



SPECIAL TOPIC REPORT I-2024

COMMUNITY ADDICTION SERVICES ASSESSMENT



TREATMENT AND HARM REDUCTION SERVICES



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INDIANA STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

The Indiana State Epidemiological Outcomes Workgroup (SEOW) is a grant-supported collaborative of addiction, mental health, and behavioral health experts from state agencies and the public and private sectors whose mission is to:

- 1) Analyze substance use, mental health, and behavioral health data and identify public health trends.
- 2) Provide evidence-based recommendations for addressing problematic public health trends.
- 3) Deliver data-informed suggestions for establishing statewide prevention priorities. Additional SEOW Reports and the SEOW Data Dashboards can be accessed at:

[SEOW Reports](#) | [SEOW Data Dashboard](#)

SEOW SPECIAL TOPIC REPORTS

SEOW Special Topic Reports (STR) aims to identify and provide current information and policy recommendations for emerging issues related to substance use/misuse and mental and behavioral health in Indiana. STRs are intended for strategic planning by addiction practitioners, researchers, community stakeholders and coalitions, state agencies, and local and state elected officials.

The objective of this STR is to:

- 1) Provide a basic overview and ecological assessment of statewide substance misuse treatment and harm reduction services associated with the Indiana Addiction Service System (IASS).
- 2) Identify geographic service distribution gaps and program evaluation needs for the Treatment and Harm Reduction Domains within the IASS (Indiana Addiction Services System).
- 3) Provide recommendations on how to address identified IASS Treatment and Harm Reduction deficits.
- 4) Provide recommendations on how to optimize the IASS to strategically enhance and expand prevention workforce development efforts.

Assessing the geographic availability of treatment and harm reduction services for Indiana communities is critically important with regard to evaluating the functionality of the IASS and identifying service gaps that can initiate or exacerbate problematic mental and/or behavioral health trends. Within the scope of the SEOW, examining the Treatment and Harm Reduction Domains serve explicitly which serve to determine the capacity of the IASS to stabilize homes and communities experiencing mental and behavioral health challenges, which, in turn, addresses critical risk and protective factors that are foundational components of substance misuse prevention theories

and interventions. These factors include issues such as community disorganization and low community attachment, family conflict and management, parental attitudes toward substance misuse, and a belief in the moral order (Hawkins, Catalano, & Miller, 1992).

This STR also describes the Community Addiction Services Assessment (CASA) model, which is the framework utilized by the SEOW to evaluate the IASS. The SEOW aims to implement the CASA every three years to capture changes in the system and make recommendations for addressing service system deficits, improving service system capacities, and expanding the IASS workforce.

INTRODUCTION

In September of 2022, the Indiana Behavioral Health Commission released its final report on the current state of the Indiana Behavioral Health Care System and issued recommendations for improvement. As part of the report, the commission specifically suggested: 1) Utilizing the nationwide 988 crisis line a statewide crisis response system. 2) Transitioning the Indiana Community Mental Health Centers system to the federally supported Certified Community Behavioral Health Clinic (CCBHC) model. 3) Increasing public health services and interventions in criminal justice settings and establishing a Medicaid waiver to allow for federal reimbursement for services provided to incarcerated individuals. The commission also made specific recommendations for improving the recruitment, retention, and quality of the behavioral health workforce such as reducing barriers to licensing and providing tuition reimbursement programs. The report additionally addressed a number of miscellaneous recommendations such as the need to further explore the availability of youth services and discussed potential funding options for proposed systematic changes (Indiana Behavioral Health Commission, 2022). The full Behavioral Health Commission Report can be accessed at [INBHC Report](#).

COUNTY ADDICTION SERVICES ASSESSMENT

To build on the Indiana Behavioral Health Commission Report and to identify specific geographic regions with high addiction service needs and low addiction service resources, the Indiana SEOW developed a Community Addiction Services Assessment (CASA) to supplement existing workforce and service system enhancement efforts. The CASA was created to serve as an ecological framework for state agencies, ground-level policymakers, and ground-level practitioners to coordinate, evaluate, and enhance the accessibility and efficiency of the Indiana Addiction Services

System (IASS). The IASS can be defined as the statewide network of addiction resources, services, and programs used to assess, prevent, treat, manage, and/or reduce substance misuse and the associated public health consequences. The CASA is grounded in the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF). The SPF is a data-driven methodology for addressing macro substance misuse problems that utilize components of socio-ecological modeling to assess existing community resources, evaluate public policies, and implement interventions to address service system deficits. The framework is based on seven steps for evaluating and enhancing addiction service capacities, which include:

- (1) Assessment
- (2) Capacity
- (3) Planning
- (4) Implementation
- (5) Evaluation
- (6) Cultural Competence
- (7) Sustainability

SAMHSA, 2019

In adapting and applying the SPF to the IASS, the SEOW hopes to create a flexible, dynamic, rigorous, and compatible/communicable evaluation tool with high-level research and local community discussions.

