



Recovery Network

# Recovery Access Report: Indiana Perspectives

Mental Health America of  
Indiana

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## Executive Summary

This report synthesizes findings from 87 organizational responses across Indiana. Results highlight a strong, mission-driven peer support ecosystem with notable gaps in physical access, funding stability, peer certification pipelines, and organizational infrastructure. Physical site presence is uneven across the state; many counties report few or no organizations providing in-person services, while virtual and mobile modalities extend reach beyond brick-and-mortar locations.

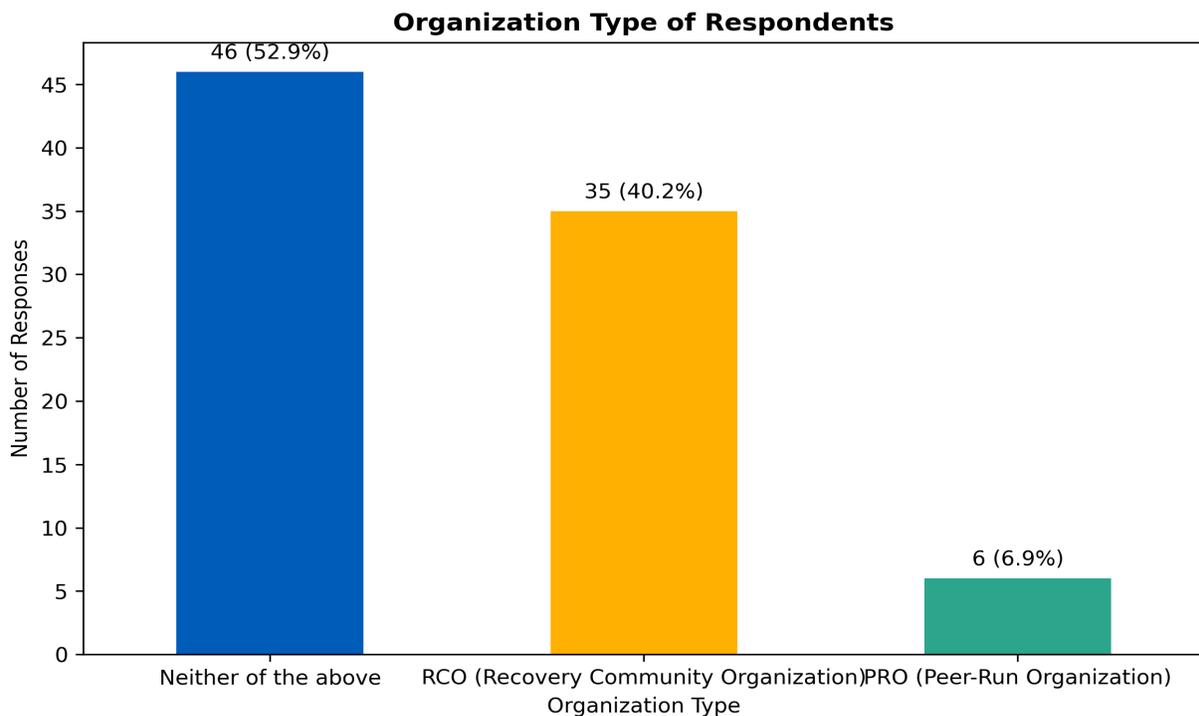
## Survey Overview & Methodology

Data source: Excel export of the State of Recovery Survey (n=87). The instrument included single-select, multi-select, and open-text fields submitted by organizational representatives statewide. Multi-select items were parsed for frequency counts. Physical coverage reflects counties explicitly listed by respondents; entries such as ‘All 92/All of Indiana’ were treated as virtual/mobile reach only for physical-site analyses. Findings are descriptive and self-reported and may include item-level nonresponse. The survey was conducted from September 29, 2025 through November 28, 2025.

