



COMMUNITY NEEDS
ASSESSMENT
2023

Purpose and Goals

In collaboration with the Department of Mental Health and Addiction, Adult and Child Health (A&C Health) believes that the Certified Community Behavioral Health Clinic model is vital to transforming our behavioral health systems of care to improve community outcomes.

The purpose of this assessment is to conduct a community health assessment specific to access to services for serious mental illness, substance use disorders, healthcare needs, and social determinants of health that impact health equity and utilization of primary care and behavioral health services (e.g., social factors, cultural/ethnic factors, language needs, housing status) across Marion and Johnson County, Indiana.

The goals of this needs assessment will assist A&C Health in identifying:

- Gaps between current services and programming and needs
- Barriers to care within our communities
- Cultural, linguistic treatment and workforce needs
- Identification of areas of workforce shortages and needs

The outcome of the needs assessment will inform A&C Health on how to improve access and availability of appropriate services to ensure coordinated, comprehensive behavioral health and substance abuse treatment services that meet the needs of the community, aligned with CCBHC criteria.

Methodology

This assessment was conducted between April 30, 2023, and November 10, 2023. Information was gathered from several primary and secondary sources of data, including findings and analysis from the following but not limited to:

Community Mental Health Needs Assessment Report for Marion County (CMHNA)

*Conducted by the Center for Health Policy Indiana University, Richard M Fairbanks
School of Public Health in collaboration with four Division of Mental Health and Addiction*

(DMHA) designated Community Mental Health Centers (CMHCs) as well as grantees of the Substance Abuse and Mental Health Services Administration's Certified Community Behavioral Health Center (CCBHC) award: Adult and Child Health, Community Fairbanks Behavioral Health, Aspire Indiana Health, and Sandra Eskenazi Mental Health center.

A&C Health Community Needs Assessment Survey

CCBHC Organizational Self-Assessment (OSA) Gap Analysis Report

Conducted in collaboration with The Bowling Business Strategies (BBS) and the Indiana Department of Mental Health and Addiction.

Johnson Memorial Health Community Health Needs Assessment

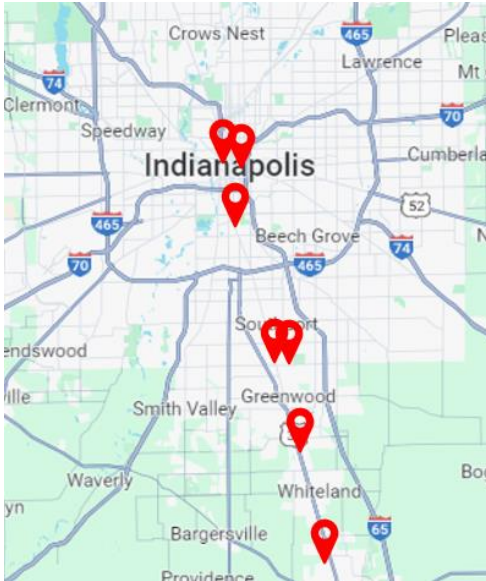
Indiana County Health Rankings 2023

United States Census Data

Healthy People 2030

Adult and Child Health

Adult and Child Health (A&C Health) is an Indiana Department of Mental Health and Addiction designated Community Mental Health Center (CMHC), Federally Qualified Health Center Look Alike (FQHC LAL), and a Licensed Child Placing Agency (LCPA) providing integrated health care services in Marion and Johnson Counties in Central Indiana.



222 East Ohio Street, Indianapolis
603 E. Washington Street, Indianapolis
234 East Southern Ave, Indianapolis
8320 Madison Ave, Indianapolis
8404 Sear Terrace, Indianapolis
6001 US 31 South, Whiteland
1860 Northwood Plaza, Franklin

Hours of operation vary by location and type of service. Weekend and evening services are available, including crisis services available 24 hours, 7 days a week.

Established in 1949 as Child Guidance Clinic of Marion County, the original organization served 250 outpatient clients per year; the agency continued to grow over the decades, saying goodbye to “Child Guidance of Marion County” and celebrating the success of “Adult and Child Mental Health Center” in 1981. Adding primary care in 2017, A&C Health continued its mission of integrating whole health care to the uninsured, underserved, and low-income individuals within our service area.

“With hope, compassion, and creativity, we deliver life-enhancing physical, social, and behavioral healthcare services.”

Through a blended CMHC and FQHC model, A&C Health provides the full spectrum of services, including behavioral health, primary care, substance abuse treatment, and more. The services offered include:

Family Medicine

- Primary Care Health Services
- Chronic Disease Management
- Healthcare Coordination

Behavioral Health

- Psychiatric services
- Outpatient counseling
- Community-Based Treatment for Adults with Serious Mental Illness
- Integrated care
- Substance abuse treatment
- Mobile crisis
- Crisis Receiving and Stabilization Services
- School-Based services
- Home-Based services
- Therapeutic Foster Care Placement and Services
- Homeless Outreach and Engagement
- Services to support special populations (transition aged youth, LGBTQ, etc.)
- Community Disaster Behavioral Health

Evidenced-Based Clinical Services

- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused CBT
- Motivational Interviewing (MI)
- Dialectical Behavioral Therapy (DBT)
- Assertive Community Treatment (ACT)
- Integrated Dual Disorder Treatment (IDD)

- High-Fidelity Wraparound
- Stages of Change (Transtheoretical Model)
- Supportive Housing
- Medications for Alcohol Use Disorders
- Medications for Smoking Cessation
- Smoking Cessation Programs
- Measurement-Based Care (MBC)
- Seeking Safety
- Living in Balance and Matrix
- Zero Suicide
- Wraparound Services for Children & Youth
- Medications for Opioid Use Disorders

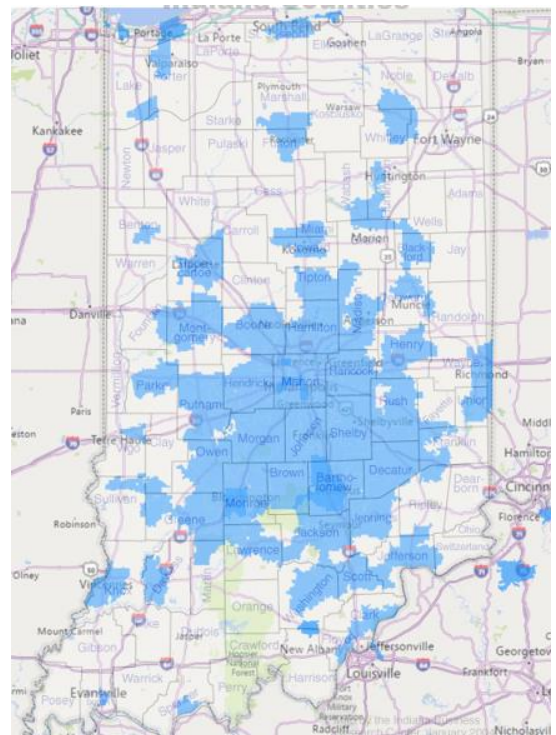
Geographical Service Area

A&C Health provides services across the state of Indiana, with primary service locations in two Central Indiana counties, Marion and Johnson County.¹

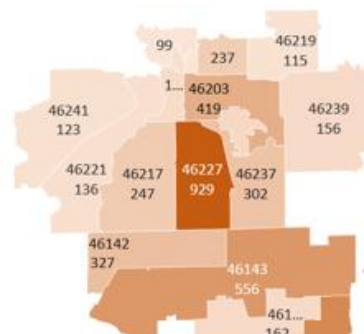
As a DMHA-designated Community Mental Health Center (CMHC) and a FQHC-LAL, A&C Health serves all uninsured, underserved, and low-income individuals within our service area. A&C Health specializes in integrating mental health, substance abuse, and primary care services. Many of the patients seen are highly vulnerable due to their mental health conditions.

A&C Health's actual service area expands throughout Central Indiana and covers zip codes from surrounding towns in the Indianapolis region. In 2020, A&C Health served over 6,550 patients. The corresponding map shows the service area identifying the origin of A&C Health's top seventy-five percent (75%) unduplicated patients. A&C Health's highest concentration of patients is in the 46227 zip code in downtown Indianapolis.

At least 75% of the unique patients served by A&C Health originate from the list of zip codes detailed below.



¹ A&C FY23 Patient Zip Codes



Indianapolis	Greenwood
46227	46143
46201	46142
46202	
46203	Whiteland
46204	46184
46217	
46219	Beech Grove
46221	46107
46225	
46237	Franklin
46239	46131
46241	

A&C Health provides school-based treatment services in 88 schools, 41 in Marion County schools and 24 in Johnson County schools.

County	Number of Schools
Marion	41
Johnson	24
Morgan	12
Monroe	8
Greene	3

FY23 Population Characteristics

A&C Health served 15,538 individuals during the 2023 fiscal year. Of the population served, 60% were residents of Marion County, and 24% were residents of Johnson County.

Total Population by Age	% of Clients
0-5	0.83%
6-12 Years	22.9%
13-17	17.1%
18-44	9.5%
45-65	16.6%
65+	2.9%

Marion County

Ethnicity	# of Clients	% of Clients
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Other	56	1%
Unknown	87	1%
Declined to specify	241	4%
Hispanic or Latino	578	9%
Not Hispanic or Latino	5,768	87%

Race	# of Clients	% of Clients
White	4,009	60%
Black or African American	1,579	24%
More than one race	302	5%
Other Race	295	4%
Asian	272	4%
Declined to specify	185	3%
American Indian/ Alaska Native	16	0%
Other Pacific Islander.	3	0%
Native Hawaiian or Pacific Islander	1	0%

Birth Sex	# of Clients	% of Clients
Female	3,464	52%
Male	3,163	47%
*Choose not to disclose	23	0%
(Blank)	12	0%

Homelessness	# of Clients	% of Clients
Shelter	261	47.37%
Doubling Up	116	21.05%
Street	115	20.87%
Transitional	46	8.35%
Permanent Supportive Housing	13	2.36%

Johnson County

Ethnicity	# of Clients	% of Clients
Other	11	0.39%

Unknown	22	0.78%
Declined to specify	70	2.49%
Hispanic or Latino	182	6.49%
Not Hispanic or Latino	2,550	90.88%

Race	# of Clients	% of Clients
White	2,382	84.89%
Black or African American	142	5.06%
More than one race	106	3.78%
Other Race	70	2.49%
Declined to specify	53	1.89%
Asian	44	1.57%
American Indian or Alaska Native	7	0.25%
Native Hawaiian	1	0.04%
Other Pacific Islander.	1	0.04%

Birth Sex	# of Clients	% of Clients
Female	1,599	56.99%
Male	1,193	42.52%
*Choose not to disclose	8	0.29%
(Blank)	6	0.21%

Homelessness	# of Clients	% of Clients
Doubling Up	38	50.67%
Transitional	16	21.33%
Street	11	14.67%
Permanent Supportive Housing	6	8.00%
Shelter	4	5.33%

FY23 Service Overview

- 15,538 Clients Served
- 286,205 Hours of Service

- Crisis Response, 1,329 unique clients served
- 233 Mobile Crisis Responses, 289 Law Enforcement Agency Follow-Ups
- Homeless and Housing Services 1,803 individuals, including 447 veterans
- Served 88 Schools, providing therapy and skills development services
- 870 Students Served in Jonson County
- 27,535 Safe Nights Provided in Foster Care
- 101 Outreach Events and Community Meetings
- 10 Community Disaster Responses, including Debriefing and Psychological First Aid

Marion and Johnson County Population & Social Determinants of Health

Income Level and Poverty

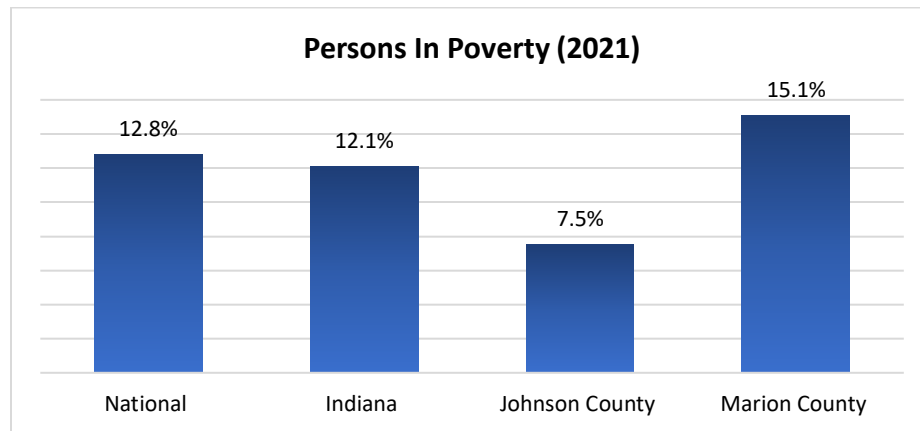
Poverty and low-income status are associated with various adverse health outcomes, including a shorter life expectancy, higher infant mortality rates, and higher death rates for the leading chronic health conditions. Life expectancy can vary significantly between neighborhoods, with dramatic differences in healthcare delivery and outcomes between communities only a few miles apart.² This information evidences the need for accessible, high-quality health services in areas with higher poverty rates.

The Indianapolis Metropolitan Area experiences high poverty rates and wealth distribution gaps. The median household income in Marion County is significantly lower than the state average, and the poverty rate is substantially higher than the state average. In addition, over twenty percent (20.9%) of children residing in Marion County are living in poverty.

