

**Hamilton County
BEHAVIORAL HEALTH
COMMUNITY ACTION PLAN**

November 2021

OVERVIEW

According to the Robert Wood Johnson Foundation County Health Rankings, **Hamilton County is ranked number 1 in the state for health outcomes and factors in Indiana**, based on life expectancy, quality of life, and a variety of clinical and social factors impacting health¹. However, a 2019 Community Health Needs Assessment report released by Ascension St. Vincent shared findings from a two-year study of health needs and service gaps for Hamilton County residents. The report identified Mental Health and Substance/Alcohol Abuse as two of the five most pressing local health priorities by a diverse array of public health and healthcare experts, social services and community-based partners, and community residents.

This report recognized what the Hamilton County Community Foundation and other community leaders had identified as a significant community issue. As such, they had already started engaging cross-sector partners with a shared interest in expanding the availability and accessibility of behavioral health resources, supports, and services for Hamilton County residents, especially those whose unmet needs lead to involvement with the criminal justice system. These leaders quickly found that while there are a multitude of programs and initiatives in place in pockets throughout Hamilton County, these resources often lack the coordination, collaboration, and support necessary to ensure that all Hamilton County residents have equal access.

To address these concerns, the Hamilton County Community Foundation partnered with Aspire Indiana Health and the Hamilton County Council to support a two-phase approach to identify opportunities to increase strategic efforts to ensure equitable access to behavioral health resources and supports. Community Solutions, Inc. was engaged to conduct an initial assessment of community needs, resources, and gaps and then convene and facilitate diverse community stakeholders in a series of results-focused sessions to develop powerful strategies that would support collaborative efforts to ensure that Hamilton County residents have access to the behavioral health services they need.

This collaborative planning process laid the groundwork to strategically move from talk to action by developing a **Hamilton County Behavioral Health Community Action Plan (Community Action Plan)** to ensure Hamilton County residents, regardless of race, place, or identity, achieve optimal health in mind, body, and spirit.

The **Community Action Plan** provides recommendations on areas for partners to work together in service of this shared result. The plan also highlights opportunities to connect systems to increase accessibility and affordability of behavioral health services.

¹ <https://www.countyhealthrankings.org/app/indiana/2020/downloads>

ACKNOWLEDGEMENTS

The development of the **Community Action Plan** was led collaboratively by the Hamilton County Community Foundation, the Hamilton County Council, and Aspire Indiana Health, with technical support from Community Solutions, Inc.

For their leadership in this initiative, great appreciation is due to Hon. Steven Nation (Hamilton County Council); Mark Heirbrandt (Hamilton County Commissioner); Tom Kilian, Brittany Rayburn, and Jeena Siela (Hamilton County Community Foundation); and Barbara Scott, Dr. Jody Horstman, Dianna Huddleston, Darrell Mitchell (Aspire Indiana Health).

Recognizing there were already many individuals and groups actively working on various pieces of this issue, these leaders knew that the objective was not to create something entirely new, but to build on existing efforts and initiatives, connect sector-focused efforts across the system, and to develop strategies to address gaps. Their intent was to have a population-level impact.

A series of collaborative planning sessions were held in the Fall of 2021 with a diverse group of stakeholders to develop the **Community Action Plan**. The following agencies and organizations are recognized for their contributions to the development of the plan, and their commitment to implementation:

Aspire Indiana Health
Ascension St. Vincent/Carmel Clay Schools
Mental Health Partnership
Carmel Clay Schools
Collaborative Works
Community Health Network
Faith in Indiana
Fishers Health Department
Good Samaritan Network
Hamilton County Board of Commissioners
Hamilton County Community Corrections
Hamilton County Community Foundation
Hamilton County Council
Hamilton County Council on Alcohol and Other
Drugs
Hamilton County Health Department
Hamilton Heights Schools
Hamilton County Jail - C.O.P.E./TOWER
Hamilton County Pretrial Services
Hamilton County Probation
Hamilton County Sheriff's Office

Hamilton Southeastern Schools
Heart and Soul Clinic
Hope and Recovery Centers, Inc.
Indiana Muslim Advocacy Network
Invest in Hamilton County
Janus Inc.
JumpIN Health
Miller Care Group
Moonshot Games (Noblesville)
Noblesville Chamber of Commerce
Noblesville Wellbeing Coalition
Partnership for a Healthy Hamilton County
Prevail
Shepherd's Center of Hamilton County
Sheridan Youth Assistance Program
Stigma Free Fishers
Trinity Free Clinic
Veterans of Foreign Wars
Westfield Fire Department
Westfield Washington Schools
Westfield Wellbeing Coalition

PLAN DEVELOPMENT

Over the course of three collaborative planning sessions, community partners came together to lay the foundation for the **Community Action Plan** using a Results Based Accountability (RBA) Framework. This data-driven, results-focused decision-making process provides a commonsense framework that allows diverse stakeholders to leverage their individual efforts, quickly move from talk to action, and make measurable change in their communities. During these sessions which were held between August and October of 2021, community stakeholders and leaders engaged in dialogue to:

- develop a common agenda by adopting a shared result statement,
- select indicators of success,
- develop a common understanding of the story behind the indicator data,
- brainstorm additional partners with a role to play in improving behavioral health outcomes in Hamilton County,
- explore what works and powerful strategies based on best practices, and
- lay the groundwork to strategically and collaboratively move from talk to action.

DEVELOPING A SHARED UNDERSTANDING

It is important to start with a shared understanding of the work to be done and a shared commitment to the result to be achieved. A result statement is a community-level condition of wellbeing that is future-oriented, communicates what the group wants for the community, is easily understood by people outside the group, and is inspiring to the broader community.

Using Proposal Based Decision-Making, stakeholders at the initial collaborative session identified the following result:

All Hamilton County residents, regardless of race, place, or identity, achieve optimal health in mind, body, and spirit.

Partners further elaborated on what this desired result means in practice:

- People have equal opportunity and access; there is a welcoming and inclusive community; there is safety, basic needs are met, and there is a balance between people's priorities.
- Health care services are coordinated, and people are connected in the community.
- There is basic infrastructure to support service systems.
- Prevention and early intervention are available and accessible.
- We talk about caring for mental health the same way we do physical health.
- People feel valued, connected, able to contribute, and like they are part of the community and working collectively.
- Knowing that you may not be able to achieve this result for every single person should not deter you from trying - leaders in communities are concerned about the wellbeing of everyone, and that is what grounds this work.

DATA THAT TELLS US HOW WE ARE DOING

The data used in RBA – “indicators” – display population-level trends over time to indicate what the condition of well-being has looked like historically and identify whether the efforts of the group are bringing the community closer to the result they hope to achieve. There are two types of indicators:

- **Primary indicators** are population-level measures that can be easily understood by the community, are representative of broader issues, and are timely and trustworthy. The assumption is that if the primary indicators are going in a positive direction, other indicators will follow.
- **Secondary indicators** are other population-level data that helps identify whether there are subpopulations or groups not experiencing equal well-being, interim milestones that may be lagging, or provide other key data that is helpful in measuring progress toward the result.

Performance measures use program-level data to demonstrate the impact that efforts are having on systems, organizations, programs, and services. They help to identify how much intervention, program, or service is being delivered (how many people are being served); how well that intervention, program, or service is being delivered (quality of service delivery); and whether anyone is better off as a result (the ultimate goal). Performance measures do not measure progress toward the community wide result but serve as benchmark data to identify whether strategies are having the desired reach and impact.

