



**COMMUNITY ADDICTION  
SERVICES ASSESSMENT:**

**ASSESSMENT  
AND  
PREVENTION  
SERVICES**

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***Author List:***

**Syra Health:**

Jason Collins, MPA  
Srikant Devaraj, PhD

**Ball State University:**

Dane Minnick, PhD.  
Danica Fultz

# Indiana State Epidemiological Outcomes Workgroup (SEOW)

The Indiana State Epidemiological Outcomes Workgroup (SEOW) is a grant-supported collaborative of experts from various state agencies and researchers from the public and private sectors whose mission is to:

- 1) Analyze state mental health and substance use data and identify public health trends.
- 2) Provide data-informed recommendations for establishing statewide prevention priorities.
- 3) Provide evidence-based recommendations for addressing problematic mental and behavioral health trends.

## Special Topic Reports

The purpose of SEOW Special Topic Reports is to provide current information and policy recommendations for emerging issues related to substance use/misuse and mental/behavioral health in Indiana. Special Topic Reports (STRs) are intended to be utilized for strategic planning by addictions practitioners, researchers, local community stakeholders and coalitions, state agencies, and local and state policy makers and elected officials.

The purpose of this STR is to:

- 1) Provide a basic overview and organizational assessment of statewide substance misuse assessment and prevention services associated with the Indiana Addiction Service System (IASS).
- 2) Identify geographic gaps and program evaluation needs for the Assessment and Prevention Domains within the IASS.
- 3) Provide recommendations on how to address identified IASS assessment and prevention deficits.

This report also describes the Community Addiction Services Assessment (CASA) model which is the framework utilized by the SEOW to evaluate the IASS. The goal of the SEOW is to implement the CASA every three years to capture changes in the system and to make recommendations for addressing service system deficits, improving service system capacities, and for expanding the IASS workforce.

# Introduction

In September of 2022, the Indiana Behavioral Health Commission released their final report on the current state of the Indiana Behavioral Health Care System and issued recommendations for improvement. As part of the report, the commission specifically recommended 1) Utilizing the nationwide 988 crisis line as a mechanism for developing a statewide crisis response system, 2) transitioning the Indiana system of Community Mental Health Centers to the federally supported Certified Community Behavioral Health Clinic (CCBHC) model, and 3) increasing public health services and interventions in criminal justice settings and establishing a Medicaid waiver to allow for federal reimbursement for services provided to incarcerated individuals. The commission also made specific recommendations for improving the recruitment, retention, and quality of the behavioral health workforce such as reducing barriers to licensing and providing tuition reimbursement programs. Finally, the report addressed a number of miscellaneous recommendations such as the need to further explore the availability of youth services and discussed potential funding options for proposed systematic changes (Indiana Behavioral Health Commission, 2022).

## County Addiction Services Assessment

To build on the Indiana Behavioral Health Commission Report and to identify specific geographic regions with high addiction service needs and low addiction service resources, the Indiana SEOW developed a Community Addiction Services Assessment (CASA) to supplement existing workforce and service system enhancement efforts. The CASA was created to serve as a systematic and organizing framework for state agencies, policy makers, and ground level practitioners to coordinate, evaluate, and enhance the accessibility and efficiency of the Indiana Addiction Services System (IASS). The IASS can be defined as the statewide network of addiction resources, services, and programs used to assess, prevent, treat, manage, and/or reduce substance misuse and the associated public health consequences. The CASA is grounded in the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF). The SPF is a data-driven methodology for addressing macro substance misuse problems that utilizes components of socio-ecological modeling to assess existing community resources, evaluate public policies, and to implement interventions to address service system deficits. The framework is based on seven steps for assessing and enhancing addiction service capacities which include: (1) Assessment; (2) Capacity; (3) Planning; (4) Implementation; (5) Evaluation; (6) Cultural Competence; and (7) Sustainability. In adapting and applying the SPF to the IASS, the SEOW hopes to create an organizational assessment tool that is flexible, dynamic, rigorous, and both compatible and

communicable with high-level research and with regard to local community discussions.

The 1st iteration of the CASA was designed to assess and organize statewide addiction service systems related to the Institute of Medicine's Continuum of Care, the Strategic Prevention Framework, and the U.S. Department of Health and Human Services' Overdose Prevention Strategy. To evaluate the IASS, 9 Addiction Service Domains were selected for inclusion in the initial implementation of the CASA tool. The selected domains consist of:

- 1) Assessment Services
- 2) Prevention Services
- 3) Treatment Services
- 4) Harm-Reduction Services
- 5) Recovery Services
- 6) Crisis Services
- 7) Training & Technical Assistance Services
- 8) Supply Reduction Initiatives
- 9) Special Populations and Services
  - a. Criminal Justice Services
  - b. Youth Services
  - c. Telehealth Services
  - d. College/University Services
  - e. Local Health Department Services
  - f. Minority Populations

This report details the initial implementation of the CASA tool for the Assessment and Prevention Domains.

