



## **2025 Community Health Needs Assessment**

### **1. INTRODUCTION**

#### **1.1. About Aspire Indiana Health**

Aspire Indiana Health is a Community Mental Health Center (CMHC) and a Federally Qualified Health Center (FQHC) Look-Alike, a robust social determinants of health (SDoH) provider, and the state's largest residential recovery service provider in one integrated community health system.

Aspire Indiana Health's mission is to provide compassionate, patient-centered care, empowering people to live healthier lives. Our core values: Compassion, Innovation, Inclusion, Impact, and Partnership, are the foundation of our approach to care and community engagement.

#### **1.2. Purpose**

This report provides the findings from a community health needs assessment (CHNA) conducted by Aspire Indiana Health. The purpose of the CHNA is to identify the leading health issues in Boone, Hamilton, Hancock, Madison, Marion, and Shelby counties<sup>1</sup>. It describes the priority needs in those communities, needs that Aspire Indiana Health is currently meeting, or will address through the development of targeted interventions. The CHNA is a foundational component for creating strategic, service and staffing plans, and was developed following the guidelines for Certified Community Behavioral Health Center (CCBHC) designation and Federally Qualified Health Centers (FQHC) designation.

---

<sup>1</sup> Aspire was named as the designated CMHC for Hancock and Shelby Counties in July 2025. This CHNA was originally completed in the Spring of 2025 and has been updated to reflect service population wherever possible, but does not contain the same primary sources. More information on the methodology is provided in Section 3. Further research, surveys, and data collection is underway for Hancock and Shelby Counties, to be added in a future addendum.

## 1.3. Objectives

This CHNA is being used to strategically and methodically identify priorities within Aspire's communities, and inform plans for serving our communities. To that end, it has the following objectives:

- To identify the priority needs within the residents of Boone, Hamilton, Hancock, Madison, Marion, and Shelby counties in regards to medical conditions, serious mental illness, substance use disorders, and social determinants of health.
- To identify barriers to care and access, as well as gaps between current services and community needs.
- To serve as a guide for developing strategies to improve access to and availability of appropriate services to improve the health status of residents in the designated areas.

## 2. EXECUTIVE SUMMARY

### 2.1. Top Community Health Priorities

Aspire Indiana Health's Community Health Needs Assessment (CHNA) serves as a tool to help deepen our understanding of the communities we serve. It organizes and amplifies the voices of external stakeholders, both those being served and those who feel they are not being served well, and those who are unserved.

**Key highlights include:**

- Mental health and substance use remain high priorities across all surveyed groups.
- Creating access to care & navigating factors such as cost, transportation, insurance coverage, workforce shortages, and health system literacy
- Desire for expanded case management and care coordination support for all populations, as well as more streamlined communication and data sharing between health care entities.

## 3. METHODOLOGY

### 3.1. Data Sources

Primary data were gathered through surveys of internal stakeholders, community stakeholders, patients, and community partners. Three surveys were developed, each targeting one of Aspire's focus populations:

- Survey A focuses on our People, Aspire staff, gathering insights from employees about dimensions of health and wellness, and their community.

- Survey B focuses on our Patients, assessing their dimensions of health and wellness, community needs, and access to care.
- Survey C focuses on our Partners, capturing feedback from external collaborators to strengthen relationships and strategic initiatives.

All surveys were designed and implemented in Qualtrics, an online survey platform. Individuals were emailed an invitation to participate in the survey via an anonymous link.

Aspire partnered with Indiana University Bloomington's School of Public Health (IUB-SPH), leaning on their experience in conducting CHNAs. The Biostatistics Consulting Center at Indiana University was also directly involved in guiding survey methodology and analysis, including: instrument development and vetting, pilot testing, sampling strategy, data quality assurance, ethical oversight, and statistical analysis planning.

CHNAs seek to collect a wide array of primary and secondary data sources, but none are exhaustive for all health needs or conditions. Aspire followed CCBHC and FQHC requirements for the structure of its data collection.

### **Survey A (People)**

Survey A was distributed to Aspire employees and consisted of 70 items with four sections including: (1) demographics, (2) dimensions of health and wellness, (3) general community health, and (4) participation in focus groups.

### **Survey B (Patients)**

Survey B was distributed to Aspire patients and consisted of 65 items with three sections including: (1) demographics, (2) dimensions of health and wellness, and (3) general community health.