During the first phase of the process, Community Solutions gathered and analyzed data and information to support the planning process. The resulting **Hamilton County Behavioral Health Needs Assessment (Needs Assessment)** included an epidemiological profile of Hamilton County, an environmental scan of behavioral health programs and services located in Hamilton County, and an assessment of the availability and accessibility of services that were identified through the environmental scan component of the Needs Assessment. It is important to note that the Needs Assessment is not inclusive of all services and supports that may be active in Hamilton County as it is limited by the availability of data and depth of information provided through public data systems.

After reviewing community level data, discussion of the reliability and validity of data sources and the factors that cause the data to move in one direction or another, Hamilton County partners identified the following primary indicators:

1. **Deaths Involving Drug Overdose**
2. **Suicide Rate**
3. **Self-reported Number of Poor Mental Health Days per Month**
4. **Percent of Students Receiving In-School Suspension (ISS), Out-of-School Suspension (OSS), and Expulsion**

Data gathered through the Needs Assessment was consistently used throughout the planning process to identify strategy priorities, target specific populations or geographic areas, identify partners, and guide decision-making in the development of cross-sector strategies. The data will continue to be useful in the ongoing monitoring of progress, re-design of strategies, and assessment of the impact on the community.

IDENTIFYING PARTNERS

Recognizing that the ability to achieve a community-wide impact is dependent on a diverse set of highly engaged partners, participants were thoughtful in identifying individuals that are committed to the result and have a role to play in developing and implementing powerful strategies. Identification of partners is an ongoing process as the collaborative work grows. Review of community-level data and discussion of the story behind the data were the basis for identifying the initial participants and as the work developed, the group continued to reach out and engage additional members. Key stakeholders were identified whose efforts are focused on moving the needle on one or more of the primary indicators and they were invited to participate in the collaborative sessions. Participants were also able to identify gaps in representation throughout the process and brought in partners who were able to be the voice of targeted populations.

Over 100 community stakeholders representing healthcare, education, justice and law enforcement, community, cultural and economic development, and human and social services were invited to participate in one or more planning sessions and 52 individuals attended at least one session in the planning process.

WHAT WORKS

Often in communities there are efforts underway that are already contributing to the result. It is important to build off of what is working and develop strategies to deepen the impact of that work. The first step in the development of strategies is to identify the initiatives, programs, coalitions, and other efforts that are “working” either within the county already, or that are being implemented in other places and having a positive impact. The initial environmental scan revealed many existing resources. Additionally, community leaders were asked to share additional information about resources that may not have been captured in the research phase of this project.

Stakeholders engaged in brainstorming processes to identify **existing initiatives, programs, and coalitions**, discuss what’s working within those existing efforts to contribute to the result, and identify the reach and impact of those efforts. The “what works” discussion was structured around the different sectors represented among the participants. These sectors include:

- Justice and Law Enforcement
- Healthcare
- Education
- Community, Cultural, and Economic Development
- Social Services

A comprehensive list of Hamilton County Resources was developed to assist partners as they focused on strategy development (See Appendix A).

After identifying what resources and assets exist, participants worked to identify the **gaps** - in geography, population, impact, coordination, and communication - that remain, providing a foundation for setting priorities. Several cross-cutting gaps that touch on multiple sectors were identified:

- **Access to Resources, Supports, & Services**
- **Awareness of Issues & Available Resources**
- **Data & Info Sharing Across and Within Systems**
- **Stigma**

- **Workforce** Availability & Preparedness
- Availability of **Behavioral Health Services**
- Availability of a Continuum of **Housing**

DEVELOPING STRATEGIES

During the final collaborative session, partners prioritized the gaps to be addressed in the **Community Action Plan** and began the development of strategies with accompanying action steps for implementation. Not all the prioritized gaps were addressed in this session, but those topics will remain priority issues to be further defined and pursued as they move to implementation.



As the participants formed strategy groups, they developed action plans that included the following:

- **Lead Partner:** What initiative or agency should be responsible for making sure this strategy moves forward?
- **Supporting Partners:** Which partners could or should participate in driving this strategy?
- **Action Steps:** What specific steps will be necessary to achieve this overall strategy?
- **Responsible Parties:** What partners can make this action step happen?
- **Timeline:** What's a reasonable timeline to accomplish each action step?

The strategies developed in the collaborative sessions are outlined in the **Community Action Plan** section.

STRUCTURE TO SUPPORT ONGOING COLLABORATION

For this community plan to move to action, there must be an infrastructure to support ongoing collaboration, cross-sector engagement, review of indicator data, and communication to ensure public awareness of the effort.

Participants proposed the development of a **Hamilton County Behavioral Health Coalition**, to serve his purpose. More detail on the development of this Coalition is in the **Community Action Plan** section of this report.

COMMUNITY ACTION PLAN

In 2021, Hamilton County leaders engaged in a collaborative planning process to develop a **Hamilton County Behavioral Health Community Action Plan (Community Action Plan)** aimed at ensuring Hamilton County residents, regardless of race, place, or identity, achieve optimal health in mind, body, and spirit.

The **Community Action Plan** provides recommendations on processes and strategies for partners to work together to make progress in achieving this shared result. The plan also highlights opportunities to connect systems to increase accessibility and affordability of behavioral health services. When this work began, system partners in Hamilton County had already started building a cross-sector strategies focused on expanding the availability and accessibility of behavioral health services for Hamilton County residents, especially those whose unmet needs lead to involvement with the criminal justice system. The goal of the collaborative planning process was to build on the work that had already begun to provide a comprehensive plan that crosses sectors, geographies and has an intentional focus on often disconnected populations.

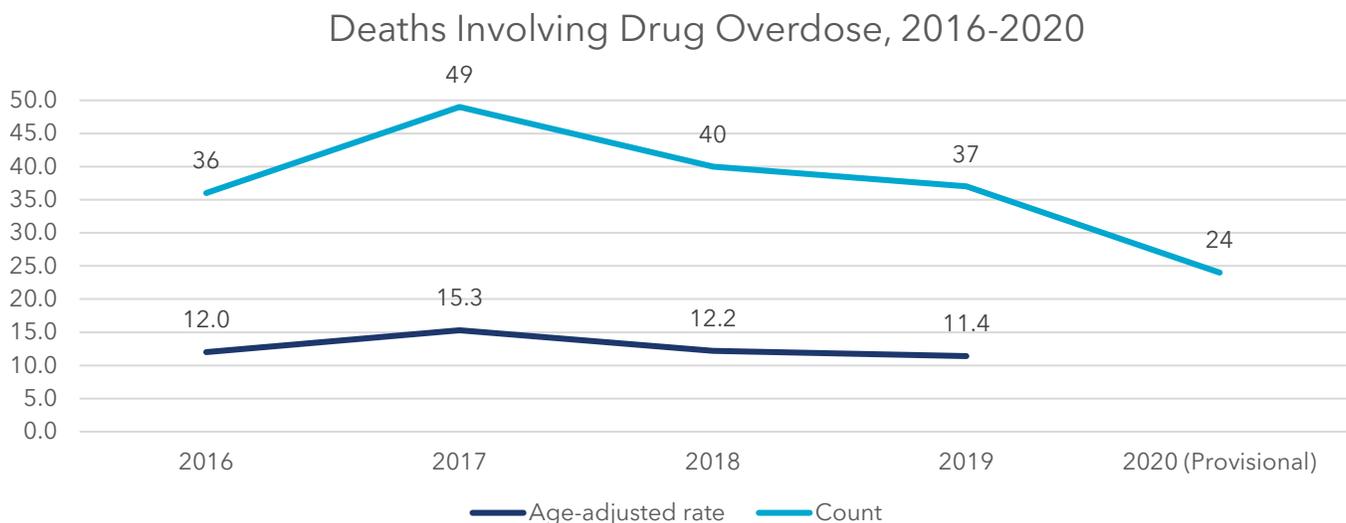
The collaborative planning process was rooted in data and included three sessions with key partners that culminated in the prioritization of gaps and development of strategies for the highest priority gaps. This **Community Action Plan** is intended to be a launching point and will need further development and ongoing management and evolution to achieve the intended result.