# Assessment Domain

The 2023 CASA Assessment Domain is composed of six assessment tools: the Indiana Youth Survey (INYS), the Indiana College Substance Use Survey (ICSUS), the Indiana Youth Tobacco Survey (IYTS), the Adult Gambling Behaviors in Indiana Survey (AGBI), the Adult Tobacco Survey (ATS), and the Youth Risk Behavior Survey (YRBS). The INYS, ICSUS, IYTS, and AGBI were selected as measures for the CASA because each of the surveys are specific to Indiana mental health and substance use trends and are locally funded by the Indiana Family and Social Service Administration’s Division of Mental Health and Addictions. The ATS was selected because it is administered by the Indiana Department of Health and is specific to adult tobacco use trends in Indiana. The YRBS was selected because it is a nationally administered survey conducted by the U.S. Centers for Disease Control and Prevention that allows for state comparisons on youth substance use and mental health trends.

## 1) Indiana Youth Surveys(INYS)

*(IU Prevention Insights, 2022)*

The INYS is conducted by Prevention Insights which operates within the IU School of Public Health. The INYS is a biyearly, 15-minute survey that utilizes convenience sampling for students in grades 6-12 to identify regional youth substance use and mental health trends in Indiana (10 Regions).

Region 1: La Porte, Lake, Porter

Region 2: Cass, Elkhart, Fulton, Howard, Kosciusko, Marshall, Miami, Pulaski, St. Joseph, Starke, Wabash

Region 3: Adams, Allen, De Kalb, Huntington, Lagrange, Nobel, Steuben, Wells, Whitley

Region 4: Benton, Boone, Carroll, Clinton, Fountain, Jasper, Montgomery, Newtown, Tippecanoe, Warren, White

Region 5: Blackford, Delaware, Grant, Hamilton, Hancock, Henry, Jay, Madison, Randolph, Tipton, Wayne

Region 6: Clay, Hendricks, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo

Region 7: Marion

Region 8: Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick

Region 9: Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Lawrence, Orange, Scott, Switzerland, Washington

Region 10: Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, Shelby, Union

**Table 1: Indiana Youth Survey STUDENT Participation Rates Chart, 2022**

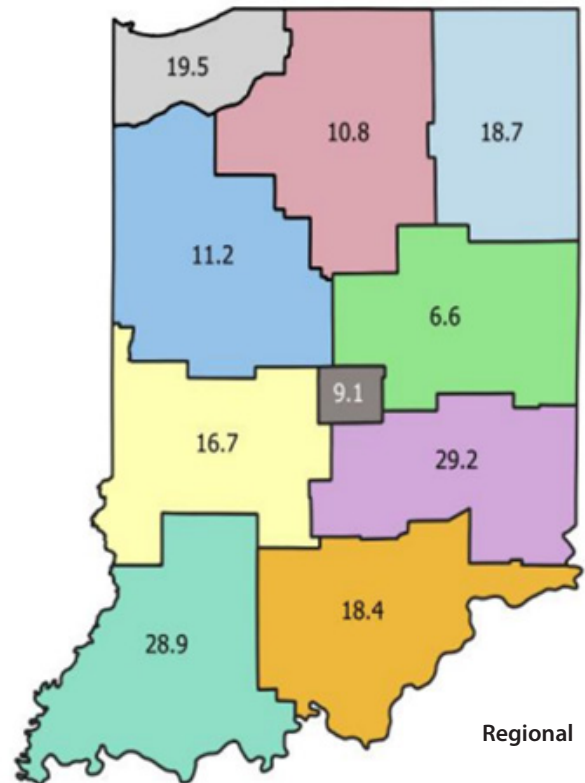
Area	Participants	Total Population
Region 1	14	43
Region 2	13	39
Region 3	4	29
Region 4	8	28
Region 5	12	55
Region 6	4	29
Region 7	6	59
Region 8	18	31
Region 9	13	32
Region 10	14	30
<b>Indiana Overall</b>	<b>106</b>	<b>385</b>

According to the 2022 INYS, there was a large disparity in participation rates for the survey with Region 10 reporting the highest level of participation (29.2% of students) and Region 5 reporting the lowest level of participation among eligible students (6.6% of students). The statewide student participation rate for the INYS was 15.3%. Given the low participation rate and geographic discrepancies, it is difficult to assess the validity of the INYS findings and how they apply to individual geographic regions. Increasing statewide response rates is a strong IASS need.