The 1st iteration of the CASA was designed to assess statewide addiction service systems related to the Institute of Medicine's Continuum of Care, the Strategic Prevention Framework, and the U.S. Department of Health and Human Services' Overdose Prevention Strategy (USHDHHS, 2023; SAMHSA, 2019). To evaluate the IASS, nine Addiction Service Domains were selected for inclusion in the initial implementation of the CASA tool. The chosen domains consist of:

- 1) Assessment Services
- 2) Prevention Services
- 3) Treatment Services
- 4) Harm Reduction Services
- 5) Recovery Services
- 6) Crisis Services
- 7) Training & Technical Assistance Services
- 8) Supply Reduction Initiatives
- 9) Special Populations and Services
 - a. Criminal Justice Services
 - b. Youth Services
 - c. Telehealth Services
 - d. College/University Services

- e. Local Health Department Services
- f. Minority Populations

This report details the initial implementation of the CASA tool for the Treatment and Harm Reduction Domains. To assist in this assessment, the 2021 Indiana Statewide Behavioral Health Gap Analysis report was used to provide direction on geographic needs, capacity, and gaps in service.

TREATMENT DOMAIN

The 2023 CASA Treatment Domain comprises service categories of all the treatment resources, services, and programs listed in the state registry of substance misuse treatment programs. The state registry of substance misuse treatment resources can be found at [Indiana Treatment Resources](#). The selected categories include:

- 1) Inpatient Treatment Services
- 2) Outpatient Treatment Services
- 3) Residential Treatment Services
- 4) Medication-Assisted Treatment Services
- 5) Mental Health Centers
- 6) Certified Community Behavioral Health Clinics

Treatment services associated with the criminal justice system have been incorporated into the CASA Criminal Justice Domain and are not included in this assessment. Additional information on Community Mental Health Centers can be found at [Indiana Psychiatric Hospitals and Community Mental Health Centers](#). Additional information on Certified Community Behavioral Health Clinics can be found at [CCBHCs](#).

Figure 1: State Psychiatric Hospitals and Community Mental Health Centers



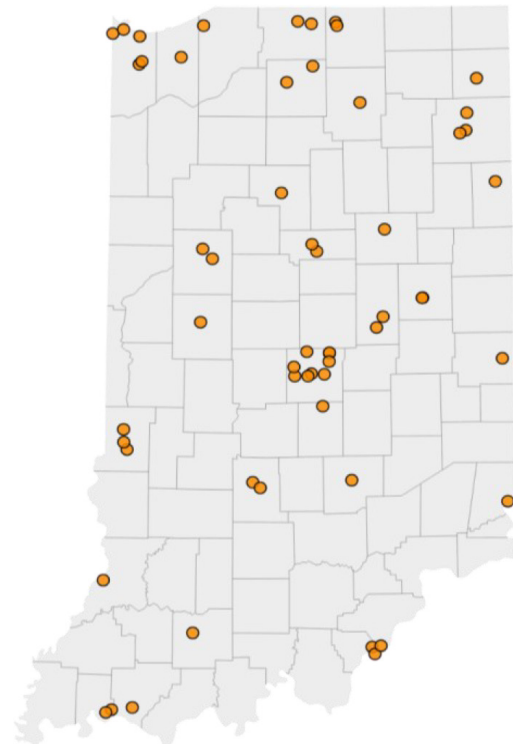
INPATIENT TREATMENT SERVICES

Indiana inpatient treatment programs provide 24-hour behavioral health and medical care for clients with severe addiction issues and/or co-occurring disorders. In-patient treatment services are delivered in a hospital setting and are considered high-intensity services. There are currently twenty-six in-patient facilities operating in Indiana. Currently, Marion, Lake, Allen, Vigo, and Clark counties have the greatest access to inpatient treatment services, with nine other counties having 2 facilities. Most counties do not have any inpatient treatment coverage, which suggests service gaps.

To determine the service gaps, data is needed on the demand/need for inpatient services by county and the current capacity to provide a coverage per population metric that can be compared to national, regional, and other state data. Establishing these data is needed for an IASS evaluation.

Data on average wait times for accessing inpatient treatment services is unavailable for Indiana residents. Establishing county-specific, in-patient service wait times is needed for an IASS evaluation.

Figure 2: Inpatient Treatment Services by County 2021



Source : DMHA.

