau@indianachamber.com



RURAL RISKS

Collaboration is Key in Battle Against Drugs

By Charlee Beasor

Carol McQueen was delighted to see a familiar face working as a server while dining out in Connersville recently.

Though she didn't get to talk with the young woman, who was incredibly busy during her shift at the restaurant, McQueen immediately knew who the server was: someone she'd once helped get into treatment for substance use disorder.

"She looked awesome! I could not have been more proud of her," relays the Connersville police chief.

McQueen recalls the beginning of the city of Connersville and Fayette County's efforts to combat the opioid crisis during a spate of increased overdose deaths about five years ago. The overdoses got the attention of the state, she says, which enabled the community to start a countywide drug taskforce.

"I think we did make a difference. We really worked to get people into treatment. We know we can't arrest our way out of this, but we will do enforcement. It was great for the year we had (the taskforce) and I think we got some people into treatment," she maintains.

Don Kelso, executive director of the Indiana Rural Health Association (IRHA), notes the rural aspect is challenging in many

ways, but he's witnessed increased awareness about opioid use disorder (OUD), substance use disorder (SUD) and related issues.

"I think sometimes people overplay the fact that rural is isolated," Kelso asserts. "It is more isolated, but our state is a lot smaller than it was a few years ago. (Rural communities) may choose to do nothing about it. They may not have the means, the support or even know what to do, but they're a lot more aware than they used to be."

In Fayette County, the drug taskforce identified a critical community need: a detoxification center before people entered treatment. That detox center – North Star Recovery – opened at the Fayette County Hospital last summer.

"It's working better," McQueen says of North Star Recovery. "It may not be to the grand effect that I think a lot of people were hoping for, but it's working because I have dropped someone off there myself. And even if you have to go there seven times, 10 times, they're on the way. It takes more than once most of the time."

The county still has a drug taskforce, but it's a less robust effort



Indiana Workforce Recovery is the Indiana Chamber and Wellness Council of Indiana initiative to help combat the opioid epidemic in the workplace.

Learn more at www.wellnessindiana.org.

This is the fourth in a yearlong series on the drug and addiction issues facing Indiana, as well as efforts to combat the crisis.

now. Drug court is another tool that has been successful, diverting some offenders there instead of incarceration.

“One thing about a small community: nearly every one of us has one. We have someone that we love who is addicted. I think that helps a little bit. I’m not saying there isn’t still a stigma,” she contends.

Part of a bigger battle

From her perspective in law enforcement, McQueen points to the nature of addiction as much broader than just one type of substance, referring to it as “poly-drug” use.

Though it seems counterintuitive, a drop in opioid overdoses doesn’t mean the addiction issue is getting better, she says.

“We’ll often see our (opioid) overdoses drop. I don’t think we’ve had one in a week. That just means methamphetamine came through town at a lower rate (cost). That was very difficult for me to understand.

“It seems great when our overdoses drop on opiates, but we still have the addiction,” McQueen shares.

One unintentional development in Connersville and the surrounding area that is both “good and bad,” says McQueen, is the abundance of methamphetamine laboratories is less of a scourge today. But that’s because drugs are coming in from outside the community.

Dr. Amnah Anwar, epidemiologist with IRHA, has written grants and worked in rural communities dealing with the opioid crisis and SUD. She is the program director for the Indiana Rural Opioid Consortium (InROC), which has education efforts in place in several rural counties.

“It took 20 years to get here. We are never going to be cured of this disease,” Anwar

offers. “But federal funding and the CDC (Centers for Disease Control) has at least opened up that window to begin these conversations.”

Anwar and her team educate health care providers about the chronic disease model.

“This was looked at as a moral failing and not as a disease,” she explains.

Anwar puts it another way. There are two types of people she’s encountered in her work in rural communities: those that want to understand the opioid crisis and SUD, and those that don’t.

“But as this disease has spread so much, if there is a person who has been touched by it, they want to know more. They have known that person before the disease took over that person.”

Removing the stigma from not only the disease, but also the remedy, such as Medication-Assisted Treatment (MAT), is essential to the consortium’s work.

“If you go into rural Indiana and many other places, you hear MAT is just replacing one drug with the other. That message – that this is not replacing one drug (with another) – and information needs to be disseminated in these populations. This is an approved treatment which can help individuals in recovery,” Anwar attests.

Cody Mullen is a policy, research and development officer with IRHA and works alongside Anwar through InROC.

A recent survey in participating counties garnered strong response (though results are not yet available) and Mullen says three additional counties have joined the consortium since earlier this spring.

He frames the situation bluntly: “The goal of the National Institute of Health is to decrease deaths by 40% in the next five years.



