

INDIANA COMMISSION TO COMBAT SUBSTANCE USE DISORDER

November 13, 2025

MINUTES

The Indiana Commission to Combat Substance Use Disorder met on November 13, 2025, at 10:00 a.m. EST in Indiana Government Center South, Conference Room C.

Present: Chairman Douglas Huntsinger; Indiana State Rep. Mike Andrade, Mr. Lloyd Arnold (Commissioner of the Indiana Department of Correction); Ms. Bernice Corley (Executive Director of the Indiana Public Defender Council); Mr. Dan Evans; Indiana State Sen. J.D. Ford, Shelby Thomas (representing the Indiana Criminal Justice Institute); Mr. Nicolas Hart (representing the Indiana Professional Licensing Agency); Ms. Rebekah Frazer (representing the Indiana Department of Education); Indiana State Rep. Cindy Ledbetter; Mr. Chris Naylor (Executive Director of the Indiana Prosecuting Attorneys Council); Mr. Michael McQuillen (representing the Indiana Housing and Community Development Authority); Mr. Cory Voight (representing the Office of the Attorney General); Mr. Mitch Roob (Secretary of the Indiana Family and Social Services Administration); Supt. Anthony Scott (Superintendent of the Indiana State Police); Mr. Jon Ferguson (representing the Indiana Department of Health)

Call to Order & Consideration of Minutes

Chairman Douglas Huntsinger

Chairman Huntsinger calls the meeting to order at 10:01 a.m. Chairman Huntsinger asks for a motion to approve the minutes for the November 14, 2024, meeting. Mr. Michael McQuillen moves to approve the minutes as presented. Ms. Bernice Corley seconds. Minutes are approved unanimously.

Chairman Huntsinger shares that the Governor's Office entered into a Memorandum of Understanding (MOU) in July 2025 with the Indiana Criminal Justice Institute (ICJI) to continue leading multi-agency coordination on the state's drug epidemic response. Focus areas of the MOU include interagency planning, local collaboration, guidance on opioid settlement fund use, and ensuring local compliance with settlement terms.

Chairman Huntsinger provides a brief overview of the National Opioid Settlements. Indiana has secured approximately \$1 billion dollars in settlements with multiple opioid distributors, manufacturers, and marketers. These are separate settlements, each with their own payment schedule, terms, and compliance requirements. Payments span an 18-year period from 2022 through 2038. This figure does not include the Purdue Pharma settlement, which is expected to provide roughly one hundred million dollars to Indiana over fifteen years. Many settlement payments are front-loaded, and the state anticipates smaller distributions in later years.

The statutory distribution formula allocates 50% of funds to the state and 50% to local units of government. Of the state's portion, 35% is restricted abatement funding automatically appropriated to the Family and Social Services Administration (FSSA), and 15% is unrestricted funding appropriated by the legislature. Of the local share, 35% is restricted for abatement uses and 15% is unrestricted and may be used at the community's discretion.

Indiana Opioid Settlement Report: Local Funds

**Shelby Thomas,
Director of Substance Use Policy,
Indiana Criminal Justice Institute**

Ms. Shelby Thomas provides an update on opioid settlement funds received by Indiana's 648 local units of government. She explains that Indiana Code 4-6-15 includes a provision requiring a city or town's restricted distributions below \$5,000 per year to be rolled up to the county level. She also outlines the statutory definitions of allowable uses for restricted abatement funds and emphasizes the importance of Exhibit E as a guiding document for both state and local decisions. Local unrestricted funds are not bound by these requirements, although many communities voluntarily align all expenditures with abatement goals.

Spending decisions are made by local governing bodies such as city councils, county commissioners, or designated boards. The state encourages communities to establish local advisory councils or rely on existing groups such as local justice reinvestment advisory councils, local coordinating councils, or health departments to help assess needs and guide investments.

For the current reporting cycle, the state received submissions from 630 of 648 localities. The 18 non-reporting localities are very small communities with volunteer staff. Of the reporting entities, 27% have never received restricted funds to date due to low annual allocations under the \$5,000 threshold; 23% reported spending restricted funds during the fiscal year, while 47% received restricted funds but did not spend them during that period. Ms. Thomas notes that many communities are intentionally saving their funds to support larger future initiatives.

Ms. Thomas explains that the state does not currently have statutory authority to enforce local compliance with Exhibit E, but it is working with the Attorney General's Office and the State Board of Accounts to identify reasonable approaches. The current strategy focuses on education, technical assistance, and partnerships with statewide organizations to help localities understand how to spend funds appropriately.

Commission members ask questions about the roll-up of funds, the differences between restricted and unrestricted expenditures, and the very small distributions received by some municipalities. Ms. Thomas and staff commit to providing additional expenditure totals and clarify that unrestricted funds are distributed to all localities regardless of size.