Data was accessed from: https://www.in.gov/fssa/dmha/files/DMHA_Indiana-Behavioral-Health-Inpatient-Facilities.pdf

OUTPATIENT TREATMENT SERVICES

Outpatient treatment programs provide part-time services ranging from a few hours a week to more than twenty hours per week. These programs allow the client to live at home and continue work or attend school while receiving treatment. They are less intensive than in-patient programs and can be connected to medication-assisted treatment services. Currently, there are 233 CMHC outpatient treatment facilities in Indiana ((CHMC Outpatient Treatment Facilities)), with the larger population areas having the most coverage. Marion, Allen, Lake, Madison, and Vanderburgh counties have the most significant access to outpatient treatment services. Many counties have little to no outpatient treatment coverage, which suggests service gaps. To determine the service gaps, data is needed on the demand/need for outpatient services by county and the current capacity to provide a coverage per population metric that can be compared to national, regional, and other state data. Establishing these data is needed for an IASS evaluation. Based on the Youth map, only three counties offer youth outpatient services. This suggests a large youth service gap, and expanding information on those services would be an IASS need. Currently, data on average wait times for outpatient treatment services is unavailable for Indiana residents. Establishing county-specific outpatient service wait times is an IASS evaluation need. The below maps also include the CMHCs for their respective regions.

Figure 3: CMHC Outpatient Treatment Services by COUNTY & POPULATION SERVED

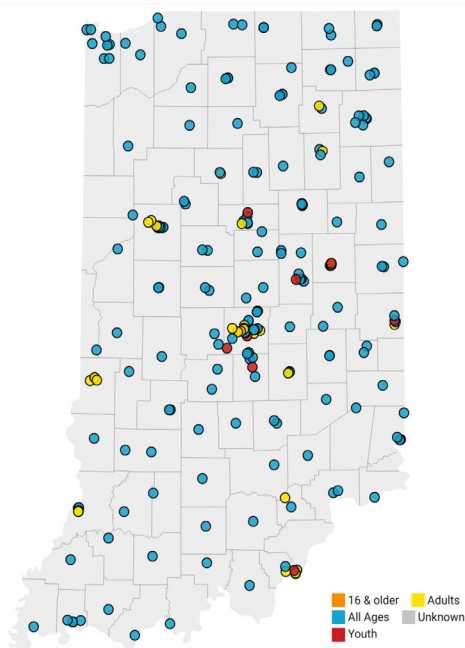


Figure 4: CHMCs Serving All Ages

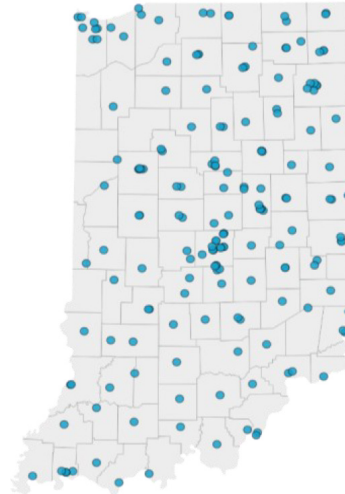
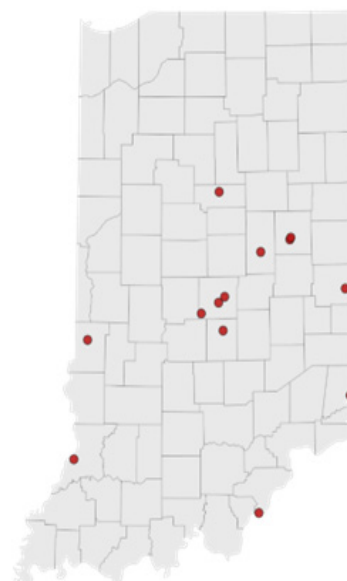


Figure 5: CHMCs Serving Adult Populations



Figure 6: CHMCs Serving Youth



CHMCs Serving Ages 16 and Older



Source : DMHA. Data was accessed from:

https://www.in.gov/fssa/dmha/files/CMHC_Outpatient_Mental_Health_Service_Locations.pdf