### **Survey C (Partners)**

Survey C was distributed to community partners and consisted of 23 questions with three sections including: (1) general community health, (2) partnership evaluation, and (3) participation in focus groups.

### **Focus Groups**

Virtual focus groups were conducted in March 2025<sup>2</sup> to gather qualitative insights from individuals representing diverse lived experiences and generational perspectives. These discussions explored perceived health challenges, ongoing needs, and opportunities for community engagement and system-level enhancements.

---

<sup>2</sup> Focus groups will be organized for Hancock and Shelby Counties, with the support of stakeholders in gaining community participation & diversity of representation.

## **Secondary Data**

Secondary data was gathered from credible sources to describe a variety of vital statistics as well as existing health related data. These included community health indicators that were benchmarked against Indiana and U.S. averages.

### **3.2. Data Prioritization**

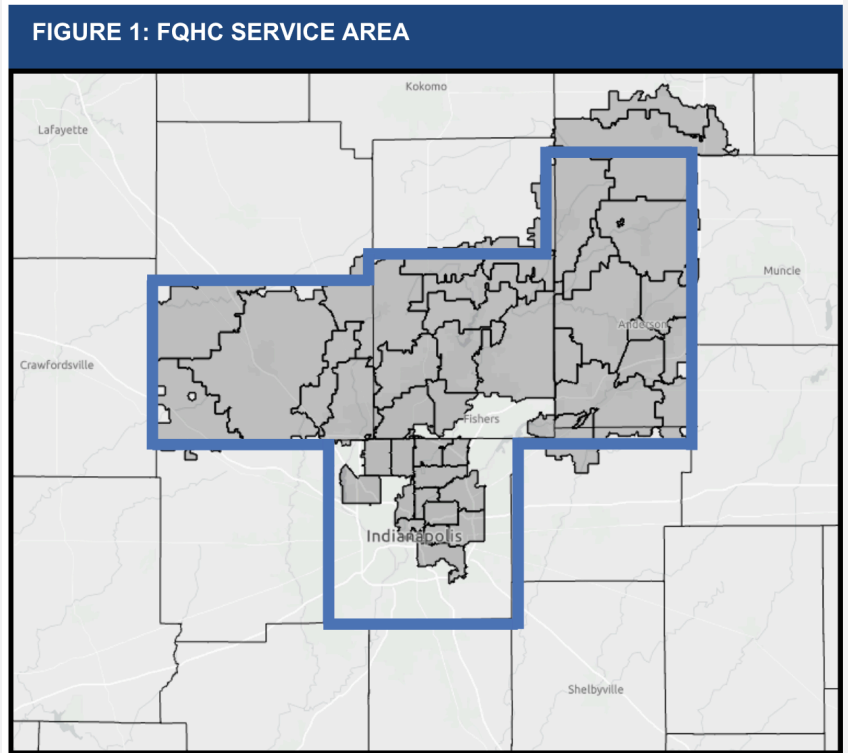
In prioritizing data for the CHNA, Aspire focused on the four counties for which it was the designated CMHC prior to July 2025. Additionally, Aspire leveraged CHNAs and other data sources from community partners, including those available in Hancock and Shelby Counties.

## 4. DEFINITION OF COMMUNITY ASSESSED

### 4.1 Geographic Service Area

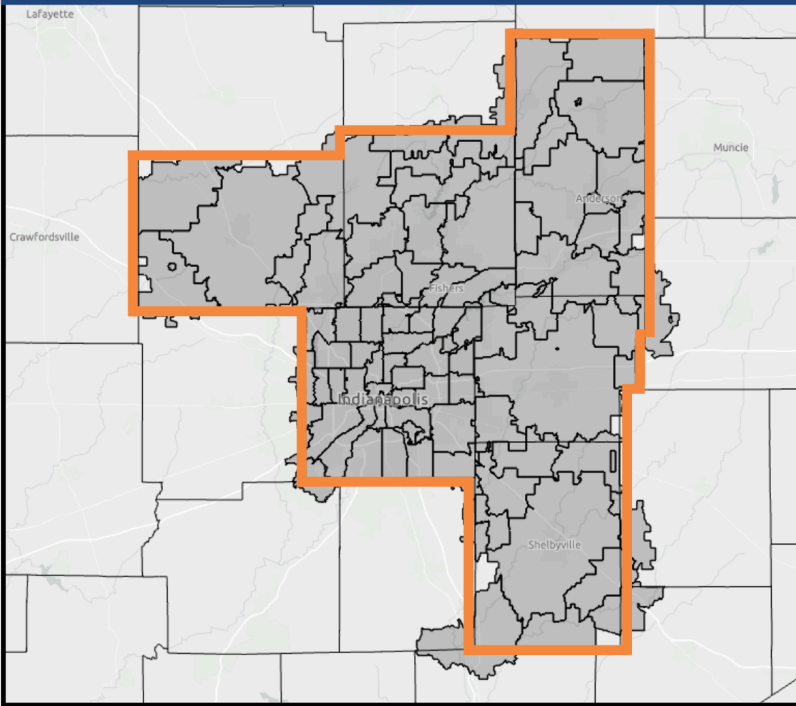
Aspire serves a mixed urban-suburban-rural population in Boone, Hamilton, Madison, and Marion Counties. Additionally, Aspire was chosen to serve as the CMHC in Hancock and Shelby Counties in July of 2025 and is in the early stages of beginning operations in those communities.