RESULT

All Hamilton County residents, regardless of race, place, or identity, achieve optimal health in mind, body, and spirit.

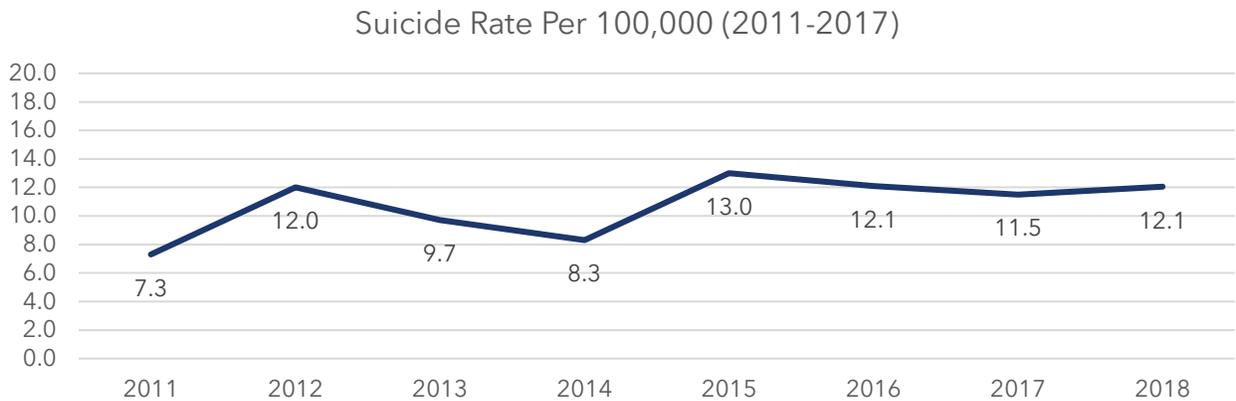
PRIMARY INDICATORS

1. Deaths Involving Drug Overdose



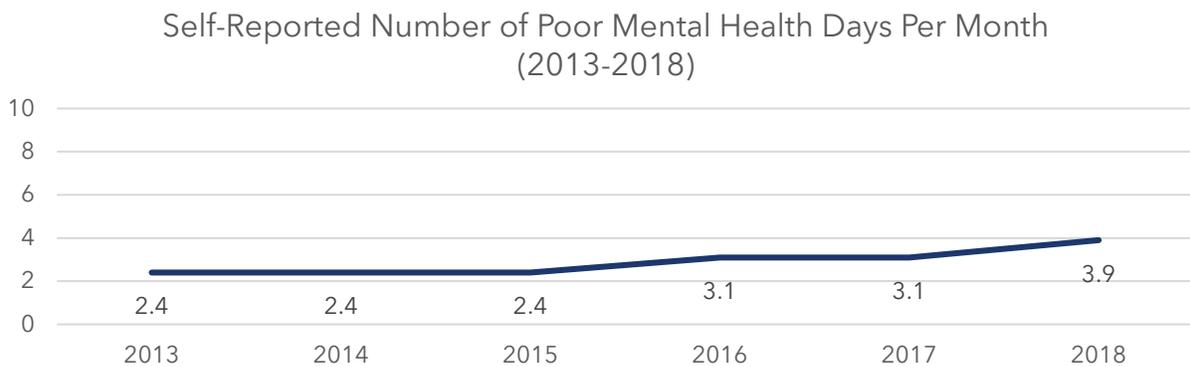
Data Source: Next Level Recovery Data Dashboard, <https://www.in.gov/recovery/data/>

2. Suicide Rate



Data Source: RWJF County Health Rankings & Roadmaps; National Vital Statistics System Mortality Data

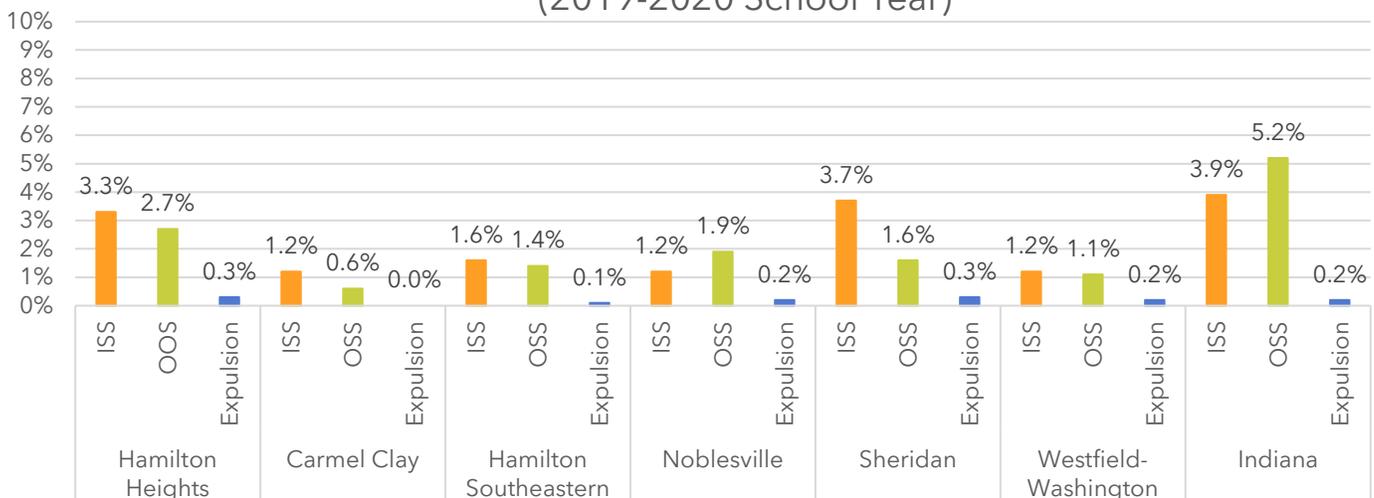
3. Self-reported Number of Poor Mental Health Days per Month



Data Source: RWJF County Health Rankings; Behavioral Risk Factor Surveillance System

4. Percent of Students Receiving In-School Suspension (ISS), Out-of-School Suspension (OSS), and Expulsion

Percent of Students Receiving In-School Suspension (ISS), Out-of-School Suspension (OSS) and Expulsion (2019-2020 School Year)



Data Source: Indiana Department of Education

SECONDARY INDICATORS

In addition to the primary indicators that represent the community-level condition of well-being and can be used to measure progress toward the result over time, leaders identified multiple secondary indicators that can be used to track strategy-level impact, including:

- Naloxone use rate
- Kids removed from home due to parent alcohol/substance use
- Drug- and alcohol-related arrests
- Adults that report excessive drinking
- SEL Data Panorama
- Hospital emergency department visits and admissions
- Insurance data - wellness visits, behavioral health coverage, deductibles, cost, providers accepting insurance
- Belonging to a group (faith, social, volunteer, community, hobby)
- Happiness index
- Wait time for beds
- Suicide screenings
- Immediate detentions
- CPS reports and outcomes
- JDAI data
- Mental health training opportunities
- Resilience
- Suicide ideation among youth
- Time from referral to admission - inpatient and outpatient
- MHA National Screening data
- Number of recovery homes and levels - capacity vs. demand

COLLABORATIVE STRUCTURE

The primary strategy that partners developed through the planning process was to establish a county-wide coalition that will ensure that the connections created and nurtured during the collaborative planning process will provide new resources to help people solve problems and make meaningful differences for Hamilton County residents.