**Note: Marion County has 1 clinic for ages 16 & older

MEDICATION-ASSISTED TREATMENT SERVICES

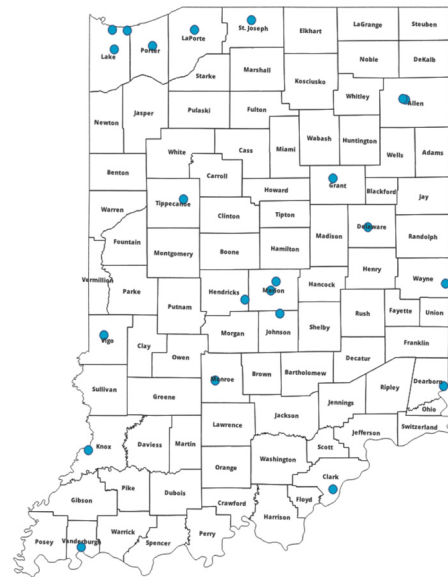
Medication-assisted treatment (MAT) programs provide medicinal interventions such as Methadone in combination with counseling and behavioral therapy to address opioid use disorders. Currently, 22 MAT facilities are operating in 18 counties in Indiana, and a total of 14,397 unique patients received treatment in OTPs within Indiana in 2022 (Indiana Family and Social Services Administration, 2023). There are no MAT programs in many counties, which suggests service gaps.

To determine the service gaps, data is needed on the demand/need for MAT services by county and the current capacity to provide a coverage per population metric that can be compared to national, regional, and other state data. Establishing these data is an IASS evaluation need.

Data is also needed to determine the success of the MAT services. If successful, they should be expanded to other counties. This is an IASS evaluation need.

Data on average wait times for enrolling in MAT services is not currently available for Indiana residents. Establishing county-specific MAT service wait times is an IASS evaluation need.

Figure 8: Medication-Assisted Treatment Services by Location



Source: DMHA. Data was accessed from: [INDIANA OPIOID TREATMENT PROGRAMS](https://www.in.gov/fssa/dmha/files/INDIANA_OPIOID_TREATMENT_PROGRAMS)

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

Certified Community Behavioral Health Clinics (CCBHC) are specialized, community-integrated, holistic outpatient programs that provide comprehensive mental health and substance use services. CCBHCs serve all clients regardless of diagnosis or insurance status and are required to provide a comprehensive range of mental health and substance use services to comply with SAMHSA's CCBHC criteria. Indiana has been selected as one of ten states to participate in the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program, as announced by the U.S. Department of Health and Human Services. The Indiana Family and Social Services Administration (FSSA) is spearheading this initiative to enhance access to quality behavioral health care across the state. The demonstration program is supported by a 2023 Senate Enrolled Act 1, which provided Indiana DMHA with a \$100 million split between, inclusive of eight CCBHC Demonstration Pilot Sites that have been chosen to meet the program's criteria and are set to begin offering services by early 2025. These clinics will provide comprehensive mental health and addiction services to all individuals, regardless of diagnosis, insurance status, or residence, ensuring high-quality care and 24/7 crisis response. This program is the result of collaborative efforts among government branches, advocacy groups, and health providers towards improving Indiana's mental health care system.

Required CCBHC Services:

- Crisis Services
- Treatment Planning
- Screening, Assessment, Diagnosis & Risk Assessment
- Outpatient Mental Health & Substance Use Services
- Targeted Case Management
- Outpatient Primary Care Screening and Monitoring
- Community-Based Mental Health Care for Veterans
- Peer, Family Support & Counselor Services
- Psychiatric Rehabilitation Service

Additional CCHBC Requirements.

- Ensures access to high-quality behavioral health care, including 24/7 crisis response.
- Is required to provide routine outpatient care within 10 business days.
- Meets strict criteria regarding access, quality reporting, staffing, and coordination with social services, justice, and education systems.
- Receives funding to support the real costs of expanding comprehensive services to fully meet the need for care in communities.

Table 1: Indiana Plit Clinics

Pilot Site	Service Area	Website
Adult and Child Mental Health Center, Inc.	Marion, Johnson	https://adultandchild.org/
Centerstone of Indiana, Inc	Owen, Morgan, Monroe, Lawrence, Brown, Jackson, Bartholomew, Jennings, Jefferson, Decatur, Rush, Fayette, Union, Wayne, Randolph	https://centerstone.org/
Four County Comprehensive Mental Health Center d/b/a 4C Health	Pulaski, Fulton, White, Cass, Miami, Howard, Tipton	https://www.4chealthin.org/
Grant Blackford Mental Health, Inc. d/b/a Radiant Health Services	Grant, Blackford	https://getradiant.org/
Hamilton Center, Inc.	Vermillion, Parke, Putnam, Clay, Vigo, Sullivan, Greene, Owen	https://www.hamiltoncenter.org/
The Health & Hospital Corporation of Marion County d/b/a Sandra Eskenazi Mental Health Center	Marion	https://www.eskenazihealth.edu/
Oaklawn Psychiatric Center, Inc.	St. Joseph, Elkhart	https://oaklawn.org/
Southwestern Behavioral Healthcare, Inc.	Gibson, Posey, Vanderburgh, Warrick	https://www.southwestern.org/

