

Recovery in Jackson County Assessment Report
Report to the Community

Submitted June 25, 2023

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Executive Summary and Purpose

This is a report of information gathered by the Jackson County Recovery Program for Jackson County residents. The report is in three sections, population of focus and statement of need, what resources are currently available in Jackson County, and recommendations for consideration, discussion, and potential implementation in our community. There are five appendices that offer additional information. The report focuses on recovery from, and prevention of, substance use disorder. There are many associated factors that exacerbate the work of recovery but are beyond the scope of this report. Expanding the focus, by addressing additional factors and expanding future recommendations, is a worthwhile endeavor and should be considered in looking at macro treatment and prevention modalities.

The report is a product of discovery of the many efforts throughout our community to prevent, support, and treat substance use disorder and recovery efforts. The assessment has been one of peeling back layers where each discovery path led to new paths with both promise and exposure of needs. There are effective, important, and significant efforts being made regarding recovery in our community. There are also significant gaps in services, the need for a comprehensive continuum of care, increased awareness, and education, and most importantly improvement in communication within the recovery community and the community at large. We need to put significant effort into coming together as a whole community, be willing to put differences and attitudes on hold, take a large step back from chasing the issue de jour, and develop a comprehensive, community supported, and feasible long-term plan tailored to our community's many strengths, needs, and gaps.

This report is not intended to be a final answer, nor an all-inclusive report on recovery in our community. It is intended to provide an accurate representation of the work being done in recovery as observed and noted through the assessment process, to recognize the resources available in our community and beyond, and to identify needs for additional resources and services. An additional purpose is to provide references to increase awareness and further educate readers. Recovery resources, providers, and issues are always changing.

The report is for the whole community, acknowledging that no one in the community is an expert in all areas of substance use disorder, prevention, treatment, nor recovery modalities. If you are starting from a position of limited knowledge about recovery, it is suggested you start with the Appendices and end notes to better understand definitions of terms, context, and history as you read the report. Education and awareness are powerful tools in our community's efforts to address recovery.

The recommendations made in this report are listed below and further discussed on page 24 of the report.

1. Utilize Faith-Based Organizations more in recovery efforts.
2. Bring recovery (transitional) housing to our community.
3. Determine the need for, mission, vision, and values, organizational structure, etc., for continuing Recovery Jackson County Coordinator position and support.
4. Develop a continuum of care model and implement it for our community based on known evidence-based models.
5. Develop a recovery awareness program for our community and implement it.
6. Develop a Prevention program. Follow the Guide to SAMHSA's Strategic Prevention Framework as closely as possible to develop a community wide comprehensive prevention plan for our community.

7. Develop a community wide resource list of available services fully vetted, accurate, and up to date. Work toward a No Wrong Door goal.
8. Work and partner with other communities, sharing ideas, and establishing alliances.
9. Examine current coalitions for effectiveness and duplication of services. Do they currently fit into the community's mission, vision, and goals for effective recovery efforts?
10. Work as a community to learn to play better together, trust one another, be honest, and work for the common good of those we are trying to protect and make whole in this effort we call recovery.

Section I - Population of Focus and Statement of Need

Population of Focus

The population of focus is the residents of Jackson County Indiana. Jackson County is designated rural by the Health Resources & Services Administration (HRSA) with a population of 46,607 people with the demographics of Jackson County residents included in Table A1. Jackson County demonstrates underlying socioeconomic risk factors for substance use including the percent of residents who live in poverty, percent of population who lack a high school degree, percent of people who lack a bachelor's degree, and median income levels. Jackson County has 87% of the population that is white, 7.8% Hispanic, 2.3% Asian, and 1.3% black. It is important to note that the percent of the population that is Hispanic is likely higher however due to undocumented status, they were not counted in census numbers. Exact numbers for the LGBT population are not known, however, applying the estimated state-wide percent of 4.5% would equal approximately 2,000 residents.

Table A1	Jackson
Designation	HRSA-Rural
Population	46,067
Male	50
Female	50
Age:0-4	6.8
5-17	17.6
18-24	7.6
24-44	24.8
45-64	26.1
65 and older	17
Gender Identify (other than birth identity, % of LGBT population)	.05
Sexual Orientation (LGBT)(% est.)	4.5
White (does not include Latinx or Hispanic)	87
Black or African American	1.3
Latinx	7.8
Asian	2.3
Foreign born	5.3
Language spoken other than English at home, 5+ years old	8
Median Household Income	55097
Persons in Poverty	10.3
High School or greater (age 25+)	88.8
Bachelor's Degree (age 25+)	17.9

Statement of Need

To determine the extent of the impact of both mental health and substance use issues in Jackson County, an evaluation of relevant local, state, and national public health statistics was reviewed as presented in Table A2.

Table A2	Jackson	Indiana	US
Life Expectancy (years)	75.6	77.1	79
Deaths of Despair rate (age adjusted)	87.78	54.08	55.5
Unintentional drug related death rate (age adjusted)	35.3	24.4	18.8
Unintentional injury mortality rate (age adjusted)	78.3	56.6	48.9
Depressive Disorder Diagnosis	25.6	21	20.6
Mental Health Provider ratio	980:1	560:1	250:1
Primary Care Provider ratio	1640:1	1490:1	1010:1
Excessive Drinking	31	16.5	27.2
Opioid Prescriptions per 1000	207.8	179.4	N/A

Based on the review, substance misuse and mental health issues impact the residents of Jackson County significantly as noted in Table A2. Overall, Indiana life expectancy peaked at 77.5 in 2018 and has declined since, despite improvements in life expectancy due to decreased heart disease mortality and cancer. Indiana ranks 40th in life expectancy when compared to national life expectancy. The primary driver of Indiana’s decline is the dramatic rise in deaths caused by substance use. Mortality for drug and alcohol induced causes has more than doubled in the last 10 years with drug overdoses accounting for 71% of all drug and alcohol induced mortality between 2017 and 2019 in Indiana. Drug overdoses have a magnified impact on life expectancy because they tend to claim the lives of younger people. According to a federal task force for economic recovery and societal well-being report (February 10, 2021) these deaths of despair are concentrated among less than college educated middle aged whites and reflect the despair of the white working class. The life expectancy of people living in Jackson County is 2% lower than Indiana life expectancy and 4.3% lower than national life expectancy respectively. According to the Indiana Business Review article, Indiana’s life expectancy is falling further behind the U.S., “Jackson County is among the top 10 Indiana counties with increases in mortality rates for the population aged 25-54 at 59.3%”.

To demonstrate that drugs, alcohol, and suicide were impacting age-adjusted death rates, a comparison of 1) age-adjusted rates of deaths of despair, 2) age-adjusted rates of unintentional drug related deaths, and 3) age-adjusted unintentional injury mortality rates as listed in Table A2 were reviewed. Age-adjusted rates of deaths of despair (deaths from drugs, alcohol, and suicide) for Jackson County indicates a rate 63% higher than the Indiana rates and 58% higher than national rates. The age-adjusted unintentional drug related deaths for Jackson County exceed both the state and national rates and continue to trend upwards. The Jackson County age-adjusted unintentional injury mortality rates (includes deaths from poisoning/noxious substances which includes overdoses at 44%) exceed the state and national rates. This rate is also trending upward, primarily due to overdose deaths, increasing from 49.9 in 2010 to 74.2 in 2021. In comparison, the state rate increased from 40.2 to 56.6 while the national rate increased from 41.2 to 48.9 over the same time period indicating a much faster rate of increase in Jackson County. In Preventive Medicine Reports—An opioid overdose vulnerability assessment across Indiana in 2017, Jackson County ranked in the 2nd quintile with the first quintile representing the most vulnerable counties and the 5th quintile representing the least vulnerable. The 2017 vulnerability assessment has played out over the last few years with overdose rates increasing dramatically in Jackson County.