**Table 2: Indiana Youth Survey SCHOOL Participation Rates Chart, 2022 [Schools]**

Area	Participants	Total Population
Region 1	37	155
Region 2	20	210
Region 3	28	125
Region 4	16	83
Region 5	22	173
Region 6	22	155
Region 7	53	253
Region 8	55	131
Region 9	32	112
Region 10	38	100
<b>Indiana Overall</b>	<b>323</b>	<b>1497</b>

**Figure 1: Indiana Youth Survey STUDENT Participation Rates Map, 2022 [Students]**

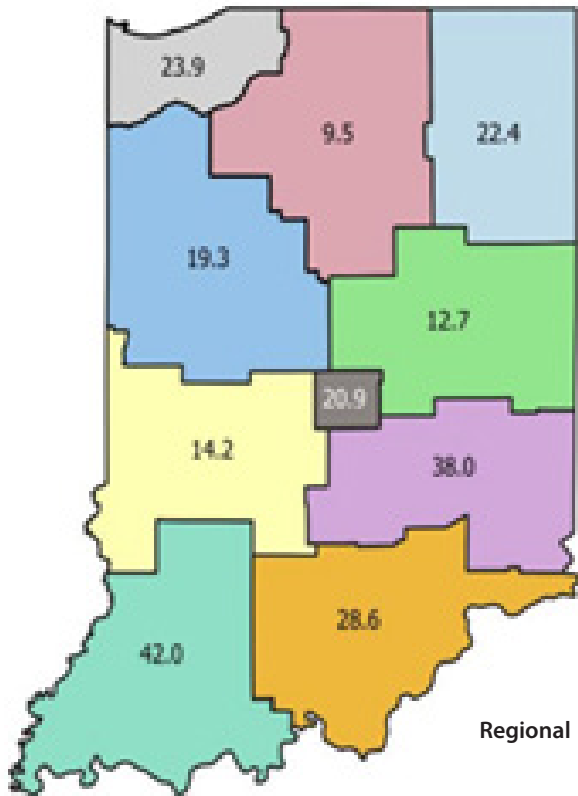


**Table 3: Indiana Youth Survey CORPORATION Participation Rates Chart, 2022**

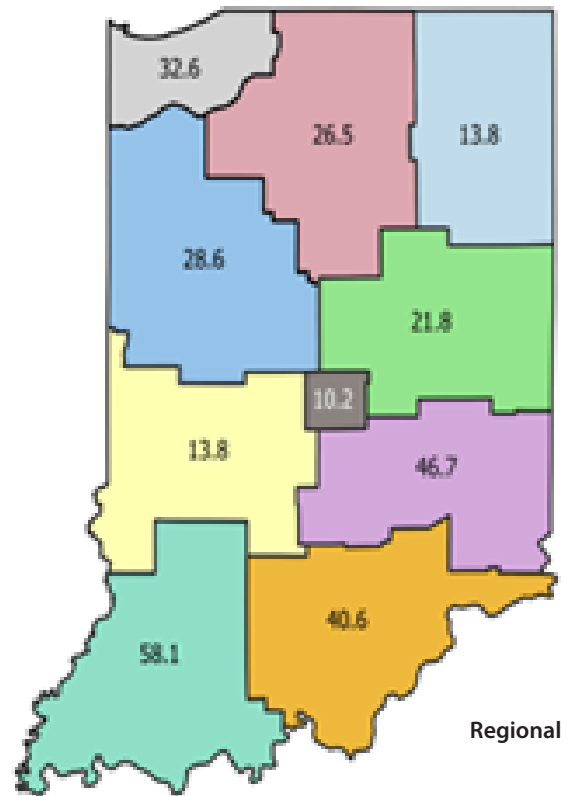
Area	Participants	Total Population
Region 1	13,617	69,817
Region 2	8,166	75,436
Region 3	10,676	57,106
Region 4	4,213	37,537
Region 5	5,744	86,919
Region 6	8,123	48,746
Region 7	8,938	97,727
Region 8	12,225	42,353
Region 9	7,600	41,400
Region 10	12,276	42,032
<b>Indiana Overall</b>	<b>91,578</b>	<b>599,091</b>



**Figure 2: Indiana Youth Survey SCHOOL Participation Rates Map, 2022**



**Figure 3: Indiana Youth Survey CORPORATION Participation Rates Map, 2022**



## 2) Indiana College Substance Use Survey (ICSUS)

*(Indiana College Substance Use Survey, 2022)*

The ICSUS is conducted by the Institute for Research on Addictive Behavior within the IU School of Public Health. The ICSUS is a biyearly, 15-minute survey that utilizes a convenience sample of college students to identify student substance use and mental health trends in Indiana. In 2021, 8,059 eligible students (age 18-25) from 23 colleges participated in the ICSUS. This figure represents 2% of the 359,630 undergraduate students enrolled in Indiana colleges in 2022-2023 (Univstats, 2022). Information regarding which colleges participated in the ICSUS in 2021 is not publicly available. The low response rate and lack of individualized university data makes assessing statewide college student substance use and mental health trends impossible in the current IASS. Increasing statewide response rates is a significant IASS need.