[Indiana Accepted into the Certified Community Behavioral Health Clinic Medicaid Demonstration CCBHC Indiana Demonstration Pilot Sites Overview](#)

HARM REDUCTION DOMAIN

The 2023 CASA Harm Reduction Domain is composed of three service categories that consist of all the harm reduction resources, services, and programs listed in the Indiana Family and Social Services Administration’s registry of harm reduction programs (IDOH, 2023). These categories include:

- 1) Harm Reduction Street Outreach Teams (HRSO)
- 2) Syringe & Non-Syringe Service Programs (SSP/N-SSP)
- 3) Naloxone Distribution Outlets (NDO)

A full list of Indiana syringe and non-syringe service programs can be found at [Indiana SSP & N-SSP Services](#). Additional information on Naloxone Distribution Outlets can be found at [Overdose Lifeline](#). Indiana’s registry of harm reduction programs can be found at [Indiana Harm Reduction Services](#).

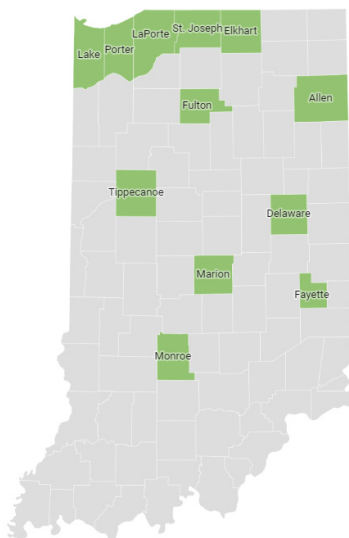
HARM REDUCTION STREET OUTREACH TEAM PILOT PROGRAM (2021-2023)

Harm Reduction Street Outreach Teams (HRSO) are currently pilot projects that are comprised of one supervisor and two outreach workers. HRSO teams provide harm reduction supplies and resources to their communities and work ten hours per week, including street outreach, harm reduction kit making and distribution, supervision, data collection, and dedicated paid time for self-care. The HRSO pilot project spanned 24-months from November 2021-October 2023, with street outreach beginning in January 2022. Currently, there are ten HRSO teams, with coverage in the northern and central parts of the state.

1. The Artistic Recovery; Lake, Porter, LaPorte
2. Recovery Café Fulton County (We Bloom, Inc.)
3. Recovery Café Indy (We Bloom, Inc.); Marion County
4. The Never Alone Project; Marion County
5. Fayette County Connection Café
6. Open Door Health Services and Addictions Coalition of Delaware County
7. Gateway to Hope and Meridian Health Services, Tippecanoe County
8. Indiana Recovery Alliance; Monroe County
9. Project ME FW, Inc.; Allen County
10. AIDS Ministries/AIDS Assist of North Indiana; Elkhart & St. Joseph Counties

Evaluation data for the HRSO teams is currently being compiled by the Indiana Department of Health.

Figure 9: Counties with Harm Reduction Street Outreach Teams (HRSO)



Source: Data accessed from:

[Gov. Holcomb announces \\$1.7 million investment in harm reduction teams to curb drug epidemic - State of Indiana](#)

SYRINGE & NON-SYRINGE SERVICE PROGRAMS

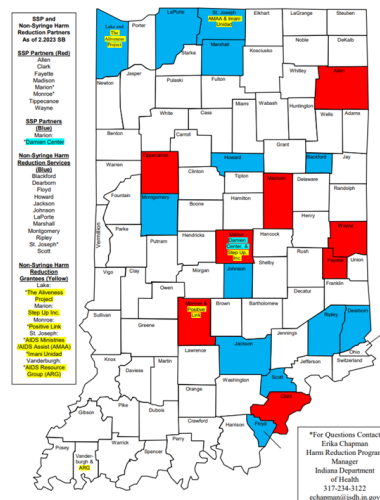
Syringe service programs (SSP) are evidence-based public health interventions that reduce the spread of infectious diseases, expand access to treatment, and provide medical care and health resources such as clean syringes, vaccinations, wound care, and referral services to high-risk populations. Non-syringe service programs (N-SSP) provide the same resources, except clean syringes. N-SSPs are legal to operate across Indiana without limitations. SSPs require the approval of the county health officer and either the local county commissioners or the local city council.

As of February 2023, eight counties in Indiana have an SSP, and thirteen counties that have an N-SSP. Evaluation data for both programs are available upon request from the Indiana Department of Health. The most recent external evaluation for Indiana SSPs was conducted by the Ball State Center for Substance Use Research and Community Initiatives in March of 2023. Results for that evaluation can be found at the [SURCI SSP Report](#).

