

Indiana Recovery Council Recovery and Wellness Consumer Survey 2020

A Collaboration of:



**Division of
Mental Health
and Addiction**



**INDIANA
RECOVERY
COUNCIL**

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Background:

The Division of Mental Health and Addiction (DMHA) in partnership with the Indiana Recovery Council (IRC) conducted a statewide survey targeting people living with mental health and substance use disorders and their family members living within Indiana. The intent of this survey was to identify from these individuals directly any barriers they experience when attempting to access treatment and recovery support services in Indiana.

Key Partners:

Indiana Recovery Council

The Indiana Recovery Council is comprised of 16 individuals that support the goal of a recovery-oriented, person-centered service delivery system in Indiana. Established in 2004, the IRC acts in an advisory capacity to the DMHA and the DMHA Mental Health & Addiction Planning & Advisory Council (to matters pertaining to Indiana residents affected by mental health and addiction issues).

Division of Mental Health and Addiction

The Division of Mental Health and Addiction sets care standards for the provision of mental health and addiction services to Hoosiers. DMHA is committed to ensuring that clients have access to quality services that promote individual, family and community resiliency and recovery.

DMHA vision: An unyielding focus on promoting and supporting the mental health and wellness of the people of Indiana.

DMHA mission: To champion mental health promotion and substance use disorder prevention, treatment and recovery systems that are high quality, seamlessly integrated and accessible to the people and communities of Indiana.

SAMHSA Recovery Dimensions

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified recovery as follows: *'Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:'*

- **Health**—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- **Home**—having a stable and safe place to live.
- **Purpose**—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- **Community**—having relationships and social networks that provide support, friendship, love, and hope.

DMHA is committed to ensuring that clients have access to quality services that promote individual, family and community resiliency and recovery. In partnership with the IRC this survey was designed to determine the barriers experienced by people in Indiana who have or are attempting to access treatment and recovery support services. The survey focused on SAMHSA's dimensions of recovery as a guiding definition for respondents to identify as missing or not from their daily lives.

Methodology

Survey Design and Distribution

The Indiana Recovery Council began development of the survey in 2019 in an attempt to capture the barriers that people in recovery/mental health wellness experience in their recovery and wellness. The survey design was halted during the Stigma Never Helps campaign during 2019/2020. In 2020 DMHA added the SAMHSA dimensions of recovery to identify themes and gaps or barriers that people in recovery and wellness were experiencing. The hopes in designing the survey were to be able to identify the needs of specific groups within the recovery/mental wellness population by age, race, gender identity, recovery pathway and length of recovery/wellness.

The survey was created by DMHA in Survey Monkey and consisted of 16 questions (plus an optional contact me question) including multiple choice, demographic questions and open-ended questions. The survey was distributed via a Survey Monkey link which was sent to community and grassroots organization stakeholders across Indiana. Organizations participating in the distribution of the survey include:

- NAMI Indiana State and Local Affiliates (14+)
- Mental Health America of Indiana and MHA Affiliate partners (5+)
- Indiana Recovery Network and Regional Recovery Community Organizations (16+)
- Key Consumer Organization
- Indiana Recovery Council Partners (Fairbanks, Chamber of Commerce, United Way etc.) (8+)
- DMHA Recovery Stakeholders and Statewide Partners (50+)

The survey was open for 4 weeks from July 24, 2020 – August 20, 2020 and it should be noted that the survey was administered approximately 6 months after the World Health Organization declared COVID 19 a global health emergency. A total of 199 People with mental health and addiction or family member direct lived experience completed the survey. This is the first survey the Indiana Recovery Council has administered online.

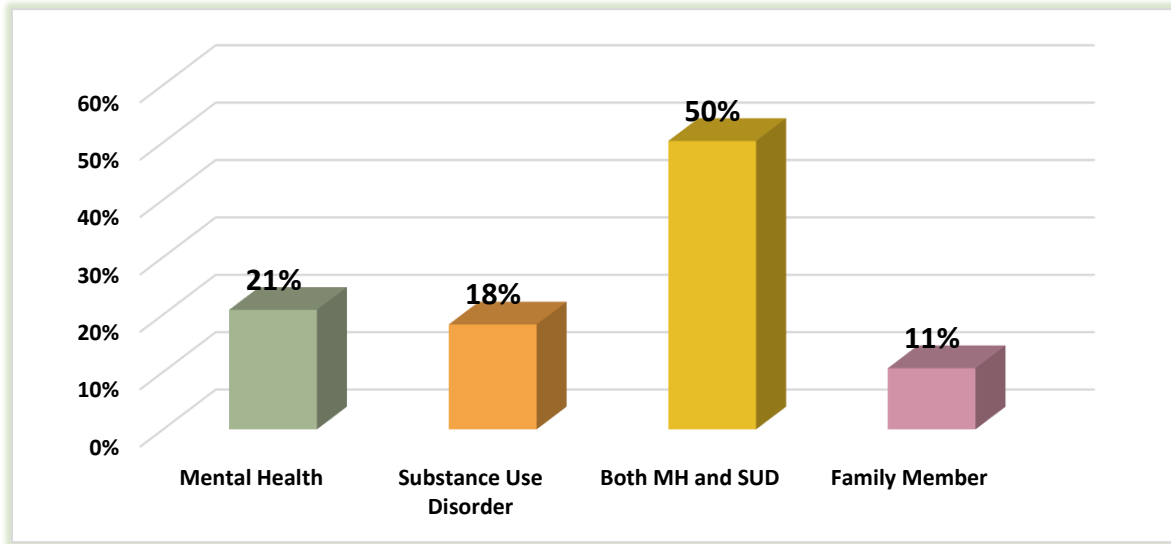
Summary

Key observations from this survey are highlighted below. It is recognized that this group of 199 responders is not representative of all individuals in recovery/wellness (sample size of 384 is needed to reach a 95% confidence level with 5% margin of error) and may only apply to this group and cannot be generalized to the greater wellness/recovery population in Indiana.

- Purpose was the most chosen response for missing dimensions of recovery across all lived experience categories
- Availability/Access and Cost/Insurance were the two most chosen responses for barriers respondents faced to get treatment
- Respondents who identified as having SUD lived experience chose transportation as the biggest barrier faced to get treatment
- Respondents in early recovery, 0-12 months identified Access/Availability as the biggest barrier faced to get treatment
- Older adults, 55+, identified Cost/Insurance as the biggest barrier faced to get treatment
- Respondents who identified as having MH or Co-occurring lived experience chose Cost/Insurance as the biggest barrier faced to get treatment/services
- Respondents overwhelmingly responded that they experienced discrimination due to their lived experience

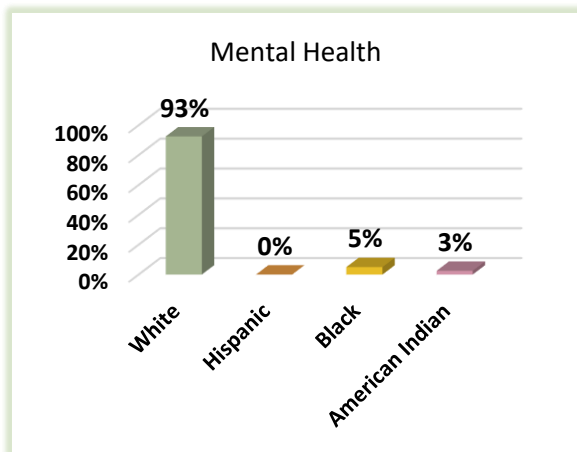
Demographics

Lived Experience

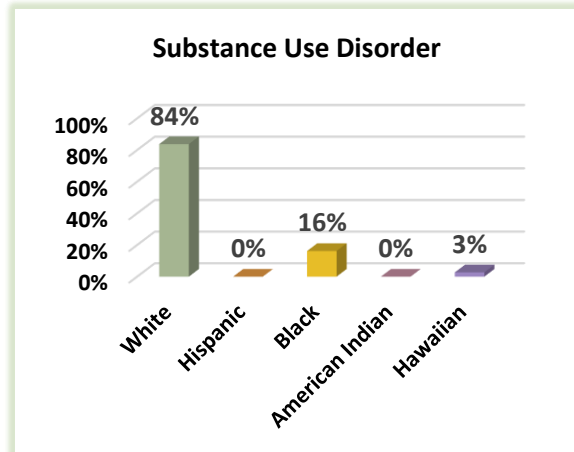


(N = 197)

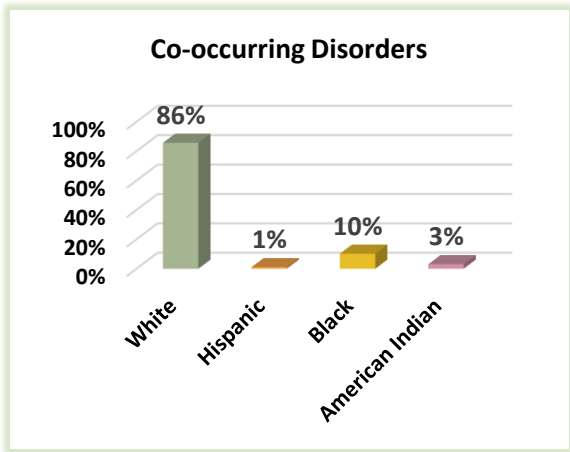
Lived Experience Breakout by Race



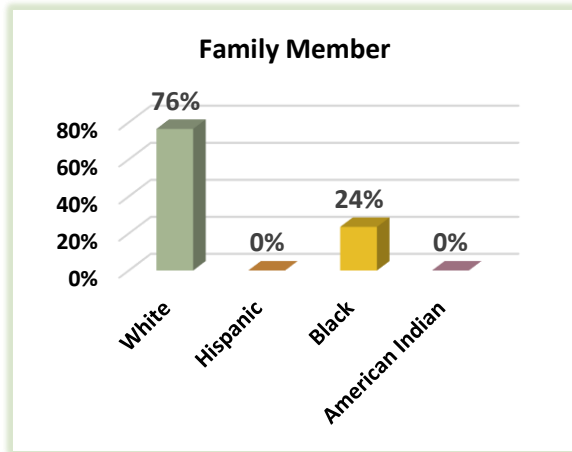
(N = 40)



(N = 38)

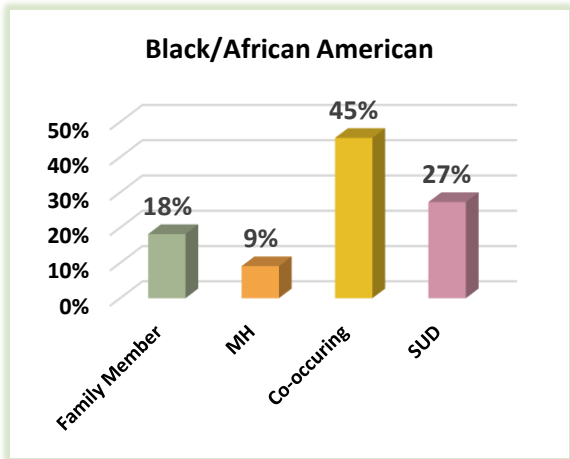


(N = 98)

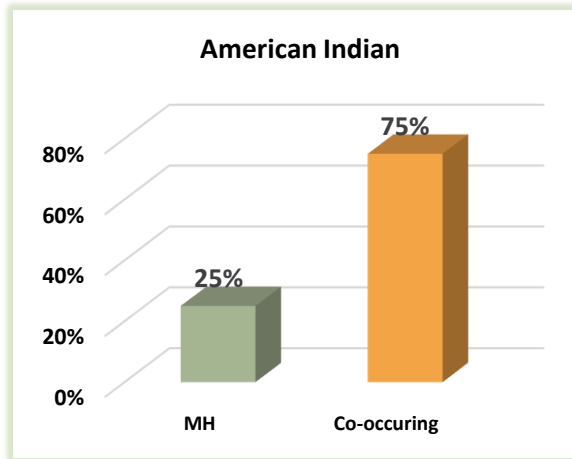


(N = 17)

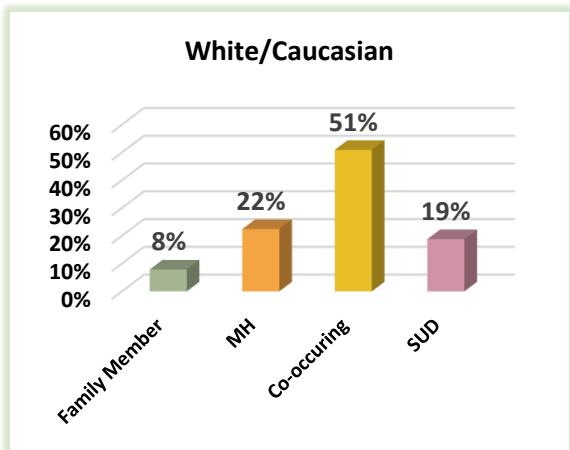
Race Breakout by Lived Experience



(N = 22)

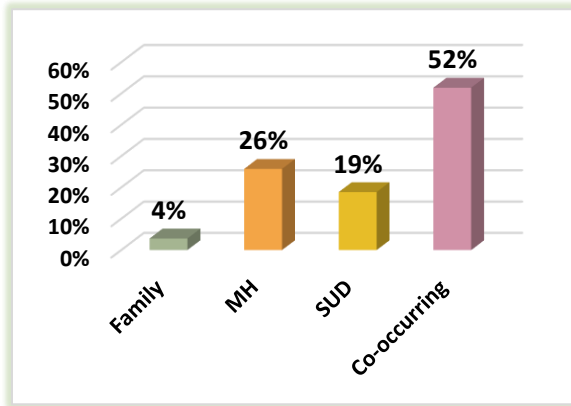


(N = 4)