The combined population of Aspire's service area is approximately 1.7 million individuals, around a quarter of the total population of Indiana. As a CMHC and FQHC Look-a-Like, Aspire's services are made accessible and available to all individuals across its service area, regardless of their income or insurance status, and Aspire works deliberately to remove potential barriers to care that patients may face.



FQHC ZIP CODES									
46001	46017	46034	46051	46063	46074	46202	46218	46250	46290
46011	46030	46036	46052	46064	46075	46203	46219	46254	46928
46012	46031	46040	46056	46069	46077	46204	46220	46260	46930
46013	46032	46044	46060	46070	46147	46205	46226	46268	46938
46016	46033	46048	46062	46071	46201	46208	46240	46280	

**FIGURE 2: CMHC SERVICE AREA**



The patients Aspire cares for often receive more than one kind of treatment or support, demonstrating the complex nature of needs within the service area. Number of patients that received more than one service:

- 65% of patients receiving 2 or more services;
- 37% receiving 3 or more;
- 18% receiving 4 or more, and;
- 7% receiving 5 or more.

This depth of engagement has a profound impact on health outcomes and overall quality of life across Aspire's key constituents.

### CMHC ZIP CODES

46235	47234	46225	47272	46060	46013	46268	46218	46278	46163	46216	46201	46214	46070	46161	46227	46113	46069
46224	46071	46186	46176	46037	46221	46228	46204	46260	46031	46051	46202	47384	46017	46052	46229	46220	46012
46256	46130	46205	46124	46001	46241	46208	46240	46222	46074	46040	46217	46056	46048	46062	46117	46280	46237
46254	46030	46234	46259	46063	46239	46126	46290	46150	46036	46075	46107	46140	46102	46147	46236	46110	46064
46077	46034	46032	46162	46011	46226	46038	46250	46182	46203	46044	46144	46016	46033	46219	46231	46055	46154

## 4.2. Aspire Patient Profile

Below are details on all Aspire patients served between July 1, 2024 and June 30, 2025.

**Table 1: Patients and Encounters**

Total Patients	19,566
Total Encounters	371,554

**Table 2: Patients by County**

County	Patients	Percentage
Madison	5,737	29.32%
Marion	5,362	27.40%
Boone	1,322	6.76%
Hamilton	5,172	26.43%
Other	1,973	10.08%
<b>Total</b>	<b>19,566</b>	

**Table 3: Patients by Age group**

Age group	Patients	Percentage
0-5	192	0.98%
6-12	1,251	6.39%
13-17	1,527	7.80%
18-44	10,205	52.16%
45-65	5,123	26.18%
65+	1,268	6.48%
<b>Total</b>	<b>19,566</b>	

**Table 4: Patients by Race**

Race	Patients	Percentage
White	13,851	70.79%
Black or African American	3,480	17.79%
Asian	313	1.60%
Native American or Pacific Islander	175	0.89%
Other / Unknown	1,747	8.93%
<b>Total</b>	<b>19,566</b>	

**Table 5: Patients by Gender Identity**

Gender Identity	Patients	Percentage
Patient Declined	938	4.79%
Other	14	0.07%
Chose Not to Disclose	1,384	7.07%
Female	8,681	44.37%
Genderqueer (neither exclusively male nor female)	178	0.91%
Male	8,371	42.78%
Total	19,566	