Census data retrieved from SAIPE identified several important data points within the Indianapolis area. Compared to other counties in Indiana, Marion County ranked 1st for the number of residents in poverty and 11th for the percentage of the population in poverty. In

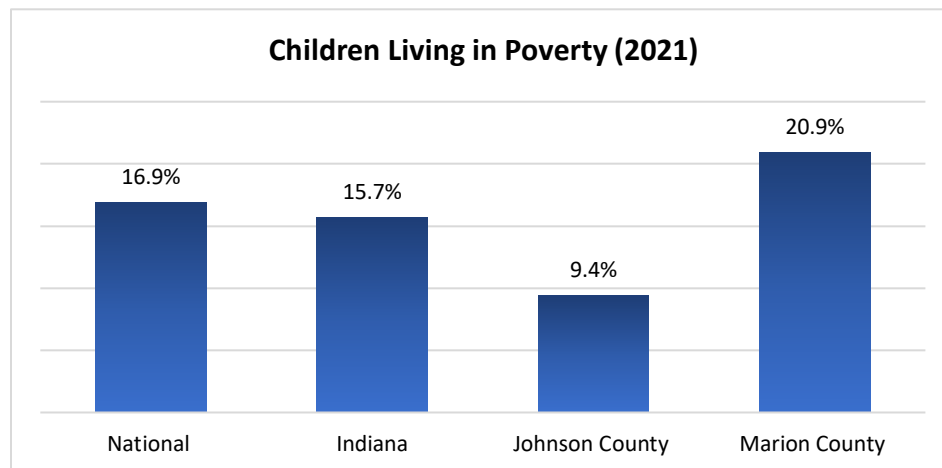
² Poverty and Health. (2021). American Academy of Family Physicians.
<https://www.aafp.org/about/policies/all/poverty-health.html>

comparison, Johnson County ranked 16th for the number of residents in poverty and 84th for the percentage of residents in poverty.³



Children Living in Poverty

Poverty rates increase for children once broken down for further analysis, showing that Marion County has a significantly higher number of children living in poverty.



Poverty rates increase for children living in Marion County, with over twenty percent (20.9%) living below the poverty threshold. Among children living below 100% of the federal poverty level, more than 1 in 5 had a mental, behavioral, or developmental disorder.⁴ Due to the higher likelihood of suffering from mental health challenges, integration of primary care and behavioral health for children in poverty can be a critical determining factor for improving the child's quality

³ United States Census Bureau, SAIPE. All Ages Poverty (2021).

⁴ Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383.

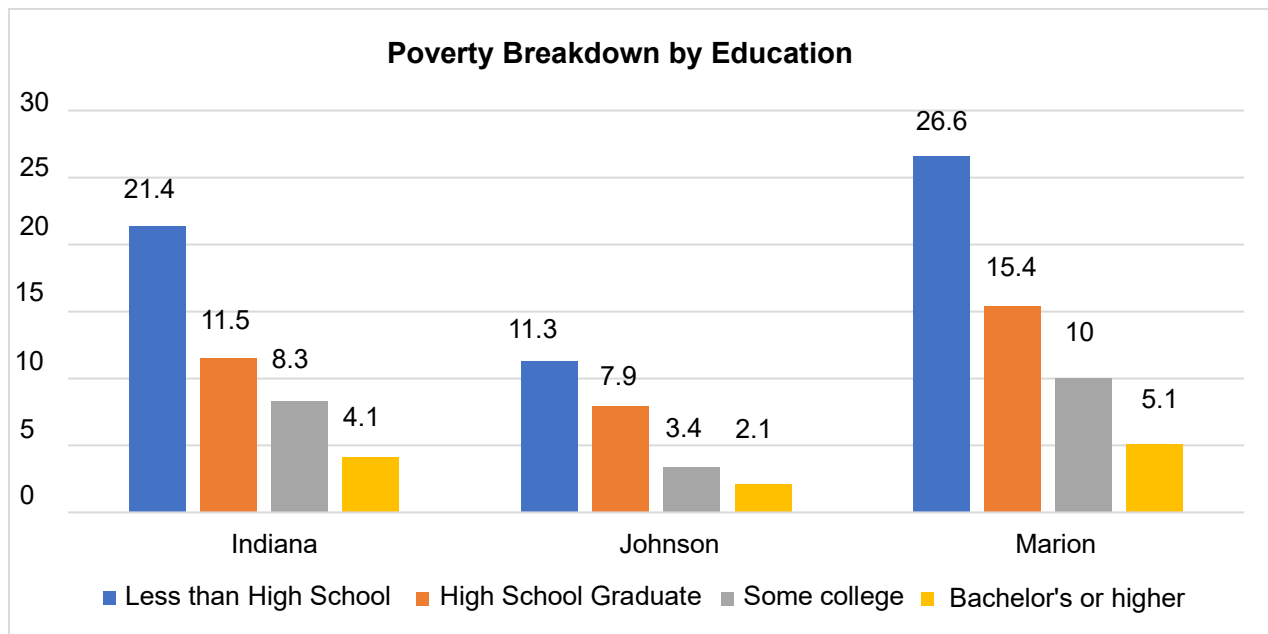
of life and health outcomes. Additionally, children experiencing poverty have a higher likelihood of suffering from frequent and severe chronic diseases such as asthma, obesity, and mental health problems and have lower immunization rates.⁵ In addition, poverty impacts a child's growth and development. Many children living in poverty have benefited from Indiana's expansion of Medicaid, but the pervasiveness of poverty's consequences on mental, behavioral, and physical health outcomes presents unique challenges.

Poverty by Race and Education

When analyzing poverty, it is important to understand the disparities that exist among racial and ethnic minority groups. Race and ethnicity affect health outcomes, as evidence shows. Minorities tend to receive a lower quality of care than non-minorities, with greater morbidity and mortality rates from chronic diseases.⁶ Minorities who live below the federal poverty line are at higher risk of poorer health. Indianapolis and the surrounding regions have higher incidences of poverty among minority groups, with White/Caucasians making up only 12% of those in poverty while minorities make up the majority. This is despite White/Caucasians making up the majority of the population within the service area. There is a continued disparity in income among racial and ethnic minorities. Black/African Americans and Hispanic/Latinos make up a large percentage of the population living in poverty. Health service provision within Community Mental Health Centers (CMHCs) and HRSA funded Community Health Centers (CHCs) in Indianapolis must be delivered in a culturally sensitive and linguistically appropriate manner.

⁵ Poverty and Child Health (2016). Healthy Children. Retrieved from: <https://www.healthychildren.org/English/family-life/Community/Pages/Poverty-and-Child-Health.aspx>

⁶ Race, Ethnicity, Culture, and Disparities in Healthcare. (2016). National Institute of Health. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924616/>

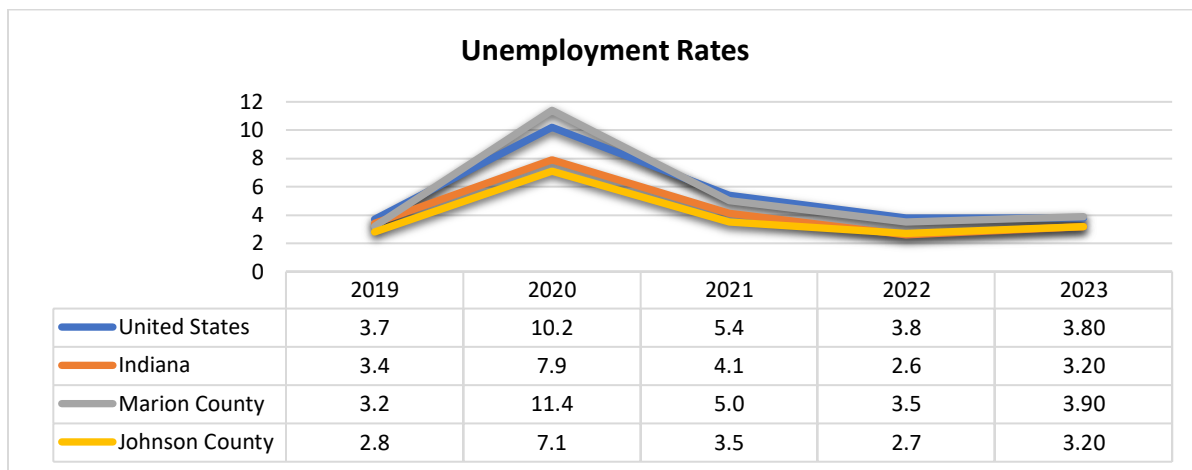


Education can be a key indicator of poverty, as a lack of educational attainment can make it difficult to obtain high-wage employment. Data collected from A&C Health's service area reflects the rest of the country. The majority of those in poverty have obtained less than a high school education, while those with higher education represented the lowest poverty rate. Marion County has a very high rate of poverty among those with less than a high school degree. It also has a higher percentage of those in poverty with higher education than the compared regions. This may be due to the Indianapolis region attracting larger employers and a competitive job market. A larger number of jobs in Marion County require higher education, contributing to wage inequity within the metropolitan area. In comparison, Johnson County is more rural and attracts employers that may not require higher education, as is shown by its lower-than-average rates of poverty among those with less education.

Unemployment

Both counties within A&C Health's service area show a healthy mix of industries. The unemployment rate is highly correlated with the COVID-19 pandemic. Data reflects the pandemic's impact on the economy at a national, state, and local level. Data analyzed by the Department of Labor shows a significant spike in unemployment rates in 2020, followed by a reduction in 2021. Indiana, as well as Marion and Johnson County data reflect a slight increase in unemployment from 2022 to 2023. Data are compared below, taken as a snapshot in July of

each year. As shown in the graph, Marion County trends higher on average in unemployment rates than the state average in unemployment claims.⁷



Education

Educational attainment is a potential social determinant of health and directly impacts the economic characteristics of a population. Education often leads to a higher level of income and economic stability. It is also linked to improved access to health insurance, resources to care, and positive health outcomes.

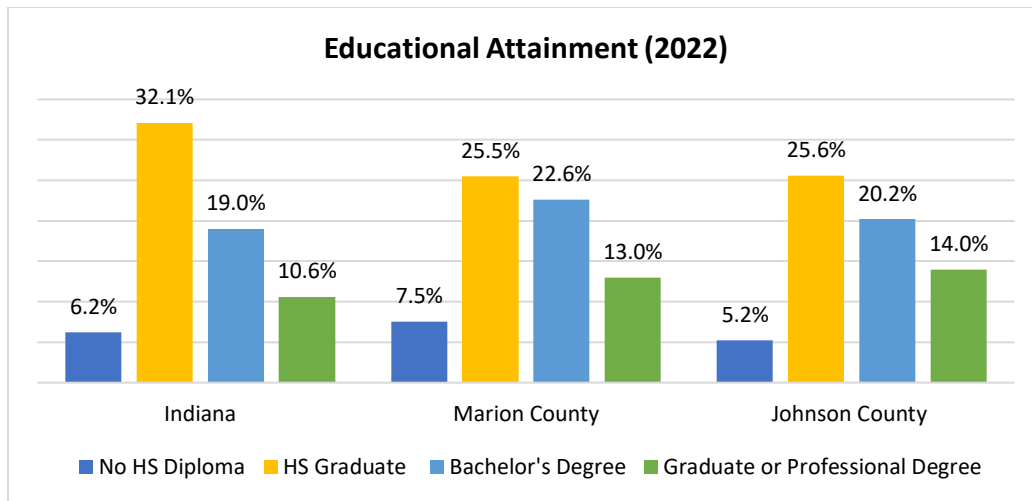
County health rankings show a Marion County high school completion rate of 87% and Johnson County high school completion rate of 93%; some college of 63% in Marion County and Johnson County 69%.⁸ In 2022, Marion County had a reported rate of 35.7% completing a bachelor's degree or higher, while Johnson County had a slightly lower rate of 34.2%.⁹

U.S. Census Data 2022 for the population 25 years and older show Marion and Johnson County having a lower high school completion rate than the state average; however, they show a higher percentage of Bachelor and Graduate Degree attainment.

⁷ Unemployment Rates by County, U.S. Department of Labor, Bureau of Labor Statistics.

⁸ County Health Rankings and Roadmaps, Program of University of Wisconsin Population Health Institute

⁹ United States Census Bureau, Indiana Education (2022)



Central Indiana is the location of multiple universities. The largest universities by the number of degrees include Ivy Tech Community College, Purdue University Global, and Indiana University-Purdue University Indianapolis. The most common bachelor's degree types are General Studies and Humanities, General Business Administration and Management, and Registered Nursing. The most common concentrations for postsecondary certificates include Health Management and Clinical Assistant, General Studies/Liberal Arts and Sciences, and General Business Administration. Of those awarded degrees within Marion County, 72.6% were white students, and 61% were women.¹⁰

Occupation

Significant changes have occurred in the American work industries over the past few decades. Employment opportunities have increasing requirements, including higher-level social or analytical skills and education. The manufacturing sector, once the largest employment sector, has experienced a sharp decrease. During this same time, the education, health, and professional services sectors have increased. These industries often require a higher level of education and training, demonstrated in the increasing inequities in earnings between workers with and without a college education.

Data from the U.S. Bureau of Economic Analysis compares industry employment statistics by county within the service area. Notably, Johnson County has a higher percentage of the population working in food service and retail. It also has a lower percentage in higher-wage industries such as manufacturing and technology services. However, its unemployment rate is

¹⁰ National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS)

lower than both the state average and Marion County. Marion County has a higher-than-average number of residents employed in healthcare and social services, professional and technology services, and other private industries. This is likely due to attracting educated professionals and graduates from local higher-education institutions.

However, Marion County also has a much higher unemployment rate than the state and Johnson County.