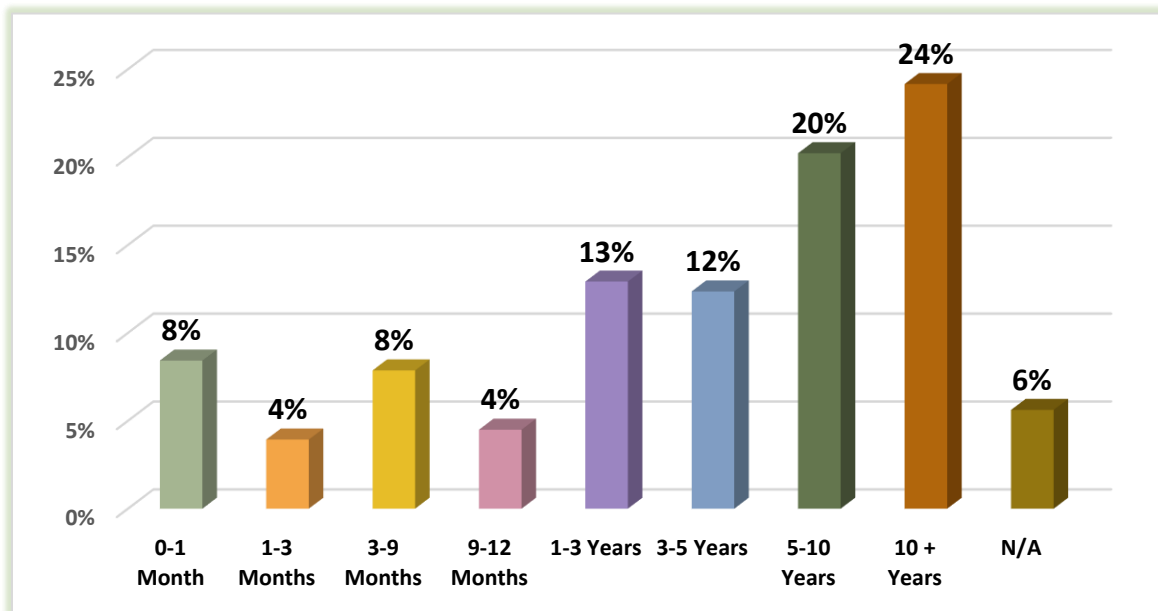
(N = 165)

LGBTQ Breakout by Lived Experience



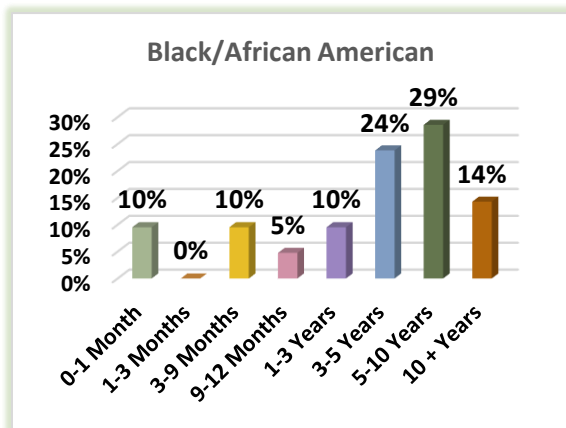
(N = 27)

Length of Maintained Wellness/Recovery

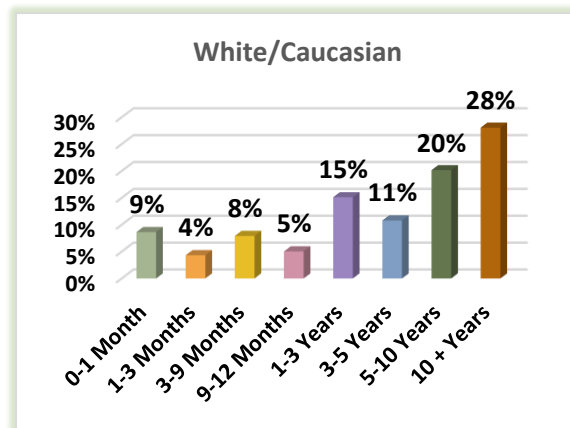


(N = 178)

Length of Recovery Breakout by Race

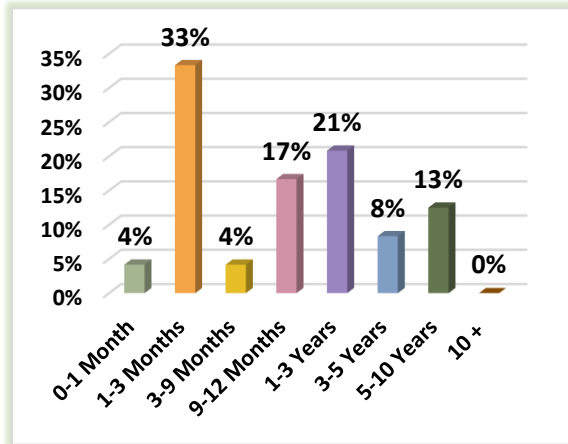


(N = 21)



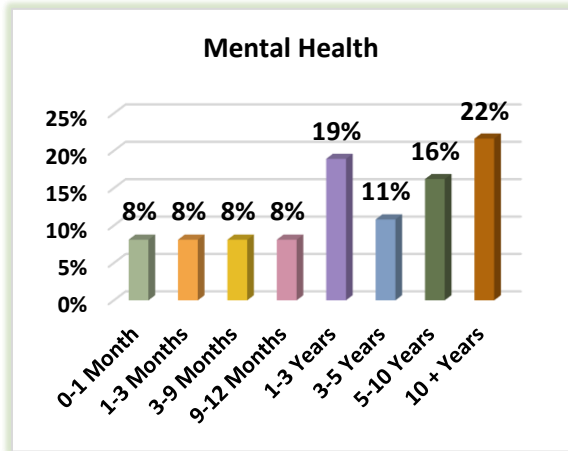
(N = 139)

LGBTQ Breakout by Length of Recovery

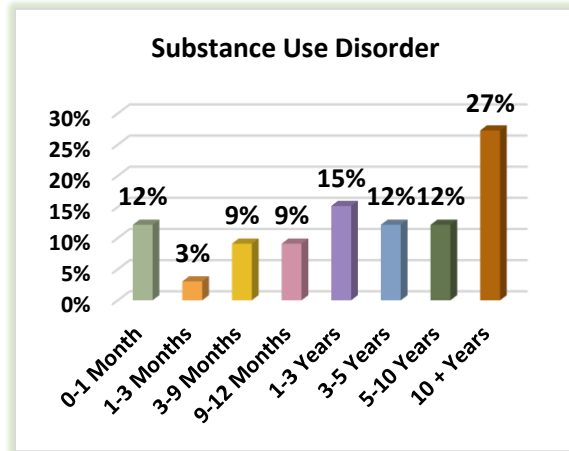


(N = 24)

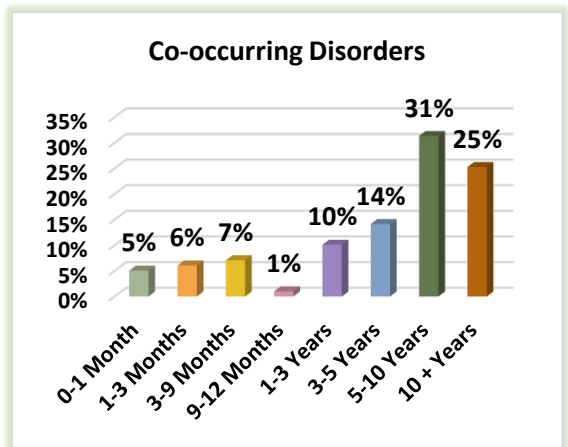
Lived Experience Breakout by Length of Recovery



(N = 37)

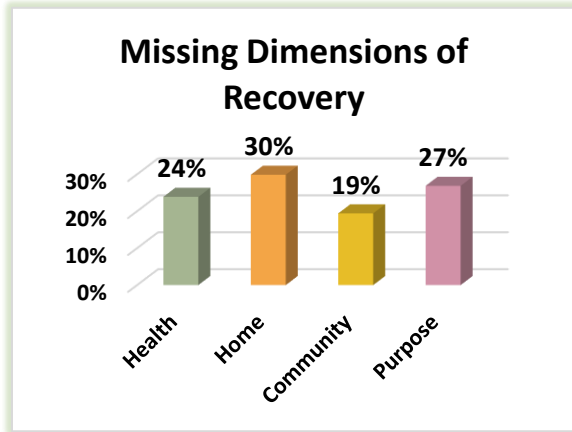


(N = 33)

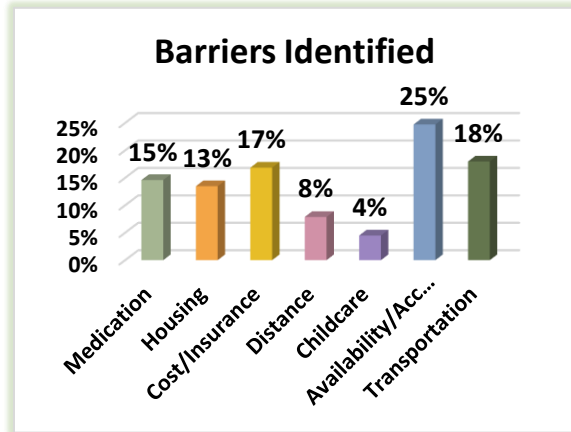


(N = 99)

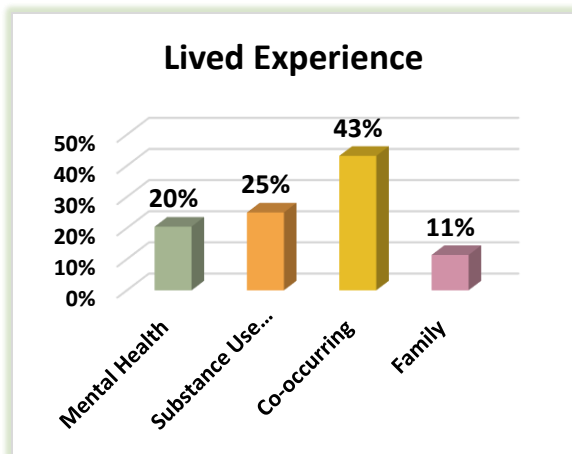
0-12 Months of Recovery Breakouts



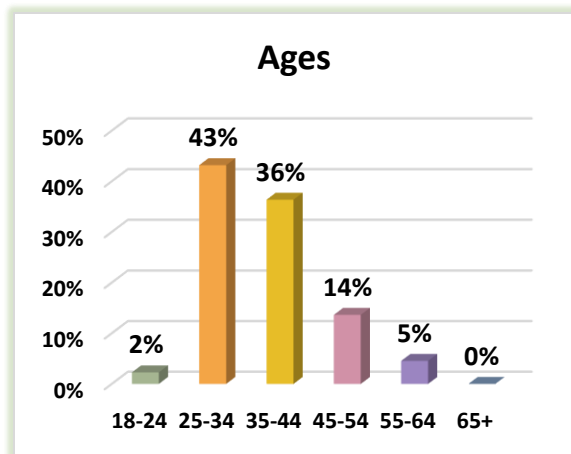
(N = 67 responses from 44 respondents)



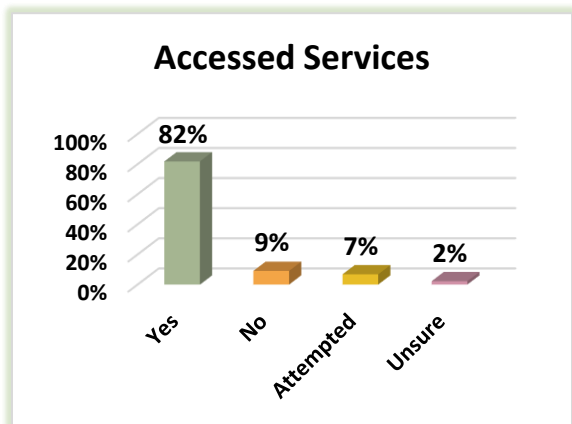
(N = 89 responses from 44 respondents)



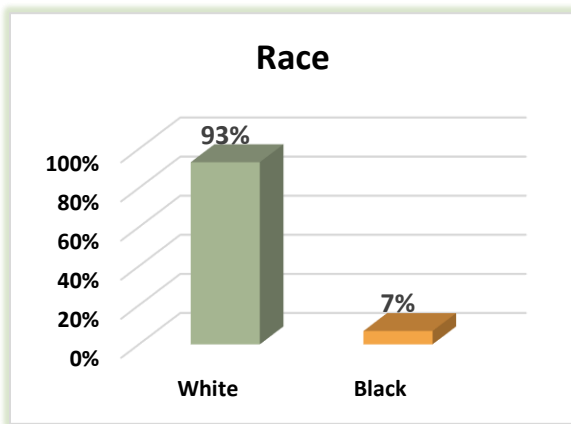
(N = 44)



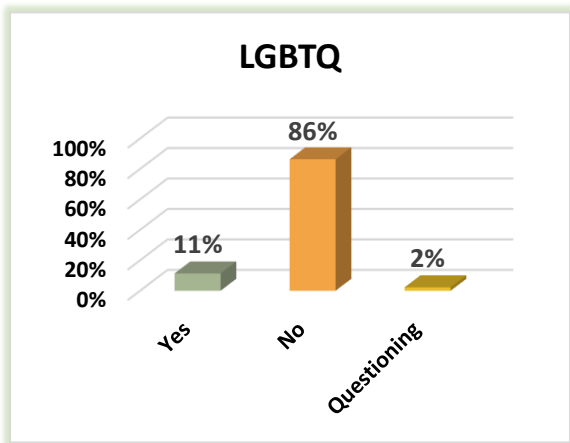
(N = 44)