“I don’t know what we need to fix it. I know we can’t arrest our way out of it. I’m hoping the answer is in 10 years we don’t have as many addicts because there aren’t as many opioids available to our young people. That elementary kids are seeing a prevention, and we’re hoping they won’t get addicted.”

– Connersville police chief Carol McQueen

If we hit our target, we’re still losing 40,000 people a year to overdose (in the country).”

“I wish people would recognize that OUD and SUD is no different than a diabetic or cancer patient. If we quit having a debate over whether these people are needing of help or deserving of help – this is a medical disease – that would make our jobs a lot easier,” Mullen asserts.

Good fit for rural America

Other challenges for rural communities: a shortage of health care providers and behavioral health providers; the struggle to get connected via broadband; scarcity of resources; and an “out-of-sight, out-of-mind” framework.

The list could go on. But there are some bright spots even within that list.

Telemedicine, for example, is taking off in rural communities. In some cases, Mullen says, local schools and clinics have telemedicine technology readily available to help avoid the stigma of getting help in a small town.

“The clinic can give routine care and you can drive to the clinic for a 10:30 appointment and they have telehealth equipment,” he explains. “It also breaks down the stigma. You’re not going to a behavioral



Police officers, shown here in a training exercise in Warsaw, are on the frontline when it comes to drug use challenges in all areas of the state.

health provider, you're going to the clinic."

Treatment also can be expensive and doesn't always work the first time (or the first several times).

One possible solution is for health care providers and employers to partner for what Kelso refers to as "narrow networking," or employers working directly with a health care provider or local hospital.

"Basically, bypassing insurance companies in some cases to provide whatever the employer needs," he offers.

Anwar adds that employers can also step up and provide opportunities for employees to get into treatment and recovery.

"Being more inclusive and open about this problem, then providing the employees a chance to live a life in recovery while being employed, specifically when talking about policy changes, is one of the big things," she maintains.

"It's really difficult to get back into the workforce (after a drug issue). You need to have regular means to survive, need to have that shelter. That's something (employers) can look into and probably provide a better working environment for individuals."

Come together

Above all else, the big "C" for rural areas is collaboration.

"I think we're seeing communities come together. Multi-sectoral, multi-regional response and collaboration, which is always strongest in the local communities. The sheriff, with the jailer, with the hospital CEO, with the school principal. And they're discussing other health crises that society is facing. It's sad that it came due to tragedy, but it is coming, nonetheless," Mullen expresses.

McQueen says that while there may be fewer resources available in a community like Connersville, she believes the collaboration among local leaders is special.

"For months and months we met with the hospital, department heads and (more) to push the detox center through. I don't think you get the sheriff, the police chief, etc., in a bigger city," McQueen ponders.

"We have the ability to work collaboratively. It does get things done, because we've got a detox center. We've got a women's recovery house that stays full. We are missing some pieces."

Not all local employers have come on board with employing those struggling with



Despite the picturesque setting around the Reid Health facility in Richmond, the region (and others in the state) faces a variety of health care challenges.

OID or SUD, she says, but others – including some companies outside of town, as well as the local McDonald's – are taking those steps and offering another chance.

"I don't know what we need to fix it. I know we can't arrest our way out of it. I'm hoping the answer is in 10 years we don't have as many addicts because there aren't as many opioids available to our young people. That elementary kids are seeing a prevention, and we're hoping they won't get addicted."

Speaking of children

Reid Health President and CEO Craig Kinyon believes issues with substance use disorder are manifestations of Adverse Child Experiences (ACE), as identified by a Kaiser Health study from the 1990s. Those adverse experiences include forms of abuse and neglect, witnessing domestic violence, living with a mentally ill member of the household and more.

"I don't know if there's any community that's immune to these (issues)," Kinyon acknowledges.

"Sixty-four percent of us have at least a score of one. Nobody's perfect. But if you have one, there's an 87% chance you're more likely to have a second one, as life goes on from birth to age 18. These are strong predictors of not only future issues – whether it's alcoholism, drug abuse, smoking – but also chronic diseases."

Of eight categories, Indiana is in the highest quartile on five, Kinyon notes.

"As a state, that's not good. If you follow that through, not only mental illness and drug issues, but also other chronic disease, this is a challenge for overall health in Indiana. The numbers are not where we want them to be," he adds.

He also shares that people with an ACE score of at least six die 20 years earlier than those without an ACE score. A score of four means a person is 10 times more likely to use illicit drugs.

"The toll it takes on your physical and mental condition will take 20 years off your life," Kinyon stresses.

His goal is to continue the conversation about the "how" and the "why" when people turn to drugs or alcohol.

"This is clearly a 20-year commitment project to try and do this. It's not where we're currently focused. To me, it's an all-hands-on-deck revelation to take another look at what's driving these issues from birth on and start to determine what solutions we can put into place from those sources," Kinyon says.