The relationship between mental health and substance use is well documented with evidence of a synergistic relationship between the two. Several key mental health measures were presented in Table

A2 that would add to the potential significance of substance use and mental health in Jackson County. The percentage of the population in Jackson County with a depressive disorder diagnosis exceeds the Indiana rate by 25.6% and the national rate by 22%. Even more alarming is that these percentages of the population with depressive disorder diagnoses are likely underdiagnosed due to mental health provider ratios that are higher than the State and the national 90th percentile. In rural areas, primary care providers are often called upon to address mental health issues and in Jackson County the primary care ratio exceeds both Indiana and the 90th percentile national number.

The Indiana Overdose Dashboard tracks the number of opioid prescriptions per 1000 people. In the 3rd quarter of 2021, the numbers of opioid prescriptions per 1000 population for Jackson County exceeded the state rate at 207.8-15.8% higher than the State. In the SAMHSA publication, "Preventing Substance Misuse in Rural Settings", rural residents suffer from higher rates of unintentional injuries such as falls widely believed to be the result of the more physical nature of rural employment. Rural residents are more likely to receive greater quantities of opioids for pain in part due to the well-intentioned recognition of physicians of the difficulty in returning for follow-up care. Jackson County has a robust manufacturing industry which may also lead to increased opioid prescriptions to deal with chronic and acute pain and injuries from manufacturing.

One final statistic that is presented is the percent of the population in the focus area that meet the criteria to be considered "excessive drinkers" (heavy drinkers and/or binge drinkers defined as men report 2+ alcoholic drinks per day or women report 1+ alcoholic drinks per day in the month preceding the interview; binge drinkers defined as men reporting 5+ alcoholic drinks or women reporting 4+ drinks on any single occasion during the past month). Jackson County exceeds the state rate of excessive drinking at 31%.

Lastly, there is every indication that the pandemic has impacted these rates and trends negatively likely propelling substance use and mental health issues to even higher numbers. Indiana Department of Health released statistics which indicate that overdose deaths in Jackson County increased between 30 and 50% from 2019 to 2020. In the JAMA article "Alcohol-Related Deaths During the COVID-19 Pandemic, 03/19/2022, the national impact of the pandemic is well documented and as these counties weather the economic impact of the pandemic, we anticipate continued increases in substance use, alcohol and drug related deaths, and suicides in Jackson County. The introduction of fentanyl has changed both the populations of focus and the message. The impact of recreational and/or experimental substance use is riskier than it has ever been to these communities.

Jackson County drug arrests per 10,000 population from 2020-2022 exceeded the state arrest rates in three areas-opioids, paraphernalia, and methamphetamines, by 28% for opioids, 56% for paraphernalia, and 105% for methamphetamines. Whether the variance is due to increased substance misuse, or increased law enforcement activities, the extent of the issue is significant and must be addressed. In addition, there are gender variances that will also impact the strategies that must be employed to address issues as well as recovery support needed. Note below that the percent of females arrested in Jackson County for both controlled substances and opioids exceed the Indiana rates.

2020, 2021, 2022 Drug Arrests				
Arrests/10,000 population	Jackson		Indiana	
Controlled Substances	27/10000		29/10000	
Methamphetamines	121/10000		59/10000	
Opioids	23/10000		18/10000	
Paraphernalia	95/10000		61/10000	
Jackson County Drug Arrests	Female	Male	Indiana-female	Male
Controlled	36.2	63.8	30.1	69.9
Meth	32.3	67.7	32.8	67.2
Opioids	35.4	64.6	31.6	68.4
Paraphernalia	32.2	67.8	34	65.9

In summary, the long-term impact of substance misuse and mental health issues on the population of Jackson County is significant and continuing to increase. An understanding of the magnitude of the SUD/MH problem in Jackson County, completion of a comprehensive assessment of current resources, identification of gaps in services, identification of prevention priorities, and a focus on strengthening community-level capacity and collaboration can reduce and/or prevent misuse of substances, and as a result, have a positive impact on the identified Jackson County substance misuse problems.ⁱ

Section II - Recovery Resources

The Jackson County Recovery Program was made possible by the efforts of Mayor Matt Nicholson and the City of Seymour in cooperation with the Bartholomew County Alliance for Substance Abuse Progress (ASAP). ASAP developed a Prevention and Recovery System consisting of eight spokes on a hub with supporting resources and programs encircling the spokes and thereby completing the hub. This report will address each of these spokes as they relate to Jackson County. The supporting resources and programs will then be addressed. The spokes of the hub are: Prescribing Practices, County Health System, Criminal Justice System, County Jail, Residential Treatment, Out-Patient Treatment, Recovery Housing, and Recovery Programs.

Prescribing Practices - Therapy and Medications for Substance Use Disorders Programs

Medication Assisted Therapy (MAT) and Medication for Opioid Use Disorder (MOUD)ⁱⁱ are being offered in many locations in Jackson County. Below are the names of MAT/MOUD centers currently identified in Jackson County.

- Schneck Medical Center Primary Care, Dr. Ryan Sarver.
- Seymour Comprehensive Treatment Center.
- Protech.
- New Beginnings Recovery Center offers MAT along with many other treatment services.
- Groups Recover Together offers MAT along with required group therapy services.
- Additional MAT/MOUD services are being explored and may soon be offered by Indiana Health Center, Jackson County Jail, and the Jackson Jennings County Corrections program.

Harm Reduction Efforts and Resources

The following is taken from the Overdose Lifeline website: “Harm reduction is part of an overdose prevention strategy. Harm reduction is critical to keeping people who use drugs alive and as healthy as possible and is a key pillar in the multi-faceted Health and Human Services’ Overdose Prevention Strategy.

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.”ⁱⁱⁱ

“The Overdose Lifeline is a nonprofit dedicated to helping individuals, families, and communities affected by substance use disorder. We work to prevent overdoses through education, preventative treatment, and by offering emergency services.” Reference to their website and services offered is listed in the end notes of this report.^{iv} For a list of locations in our area providing Naloxone, go to <https://www.overdoselifeline.org/naloxone-indiana-distribution/>. Volunteers, including Kimberly Glaze, work hard in our area to secure additional locations and to make sure that distribution locations are stocked. Narcan is also made available through Jackson County Health Dept.^v

County Health System

Jackson County has many health care providers including a nationally recognized hospital, Schneck Medical Center. We also have many resources for mental health (MH) care. Many people that are in recovery need access to mental health services whether for support, therapy, or medication management. Throughout our assessment we heard an expressed need for more mental health providers from people seeking services, families, and from providers. This need has been heard, but there is a national shortage of mental health workers. Our community is working to increase the number of MH workers in our community through grant proposals and direct contact with regional providers. The recovery community has been using trained peers that help provide support and coaching to supplement and assist other MH workers.