(N = 44)

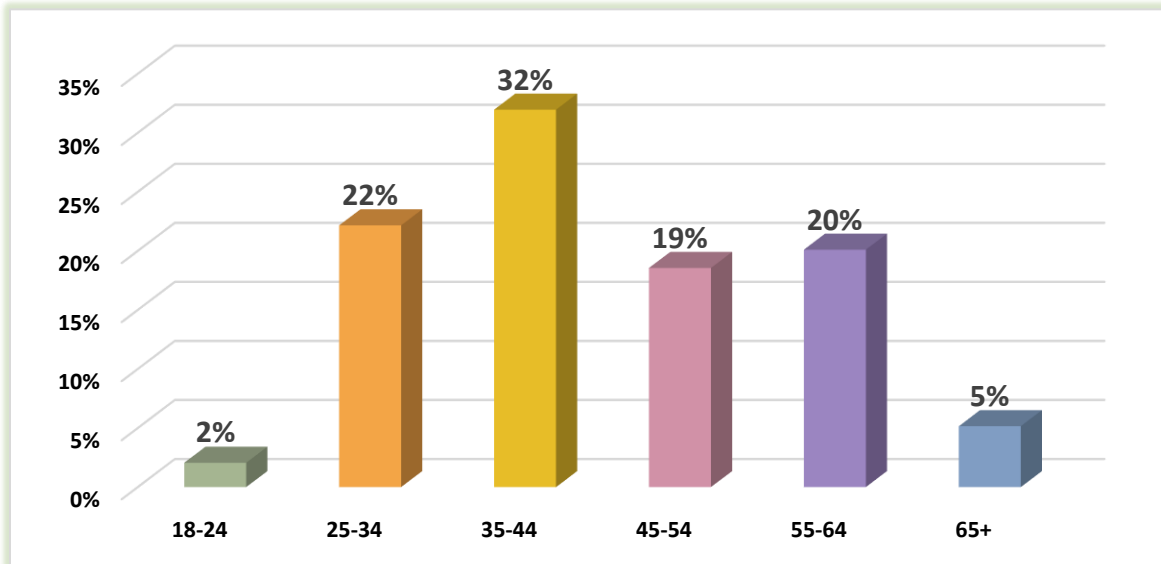


(N = 44)



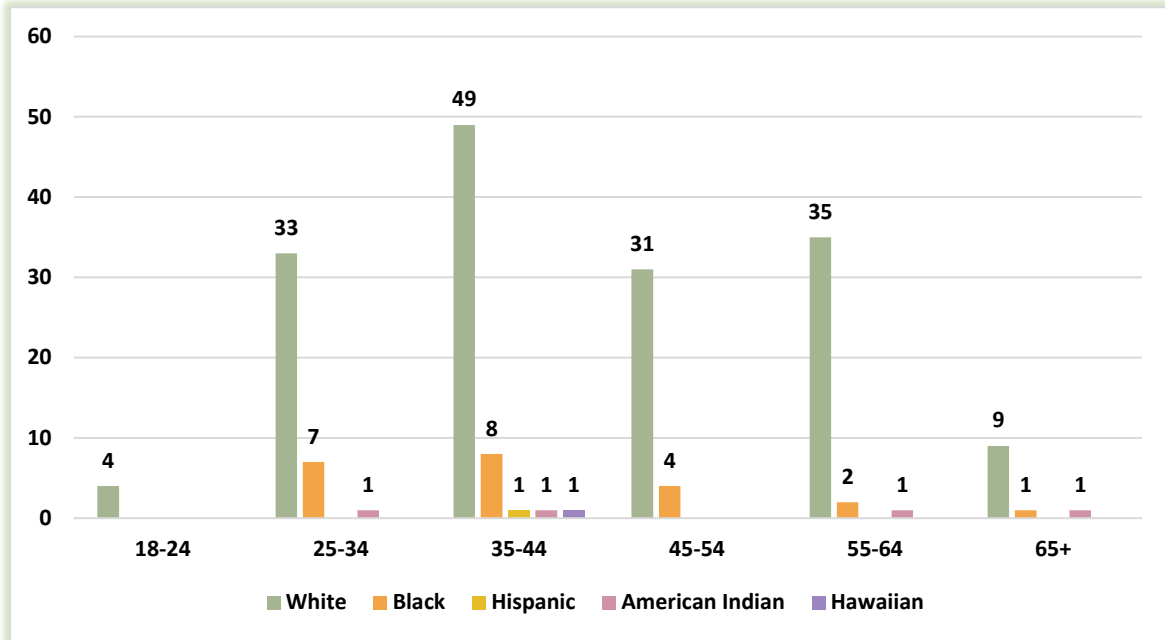
(N = 44)

Age



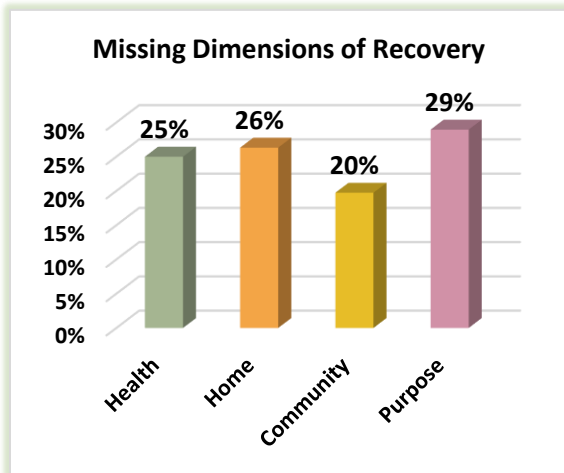
(N = 197)

Race by Age Breakouts

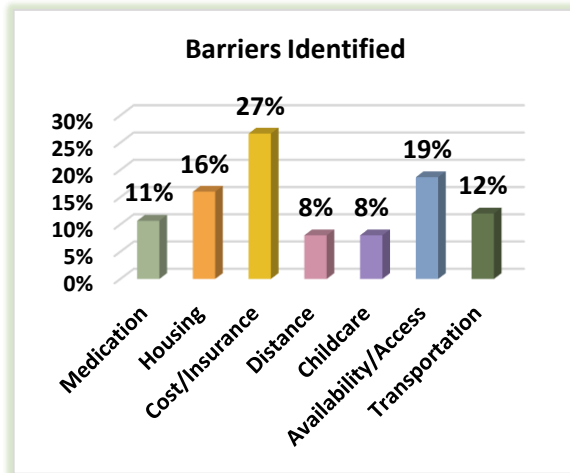


(White N = 161, Black N = 22, Hispanic N = 1, American Indiana N = 4, Hawaiian N = 1)

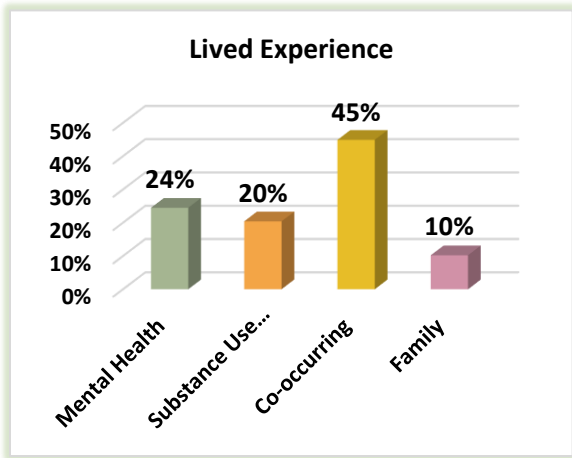
Older Adults Age 55+ Breakouts



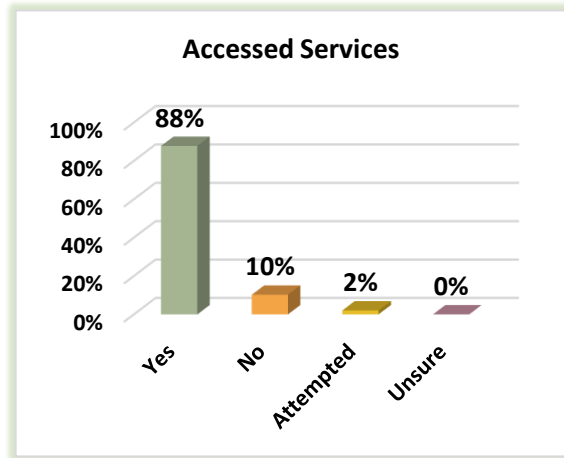
(N = 76 from 49 respondents)



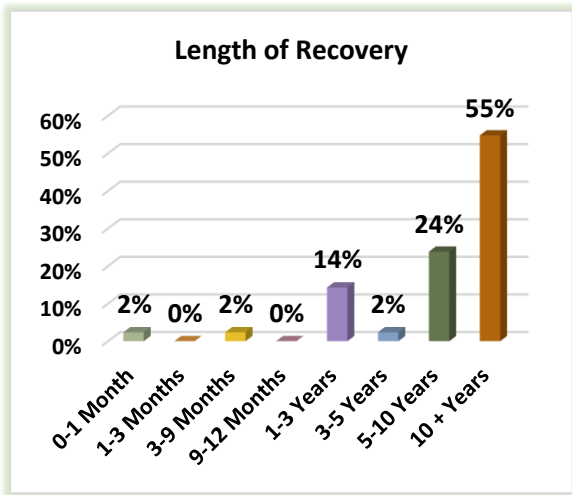
(N = 75 from 49 respondents)



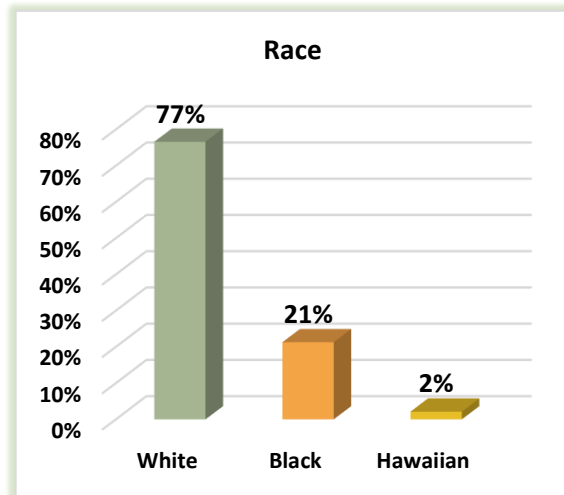
(N = 49)



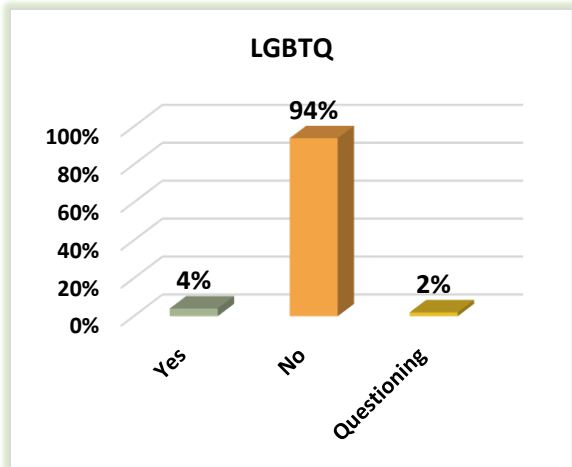
(N = 49)



(N = 42)

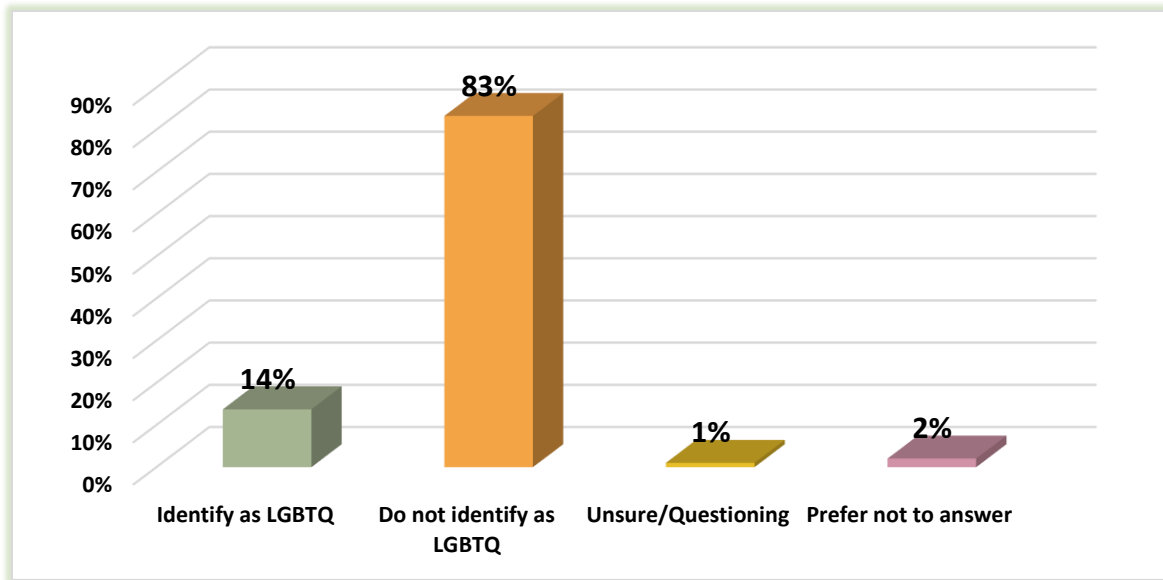


(N = 47)