## Organizational Profile of Respondents

Respondents primarily identify as Recovery Community Organizations (RCOs) and Peer-Run Organizations (PROs), alongside non-profit, government, and private entities. Coverage spans most Indiana counties, with several organizations offering statewide virtual services.

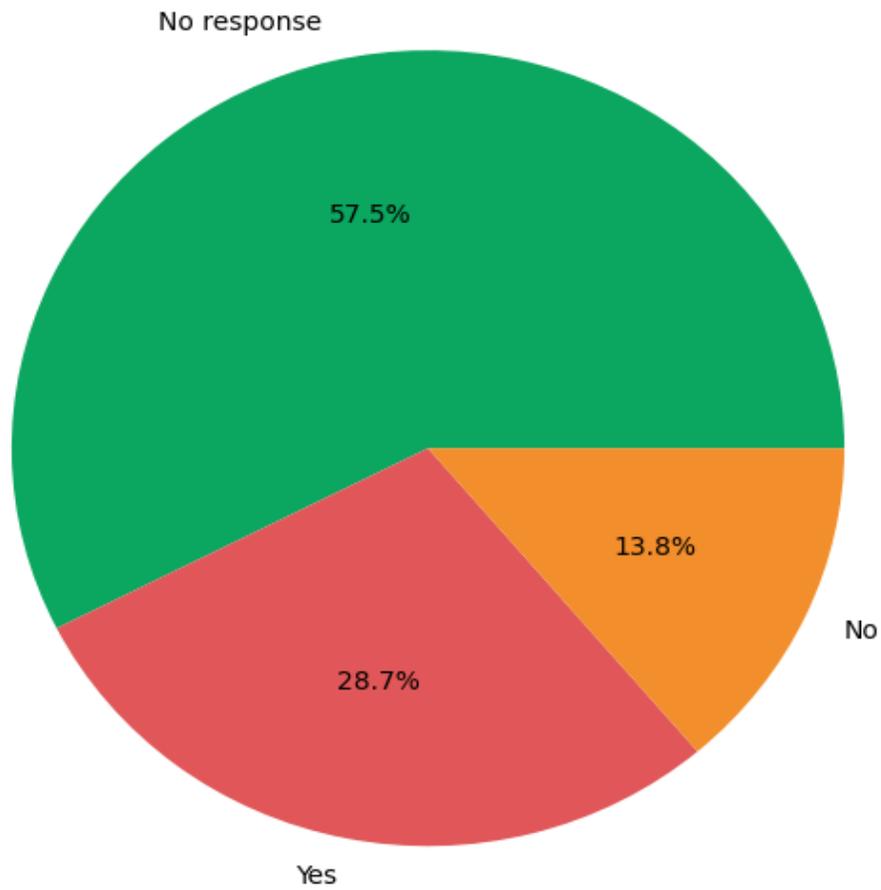
Figure 1. Organization type of respondents (n=87).



