

PROGRESS REPORT

NOVEMBER 2024

THE HOOSIER APPROACH

In November 2024, the Centers for Disease Control and Prevention released provisional data showing a **19.2% reduction in overdose deaths in Indiana**, a larger decline than the national average. This marks a significant step forward in our ongoing fight against the drug epidemic.

Eight years ago, in 2017, Indiana was facing what was then an unprecedented crisis. Little did we know that the challenges ahead would redefine the term “unprecedented.” As we reflect on the journey from then to now, it’s clear that our collective efforts have made a lasting impact.

It was in 2017 that Governor Eric Holcomb took decisive action, his first as governor, appointing Indiana’s first-ever Drug Czar and calling for an all-hands-on-deck approach to the growing crisis. The commitment to collaboration from the very beginning has been the foundation of our work, strengthening and expanding our state’s comprehensive treatment and recovery infrastructure.

Whether it was in 2018, when we started expanding opioid treatment programs—from 13 in 2017, to 26 in 2024—or in 2020, when we partnered with Mental Health America of Indiana to launch the regional recovery hub network amid a global pandemic, collaboration has been the driving force behind every milestone.

Over the past eight years, we’ve worked tirelessly to understand how our systems and efforts intersect with the lives of Hoosiers. Many of the individuals we partner with today were just beginning their recovery when we started

this work, some of whom were still deep in the throes of addiction. Recovery hubs did not exist, naloxone was hard to access, and addiction treatment wasn’t always covered by Medicaid. Now, those same individuals are leading our hubs, using their lived experience to guide and support others. They are the ones driving progress, saving lives, and reducing deaths—one Hoosier at a time.

What we’re doing now in Indiana goes far beyond addressing the drug epidemic. As you will find in this report, we are expanding access to mental health supports, caring holistically for individuals and their families, and building a cooperative system that improves outcomes for all, while supporting life-long recovery.

I am incredibly proud of the progress we have made, but we know the work is far from complete. Our ultimate goal is clear: to save lives and prevent substance use. The most powerful tool we have to achieve this goal is collaboration. It is my hope that the momentum we have built together continues to support the most vulnerable among us, because only together can we make Indiana a better place for all Hoosiers.



DOUGLAS W. HUNTSINGER

Executive Director for Drug Prevention, Treatment and Enforcement; Chairman, Indiana Commission to Combat Substance Use Disorder

ACCESS TO TREATMENT

TREATMENT ATLAS

In September 2023, Governor Holcomb announced the launch of Treatment Atlas, a free, confidential tool to connect Hoosiers in need with appropriate addiction treatment and deliver user-friendly information about the quality of available programs.

The web tool lists all Indiana addiction treatment facilities certified by the Indiana Family and Social Services Administration's Division of Mental Health and Addiction.

Since the 2023 launch, **more than 37,000 individuals have engaged in 48,600 sessions** on the site.

Treatment Atlas puts recovery within immediate reach, giving Hoosiers and their loved ones a **trusted resource** to find treatment.

GOVERNOR ERIC J. HOLCOMB

988 SUICIDE AND CRISIS LIFELINE

988 is a free, confidential resource available 24 hours a day, seven days a week, offering callers a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress, including thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.

Indiana's five 988 Response Centers answered an **average of 5,200 calls per month** from Hoosiers experiencing crisis during SFY 24.

The **in-state answer rate of 92%** puts the state in the **top 10 of the nation**.

INDIANA 211

- Indiana 211 has provided **nearly 48,000 referrals** for services related to substance use disorder and mental health since 2020.

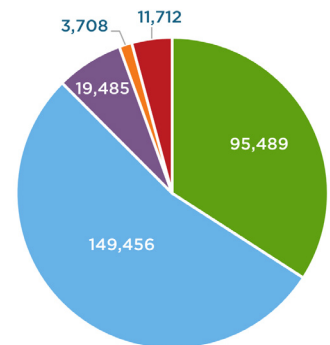
REGIONAL RECOVERY HUBS

The state's regional recovery hub network launched in 2020 as a partnership with Indiana Recovery Network, a subsidiary of Mental Health America of Indiana.

Since 2020, Indiana's 19 hubs have provided **over 279,850 services to 37,500 unique individuals**, including individual peer support, group peer support, and referrals to treatment, housing, and transportation.