Medical Care Providers

- Schneck Medical Center
- Indiana Health Center
- Jackson County Health Department

Mental Health Providers

- Centerstone
- New Beginnings
- Schneck Medical Center
- Numerous Private Practice Practitioners

Criminal Justice System

Our community criminal justice system is highly involved in recovery efforts in our community. The overall attitude of the people interviewed who work in this field is one of understanding, caring, and support coupled with recognition that much more can be done. Many people in this system are well informed and looking for answers to critical issues and delivery. For more to be done though, there is a need for

additional resources within and outside the system. Transportation assistance, safe and affordable residences and housing, and employment opportunities are a few of the needs identified. A more comprehensive and complete continuum of care is needed to help people in recovery receive care and support for longer duration. We interviewed several people who work in this area, more than in any other sector, and every person interviewed in this area wants to help people in recovery in any way possible that fits within the framework and boundaries of the criminal justice system. Listed below are various groups that make up our criminal justice system. This is not intended to be a complete listing.

Probation

Prosecutor

Public Defender

Jackson Jennings Community Corrections

Work Release

Circuit Court - Honorable Richard W. Poynter, Presiding Judge

Superior Court I - Honorable AmyMarie Travis, Presiding Judge

Superior Court II - Honorable Bruce A. MacTavish, Presiding Judge

CASA – Childcare Network

Drug Court

Alcohol Court

Juvenile Court

Juvenile Home

Sheriff's Department

Jackson County Jail

Therapeutic Pod Program at Jackson County Jail

Law Enforcement & Alternative Intervention

Jackson County Sheriff's Department

Seymour Police Department

Brownstown Police Department

Medora Police Department

Crothersville Police Department

Jackson County Jail Recovery Efforts

The jail has several initiatives and programs to support recovery and those struggling with addiction. Currently they offer the Moral Reconciliation Therapy^{vi} program that includes a separate general housing area for those enrolled in the program. This group receives services from volunteers in the community as well as Centerstone folks. Moral Reconciliation Therapy is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. They have Celebrate Recovery, Bible Study, and Residents Encounter Christ programs. Recently they implemented a Medication Assisted Treatment program in the jail called SOAR. This program is a partnership with Centerstone. Additionally, once participants are released from custody, they can continue to receive medication and treatment because they are already enrolled as a client through the jail. The Indiana Sheriffs Association secured funding for this initiative.

Local Justice Reinvestment Advisory Council (Local JRAC)

Governor Holcomb signed [House Enrolled Act 1068](#) into law on April 8, 2021 (effective July 1, 2021), establishing a local Justice Reinvestment Advisory Council (Local JRAC) in each county [[IC 33-38-9.5-4](#)]. Local JRACs are required to promote the use of evidence-based and best practices in the areas of community-based sentencing alternatives and recidivism reduction; review, evaluate, and make recommendations about local practices (community-based corrections and jail overcrowding); compile reports as directed by the State JRAC; and communicate with the State JRAC to establish and implement best practices and to ensure consistent collection and reporting of data.^{vii}

Crisis Intervention as An Alternative to Incarceration or Emergency Medical Treatment

Jackson County, like many communities, has been working toward Crisis Intervention training and a longer-term goal of a Crisis Center. We have a steering committee working on the training aspect. The Stride Center, now open, is a Diversion Center managed by Centerstone and other partners to provide an alternative to arrest and incarceration.^{viii} For more information on Crisis Intervention see “Crisis Intervention Team (CIT) Programs: a best practice guide for transforming community responses to mental health crises.”^{ix}

Residential Treatment

From Substance Abuse and Mental Health Services Association (SAMSHA) What is Substance Abuse Treatment? A Booklet for Families: “Residential programs provide a living environment with treatment services. Several models of residential treatment (such as the therapeutic community) exist, and treatment in these programs lasts from a month to a year or more. The programs differ in some ways, but they are similar in many ways. Residential programs often have phases of treatment, with different expectations and activities during each phase. For example, in the first phase, an adult’s contact with family, friends, and job may be restricted. An adolescent may be able to have contact with his or her parents but not with friends or with school. This restriction helps the person become part of the treatment community and adjust to the treatment setting. In a later phase, a person may be able to start working again, going “home” to the facility every evening. If your loved one is in a residential treatment program, it is important that you know and understand the program rules and expectation” “Some residential programs are designed to enable women who need treatment to bring their children with them. These programs offer childcare and parenting classes. Residential programs are best for people who do not have stable living or employment situations and/or have limited or no family support. Residential treatment may help people with very serious substance use disorders who have been unable to get and stay sober or drug free in other treatment.”^x

Jackson County does not have residential treatment available within the county geographical boundaries. There are numerous residential treatment facilities within 60 miles of the county center. Centerstone Residential Treatment has facilities in southern Indiana.^{xi} Centerstone also has local representatives to

assist clients in finding appropriate and available treatment placement regardless of the facility's ownership or affiliation.

During the time of this assessment, we learned that Praxis by Landmark was going to renovate and open a residential treatment facility with detox in the former Todd's Place facility. Since that time, we have learned that the plan has fallen through, and this is not going to happen.

Residential treatment in our community sounds, and may be, beneficial on many levels, but currently we are being told that there are adequate beds at well-respected facilities within a relatively short distance. Finding a facility that is a good fit for the person seeking recovery and providing the support that goes along with their recovery efforts is important and distance away can be an advantage as well. Many facilities offer transportation, and if they have multiple facilities can plan to have the person admitted to one of their other facilities until a bed opens up at the facility closer to home. Understanding the treatment approach, guidelines, outcomes, and having a comfort level with the facility and staff, rank high in this decision, probably more so than location.

Out-Patient Treatment

From SAMSHA What is Substance Abuse Treatment? A Booklet for Families: "Outpatient and intensive outpatient programs provide treatment at a program site, but the person lives elsewhere (usually at home). Outpatient treatment is offered in a variety of places: health clinics, community mental health clinics, counselors' offices, hospital clinics, local health department offices, or residential programs with outpatient clinics. Many programs meet in the evenings and on weekends so participants can go to school or work. Outpatient treatment programs have different requirements for attendance. Some programs require daily attendance; others meet only one to three times per week. Intensive outpatient treatment programs require a person to attend 9 to 20 hours of treatment activities per week. Outpatient programs last from about 2 months to 1 year. People who do best in an outpatient program are willing to attend counseling sessions regularly, have supportive friends or family members, have a place to live, and have some form of transportation to get to treatment sessions." ^{xii}

Outpatient treatment providers in our community include Centerstone^{xiii} and New Beginnings^{xiv}. The endnotes provide contact information for these providers. Primary healthcare providers can discuss additional programs and providers. You can also use the Hoosierhelp.org website. Note that this resource listing service is developing to be more inclusive and with additional local services as they are entered into the resource list.

Recovery Housing

Recovery Housing, also referred to as Recovery Residence or Transitional Housing, is an important component of an effective continuum of care for people in recovery. Currently, there is no recovery housing available in Jackson County, making this a known gap in service offerings.