Percent by Industry	Indiana	Marion	Johnson
Food Service	3	2.3	4.8
Arts, Entertainment, Recreation	0.9	1.4	0.4
Construction	6.3	5.1	8.3
Health care, Social Services	12.8	14.1	12.5
Manufacturing	19.8	11.1	11.4
Professional, Tech Serv	6	9.5	5.2
Retail	5.7	4.1	9.3
Transportation and Warehousing	4.7	4.6	8.1
Wholesale Trade	4.8	4.8	5.3
Other Private	21.8	30.5	20.5
Government	12.3	10.9	13.6
Unemployment (2021)	4.2	5.1	3

Employment sectors such as retail and food service traditionally pay lower wages. Research shows a correlation between higher-grossing households and access to healthcare services. In addition, these positions are at a higher risk of contracting COVID-19. As the economy changes, it is important to monitor local changes within A&C Health's service area to plan for targeted outreach among lower-wage earners who may be more vulnerable to delaying needed health services.

Veteran Status

In 2017-2021, there were 364,706 veterans in the State of Indiana; 12.5% of Indiana veterans resided in Marion County and 2.5% in Johnson County.¹¹

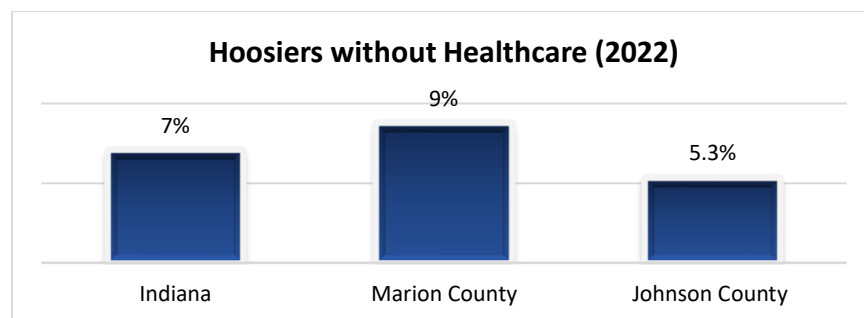
Veteran Status (2017-2021)	
Marion County	45,811
Johnson County	9,053

Of Indiana's veterans, 23.9% have a service-connected disability, 6.8% live in poverty, and an estimated 482 veterans were homeless in 2022.^{12,13}

The Indiana Department of Veterans Affairs operates several Veterans Health Facilities throughout the state that offer a wide range of medical services, including primary care, mental health services, and specialty care. This ensures that veterans have access to comprehensive healthcare services catering to their needs.

Insurance Status

Health insurance status is directly tied to health outcomes and can determine the level of care accessed by individuals. Individuals and families without health insurance coverage are more likely to delay necessary health care services, including preventive care to decrease the likelihood of chronic and serious conditions. Furthermore, the cost of mental health services is a large barrier to accessing care for people with serious mental illness, with three out of five adults with a mental health disorder not receiving care from either a general medical provider or a mental health specialist.¹⁴



¹¹ United States Census Quick Facts, Johnson County, Indiana, Marion County, Indiana

¹² Housing Assistance Council tabulations of the 2017-2021 American Community Survey

¹³ HUD Point in Time Homeless Estimates 2022

¹⁴ Wang PS, Lane M, Olfson M, Pincus HA, Wells KB, Kessler RC. Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):629–40.

Furthermore, individuals and families from racial and or ethnic minority groups have difficulty accessing behavioral and mental health care due to cost or not having adequate health insurance coverage.¹⁵

Language and Cultural Barriers

Indianapolis is home to the largest Burmese community in the United States with about 24,000 residents in 2020.¹⁶ Many Burmese living within Indianapolis are Chin, having fled from religious persecution in Myanmar. Living primarily in Perry Township and on the southside of Indianapolis, this population of refugees resides within A&C Health's service area and results in a higher-than-average percent of our patient population identifying as Burmese or Asian. The Burmese American community presents with a higher-than-average rate of poverty with approximately 35% of refugees living under the poverty line and a median household income lower than the American average. Burmese Americans are the second lowest-earning ethnic group in the country. Many refugees live in doubled-up housing and rely on safety net providers for health care services. The development of a Burmese church across the street from A&C Health's Madison Avenue clinic has yielded an increase in care for Burmese refugee patients.

Burmese refugees often avoid seeking healthcare services unless it is necessary, and while this is rooted within Chin culture, it also can be attributed to the language barrier. This barrier was pronounced during the COVID-19 pandemic as the outbreak occurred within the Burmese community. Marion County Public Health Department had difficulty obtaining accurate data due to the barriers in treating this community. Many Burmese individuals are reluctant to seek healthcare services due to fear of stigma, harassment for their Asian ethnicity, and/or losing their employment for having COVID-19 symptoms. Additionally, Burmese are significantly more likely to have mood disorders compared to the general population and are less likely to have access to mental health services.^{17, 18} Furthermore, ethnocultural variations have been identified across such refugee groups in the emotional expression of the effectiveness of trauma, which can diminish the providers' ability to identify and treat mental health issues effectively.

¹⁵ Centers for Disease Control and Prevention, Office of Health Equity, Prioritizing Minority Mental Health, June 27, 2023

¹⁶ How Indiana's Burmese Community is Leading a Movement (2020). IndyStar. Retrieved from: <https://www.indystar.com/story/news/local/indianapolis/2021/04/13/myanmar-coup-indiana-burmese-community-leads-efforts-help/4803320001/>

¹⁷ Mishori R, Aleinikoff S, Davis D. Primary care for refugees: challenges and opportunities. *Am Fam Physician*. 2017;96(2):112–120.

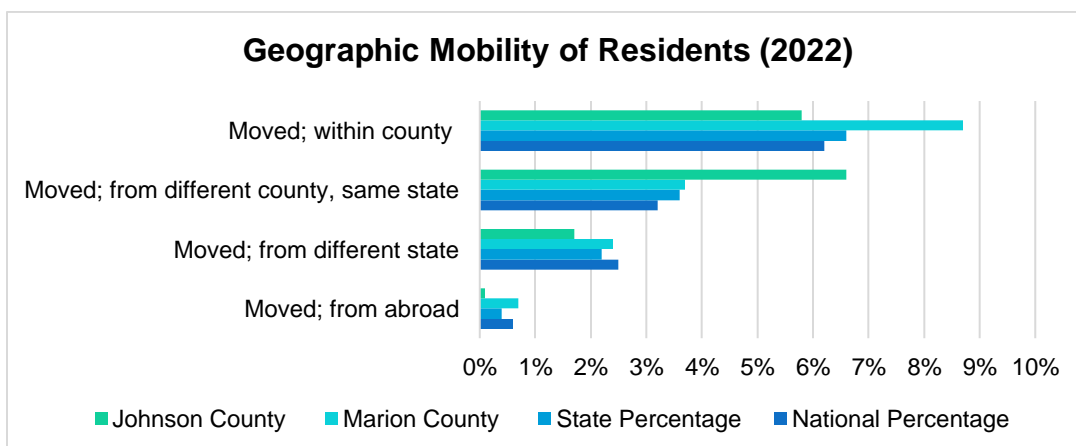
¹⁸ Bartolomei J, Baeriswyl-Cottin R, Framorando D, et al. What are the barriers to access to mental healthcare and the primary needs of asylum seekers? A survey of mental health caregivers and primary care workers. *BMC Psychiatry*. 2016;16:336. 10.1186/s12888-016-1048-6

A&C Health provides culturally sensitive and linguistically appropriate care to address the barriers in the treatment of this community. Through a contract with Voyce, A&C Health provides translation services on-demand through tele-video, with access to over 240 languages and dialects, including American Sign Language. A&C Health has hired staff from the Burmese community to reflect this served demographic. The influx of this population has impacted the Madison Avenue clinic and allowed opportunities to build rapport within this community. Due to cultural stigma, Burmese in the area are hesitant to seek mental health and substance abuse treatment at A&C Health; however, they are growing in patient numbers within our primary care services.

In addition to the influx of Burmese refugees, A&C Health is also experiencing an increase in Spanish-speaking and Middle Eastern speakers. As Indianapolis has attracted individuals from other countries, the need for language services is increasing. Reviewing geographic mobility, Indianapolis had the highest number of individuals moving to the county from other countries than the average across the state. The contract with Voyce covers this need in the same manner as above.

Geographical Transience

At the state level, 85.3% of people aged one year and older lived in the same house one year ago (2019). In Marion County, it is slightly higher at 85.5%, and in Johnson County slightly lower at 84.6%. Data from 2019 is consistent with averages previously seen from 2013-2018 of 85% statewide.



Transience may make it more difficult to establish a long-term primary care and mental health treatment relationship in the community. It may also make it difficult to maintain contact with a

patient as many individuals may move to a new address or change their phone number without updating their healthcare providers.

Data from the U.S. Census Bureau in the 2022 American Community Survey indicates Marion County has a significantly higher rate of transience within its county, suggesting that residents are moving between neighborhoods. Johnson County has a significantly higher percentage of individuals moving to the county from elsewhere in Indiana.

This data suggests a continued need for outreach to ensure new and transient residents are aware of their options for care, are linked for continued care provision, and maintain care relationships with their providers. Marketing, outreach, and patient portal access can improve the likelihood of maintaining care during transience.

Transportation

The American Public Health Association released study results in June 2020 analyzing the transportation barriers to healthcare. They found that 5.8 million persons in the United States delayed medical care due to transportation barriers. Those experiencing great disparities among those with transportation barriers included Hispanic people, people living below the poverty threshold, Medicaid recipients, and people with functional limitations.

For residents in Indiana, transportation can be covered under Medicaid for eligible individuals if scheduled prior to the appointment. Indianapolis offers public transportation through IndyGo, which provides 30 fixed routes throughout the city. The public transportation system offers routes that pass within 100 yards of each clinic's location within Marion County. While IndyGo offers discounts to various individuals, the cost of public transportation can be a barrier for A&C Health patients who live below the FPL. The full price for a one-day bus pass will cost \$4.00. In Marion County, residents reported 1.8% of individuals walk to their destination, 1.7% use public transportation, 82.3% drive alone to work, and 9.1% carpool.

While public transportation is more robust within Indianapolis, surrounding regions have fewer options due to the rural location. In 2022, Johnson County residents reported that 1.1% of individuals walked to work, 85.2% drove alone to work, 7.8% carpooled to work, and 0.5% took public transit.¹⁹ Johnson County does have a public transit system with weekday fixed routes

¹⁹ U.S. Census Bureau, American Community Survey, 5 Year Estimates, 2019.

and regular stops between Franklin, Whiteland, Greenwood, and Indianapolis. The hours of operation are limited and can be difficult to access for individuals who may have transportation needs outside of traditional working hours. There is also a Demand Response Transportation Service which offers transportation outside of the limited hours and runs on weekdays from 6:15 AM – 7:30 PM; however, this system will only provide transportation within the county limits and requires reservations at least 24 hours in advance. Johnson County does have a public transit system with weekday fixed routes and regular stops between Franklin, Whiteland, Greenwood, and Indianapolis. The hours of operation are limited and can be difficult to access for individuals with transportation needs outside of traditional working hours. There is also a Demand Response Transportation Service, which offers transportation outside of the limited hours and runs on weekdays from 6:15 AM – 7:30 PM; however, this system will only provide transportation within the county limits and requires reservations at least 24 hours in advance.

Transportation is a barrier to care reported across the nation. Individuals may be deterred from using the larger public transit system in the area due to functional limitations, cost, the threat of crime, and COVID-19 infection fears, which may lead to delayed care. A&C Health makes every effort to address transportation barriers and increase access. All Marion County services locations and Johnson County's primary services locations are all located on a bus route, and A&C Health provides access to free bus passes when appropriate. Staff coordinate with the Medicaid Cab systems for each clinic and frequently coordinate transportation through a patient's Managed Medicaid programs.

Additionally, A&C Health has received funding to access private transportation systems (i.e., Uber or Lyft), aiming to reduce the number of patients reporting a delay in care due to transportation barriers.