RECOVERY HUBS SERVICES

- Individual Peer Support
- Group Peer Support
- Referrals
- Transportation Provided
- DOC/Justice Referrals



MEDICAID COVERAGE

In 2018, the Centers for Medicare and Medicaid Services (CMS) approved an extension to Indiana's existing Section 1115 Medicaid demonstration waiver, expanding coverage for a full-range of substance use disorder treatment services to Hoosier Medicaid members.

As of Q4 2023, **more than 155,000 Medicaid beneficiaries** had a diagnosed substance use disorder, compared to 48,860 beneficiaries in Q1 2016.

1.9 MILLION

Hoosiers have access to treatment for substance use disorder under the Section 1115 Medicaid waiver

TREATMENT OPTIONS

OPIOID TREATMENT PROGRAMS

Opioid treatment programs (OTP) provide medication in combination with counseling and behavioral therapy often known as medication-assisted treatment (MAT). These programs provide a holistic approach to the treatment of opioid use disorders.

As part of his 2017 agenda, Governor Holcomb set out to ensure access to an OTP within a **one-hour drive of every Hoosier**.

- Since 2017, Indiana has opened **13 OTPs**, bringing the statewide total to **26**. Two additional OTPs are set to open in 2024.
- On average, **14,500 Hoosiers** are served annually by OTPs.
- The average mileage a patient travels to receive treatment at an OTP is **15 miles**.

MEDICATION TO TREAT OUD

Partial opioid agonists are substances that produce opioid responses in cells but at a lesser capacity than full agonists. Partial agonists, like buprenorphine, offer several benefits for managing opioid use disorder, including reducing withdrawal symptoms and the risks of overdosing or returning to opioid misuse.

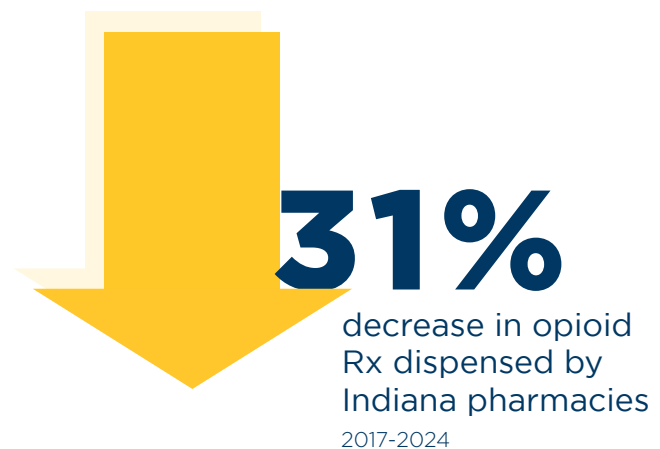
- Opioid partial agonist prescriptions written by Indiana practitioners **increased 138%** from 362,504 to 862,198 since 2017.
- Opioid partial agonist prescriptions dispensed from Indiana pharmacies **increased 115.8%** from 408,654 to 891,151 since 2017.

OUTPATIENT TREATMENT

- The total number of outpatient addiction treatment providers has **increased by 55%** since 2017.
- **252 providers** are certified by the Indiana Family and Social Services Administration's Division of Mental Health and Addiction to provide outpatient addiction treatment.

INPATIENT TREATMENT

- **More than 3,100 residential beds** are available, specializing in treatment for substance use disorder. This is a **660% increase** over the number of beds available in 2017.
- In 2017, Indiana had roughly **400 residential treatment beds**.



CRISIS RESPONSE

Indiana has used the arrival of 988 to invest in a broader crisis response system to help all Hoosiers. FSSA continues progress in building a comprehensive statewide crisis response system that encompasses all three pillars of the crisis continuum — Someone to Contact, Someone to Respond, and A Safe Place for Help.

- The 988 Crisis Response System now had the ability to dispatch mobile crisis teams in **more than two-thirds of the state's 92 counties** and has funded **19 crisis receiving and stabilization service providers**.

- In June 2024, the U.S. Department of Health and Human Services named Indiana as **one of 10 states** selected to participate in the Certified Community Behavioral Health Clinic Medicaid Demonstration Program. To fully develop the state's behavioral health continuum, the 988 crisis response pillars will be an integral part of Indiana's CCBHC demonstration.