In terms of geographic distribution, both SSPs and N-SSPs have limited implementation. SSPs are in 9% of counties (8/92) despite Indiana consistently ranking among the top 10 states for hepatitis-C infections in the United States. In comparison, N-SSPs are in 11% of Indiana counties.

Some counties in Indiana with high Hepatitis-C acute or chronic infections are not covered by either the SSP or N-SSP programs. If evaluations for the programs are positive, consideration should be given to expanding the programs into these counties. Additional information on Indiana syringe service programs can be found at [Indiana SSPs](#).

Figure 10: SSP and Non-Syringe Harm Reduction Partners (Updated 2023)



Source: Data accessed from:

<https://www.in.gov/health/hiv-std-viral-hepatitis/files/MAP.2023.02.22.pdf>

NALOXONE DISTRIBUTION OUTLETS

Naloxone, also called Narcan, is an opioid antagonist that reverses the effects of an opioid overdose and is a primary public health tool for combatting the ongoing opioid epidemic. Currently, Naloxone is available without a prescription in most pharmacies and is also offered for free as a lifesaving measure in communities across Indiana through a state partnership with Overdose Lifeline. The Indiana Department of Health (IDOH) was also awarded a grant from the Substance Abuse and Mental Health Services Administration in 2017 and 2021 to provide naloxone education and doses of intranasal naloxone to rural first responders in Indiana. First responders are defined as professional and volunteer firefighters, law enforcement officers, paramedics, emergency medical technicians, or other legally organized and recognized volunteer organizations that respond to adverse opioid-related incidents. Free community distribution points for Naloxone consist of anonymous drop boxes located in need high-need areas and vending machines located in participating hospitals, churches, police stations, and jails. Currently, there are 199 Naloxboxes in Indiana, in 22 counties with access to them being primarily in Central

Indiana, especially Marion County. Most counties do not have any Naloxone treatment coverage, which suggests service gaps in northern and southern counties. These Naloxboxes are supplied by 29 distribution centers in Indiana, with coverage throughout the state. There is better coverage in the state with NaloxBox + Fentanyl Test Strips, as there are 82 of them, covering 34 counties. There are 6 NaloxBox + Fentanyl Test Strips (FTS) distribution centers in Indiana, with coverage mainly in Central Indiana.

There are 14 Naloxone Vending Machines in 12 counties in Indiana. They are mainly in the larger cities, except for Ft. Wayne, and in university towns. If not available, evaluation data could be used to determine the volume of these vending machines and if they are helping.

Evaluation data pertaining to the impact of Naloxone on Indiana communities is available upon request from the Indiana Department of Health or Overdose Lifeline.

Figure 11: All Indiana Naloxone, Naloxbox, Vending Machines, Fentanyl Test Strips, and Distribution Centers (All 331 Locations)

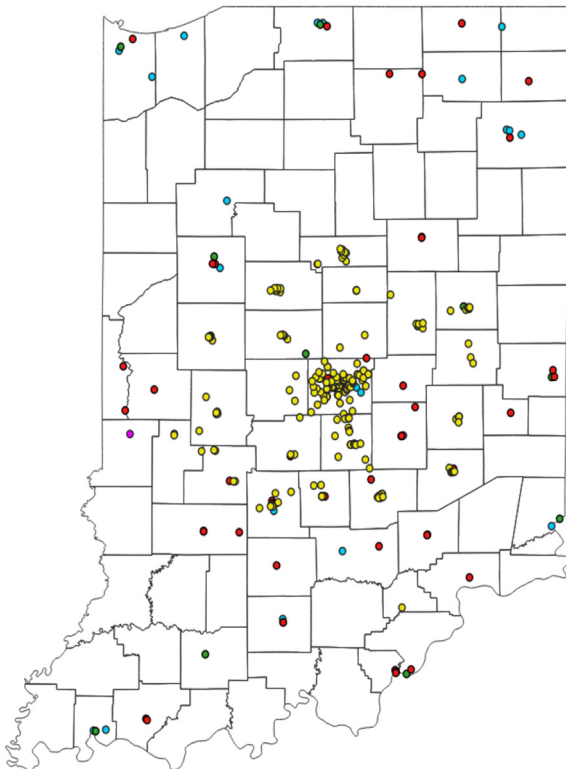


Figure 12: Indiana NaloxBox (199 Locations)