Homelessness

An inadequate mental health system affects individuals, families, and communities. Of the 5,625 homeless individuals in Indiana in 2021, 1 in 4 lived with a serious mental illness.²⁰

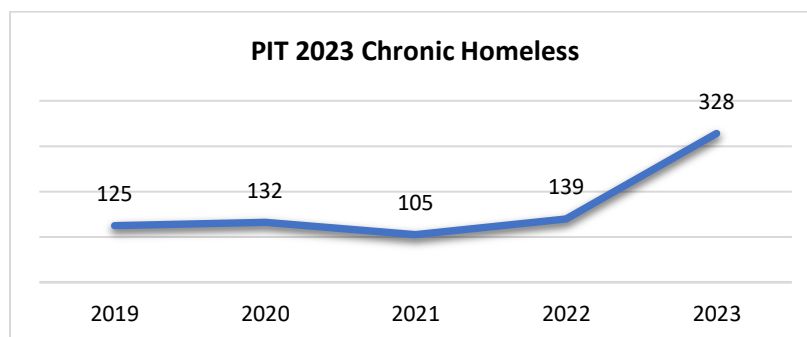
Homelessness is a continued concern in Central Indiana. In January 2020, a snapshot census revealed that roughly 1,588 individuals were experiencing homelessness within Indianapolis city limits. Of those, 88% were receiving emergency shelter. Of those experiencing homelessness,

²⁰ National Alliance on Mental Illness, Factsheet February 2021. Retrieved from nami.org/mhpolicystats

racial and ethnic disparities are highlighted, with over 30% of chronically homeless identified as Black/African American, and 65% of youth experiencing homelessness identified as Black/African American.²¹

Indiana's homelessness problem is not unique to the Indianapolis area; however, the stark difference in statistics highlights the urgency for services within central Indiana. One in five individuals experiencing homelessness in Indiana are in Indianapolis. While the statewide rate of homelessness is 8.4 per 10,000 people in the general population, it is 17.7 per 10,000 people in the general population of Indianapolis.²²

The 2020 snapshot census key findings revealed an overall increase in homelessness from 2019 to 2020. Data also showed a decrease in sheltered homeless by 4%, an increase in unsheltered people by 77%, a 12% decrease in homelessness experienced by families, a decrease of 18% in veterans experiencing homelessness, and a 6% increase in chronic homelessness. Of the homeless, 54% identified as Black/African American. There was a decrease in individuals reporting mental illness conditions but an increase in substance use disorder issues, as well as an increase to 24% of homeless adults reporting a felony conviction. Of those experiencing chronic homelessness, 44% reported a chronic health condition, with 62.7% of those individuals reporting the condition was a significant barrier to obtaining permanent housing.²³



The Indianapolis Point-In-Time (PIT Count, 2023) trends show a 130% increase in people experiencing chronic homelessness and the largest unsheltered families to date.²⁴

²¹ Annual Homelessness County Indy (2020). IndyStar. Retrieved from: <https://www.indystar.com/story/news/local/indianapolis/2020/08/21/indianapolis-homelessness-what-2020-point-time-count-tells-us/5571716002/>

²² Indiana National Alliance to End Homelessness. Retrieved September 2021 from: <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/indiana/>

²³ Homelessness in Indianapolis. (2020). IU Public Policy Institute.

²⁴ US Department of Housing and Urban Development, The Point-in-Time Count 2023

Homelessness and healthcare are intertwined with a strong link between housing and health outcomes. Individuals experiencing homelessness have higher rates of illness and die an average of 12 years sooner than the general population. Often, homelessness can be a result of poor health and injury, causing new problems and exacerbating existing conditions.

Recovery and healing are more difficult without housing. Housing and healthcare work best together to prevent and end homelessness.

The COVID-19 pandemic highlighted an example of how public health crises uniquely impact the homeless population. The conversation among many public health professionals has raised questions on how to protect the health and safety of individuals experiencing homelessness and how to manage inherent risks of disease spread within shelters and encampments. A&C Health's service area continues to need healthcare services targeted at the homeless population.

Health Rank and Status

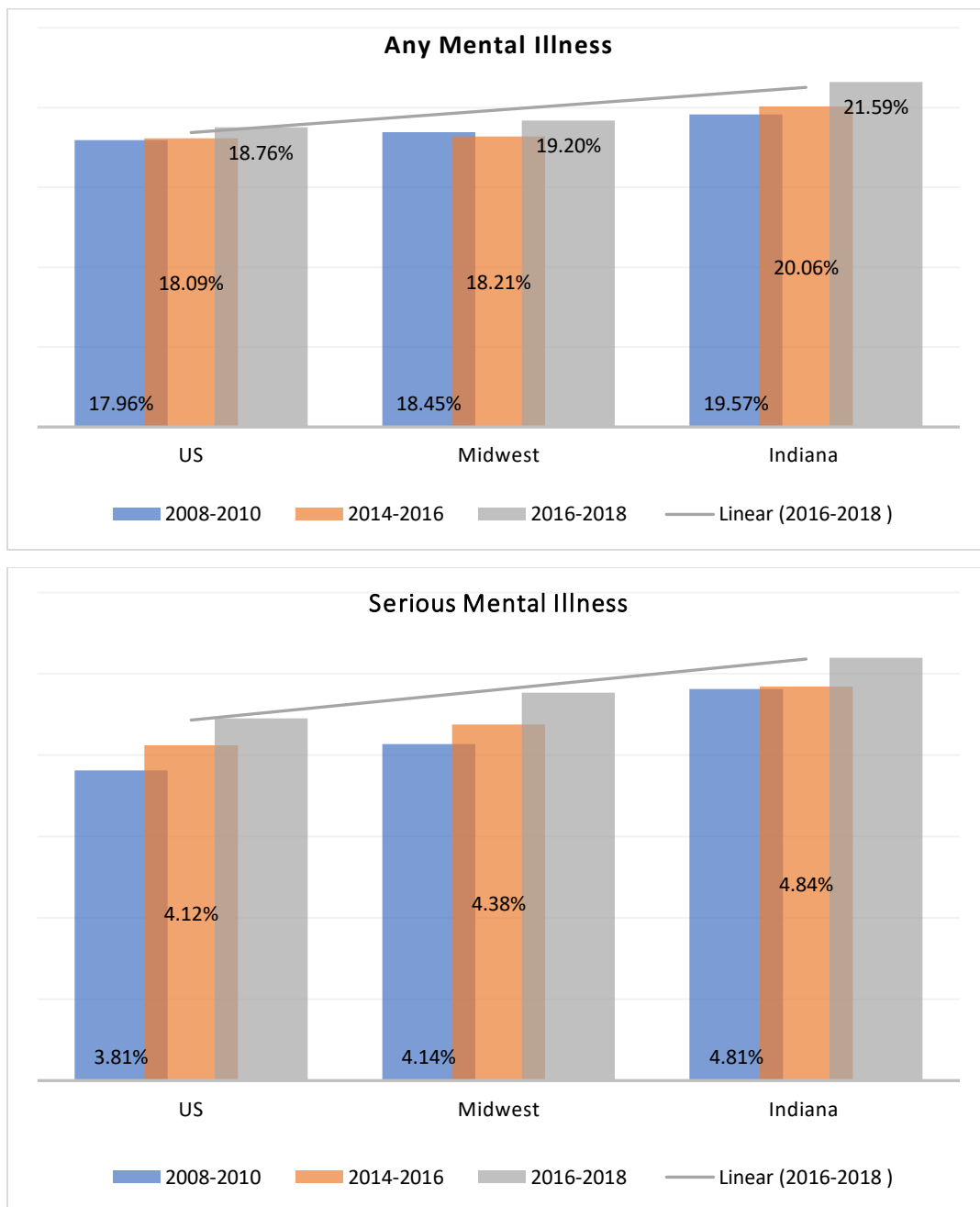
Indiana is 35th in the nation in overall health, according to the 2022 American's Health Rankings report, and ranks 42nd in mental health, according to the State of Mental Health in America 2023. Marion County Ranks 86th out of Indiana's 92 counties for Health Outcomes, and Johnson County Ranks 7th.²⁵ Overdose and suicide continue to be a leading cause of death nationally and in Indiana.

Mental Illness

Mental illnesses can be acute or chronic conditions that affect an individual's emotional, psychological, and social wellbeing and often their behavior. These conditions include depression, anxiety, schizophrenia, and mood or personality disorders, among others. Nearly fifty million Americans, or 19.86% of the adult population, have experienced a mental illness in 2019, with serious thoughts of suicide having increased every year since 2011. Increasing trends in any mental illness are reported across the United States from 2008 to 2018,

²⁵ County Health Rankings and Roadmaps, Program of University of Wisconsin Population Health Institute

with Indiana having the highest population percentage of any mental illness and serious mental illness compared to the US and Midwest region.²⁶

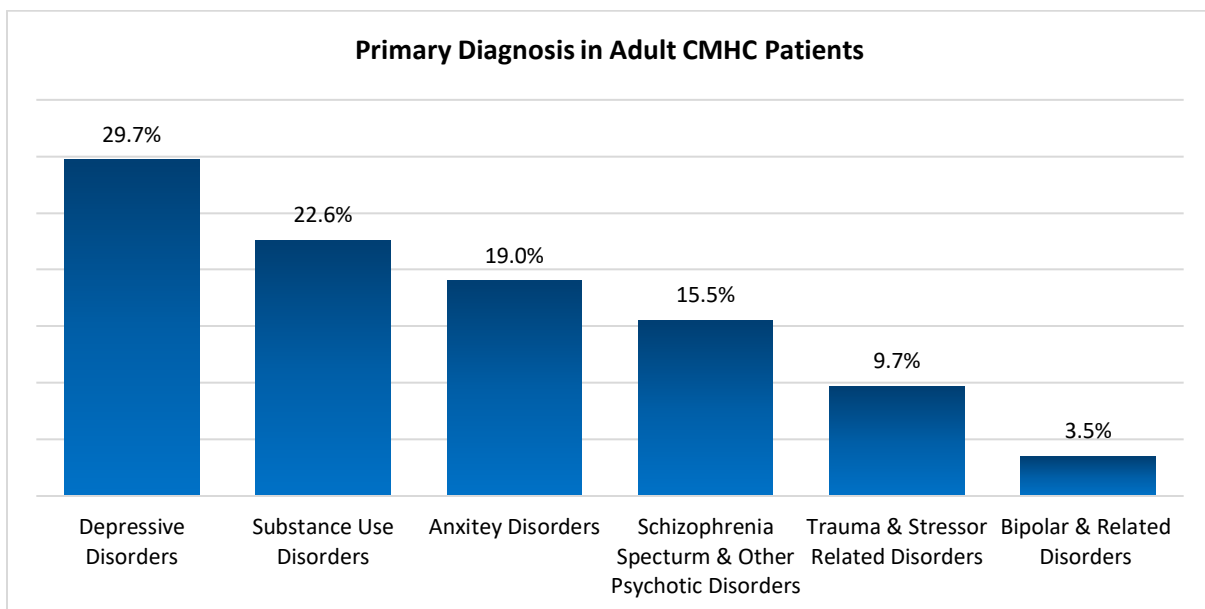


Since 2018, mental health conditions have been exacerbated by the COVID-19 pandemic, with approximately four in 10 adults reporting symptoms of anxiety and/or depression. From

²⁶ Regional Mental Health and Suicide Trends in Indiana: FSSA, April 2022

February 1 to 13, 2023, 32.9% of adults in Indiana reported symptoms of anxiety and/or depressive disorder compared to 32.3% of adults in the US (ages 18+ as determined by score of 3 or more on the GAD-7 and/or PHQ-2).²⁷

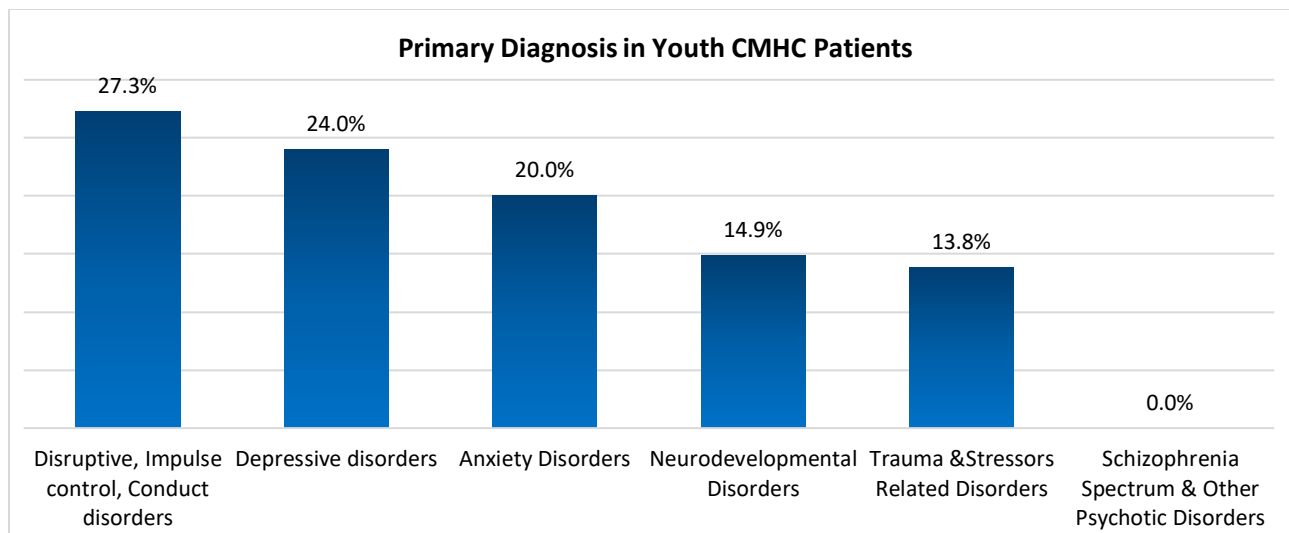
During the State Fiscal Year 2022, the four Marion County Community Mental Health Centers (CMHCs), Adult and Child Health, Community Fairbanks Behavioral Health, Eskenazi Health, and Aspire Indiana Health, serviced a total of 56,524 persons with serious mental illness, substance use disorder, or youth services for severe emotional disturbance. Of the clients served, almost one-third had a primary diagnosis of depressive disorder, followed by substance use and anxiety disorders.



The top three Primary diagnoses for youth CMHC patients were disruptive, impulse control, conduct disorders, depressive disorders, and anxiety disorders.²⁸

²⁷ Mental Health and Substance Use State Fact Sheets, Kaiser Family Foundation

²⁸ Community Mental Health Needs Assessment Report for Marion County, Center for Health Policy, Indiana University, Richard M. Fairbanks School of Public Health



Death by Suicide

In 2021, 48,183 people died by suicide in the United State. This is 1 death every 11 minutes.²⁹ Indiana ranks 23rd in the US for death by suicide per 100,000 total population, with a rate of 16.4 (2021).³⁰

Johnson County has an estimated 14 suicide deaths per 100,000 per year, and the use of firearms as a means has more than doubled locally from 2018-2021. Additionally, we know that in 2020, an average of 17 veterans died by suicide every day, and an estimated 68% died from a self-inflicted firearm injury.