From the National Alliance of Recovery Residences website: "The National Alliance of Recovery Residences (NARR)^{xv} is a 501-c3 nonprofit organization dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing. We have developed the most widely referenced national standard for the operation of recovery residences. We work with and support 30 state affiliate organizations. NARR and these organizations collectively support over 25,000 persons in addiction recovery who are living in over 2,500 certified recovery residences throughout the United States. Our mission is to support persons in recovery from addiction by improving their access to quality recovery

residences through standards, support services, placement, education, research and advocacy. We envision all persons in recovery from addiction having access to the recovery support they need to live happier, healthier lives. NARR values hope, compassion, respect, honesty, responsibility, and fairness.”

The chart below describes different Recovery Residence Levels of Support as developed by NARR. There is an ongoing effort to bring recovery residence facilities to our community for the purpose of offering another step in a continuum of care for people in recovery. There are efforts to build partnerships with local government, potential residence owners and managers, and facility managers. Various funding sources are being explored. Organizations including Thrive Alliance, Centerstone, ASAP Sober Living, Seymour city government, Jackson County government, and Healthy Jackson County continue to explore opportunities and pursue funding regarding bringing recovery housing to our community.

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

Recovery Programs and Support Resources

There are many support programs for people in recovery throughout our community. Many are listed below and there are others that we have missed in the listing. Alcoholics Anonymous (AA), started in 1934, may be the oldest surviving recovery program and its twelve-step approach has been a model for many additional programs. Recovery groups provide support and education for people in recovery. Programs like Al-Anon, Alateen, and Al-Anon Family Groups provide support for friends, family, and other loved ones who are adversely affected by a loved one with substance use disorder (SUD). At this time, we do not have an active Al-Anon support group in our community but note that many support groups that meet

allow anyone affected by SUD to participate. Readers interested in recovery programs and support services are encouraged to reach out to the groups for additional information regarding program, meeting times, locations, etc. Listed below are programs that are meeting to the best of our knowledge.

Alcoholics Anonymous (AA) Narcotics Anonymous (NA)^{xvi}

Celebrate Recovery

Recover Out Loud

Groups Recover Together

Centerstone

New Beginnings

Prevention

Prevention of SUD is a whole community, cradle to grave activity. There are several prevention programs in our community, most recognized perhaps is the DARE program administered to students in school by local and county law enforcement. Our county Drug Free Council^{xvii} receives grant requests and awards money for prevention programs, including DARE and Girls, Inc. Friendly PEERsusaion to 8th graders, school-based awareness events, Teens 4 Change, Students Take a Stand and JUNTOS in our community. Healthy Jackson County supports prevention efforts and one of their workgroups is focused on decreasing tobacco use. This is not a complete list of prevention programs in our community rather ones we are aware of through the assessment.

Prevention is a broad multi-faceted topic and constantly changing in approach and focus. Although still a popular prevention program, DARE is being scrutinized for several reasons, is it evidence based (changes have been made to address this issue), delivery format, delivery audience, etc. SAMHSA provides an excellent publication titled Guide to SAMHSA's Strategic Prevention Framework^{xviii} that is a straightforward readable guide that encourages prevention planning at a community level. Although daunting at first read, the guide provides logical step-by-step guidance for communities that are serious about prevention and recognize prevention as a whole community issue. A community planned and implemented comprehensive prevention program could very well prevent SUD onset, therefore freeing up a lot of community resources. There is plenty of support at the state and national level for prevention efforts.

For purposes of example and timeliness, The One Pill Can Kill prevention program offered by the Drug Enforcement Agency (DEA) has been made available for implementation to address the Fentanyl crisis that plagues our nation at this time.^{xix} Here are three articles that support the One Pill Can Kill prevention efforts: "One Pill Can Kill preys on highly vulnerable members of our community and attacks teenagers in unsuspecting ways". "Teen drug overdose deaths rose sharply in 2020, driven by fentanyl-laced pills".^{xx} "Report: Fentanyl deaths of children under 14 surging."^{xxi} Teen overdose deaths have doubled in three years. Blame fentanyl".^{xxii}

In summary, there are numerous good prevention programs in our community, and they should continue and more should be added. The recommendations section will address recommendations for prevention assessment and future programs consideration.

Coalitions, Councils, Committees, Agencies, etc.

There are numerous coalitions, councils, steering committees, sub steering committees, agencies, etc. throughout our community and all serve a purpose, some voluntary, some required by funding sources or governmental agencies or other reasons for existence. They have noble missions and visions and are served and attended by people who care and want to make a difference. They make our community what it is and serve to make our community better.

An observation regarding the number and makeup of the coalitions and councils is do we need this many organizations with very similar missions and vision? Some of them are established through state or federal programs to manage specific areas, i.e., Drug Free Council, Healthy Jackson County, and Client Consultation Board (CCB) and are part of larger state-dictated programs. Should we as a community question the need and possible duplication of efforts among these groups? At a minimum we should encourage communication and review of the mission, vision, and goals of these groups to prevent duplication or competition for limited resources. Should we look at the cost of administration and volunteer efforts or required participation on multiple groups?

Faith-Based Organizations

Part of our assessment included putting together a list of all churches in Jackson County and collecting contact information for as many as possible. This list resulted in just under 100 churches in Jackson County. We know that faith-based organizations provide worship and fellowship opportunities, support, and social services for members, and other services including transportation, food, meals, financial aid, support groups, and many other types of aid and support.

Our assessment indicates that although faith-based organizations contribute much to our community, many of our faith-based organizations may have capacity to assist in additional or expanded areas. An example of this is transportation needs. At a recent Recovery Jackson County Steering Committee meeting, the topic of transportation was discussed, especially meeting the needs of the rural areas of our county. One of the suggestions discussed was to utilize church vans and buses along with volunteer drivers to help meet these transportation needs. Another opportunity would be for a church to start up and offer Al-Anon meetings, which are not currently offered in our community, or expand other recovery related support group meetings.

Transportation

As discussed in the faith-based organizations section, transportation is a topic that comes up in many discussions about recovery and recovery efforts. Transportation to required court appearances, transportation to medical appointments, transportation to and from work from work release or home residences, transportation to treatment support meetings, required or otherwise, and transportation until a drivers license is restored are some of the many expressed transportation needs and struggles. Added to this discussion is the fact that Jackson County is one of the largest counties geographically in the state and the largest city is approximately fifteen miles from the county seat. Additionally, we take pride in being a rural county and our country living culture. These reasons point to transportation needs of many purposes, times, distances, etc.

From the Seymour Public Transportation website: “The Seymour Public Transportation Department^{xxiii} provides a needed service to help you go shopping, visit the doctor, go to work, or just go visit a friend. For more information, call 812.522.7433. You must call before 4:00 pm to schedule a ride for the next business

day. There are various means of payment, cash tokens or a pass. You must have exact change and the office does not take credit cards at this time. The Seymour Transit provides transportation within the city limits and to Family Medical Center, Sycamore Springs and the Hoover addition. Seymour Transit operates 5 days a week, Monday -Thursday from 6:00 a.m. to 6:00 p.m., and Fridays from 6:00 a.m. to 5:00 p.m. call 812-522-7433 (522-RIDE), during regular office hours of Monday – Friday, 7:00 a.m. to 4:30 p.m. to schedule a pickup at your home.” See their website for more information. The obvious downsides to this service are hours of operation and route restrictions, but this is an excellent opportunity for many people.

Studies, Assessments, and Reports

There are community assessments done periodically and distributed to the community that address community-based plans for improvement to overall life in Jackson County. These are important documents and help inform the recommendations in this report and those of other organizations.