MORE INFORMATION

988indiana.org

OUTREACH

NALOXONE DISTRIBUTION

- In partnership with Overdose Lifeline, Indiana has distributed **over 1 million doses of naloxone** since 2020.
- In 2024, Overdose Lifeline distributed on average **24,600 doses of naloxone** a month.
- Through the State Opioid Response grant, Indiana has funded the placement of **430 NaloxBox units** and **18 naloxone vending machines** statewide.
- Since 2017, the Indiana Department of Health has distributed an estimated **325,000 doses of naloxone** to **local health departments** statewide. Over 60,900 doses have been distributed to 63 local health departments in 2024.
- Since 2017, the Indiana Department of Health has distributed **over 27,500 doses of naloxone** to rural first responders. Nearly 4,500 doses were distributed to 82 first responder agencies during the 2023-2024 grant period.

MOBILE INTEGRATED RESPONSE

Mobile Integrated Response Systems (MIRS) teams identify individuals in need of services for SUD through justice involvement, emergency department interaction, community referrals, and outreach efforts within 72 hours of system contact, and connect them to the full spectrum of treatment and recovery services.

- Over **16,000 individuals** across 30 counties have been served by Indiana's 10 MIRS teams since June 1, 2019. In September 2024, two new teams were added, for a total of **12 teams covering nearly 50 counties**.
- The most common services utilized by clients include case management, recovery support services, treatment planning, screenings, referrals to treatment, and peer coaching.

SYRINGE SERVICE PROGRAMS

Syringe service programs (SSP) are fixed or mobile places where individuals can receive sterile syringes and other supplies necessary to safely inject and properly dispose of used syringes. SSPs also provide referrals to health and social services.

Governor Holcomb signed **HEA 1438** into law in 2017, allowing municipalities to establish SSPs without state approval.

- Indiana currently has **eight counties** with active SSPs.
- Since April 2015, Indiana SSPs have provided services to **more than 23,500 unique individuals**, representing approximately **131,600 visits**.
- The top five most common referrals include harm reduction and safer use education, substance use treatment, HIV testing, naloxone education, and HCV testing.

NON-SYRINGE HARM REDUCTION PROGRAMS

Non-syringe harm reduction partners provide or refer individuals to health and social services but do not have legal authority to provide syringes.

- In 2023, Indiana's **27 non-syringe harm reduction partners** served an **estimated 25,740 individuals**.

HARM REDUCTION STREET OUTREACH

- **16 Harm Reduction Street Outreach (HRSO) teams** consist of two members and a supervisor who hand out harm reduction kits and are available to connect individuals to treatment and recovery resources.
- Teams distributed over **34,300 harm reduction kits** across **108 zip codes** between July 1, 2023 and June 30, 2024.

RECOVERY HOUSING

RECOVERY RESIDENCES

- The Indiana Division of Mental Health and Addiction has **93 active certified recovery residence operators**, operating 174 recovery residential settings with **over 2,125 beds**.

OXFORD HOUSES

Oxford Houses are self-supporting, substance-free homes for individuals in recovery. Indiana implemented the Oxford House model in 2018.

- Indiana has **100 Oxford Houses** with over **785 beds**.

OPIOID SETTLEMENT

The State of Indiana is anticipated to receive an estimated \$925 million from national settlements with opioid manufacturers, distributors, and marketers over an 18-year period, not including the Purdue Pharma bankruptcy. House Enrolled Act 1193, passed by the Indiana General Assembly and signed by Governor Eric J. Holcomb in March 2022, creates a 50/50 state and local split and defines the intensity metrics that determine how much money each locality receives.

In December 2022, the State Budget Committee approved the Indiana Family and Social Services Administration's plan to dedicate its 2022-2024 abatement fund distributions, totaling \$52 million, to a match grant opportunity, the expansion of recovery residences and harm reduction street outreach teams, integration of behavioral health strategies at the Department of Correction and Office of Court Services, and operational support for Hope Academy Recovery High School, among other priorities.

In August 2024, the State Budget Committee approved FSSA's second plan for abatement funds, totaling \$46 million to be spent in 2024 through 2026. This comprehensive plan includes a one-time \$10 million match grant opportunity for local units of government to bolster evidence-based prevention strategies, expand and develop recovery housing, and improve transportation services for individuals with SUD. Beyond the match opportunity, the plan targets critical areas that are vital to our overall strategy, including expansion of services for adolescents and pregnant women, increased access to medication-assisted treatment, targeted advocacy to faith and minority communities, prevention programming for at-risk populations and youth, and initiatives to address workforce shortages in the behavioral health sector.