"It's put a totally different spin on the issue. There are still people that look at it as a personal behavior issue, and there's a lack of understanding."

Health care systems must be an integral piece of the solution, he conveys.

"We all have to get angry at the problem and at the source of the problem. ... Until this country becomes angry, motivated and unified, we won't be able to substantially change this problem."

RESOURCES: Craig Kinyon, Reid Health, at www.reidhealth.org | Carol McQueen, Connersville Police Department, at connersvillecommunity.com | Don Kelso, Dr. Amnah Anwar and Cody Mullen, Indiana Rural Health Association, at www.indianaruralhealth.org



ADDICTED— BUT NOT ALONE

Bowen Center On Call to Help

By Symone C. Skrzycki

“No man is an island ...”

Traumatic life experiences can take place anywhere. At any time. To anyone.

In some instances, genetic predispositions make people more vulnerable to drug addiction.

What happens when one or both scenarios lead to destructive behavior impacting all facets of life – including the workplace?

Bowen Center, a non-profit community mental health care services provider, partners with employers on employee assistance programs (EAPs). In 2018, it established an opioid treatment program in Fort Wayne called the Bowen Recovery Center (BRC).

“Retention is a very big deal. Valued employees can remain valued employees as long as they’re able to get health care for what is a chronic, but treatable illness,” asserts Dr. Carolyn Greer, BRC medical director.

Bowen’s philosophy is to treat the entire person.

“In mental health or in psychiatry, there was always a division between mental health and addiction recovery,” Greer explains. “It’s sort of like (if the same mentality was applied) in internal medicine. ‘I only take care of high blood pressure, but I don’t take care of diabetes.’ You would never see that. That doesn’t make any sense.

“People with high blood pressure often also have diabetes. Well, people with mood disorders such as depression and anxiety often also have a substance use disorder.”

Reelcraft Industries, based in Columbia City, is a global

manufacturer of hose, cord and cable reels.

“The biggest thing is understanding there’s a partnership there,” declares director of human resources Robin Longenbaugh. “Bowen Center is there as a resource to help the total employee. It’s not just about the work they perform while they’re here during their shift. It’s about the employee as a whole. As a human being, Bowen Center has a large commitment to that. With their help, we’re able to touch people and make them the best version of themselves they can be.”

Intervening and assessing

The city of Warsaw has 200 full-time employees. It conducts a variety of workshops with Bowen.

“I arranged to have Bowen Center come in to do a three-part series specifically geared toward police and fire (staff) to recognize the stressors in their job and how that can translate going back home for their family members too. I wanted to make sure our police and fire (personnel) knew that there are resources out there for them,” reveals human resources director Jennifer Whitaker.

Other training events are designed for department leaders and front-line supervisors to help them cope with daily stress and recognize triggers with subordinates.

In addition, employees and their family members have access to four free counseling visits.

“They can go in and talk to Bowen about anything and everything,” Whitaker points out. “It could be drug abuse. Stress.

Bowen Center

- Largest community mental health center in Indiana
- Based in Warsaw, it covers 21 counties in northern Indiana
- Provides outpatient, inpatient, home-based, community, employee assistance and student assistance programs

What's impressive is that if you're not comfortable going to Warsaw because you're fearful that somebody may find out, you can go anywhere in the state."

Fort Wayne Community Schools (FWCS) began collaborating with the Bowen Center in 2006. It includes approximately 4,000 employees, 30,000 students and 50 buildings.

"They'll go out to a building and work with students and teachers," comments Ashley Pitzen-Walker, manager of compensation and benefits.

"If a Bowen person needs to be in a building or on-site, we'll make that happen. Because life happens."

Bowen's student assistance program at FWCS encompasses youth life skills, expectant mothers, homeless grants and drugs/alcohol.

"Students are a big part of not only the school district but our community as well. They're going to be the future leaders of our community and we want them to be happy and healthy," Pitzen-Walker stresses.

Discretion, flexibility

The stigma associated with mental illness and substance misuse often serves as a deterrent to seeking treatment.

Reelcraft, which has a global workforce of approximately 260, tries to allay those fears.

"I'm very open with my employees that if you have a problem and you come to me, we'll get you help," Longenbaugh relays. "It won't affect your job. Just come tell us. Allow us to help you."

She recalls how two workers – within two months of one another – told her they were suicidal. Longenbaugh reached out to Bowen.

A few months later, "The first gentleman came to my office and literally broke down in tears, telling me how much he appreciated me stopping what I was doing to get him help. (Employees who utilize the EAP) tell us, 'You guys really care about your employees.' That's true. And I'm glad they see that."