The Jackson County Community Health Improvement Plan^{xxiv} (often referred to as CHIP) is done every two years, the 2021 guide was prepared by Schneck Medical Center, the Healthy Jackson County Coalition, Indiana University School of Public Health, and the Indiana University Center for Rural Engagement. Readers are encouraged to read this report. See end note xxxiv for link to the report.

The Schneck Medical Center 2022 Community Health Needs Assessment and Implementation Strategy^{xxv} report is a community assessment and implementation plan done by Schneck Medical Center. This report is available at the link for end note xxxv at the end of this document. Readers are encouraged to read this report.

Barriers and Challenges

Jackson County is a large county with a diverse population in terms of distance apart, culture, age, socioeconomic, race, educational level, and many other factors. Diversity makes us rich in many ways but can create barriers and challenges. Distance and access to services can be a barrier to those who live in remote rural areas or smaller towns in the county. Cultural differences, including speaking different languages, can be a barrier to services and programs. SUD has been prevalent for multiple generations, and we know there are intergenerational issues associated with families in this situation.^{xxvi}

No Wrong Door

An initial thought with regard to the assessment was to work to incorporate a No Wrong Door approach to our community network model. See Appendix D for an image of the treatment network raw model. No Wrong Door is a program used by the Veterans Administration to help follow people engaged in the VA healthcare system so that they receive needed services and can be followed in the hope that they don't fall through the cracks.

For purposes of the Jackson County Recovery Network (as we hoped it would be developed) the No Wrong Door approach would be used as we built a resource directory and vetted it for community use. The goal remains to provide and carry out this arduous task, but implementation is lacking and behind. We found there are many resource lists throughout the county, which we would expect because different lists serve different needs. Additionally, the use of web-based entry and search capabilities creates opportunity to streamline the management and implementation of this task but also creates issues regarding duplication, category selection, search radius, and quite importantly making sure that all resources find their way into the system and are vetted for accuracy. There is ongoing work to address the issues and find a good

workable solution. This is no small task and very important to those needing resources and accurate information.

In order for this to work and meet a No Wrong Door criteria, education, training, and awareness need to take place with every network participant so that when potential clients present, there is an accurate response and a high level (near 100%) chance that if a person is passed off to another agency, their need will be met rather than they find a wrong door and have to start over, a very frustrating position for a person or family in crisis.

Section III - Recommendations for Jackson County Recovery Program

Recovery Culture

Effective recovery is a community endeavor and success will be measured in small incremental change over, what will feel like to many, an excruciatingly long time. Recovery needs to be a part of our community culture. Like other issues in community life, we won't and don't have to agree on all aspects, but we do have to embrace an overall belief that recovery is important to our community life and existence. Cultural change is a long and arduous task, but the result will be a healthier and more prosperous community.

A Continuum of Care for Life

Remembering our definition of recovery as, "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential," recovery in many ways is a lifelong program. We will look at how SUD can affect individuals and families throughout their lifespan. First, we will look at a continuum of care model depicted in the image below. From left to right the four major segments are Promotion, Prevention, Treatment, and Maintenance. An important note is that the line between Prevention and Treatment is when a person receives a substance use disorder (SUD) diagnosis.^{xvii}



A brief description of each of the segments follows:

- Promotion strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

- Prevention delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.
- Treatment services are provided for individuals diagnosed with a substance use or other behavioral health disorder.
- Recovery services support individuals' abilities to live productive lives in the community.

An unfortunate effect of SUD is the effect it has on babies in utero. "Research shows that use of tobacco, alcohol, or illicit drugs or misuse of prescription drugs by pregnant women can have severe health consequences for infants. This is because many substances pass easily through the placenta, so substances that a pregnant woman takes also reach the fetus. Recent research shows that smoking tobacco or marijuana, taking prescription pain relievers, or using illegal drugs during pregnancy is associated with double or even triple the risk of stillbirth. Estimates suggest that about 5 percent of pregnant women use one or more addictive substances."^{xxviii} Recovery is important for the unborn and the newborn as well as their parents.

As children grow, it is important that they are raised in a healthy environment that takes care of their mental and physical health needs. Family support, education, and healthy behavior modeling are important to family and children wellbeing. Families take on many forms and make ups and there are many resources available to assist in healthy family environment, not the least of which are extended family, neighbors, and friends. A healthy community cares.

School becomes an important partner in children and family health as children reach school age. Schools support families obviously through education, but also through support and prevention programs. Schools supplement and reinforce messages of the harmful effects of SUD and encourage prevention.

Access to technology and knowledge at younger and younger ages has made it important to provide prevention resources at home and schools at earlier ages. At Drug Free Council Meetings, the suggestion is that we reach children regarding vaping, smoking, and substance misuse by fourth to fifth grades. Adolescence is a vulnerable time for exposure to substance misuse and subsequent SUD. From a NIH News Release, March 29, 2021. "A new study shows that in the time after first trying cannabis or first misusing prescription drugs, the percentages of young people who develop the corresponding substance use disorder are higher among adolescents (ages 12-17) than young adults (ages 18-25). In addition, 30% of young adults develop a heroin use disorder and 25% develop a methamphetamine use disorder a year after first using heroin or methamphetamine." These findings, published in *JAMA Pediatrics*, emphasize the vulnerability of young people to developing substance use disorders."^{xxix}

Vulnerability to the effects of substance misuse remains high as children navigate adolescence to young adulthood. Peer pressure, media influences of all types, advertising, experimentation, individuation, experimentation, and many other facets of growing up influence individuals at this age. Family, school, friends, and community are important to reinforce prevention messages, listen to concerns and questions, provide guidance, and to recognize and act on dangerous behaviors. It is an important time for the community to provide healthy lifestyle choices and activities and to be bold in confronting dangerous behaviors for the benefit of the whole community and especially vulnerable individuals. It is not a time for ignoring and turning away.

This is an important time in the recovery life cycle. This is a time when young people will first confront the deleterious effects of SUD. Having community resources available to meet the challenges of SUD in our

adolescents and young adults is critical to slowing the effects of SUD on our community. It is a critical time for many resources to work together, families, churches, mental health providers, recovery treatment providers, schools, employers, healthcare, crisis intervention, law enforcement, and criminal justice. This is a time when “it takes a village” becomes extremely real and working together is imperative.

At this point and for perhaps the rest of the individual’s recovery life cycle, the choice, support or lack of, and continuum of care are literally the difference between life and death. You may argue that choice is not the right word, but choices are made and often not by the individual. Without an interruption to long-term substance misuse and a recovery plan, the individual usually follows a downward trend leading to consequences often out of their control. Loss of quality of life, incarceration, deteriorating mental and physical health, and premature death are some of the common consequences.

A forced or voluntary interruption in substance misuse can lead an individual to one of the many pathways to recovery. The pathway is important but equally important is the path’s direction, support, and continuity. Assisting a person to choose a pathway to recovery is a very important first step but is a step with many pitfalls and potential stumbles, including relapse along the path. Pathways and continuity are addressed in other areas of this report and some are listed here, all are important choices that impact recovery efforts.