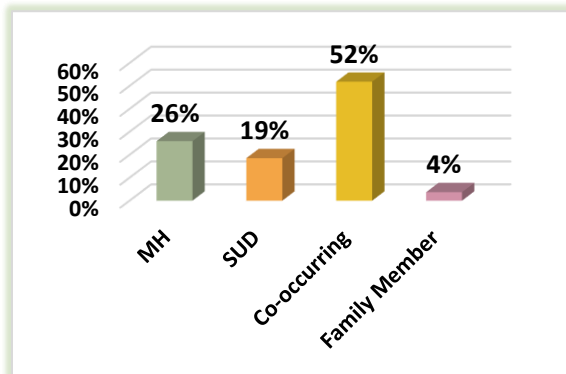
(N = 49)

LGBTQ Identification



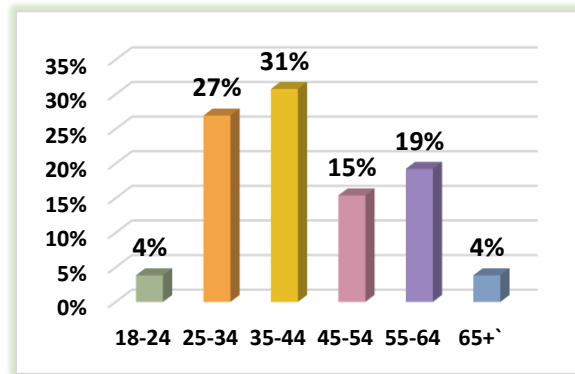
(N = 197)

LGBTQ Breakout by Lived Experience



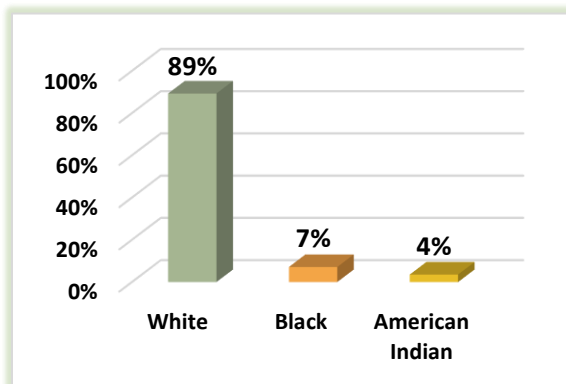
(N = 27)

LGBTQ Breakout by Age



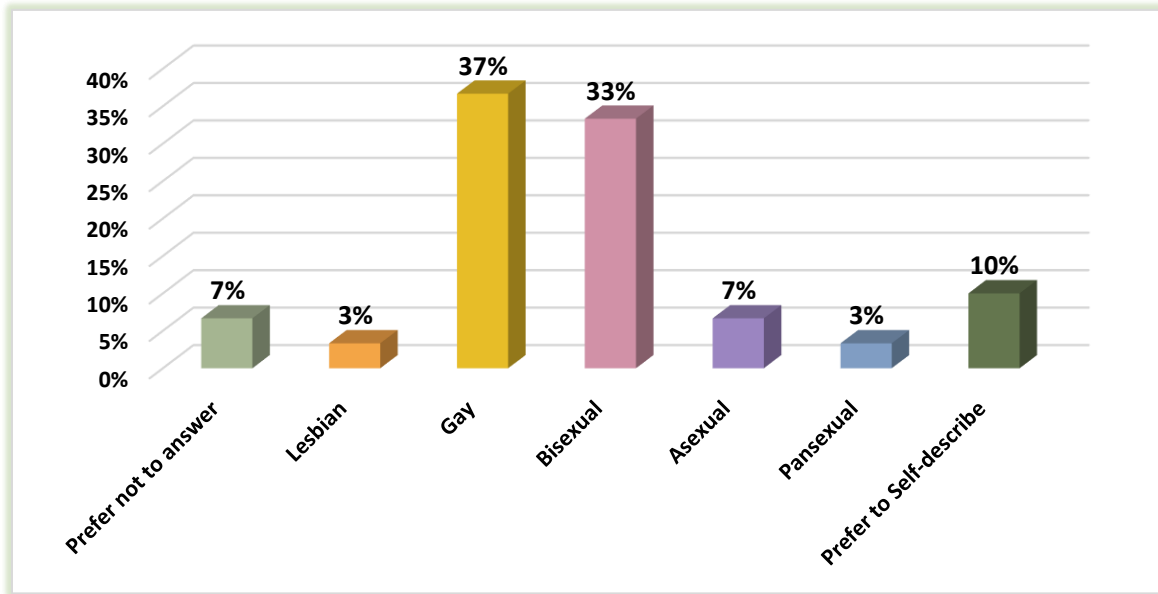
(N = 26)

LGBTQ Breakout by Race



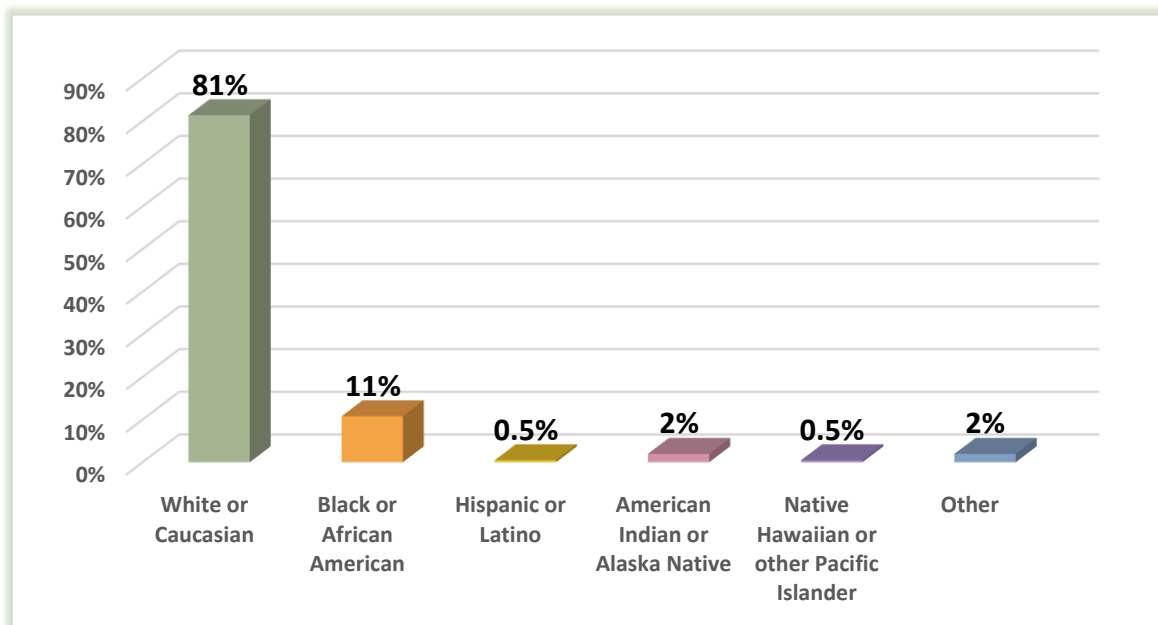
(N = 28)

Sexual Orientation (if, YES to LGBTQ)



(N = 30 responses, respondents were able to select all that apply, data analysis only includes 27 respondents who identified YES to LGBTQ)

Race



(N = 204, 6 respondents chose multiple options: White/American Indian (2), White/Black (3), White/Hispanic (1))

Survey Results

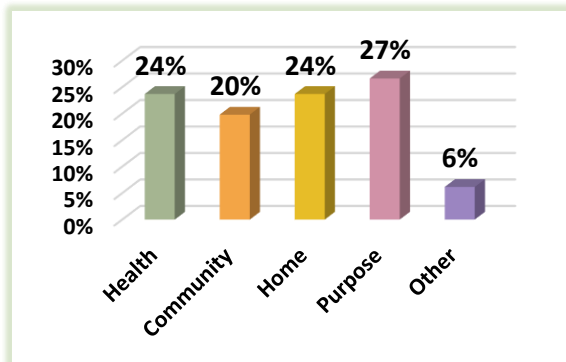
Results below reflect the questions in the survey focused on the recovery/wellness journey for respondents and the gaps or missing dimensions they reported they were encountering. Where possible, breakout analysis based on demographics is provided, however due to the overall small sample size and even smaller breakout group representation, some analysis was not completed as it was felt it would not be representative of the group (ex. Transitional Aged Youth ages 18-24 had only 4 respondents). Efforts will be made next year to expand the overall sample size as well as the breakout groups so analysis and identification of the gaps encountered by these populations can be reported.

Missing Recovery Dimensions

Is there anything missing in your daily mental health or addiction recovery process that you can think of that is related to health, home, purpose, or community needs? (SAMHSA's four dimensions of recovery)? Respondents were instructed to select all that apply. Answer choices:

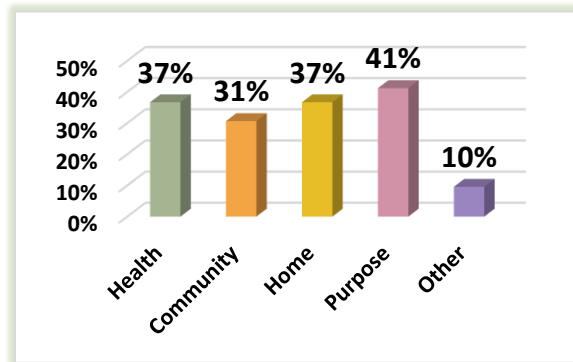
- Health (access to treatment, medication, insurance, primary care doctor)
- Home (safe and affordable housing, transition housing)
- Community (peer support services, social supports)
- Purpose (exercise, hobbies, education, or employment opportunities)
- Other (fill in open ended response)

Percent of Total Responses



(N = 308 total responses from 199 respondents)

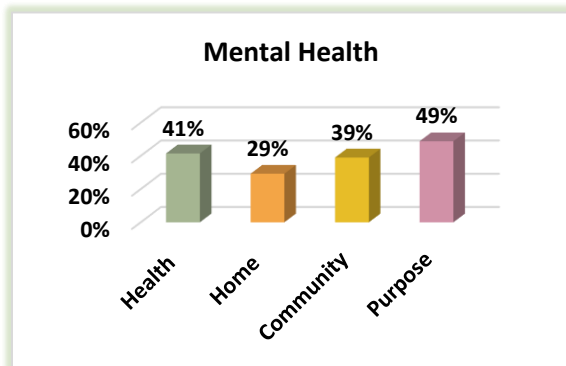
Percent by Respondents



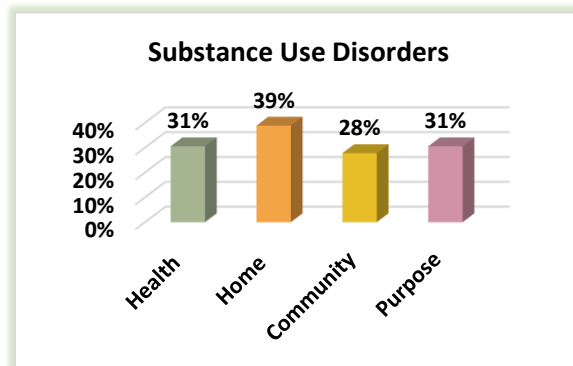
(N = 199)

Missing Recovery Dimensions Breakouts by Demographics:

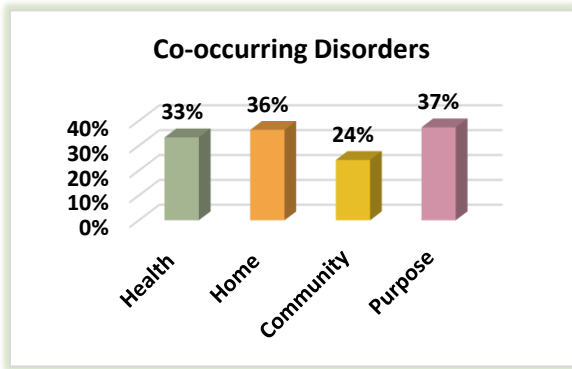
Lived Experience Breakouts of Missing Dimensions of Recovery



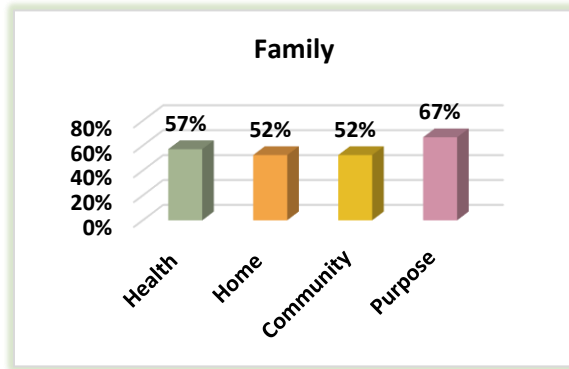
(N = 65 from 41 responders)



(N = 46 from 36 responders)

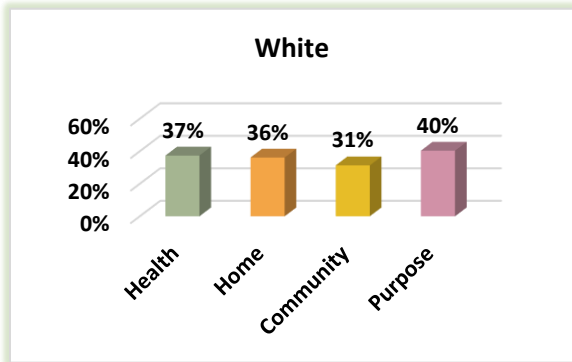


(N = 130 from 99 responders)