## 3) Indiana Youth Tobacco Survey (IYTS)

*(Indiana Youth Tobacco Survey, 2023)*

The Indiana Youth Tobacco Survey is conducted by the Indiana Department of Health and has been administered statewide since 2000. The latest IYTS survey results are available for 2022. However, information on the survey sample is not currently publicly listed. Public information regarding the representativeness of the sample is an IASS need.

## 4) Adult Gambling Behaviors in Indiana Survey (AGBI)

*(Adult Gambling Behaviors in Indiana Survey, 2022)*

The Adult Gambling Behaviors in Indiana Survey is conducted by Prevention Insights which operates within the IU School of Public Health. The purpose of the AGBI is to assess the scope of gambling activities, the prevalence

of problem gambling behaviors, and awareness of available problem gambling resources among Indiana adults. 2022 was the 1st year the AGBI was administered in Indiana. Representativeness for the sample was obtained using a random, address-based sampling method of 5,400 households in Indiana within the ten DMHA Prevention Regions.

## 5) Adult Tobacco Survey (ATS)

[https://www.in.gov/health/tpc/files/Indiana-Adult-Tobacco-Survey-ATS-2021\\_2022-Highlights\\_Revised\\_Nov22.pdf](https://www.in.gov/health/tpc/files/Indiana-Adult-Tobacco-Survey-ATS-2021_2022-Highlights_Revised_Nov22.pdf)

*Correct Link*

*(Indiana Adult Tobacco Survey, 2022)*

The Indiana Adult Tobacco Survey is conducted biennially by the Indiana Department of Health for the purpose of identifying trends in adult tobacco use. The most recent ATS was conducted by telephone between December 2021 and February 2022. The ATS uses a weighted, probability-based random sample of Indiana adults to generate a representative sample of the state population.

## 6) Youth Risk Behavior Survey (YRBS)

*(Indiana Department of Health, 2022)*

*(US Centers for Disease Control and Prevention, 2022)*

The YRBS is conducted by the U.S. Centers for Disease Control and Prevention and is a biyearly, nationally-representative, 30-minute survey of students in 9-12 grade. The YRBS collects data on youth mental and behavioral health trends. While Indiana was unable to collect reliable data from 2013-2019, response rates were sufficient to establish a representative sample for 2021 (N = 1,029 from 43 public schools). Continued representative response rates among Indiana public high schools is an IASS need.



# Prevention Domain

The 2023 CASA Prevention Domain is composed of six sub-categories that consist of all the state and federal addiction resources, services, and programs used to prevent substance misuse in Indiana. These sub-categories include:

- 1) Drug Free Community Coalitions
- 2) Local Coordinating Councils
- 3) Tobacco Prevention & Cessation Coalitions
- 4) Substance Abuse Prevention & Treatment Block Grant Programs
- 5) School-Based Regional Prevention Providers
- 6) Regional Prevention Coordination System

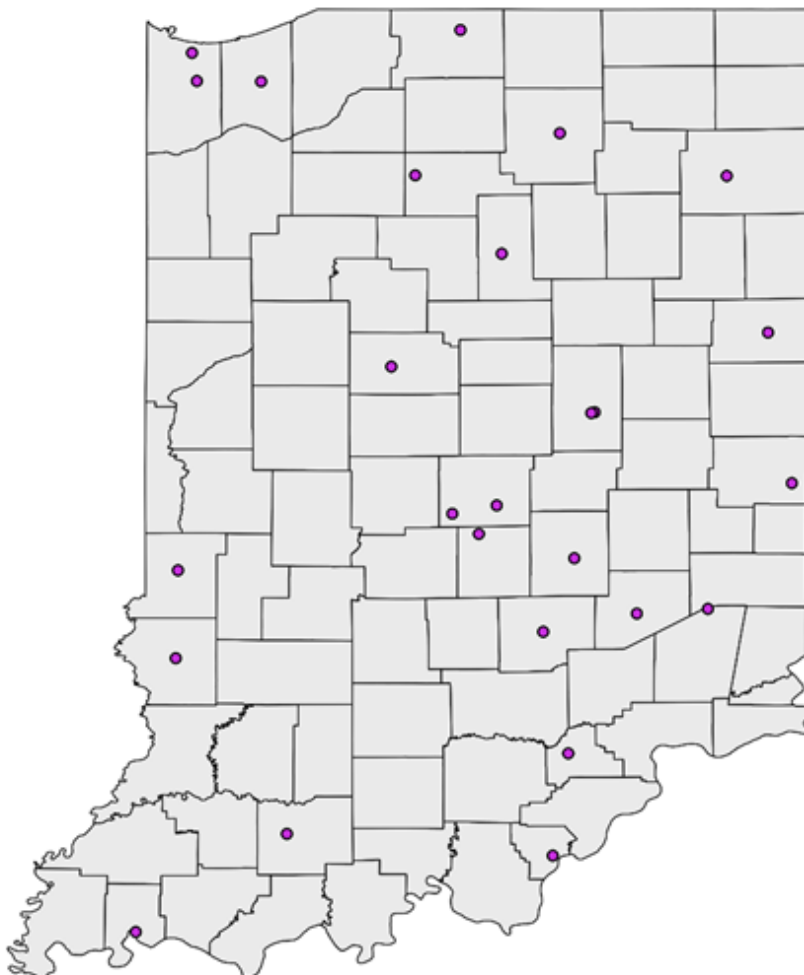
Services associated with the juvenile justice system have been incorporated into the Youth Services Domain and are not included in this assessment.