### Peer Workforce Capacity

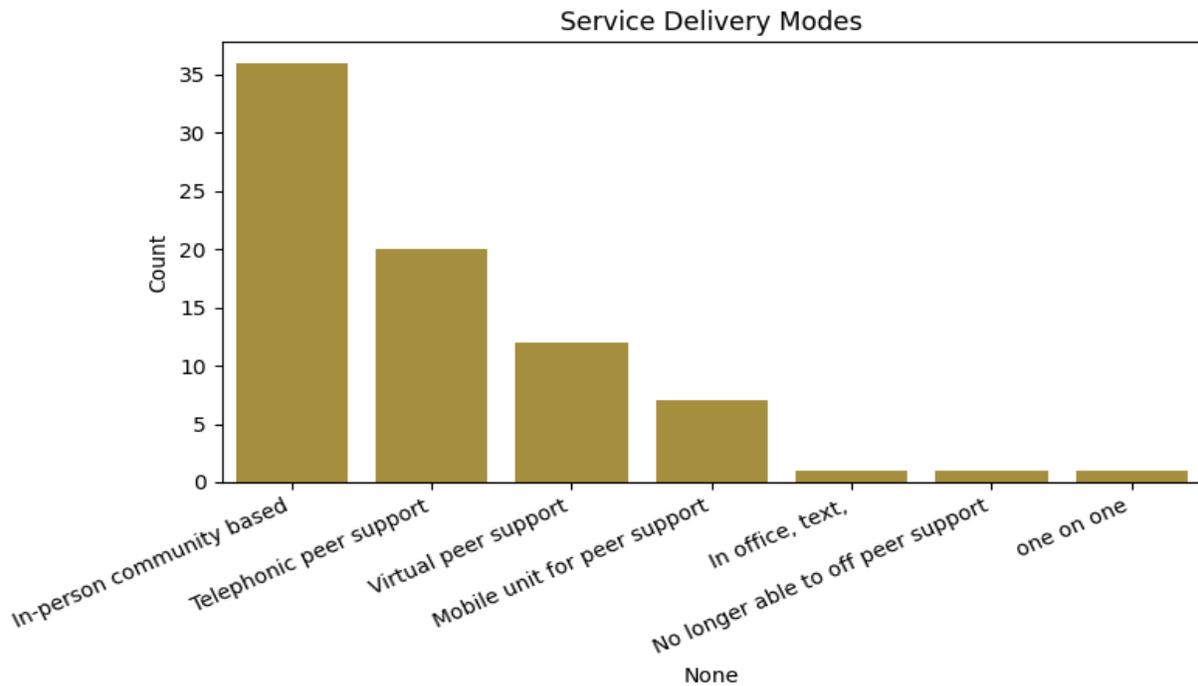
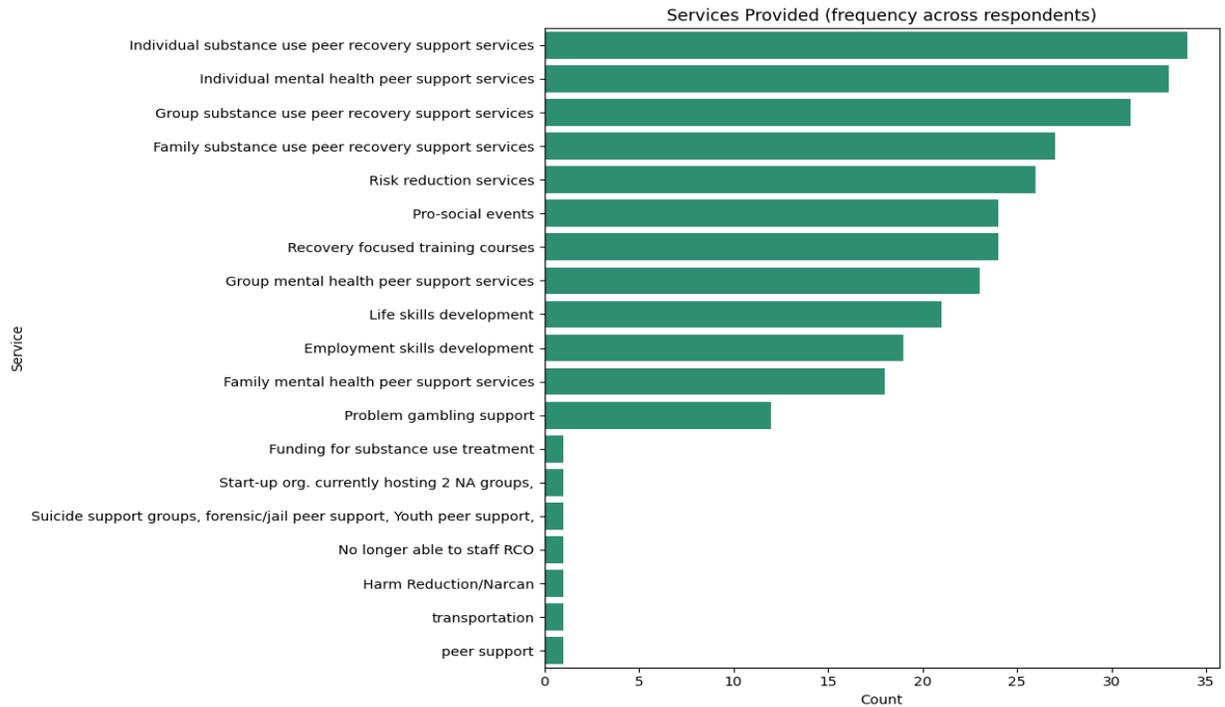
Certification requirements vary across organizations. Many do not require state-recognized peer certification, citing cost barriers, funder requirements, and limited access to training and CEUs. Volunteer utilization is significant in several programs, with some reporting hundreds of volunteers facilitating recovery groups.