Pitzen-Walker highlights confidentiality. Each month, she receives a report from Bowen containing the number of employees taking advantage of its services.

"I don't ever see an employee's name. I don't ever see a family name. It's completely confidential unless somebody tells me they're going," she remarks. "So, it encourages all of our employees with behavioral, personal or emotional problems to seek help and know that they're not going to be penalized for that or judged. Nobody's going to know they're going."

Whitaker has spent more than 20 years in human resources. She's observed a shift in perceptions about mental health.

"There's all sorts of moving pieces in their (employees') lives. We as an employer



The Bowen Center provides a breadth of services. Educating employers on treatment options is a vital community awareness strategy.

and – I believe other employers – are now maybe trying to tailor some of our benefits to give more of that work-life balance. Many of the homes are dual-income providers and if our employees want to take a little bit of time off to go to a soccer game (for example), we've encouraged the comp time.

"When department heads and supervisors are hired, I always remind them

that their life is outside and it's not just about this place. We appreciate everything you do, but you have to stay strong for your family."

Detecting the problem

Theft and poor performance are tell-tale signs of substance abuse.

Reelcraft has partnered with Bowen primarily on alcohol-related issues. There

also have been a few methamphetamine-related cases. Warning signs included absenteeism, nearly falling asleep while standing up and workplace injury.

Similarly, Greer cites behavioral changes.

"I get a lot of referrals in my outpatient office from employers and often it's, 'I've been a loyal employee for 30 years. (But) I had something traumatic happen in my life – whether it be a divorce, an illness in the family, an injury where I couldn't work. Something that's a financial concern. Something happened and I'm not myself anymore.'"

BRC administers methadone as a medication to treat opioid use disorders. Another hallmark is the range of services. It offers resources ranging from employment, insurance and housing to food and transportation.

"Sometimes in early recovery, that's what you need," Greer comments. "You need to be seen every day. You need to have access to more than just medications. This is all out-patient treatment. We see people every day. Even on Saturdays and Sundays. We're seeing people seven days a week."

Stimulants versus opioids

When asked what substances are most prevalent in the region, Greer identifies a growing trend.

"Up until about a year ago, it was very heavy on opioids, prescription pills and then heroin and fentanyl. We've seen a gigantic uptick in stimulants – prescription stimulants or methamphetamine. I think that

reflects the fact that we have treated opioid use disorders so effectively. It also reflects the fear of using heroin, because heroin turns into fentanyl and fentanyl is deadly. People are scared of it – and they should be."

In Allen County, for example, Greer notes that – over the last three quarters – there have been more drug poisonings with methamphetamines than fentanyl and heroin.

"Methamphetamines are easier to get," she divulges. "They're more pure. They're more potent. They're very inexpensive now."

"The workplace actually sort of lends itself a little bit more to a stimulant – meaning, 'I can work harder. I can work longer.' We're struggling with that because misuse of stimulants sometimes results in aggressive behavior. Unpredictable behavior."

Whitaker praises the Bowen team.

"Bowen's doing a great job. The more we continue to get the word out that this is available, numbers (of people seeking help) can only increase. And that makes for a better environment for everyone."

Tess Ottenweller is director of addiction recovery and family services at the Bowen Center.

"There's one really important piece about Bowen Recovery Center that I want to make sure is out there and that's the rapid access," she emphasizes. "One of the things we've learned is that when people need help, they need help now! Bowen Recovery Center has walk-in access for new patients Monday through Friday."

Greer passionately concurs: "If you're ready, you're ready. We've got to help you."

RESOURCES: Tess Ottenweller and Dr. Carolyn Greer, Bowen Center and Bowen Recovery Center, at www.bowencenter.org | Jennifer Whitaker, city of Warsaw, at warsaw.in.gov | Ashley Pitzen-Walker, Fort Wayne Community Schools, at www.fwcs.k12.in.us | Robin Longenbaugh, Reelcraft Industries, at www.reelcraft.com

Workforce Recovery Survey

Continued from page 22

"Everyone understands that substance use in the workplace can be a problem. But there's a big opportunity here. We know that businesses need a healthy workforce and we also know that people in recovery from a substance use disorder need jobs," McClelland offers.

ROI of recovery

Only one in three organizations responded in the IWR survey that their organization can support employees in recovery for drug or alcohol misuse.

Research shows, however, that treatment yields better sustained recovery when initiated by an employer. And the National Safety Council points to a one-year company cost savings of over \$3,200 for employees who recover from substance use disorder.

IWR Director Mike Thibideau speaks often of his personal story of recovery from alcohol and drug use. He emphasizes the impact of being employed during his treatment.

"My employer worked directly with me as I did five days of in-patient detoxification, 45 days of residential treatment and then from there as I transitioned into out-patient care. My employer allowed me to move back to 30 hours a week so that I was able to access the necessary services."