## 1. Drug Free Community Coalitions

*State Information: (US Centers for Disease Control and Prevention, 2022)*

Drug Free Community (DFC) Coalitions are federally funded prevention coalitions dedicated to providing evidence-based prevention services to local communities. As of 2022, Indiana has 26 DFC coalitions operating in the state, with many coalitions serving multiple counties. Geographically, Central and Northwest

**Figure 4: Indiana Drug-Free Community Coalitions, FY 2022 - 2023**



### Indiana Prevention Services - Drug Free Community Coalitions

Indiana has the greatest access to DFC coalition resources, while West and West Central Indiana have the most limited access. Currently, output and outcome data for Indiana DFC coalitions is not publicly listed and is a potential IASS evaluation need. More information on the geographic distribution of DFC services and programming is also an IASS evaluation need.

## 2. Local Coordinating Councils

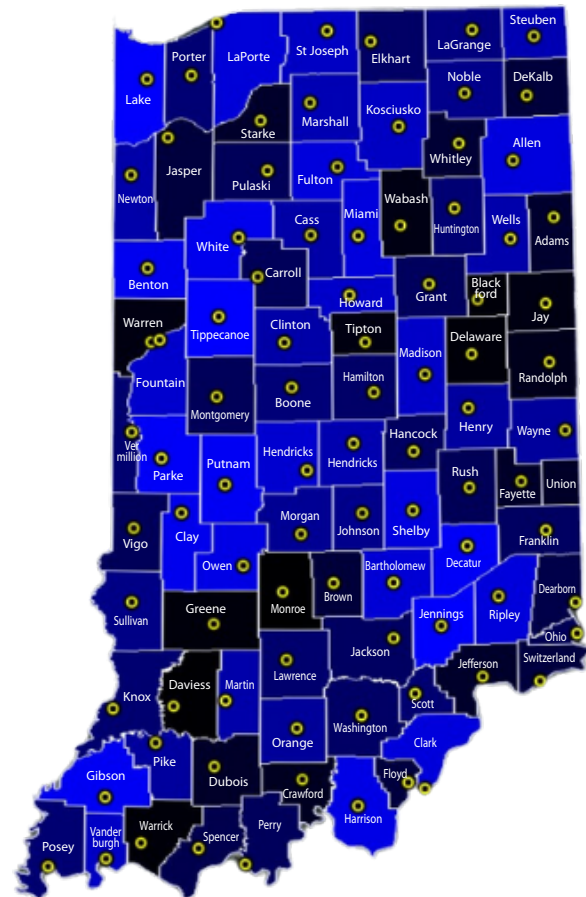
State Information: (Indiana Criminal Justice Institute, 2022)

In addition to DFC coalitions, Indiana has 91 of 92 county level Local Coordinating Councils (LCCs) working to mitigate drug related issues in their communities through planning, collaboration, and action. Indiana LCCs are locally funded through the drug free community fund and are overseen by the Indiana Criminal Justice Institute (ICJI). These local resources have existed for 30+ years and bring together local stake holders to co-equally focus on three core areas (prevention/education, treatment/intervention, and justice programs/supports). Through the Comprehensive Community Plan (CCP) LCCs provide a plan for tackling drug related issues through local knowledge and local solutions.