Mental health related issues are a challenge in our community, as reported by most (91.85%) participants who completed the assessment, with only 36.44% of participants reporting that they know enough resources available to support someone experiencing a mental health problem or suicide ideation.

Substance Use Disorders

Several initiatives are targeted to address the national opioid crisis and expand substance use disorder (SUD) treatment.

²⁹ Center for Disease Control and Prevention, Suicide Data and Statistics

³⁰ Center for Disease Control and Prevention, WONDER public health database 2021. <https://wonder.cdc.gov>

Indiana ranks 10th in the United States for drug overdose death rates, with Indianapolis and surrounding regions accounting for a large portion of those cases.^{31, 32} There are growing public health concerns over the misuse of alcohol and drugs with estimates of those affected at staggering levels. Indiana was ranked by MHA among the higher prevalence states based on substance abuse data. MHA ranked Indiana:

Youth Substance Abuse in the past year: 25th

Substance Abuse in the past year (Adults): 34th

Data from 2019 demonstrated that almost 10% of Hoosiers aged 12 and older reported opioid dependence or abuse within the last 12 months. Furthermore, 1.8% of adolescents and 6% of adults reported having alcohol use disorder within that same time frame. Among Hoosiers, 3.5% of adolescents and 3.5% of adults reported having an illicit drug use disorder within the last year.³³

The opioid crisis, misuse, addiction, and overdose fatalities continue to impact many Americans. Medication-assisted treatment (MAT) is the use of FDA-approved medications (i.e., methadone, buprenorphine, and naltrexone) to treat substance use disorders. MAT, along with counseling and behavioral therapy to treat substance use disorders and sustain recovery, is the most effective intervention for opioid use disorders (OUDs). County Health Rankings for OUD Severity scores ranked Johnson County at 55 and Marion County at 87 out of 92 Indiana counties for opioid-related problems.³⁴

In 2017, data showed that the total need for treatment for opioid use disorder outweighed the treatment capacity. The ratio of MAT capacity to need was at 56%, with over 3,500 Indianapolis area residents left in the gap, even with treatment providers operating at full capacity.³⁵ The data underscores the need for ongoing support and expansion for access to MAT. The SUD crisis requires a continued all-hands-on-deck approach with integrated service delivery at the forefront of tackling these public health crises.

³¹ Center for Disease Control, National Center for Health Statistics

³² Indiana State Department of Health, Indiana Drug Overdose Dashboard

³³ Mental Health in Indiana (2020). Kaiser Family Foundation.

³⁴ Medication-Assisted Treatment in Indiana Research Brief (2019) IUPUI Center for Health Policy, Richard M. Fairbanks Foundation

³⁵ Indiana Should Expand Access to EBI Treatment Like MAT (2017). Richard M. Fairbanks Foundation

State data analyzing non-fatal and fatal drug overdoses shows an overall decrease from 2017-2019 for non-fatal emergency department visits. However, numbers remain steady overall, with higher-than-average numbers in Marion County. In addition, we continue to see alarming numbers reflecting the death rate of overdoses year to year. This is especially prominent in Marion County where the trend is increasing yearly.

Overdose

Substance abuse, especially opioids, has become an epidemic across the United States. Tobacco use is a risk factor for nonmedical use of prescription opioids. 85% of patients in treatment for opioid addiction are smokers, higher than those with alcohol use disorder, leading to the importance of accounting for tobacco use when assessing abuse of prescription opioids.³⁶ In Indiana, more than 2,500 individuals in 2021 died from an overdose, an increase of 2,000 individuals in 2020. Similar to the nation, synthetic opioids (other than methadone), namely fentanyl and its analogs, were the most common substance contributing to overdose deaths in Indiana.³⁷

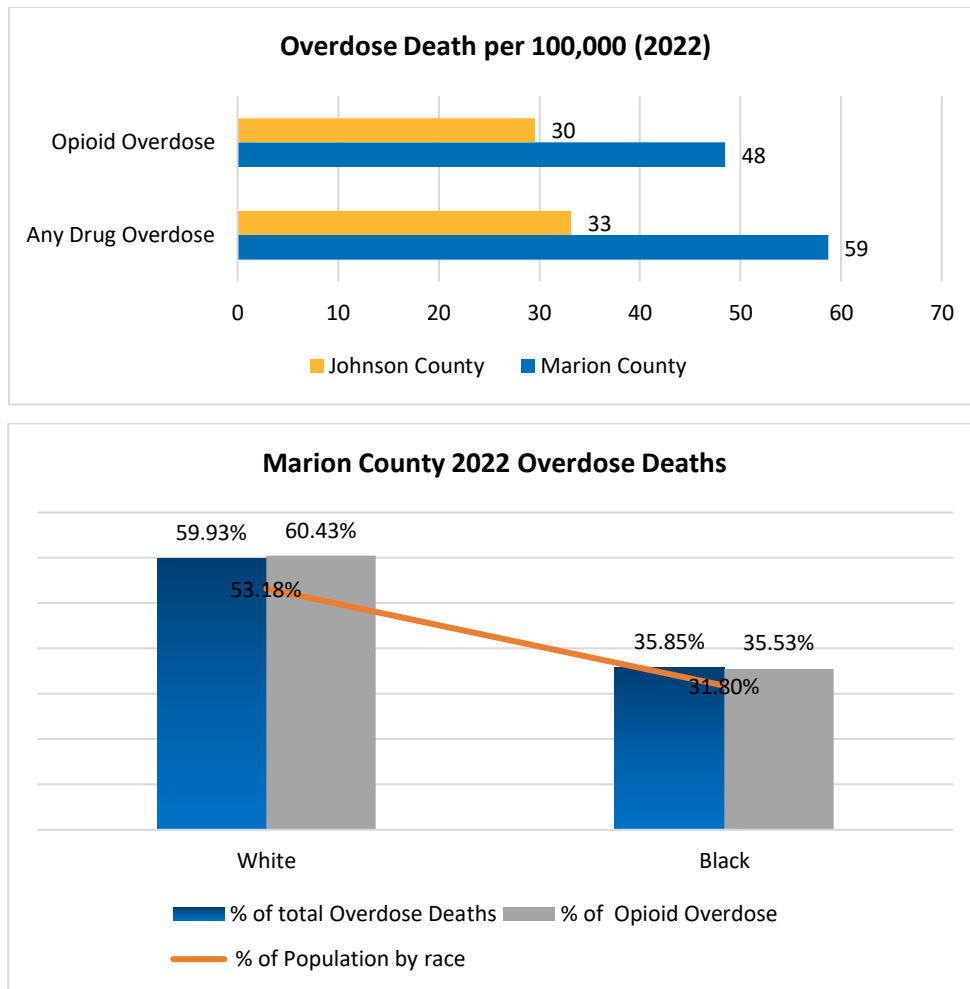
The Indiana State Department of Health (ISDOH) Overdose and Suicide Fatality Report (2020-2021) identified individuals between the ages of 35-54, males, and Black individuals who had the highest rates of overdose in Indiana in 2020 and 2021. This is commensurate with higher overdose mortality rates of males compared to females and the highest rate of overdose deaths of individuals aged 35-44 in the United States.

Provisional County drug overdose deaths indicate a higher rate of overdose deaths in Marion County compared to Johnson County.³⁸

³⁶ Smoking Cessation Leadership Center, University of San Francisco

³⁷ Indiana State Department of Health, Division of Trauma and Injury Prevention, Overdose and Suicide Fatality Reporting, 2020-2021.

³⁸ Indiana State Department of Health, Indiana Drug Overdose Dashboard <https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/>



The CDC reports rates of fatal overdose increased among all racial and ethnic groups in 2020, with the highest rates among American Indian or Alaska Native individuals and non-Hispanic Black individuals. The percentage of any overdose death and opioid overdose death in Marion County in 2022 largely reflected population demographics for white versus black individuals.^{29, 39}

Juvenile Justice

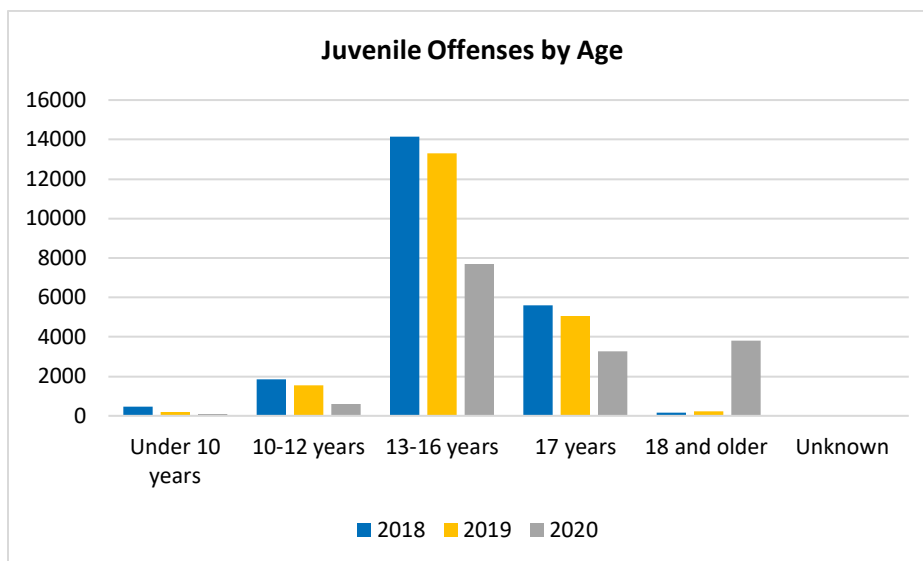
Youth in the juvenile justice system are below the age of 18 who are accused of committing a criminal or delinquent act and are engaged in some process of the juvenile justice system (e.g., probation or adjudication).⁴⁰ Many of the youth involved in the juvenile justice system have

³⁹ United States Census Bureau, American Community Survey, Demographics 2022

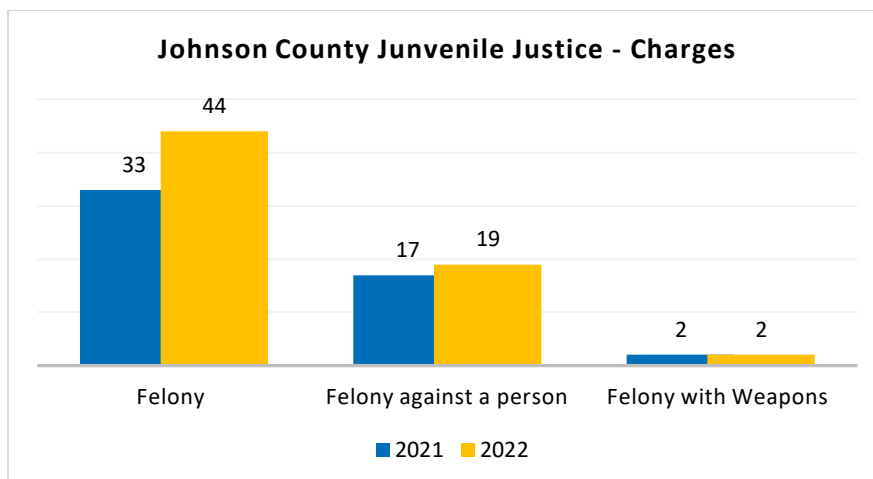
⁴⁰ Youth.gov, Juvenile Justice

mental health disorders, substance use disorders, poor academics, or other behavioral challenges.⁴¹

Indiana Juvenile offenses by age from 2018 through 2020 have shown the highest proportional increase of high-risk transitional-age youth.⁴²



In 2021, the Johnson County Juvenile Detention Center had 1,067 referrals (it is noted that the center serves juveniles from outside the county) and continues to see a rise in juvenile felony charges.⁴³



⁴¹ National Institute of Health (2021). Exclusionary School Discipline and Delinquent Outcomes: A Meta-Analysis.

⁴² Indiana Juvenile Justice Plan 2021-2024, August 2021

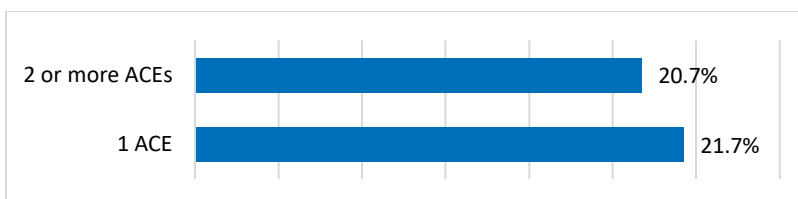
⁴³ Ketterer, Emily. Violence among young people a growing concern in Johnson County, *Daily Journal*, August 23, 2023

Adverse Childhood Experiences and Trauma

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood that include abuse and neglect, parental substance use, parental incarceration, witnessing violence in the community, domestic violence, situational trauma such as divorce, living with a parent experiencing a mental illness, and experiencing a family member attempt or die by suicide.

Toxic stress from ACEs and associated social determinants of health can negatively impact brain development, stress-response systems, and immune systems that impact a child's attention, decision-making, and learning. ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood, as well as have negative long-term impacts on education, job opportunities, and earning potential.⁴⁴

Indiana Prevalence of Adverse Childhood Experiences in Youth 0-17 from 2020-2021⁴⁵



Community Disasters and Emergencies

Disasters such as natural disasters, community violence, and any community crisis events that overwhelm the coping resources of a community may have short- and long-term consequences on community's psychological wellbeing. Over the past several years, our communities have been impacted by numerous events that have taken a toll on the mental health and social connection within our communities.