The formation of a **Hamilton County Behavioral Health Coalition** will provide a collective, county-wide infrastructure for assembling pieces of the puzzle for a clearer picture of the needs and pathways forward and will provide a framework for collaborative partners to come together across sectors to move the work.

Collaborative partners agreed that the Hamilton County Behavioral Health Coalition should **develop task force groups around the key gaps identified** and **convene quarterly** to:

- Provide a forum for updates from community and coalition leaders
- Review data and evaluate progress
- Discuss progress with strategy implementation
- Identify ongoing gaps and opportunities to engage
- Assess participant engagement and recruit additional support

Additionally, quarterly coalition meetings may include:

- Educational presentations on best practices, latest trends, etc.
- Partner updates and success stories
- Task force presentations and/or breakout discussions
- Other assessment, planning, and/or evaluation activities

The Hamilton County Community Foundation agreed to serve as the Lead Partner for this critical strategy. In doing so, they have committed to working with stakeholders to identify, recruit, and provide backbone support to a cross-sector team that will provide strategic leadership to the coalition.

Strategy: Establish a county-wide coalition to support ongoing collaboration and the implementation, monitoring, and updating of the Community Action Plan.

Lead Partner(s): Hamilton County Community Foundation (HCCF)	Supporting Partner(s): City & County governmental agencies, healthcare providers, non-profits, schools, faith communities, advocates
---	---

Action Steps	Responsible Parties	Timeline
Establish a Leadership team to guide and support the Coalition	HCCF Hamilton County Commissioners Aspire Indiana Health	Q4 2021
Identify and recruit partners	Leadership Team	Q4 2021
Convene full group quarterly and monthly meetings for subgroups (once established)	Leadership Team	Q1 2022/ ongoing
Develop resource database	TBD	Q2 2022/ ongoing

Stakeholders who participated in the planning process frequently noted the importance of increasing the diversity and representativeness of leaders who are collaborating to ensure that all Hamilton County residents, regardless of race, place, or identity, achieve optimal health in mind, body, and spirit.

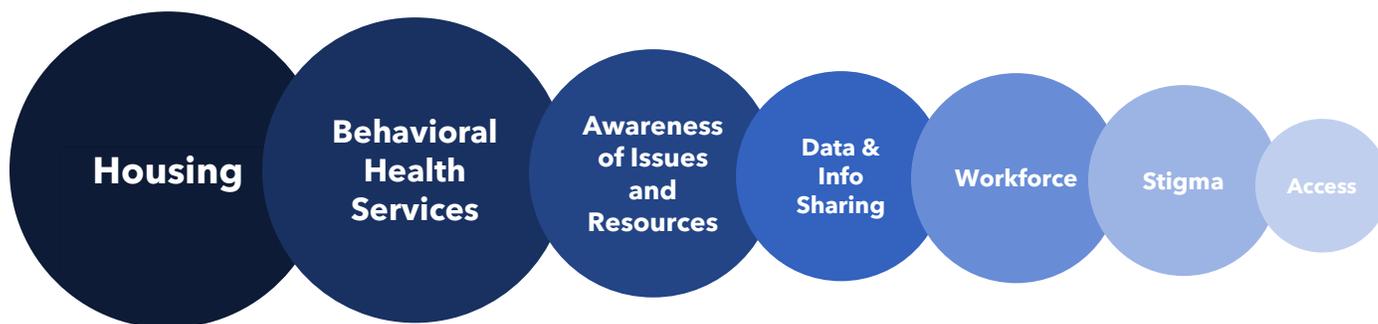
Strategy: Engage cross-sector community and organizational leaders in smaller towns and unincorporated areas and other underrepresented groups of people, such as people of color, people who identify as LGBTQ+, people who are differently abled, and people who are religious minorities in Hamilton County in planning and implementing strategies to increase access to resources and supports.

Lead Partner(s): Hamilton County Behavioral Health Coalition	Supporting Partner(s): City & County governmental agencies, healthcare providers, non-profits, schools, faith communities, advocates
---	---

Action Steps	Responsible Parties	Timeline
Identify key initiatives, committees, and councils that lack diversity in geographic, racial, and identity-related representation among members and leaders.	Leadership Team	Q4 2021
Identify current community and organizational leaders in Hamilton County who represent diversity in geographic, racial, and identity and convene them develop a communication strategy and plan to recruit additional engagement.	Leadership Team, HC Behavioral Health Coalition	Q1 2022
Establish a task force to set priorities and targets for diversifying engagement and leadership, developing and implementing strategies, tracking progress, and making mid-course adjustments.	Leadership Team, Task Force	Q2 2022/ ongoing

STRATEGIES

In addition to the establishment of a county-wide coalition that will facilitate collaboration and communication among key stakeholder groups throughout Hamilton County, partners worked together during the planning sessions to identify gaps in resources and supports. They then prioritized gaps based on the degree of impact that they believe the gap has in creating barriers to health, their level of expertise and engagement in the gap area, and their sphere of influence related to the topic area. The prioritization of gaps is visually represented below.



During the final planning session, partners participated in the development of strategies and accompanying actions steps for several high-priority gaps. Teams were able to build initial strategies to address all gaps except for **Workforce** and **Access**. The **Workforce** gap was defined as both a gap in available qualified behavioral health workers (especially among lower-paying and entry-level jobs) as well as a lack of training among employees of non-traditional organizations or among professionals who could incorporate mental health supports and services into their existing role. **Access**-related issues were often cited throughout the planning process and included issues such as a lack of public transportation in Hamilton County, unevenly distributed resources (geographically), supports, and services, and limitations such as cost, hours of availability, or cultural relevance of existing resources.

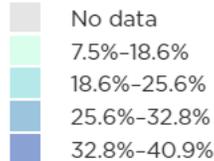
While these two gap areas are important, partners did not have the capacity to work on all gaps at the same time. However, elements of both issues were incorporated into the initial strategies. Action plan development related to these two issues, as well as the other gaps identified thus far and those yet to be identified will be incorporated into the ongoing, iterative work of the **Hamilton County Behavioral Health Coalition**.

HOUSING

Access to safe and affordable housing is an issue across the country. Incomes have not kept pace with the cost of housing, and if income is not an issue, factors such as a criminal history, poor credit, and/or a previous eviction can be very formidable barriers to overcome.

According to US Census Bureau American Community Survey 2019 data, **19% of Hamilton County households are housing cost burdened**, meaning that they are spending at least 30% of their income on housing. Pockets of Carmel, Noblesville, and Westfield have areas where nearly one-third of the households are burdened in this way.

Pct. of Total Households Spending 30% or More on Housing by Tract



In addition to economic barriers to housing, **individuals exiting incarceration and/or who have previous involvement in the criminal justice system are often ineligible for housing resources and supports and may be denied access to housing due to official and unofficial policies.** Without housing stability, it is difficult for individuals to address mental health/substance abuse needs.

Another key population that often struggles to find affordable, appropriate housing in Hamilton County includes people who are entering recovery from substance use, who often need a system of graduated recovery and supportive housing resources. Ideally, an individual would be able to enter housing that provides a high level of clinically based recovery services and as they progress in their treatment, be able to stairstep that down through less intense options until they are able to maintain sobriety with a very low level of supports. This continuum of housing not only provides a crisis level response, but also gives the opportunity for the individual to learn how to re-engage as a member of a family, a workforce, and a community.