For evaluation purposes LCCs are required to 1) Submit an updated comprehensive plan to address local substance misuse issues annually to ICJI; 2) participate in an annual focus group of LCCs; 3) Provide an annual report to ICJI; and 4) participate in an annual survey of LCCs. In the most recent ICJI survey of LCCs (2021; 50% response rate), participants were asked to self-rate how effective their LCC model is at achieving its “on-paper duties on a scale of 1-5 (5 – extremely effective, 4 – effective, 3 – somewhat effective, 2 – not so effective, and 1 – not at all effective). The cumulative average score for all LCCs was 3.34, or somewhat effective. With regard to LCC outputs and evaluation measures, information on the prevention-specific programming and activities engaged in by LCCs is limited. In the survey, LCCs were asked if their services align with “prevention/education”, which was defined as “the anticipatory process that prepares and supports individuals, families, and communities with the creation and reinforcement of healthy behaviors and lifestyles.” Thirty-eight (81%) LCCs reported that their services do align with prevention/education, however, specific information on service outputs such

as the implementation of evidence-based programming or number of individuals served is not publicly available (The Indiana Commission to Combat Drug Abuse, 2021). Information on the experience and/or credentials of LCC coordinators is also not publicly available. Given these findings, more precise data on LCC outputs, outcomes, and program structures is an IASS evaluation need. Additional LCC evaluation measures that do not utilize self-report data are also an IASS evaluation need.

**Figure 5: Indiana Local Coordinating Councils, 2023 updated as of 11/10/2023**



*CJI: Behavioral Health – Local Coordinating Councils, 2023. The map is corrected as of 11/9/2023*

### 3. Nicotine Prevention

(Indiana Tobacco Control, 2021)

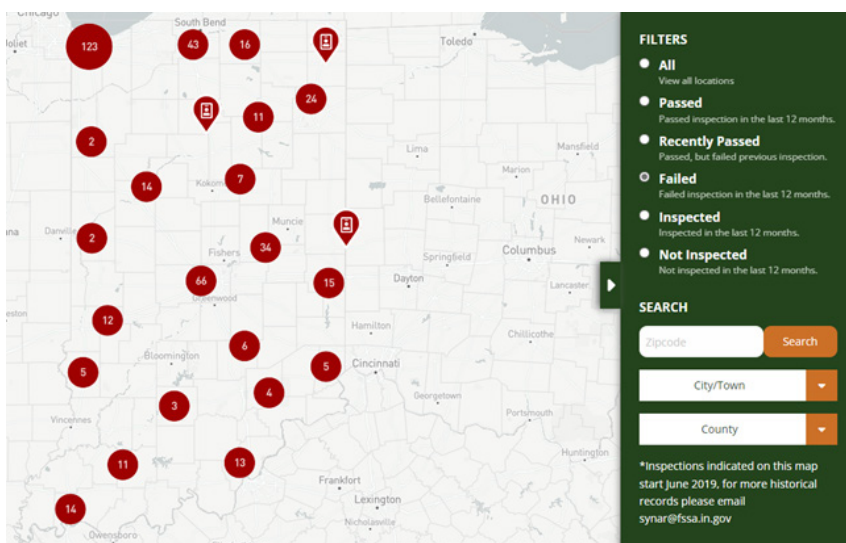
Currently, Indiana funds tobacco prevention and cessation efforts in 39 counties. The funding is utilized to operate local Tobacco Prevention and Cessation Coalitions that target four statewide goals associated with the 2025 Indiana Tobacco Control Strategic Plan. These goals include: 1) Decreasing tobacco use rates among Indiana youth and young adults, 2) increasing the proportion of Hoosiers not exposed to secondhand smoke, 3) Decreasing Indiana adult smoking rates, and 4) maintaining state and local infrastructure necessary to achieve health equity by eliminating tobacco addiction and exposure to commercial tobacco products. Interventions commonly implemented by Tobacco Prevention and Cessation Coalitions include initiatives such as providing health education and prevention programming in schools, advocating for local health policies, and promoting the Indiana Quit Line. Currently, output and outcome data for Tobacco Prevention and Cessation Coalitions is not publicly listed and is a potential IASS evaluation need.

Figure 6: Tobacco Prevention and Cessation Funded Counties 2021 – 2023



Source: (Indiana Department of Health, 2022)

Figure 7: Indiana FSSA Tobacco Inspection Map, 2023



(Family and Social Services Administration, 2023)

### 3a. Synar

(Family and Social Services Administration, 2023).

Synar refers to the system of annual tobacco retail inspections that occur statewide each year. Inspections are performed based on the number of failed inspections from the previous year and focus on reducing youth access and use. Full evaluation data from Synar is available via annual reports at (Family and Social Services Administration, 2023).