OPIOID SETTLEMENT MATCH GRANT

Indiana awarded a total of **\$19 million** in one-time funding to support evidence-based prevention, treatment, recovery and harm reduction services, expand the behavioral health workforce and implement other services and initiatives across the state, to **30 local units of government, service providers, and community organizations**.

- DMHA received 78 proposals requesting a total of \$93 million in response to the grant. Local units of government were required to provide match funds in order to qualify for funding. The services funded by these grants will reach Hoosiers in **at least 28 counties**.

CAPITAL EXPENSES FOR RECOVERY RESIDENCES

Indiana awarded a total of **\$4.7 million** in one-time funding to support capital expenditures for recovery residences, the first time DMHA has invested in capital for recovery housing. Using the National Opioid Settlement Fund allotted to the State, grants were awarded to qualified community organizations to purchase, build, renovate, or otherwise sustainably acquire a suitable structure for a DMHA-certified recovery residence.

- DMHA received 44 proposals requesting a total of \$25 million in response to the grant. A total of **206 new beds** will be added as a result of the grant.

EXPANSION OF CERTIFIED PEER SUPPORT PROFESSIONALS

Indiana awarded a total of **\$5.8 million** in funding over two years for the **expansion of 63 certified peer support professionals (CPSP) across 61 counties** to address the gaps in services for individuals with mental health and substance use disorder.

A CPSP is an individual who utilizes their lived experience, combined with formal training, to support other individuals through similar experiences, providing a low-barrier access point to support, treatment, and resource navigation.

EXPANSION OF HOUSING FOR INDIVIDUALS WITH SUD

In partnership with FSSA, the Indiana Housing and Community Development Authority is **awarding \$10 million** in National Opioid Settlement funds to be used as capital funding to **develop housing for persons with SUD**.

Four selected respondents will be eligible to submit a full funding application in 2025 to receive **up to \$2.5 million** in the form of a grant to develop rental units serving the target population. Accepted housing models include transitional housing, recovery residential, and permanent supportive housing. Developers must partner with a DMHA-certified service provider to assist residents with supportive services.

The application process has closed.

OPIOID SETTLEMENT

LOCAL SPENDING

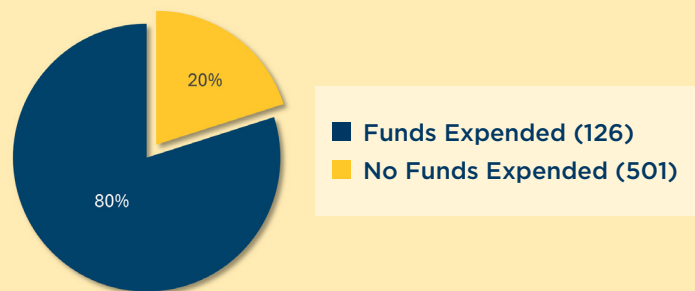
All local units of government that received funds from the National Opioid Settlement were required to report their use of funds received between August 1, 2023, and June 30, 2024, no later than September 6, 2024, to the state using an online reporting form. Of the 648 local units of government, 644 towns, cities, and counties reported their use of funds.

Of the 644 reporting local units of government, 80%, or 501 counties and municipalities, reported no expenditures using restricted funds. To remedy a distribution error, 18 municipalities reported transferring their restricted funds to the county, to align with Ind. Code §4-6-15-4(a)(4)(B). These transfers are not reported as expenditures. Similarly, 82%, or 526 counties and municipalities, reported no expenditures using unrestricted funds.

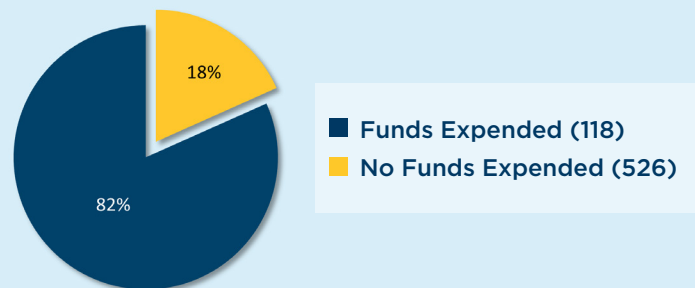
Although not required, local units were asked to indicate whether they have established a local committee to oversee the allocation of local opioid settlement funds. Of the reporting subdivisions, 16%, or 103 counties and municipalities, reported the creation of a committee.

The complete report is available at in.gov/recovery/settlement.