Thibideau says he's seen others successfully navigate treatment and recovery without being employed, but it's much more difficult without that job stability.

"These guidelines will provide employers with the ability to navigate the treatment process to an even greater extent than my employer was able to do at the time. We're going to help more people find recovery sooner and with more stability," he concludes.

The survey results, including a one-page infographic summary (Page 45), guidelines and toolkit are all available at www.wellnessindiana.org/recovery.



RESOURCES: Rob Hillman, Anthem Blue Cross and Blue Shield, at www.anthem.com | Jim McClelland, state of Indiana, at www.in.gov/recovery | Jennifer Pferrer and Mike Thibideau, Wellness Council of Indiana, at www.wellnessindiana.org/recovery

GAINING GROUND

More to Do in Battle Against Opioids

By Symone C. Skrzycki

Enter the mind of someone struggling with a drug use disorder.

Fear: “What if someone finds out about my drug habit?”

Desire to stop: “I can’t go on like this.”

Helplessness: “My job performance is suffering, but my boss will fire me if I come clean about my addiction.”

Now, a reverse scenario. You’re the employer that suspects drug misuse.

Fear: “What happens if anyone outside the company finds out? How does that reflect on us as an employer?”

Desire to assist: “How can I be supportive?”

Helplessness: “I don’t know what to do to provide the assistance people need.”

The burning question – for employers and employees: Where do I go for help? In early 2018, the Wellness Council of Indiana (WCI) and the Indiana Chamber – in partnership with Gov. Holcomb – launched the Indiana Workforce recovery (IWR) initiative. The goal is to help employers understand how the opioid crisis is impacting them (through education, tools and resources) and how they can best assist their employees.

Reducing the stigma is an essential objective. “We’re definitely making an impact when it comes to stigma and awareness of what’s going on,” WCI executive director Jennifer Pferrer contends. “But employers are still struggling with, ‘Is it really impacting me?’ ... “In order for it to really change, it comes from the culture. The culture is something that is so significant. When we think of our employees as investments and not expenses, we can make a difference in that.”

Our roundtable discussion brings together a quartet of passionate leaders to share their perspectives on progress and potential next steps in tackling the opioid crisis.

- Participants:
- Pferrer, Wellness Council of Indiana
 - Dr. Kristina Box, commissioner, Indiana State Department of Health (ISDH)
 - Mark Michael, president, Fort Wayne Metals Research Products
 - Lisa Suttle, regional vice president for Madison and Delaware counties and for clinical services, Meridian Health Services

Steps forward

The biggest improvement, Box contends, is a decrease in opioid deaths. “We have seen for the first time in the first six months of 2018, as we look at data compared to the first six months of the year before, about an 18% to 20% decline in individuals dying from drug overdoses, and that’s huge. That means that what we’re doing is right.”

She cautions, however, “It doesn’t mean it’s time to take our foot off the gas pedal, and I think that’s really important. It just means that what we’re doing now is working and we need to continue down that road.”

- Additional progress in Indiana includes:
- 42% increase in addiction providers across Indiana. “One of the first things that Indiana did



"A lot of the time in the hospitals, we were just giving it (pain medication) automatically (after baby deliveries). It was actually ordered for a while every six hours. 'This is what this person's going to get.' The reality is, if they don't ask for it, they probably don't need it."

— Dr. Kristina Box

was basically establish Medicaid reimbursement so that Medicaid individuals could actually get treatment and get counseling for this. That was hugely important," Box shares.

- Five new opioid treatment programs across the state, with an anticipated 13 more to come.
- Additional recovery beds in the state. "We still need to add more," Box emphasizes.
- 12% decrease in the number of opioid prescriptions written and an approximately 23% decrease in the number of pills actually being prescribed.

"Every physician now has to check INSPECT (Indiana's prescription monitoring program) to make sure that if an individual has recently received a prescription for opioids, we can look at that," according to Box. "The state has paid for that integration into electronic medical records to make that much easier for providers."

Suttle points to raising awareness and collaborations among providers, state agencies and community partners.

"I definitely feel like people aren't afraid to do that anymore — to talk about it. The

past several years people were just kind of quiet about it, but we're definitely seeing that (change). With all of that, specifically, there's been a lot of treatment that's been put into place, different levels, from babies to the elderly, and not trying to leave anybody out within the continuum of what's going on with the opioid addiction."

But more work remains.

Dangerous disconnect

According to a statewide survey released by IWR earlier this year, employers are underestimating the impact of drug use in their workplaces.

Of the more than 500 survey respondents, 76% view drug or alcohol use as a problem for their local community. Conversely, only 13% consider it a problem for their organization.