Specifically, the COVID-19 pandemic presented a global health crisis, creating an unparalleled level of social disconnection because of lockdown restrictions that hindered the prosocial coping capacities of our communities. In addition to the Federal and State Public Health Emergency (PHE) declared from April 2020 through May 2023 due to the pandemic, Federal Emergency Management Agency (FEMA) declared a major disaster in April 2023 due to severe Indiana storms and Tornadoes.

⁴⁴ National Center for Injury Prevention and Control, Division of Violence Prevention, June 2023

⁴⁵ National Survey of Children's Health, 2023 Indiana Kids Count Data Book

In addition to natural disasters and the pandemic PHE, there has been a steady increase in mass violence throughout the United States, with a reported 35% increase in gun homicides between 2019 and 2022.⁴⁶ Community violence can cause significant individual physical injury, mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD), risk of development of chronic diseases, as well as community levels of trauma that impact the physical environment (e.g., unhealthy public spaces), social-cultural (e.g., low sense of social efficacy, widespread fear), and economic and educational (e.g., long term unemployment, poverty) outcomes.⁴⁷

The Federal Emergency Management Agency (FEMA), Indiana Department of Homeland Security Emergency Management, and the Division of Mental Health and Addiction (DMHA) have strategically partnered with Community Mental Health Centers (CMHCs) to provide community deployment teams in response to disaster or traumatic events within the community to provide psychological first aid (PFA) interventions to survivors as well as formal Critical Incident Stress Management (CISM) debriefings.

To support the health and wellbeing of the communities we serve, A&C Health is an active member of the District 5 Resilience and Emotional Support Team (REST) in response to community disasters, emergencies, and traumatic events, in addition to agency response efforts.

Chronic Health Disease

Social determinants of health such as housing, poverty, food insecurity, access to insurance, as well as mental health have significant impact on chronic health diseases. According to America's Health Ranks 2022, Indiana ranks 35th in the nation. The ranking was negatively impacted by chronic health conditions (ranking 38th in the nation) or the percentage of adults with three or more of the following chronic health conditions: cardiovascular disease, diabetes, chronic obstructive pulmonary disease, depression, arthritis, asthma, chronic kidney disease, and cancer.

⁴⁶ National Center for Injury Prevention and Control, Division of Violence Prevention

⁴⁷ Lopez-Zeron, G. & Parra-Cardona, J. R. (2015). Elements of change across community-based trauma interventions. *Journal of Systemic Therapies*, 34(3), 60-76.; Pinderhughes, H., Davis, R. A., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Prevention Institute.

Diabetes is a chronic group of diseases that involve problems with the hormone insulin. There are two types: Type 1 (compromises 5% of people with diabetes) and Type 2. Diabetes can occur when the pancreas produces very little or no insulin, or when the body does not respond appropriately to insulin. As yet, there is no cure. Persons with diabetes are at risk of serious complications, including foot and eye complications, stroke, high blood pressure, and kidney disease. The risk factors for diabetes include age (45 years old or older), lack of exercise, obesity, unhealthy diet, and family history.

The table below shows Johnson County trending below the state average for deaths while Marion County trends slightly above the state average.

Age-adjusted mortality from Diabetes Mellitus – Rate per 100,000⁴⁸

Area	2017	2018	2019
Indiana	26.6	26	25
Marion Co	27.1	25.3	25.4
Johnson Co	12.8	17.4	21.6

A meta-analysis has demonstrated a 47.9% increase in cardiovascular mortality, a 36.8% increase in coronary heart disease and a 32.9% increase in stroke in people with diabetes and comorbid depression.⁴⁹

Heart disease is the leading cause of death for people of most ethnicities in the United States. Coronary Artery Disease (CAD) is a disease in which plaque builds up inside the coronary arteries. These arteries supply oxygen-rich blood to your heart muscle. Having CAD puts an individual at a greater risk for a heart attack or stroke.

According to the Centers for Disease Control and Prevention, in 2021 Indiana ranked 14th in the United States for the highest mortality rates by heart disease.

⁴⁸ Indiana Department of Health, Office of Data Analytics, Data Analysis Team; Vital Records 2017 Annual Report

⁴⁹ Farooqui, A., Khunti, K., Abner, S., Gillies, C., Morriss, R., Seidu, S. (2019, August 31). Comorbid depression and risk of cardiac events and cardiac mortality in people with diabetes: A systematic review and meta-analysis. *Diabetes Research and Clinical Practice*, 156. <https://doi.org/10.1016/j.diabres.2019.107816>

Age-Adjusted Mortality Rate for Major Cardiovascular Diseases (per 100,000)⁵⁰

Area	2017	2018	2019
Indiana	183.1	180.6	178.7
Marion Co	182.5	182.5	178.5
Johnson Co	160.3	181.6	173.1

A&C serves many patients with one or more risk factors for diabetes, heart disease, and psychiatric conditions.

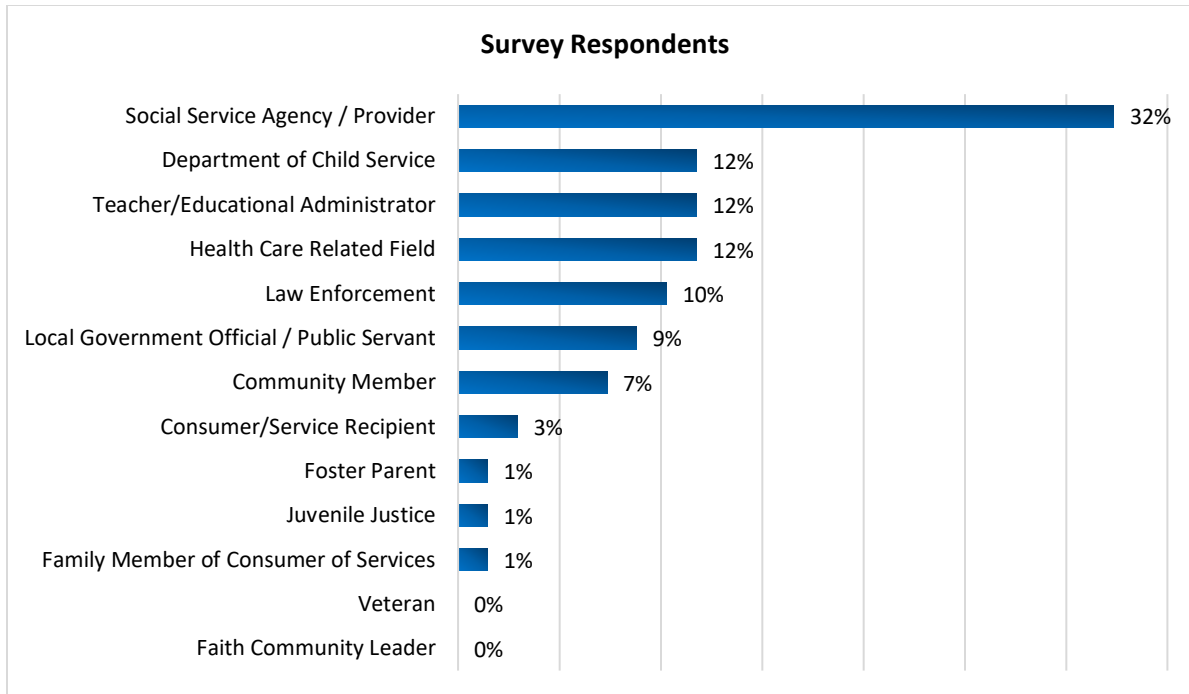
A&C should continue sustained attention to the control of patients diagnosed with diabetes, education about diabetes prevention and early detection, and pre-diabetic outreach.

Additionally, screening for diabetes in patients seeking mental health, particularly those prescribed second-generation antipsychotic medications, is recommended by The American Diabetes Association and American Psychiatric Association.

Community Needs Assessment Survey

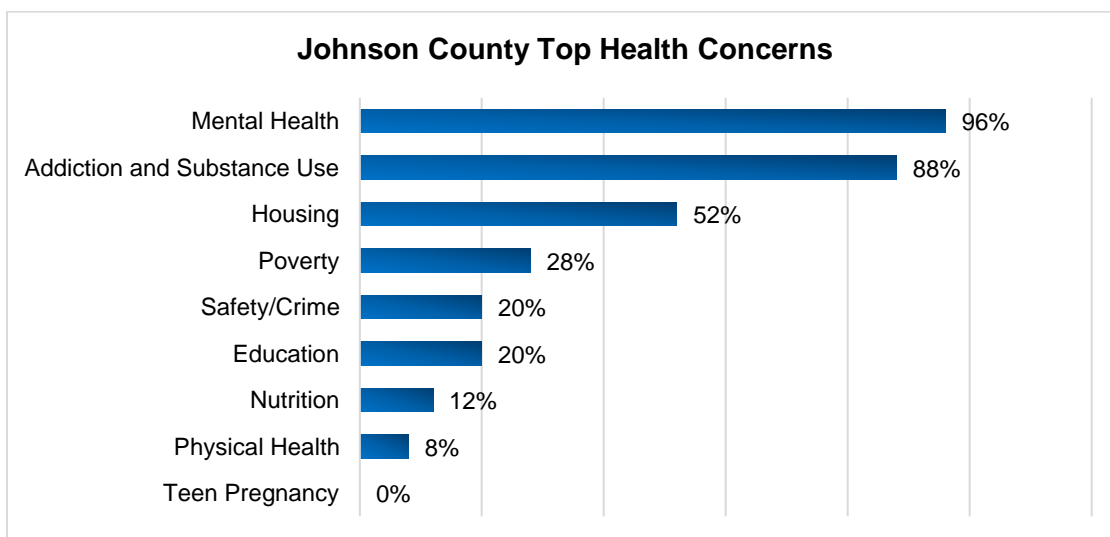
A&C Health collected additional community data through a 17-question community needs assessment survey to gather stakeholders' feedback to understand gaps in community services. 69 stakeholders within Marion and Johnson County completed the needs assessment survey. Of the survey respondents, 32% identified as social service providers or leaders, 12% from the Department of Child Services, 12% as teacher/educational administrators, and 12% in the healthcare-related field.

⁵⁰ Indiana Department of Health, Office of Data Analytics, Data Analysis Team; Vital Records Variable ID: 'DEATH020'

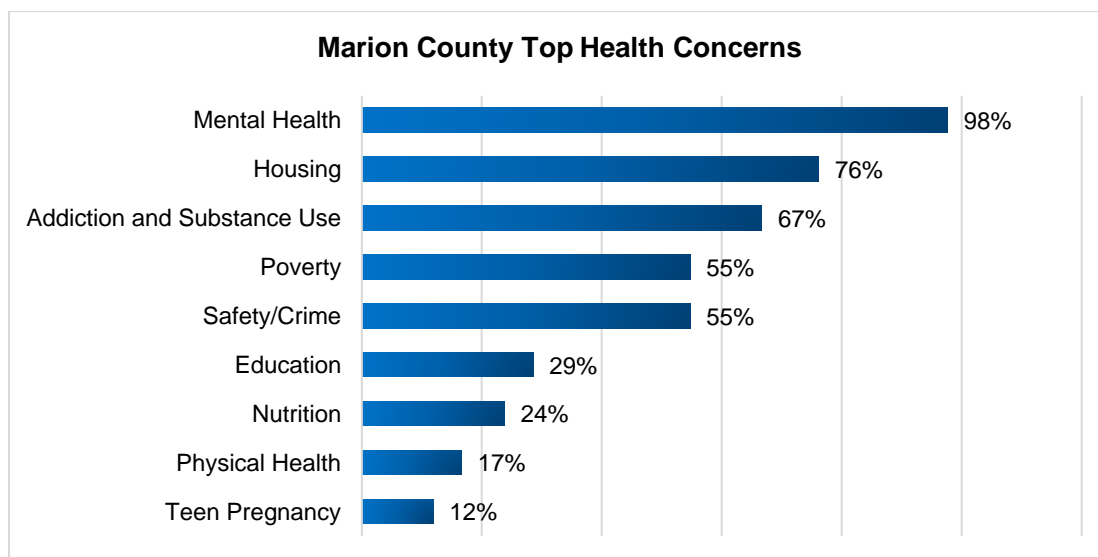


The results provided additional data regarding the community's perceived and expressed needs and are informative in the prioritization of programs and allocation of resources.

To assess the health needs within the community, respondents were asked to identify the topmost health-related concerns. Mental health (96%), addiction and substance use (88%), and housing (56%) were identified as the top three health concerns in Johnson County.



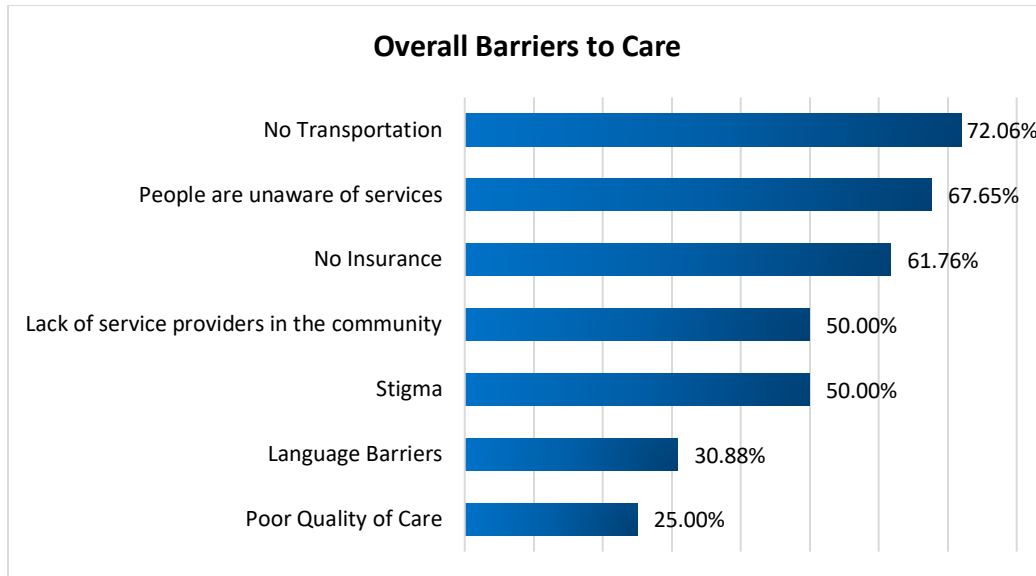
Similarly, the top Marion County needs were identified as mental health (98%), housing (76%), and addiction and substance use treatment services (67%) based on the community needs assessment survey.