In order to ensure that individuals in recovery can find safe and supportive housing in the State of Indiana, Mental Health America of Indiana formed the Indiana Affiliation of Recovery Residences (INARR) to provide guidance and a variety of resources to Recovery Residence providers to ensure that residents who live in INARR certified houses have the very best chances of succeeding in their recovery journey. Recovery housing providers may voluntarily align their program with one of four levels of residential recovery programs and seek certification from INARR. INARR can then fairly certify Indiana Recovery Residences as having demonstrated compliance with the National Affiliation of Recovery Residences Standards and the INARR Code of Ethics. INARR then provides training for owners, managers, and staff of Recovery Residences to enhance and inform their delivery of quality services. Currently, there is **very limited availability of INARR certified residential recovery resources at all four levels in Hamilton County.**

Strategy: Leverage HCEDC's Housing Study and the Behavioral Health Needs Assessment to support housing-related strategies of the Community Action Plan.		
Lead Partner(s): Hamilton County Economic Development Corporation (HCEDC)		Supporting Partner(s): HC Behavioral Health Coalition
Action Steps	Responsible Parties	Timeline
Review data from Needs Assessment with eye toward housing issues	HCEDC	Q1-Q2 2022
Convene stakeholder focus groups to discuss housing and mental health	HCEDC, HC Behavioral Health Coalition	Q1-Q2 2022
Finish drafting the Housing Study (including findings, recommendations, and conclusions)	HCEDC	June - July 2022
Develop communication materials and promote findings and recommendations	HCEDC, HC Behavioral Health Coalition	TBD

Strategy: Identify and support housing pathways for independent living for individuals involved in the criminal justice system.		
Lead Partner(s): TBD		Supporting Partner(s): Indiana Apartment Association, Division of Mental Health and Addiction Services (DMHA), Aspire Indiana, Faith in Indiana
Action Steps	Responsible Parties	Timeline
Identify available costs on county/region	TBD	TBD
Identify/estimate potential demand by residents	TBD	TBD
Promote state incentives & protections locally	TBD	TBD
Take a "Block Leasing" approach	TBD	TBD
Engage sociologists, marketing, public relations to help make the case	TBD	TBD

Strategy: Establish/increase availability of Recovery Housing (Levels 1 - 4)		
Lead Partner(s): HCCF		Supporting Partner(s): Indiana Economic Development Corporation (IEDC), HCCF, DMHA, Indiana Affiliation of Recovery Residences (INARR)
Action Steps	Responsible Parties	Timeline
Identify NIMBY ("not in my backyard") strategy	Indiana Economic Development Corporation (IEDC), HCCF, DMHA, Indiana Affiliation of Recovery Residences (INARR), Housing Collab	January - March 2022
Identify potential demand	TOWER, HOPE, Aspire Indiana, DMHA, Housing Collab	January - March 2022
Approach DMHA / Oxford House / INARR	TOWER, HOPE, Aspire Indiana, DMHA, Housing Collab	Mar 2022
Engage local providers regarding public & private partnership	Aspire Indiana, TOWER (faith community), HAND, HOPE	April 2022
Local government zoning policies	Local government	TBD

BEHAVIORAL HEALTH SERVICES

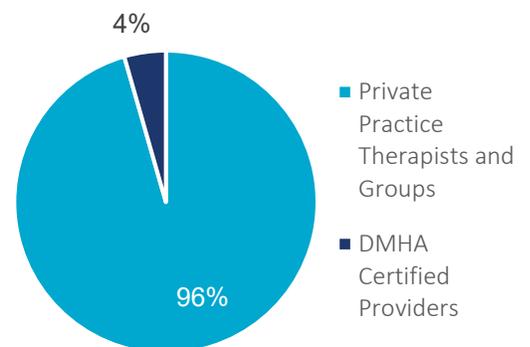
Data and information gathered for the Hamilton County Behavioral Health Needs Assessment illuminates several factors that challenge Hamilton County’s behavioral health service system, including:

- **Limited access to services**, including therapy and medication, for low-income residents and those on Medicaid and HIP
- **Shortage of therapists who accept insurance** generally, not exclusive to public health insurance and of prescribers accepting insurance, as well
- **Long wait times** for clinical behavioral health appointments
- **Low availability of services for higher-acuity clients**
 - Limited access to **emergency psychiatric services**
 - Lack of **inpatient crisis services** within the county
 - Shortage of **intensive outpatient services** and other follow up crisis services

The Indiana Division of Mental Health and Addiction (DMHA), the state’s certifying body for community mental health centers and addiction treatment service providers, was the foundational data source used in the environmental scan. DMHA website includes a “Find a Local Service Provider” page, with separate links to a listing of community mental health centers operating in each county; an addiction treatment search-by-location page; and a certified recovery residence search-by-location page. A total of eleven agencies were identified through this search:

Agency Type	Agency Name(s)
Community Mental Health Center	Aspire Indiana
Residential Addiction Treatment Provider	La Verna Lodge for Men
Outpatient Addiction Treatment Providers*	Indiana Re-Entry Integration Services (IRIS) Bright Heart Health Cleanslate Centers Emerald Neuro Recover Landmark Recovery of Carmel Lionrock Recovery Proactive Resources Bridges of Hope
Certified Recovery Residences*	Indiana Re-Entry Integration Services (IRIS) Transformations Center for Healing
*Note: one agency holds certification both as an outpatient addiction treatment provider and a Recovery Residence and is therefore counted twice here; this agency is represented only once in the total count of eleven (11) providers identified.	

PsychologyToday.com was accessed as a secondary source for providers in Hamilton County. PsychologyToday.com is the online home of Psychology Today magazine, which has been in circulation since 1967. The website includes a “Find a Therapist” directory that allows clinical professionals to create their own profile to reach new clients by providing information on their clinical approach, areas of specialization, education, training, and licensure, payment types, and practice location.

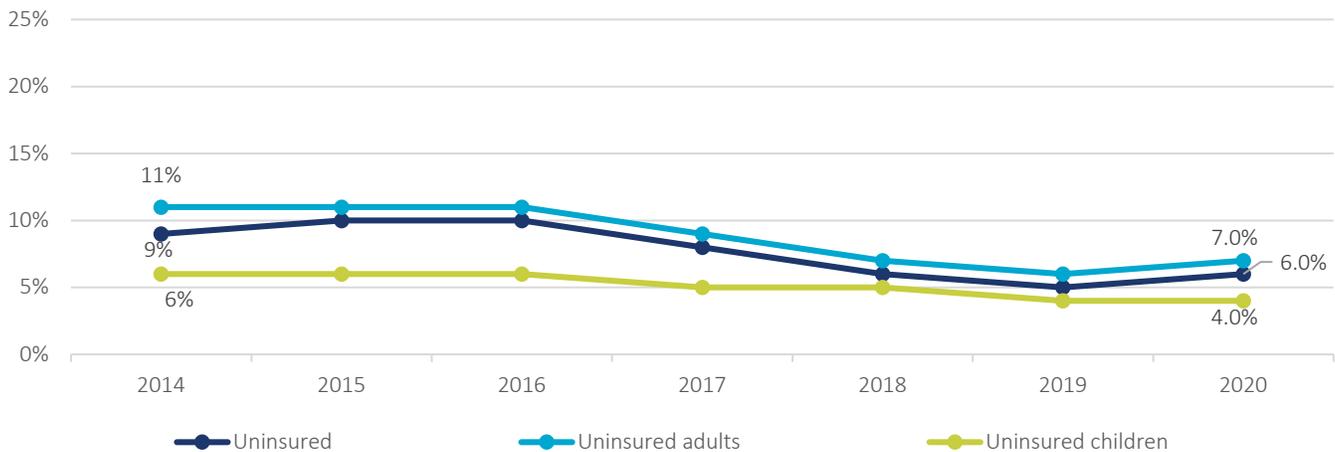


Through PsychologyToday.com’s directory, 237 private therapists and private practice groups were identified.