Staff Certification Requirement



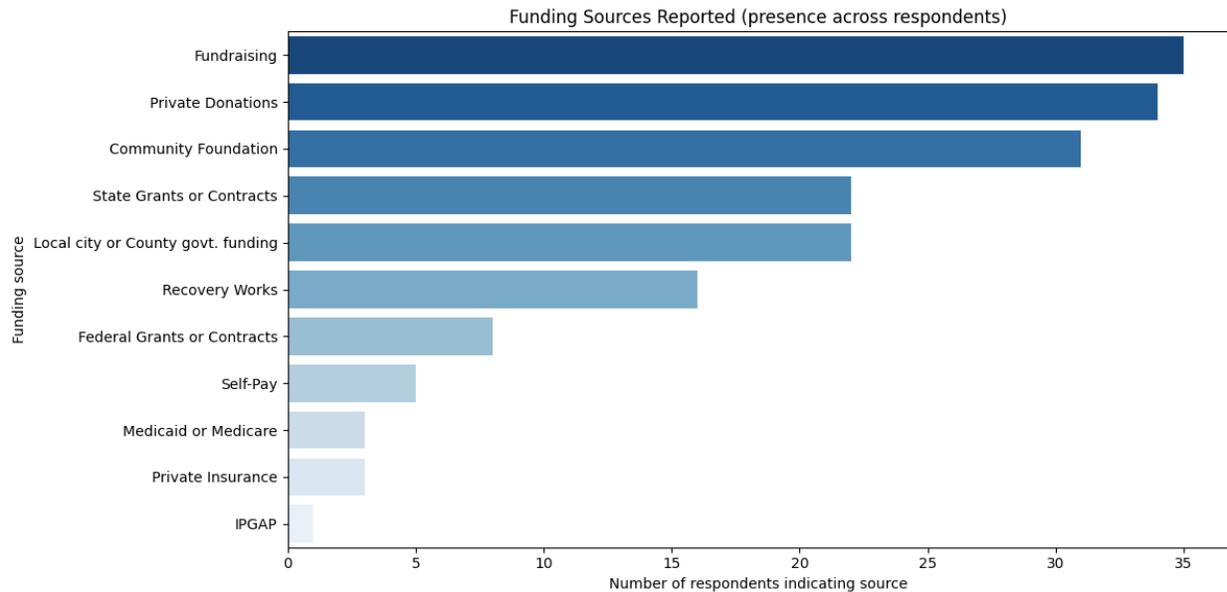
## Services Provided Across the Network

Respondents report a broad portfolio: individual and group peer support for substance use and mental health, family peer support, risk reduction, life and employment skills development, prosocial events, and recovery-focused training. Many assist with transportation, housing navigation, documentation, food, and benefit enrollment.



## Funding Landscape

Funding mixes are diversified yet fragile, spanning state and county contracts, community foundations, federal grants, private donations, Recovery Works, and limited third-party reimbursement. Several organizations reported recent losses or the absence of sustainable funding streams.