When asked about barriers to receiving healthcare in the community, 72% of survey respondents reported transportation, 67% lack of awareness of services, and 61% reported no insurance coverage as barriers to accessing care services. Fifty percent of respondents reported a lack of service providers and stigma as primary barriers to treatment services.

One respondent stated:

"I would also include stigma in this category. Individuals do not feel safe/comfortable seeking services, and when they do finally do this, they are often difficult to access around work hours or there are waiting lists."



Stigma was also cited by the CMHNA (2023) as a significant obstacle to receiving mental health services, especially in communities of color.

Furthermore, it was found that most respondents did not believe that mental health and other healthcare professionals are providing coordinated treatment, which may provide greater difficulties for individuals with mental illness to engage in care.

“Overall lack of coordinated care of existing services and needed services through the state”

Key mental health stakeholders and interactive systems such as the Department of Child Services, Criminal Justice and the Courts, and school systems have an opportunity to engage in partnership to increase a comprehensive and well-coordinated system of care for the community.

To improve the community's access to a comprehensive, well-coordinated system of care, important mental health stakeholders and interacting systems, including the Department of Child Services, Criminal Justice and Courts, and educational systems, have the opportunity to expand collaboration.⁵¹

⁵¹ Community Mental Health Needs Assessment Report for Marion County, Center for Health Policy, Indiana University, Richard M. Fairbanks School of Public Health

Access & Availability of Services

Indiana ranks 42nd in the United States, indicating a higher prevalence of mental illness and lower rates of access to care. Mental Health America access rankings place Indiana at 32nd based on access to insurance, treatment, quality and cost of insurance, access to special education, and mental health workforce available.⁵² Over 24% of adults with mental illness report unmet needs for treatment, and more than half of adults do not receive any treatment for their illness. Over 60% of youth with major depression do not receive any treatment.⁵³

As of February 2021, 38.5% of adults in Indiana reported symptoms of anxiety or depression, and 19.2% were unable to get needed counseling or therapy. Furthermore, 54% of Hoosiers aged 12-17 who have depression did not receive needed care. High school students with depression are more than two times more likely to drop out of school than their peers.⁵⁴

Exacerbated by the COVID-19 pandemic, the need for continued mental health and substance use treatment is expected to continue to increase. Medicaid claims showed variations in rates of emergency department visits for mental health conditions between states and between economic areas within states. Frequent use of emergency services for mental health treatment might reflect a high degree of need in those areas and, in the absence of available outpatient care, a high degree of unmet need.⁵⁵

In response to these needs and aligned with the 988, A&C Health has deployed a mobile crisis team for behavioral and mental health substance crisis response, partnering with local law enforcement to divert persons away from local jails and reduce overutilization of emergency services.

Results from the community needs assessment survey indicate that family and peer support, followed by community-based/home-based treatment services, are the most difficult services to access. Over half of respondents reported that family (54.84%) and peer support (53.23%) services are only available “sometimes,” and 13% and 8% of respondents rated them as “never” available, respectively. Community-based/home-based treatment services were rated as only “sometimes” available by 45% of those surveyed and 11% as “never” available.

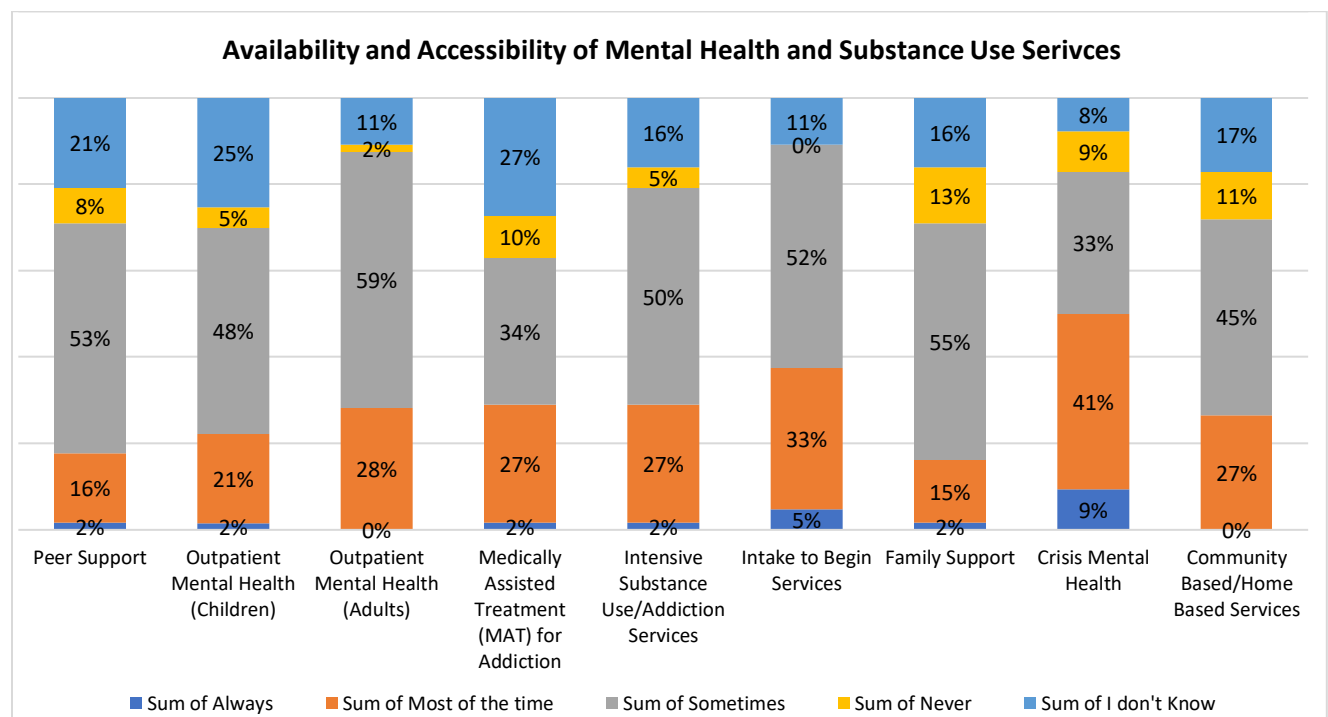
⁵² 2022 The State of Mental Health in America, Mental Health America

⁵³ 2022 The State of Mental Health in America, Mental Health America

⁵⁴ National Alliance on Mental Illness, Factsheet February 2021. Retrieved from nami.org/mhpolicystats

⁵⁵ McConnell, K. J., Watson, K., Choo, E., & Zhu, J. M. (2023). Geographical variations in emergency department visits for mental health conditions for Medicaid beneficiaries. *Health Affairs*, 42(2), 172–181.

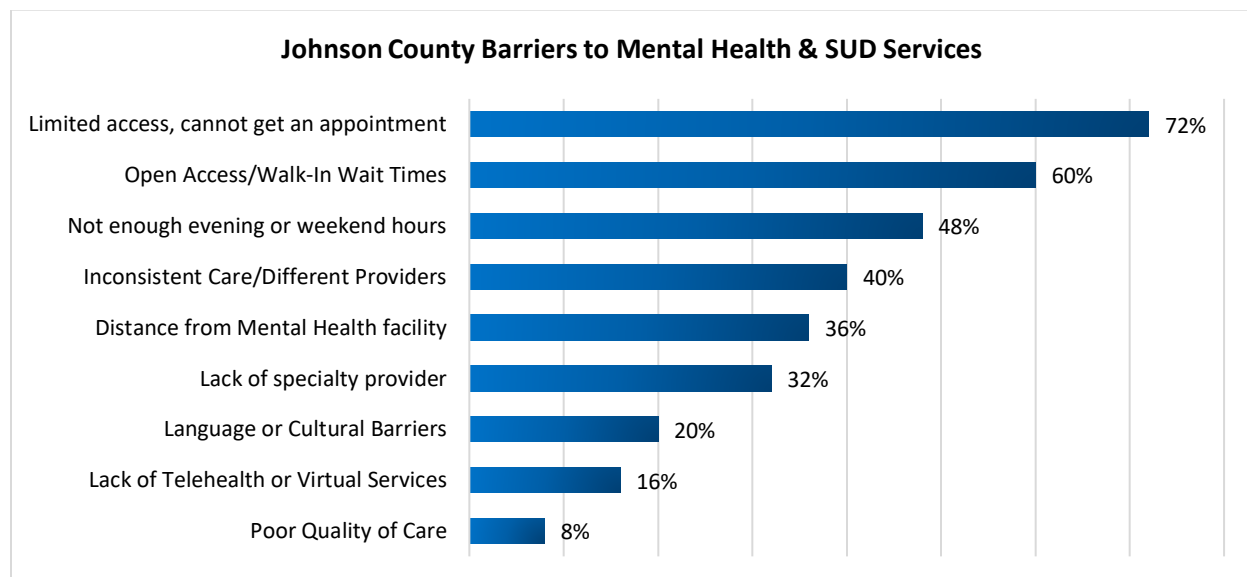
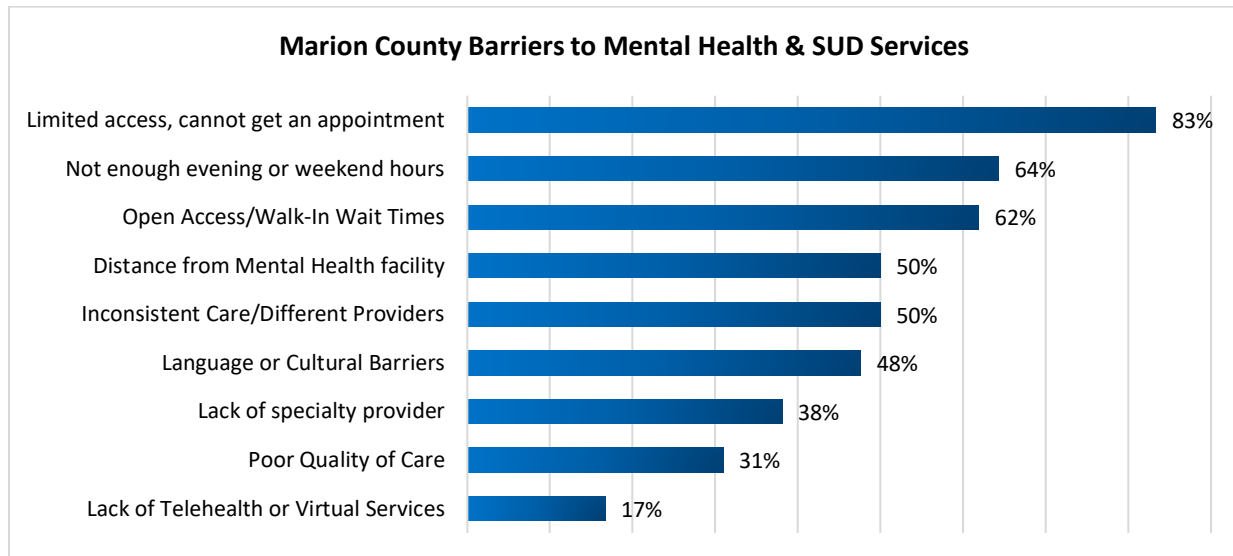
Crisis mental health services were rated most favorably by respondents (9% said crisis services were “always” accessible and available, 41% said “most of the time,” 33% said they are available “sometimes”, and 9% said they are “never” available). The results show that extensive crises mental health and substance abuse treatment are still needed, but they also suggest that A&C Health's mobile crisis response team may be helping the community's need for "someone to respond."



Identified access needs for family and peer support as well as community and home-based services directly inform not only program expansion needs but also continued use of Evidence-Based Practices (EBPs) needs such as Assertive Community Treatment (ACT), Illness Management and Recovery (IMR) for adult SMI and co-occurring disorders, as well as Peer Supports and Family Psychoeducation.

On the community needs assessment survey, 80% of total respondents identified limited access and difficulty getting an appointment as the primary barrier to receiving mental health and substance use services. Of the responses, 61% identified open access walk-in wait times as a secondary barrier to care, and over half of overall respondents reported evening hours and weekend access to services as a high-priority need.

Limited evening and weekend hours were reported as a significant barrier to care by 64% of Marion County respondents and 48% of Johnson County respondents.



To capture the survey respondents' perceptions of the accessibility and availability of mental health services, open-ended questions elicited the following responses:

“Access is a barrier that my clients face relating to receiving mental health services. Typically, they are on long wait lists that do not help them address mental health crisis in a timely manner.”

“Lack of available hours for people with full time employment” and “families struggle to fit services into their schedule during the typical workday.”

“Working families need flexible hours and schedule options to receive needed care.”