1. Outpatient programs
2. Inpatient programs
 - a. 14-28 day programs
 - b. Long term inpatient programs
3. Twelve step programs and other models of support programs
4. Criminal justice System programs – alcohol court, drug court, work release, therapeutic pod in Jackson County Jail
5. Support of family, friends, new social supports
6. Faith-based support
7. Intensive outpatient (IOP)
8. Mental health therapy, counseling, groups
9. Healthcare, insurance, Medicare, Medicaid eligibility
10. Medical Assisted Therapy (MAT)
11. Life skills programs
12. Education programs leading to GED, other certificates, or degrees
13. Employment assistance
 - a. Resume writing
 - b. Interview skills
 - c. Employers willing to work with SUD people in recovery
 - d. Employment assistance programs
14. Transportation
15. Housing that encourages recovery
 - a. Transitioning from incarceration to appropriate level housing
 - b. Having appropriate levels of residential facilities that encourage growth in recovery

A successful community centered and supported recovery program recognizes the critical nature and importance of providing timely, caring, adequate, and competent services tailored for every individual in

recovery. A successful program cares for everyone in recovery and understands the pitfalls and vulnerability of recovery especially in the early stages (hard to clearly define but 1-2 years), during relapse, and during times of life changes, family, employment, economy, health, etc. A successful community program embraces changes in language usage recognizing setback and relapse as parts of the process and not failures.

Community Impact

As we saw in the continuum of care discussion, SUD affects our community at every age level. SUD also affects our community across socio-economic status, race, ethnicity, sexual orientation, political beliefs, religious beliefs, educational level, and other differences. Differences make a community rich in a variety of ways but can foster disagreement that may hamper efforts to help the most vulnerable among us.

Differences that exist within the recovery efforts can hinder recovery progress and need to be brought into the open, discussed thoroughly and civilly, with the hope of finding common ground or agreeing to disagree with minimal effect to the recovery goal or the person in recovery. Some differences that were brought to our attention during the assessment follow:

MAT/MOUD, Abstinence, and middle ground – there are differing opinions about the use of MAT/MOUD for treatment as opposed to total abstinence being the best treatment approach. A variety of factors inform both sides of this issue. Persons considering either of these options are encouraged to seek professional guidance and encouraged to accept that there is not necessarily a one size fits all answer. History, substance used, beliefs system, other treatment experience, and many other factors inform this decision.

Stigma – stigma is defined as a mark of shame or discredit. As a community we must continue to erase the stigma attached to SUD and work to erase the effects and shame that accompany those suffering SUD and in recovery. Awareness and education promote understanding of SUD and recovery.

Not in my back yard (NIMBY) – this term is associated with reluctance or refusal to accept change and differences usually because the issue being challenged is not fully understood, comes from a preconceived prejudice, or can come from a reluctance to change whatever the reason. NIMBY thinking can often be changed with good communication, patience, and sharing of factual information over time.

Relapse as failure rather than accepted as part of recovery – recovery involves many life changes and time to adjust to changes, physical, mental, environmental, work, family, and other factors. There is often fragility in a person in early recovery as they learn to navigate a changed and changing lifestyle. Some in recovery relapse and go back to previous ways of life. The argument could be made that no one wants to relapse. It is certainly not encouraged, but it happens. The issue of relapse becomes what is an appropriate response from the community? Shame, finger pointing, I told you so, or patience, understanding, encouragement, and hope that the person who relapsed will turn back to a path of recovery. We need to examine our own beliefs about what relapse signifies and the stigma associated.

Incarceration versus treatment program, second chances – our criminal justice system is working with the community at large to address alternatives to incarceration and more appropriate response to SUD behaviors that are criminal in nature.

Who should pay for prevention, treatment, employment assistance, medical care, housing? Big Pharma, federal, state, and/or local taxes, the individual and their family, insurance, employers, community?

Hiring Felons - Employers face decisions on whether to hire felons. There are government supported programs to help facilitate people in recovery to reenter the workforce with the support of willing employers.

Blame for SUD, prescribed medication leads to addiction, illegal drugs are the cause of our problems. These are all worthy discussion topics and need to be addressed on many levels. Caution is encouraged to not make this discussion the focus of recovery efforts or provide an excuse to do nothing. Recovery is an issue regardless of cause.

Hierarchy of substances, tobacco, alcohol, marijuana, illicitly obtained substances, prescription substances being abused, natural opioids, synthetic opioids, what is next. SUD is a serious and treatable disorder regardless of the substance used. Again, there is not a one size fits all treatment, but any of these substances can lead to a disorder that requires treatment.

Treatment models - medical versus behavioral model or a combination of both. This is just one of many considerations when determining the best treatment modality for the individual. A major determining factor is allowing the individual to be involved in the decision making process for their treatment.

Narcan Administration - How many times does a person deserve to have Narcan administered?

Strengthen Community Relationships

A successful community centered and supported recovery program understands and embraces a strong community working together. Jackson County has many of the resources needed for recovery. We have new resources scheduled to open in our community soon that will only strengthen our recovery network. As additional gaps are identified and addressed and more resources are available, the recovery network will become stronger and more robust.

Establishing agreed upon common goals and together developing action steps and timelines for achieving the goals is a good step. Synergy not silos, cooperation not competition are important concepts. Having common goals with a common community mission and vision will help us to focus and break down this complex issue into manageable parts, allow open dialog, and help us to know each other better.

Strengths Seen in Recovery Efforts

There are many strengths in our community and in our recovery community.

- We have dedicated people working in professional and volunteer capacities to assist and advance recovery efforts.
- The community of people who are living a life of recovery is strong, supportive, and they contribute every day to our community's success despite the struggles they have.
- We are growing to recognize the importance of harm reduction to prevent accidental death and offer people suffering from SUD another chance at life. There are strong partners in our community working to make harm reduction supplies available where they are needed most and in adequate supply. Education and awareness, including efforts to erase stigma, are ongoing and one step at a time, are making a difference.
- People who can make a difference are aware that we need to increase mental health availability in our community. Creative ways to encourage new MH workers to come to our community as

well as finding funding streams are being brought to fruition. There is a lot more to do, but we are making progress.

- As discussed in the MAT/MOUD section, MAT/MOUD availability and recent expansion of providers is making MAT/MOUD more acceptable, more available, and making a difference in people's lives.
- There is a strong willingness among professionals and volunteers to improve our work in recovery and prevention.
- We have a strong, dedicated, and well-organized criminal justice system that is willing to make changes to better meet needs in the community. Again, there is a lot more to do, but we are making progress.