Thus, the environmental scan demonstrated that **an overwhelming majority of the behavioral health providers in Hamilton County are private practitioners.** Such providers may not accept certain types of insurance, any insurance at all, and/or provide a sliding fee scale for need-based assistance.

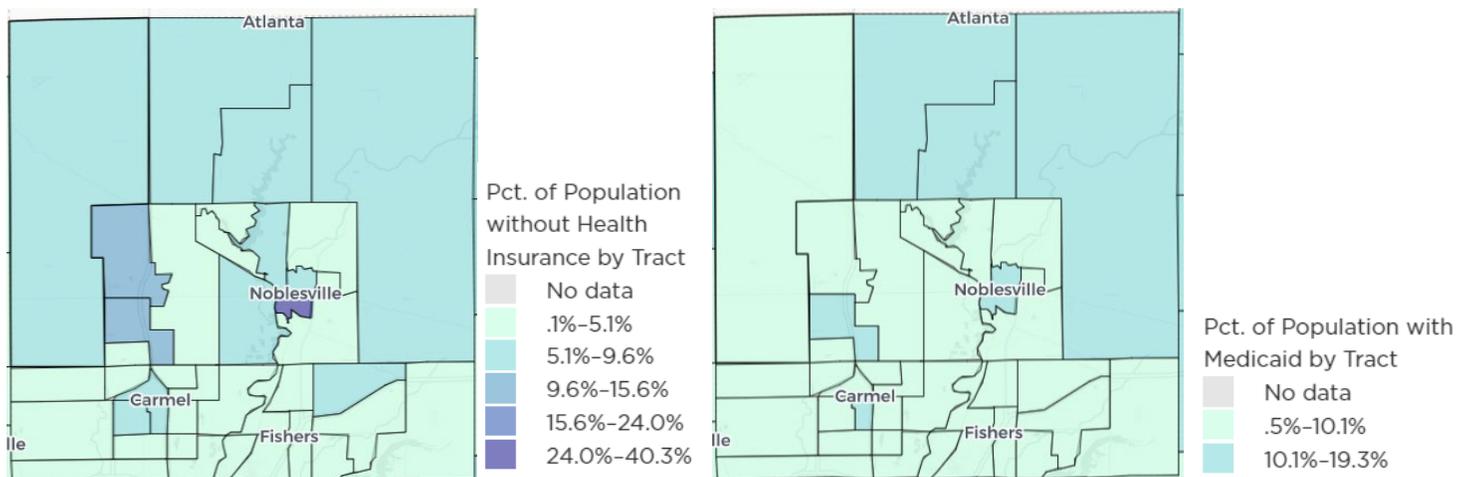
The **uninsured population has dropped by 40%** since 2016, however, the uninsured rate for adults may be trending upward again. Overall, 6% of Hamilton County residents lacked health insurance in 2020. A breakdown of uninsured rates by census tract shows that uninsured rates were much higher in many parts of the county, particularly in northern and more rural communities.

Uninsured Population - Hamilton County

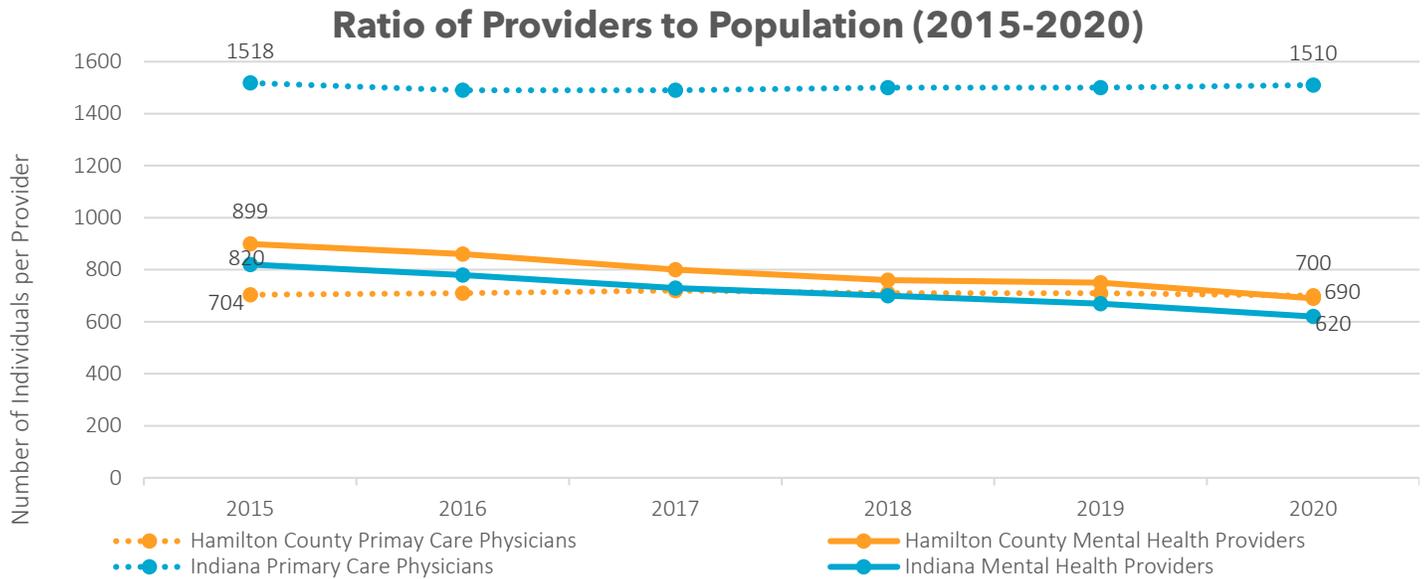


Data Source: County Health Rankings (2021) Indiana

In 2019, 6% of noninstitutionalized Hamilton County residents were insured through Medicaid, 12% through Medicare, 15% direct buy, and 74% through their employer (total may exceed 100% because an individual can have more than one type of coverage.)



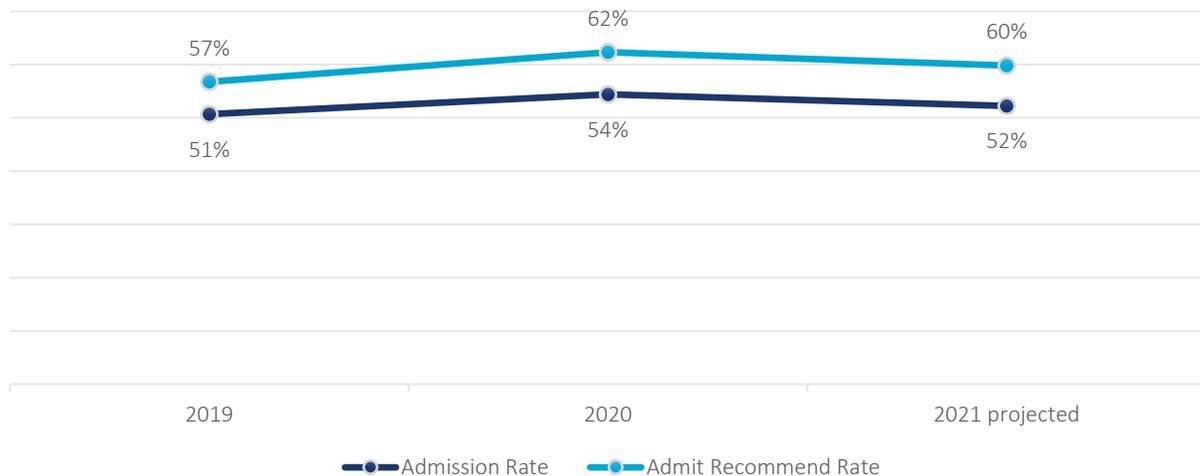
While specialty care is often needed, the vast majority of basic mental health care is actually delivered through primary care providers. The ratio of primary care physicians to residents has remained relatively flat in Hamilton County, as in Indiana, for the last 5 years. However, the ratio of mental health providers to population has improved in both Hamilton County and Indiana, overall. While the ratio has also improved noticeably for mental health providers, **Hamilton County's ratio of residents to mental health providers (670:1) remains greater than Indiana's overall ratio (590:1).**