Through the survey, IWR employer opioid strategy events and other public input, an alarming trend has emerged.

"The one thing that we have found is that they (employers) just don't know," Pferrer declares. "They don't know what their benefits cover. They don't know how many opioid prescriptions are coming out of their place of employment. They don't know who their community partners are — who to refer to."

Knowledge is power. One successful approach for employers is to develop a comprehensive strategy that provides meaningful benefits.

"That looks at not just treatment and behavioral health and mental health, but also are they covering acupuncture? Are they covering chiropractic care as an alternative to pain medication, so they (patients) can access different ways of reducing their pain? That's one of their challenges," Pferrer emphasizes.

At the core is culture.

"Individuals that are in recovery are viable job applicants and viable employees, so how do we connect those in recovery to the

job vacancies that we have?" she asks. "How do we ensure that that connection is being made? Unfortunately, it goes back to culture. It goes back to are you willing to hire individuals that are in recovery? Are you willing to hire those that have been in the criminal justice system?"

Michael, who has spent 45 years at Fort Wayne Metals, offers his perspective. "And maybe at an economic time where finding that replacement worker is much more difficult than it's ever been, you start to value the people that you have a little more."

He adds, "Unfortunately, even once you realize that you've got an employee that has an issue, all too often the employer is like, 'Well, we have an EAP (employee assistance program). Here's a card. Call this person and go get help. ... With the way the opioid treatment has gone, there's not a good understanding of how individual programs need to be crafted in order to help someone recover without relapse. The chances of success on the first go-round are very low."

"... And let's talk about the other side. As an employer, you've got the HR system that is trying to find the best solution for the patient. You've got a legal regulatory system that's saying, 'How do we protect other employees, and now that we're aware of this problem, how do we make sure that we're behaving according to our liability?'"

"So, there's all kinds of litigation that says walk them to the door — because if



"Don't give up on your employees. Find out what your culture is and invest in them because many of them can make it."

— Lisa Suttle



Indiana Workforce Recovery is the Indiana Chamber and Wellness Council of Indiana initiative to help combat the opioid epidemic in the workplace.

Learn more at www.wellnessindiana.org.

This is the fifth in a yearlong series on the drug and addiction issues facing Indiana, as well as efforts to combat the crisis.



"We're definitely making an impact when it comes to stigma and awareness of what's going on. But employers are still struggling with, 'Is it really impacting me?' "

– Jennifer Pferrer

they're not here they're not going to hurt our people and we're not going to be liable."

Suttle intersects with her thoughts on the dangers of individual setbacks. Customizing treatment, she says, is crucial.

"Each person is an individual. So to have a blanket (method) saying, 'This is what we're going to do for everybody,' it doesn't work for everybody. There are different drugs that they use, different mixtures, different lengths of time they've been using, different reasons they use. All of those kinds of things. Partnering with agencies to have that person that you send them directly to, that you follow up with, that they know they're following up with, is very important."

Lifelong journey

Prior to assuming her current role at ISDH in 2017, Box was a private practicing obstetrician-gynecologist. She saw the destruction of drug addiction (specifically related to pregnancy and neonatal abstinence syndrome) as the women's service line lead at Community Hospitals.

"There was a huge stigma associated with it in the medical community," she asserts. "I think that we had to overcome that. It's still (the case that) a lot of people out there see this as a moral failing, and the reality is it's a chronic disease and we need to treat it just like we do diabetes and high blood pressure and anything else."

Suttle points to addicted mothers whose shame is magnified when they give birth to addicted babies.

"Those mothers have so much guilt when those babies are born and dependent upon those drugs. More treatment around that area would be very beneficial, as well, to help

those mothers while they're pregnant, but also after they deliver and that's ongoing. Again, with addiction, it's lifelong. It's not, 'We can fix it.' It's lifelong of just supporting them."

Box seconds that, passionately asserting the need to remove judgement.

"That has been a first step for obstetrical providers, to get over that, to get beyond what you're doing to yourself and your baby, and see them compassionately and to work with them. ... We (Indiana) got caught with not near enough providers for opioid abuse disorder in pregnancy."

It's also important to keep early life trauma in mind when seeking solutions.

"We've got to start with our children," Pferrer declares. "The number of individuals that are living today with one of the adverse childhood experiences is only growing. How do we understand what happens to our children when they see individuals with addiction, when they see drug use in the home or violence in the home, and they're living in an unsafe, insecure (environment)? We're growing a generation of individuals that will deal with addiction and mental health issues and a lot of other chronic diseases."

Box chimes in, "That's an excellent point. This is a two-generational thing. Someone pointed out to me the other day, which is something I'd never thought of, we have a lot of grandparents out there right now that are raising their grandchildren, because there's a generation of people who have checked out, are in prison or who have died from this."