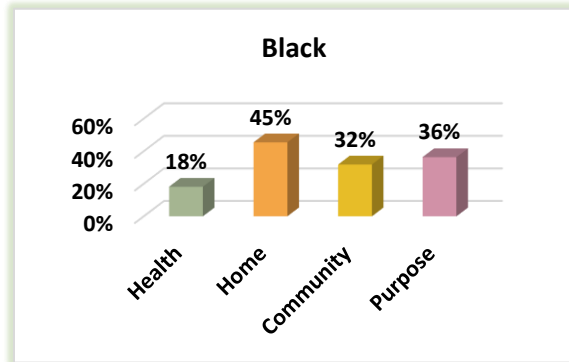


(N = 48 from 21 responders)

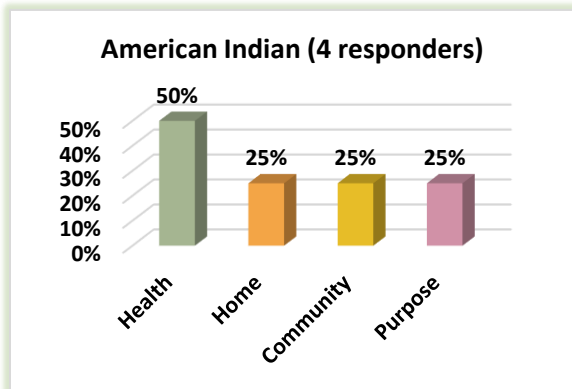
Race Breakouts of Missing Dimensions of Recovery



(N = 166)

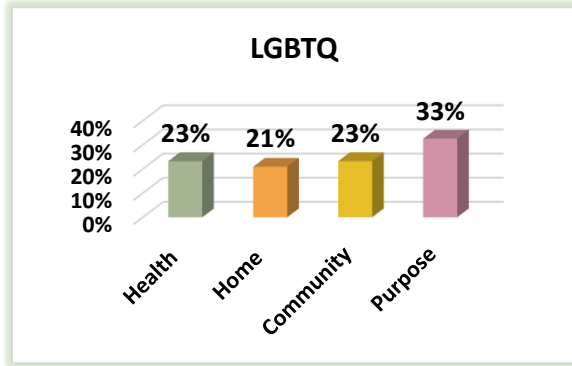


(N = 22)



(N = 4)

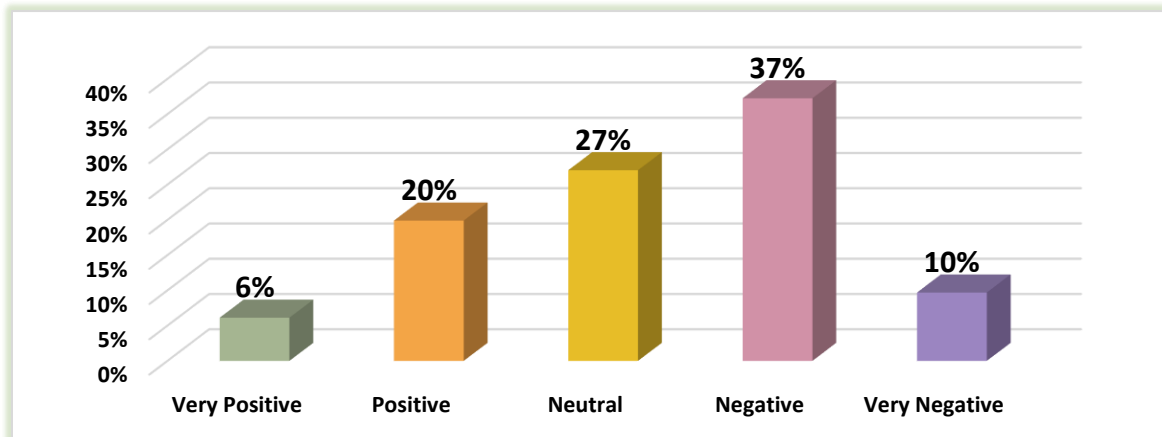
LGBTQ Breakout of Missing Dimensions of Recovery



(N = 43 from 27 respondents)

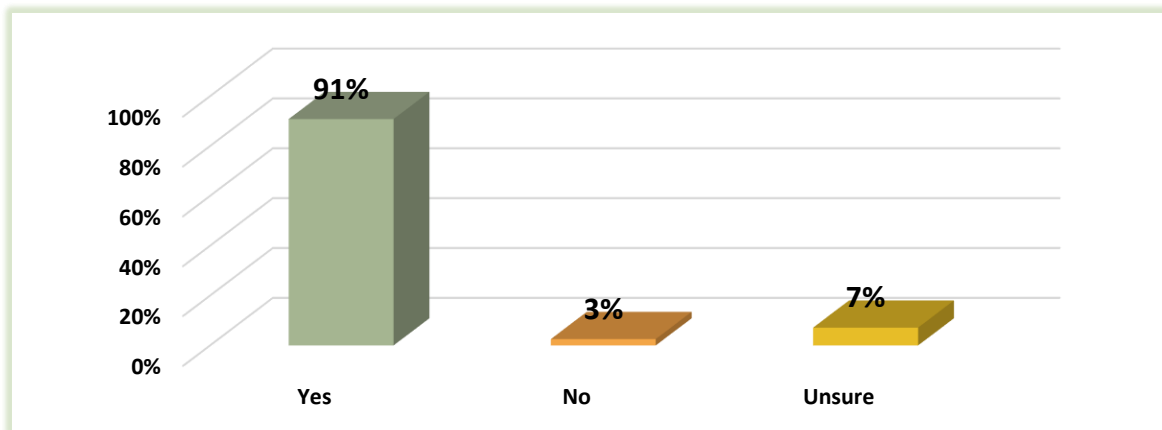
Perception

How do you feel you are viewed by people who do not have a mental health or substance use disorder diagnosis?



Discrimination

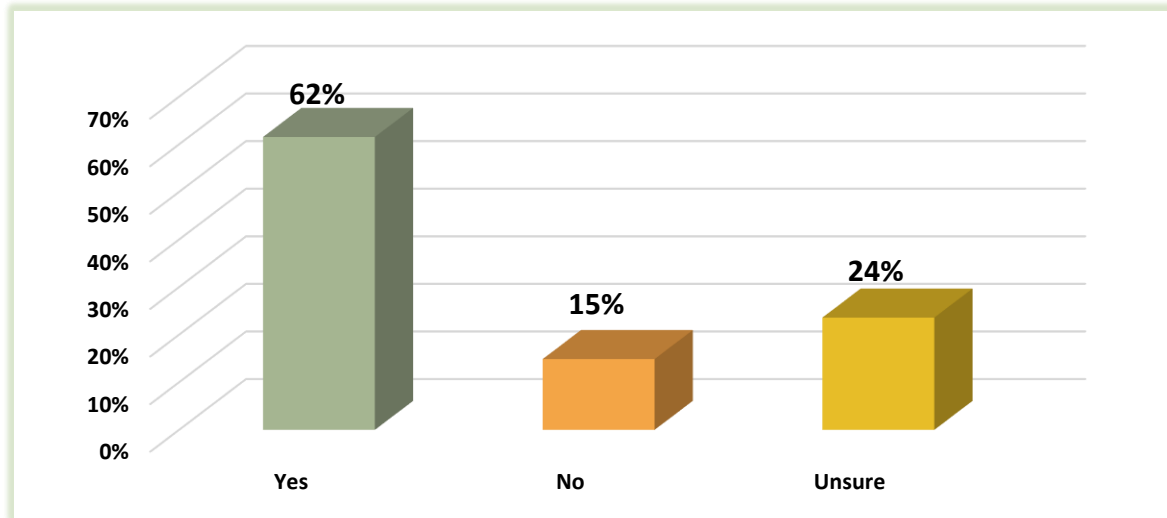
Do you feel there is discrimination against people in recovery from mental health and substance use disorders?



(There were 5 "other" comments all indicating that respondents believed there is discrimination against people in recovery. 4 of these 5 respondents also checked YES as an answer and are included in the chart above. See the appendix for the comments)

Cultural Needs in Recovery

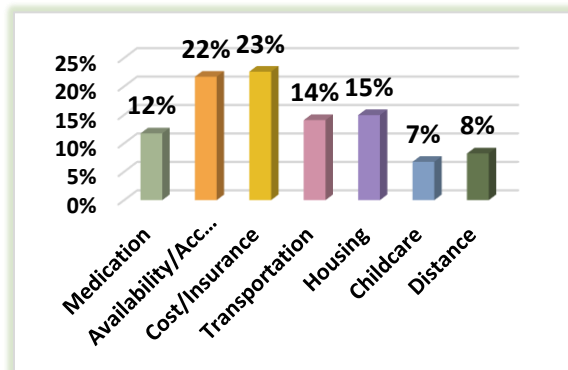
Have your cultural needs been met throughout your recovery journey?



Barriers to Treatment

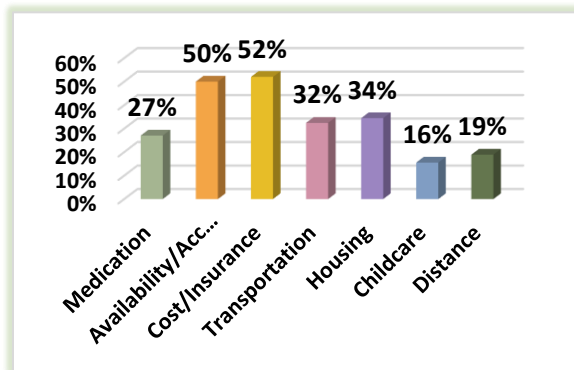
Did you experience or are you experiencing any barriers to receiving treatment in Indiana? (Please check all that apply.)

Percent of Total Responses



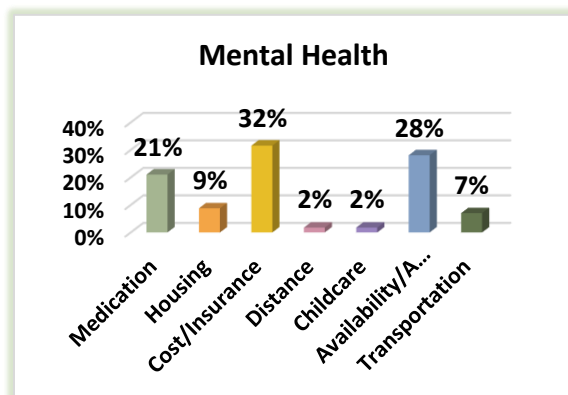
(N = 341 total responses from 148 respondents)

Percent by Respondents

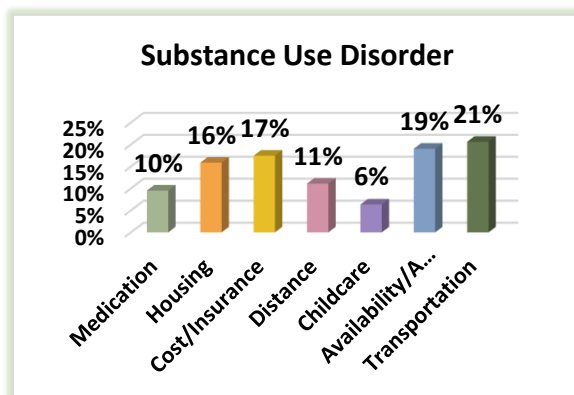


(N = 148)

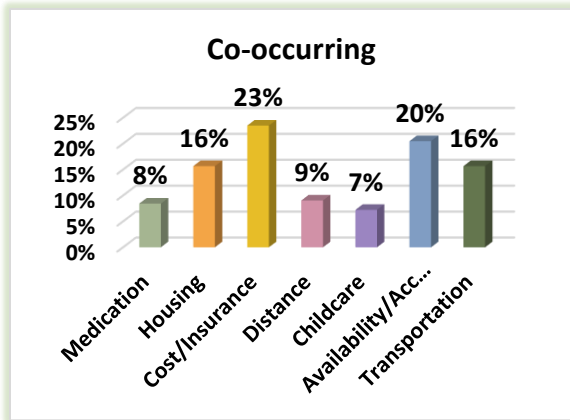
Lived Experience Breakout of Barriers



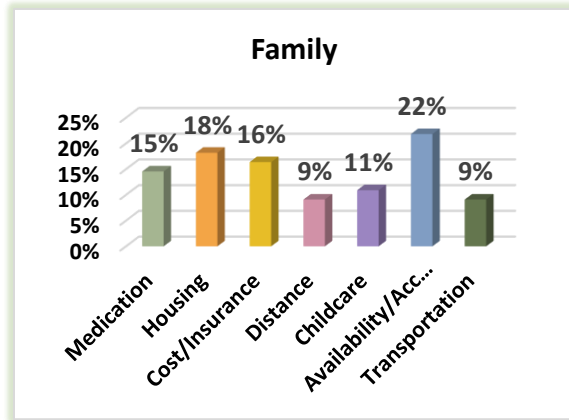
(N = 57)



(N = 63)