Montgomery County Opioid Settlement Process

**Diamond Justus, Coalition Director,
Drug Free Montgomery County;
Karen Branch, Executive Director,
Montgomery County Youth Services Bureau**

Ms. Diamond Justus and Ms. Karen Branch present Montgomery County's collaborative model for administering opioid settlement funds. The Youth Service Bureau oversees the Local Coordinating Council (LCC), which absorbed the Drug-Free Coalition and now coordinates both community programs and the county's restricted and unrestricted opioid settlement allocations.

A specialized Opioid Funds Leadership Team was established in 2022 and was formally authorized by the County Commissioners to develop the county's spending approach. The group conducted a community needs assessment using Exhibit E and met with local town boards to ensure transparency and participation. Montgomery County created an annual mini-grant program, awarding funds to organizations that address priority areas such as prevention, intervention, treatment, recovery, law enforcement support, and harm reduction. Grants are competitively reviewed, approved by the Commissioners, and accompanied by mandatory reporting and participation requirements.

Montgomery County successfully expended 100% of its restricted funds in each grant cycle to date. Funded projects have included peer recovery services, treatment supports, emergency needs, hygiene kits, DARE and school resource officer training, navigation services, and youth prevention programs. Unrestricted funds have been used for grant match opportunities and contractual services, including full funding of the coalition director position.

Montgomery County has begun assisting neighboring counties, including Boone County, in setting up similar structures to distribute their opioid settlement funds effectively.

Commissioners discuss barriers to medication-assisted treatment (MAT) in the county jail and local hospital, challenges in rural mental health and transportation, and the need for improved provider capacity. Ms. Justus and Ms. Branch describe ongoing efforts to strengthen hospital partnerships, expand peer services, and improve maternal health supports.

Indiana Opioid Settlement Report: State Funds

**Kelly Welker, Director of
Addiction, Prevention, and Recovery
Services, Division of Mental Health and
Addiction, Indiana Family and Social
Services Administration**

Ms. Kelly Welker reviews the state's spending plan for State Fiscal Years 2024 and 2025. The plan was developed by FSSA's Division of Mental Health and Addiction (DMHA) through consultation with partner agencies and approved by the State Budget Committee.

Ms. Welker outlines several major Memorandums of Understanding (MOU) with partner agencies, including the Office of Judicial Administration, Indiana Housing and Community Development Authority, Indiana Department of Health, and Indiana Department of Correction. These agreements support initiatives such as staffing, technical assistance for local justice reinvestment advisory councils, housing supports, Hepatitis C testing and treatment, and MAT expansion in correctional settings.

Additional restricted-fund projects include expansion of certified peer support professionals, local match grants for transportation and prevention programs, capital support for recovery residences, and investments in evidence-based prevention and treatment programs. The majority of restricted funds were spent on treatment and recovery services, followed by prevention activities and technical support functions.

DMHA receives \$9.1 million annually in unrestricted settlement dollars. These funds support community mental health center treatment, peer workforce development, recovery hubs, and transportation services offered through Indiana 211 and regional recovery organizations. In SFY 2025, more than 14,000 transportation rides were provided to help individuals access treatment and recovery services.

An additional \$5 million annually supports jail-based substance use treatment, the statewide treatment locator, peer workforce expansion, and employer-focused recovery initiatives.

Members request county-specific transportation data. DMHA commits to providing this information. A broader discussion follows regarding MAT availability statewide, Medicaid spending on SUD treatment, and opportunities for improved school-based prevention and early intervention programs.

Future of State Opioid Settlement Funds

**Sarah Sailors, Director,
Division of Mental Health and Addiction,
Indiana Family and Social Services Administration**

Ms. Sarah Sailors presents an overview of proposed priorities for the next statewide spending plan. With infrastructure investments now in place, DMHA intends to shift its focus to children and youth affected by parental substance use disorder. Goals include reducing youth substance use, improving mental health and academic outcomes, decreasing justice-system involvement, and lowering youth suicide rates. DMHA is seeking input from stakeholders before submitting the plan to the State Budget Agency in 2026.

A commission member raises interest in future collaborations related to school-based screening and prevention legislation. DMHA staff express willingness to continue conversations.

Local Coordinating Councils Report

**Shelby Thomas,
Director of Substance Use Policy,
Indiana Criminal Justice Institute**

Ms. Shelby Thomas provides the statutory quarterly update on Local Coordinating Councils (LCCs). Indiana has 89 active LCCs utilizing a combined \$5.2 million in drug-free community funds. Each LCC must submit an annual comprehensive community plan outlining needs, goals, and intended spending across prevention, treatment, and justice services. Funding is distributed relatively evenly among these categories, with administrative costs representing the remainder.

Ms. Thomas reports that ICJI is working to streamline reporting requirements, strengthen data sharing, and increase technical assistance. A new webinar series and regional discussions are being launched to help reduce administrative burden and improve collaboration across counties. Challenges noted include fluctuating funding, volunteer capacity, and community awareness of the LCC's role.

Chairman's Comments

Chairman Douglas Huntsinger

The meeting adjourns at 11:10 a.m.