"And pretty soon we aren't going to have a set of grandparents to raise those children."

"We are working to try to figure out how we can help give more resources to grandparents and families that are raising children that are not their own, that are stepping in for someone under these circumstances."

Building trust

An element of trust is vital for recovery.

It starts at the workplace. Fort Wayne Metals emphasizes education and treatment – and trust. It's a growing company, adding more than 100 employees each year to its team.

"If you don't have a culture that allows that person to say, 'I've got a problem or my spouse has a problem,' then you're really not getting to the root of it," Michael emphasizes. "So you're going to manage all these behaviors, and they're subject to all the rules that you currently have and the disciplinary measures."

"And all the while that's accelerating and going on, nobody's getting help. You're marching towards an end that nobody wants to go to. And so with the awareness and with a strong culture, you can get to at least the heart of the problem."

Box points to syringe service programs in places such as Scott County.

"They actually make a meal each day. So that draws people back to a warm meal that they've put in crock pots for them, and they can get their treatment and testing for hepatitis and for HIV. They can get their immunizations to try to help. They can get their HIV treatment or their Hepatitis C treatment, and we know they're five times more likely to get into actual substance abuse disorder treatment and therapy if they are in a trusting relationship like their syringe service program."

Dealing with the opioid crisis never will "be over." But there are steps employers and others can take to continue to move in a positive direction.



"The people who are addicted to opioids, it's through no fault of their own. They had a tooth extracted and they had an infection. ... It's not a 'bad' person that's addicted."

– Mark Michael



By Symone C. Skrzycki

REVERSING the **STIGMA**

Support, Treatment Provide Second Chance

Hands folded, a soft-spoken employee sits in a small conference room at one of Belden's Richmond facilities.

His loyalty to the company (a global leader in high-quality, end-to-end signal transmission solutions) shows in his words and wardrobe – he's wearing a bright green Belden shirt.

"I've been with Belden for nearly 25 years," he reveals.

He works in the wire mill at its cable manufacturing plant.

Last summer, a routine drug screen following a minor forklift accident changed the course of his life. He tested positive for marijuana.

"At that time, I asked for help for that," he recalls. "I also have a drinking problem. I went through a hard divorce about three years ago. That's when I really started drinking. I never came in here (to work) drunk, but I didn't want it ... to get worse and I didn't want to see myself lose everything I had."

Failing the drug screen wasn't the end of Shawn's story at Belden. It was the beginning of a hopeful new chapter in his personal life and career.

He entered Pathways to Employment, a personalized drug rehabilitation program for current and prospective employees. It was launched as a pilot project at the Richmond site in 2018.

"It's drastically changed my life," Shawn confides.

Pathways engages treatment providers (Centerstone and Meridian Health Services), a staffing agency (Manpower Richmond) and community supporters such as Ivy Tech Community College.

The impetus? Over an 18-month period, the number of Belden's pre-employment drug test fails rose from approximately 5% to 12%. That intensified another challenge: finding qualified workers amid the fierce fight for talent.

"We also all know that there's a shortage of people who are even interested in careers in manufacturing, right?" expresses vice president of human resources Leah Tate. "Combined with (the fact that) a third of my workforce is retirement eligible in three to five years (we had to do something)."

With Pathways, applicants and employees who fail a drug test can gain employment/return to work if they participate in treatment.

"In most cases or prior to this program, they wouldn't have had that chance – that second shot at it," Tate affirms.

Readiness for change

A few facts and figures about Belden and Pathways, which have received state and national acclaim – including visits from top officials in Washington and a trip to the White House:

- Belden has 9,000 employees globally; 700 in Richmond (at three locations) and 450 at the cable plant where Pathways is offered
- 34 people have entered the program; 17 have dropped out and 17 are still participating
- The cost averages \$12,000 per participant

"It started with a business need," Tate relates. "But this is a community we've been in since 1928. The Richmond community is extremely important to Belden. It's where our employees live and work. We're the second largest employer in Wayne County, so we wanted to try and do something in our community to help with the problem."

Robb Backmeyer, chief operating officer at Centerstone, observes, "(From Belden's perspective), it was, 'Here's the problem. What can we do? What are the options?' The goal is to get folks hired. And then our (Centerstone) goal became, 'How do we create and shape a program that helps do that but also gives them (Belden) assurance and some accountability that when the folks come on board, they stay clean?'"

"At the end of the day, the cool part is the carrot at the end of the stick is employment. They have a full-time job and a really good wage."

Pathways is a voluntary program. Here's



Safety, with an emphasis on continuous improvement, is a priority. Belden has expanded the Pathways program to locations in New York and Pennsylvania.



how it works.