“Mental health and substance use is not a 9-5pm community issue. We need more after hours and weekend options for people that experiences these particular issues.”

“The wait time most experience when they do make a decision to call and seek help is too long; therefore, they talk themselves out of it or are frustrated because they cannot receive quick access and don’t call back or attend.”

Workforce and Health Professional Shortages

Mental Health professionals include psychiatrist, psychologist, psychiatric nurses, addiction counselors, and mental health counselors, marriage and family counselors, and bachelor-level behavioral health providers. As reviewed above, many people in need of mental health and substance use treatment are unable to access care in a timely manner due to provider shortages. These shortages have been exacerbated by the increased demand for services since the COVID-19 pandemic.

Health Professional Shortage Area (HPSA) designation is used to identify areas that experience a shortage for health professions. Mental Health HPSA designations are based on the number of psychiatrists relative to the population. As shown in the table below, the percentage of need for mental health professionals met in Indiana is 31.1%

	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Indiana	31.1%	286
United States	27.7%	7,871

A&C’s current client-to-staff ratio is 25.8 to 1, based on Fiscal Year 22.

On the community needs assessment survey, respondents' perceptions of accessibility and availability of mental health services were frequently correlated to workforce shortages and lack of qualified providers.

Over 45% of respondents said inconsistent care and/or different providers, and 35% reported a lack of specialty providers was a barrier to receiving care. Challenges related to consistent providers and limited specialists are significantly impacted by the national and local workforce shortages, causing longer wait times and decreased quality of care.

"Families often are faced with having to repeat experiences of trauma with new and sometimes inexperienced providers due to lack of mental health and/or substance use specialists."

"I feel as though there is an overall lack of mental health providers available which causes longer than usual wait times to get in to see someone."

"The biggest barrier that poses a challenge for children and families in terms of access to care is the sheer lack of therapists available."

"We have many students with mental health needs and there is a lack of providers to meet these needs."

"There needs to be more versatility in specialty services. There needs to be more providers that target specific areas."

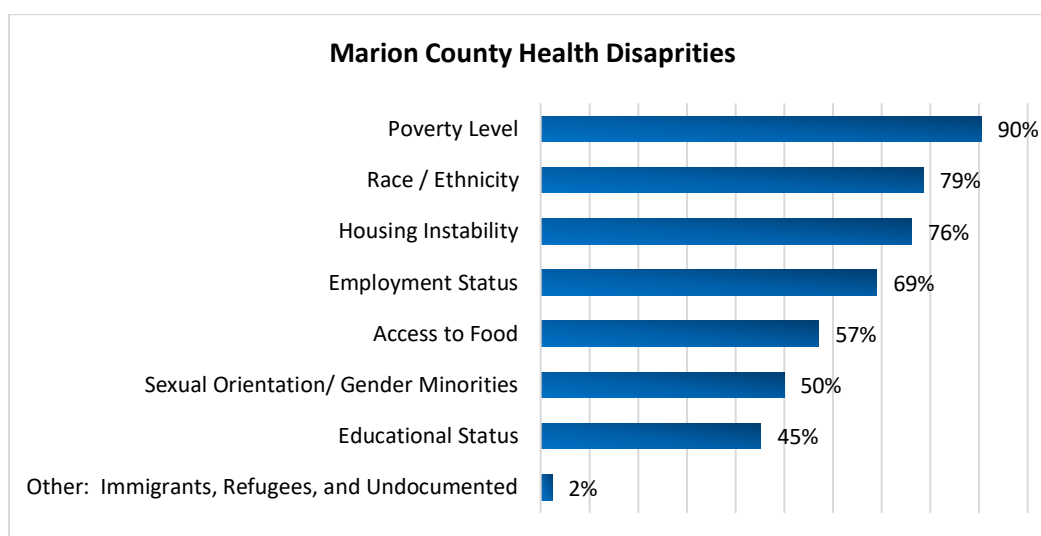
"We do not have enough providers from diverse cultural and/or language backgrounds other than English."

Mental and behavioral health providers often face heavy workloads, leading to burnout and causing some to leave the social services workforce, further exacerbating the workforce challenges. A&C Health has experienced the impact of workforce shortages due to burnout and low compensation. Frequent staff turnover impacts patient and client care continuity, leading to poorer quality and health outcomes.

During FY23, A&C Health saw a 55% voluntary turnover rate for clinic-based staff, 43% in the school-based service line, 37% in the Community and Specialty service line, 26% in the FQHC, and 19% in the Child-Welfare service line.

Health Disparities and Cultural and Linguistic Needs

On the community needs assessment survey, when asked to identify health disparities in the community, respondents reported poverty level (90%), race and ethnicity (79%), and housing instability (76%) as the top three health disparities in Marion County.



Marion County Public Health Department has identified Non-Hispanic Black residents to have the highest level of health inequity when compared to other racial/ethnic groups, and Non-Hispanic White residents had worse mental health and substance use outcomes than Non-Hispanic Black and Hispanic residents.⁵⁶ Racial and socioeconomic disparities in Indiana impact health behaviors, including cancer screenings. Cancer incidence and mortality among blacks are significantly higher both nationally and in Indiana.⁵⁷

In the community needs assessment survey, respondents' perceptions of health disparities elicited the following open-ended responses:

⁵⁶ Health Equity 2018, The State of Health in Marion County, Marion County Public Health Department

⁵⁷ Rawl, S.M, Dickinson, S., Lee, J.L., Roberts, J.L., Teal, E., Baker, L.B., Kianersi, S. and Haggstrom, D.A. (2019). *Cancer Epidemiol Biomarkers Prev* (2019) 28 (3): 462–470.

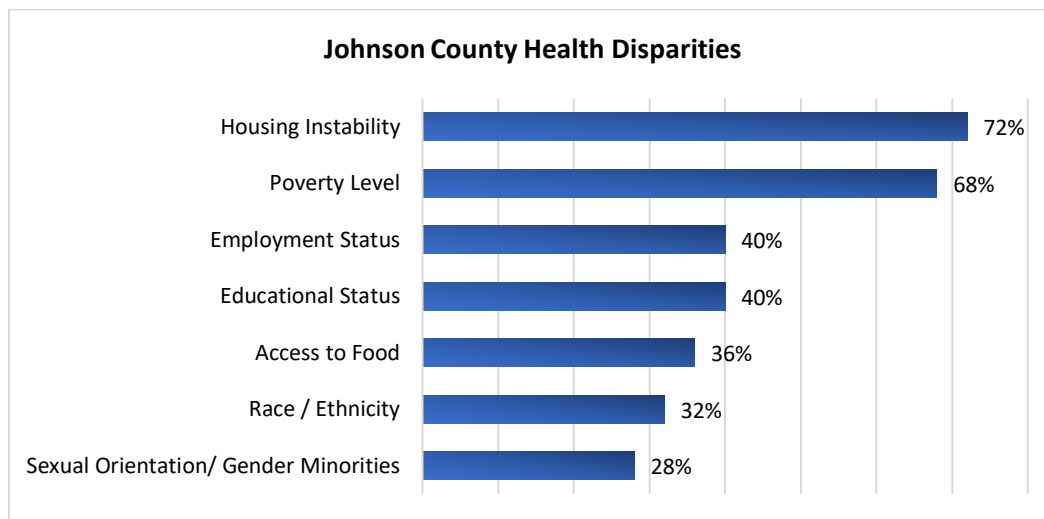
“Many youth and families are burdened with the lack of culturally competent providers to meet their needs, including providers who speak Spanish.”

“People from ethnic groups that speaks language other than English have limited access to services.”

“We need local substance abuse services for the Burmese population.”

“We do not have enough providers from diverse cultural and/or language backgrounds other than English.”

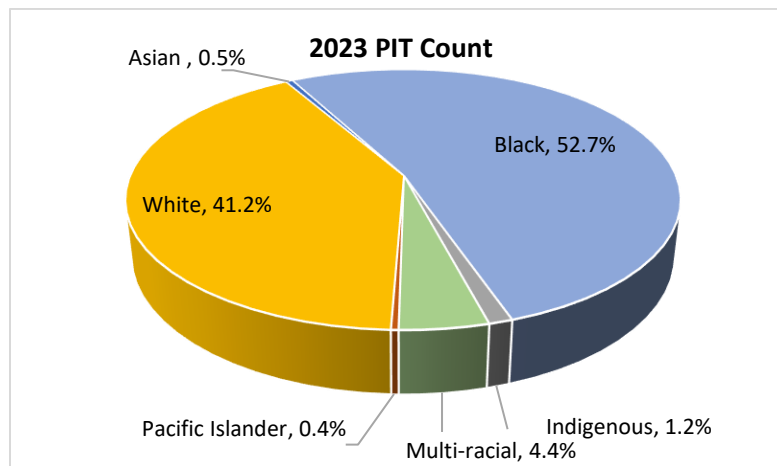
“Finding an LGBTQ friendly provider can be a challenge for trans folks in our state. We need more therapists available in schools. Our kids are dying from suicide and homicide. We are a traumatized population and many of our kids live in daily toxic stress.”



To reduce language barriers, A&C Health has enhanced client accessibility on its website by translating the top three local languages spoken in their communities: Spanish, Burmese, and French. Translation services are available on-demand for all client services to facilitate treatment access.

Survey respondents also identified housing instability as a top health disparity in both Marion and Johnson Counties. The Indianapolis Point-In-Time (PIT) report includes demographics of individuals who met the HUD’s definition of homelessness on the night of the count (January 23,

2023). This includes individuals and families who lacked fixed, regular, and adequate nighttime residence, such as those staying in emergency shelters or places not meant for human habitation, and individuals or families fleeing from domestic violence. The PIT 2023 report identified 1,619 homeless individuals, with black individuals disproportionately represented in the 2023 count, accounting for 52% of the total count.



Veteran services were not specially identified within the survey as a population need; however, A&C Health served 447 veterans through the Supportive Services for Veteran Families (SSVF) program during FY23. The SSVF program aims to prevent homelessness and promote stable housing for low-income Veterans and their families. These services include outreach, case management, and assistance with housing and VA and other public benefits.

A&C Health's Marion County locations are 2.3 miles from the Richard L. Roudebush Veteran's Administration Medical Center (VA Medical Center), which provides primary and special health services, including mental healthcare and substance use disorder treatments.

The VA Medical Center is within 26 miles of our Johnson County location, which is within the 50-mile radius that Veterans must go to access an external VA provider for coverage of services. Despite the proximity to the VA Medical Center, A&C Health is willing to work with Veterans and is eager to work with Veterans who may not be eligible for VA benefits, such as military without honorable discharge status.

In partnership with Johnson Memorial Hospital, A&C Health provides crisis assessment care to many Veterans and active and reserved military troops from Camp Atterbury in the southern Johnson County community.

These findings indicate the need for A&C Health to continue valuable housing and homeless services, including the SSVF programming within Marion County and developing additional housing partnerships within Johnson County.

To address veteran services, A&C Health will develop additional partnerships with the VA in addition to the recently expanded provider training specific to working with Veterans and individuals in active military.

Understanding racial and socioeconomic disparities in mental health, substance use treatment, and overall health behaviors, and understanding cultural and linguistic needs, is essential to decision-making and priorities of the use of organizational resources.

Through our Diversity, Equity, and Inclusion (DEI) commission, organizational practices, and resource allocation, A&C Health's governance and leadership are committed to upholding CLAS standards and promoting health equity. Additionally, A&C Health will increase efforts to address racial/ethnic and socioeconomic disparities in our communities and reduce language and cultural barriers to care through provider training opportunities, outreach initiatives, and targeted hiring of minorities.

Summary and Strategic Use of Findings

The community health needs assessment presented several significant issues related to the accessibility and utilization of mental health and substance abuse treatment services in Marion and Johnson County, Indiana, influenced by social, cultural, and economic factors.

Workforce shortages and overworked mental health systems, treatment and service accessibility, care coordination, and the need for treatments that are linguistically and culturally appropriate represent a few of the most significant challenges.

In response to the findings of the community needs assessment, A&C Health will utilize the Certified Community Behavioral Health Clinic model to transform and increase comprehensive and coordinated mental and behavioral health and substance use treatment to improve community outcomes in Marion and Johnson County.

A&C Health is committed to implementing the following strategies to address key concerns:

- Increase the accessibility and availability of services through expanded evening and weekend hours. In addition, crisis response services will be available 24 hours per day, 7 days a week.
- Increase recruitment strategies to improve staff-to-client ratio to increase availability and timely access to care, including a peer specialists' workforce.
- Expand the workforce growth and career development pathways to recruit mental health peers and skills providers earlier in their educational/career development.
- Expanding training opportunities for all staff to increase cultural competencies and increase diversity, equity, and inclusion in the workforce.
- The goal is to increase community awareness and reduce stigma by encouraging non-stigmatizing language and teaching culturally appropriate methods for addressing mental health and drug use disorders.
- Support services to address the social determinants of health (e.g., navigation services, housing programming, providing transportation to and from treatment).
- Continue valuable housing and homeless services, including the SSVF programming within Marion County, and develop additional housing partnerships within Johnson County.
- Improve care coordination between health care providers, including assistance for current or potential clients in navigating both insurance and health systems through community navigators.

- Increase recruitment strategies to increase staffing, including a larger peer workforce, and to increase diversity, equity, and inclusion in the workforce.
- Develop additional partnerships with the VA in addition to the recently expanded provider training specific to working with Veterans and individuals in active military.
- Grow early intervention and preventative youth services and access to substance use disorder treatment.
- Develop additional community partnerships within the Burmese population and ensure culturally and linguistically appropriate services.