## Data Collection & Evaluation Capacity

Many collect service totals and qualitative feedback; fewer have the infrastructure for rigorous outcomes evaluation. Standardized templates, technical assistance, and consistent state guidance could accelerate evaluation readiness.

## Strengths Identified

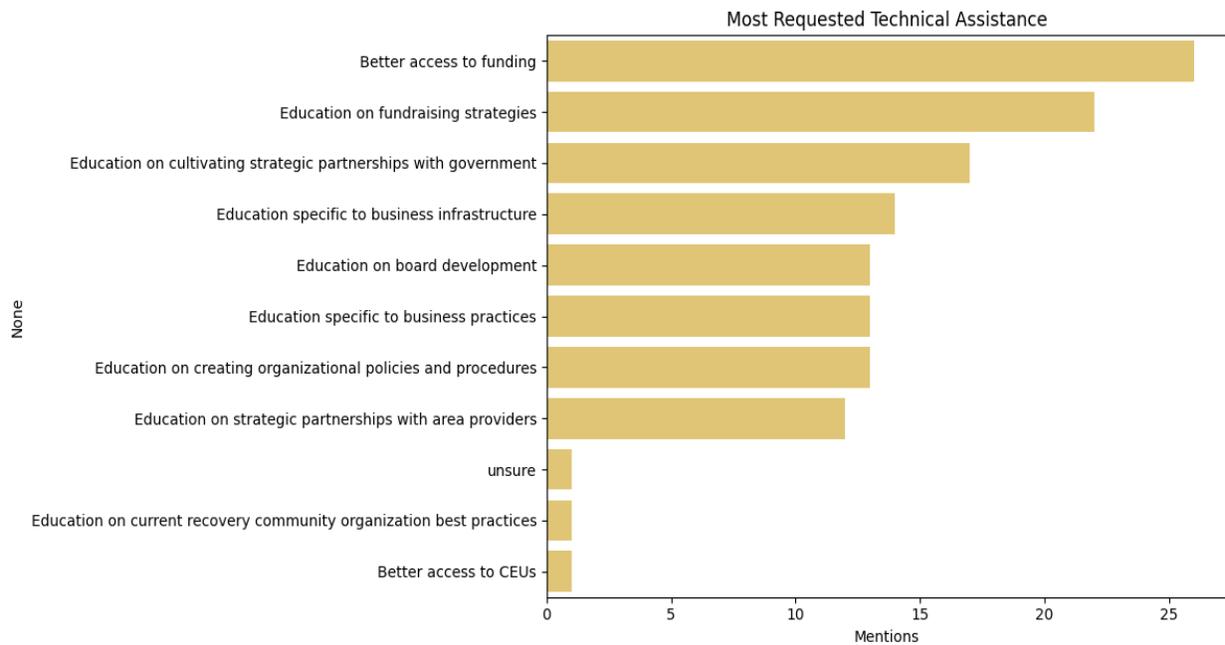
Common strengths include strong community partnerships, adaptable and skilled staff, and effective peer-led engagement strategies, including collaboration with criminal justice providers while maintaining risk-reduction approaches.

## Barriers & Organizational Challenges

Top barriers include funding instability, limited access to certified peers (especially in rural areas), and gaps in organizational infrastructure (policies, governance, and business practices). Stigma and rural transportation hurdles further constrain access.

## Technical Assistance Needs

Most-requested TA areas: fundraising, board development, organizational policies and procedures, business infrastructure, evaluation templates, and strategic partnerships with government and local providers.



## Recommendations

- Invest in peer workforce pipelines (cost offsets, CEU access, and regional cohorts).
- Provide statewide TA for governance, policies, fiscal systems, and data infrastructure.
- Create multi-year, braided funding models to stabilize essential peer services.
- Broker county/provider partnerships to reduce rural access gaps; expand mobile/virtual modalities.
- Deploy evaluation toolkits and coaching for consistent metrics and outcomes reporting.
- Education on the importance of qualitative data collection and understanding of metrics to collect.