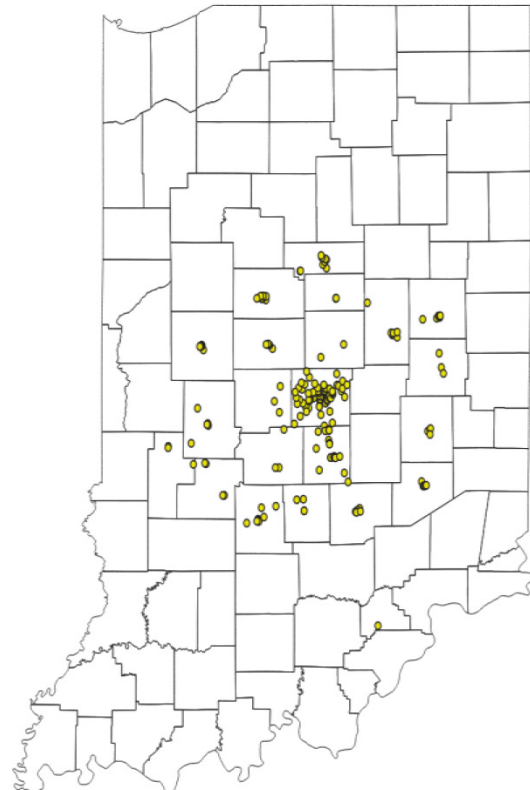


Figure 13: Indiana NaloxBox + FTS (82 Locations)

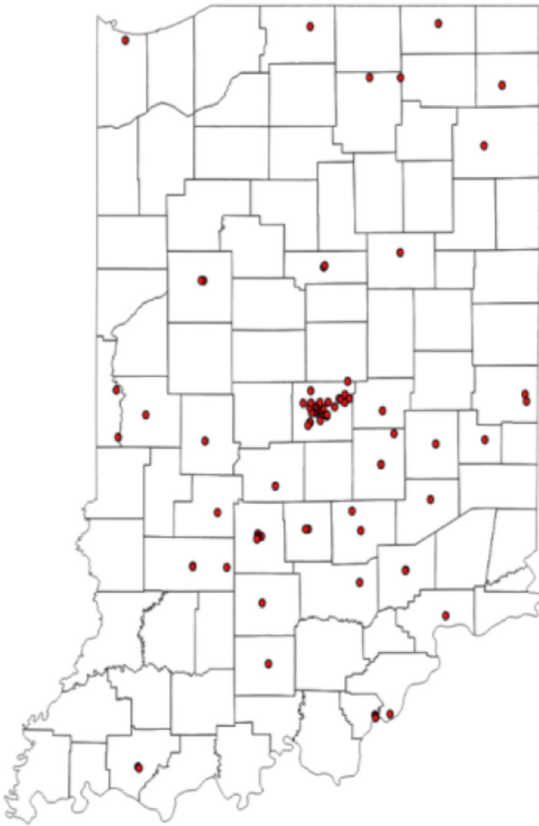


Figure 14: Naloxone Vending Machines (15 Locations)

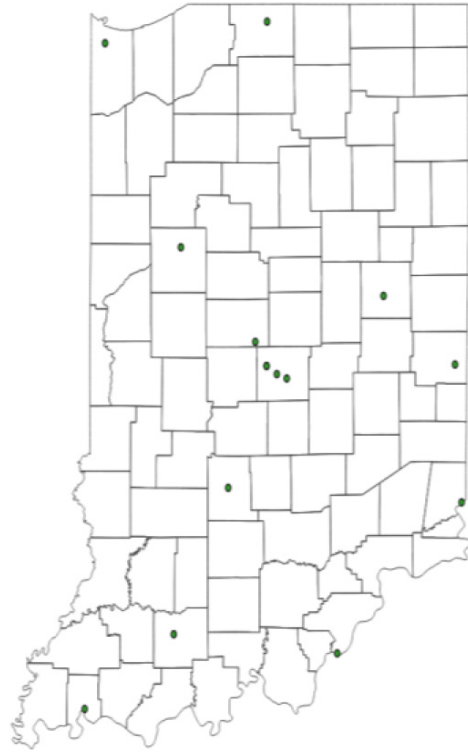


Figure 15: Indiana NaloxBox Distribution Centers (29 Locations)