BREAKDOWN OF RESTRICTED FUNDS By Local Units of Government



BREAKDOWN OF UNRESTRICTED FUNDS By Local Units of Government



PREVENTION

COMMUNITY-BASED PROGRAMMING

- DMHA's Prevention Bureau utilized Substance Abuse Block Grant (SABG) and supplemental COVID relief funds to support **44 community-based agencies** and **four colleges** to implement substance misused primary prevention strategies that increase protective factors and mitigate risk factors for youth, adults, and families.
- Grantees reached **3.5 million individuals** through prevention initiatives during SFY 2024, including almost 57,000 through direct programs.
- The Prevention Bureau restructured its community prevention grants for future years to sustain the capacity developed with COVID supplemental relief funds, increasing the number of SABG sub-recipients from 20 to 32 per year in 2025.

SUICIDE & OVERDOSE FATALITY REVIEW

Suicide and Overdose Fatality Review (SOFR) teams are multi-disciplinary, county-led teams that analyze relevant data to identify missed opportunities for prevention or intervention, and how practices and procedures can be improved to prevent future deaths by suicide or overdose.

The Indiana Department of Health provides technical assistance to SOFR teams to build and maintain teams and implement recommendations. Indiana currently has **35 teams covering 36 counties** that review **more than 600 deaths per year**.

MORE INFORMATION

[Indiana Drug Overdose Dashboard](#)

JUSTICE SYSTEM

JAIL TREATMENT

- In partnership with the Indiana Sheriffs' Association, the state has committed **\$8.5 million** to implementing evidence-based treatment into jails across the state.
- Since transitioning to the DMHA Electronic Billing System in December 2021, more than **2,500 unique patients** have received evidence-based treatment for mental health and substance use disorder across **34 participating county jails**.

RECOVERY WORKS

- Recovery Works focuses on pre-incarceration diversion services and post-incarceration reentry services, aiming to divert low-level offenders from incarceration to community services and is proven to reduce recidivism by 20%.
- Recovery Works provides gap funding for individuals with and/or without insurance coverage who are involved with the justice system.
- In SFY 2024, Recovery Works expended **over \$23.7 million** reimbursing mental health and substance use disorder services for over **5,000 newly enrolled consumers**. Overall program enrollment is approximately 64,500.
- External evaluations of Recovery Works have reported the following:
 - Within eight months of enrolling in Recovery Works, client assessments showed statistically **significant improvements in employment, housing stability, and self-reported substance use**.
 - There was a **4.2% reduction in prison incarceration** and a **21.7% reduction in arrest** among clients when comparing the three-years prior to Recovery Works enrollment and three-years post-enrollment.
 - A quasi-experimental analysis of IDOC inmates who were released and enrolled in Recovery Works found no statistically significant differences in recidivism compared to those who left prison and did not enroll.

DEPARTMENT OF CORRECTION

As of September 2024, 54% of individuals committed to the Indiana Department of Correction (IDOC) have a significant history of problematic substance use, and 86% of individuals with a mental health need also have a substance use need.

IDOC has overhauled its Recovery While Incarcerated (RWI) program from a one-size-fits-all, court-ordered time-cut program to an individualized treatment model.

- Since July 2021, **over 6,700 individuals** have completed the RWI treatment program. This includes over 4,800 adults and 300 youth.
- The IDOC Transitional Healthcare Division has linked over **3,295 individuals** with community-based addiction treatment providers in 2024.

Through a partnership with Overdose Lifeline, Inc., **over 27,700 individuals** have received a naloxone kit upon release from a DOC facility.

IDOC has successfully trained **118 peer recovery coaches**, represented across 14 facilities, and an **additional 224 peer recovery coaches** will be trained and offered the opportunity to obtain their credential between 2025 and 2026.

Using National Opioid Settlement funds, IDOC is implementing:

- Updates to staff training and development curriculum to align with best practices
- Expanded materials and resources in the facilities' Recovery Library for incarcerated individuals to access outside of treatment times
- Educational trainings on medication-assisted treatment for staff
- Increased use of buprenorphine as treatment for substance use disorder

REENTRY SUPPORTS

Indiana launched in July 2022 the Integrated Reentry and Correctional Support (IRACS) pilot program, connecting incarcerated individuals with certified peers for reentry support and wraparound services.

- More than **6,100 individuals** across seven participating jails engaged in various services with a forensic peer during their incarceration between in SFY 2024.