## Voices from the Field (Selected Quotes)

“Our organization offers jail ministry, jail recovery groups, MRT (Moral Reconciliation Therapy).”

“We are completely no-barrier!”

“Employee motivation/dedication.”

“Lived Experience/Diversity.”

“Seeds of Hope was established in 1999. The longevity of our services and growth over the last 26 years is a strength.”

## Appendix A. Methods

Instrument: State of Recovery Survey (online). Sample: organizational representatives across Indiana (n=87). Variables: single-select, multi-select, and open text. Multi-select responses were parsed on delimiters; frequencies summarized across mentions. Missing: some item-level nonresponse; results are descriptive and self-reported.

## Appendix B. Counties Served (Top Mentions – Physical/In-Person)

Top counties by number of organizations reporting physical/in-person services (ties alphabetized).

County	# Orgs (Physical)
Greene	7
Marion	7
Sullivan	7
Vigo	7
Clay	6
Monroe	6
Morgan	6
Parke	6
Vermillion	6
Knox	5
Lake	4
Owen	4
Tippecanoe	4
Adams	3
Clinton	3

### Appendix C. Physical/In-Person Coverage (Revised)

Physical site presence is not statewide. Of 92 counties, 20 have no organizations reporting in-person services and 49 have only 1–2 organizations. The distribution below shows most counties clustered at the low end of organizational presence, indicating geographic access gaps that can affect service availability, wait times, and referrals. For analytic fidelity, survey responses of ‘All 92/All of Indiana’ were interpreted as virtual/mobile reach, not physical site presence.