Gaps Seen in Our Recovery Efforts

Following are gaps that were identified during the assessment:

- Recovery housing is a gap that we recognized early in the assessment process. Two different opportunities have been identified, explored, and acted on, one is awaiting a decision on a grant proposal.
- More and improved access to mental health services. As stated earlier, there is a shortage of MH professionals nationally and our community is no different. This gap is being addressed with some success and additional work is being done to increase MH worker availability and in critically needed locations.
- The opening of the Stride Center for diversion is a big step. Efforts are being made to make Crisis Intervention Training a reality. Education and community awareness are needed to make this service recognized and successful.
- Transportation remains an identified gap without effective solutions currently.
- There are no Al-Anon support groups listed as meeting in our community at this time. Providing support for families affected by SUD is an important service.
- A comprehensive, community wide, and community supported prevention program could have a huge impact on our community over time. This would be a long-term solution, and results could be a generation away but could also provide a cultural change to our community.
- Increased recovery awareness for the community at large.
- An up to date, comprehensive, accurate, and fully vetted, resource list of available services would be a benefit to those seeking services and would help us to provide a "No Wrong Door" level of service.
- Involve the Hispanic community in discussions regarding the need for and potential utilization of a Spanish language IOP. It has been reported that other communities have had limited success with reaching the Hispanic community with recovery services, so exploration and inclusion of the Hispanic community is needed in this discussion.
- In-patient treatment and detox in our community. The fact is there is no inpatient and detox treatment center in our community. It is easy to draw a conclusion that we need such a facility, but people who work for surrounding facilities point out that we currently have adequate beds in the area for the population seeking services and detox services are within close proximity as well. The issue needs to be fully explored before going forward. It is unfortunate that the expected renovation of Todd's Place has fallen through, not only because we are not getting a treatment center, but we are left with an eyesore. Perhaps other opportunities will present themselves to utilize this facility.

Recommendations

Below are recommendations for consideration by the whole community. They are not prioritized.

1. Utilize Faith-Based Organizations more in recovery efforts. We have strong faith-based organizations with strong leadership and membership. The mission of faith-based organizations dovetails well with the recovery community because of the spirit of helping others, being supportive, and giving of time, talents, and treasures.
2. Bring recovery (transitional) housing to our community. This is a known gap to our continuum of care, was mentioned by most if not all of the criminal justice system workers we interviewed and is supported by the state of Indiana. We have a resident expert in the field. Lastly, it is low hanging fruit because we have agencies on board wanting to make this a reality.
3. Determine the need for, mission, vision, and values, organizational structure, etc., for continuing Recovery Jackson County Coordinator position and support.
4. Develop a continuum of care model and implement it for our community based on known evidence-based models.
5. Develop a recovery awareness program for our community and implement it.
6. Develop a Prevention program. Follow the Guide to SAMHSA's Strategic Prevention Framework as closely as possible to develop a community wide comprehensive prevention plan for our community.
7. Develop a community wide resource list of available services fully vetted, accurate, and up to date. Work toward a No Wrong Door goal.
8. Work and partner with other communities sharing ideas and establishing alliances. This type of effort is encouraged and supported by the state agencies. The sharing of ideas only makes sense given the magnitude of the problem and the limited resources available.
9. Examine current coalitions for effectiveness, duplication of services. Do they fit into the community's mission, vision, and goals for effective recovery efforts? Strengthen the organization and makeup of the governing organization so that they represents the "whole" community without undue influence by larger organizations, i.e., government, industry, healthcare, etc. Promote working together holistically for the common good. Work to break down silos and minimize hidden agendas. Encourage a strategic, long-term framework that doesn't chase grant "carrots", but rather looks for opportunities based on pre-determined goals and objectives.
10. Work as a community to learn to play better together, trust one another, be honest, and work for the common good of those we are trying to protect and make whole in this effort we call recovery. We have many coalitions, councils, and steering committees. We need to take care not to be chasing grants for grants' sake, competing for limited resources, and making sure we use resources granted to leverage the best outcome for our clients and encourage organizations with more assets to be partners.

Agencies and People Interviewed for this Assessment

Below is a list of people interviewed and the agency they represented at the time of the interview. Some interviewees are not listed due to the author's lack of due diligence and note taking.

The Alley – Sara Bowling

Jackson County Chamber of Commerce – Dan Robison

ASAP Sober Living – Sherri Jewett, Jeff Jones, Rachel Rohm, Matt Neville, Ben Beatty

Jackson County Industrial Development Corporation (JCIDC) – Jim Plump

Girls Inc. - Ginger Schneck

Boys and Girls Club of Seymour – Ryon Wheeler

Prosecutor - Jeff Chalfant
Public Defender – Alan Marshall
Jackson Jennings Community Corrections – J. L. Brewer, Dawn Goodman, Brooke Newgent, Joe Madden
Superior Court I - Honorable AmyMarie Travis, Presiding Judge
CASA – Child Network – Julie Hirtzel
Jackson County Jail – Chris Everhart
Seymour Consolidated School Corporation – Steve Nauman
Jackson County EMS – Nate Bryant
Schneck Medical Center & Foundation – Stephanie Flinn
Faith Based Organizations – Rev. Teresa Poole, Rev. James Rodriguez, Rev. George Prather
City of Seymour – Mayor Matt Nicholson
Hickory Recovery Network - Keri Lyn Powers, Jacob Pickerill
Hoosier Action – Laxmi Plade
Jackson County Health – Lin Montgomery, Karla Hubbard
Purdue Extension – Jackson County – Molly Marshall
Recovery Centers of America – Terri Malenfant, Joshua Ellis
Schneck Medical Center – Dr. Ryan Sarver
Seymour Comprehensive Treatment Center - attended grand opening
The Healing Place – Karyn Hascal, Austin Smith
Turning Point – Charlotte Moss
Groups Recover Together - Joanne Delisle
Centerstone – Brittany Drawbaugh, Jennifer Fillmore, Ben Beatty
New Beginnings – Mike Higham, Teresa Higham, Kate DuBois
Anchor House Shelter – Megan Cherry, Dustin Vice
Seymour Police Department – Chief Greg O’Brien, Officer Tim Toborg

Recovery Recognition Dinner

On March 10, 2023, at the request of Mayor Matt Nicholson, we hosted a Recovery Recognition Dinner for people in active recovery and their guest. Dinner, entertainment, and a keynote speaker made this an evening for all to enjoy and be uplifted. The following link is to the Seymour Tribune article published after the event. <https://tribtown.com/2023/03/24/recognition-dinner-held-for-those-in-recovery/>

Appendix A - Definition of Recovery, Substance Use Disorder, and Brief History of Substance Use

The Substance Abuse and Mental Health Services Administration's (SAMHSA) working definition of recovery from mental disorders and/or substance use disorders is "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**, overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home**, a stable and safe place to live.
- **Purpose**, meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
- **Community**, relationships and social networks that provide support, friendship, love, and hope.^{xxx}

Definition of Substance Use Disorder (SUD)

For clinical diagnosis in the medical profession the U.S. standard is the Diagnostic and Statistical Manual of Mental Disorders (DSM 5, 5 meaning the fifth and most current version of the manual).^{xxxi} Briefly, there are two groups of substance related disorders, defined here:

Substance-use disorders are patterns of symptoms resulting from the use of a substance that you continue to take, despite experiencing problems as a result.

Substance-induced disorders, including intoxication, withdrawal, and other substance/medication-induced mental disorders, are detailed alongside substance use disorders.

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

The DSM 5 recognizes substance-related disorders resulting from the use of 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens (phencyclidine or similarly acting arylcyclohexylamines, and other hallucinogens, such as LSD); inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants (including amphetamine-type substances, cocaine, and other stimulants); tobacco; and other or unknown substances.

If the reader wants further information and clarification on SUD and related mental health issues related to substances, please consult a healthcare professional. The information above is provided as an overview of SUD and recovery.