MATERNAL SUBSTANCE USE

PREGNANCY PROMISE PROGRAM

- Free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past
- Connects individuals to prenatal and postpartum care, other physical and mental health care, and treatment for opioid use disorder during the prenatal period and for 12 months after the end of pregnancy.
 - The program is expanding beyond opioid use to include substance use disorder more broadly beginning July 2025.
- **Over 1,040 individuals** enrolled and **800 infants** born across **90 counties** since the program's launch in 2021.
- **Over 6,000 individuals** have been identified as potentially eligible and outreached since July 2021.

MY HEALTHY BABY

My Healthy Baby, Indiana's OB navigator program, is active in all 92 counties. The program provides local home visitation and family support to eligible women during their pregnancy and through the first year of their baby's life.

- Since launching in one county in 2020, My Healthy Baby has **reached out to over 170,000 women, had conversations with over 50,000 women, and referred 22,000 women** to local programs that provide individualized support and guidance during pregnancy and for at least the first year after the baby is born.

Substance use disorder was the most common contributing factor, contributing to **46%** of all pregnancy-associated deaths in Indiana in 2021. Among the 80 pregnancy-associated deaths in 2021, overdose of accidental and undetermined intent was the leading cause of death, accounting for 28% of all pregnancy-associated deaths.

MORE INFORMATION

[Indiana Maternal Mortality Review Committee's 2023 Annual Report](#)

NEONATAL ABSTINENCE SYNDROME

- Indiana began testing babies for drug exposure at four hospitals in 2016. In 2023, **69 out of 82 birthing hospitals** were participating through data submission.*
- About **19% of newborns** delivered at the participating hospitals in 2023 were tested for drug exposure. Of those tested, **39% of newborns** were positive for drug exposure in 2021, compared to 36% in 2018.
- In 2023, **about 8 per 1,000 live births received a Neonatal Abstinence Syndrome (NAS) diagnosis**, accounting for about 525 cases. This is a **decrease from 2022** (653 cases) **and 2021** (997 cases).

*Note: Some birthing hospitals participated for part of the year before discontinuing OB services. The number of total birthing hospitals is higher than the final number in 2023.

ENFORCEMENT

INDIANA STATE POLICE SIGNIFICANT SEIZURES

Indiana State Police has a full time interdiction detail that operates from the Drug Enforcement Section (DES). Its primary focus is to conduct criminal interdiction efforts on the main arteries of Indiana to disrupt the flow of illegal drugs and other contraband from reaching our communities.

Reporting Period: January 2017 to September 2024

*Since October 2022

- Marijuana - 35,722 pounds
- Heroin - 338 pounds
- Methamphetamine - 2,962 pounds
- Cocaine - 1,335 pounds
- Fentanyl - 200.6 pounds
- Fentanyl Tablets - 147,312*
- U.S. Currency - \$32,869,493
- State Search Warrants - ~1,489

RESOURCES

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TREATMENT ATLAS:

treatmentatlas.org

988 SUICIDE AND CRISIS LIFELINE

988indiana.org | Dial 9-8-8

INDIANA 211

in211.communityos.org | Dial 2-1-1

REGIONAL RECOVERY HUBS

indianarecoverynetwork.org/regional-recovery-hubs

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OPIOID TREATMENT PROGRAMS

in.gov/fssa/dmha/addiction-services/opioid-treatment-program/

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NALOXONE

overdoselifeline.org

in.gov/health/overdose-prevention/naloxone/

SYRINGE/NON-SYRINGE SERVICE PROGRAMS

in.gov/health/hiv-std-viral-hepatitis/harm-reduction-and-syringe-service-programs

RECOVERY RESIDENCES

in.gov/fssa/addiction

OXFORD HOUSES

oxfordhousein.org

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OPIOID SETTLEMENT

in.gov/recovery/settlement

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DMHA PREVENTION

in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion

IDOH PREVENTION

in.gov/health/overdose-prevention

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RECOVERY WORKS

in.gov/fssa/dmha/recovery-works/

INDIANA DEPARTMENT OF CORRECTION

in.gov/idoc/about/commissioners-office/medical/addiction-recovery

INTEGRATED REENTRY AND CORRECTIONAL SUPPORT PROGRAM

rethinkreentry.org

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PREGNANCY PROMISE PROGRAM

in.gov/fssa/promise

MY HEALTHY BABY

myhealthybabyindiana.com