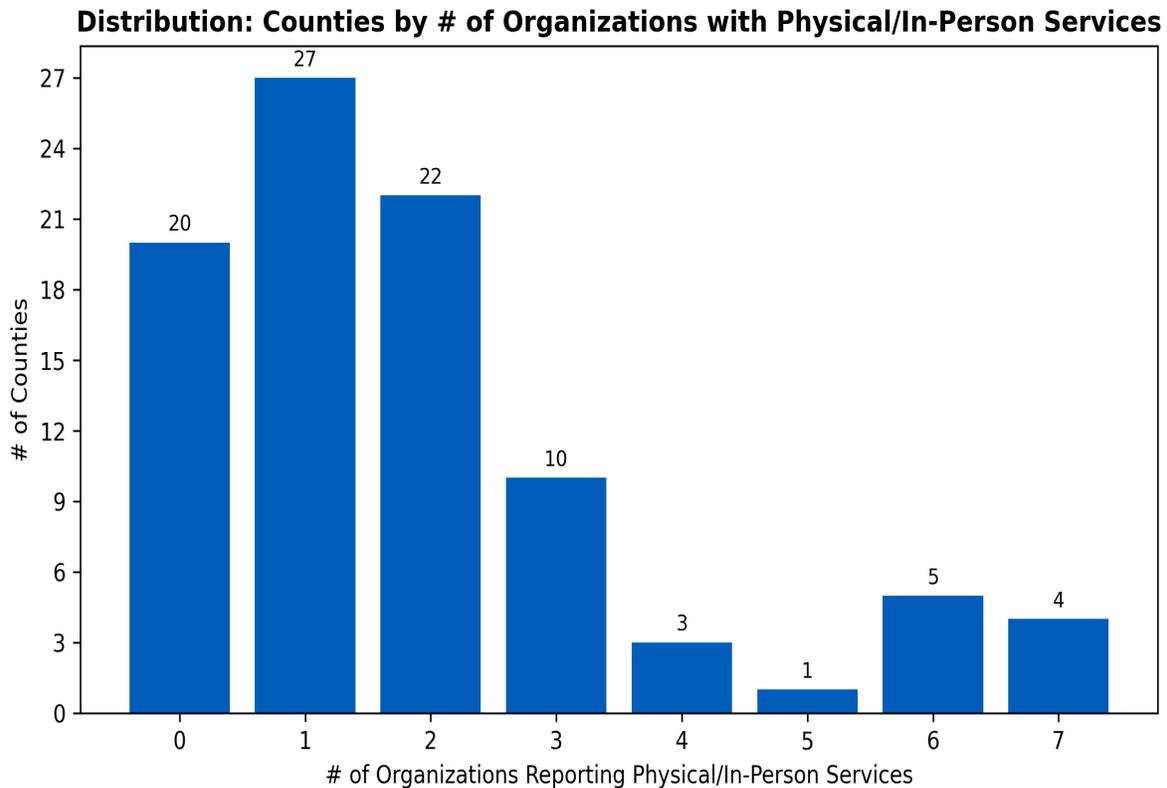


Figure C-1. Distribution of counties by number of organizations reporting physical/in-person services.

Figure C-2. Ten counties with the lowest reported physical/in-person coverage

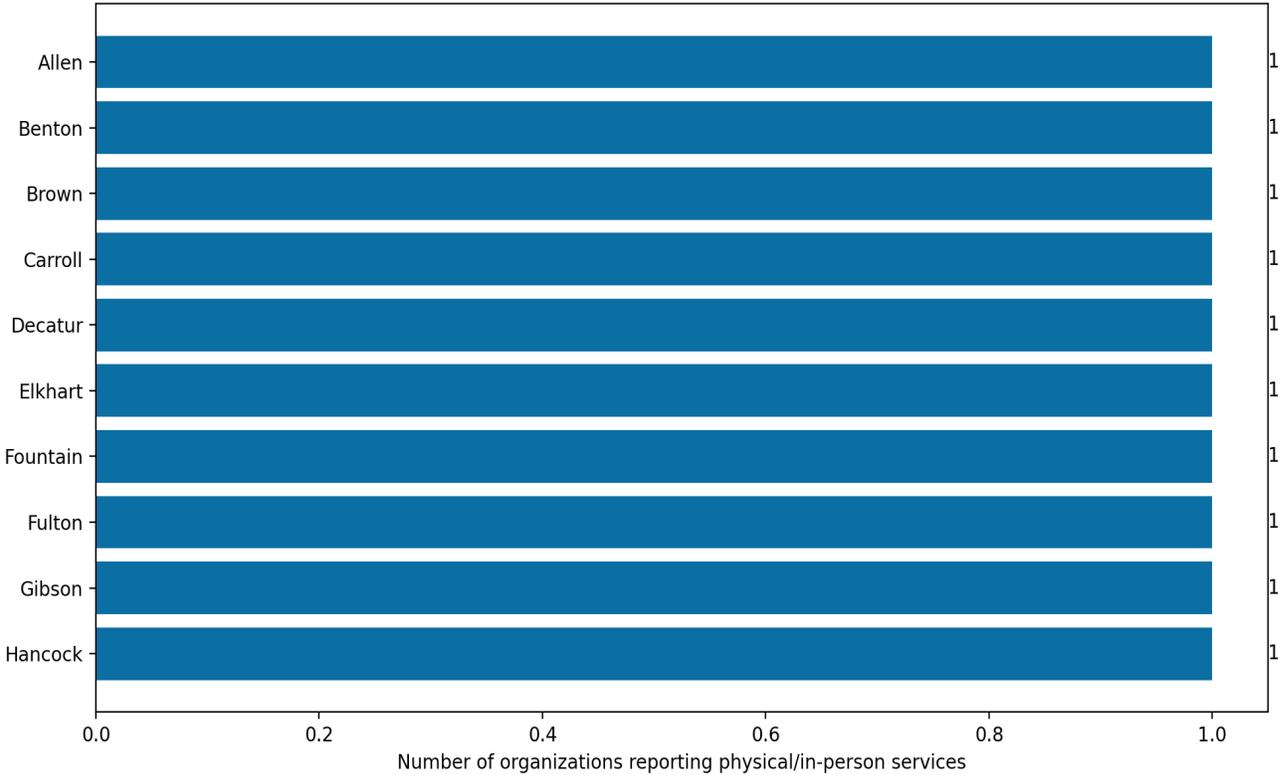


Figure C-2. Ten counties with the lowest reported physical/in-person coverage (ties broken alphabetically).