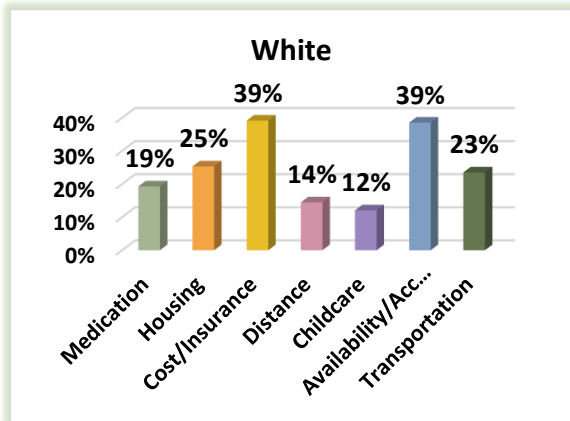


(N = 166)

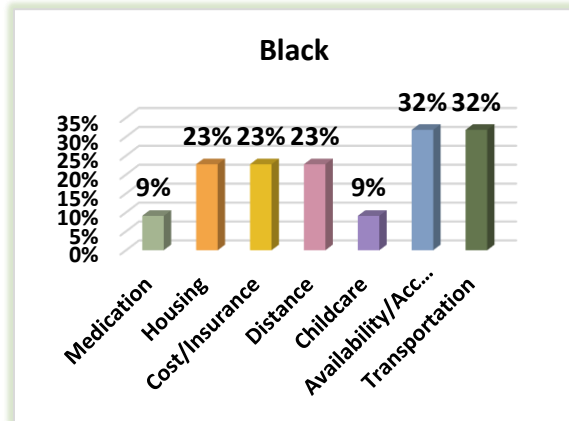


(N = 55)

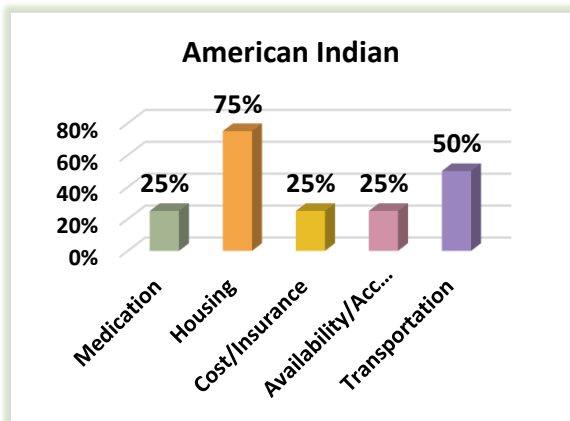
Race Breakout of Barriers



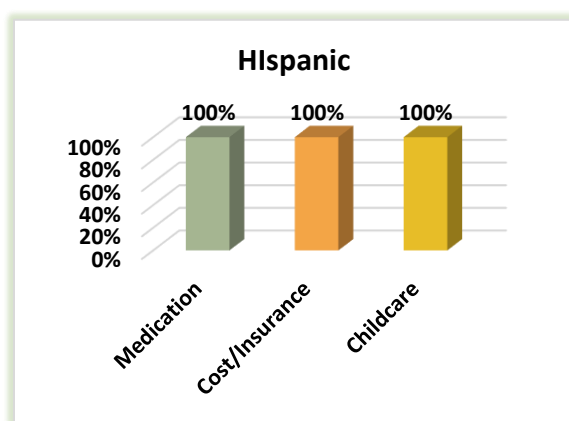
(N = 166 respondents)



(N = 22 respondents)

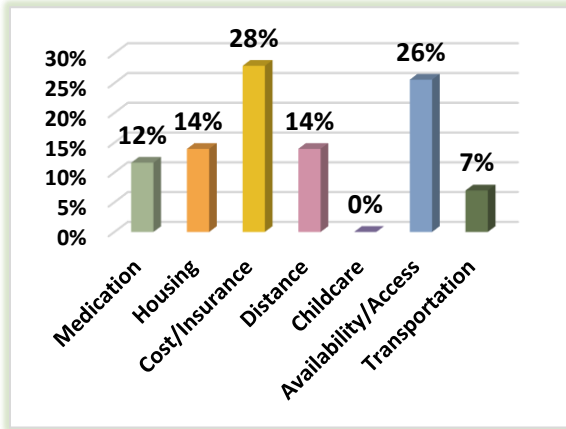


(N = 8, 4 respondents)



(N = 3, 1 respondent)

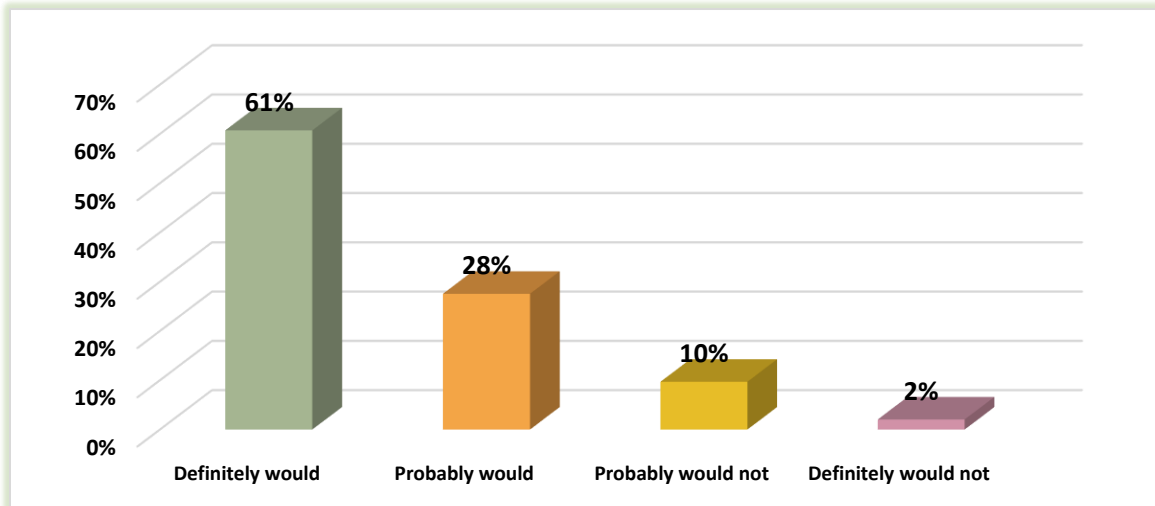
LGBTQ Breakout of Barriers



(N = 43, 27 respondents)

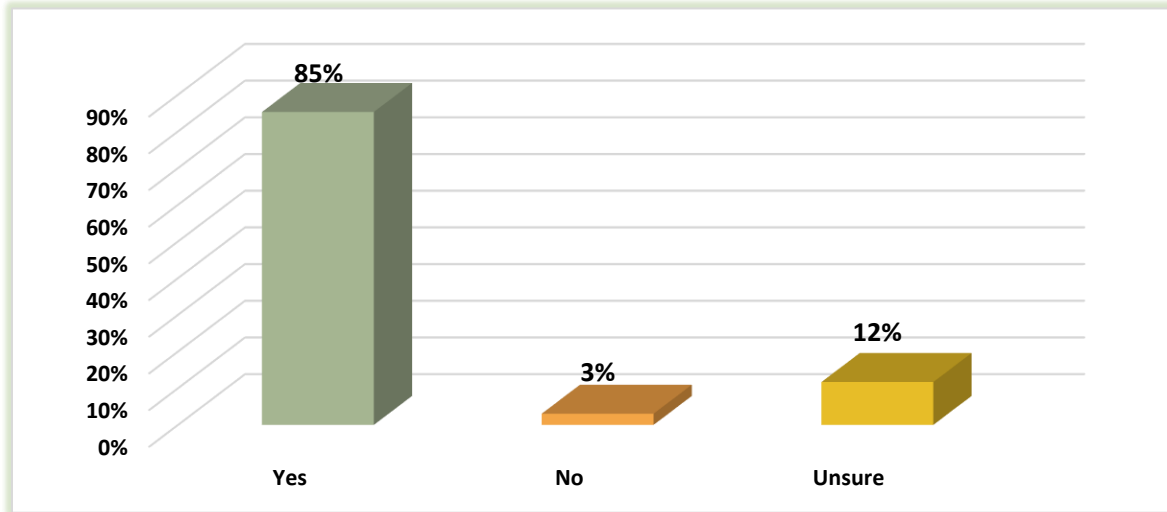
Change the Help Process

Do you wish you could change anything about the process of getting help?



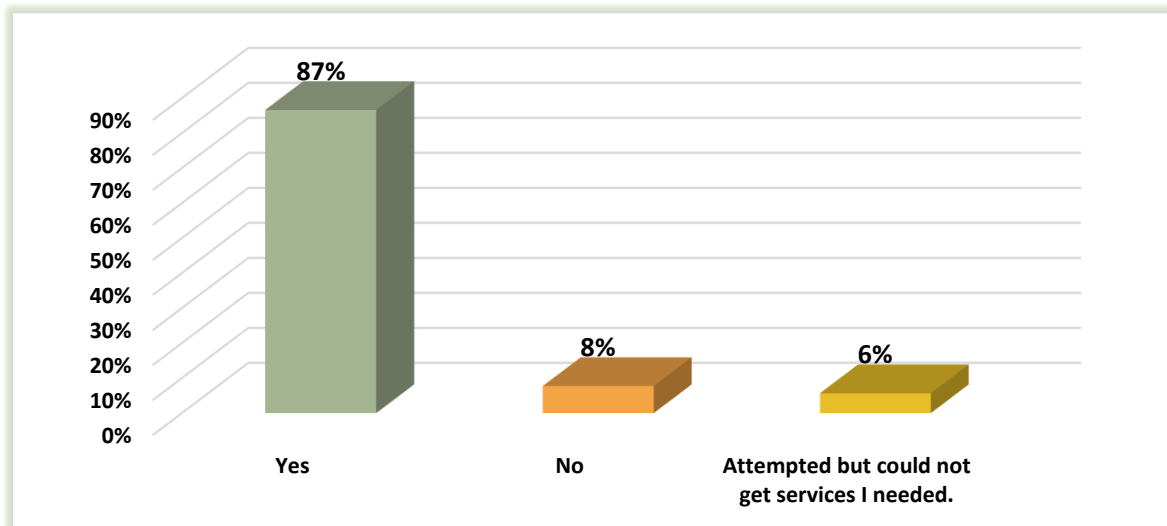
Can the State Help

Do you believe the state can do something to make the process of getting help easier? (i.e., laws, resources, dialogue, etc.)



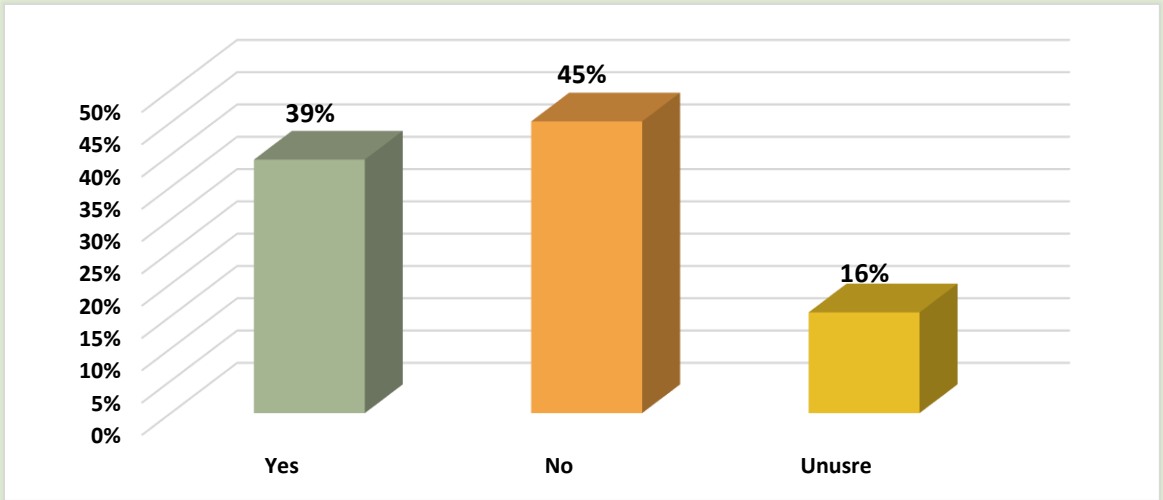
Accessed MH or SUD Services in IN

In the past have you, (or/are you) receiving services for mental health or substance use disorders in the state of Indiana?



(N = 194, breakout analysis was conducted for demographic groups however no significant differences were noted and therefore are not reported)

Issues or Concerns with MH/SUD Services want to let State know



(N = 186)

Appendices

Survey Questions

1. Is there anything missing in your daily mental health or addiction recovery process that you can think of that is related to health, home, purpose, or community needs? (SAMHSA's four dimensions of recovery)? (Select all that apply.)
 - a. Health (access to treatment, medication, insurance, primary care doctor.)
 - b. Home (safe and affordable housing, supportive housing, transition housing).
 - c. Community (peer support services, social supports).
 - d. Purpose (exercise, hobbies, education, or employment opportunities).
2. How do you feel you are viewed by people who do not have a mental health or substance use disorder diagnosis? (Please choose one.)
3. Do you feel there is discrimination against people in recovery from mental health and substance use disorders? (Please choose one.)
4. Have your cultural needs been met throughout your recovery journey? (Please choose one.)
5. Did you experience or are you experiencing any barriers to receiving treatment in Indiana? (Please check all that apply.)
6. Do you wish you could change anything about the process of getting help?
7. Do you believe the state can do something to make the process of getting help easier? (ie...laws, resources, dialogue, etc.)
8. Do you have personal lived experience with mental health or substance use recovery/disorders? (Personal Lived Experience being: living with/or previously diagnosed with a mental health or substance use disorder)? (Please select one.)
9. In the past have you, (or/are you) receiving services for mental health or substance use disorders in the state of Indiana?
10. As a person in recovery from mental health or substance use disorders please tell us how long you have maintained your wellness and recovery at the time of this survey.
11. What is your age?
12. Do you identify as a member of the LGBTQ+ community?
13. If yes, how do you identify? {Please check all that apply}
14. Race (Please check all that apply)
15. Do you have an issue or concern related to mental health and or addiction services that you would like the state to be aware of?
16. Is there something we should have asked but didn't that you want us to know about?
17. (Optional) If you are interested in having us contact you for advisory/volunteer opportunities on the Indiana Recovery Council please complete the following.