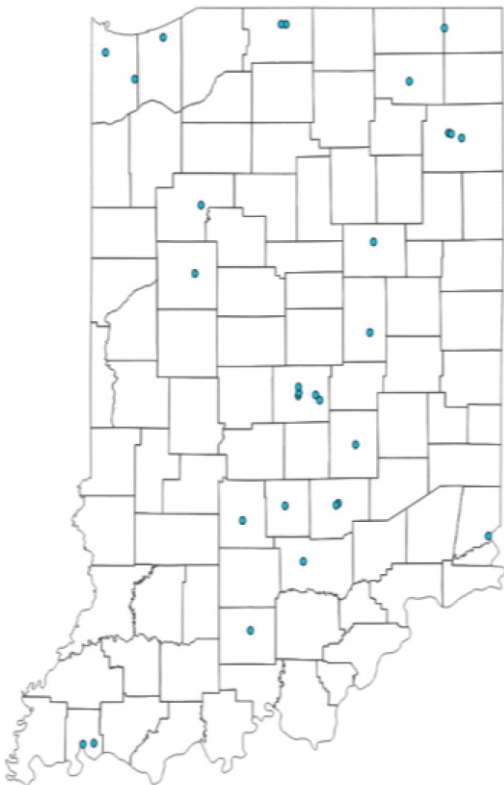
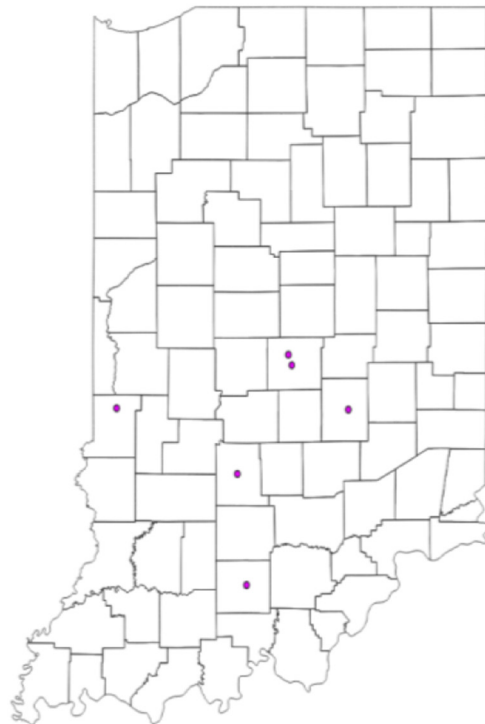


Figure 16: Indiana NaloxBox Distribution Centers + FTS (6 locations)



Source: <https://www.overdoselifeline.org/naloxone-indiana-distribution/>

DISCUSSION & RECOMMENDATIONS

Treatment Services:

1. With only 26 facilities, inpatient treatment services appear they could be expanded, but enhanced data are needed to determine the need/capacity gap and optimum locations.
2. There are more outpatient treatment services facilities, however, need and capacity data are needed to determine geographic service gap locations.
3. Youth outpatient treatment services should be expanded across Indiana, especially in larger cities.
4. If ongoing evaluation efforts show positive results, expand MAT services to high-need counties, depending on funding.
5. In not currently available, incorporate external community assessments into evaluations of inpatient and outpatient treatment services.
6. To address the identified service gaps effectively, it is recommended to synthesize data on both the demand/need for inpatient services by county and the current capacity to provide coverage per population. This synthesis will facilitate a comprehensive evaluation of service provision, enabling comparisons with national, regional, and other state data, thereby informing strategies to enhance accessibility and address disparities in inpatient treatment services across counties.
7. To address the identified service gaps in MAT programs across counties, it is recommended that an evaluation be conducted by gathering data on demand for MAT services, current capacity, and success metrics. The aim is to inform expansion efforts and address community needs, thereby fulfilling the IASS's evaluation needs.
8. Data on the average service wait times for accessing CCBHCs needs to be collected.

Harm Reduction Services

1. If ongoing evaluation efforts show positive results, HRSO teams should be expanded statewide as part of a broader increase in public health interventions to address substance misuse, within the scope of funding.
2. SSPs and N-SSPs should be expanded, depending on funding, across Indiana and mandated particularly for counties with acute Hep-C or new HIV rates that exceed the State median rates.

Naloxone Distribution Outlets

Expanding access to inpatient treatment coverage in northern and southern counties of Indiana, evaluating the effectiveness and demand for Naloxone Vending Machines in diverse locations, and leveraging data from distribution

centers to optimize the deployment of NaloxBoxes and NaloxBox + FTS units statewide, are recommended strategies to address service gaps and improve access to life-saving resources for residents.

LIMITATIONS

The results of this assessment contain several methodological limitations. First, because this is the initial implementation of the CASA for the Treatment and Harm Reduction Domains, it is possible that the assessment is potentially missing applicable statewide treatment or harm reduction services that demonstrate a wider availability of resources than is described in this report. Additionally, a more in-depth analysis of evaluation measures for the treatment and harm reduction domains could show an increase or decrease in service availability that enhances or limits the productivity/accessibility of services for communities regardless of the geographic location of the programs. These limitations will be addressed in future iterations of the CASA.



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