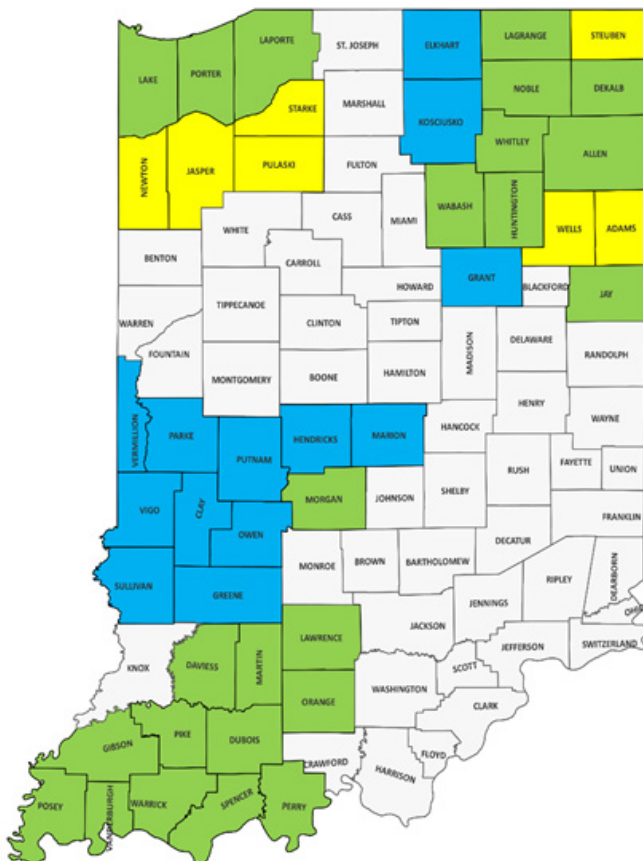
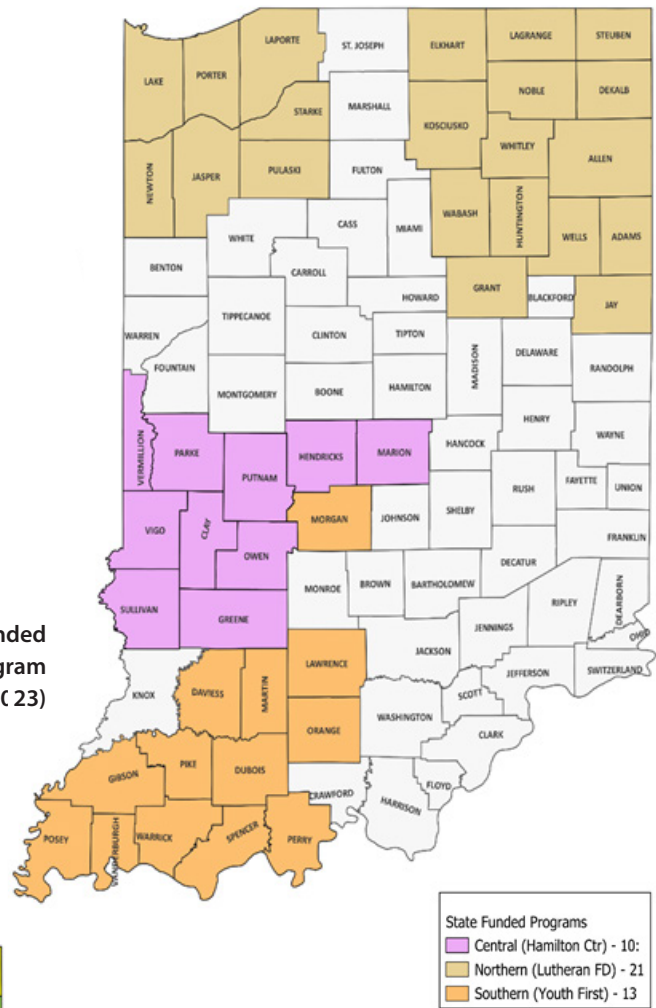




## 5. School-Based Regional Prevention Providers

In addition to Treatment and Prevention Block Grant funding, the state of Indiana provides support for school and community-based prevention programs via child psychiatric funds. In 2023, Lutheran, Hamilton Center, and Youth First provided prevention programming using the designated funding stream in 44 counties. In 2023, Lutheran, Hamilton Center, and Youth First provided prevention programming using the designated funding stream in 44 counties. Currently, evaluation data for the State-Funded programs is not publicly listed and is a potential IASS evaluation need.

**Figure 9: State Funded Programs by Program (2022-2023)**



**Figure 10: State Funded Programs by Strategy (2022-2023)**

## 6. Regional Prevention Coordination

Coordination System: <https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/prevention-partners/>

Indiana currently has a regional network of coordinators who work with local stakeholders in their designated communities to expand and enhance local prevention

efforts. Coordinators serve to connect local communities with state agencies and perform key tasks such as completing needs assessments and mobilizing/organizing community prevention efforts. Currently, evaluation data for regional prevention coordination outcomes is not publicly listed and is a potential IASS evaluation need.



