

MHAI Recovery Network Impact Report

Program Outcomes and Services



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MHAI Recovery Network Impact Report

Program Outcomes and Services | July 1, 2025 – June 30, 2026

Prepared for funders, staff, partners, and the public

The MHAI Recovery Network strengthens recovery across Indiana by connecting people, providers, and communities to peer support, recovery resources, advocacy education, and practical services that reduce barriers to long-term wellness. During this reporting period, the Network documented broad statewide reach through advocacy, training, recovery support services, rural peer programming, emergency department partnerships, social determinants of health support, outreach, education, and community events.

This impact report summarizes the outcomes and services documented in the source materials and presents them in a clear, shareable format for public and funder audiences. Detailed activity logs and supporting tables remain included later in the document for reference.

Executive Summary

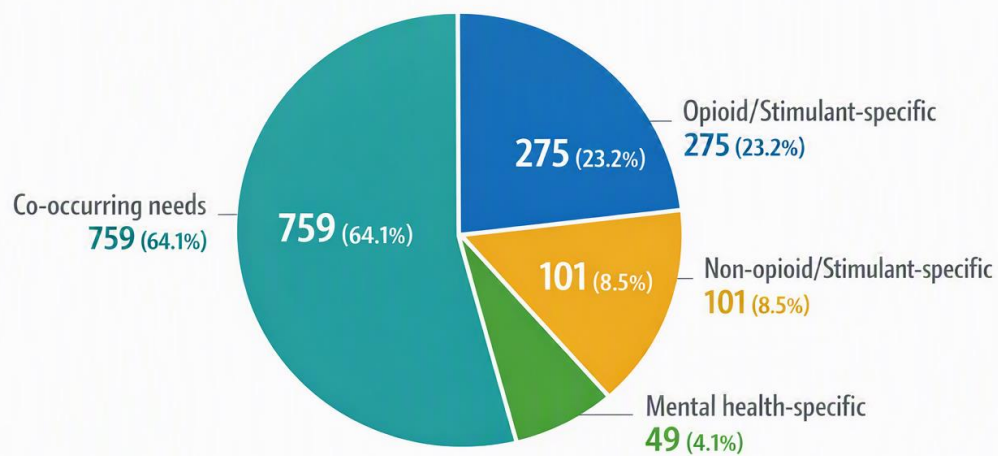
Impact at a Glance

Outcome Area	Documented Impact
Statewide recovery advocacy and education	Monthly networking meetings, public education campaigns, newsletters, legislative education, conference participation, and statewide partner outreach strengthened recovery visibility and connection across Indiana.
Training and capacity building	Six training courses during the reporting period reached 45 participants through virtual and in-person formats, with topics including Advocacy 101, lived experience, and micro, mezzo, and macro advocacy strategies.
Recovery Month engagement	Recovery Month kickoff and closing events reached approximately 129 participants and included resource sharing, public awareness, vendors, speakers, and community connection.
Rural peer recovery supports	The Rural Peers Grant documented direct assistance, intakes, referrals, group services, transportation and housing barriers, peer supervision, partnership development, and thousands of peer-to-peer support hours.
Emergency Department recovery supports	The Peers in the E.D. Program served 4,249 unique individuals and documented outcomes related to treatment engagement, follow-up support, recovery housing, peer services, and social determinants of health.

Visual Impact Snapshot

The following charts highlight key program outcomes and service categories from the reporting period.

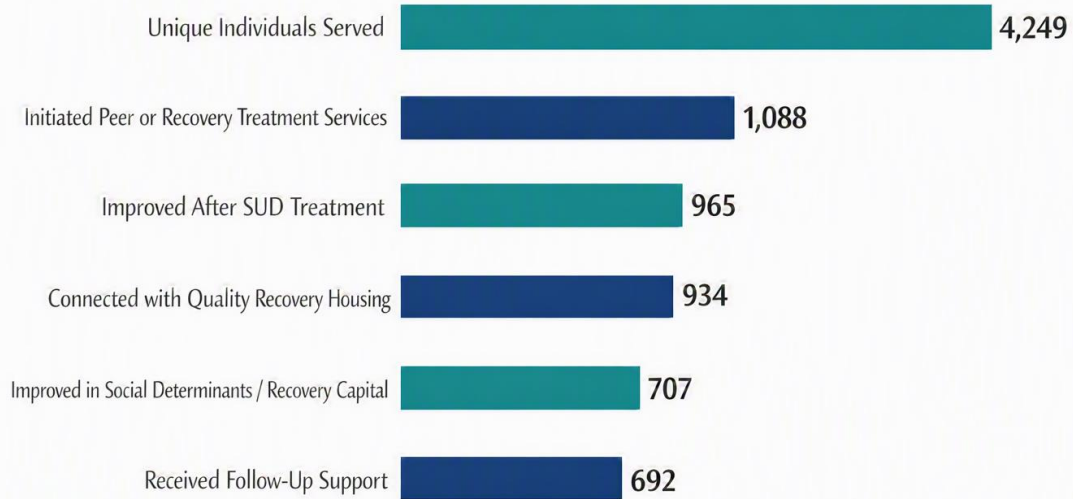
Rural Peers Grant: Individuals Served by Need Category



Total documented individuals across categories: **1,184.**

Rural Peers Grant July 1, 2025 – September 29, 2025, individuals served by documented need category.

Peers in the E.D. Program: Documented Outcomes



Peers in the E.D. Program July 1, 2025 – May 30, 2026, documented outcomes by number of individuals.