Comments and Open-Ended Question Responses

All open-ended question responses and comments are listed below. They are grouped by lived experience, then question and further sorted based on the four SAMHSA Dimension of Recovery to which it applies (Health, Home, Community, Purpose). Comments are presented as they were typed by the respondent in the survey and have not been altered.

Key

	Health
	Home
	Community
	Purpose

Mental Health Lived Experience Comments and Open-Ended Question Responses

Missing Dimensions of Recovery Comments
Accessible rights to funding provided by my treatment center
cultural specific instruction
Support for the small peer led nonprofits
Discrimination Comments
There unfortunately is discrimination by other professionals in the field.
That discrimination with regard to people recovering from SMI/SUDs is still prevalent goes without saying. More insidious is the increased reliance on law enforcement and corrections professionals to act as the de facto default mental health service providers. It's been more than ten years since I've experienced a full-blown manic episode, but the fact that I may experience one in the future is very frightening, as I know that I would be statistically most likely to receive treatment within the context of a carceral system whose outcomes for people with SMI are likely to be worse than the initially experienced level of impairment. That we have not worked harder to address this discrimination in our state systems is a moral failure on all our parts.
Cultural Needs Comments
With in the African-American community substance abuse --it is ok to admit. Not so for mental illness.
In my experience, both as someone with SMI and as someone who has spent his professional life in the mental health field, I would say that the only culture treated with genuine respect within the mental health system is the institutional culture of the CMHCs and Indiana's prestigious research hospitals.
Barriers to Receiving Services Comments
Unable to obtain medication; no support groups available
I can afford med and not supposed to take it due to other medical issues
General access... its easier to buy liquor than get medical treatment in Indiana.
Therapy providers and availability of services
Restrictions on medications making it difficult to obtain when needed, insurance not always covering required treatments, getting denied when applying for services despite qualifying.
Barrier of finding appropriate providers that specialize in cumulative trauma and dissociative disorders.
Lack of psychiatrists in the Lafayette area.
Reliability, continuity of care, huge waiting lists and complicated application procedures

Insurance with FSSA is very difficult and cutting people off of insurance. I have multiple thoughts on the process. Especially the process of turning in documents since wont recognize fax from others and the fact that the fax is the phone number also. Too much to put here.

The rules governing prescribing practices are far too baroque to maximize the chances of medication compliance. For example, my insurance only allows me to fill prescriptions at one pharmacy. That pharmacy is only open 8-5 M-F. Two of the medications I take are controlled substances. If the date one of those scripts runs out happens to land on a Saturday, the pharmacy will not fill the script until the following Monday. Additionally, I have employer-provided insurance that is a high deductible plan (the only one they offer.) As a result, I have to pay out of pocket for each of my mental health related appointments, and only receive a small discount on prescription drugs. It takes me hours each month to manage all the moving parts of my treatment, which certainly takes a toll on my overall mental health.

Medicaid I receive due to having too much ssdi is given in only one provider. If I need to keep this help I would need to move 1 to 2 hours away to the nearest place that offers the same help. The provider have now does not understand what case management means to Medicaid. I am given a case manager but the case management they talk about with medicaid I receive is to help coordinate my medical and psych care. This is not what I am receiving at lifesprings.t

Prices, even with insurance are problematic for people.

Things State Can do to Help Comments

I am lucky--I have medicare and Medicare Gap insurance so I can go any where for help. People with Medicaid are limited and often wait several weeks to see a psychiatrist or therapist. Needs to be more psychiatrist who take Medicaid. State could pay loans for psychiatrist who will take medicaid people

There are extensive wait times to see psychiatrist or counselor. There could be more attention in that area.

More laws and resources for Medicaid patients.

Universal health care. I have a high deductible/out of pocket plan

Increased funding for mental health services to increase access.

I hardly know where to begin. The state should offer innovation grants regularly to service providers other than the CMHC to pilot programs that show promise in improving outcomes. If these programs produce significant results the state should publicize them, and offer insight into how these delivery designs can scale. Indiana should join many other states in allowing service providers to bill MRO services. This would give consumers genuine choice in providers, and would cause service delivery to rise in quality across all providers as each organization competes. The state must develop strategies to deal with the access issue. To do this, the state should empower regional stakeholders to conduct feasibility studies that are tailored to their communities. Some of the possible actions to ameliorate the issue could include a large increase in telepsychiatry capacity, offering incentives to mid-level practitioners for specializing in mental health, examining (as other states have) the possibility of giving limited prescription privileges to LCSWs. Finally, the state should fund (directly) the creation of drop-in facilities in every population center of a certain size. These drop-in centers would serve as a central hub where all mental health and substance use resources could be accessed, with programming offered during the day, and could house several key agencies. Lastly, and I feel that this is absolutely essential, the state needs a newly-designed mental health ombudsman system. There should be a mental health ombudsman for every state region outside of Marion County. These individuals would have lived experience, and operate under the direct auspices and supervision of DMHA, independent of the region's CMHCs and other providers. These ombudsmen would be empowered to investigate consumer complaints, inspect treatment facilities, refer potential billing fraud to the appropriate jurisdiction, and compel providers to participate in regular joint staff meetings in order to facilitate genuinely warm referrals. A sufficiently empowered and funded ombudsman system would do an incredible amount of good to improve our systems of care.

More on mental health recovery. I am told I see a therapist because I am in maintenance. I would live to hear I am in recovery and reaching goals instead.
Indiana has a lot of room for growth, be it ability to find resources, places that take your insurance, comfort level of going to the location, and better training for entry level staff at locations to help educate them so they are not supporting the stigma.
Making resources to recover very widely available through Peer Supports
Better Peer Support system of care, not just for addiction re-evaluate their financial cut offs & standards of living for individuals receiving all benefits; fund more low-income housing projects; create laws to make it harder for landlords to discriminate based on prior convictions Yes, FSSA insurance issues, Treatment facilities, payment methods for getting into treatment, sober living environments. Transportation is still huge issue. Medicaid expansion to cover services equally so all treatment centers will take Medicaid; remove waiver requirement for suboxone prescribing; laws in place to allow syringe services without declaring emergency by health department; decriminalizing substance use. Get the damn Republicans out. Funding and accessibility to resources, not just accessibility to a queue for possible resources More guardianship resources and mental health courts to divert people with SUD/SMI away from criminal justice system and prevent recurrences related to refusing treatment

Issues/Concerns for State to be Aware of Comments
There aren't enough services provided or easily accessible
We that do not reside but seek treatment in Indiana deserve the same rights to the financial help that we do the help with our recovery! It's a dire situation that needs solved! For some of us, travelling out of state for treatment is the only option! Indiana should allow and accept Medicaid acceptance from surrounding states and give grant money, etc to those individuals as well
Methadone is so very expensive in this state and I am aware it's much cheaper or free in some states! 16 dollars everyday is hard at times for people with substance abuse issues
Disparities in treatment for people of different cultures, race, ethnic groups etc.
I'm planning to move in the next 6 months and I worry about a seamless transition for my care and support systems.
I believe that if the state pays for those who make no attempt to work or follow the instructions of staying clean..... Then the state should pay for the ones who work their butt off to pay for their medicine and treatment etc,... And to stay sober.. I don't see that to be fair.
Medication difficulties, abuse of clients within group living facilities
Lack of psychiatrists in most areas.
Medication cost / insurance
Lack of resources all around especially in rural areas
A lot of the group homes in state are terrible places. Basically institutions in a house. Not a great place to recover.
They must get involved in the supportive housing discussion.
Support for families supporting individuals with mental illness
Stigma in the black community on mental health care; access to resources
I would like to volunteer in any services related to mental health and addiction services

Things Not Asked You Want the State to Know Comments
Telehealth visits are very important during COVID-19 and I'd like to see expanded insurance coverage and access
I think it is important to address that when you are a peer and work in the field, especially in acute care where do you go for help if needed that will not include people you work with and protect your anonymity. It makes it very hard to reach out for help when needed and we all work in a stressful field.
People with these issues can live productive, happy lives. But the illnesses remain. Lifelong services need to remain available and accessible without jumping through bureaucratic hoops. Much more funding is needed to care for these illnesses with alacrity and concern.
In my experience, and as I've often heard from professionals in the field, there is almost no collaborative dialogue between medical providers, human service providers, and the peer community in my area. The CMHC would be the ideal organization to act as a convening body to begin this needed dialogue, but they are also the group with the least to gain by altering the status quo. Within the biopsychosocial landscape where SMI/SUD we absolutely must learn to collaborate as community partners. Otherwise we are merely doomed to watch the crisis progress for yet further decades.
Options for better health that are never discussed. Nutrition, exercise, sleep, sunlight, and socialization and spirituality are imperative to the well-being of every person
My relationship to recovery

Substance Use Disorder Lived Experience Comments and Open-Ended Question Responses

Missing Dimensions of Recovery Comments
No medication (methadone) assistance is available in the Northwest region
Need help with transportation
The Corona virus has really messed up my routine
I'm doing well

Discrimination Comments
I've been clean for almost 10 years and if people find out they look at you like a criminal.
It depends on how the individual presents. If they appear to be "normal" they are treated as such. If not, there is definitely discrimination.

Cultural Needs Comments
No comments from this group

Barriers to Receiving Services Comments
Finding somewhere to live is hard.
Housing, at the start of my journey I had come across the issues of "safe housing." Let me try to touch just the tip of this problem. As a person who does suffer from SUD; I had been seeking safe recovery housing. While I was incarcerated, I had done some research on Recovery Housing. I was trying to develop a plan of action for my release. After looking by myself, in the provide DOC re-entry resource guide I was able to find so called safe recovery houses. The information provided was out of date and very incorrect. Then was the issue of having the funds for "service fees." Some were self paid, some did allow you to use insurance, and some said Recovery Works. That was a joke, after being released the ones that had said yes about Recovery Works had lost it or said they took it but in turn did not. Also, so called services that they had to

offer, they did not really offer. The property was most differently not what they where saying. I have experienced in women's housing women being at risk due to sexually abuse by the staff and facilitator. There are so many more things that are going on here in some of these so called safe homes here in Indianapolis but I feel that just typing it out doesn't do it any justice. Please feel free to contact
most landlords do not want to rent to drug felons; once you get a minimum wage job state insurance drops you; there is no public transportation
Hard to get there no primary doctor insurance
Indianapolis doesn't really have public transit or services to get you to the medical facilities or AA meetings. On top of participating in courses like IOP programs you can choose to work, go to meetings, or complete IOP but good luck doing all three with an hour and a half commute one way for work alone via public transit for a 20min drive.
I have to pay out of pocket and go to Illinois, which is only 5 minutes from my home but HIP is not accepted and there are no methadone clinics anywhere within 20 miles in Indiana.
We take care of those with no income, but those that make enough to get by, can't afford insurance and are ineligible any type of assistance.
I have no vehicle..

Things State Can do to Help Comments
Make it cheaper
Making it a requirement for Doctors and Nurses to assist individuals that need/want help to have this information available to them
Instaed of incarceration the state couod actually offr treatment instead of prison. Ive spent almost 12 years of my life directly related to fund my addiction/habit. I never robbed anyone or stole from anyone but i have so many prior thefts from stores and syringe charges when all i needed was treatment.
Make treatment an option to jail time. Do comprehensive assessments
Pay for Illinois methadone clinics or reimbursement. Open Methadone clinics in the Hammond or Whiting area.
Instead of putting people in jail they need treatment
Really check on the resources you are giving. Don't allow people to know when you are doing those check ins.
I feel like the state of Indiana needs more social workers because of the high addiction rate.
Treatment should be free or completely covered by insurance; law enforcment needs to stop treating it as a crime and start treating it as an illness
I believe there needs to be more access to short term detoxification centers. I recently had an episode and needed help, which landed me on the 5th floor of the Bloomington Hospital. Turned out I needed medically supervised withdrawal from opiates (methadone) and meth. Very helpful...
financial support for those in active recovery and a centralized resource for housing, jobs, meetings etc. Right now the state seems to favor places like Progress House which does not work for those of us trying to stay functional members of society and sober.
Promote that people do recover
Definitely laws could be stricter. Either you are incarcerated because of crimes related to drugs/alcohol or you are in a long term (2 year Treatment center)
More lenience from probation, community corr., or parole
I work with someone who has a diease of alcohol and a murder chage on top of it and is unable to obtain employment
Look at expungement of "drug felonies" after a certain amount of years.