### Division of Mental Health and Addiction Prevention Regional Map

**Figure 11: Indiana FSSA Prevention Regional Map, 2020**



Source: [https://www.in.gov/fssa/dmha/files/Prevention\\_Regional\\_Map.pdf](https://www.in.gov/fssa/dmha/files/Prevention_Regional_Map.pdf)

# Discussion

The results of the initial CASA for the IASS Assessment and Prevention Domains showed that Indiana has implemented several promising strategies and programs across the state, but that more work is needed to enhance implementation and evaluation efforts. With regard to the Assessment Domain, it is strongly recommended that new state protocols are developed to facilitate large-scale school and student participation rates in both the INYS and the ICSUS. Reliable data on youth and young adult substance use and mental health trends is critical for both substance misuse prevention efforts and for developing an efficient, reliable, and sustainable IASS moving forward. These efforts are also particularly important for the college-age population (18-25) who are most at risk for engaging in risky substance use behaviors and/or developing a substance use disorder.

Findings from the exploration of the IASS Prevention Domain showed that, while prevention efforts appear to be widespread geographically in Indiana, a more comprehensive evaluation system is needed to capture program outputs and outcomes and their impacts on individual counties and communities. Tracking the implementation and usage of evidence-based prevention programs is a critical evaluation need, and output data is not currently available for most components of the IASS Prevention Domain. Additionally, the lack of reliable assessment data for youth and young adults makes it impossible to evaluate the short-term and long-term impacts of current prevention efforts in the state. Because of this, enhancing the IASS Assessment Domain is essential to improving the Prevention Domain. Prevention programs associated with the Indiana Department of Education, the Indiana Department of Health, and the Indiana Juvenile Justice System must also be incorporated into future iterations of the CASA to account for state programs that address risk and protective factors associated with prevention, but that are not specific to substance misuse and are therefore not captured in this initial assessment. More qualitative data and the utilization of process evaluations are also needed to identify what is working well for both programs and communities, and to allow for key stakeholder feedback in the development and implementation of community prevention strategies. Finally, based on the results of the 2023 CASA, the IASS does not

currently employ a universal approach to assessment and prevention services, and it is recommended that a baseline implementation standard is developed for both domains that:

- 1) Requires all publicly funded grade schools to participate in the INYS
- 2) Requires all publicly funded colleges and universities to participate in the ICSUS
- 3) Requires the implementation of a universal, evidence-based prevention program in all elementary schools, middle schools, and high schools in Indiana
- 4) Requires the implementation of a universal, evidence-based trauma-response program in all elementary schools, middle schools, and high schools in Indiana
- 5) Requires the development and implementation of a centralized data-collection and service planning system for all state and federally funded prevention programs in Indiana

Additionally, with regard to the Prevention Domain, it is recommended that:

- 1) DFC evaluations are developed/expanded to include output and outcomes measures, incorporate external community assessments, and identify the geographic impacts of the coalitions
- 2) LCC evaluations are developed/expanded to include more precise output and outcome measures and incorporate external community assessments
- 3) Tobacco Prevention and Cessation evaluations are developed/expanded to include output and outcomes measures and incorporate external community assessments
  - a. Tobacco Prevention and Cessation efforts are expanded to additional counties as available within the scope of funding
- 4) Block Grant evaluations are developed/expanded to include output and outcomes measures and incorporate external community assessments
- 5) State-funded Program evaluations are developed/expanded to include more precise output and outcomes measures and incorporate external community assessments
  - a. State-funded programs are expanded to additional

- counties as available within the scope of funding
- 6) Evaluations of the Regional Prevention System are developed/expanded to include output and outcomes measures and incorporate external community assessments
  - 7) All programs operating under the Prevention Domain of the IASS are assessed for adherence to the principles of the Strategic Prevention Framework and for fidelity to evidence-based prevention programming.

Incorporating these enhancements into the IASS will create a comprehensive evaluation and service planning system that will allow for the implementation of targeted interventions, rigorous assessments, and a sophisticated prevention system that will establish Indiana as a leader in the field of substance misuse prevention in the United States. Several cost-effective, or no-cost strategies also exist for executing the suggested system improvements, making an upgrade to the IASS both economical and obtainable in the short-term if implemented strategically by the state of Indiana.

### **Statewide IASS Prevention Partnerships:**

1. Mental Health America Indiana
2. Prevention Insights
3. Ball State Center for Substance Use Research & Community Initiatives (SURCI)
4. Thomas P. Miller & Associates
5. SheRay's & Associates
6. TTJ Group
7. Syra Health
8. State Epidemiological Outcomes Workgroup
9. Evidence-based programs, practices and policies advisory committee
10. Indiana Criminal Justice Institute
11. Local Coordinating Councils
12. Indiana Department of Education
13. Indiana State Department of Health
14. Intuitive Synergies
15. Prevention Leadership Group
16. Prevention Technology Transfer Center, Great Lakes Region
17. COSSAP Summary of Programs (Comprehensive Opioid Stimulant Substance Abuse Site-Based Program grant)



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1119 Keystone Way N #201, Carmel, IN 46032

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