### Appendix D. Potential Reach (Including Virtual/Telephonic)

Comparing modalities shows broader reach via virtual/mobile services. Counties with any physical site presence: 72; counties with any virtual/telephonic reach: 92; combined potential reach: 92.

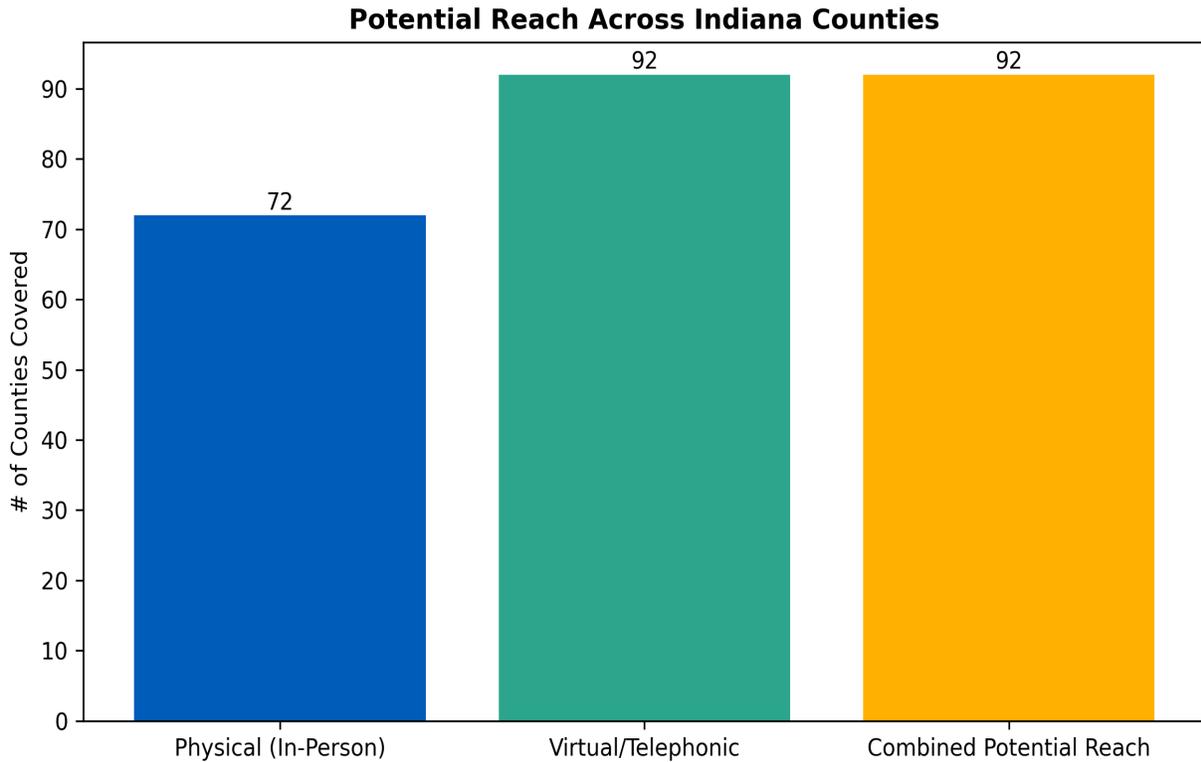


Figure D-1. Physical vs. virtual/telephonic coverage and combined potential reach across Indiana counties.