Once an individual fails a pre-employment or post-accident drug screen, they're referred to a treatment center and meet with a recovery coach. The first step is an assessment that identifies them as either high risk or low risk for substance use disorder.

Those that are eligible to work can pursue treatment concurrently. They're initially assigned to safety-conscious positions. Examples include cleaning, painting and inventory control.

"Someone who is low risk has to complete a certain amount of clean screens before they would be able to operate machinery," Tate explains. "For somebody that's high risk, it's double the amount of clean screens and over a longer period of time."

Centerstone offers services such as motivational interviewing, group therapy,

individual counseling, relapse prevention, medication-assisted treatment and an addictions class.

Vigilance, value

Prior to launching Pathways, Belden shared information about the program with team members.

"Not that there aren't naysayers here and there or people that say, 'What are you guys doing? I don't get it,' but the overwhelming majority was extremely supportive," Tate conveys. "People applauded in the meeting. People came up asking how they could help and talking about how proud they were to work here. ... So many people have been touched by addiction in some way."

She mentions that customers have voiced their appreciation.

"They've said, 'If I didn't have a reason

Belden cables are used in markets such as automotive, robotics, transportation and energy.



to do business with Belden before, now I do.’ ”

Jasmine Spirk, human resources manager, imparts an observation during a subsequent phone call.

“It shows that Belden is willing to invest in their people. We’ve also had some internal employees that were already (working here) who came forward and said, ‘I have a problem.’ ”

In addition, Pathways is helping to attract talent.

“It’s been a lot easier finding people when we opened that gate,” she remarks. “Obviously, we’re allowing people (to apply) that normally wouldn’t be considered for employment. I think a lot of companies would benefit from a program like this.”

Backmeyer affirms, “Belden hasn’t eliminated the stigma, but it’s gone a long way to talk about it or be open about the fact that this (addiction) is real and impacts a whole lot of people. It doesn’t make it an unspeakable thing, which is kind of amazing.”

“With a lot of employers, I do think that stigma is scary.”

Tammy Scotten, director of adult family services at Centerstone, stresses that combatting the drug epidemic requires community collaboration.

“Usually, it’s the health care providers that are trying to battle this stigma and battle the problem. Having the manufacturing business world come into that and join with it increases the exposure. This is a community thing – not just a health care thing.”

Assessing outcomes

While Pathways is designed as an 18-month process, recovery is ongoing. With that in mind, how does Belden measure results?

“For us, I would call success (the idea that) I have 12 people operating machines today that I otherwise wouldn’t have,” Tate declares.

Backmeyer seconds that: “The key outcome is, ‘Are they on the job? Are they working?’ ”

Scotten emphasizes a customized approach.

“It’s about keeping that dialogue going about what’s going on (in their lives) – because addiction is a dirty disease. There’s not a clean package that anybody goes into. So, we have to be very individualized and rethink and react and respond. And not just for this program, but

for every client that comes in the door.”

A specific component contributing to Pathways’ success involves equipping supervisors with resources.

“We did training for the supervisors on addiction,” Scotten comments. “Warning signs. What does impairment look like? What does treatment look like? It was about an hour-and-a-half. Meridian, Centerstone and Ivy Tech partnered and did that.”

‘It’s worth it’

Belden recognized Pathways’ one-year anniversary with a celebration at a local event venue.

“We brought in all of the participants as long as they were comfortable with it,” Spirk notes. “We offered them to bring a guest – someone in their life who supported them.”

“Each of the participants were given a coin. One side has the Pathways emblem on it and the partners’ names, and the other side has their date of entering the program. They can look at it as a milestone.”

Backmeyer refers to Pathways as “the single coolest project I’ve worked on in a long time. Employment is such a key to a person’s recovery. Having that potential for folks and having hope. Because a lot of times, there’s an absence of that.”

Shawn has been clean for over one year and is back to operating his machine.

Without Pathways, he and others would have lost their jobs. “We would have fired Shawn for failing a drug screen,” Tate confirms.

But that’s part of the beauty of the program. It gives people a second chance.

When asked why she believes so strongly in Pathways, Tate doesn’t hesitate: “It’s people like Shawn. If we can help one person – or five people – it’s worth it.”

Reflecting on Pathways, Shawn comments, “It’s been an awesome experience for me. I’m grateful for the opportunity to get a chance to change my life and change my direction in life. I don’t know where I’d be today without it.”

Citing his family, Belden and others involved in Pathways, he attests, “Having support – it’s the greatest thing.”

RESOURCES: Leah Tate and Jasmine Spirk, Belden, at www.beldensolutions.com | Robb Backmeyer and Tammy Scottene, Centerstone, at www.centerstone.org | Indiana Workforce Recovery at www.wellnessindiana.org/recovery

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