Data Source: County Health Rankings (2021) Indiana

As the designated provider for immediate and emergency detentions and the primary provider of emergency psychiatric services for Hamilton County, Community Health Network (CHN) data is crucial to understanding high acuity need among Hamilton County residents. In recent years, **crisis assessment admission rates have remained fairly stable, with 62% recommended for admission and 54% admitted in 2020.** This represents a 5% increase from 2019.

CHN Hamilton County Crisis Assessment Admission Recommend Rate and Admission Rate



Data indicates that the majority of assessments, intakes, and inpatient admissions at Community North are for residents of the 46060, 46038, and 46037 zip codes (55%), despite making up only 39% of the total Hamilton County population. **This raises questions about access for residents in other areas of the county.**

Several recommended solutions to increase access to needed services were developed during the planning process, including:

1. Establishing a crisis intervention center; spectrum of care
2. Mobile crisis team
 - a. 988 call line
 - b. Urgent Behavioral Health
3. Train physicians in integrated care / behavioral health (psychiatric care)
4. Expand healthcare funding *especially for those who don't qualify for HIP (Healthy Indiana Plan)
 - a. Medicaid
 - b. High deductible / co-pay
 - c. Wraparound mode - guaranteed care

These proposed solutions were then used to inform the development of two initial strategies.

Strategy: Develop a crisis intervention continuum of care.		
Lead Partner(s): TBD	Supporting Partner(s):	
Action Steps	Responsible Parties	Timeline
Research national models	<ul style="list-style-type: none"> • Faith in Indiana 	TBD
Local research - meet with cities to learn what already exists related to mobile crisis, BHU, etc.	<ul style="list-style-type: none"> • Fishers MHC team • Noble Act • Patrick Westfield • Carmel Fire Department • Indianapolis Office of Public Health & Safety 	TBD
Map existing Hamilton County initiatives	Patrick Hutchison	TBD
Research rural options	Patrick Hutchinson	TBD
Research & identify ARP options (high priority)	Faith in Indiana	TBD
Meet with elected leaders to explore support for funding the strategy	Faith in Indiana (whole collaborative) County commissioners, mayors, trustees	TBD
Explore entity & provider options / drive building & design of facility and services	TBD (public health departments?)	TBD

Strategy: Enhance integrated health to ensure that all providers are well-informed and are operating at the top of their license with regard to providing behavioral health supports, services, and care.		
Lead Partner(s): TBD	Supporting Partner(s): Ascension Health, Community Health Network, Franciscan Health, IU Health, Riverview Health, Bowen Health Workforce Center CICF, County Commissioners, Health Departments, IUPUI/SPEA	
Action Steps	Responsible Parties	Timeline
Map primary care providers countywide	TBD (SPEA Capstone Project?)	TBD
Create a survey for PCPs to identify interest & capacity	TBD (Bowen Health Workforce Center?)	TBD
Create training for interested PCPs	TBD	TBD

AWARENESS OF ISSUES & RESOURCES

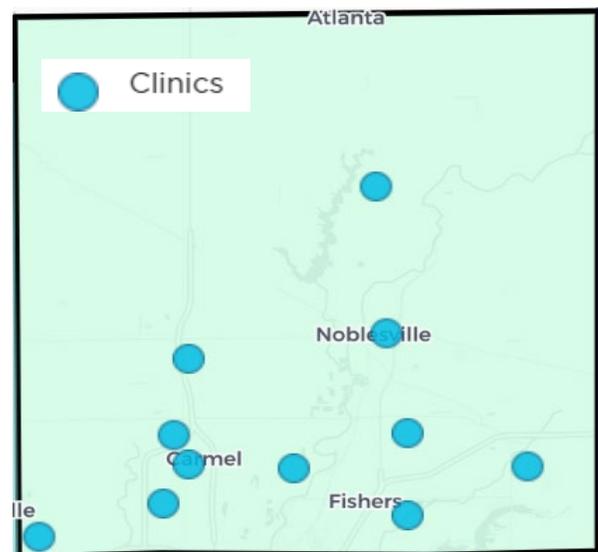
While Hamilton County often makes the top of the list in terms of community health issues, business community, philanthropic community, and the general public often assume that means that all needs are met. However, indicator data show that many residents experience mental health challenges that all too often lead to tragedy. For example, the average number of days each month that Hamilton County residents report experiencing poor mental health increased from 2.4 in 2015 to 3.9 in 2018. Deaths by suicide and deaths involving drug overdose are unacceptably high and rates have not improved consistently in recent years. Through the planning process, stakeholders identified this **lack of awareness about needs in the community**, as a major challenge to increasing wellbeing in Hamilton County.

Similarly, leaders identified a general **lack of awareness of existing mental health supports and behavioral health services** in the community as a key challenge, as well. They noted that there has been an influx of people who are new to being in need due to the COVID-19 pandemic who lack the knowledge or connections to navigate available resources. Finally, they cited a lack of community leadership that represents diversity of the community, especially among rural residents and people of color to advocate for needs of their community, participate in decision-making, and communicate resources to diverse audiences as a key gap.

The primary resource for community-level data on conditions of well-being and community resources, The Polis Center's Social Assets and Vulnerability Indicators database (SAVI) includes just 12 health clinics and 11 mental health service providers, almost all of which are located in the southern half of Hamilton County.

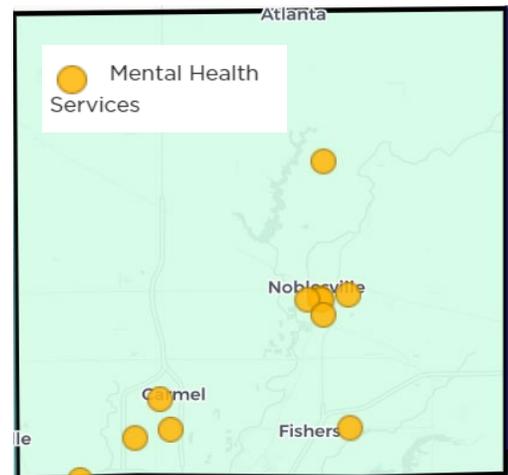
Health Clinics:

- Aspire Indiana - Carmel
- Community Kids Express - Fishers
- Community Medcheck Carmel
- Community Medcheck Noblesville
- Department Of Child Services- Hamilton County
- Heart And Soul Clinic
- Hope Family Care Center
- St. Vincent Medical Group - Carmel
- St. Vincent Medical Group - Fishers
- St. Vincent Medical Group - Michigan Road Immediate Care
- Trinity Free Clinic



Mental Health Service Providers:

- Accessibility-low Vision Support Group - Carmel
- Aspire Indiana - Carmel
- Aspire Indiana - Noblesville
- Birthright of Cicero
- Center for Psychological Development
- Community Home Health
- Franciscan Visiting Nurse Service - Noblesville
- IU Health North Hospital
- Prevail
- Riverview Community Health Clinic
- The Children's Theraplay Foundation, Inc.