Peers in the E.D. Program: Outcomes as Share of 4,249 Served



Peers in the E.D. July 1, 2025 – May 30, 2026, outcomes shown as a percentage of 4,249 unique individuals served.

Program Impact Summary

DMHA Advocacy Grant July 1, 2025 – June 30, 2026

The DMHA Advocacy Grant advanced statewide recovery advocacy through education, outreach, partner engagement, and public awareness. Activities included recurring Recovery Network meetings, advocacy-focused social media education, newsletters, conference participation, partner presentations, and Recovery Month support.

- Educational social media posts generated documented reach across multiple campaigns.
- Quarterly newsletters reached more than 1,200 recipients per distribution, with open rates near or above 40%.
- Networking meetings connected statewide partners, recovery organizations, and community members.
- Training opportunities equipped participants to understand advocacy, use lived experience appropriately, and support change at individual, community, and systems levels.

Training and Workforce Capacity

Training activities built practical advocacy knowledge and increased capacity among recovery partners, peers, and community members. The documented reporting-period total includes 6 trainings and 45 participants, with both virtual and in-person delivery.

September Recovery Month

Recovery Month activities elevated public awareness, celebrated recovery, and connected participants to resources. The kickoff and closing rally collectively reached approximately 129 participants and included speakers, vendors, resource tables, and community engagement.

Indiana Department of Health Rural Peers Grant July 1, 2025 – September 29, 2025

The Rural Peers Grant supported people in rural communities through peer recovery support, direct assistance, intakes, referrals, recovery groups, risk reduction partnerships, transportation support, and community outreach. The documented data reflects substantial activity across opioid/stimulant-specific, non-opioid/stimulant-specific, mental health-specific, and co-occurring needs.

- Unique individuals served were documented across multiple need categories, including 275 opioid/stimulant-specific, 101 non-opioid/stimulant-specific, 49 mental health-specific, and 759 co-occurring individuals.
- Group-based recovery and wellness supports reached hundreds of participants across monthly activity categories.
- Peer supervision and peer-to-peer support hours reflected strong field support and workforce engagement.
- Common barriers included transportation, housing availability, rural service gaps, risk reduction funding, and limited provider capacity in some communities.

Elevance Health Foundation Peers in the E.D. Program July 1, 2025 – May 30, 2026,

The Peers in the E.D. Program connected individuals with recovery support following emergency department visits, hospitalization, mental health or substance use needs, and other crisis-related touchpoints. The program documented 4,249 unique individuals served during the available reporting period and tracked outcomes across treatment engagement, follow-up support, recovery housing, peer services, and social determinants of health.

- 1,088 engaged participants initiated peer or recovery treatment services.
- 965 individuals showed improvement after receiving SUD treatment compared to baseline at intake.
- 934 individuals in treatment and recovery were connected with quality recovery housing.
- 692 individuals received follow-up support after diagnosis, emergency department visit, or hospitalization.
- 707 individuals improved in one or more social determinants of health, recovery capital, or recovery characteristics by the end of engagement.

Key Themes and Lessons Learned

Across programs, the Recovery Network's impact was strongest when peer support, practical resources, and cross-sector partnerships worked together. The source materials show consistent demand for recovery navigation, transportation, housing, treatment linkage, risk reduction resources, training, and community-based recovery connection.

- **Peer support is a critical bridge.** Peers helped individuals move from crisis or disconnection toward treatment, housing, recovery engagement, and community support.
- **Community connection reduces isolation.** Networking meetings, groups, social activities, and Recovery Month events created visible, accessible pathways into recovery communities.
- **Practical barriers affect outcomes.** Transportation, housing, employment access, and local service availability continued to shape whether individuals could engage in care.
- **Public education matters.** Advocacy campaigns, newsletters, and training expanded understanding of recovery, reduced stigma, and encouraged community participation.

The Recovery Network's work during July 1, 2025, through June 30, 2026 demonstrated strong impact across three core areas: expanding access to recovery support, building community capacity, and reducing practical barriers to care. The Network supported thousands of individuals through direct services and outreach, delivered advocacy and education statewide, hosted recurring networking and training opportunities, and partnered with recovery, behavioral health, emergency department, rural, and community-based organizations.

Conclusion

From July 1, 2025, through June 30, 2026, the MHAI Recovery Network demonstrated the value of coordinated, peer-centered recovery support across Indiana. The programs highlighted in this report show that recovery services are most effective when they combine lived experience, timely connection to care, practical barrier reduction, and strong partnerships across behavioral health, healthcare, housing, community, and advocacy systems.

The Network's documented outcomes reflect meaningful progress: thousands of individuals were reached through emergency department recovery supports, rural peer services, training, outreach, public education, and Recovery Month engagement. These efforts helped individuals initiate services, connect to treatment and recovery housing, receive follow-up support, strengthen recovery capital, and access community-based resources that support long-term wellness.

At the same time, the reporting period reinforced the ongoing need for flexible funding, expanded peer support capacity, transportation solutions, housing access, risk reduction resources, and continued investment in rural and community-based recovery infrastructure. Sustained support from funders, partners, staff, peers, and community members will be essential to maintaining momentum and expanding access for individuals and families across the state.

Looking ahead, the MHAI Recovery Network is positioned to continue serving as a trusted connector, advocate, and recovery resource, building stronger pathways to care, elevating the voices of people with lived experience, and helping communities create conditions where recovery is visible, supported, and possible.