Substances are many and have been around for thousands of years. Recovery plays an important role in managing the use or cessation of use for most of them. Today much of our efforts and resources regarding recovery are directed toward the opioid epidemic, and it should be noted that methamphetamine use is very high in our community. Readers are encouraged to read the 2016 book *Dreamland: the true tale of America's opiate epidemic*^{xxxii} to better understand the history and impact of this epidemic. Another fictional novel that takes a more personal and multi-generational look at SUD is *Demon Copperhead* by Barbara Kingsolver.^{xxxiii} Another popular book on this subject is *Dopesick* by Beth Macy.^{xxxiv} Readers are also encouraged to research other sources to further their knowledge about SUD and its treatment.

Historical and Societal Context

The use of opium dates to 3400 BC.^{xxxv} The wartime use of morphine as a pain killer and misuse pre-dates the Civil War.^{xxxvi} Alcoholics Anonymous started in 1934 and the twelve-step program developed as part of AA is still in use and defines the basic tenets of many treatment programs in use today.^{xxxvii} The Vietnam War era and societal shifts during that period saw increased use of marijuana and heroin. Abuses and misinformation from medical and pharmaceutical demands for more effective pain management contributed to the current opioid crisis. Technological advances both in our ability to communicate, deliver, and manufacture contribute to the ease with which highly potent, pure, and lethal drugs are easily available and in ample supply.

Appendix B - Medications for Substance Use Disorders

From SAMHSA website: “Learn how medications can be used to treat substance use disorders, sustain recovery and prevent overdose.”^{xxxviii}

The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used are approved by the Food and Drug Administration (FDA) and are clinically driven and tailored to meet each patient’s needs.

Research shows that a combination of medication and therapy can successfully treat substance use disorders, and for some medications can help sustain recovery. Medications are also used to prevent or reduce opioid overdose.

The ultimate goal is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

Improve patient survival

Increase retention in treatment

Decrease illicit opiate use and other criminal activity among people with substance use disorders

Increase patients’ ability to gain and maintain employment

Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person’s risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to HIV, AIDS, and Viral Hepatitis.

Learn more about co-occurring disorders and other health conditions.

Medications for Substance Use Disorders

FDA has approved several different medications to treat alcohol use disorders (AUD) and opioid use disorders (OUD). These medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications used are evidence-based treatment options and do not just substitute one drug for another.

Medications for Alcohol Use Disorder (MAUD)

Acamprosate, disulfiram, and naltrexone are the most common medications used to treat alcohol use disorder. They do not provide a cure for the disorder but are most effective for people who participate in a treatment program. Learn more about the impact of alcohol misuse and AUD.

Additional resources include Medication for the Treatment of Alcohol Use Disorder: A Brief Guide – 2015 and TIP 49: Incorporating Alcohol Pharmacotherapies Into Medical Practice.

Medications for Opioid Use Disorder (MOUD)

Buprenorphine, methadone, and naltrexone are the most common medications used to treat OUD. These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Buprenorphine, methadone, and naltrexone are used to treat OUD to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use.

Learn more about medications for [Opioid Use Disorder: TIP 63: Medications for Opioid Use Disorder – 2021](#).

Opioid Overdose Prevention Medication

Naloxone is used to prevent opioid overdose by reversing the toxic effects of the overdose. According to the World Health Organization (WHO), naloxone is one of a number of [medications considered essential to a functioning health care system](#).

Medications and Child Safety

It's important to remember that if medications are allowed to be kept at home, they must be locked in a safe place away from children. Methadone in its liquid form is colored and can be mistaken for a fruit juice. Children who mistakenly take medications may overdose or have an adverse reaction. Assistance needs to be sought for any known or suspected accidental ingestion.

Prevent children from accidentally taking medication by storing it out of reach. For more information, visit CDC's [Up and Away](#) educational campaign. For information on how to dispose of medications in your house, refer to FDA's information [How to Safely Dispose of Unused or Expired Medicine](#) or [DEA's drug disposal webpages](#)."

Appendix C - National Alliance for Recovery Residences (NARR) Code of Ethics

Operators and staff of residences certified as meeting NARR standards shall value and respect each resident and put everyone's recovery strengths and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's strengths and needs and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy, confidentiality and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

Appendix E - Anchor House Shelter

Anchor House Shelter's program Anchor House has become at times a de facto placement because of our community's shortage of short-term appropriate shelter and because Anchor House has risen to meet the immediate needs for people in desperate need of housing and other services. Megan Cherry is actively involved in helping to lead the crisis intervention services in our community and Dustin Vice is active in the recovery community. In the words describing Shelter from their website: "Our shelter is a safe place for families with children in times of need. By providing our families with a safe home in a drug and alcohol-free environment, we are guiding them to create a new path in life. Families are encouraged through life-skill classes and other opportunities to improve the quality of life for themselves and their children. The goal, at the end of the program, is for each family to find permanent housing, employment, assistance in signing up for the appropriate social services, and the skills to keep all this intact. Knowledge, and the proper tools to create success, are powerful elements to fostering each families' independence."^{xxxix}

Anchor House is a valuable organization providing critically needed services to our community. They are not a substitute for crisis intervention services nor are they a substitute for recovery residences, but they currently rise to the challenge of filling a desperate need for the community until more robust and dedicated services are in place.

End Notes

ⁱ Data Sources :Bartholomew County Substance Abuse Council Comprehensive Community Plan, 2021, 2023, 2021 Community Health Needs Assessment, Columbus Regional Health,2019 Community Health Needs Assessment and Implementation Plan St. Vincent Jennings Hospital, Jackson County Drug-Free Council, Inc., Comprehensive Community Plan, 2021,Long-Term Trends in Deaths of Despair, Social Capital Project, Joint Economic Committee, September 2019,Indiana Business Review, Indiana’s life expectancy falling further behind U.S., 2021,County Health Rankings and Roadmaps-Indiana-2020 County Health Rankings Report, Preventive Medicine Reports-Characterizing opioid-involved overdose risk in local communities: An opioid overdose vulnerability assessment across Indiana, 2017,America’s crisis of despair: A federal task force for economic recovery and societal well-being, February 10, 2021.CDC Data on Excessive Drinking-Prevalence of binge drinking among 18 and older-Behavioral Risk Factor Surveillance System, United States, 2018,JAMA: Alcohol-Related Deaths During the COVID-19 Pandemic, 03/18/2022,Overdose Trends in Indiana During the COVID-19 Pandemic, Indiana Department of Health ,NCDAS Drug Abuse and Addiction Statistics (2022),Substance Abuse Trends in Indiana: A 10-year perspective. CIUPUI Center for Health Policy, April, 2017,Substance Abuse in Indiana: An urban-Rural Perspective, IUPUI Center for Health Policy, June, 2017,Mental Health, Substance Misuse, and Suicide; Shared Risk and Protective Factors, IUPUI Center for Health Policy, June 2018, Community Conditions Favorable for Substance Use. IUPUI Center for Health Policy, April 2018.

ⁱⁱ <https://www.samhsa.gov/medications-substance-use-disorders>

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^{iv} <https://www.overdoselifeline.org/>

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^{vi} <https://www.moral-reconation-therapy.com/>

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^{viii} <https://stridecoalition.org/crisis-center/>

^{ix} [CIT Guide Interactive Web Version Final.pdf](#)

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^{xiii} <https://centerstone.org/connect-with-us/>

^{xiv} <https://www.southeastindianaaddictioncenter.com/>

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^{xvi} http://drugfreecouncil.org/index_htm_files/RECOVERY%20MEETINGS%20TRIFOLD.pdf

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