However, **this listing of resources dramatically misrepresents what currently exists.** An environmental scan was conducted as part of the Needs Assessment done during the first phase of the planning process. Through this process, many more potential resources were identified, including 237 private practice individuals and groups, dozens of Alcoholics Anonymous and Narcotics Anonymous groups, and non-profit, school-based, and other community-based supports. A summary of resources that were identified through both phases of the Community Action Plan process are included in Appendix A. Stakeholders who contributed information about existing resources frequently voiced concerns that the providers are geographically concentrated in larger cities and may be difficult for those in outlying communities to access.

During planning sessions, participants identified the gap in knowledge and awareness of existing resources as a primary challenge, but also emphasized the importance of using multiple communication tools and channels to reach community members regarding existing resources, as well. One stakeholder shared an example communication tool - a community resource board that is posted in Westfield schools and updated frequently to include current opportunities and information:



Strategy: Develop a multi-pronged awareness and educational campaign that informs public about behavioral health needs and available resources and supports in Hamilton County.

Lead Partner(s): Hamilton County Behavioral Health Coalition

Supporting Partner(s): NAMI, Townships, Schools, Businesses, Wellbeing Coalitions

Action Steps	Responsible Parties	Timeline
Inventory campaigns and resources	Awareness Task Force/HC Behavioral Health Coalition; Supporting Partners	Q2-Q3 2022
Research best practices		Q2-Q3 2022
Prioritize resources and campaigns and provide reports to Leadership Team routinely		Q3 2022
Create proactive education campaigns		Q2-Q3 2022/ ongoing
Develop multiple ways to communicate resources, training, supports, etc. (keychain, pamphlet, resource board, website, social media campaigns)		Q3-Q4 2022
Ensure diverse audience - message & delivery		Ongoing
Assure information is regularly updated		Ongoing

DATA & INFO SHARING

Individuals who engage in the criminal justice system and/or human services system are often faced with the need to repeat their stories multiple times as they move from organization to organization. In the criminal justice system, an individual's information will be kept in several different data systems and those systems do not talk to each other. This **lack of data and information sharing can result in clients becoming frustrated and dropping out of services, duplication of efforts because organizations do not have a systemic way knowing that they may be working with the same clients, conflicting court orders/conditions of release, or all of the above.** The lack of integrated data sharing also presents difficulties when trying to assess the impact of the system since each partner can have different data definitions, parameters, and/or quality of data input.

Strategy: Reduce barriers to information sharing across agencies.

Lead Partner(s): Coordinating council, 911, Paramedicine, II Directors	Supporting Partner(s): Elected officials & department heads, upper-level management from community partners	
Action Steps	Responsible Party	Timeline
Identify legal or legislative barriers that limit info sharing	Coordinating Council	Q1-Q2 2022
Mapping of information held by each service sector	<ul style="list-style-type: none"> • Justice & law enforcement • Social services • Healthcare • Pre-K-12 education • Community, cultural, economic development 	December 2022
Develop collaborative relationships between service sectors to increase info sharing		Ongoing & continual
Develop and maintain software systems to reduce duplication and increase efficiency	Various IT departments and compliance officers	Upon completion of mapping

STIGMA

Stakeholders identified multiple ways in which **the persistent stigma that is associated with behavioral health issues also serves to limit access to and utilization of life-saving resources.** Stigma associated with behavioral health issues often creates feelings of shame that cause people who are struggling to keep their concerns to themselves. People may delay seeking support or services out of a fear of repercussion from their employer, school, or loved ones. They may also face a very real risk of repercussions from public systems, for example if they experience substance use relapse while on probation or parole, while living in subsidized housing, or while engaged in an active case with the Department of Child Services.

Because of the potential consequences individuals with behavioral health needs may face, many people have developed a mistrust of core systems, including healthcare, education, criminal justice, and human and social service systems. This is in addition to the many people for whom organizations and systems have failed to support them effectively in the past – perhaps due in part to challenges created by their mental health issues. Thus, asking the same agencies or systems that may have cause harm in the past to provide help and support for an individual or their family may not seem like a prudent option.

Recognizing the deep and profound fears that many people have of core systems, many leaders have begun to develop and implement approaches to make their organization more welcoming, hospitable, and reflective of the community. Initiatives that address diversity, equity, inclusion, and belongingness are commonplace in corporate, government, and non-profit organizations. Healthcare, education, and criminal justice agencies are providing training to staff on trauma-informed service delivery. Schools continue to emphasize social-emotional learning alongside traditional core subjects. However, stakeholders identified a small, well-organized backlash against such approaches as a challenge to progress and a key factor in perpetuating a stigmatized view of mental health issues.

Strategy: Big Anti-Stigma Campaign		
Lead Partner(s): TBD (could be public, may more ideally a CBO, NAMI)		Supporting Partner(s): TBD
Action Steps	Responsible Parties	Timeline
Learn from “You Are Enough” <ul style="list-style-type: none"> Social media + signs Have to be aware of access expansion efforts 	HC Behavioral Health Collaborative/Task Force	Q1-Q2 2022
Convene existing past “small” campaigners & seek integrated approach	HC Behavioral Health Collaborative/Task Force	TBD
Research & recruit trusted voices, including celebrities, people of color, veterans, first responders, clergy	TBD	TBD
Target more money and bigger scope (goal = \$1mil)	TBD	TBD
Recruit top-notch messaging & marketing consultants	TBD	TBD (3-month design)
Extensive roadshow to organizations, corporations, community institutions; including spokespeople & “real people” stories	TBD	TBD (6 month run)

CONCLUSION

The Hamilton County Behavioral Health Coalition presents an opportunity for leaders and stakeholders throughout the county to collaborate until **all Hamilton County residents, regardless of race, place, or identity, achieve optimal health in mind, body, and spirit.** The Hamilton County Community Foundation will engage partners to establish a Leadership Team that will assume responsibility for driving this community-wide effort, starting with the initial strategies that are detailed in the **Community Action Plan** and expanding out from there as capacity is built through the recruitment of additional partners, organizing into task force groups, and partnering with and leveraging existing initiatives.

The challenges are complex, and progress will be measured in years - not months. The work of the group will be guided by dedicated leaders and will be based on core principles that emerged throughout the planning process:

1. We must take a holistic approach to behavioral health.

- It's difficult to be mentally healthy when basic needs like housing and food are not being met.
- Without putting it in the broader context, behavioral health gets pulled out from all other aspects of health and it becomes all about service delivery rather than about meeting people's needs. Systems have spent decades separating behavioral health from everything else and the field is shifting now to a more holistic, whole-person model of care and seeing how these things are interconnected.

2. We must prioritize building common language, rapport, trust, and transparency within the group.

- There are targeted constituencies that need targeted services, and it is important to include language regarding race, place, and identity.

3. We need to address philosophical differences and be aware of implicit bias.

- Access to resources and services and positive health outcomes are not evenly distributed throughout the community. All community leaders have a role to play and must take individual and collective action to learn about and address unique challenges and barriers faced by marginalized neighbors.
- Efforts to address these inequities must include leadership and engagement that reflects underserved communities, including people of color, people who are part of the LGBTQ+ community, and other marginalized identities, as well as people who live in more rural areas within Hamilton County.

4. There must be an emphasis on community connection and networks of support.

- Loneliness and disconnectedness impact mental health.
- Within the recovery world, connection and community are important, as that is where recovery really occurs - in community.
- None of our cities or towns exist in a silo - we must ensure that resources reach every resident of Hamilton County, regardless of where they live or who they are.