Issues/Concerns for State to be Aware of Comments
There aren't enough services provided or easily accessible
Doctors need to be more aware
Methadone is so very expensive in this state and i am aware its much cheaper or free in some states! 16 dollars everyday is hard at times for people with substance abuse issues
The prior authorizations that state insurance offers is not staffed by addiction professionals.
We need outpatient methadone clinics in Hammond and Whiting and East Chicago. The drug problem is killing alot of people in
Need more housing and employment options
I would like to volunteer in any services related to mental health and addiction services
It is HARD, very HARD to stop using any and all substances once someone has begun... I believe there needs to be new ways developed to ease the withdrawal and recovery/detox process in order for more people to transition to a life free from substance use.
Not enough accessibility

Things not Asked You Want the State to Know Comments
How we can help more during Covid
Do you have a problem paying for treatment?? A lot of people use drugs because it's cheaper than treatment, especially when you have to go to Illinois and pay out of pocket even though the Illinois medicaid pays for Illinois residents and we live closer to the clinic than Illinois residents.
Are you an active member of a 12-step program?
Methadone should be more available. Same as suboxone is.
There is a need for more affordable housing and transition housing in Northwest IN. Also treatment needs to be longer especially during this pandemic
Terre Haute needs more transitional living facilities
Raise pay grade for Recovery Coaches so more pet will apply

Co-occurring Disorder Lived Experience Comments and Open-Ended Question Responses

Missing Dimensions of Recovery Comments
Accessable rights to funding provided by my treatment center
Trauma Informed Care.
more non-12 step recovery options
cultural specific instruction
Because of the high cost of housing where I live and the need to live on a bus line, my husband and I live in an apartment complex where there have been shootings, period police intervention, and people regularly smoking pot with no repercussions from the landlord.
i have to move a lot

Discrimination Comments
So much so that even though I work for an agency that specializes in advocacy for people with disabilities, I do not disclose that I am a recovering addict or recovering from mental health conditions for fear of stigmatization.

That discrimination with regard to people recovering from SMI/SUDs is still prevalent goes without saying. More insidious is the increased reliance on law enforcement and corrections professionals to act as the de facto default mental health service providers. It's been more than ten years since I've experienced a full-blown manic episode, but the fact that I may experience one in the future is very frightening, as I know that I would be statistically most likely to receive treatment within the context of a carceral system whose outcomes for people with SMI are likely to be worse than the initially experienced level of impairment. That we have not worked harder to address this discrimination in our state systems is a moral failure on all our parts.

Cultural Needs Comments

Alot of individuals even in the addiction community dont feel that sex addiction is a huge issue as well.

I say yes, however because I am in the mental health profession, I know how to look for the right supports. Not everyone has those skills so I think about others who do not have the foresight in cultural competency in therapy.

Barriers to Receiving Services Comments

There was a grant given to those who lost work due to Covid in my treatment center, which I initially qualified for, and actually received funds into my account but was taken because I only work, receive treatment, and pay taxes in Indiana, not reside. I pay almost 500 dollars out of pocket for my monthly medication for my substance abuse disorder but cannot receive help financially

Insurance wouldn't cover treatment bc I'm retired. Then treatment center put me out; said I didn't need inpatient bc I didn't need their DT meds.

Treatment is very expensive even with insurance

I am afraid to goto the hospital or DR. cause even with insuranc I have ahard time paying for it.

Not enough treatment facilities for the indigent

Someone who doesn't stigmatize and actually specializes in addiction and mental health.

I cannot afford private healthcare and make too much for medicaid. I don't have insurance through my job for 90 days. I just moved back here and have no doctor and no psych and no AA because of COVID and my underlying health issues

Insurance is expensive

I waited 2 months for a therapy session

Did not have access when I started Recovery

Detox centers the wait time and the criteria to be admitted is sometimes unreasonable. Structured recovery homes need more financial backing, they are very adequate for supporting the people in recovery but not enough to go around.

not enough housing for those with barriers

Public transportation needs improvement

Lack of face to face self help meetings due to virus

its hard to find child care

don't know where to go

had to get a factory job and most daycares did not open early enough.

Things State Can do to Help Comments

Absolutely! I live less than 5 miles from the Indiana State line and receive treatment at the nearest CTC to my home, but do not receive any of the financial help that burdens me because of my treatment. I believe you have the right to help financially if you receive treatment in the facility, irregardless of the state you reside in

More facilities for people in Indiana. There are only a few and they are so spaced out and to far or they all full.
More access to funding for non felons
Trauma informed care. We may not be able to correctly identify what the problem is but by a person sitting down and LISTENING to what our issue is instead of judging, we can get to the bottom of b the deep, dark, rooted issue... Trauma d
not have the a new treatment recovery take all your phases away when transferring to a different recovery center!
Accessibility of treatment is a deterrent at times to getting help.
Assist other providers in delivering care. Community mental health centers are more FOR Profit than the for profit places
Release funding for mental health/recovery access in rural areas.
More accessibility to treatment resources.
We need more detox centers and financial help for those that aren't insured
More education on addiction and mental illness as a disease.
ACCESS TO GOOD MENTAL HEALTH SERVICES FOR PEOPLE WITHOUT AN INCOME IS HORRENDOUS. I say this - shout this to you because I worked for FSSA for years, and the public mental health services available to the people i served were deplorable. PUT MORE MONEY INTO MENTAL HEALTH PREVENTION AND TREATMENT AS WELL AS SUBSTANCE ABUSE PREVENTION AND TREATMENT!
More state funded treatment facilities for the homeless and unemployed
More Peer Recovery Coaches
laws requiring treatment providers to maintain certain amount of available beds without cost
They could make treatment free or at least less expensive. They want us to get clean but make it so expensive that we can't.
resources for individuals in rural communities IE: internet, devices, transportation to participate in appointments
Could help support and fund resources
Better continuum of care. More advocacy for organizations getting it right. Community needs to here from the state.
The could rethink the idea that only large providers can pick up the mantle and deliver services effectively. The stae could and should recruit and solicit local community organizations that are already entrenched and provide them resources and logistacal support.
Have easier access to services without having to wait 45 minutes or longer being on hold on the phone, and often being disconnected while you're wasting time waiting.
I believe whole heartedly but that it should be budgeted to help those like myself and many others rather than judging us we should all be trying to help one another. But instead it's all about money and unfortunately that is the world we live in.
Provide more inpatient rehabilitation
More funding, and make sure minorities have better access to Recovery
Integrated care, pay providers to talk to each other and collaborate
More affordable access to behavioral health
Legislation, access, funding
Continue to direct funding to SUD treatment. Housing, counseling, jobs programs and medicine all need funding.
Put more funding into mental health services in smaller communities; educational services to get help before a major mental health condition occurs; build community and self care with individuals; reduce the stigma of mental health in the black community.

Fund more transitional care housing
Provide funding opportunities for brick/mortar recovery housing projects
Fund tiered housing
increase funding for housing
Increase Recovery Housing capacity and improve Medicaid coverage
Resources...more sober living homes
Criminal Justice needs to be uniform in all counties
More informing general public[w/o stereotype or judgement], making options known with more resources,establishing a couple different types of support[systems, groups, etc], present in manner to calm some people's fears of getting help
can you make people see me
I think the state is doing a lot
Dialogue and laws - The system still ultimately seems like it is designed to make people fail...costly, rigorous, and unrealistic parole/probation requirements. Individuals who do not have a family support system to help with housing/transportation needs will struggle undeniably harder than those who do have some supports in place upon release.
More of an emphasis on treatment and less on punishment
provide more access to transportation to treatment
Yes, laws regarding persons in recovery, accessibility to recovery residences, child care for minor children without putting them in the DCS system allowing the parent to recover without the threat of losing their children.
i have a criminal record from my drug use only during the time i was using thefts and mi or possession. cant get my record expunged for 7 years. i want to finish nursing but this is a barrier
Please increase the availability of Recovery Specialist and Recovery Coaches.
All of the above!

Issues/Concerns for State to be Aware of Comments
We that do not reside but seek treatment in Indiana deserve the same rights to the financial help that we do the help with our recovery! It's a fire situation that needs solved! For some of us, travelling out of state for treatment is the only option! Indiana should allow and accept medicaid acceptance from surrounding states and give grant money, etc to those individuals as well
I think people need to take it more serious. Especially in children. My stepson started cutting himself before and was told that "it's just for attention, hes fine"
Access to detox facilities that will take you on any dose if you are homeless
There should be more services available in Howard County!
there is more to rehabilitation for substance use disorder than just the detox portion. Current rehabilitation is focused around detox which there is way more to addiction that needs longer-term treatment.
I feel I am not being heard at a new clinic and have lost most of my compliance phases for using CBD oil only.
Jails do not provide any help universally some counties do and some counties do not
Better rural health access!
Disparities in treatment for people of different cultures, race, ethnic groups etc.
Cost and if my bills do go to a collector they have to help with setting a better amount of money than they do.
I have already specified that more, MUCH more resources need to be put into mental health and substance abuse prevention and recovery
Wait times to get help

I believe that if the state pays for those who make no attempt to work or follow the instructions of staying clean..... Then the state should pay for the ones who work their butt off to pay for their medicine and treatment etc,... And to stay sober.. I don't see that To be fair.
Not enough treatment facilities for the homeless and unemployed
Less incarceration and more treatment
Equity in access and provision of services for members of black and brown communities
Individual can be court ordered to a specific program rather than a program. If that program is shady there is not a vehicle to express that concern without identifying yourself either by cell or email.
Treatment programs need to wk together, level of care needs, more peer support, transitional living sites, detox, MAT.
Being able to speak with a human being
We need to Pay providers a fee to talk /collaborate on clients
Housing is a large need. Detox and residential for people who are on Medicaid, Medicare or have no insurance is greatly needed. Transitional living after Detox, Residential and outpatient is also critical. I got treatment in Florida and they have a large number of options as far as transitional living.
Please increase Recovery Housing capacity
housing is an issue. the only ones that will rent to those with a record charge high rent for horrible living conditions
They must get involved in the supportive housing discussion.
Housing, easier access to residential/inpatient treatment
I would like transitional housing to more affordable and accessible
I feel that more needs to be done in reducing barriers for those in recovery. IE: quality housing, jobs etc. for ppl in recovery who also have a criminal record.
Stigma in the black community on mental health care; access to resources
Lack of resources all around especially in rural areas
Minorities don't have the same access to Recovery as whites
I would love to see the CRS/CHW listed on the DWD's approved certification list, so that near graduates could pursue this career path while being supported by their team at the Excel Center
We need the opportunity for more persons to access training to become CHWCRS/CRC statewide.

Things not Asked You Want the State to Know Comments
Questions on Medicated Recovery Services Methadone, Suboxone etc
what was the length of your treatment? How many times have you been to rehab or sought help?
Identifying treatment issues for Veterans, disabled and homeless.
Question 10 could be misleading. If an individual had been substance free for ten years, relapsed for a week and only had three days currently substance free you would not be getting a clear picture of that individuals recovery history.
Transportation to/from recovery group meetings
It is a honor to be a professional in recovery and I am grateful it is becoming less stigmatized. Thank you for all that you do!
Advocating on behalf of CHW/CRs, Recovery Coaches for living wages and also the creation of regional departments that can address emerging crises in contiguous areas.

Family Member Lived Experience Comments and Open-Ended Question Responses

Missing Dimensions of Recovery Comments
No comments from this group
Discrimination Comments
No comments from this group
Cultural Needs Comments
LGBTQ+ and other minorities need better support
Barriers to Receiving Services Comments
Not alot of local/inner city inpatient treatment centers
No access to exposure response prevention therapy for OCD in Lafayette area
about 1/3rd of my income goes to pay for medications because of terrible insurance companies and their greed. i make it work, but thats a significant amount of money that has to be budgeted. Also, each new pharmacy staff member lectures me on one of my needed medications, which ive taken for 25 years with no problem. Definitely been discriminated against for taking it at the pharmacy, so i only go to one pharmacy in the city now, where they know me and know that i have NEVER misused my medication and are friendly, caring people. Goodness, you just have to look at the INSPECT to know this info!!
Things State Can do to Help Comments
I have a family member that suffers from mental illness. It seems that the families hands are tied when attempting to seek treatment on their behalf
Allow interdisciplinary sharing of mental health/health information of clients between healthcare providers/mental health providers; eliminate the restrictions for this.
Helping when someone says they need it.
Stop criminalizing substance abusers. I feel a working farm would be a great way for healing to start and self esteem to grow instead of jail
barriers due to stigma and cost-process of getting insurance coverage (HIP) is confusing and defeating
laws against discrimination in the pharmacy. laws to force pharmacies to hire more people, if that will help. laws to cut insurance company greed and get real coverage. no more dialogue....leadership at companies/insurance/etc. are never going to stop being greedy, so make them.
A more consistent approach for the clients
Make things like housing assessable to me if I have a felony charge
Continue with the campaign to reduce stigma.
Issues/Concerns for State to be Aware of Comments
Mental Health among the hearing impaired/disabled individual
More education and Training as it pertains to mental health and how to help individuals with this disorder
72 hour holds should not be able to be lifted following a short psychiatric evaluation by a physician without input from family and/or significant others; more restrictions put in place for lifting 72-hour holds
Need to help those that need it and want it in any capacity. Instead of making them feel like something is wrong with them

Lets build working farms so those in treatment can see first hand the fruits of their labor. SUD underlying is fear, rejection, and low self worth. Give them a chance to grow and take care of plant and animal life to enhance their empathy and confidence
Treatment is too difficult to obtain; waiting lists of 3-6 months is too long
Cost-HIP is confusing and process is defeating; barrier to accessing treatment
The period prior to diagnosis of a persons mental health disorder is very crucial and it is the worst time for the family and the patient. Emergency rooms are under prepared and most of the time patient hast to get to a serious crisis point before any real help is given.
Not effective enough
Support for families supporting individuals with mental illness

Things not Asked You Want the State to Know Comments
You should've asked me if my area has enough qualified metal health professionals, how long it took my family member to finally receive treatment, and whether or not my insurance company is covering the cost of her specialized medicine... Of course they're not.
How well are the services there are out there being performed
You should have more input from families and spuses of people with substance use disorder and mental health disorders