**Table 6: Patients by Sex**

Sex	Patients	Percentage
Female	9,988	0.5105
Male	9,578	0.4895
Total	19,566	

**Table 7: Patients by County (Separated as youth and adults)**

County	Youth	Adults	Total
Madison	1049	4688	5737
Marion	624	4738	5362
Hamilton	786	4386	5172
Boone	217	1105	1322



**Table 8: Patient Race (Separated into Youth and Adults)**

County	Race	Youth	Adults	Total
<b>Boone</b>	Asian	2	9	11
	Black or African American	14	52	66
	Native American or Pacific Islander	3	12	15
	Other / Unknown	22	71	93
	White	197	940	1,137
<b>Boone Total</b>		<b>238</b>	<b>1,084</b>	<b>1,322</b>
<b>Hamilton</b>	Asian	32	147	179
	Black or African American	128	402	530
	Native American or Pacific Islander	3	36	39
	Other / Unknown	88	377	465
	White	644	3,315	3,959
<b>Hamilton Total</b>		<b>895</b>	<b>4,277</b>	<b>5,172</b>
<b>Madison</b>	Asian	5	19	24
	Black or African American	160	626	786
	Native American or Pacific Islander	6	52	58
	Other / Unknown	93	251	344
	White	889	3,636	4,525
<b>Madison Total</b>		<b>1,153</b>	<b>4,584</b>	<b>5,737</b>
<b>Marion</b>	Asian	7	55	62
	Black or African American	342	1,617	1,959
	Native American or Pacific Islander	3	48	51
	Other / Unknown	82	605	687
	White	240	2,363	2,603
<b>Marion Total</b>		<b>674</b>	<b>4,688</b>	<b>5,362</b>

**Table 9: Patient Sex (Separated into Youth and Adults)**

County	Sex	Youth	Adults	Grand Total
Boone	Female	119	582	701
	Male	119	502	621
Boone Total		238	1084	1322
Hamilton	Female	437	2275	2712
	Male	458	2002	2460
Hamilton Total		895	4277	5172
Madison	Female	563	2377	2940
	Male	590	2207	2797
Madison Total		1153	4584	5737
Marion	Female	337	2333	2670
	Male	337	2355	2692
Marion Total		674	4688	5362

**Table 10: Behavioral Health Diagnoses (Adults)**

Diagnosis	Patients	Percentage
Depression	7,024	42.32%
Anxiety Disorders	6,442	38.82%
Post-Traumatic Stress Disorder (PTSD)	3,176	19.14%
Alcohol Use Disorders	2,816	16.97%
Bipolar Disorders	2,356	14.20%
Opioid Dependence	2,217	13.36%
Schizophrenia	1,907	11.49%
Other Stimulant Use Disorders	1,816	10.94%
Cannabis Use Disorders	1,704	10.27%
Nicotine Dependence	1,628	9.81%
ADHD (Attention-Deficit/Hyperactivity Disorder)	1,342	8.09%
Total Adults	16,596	

**Table 11: Behavioral Health Diagnoses ( Youth )**

Diagnosis	Patients	Percentage
Anxiety	1,216	40.94%
Depression	1,022	34.41%
ADHD (Attention-Deficit/Hyperactivity Disorder)	715	24.07%
Trauma	585	19.70%
Conduct disorders	448	15.08%
Total Youth	2,970	

**Table 12: Primary Care Diagnoses (Adults)**

Diagnosis	Patients	Percentage
Hypertension	2,135	12.86%
Hyperlipidemia / Cholesterol Disorders	1,979	11.92%
Diabetes / Prediabetes	1,947	11.73%
Gastro-esophageal Reflux Disease (GERD)	987	5.95%
Obesity	665	4.01%
Total Adults	16,596	

**Table 13: Primary Care Diagnoses (Youth)**

Diagnosis	Patients	Percentage
Hypertension	92	51.40%
Allergic Rhinitis	57	31.84%
Obesity	45	25.14%
Asthma	37	20.67%
Gastro-esophageal Reflux Disease (GERD)	26	14.53%
Total Youth	2,970	

### 4.3. Aspire Patient Survey Results

381 patients fully completed their surveys. A demographic breakdown indicates that:

- 59% were female, 35% male, and 6% nonbinary or other;
- 68% were White, 19% Black/African American, 5% Multiracial, and 7% Hispanic/Latino;
- 47% were ages 25–44, and 24% were ages 45–64; and
- 61% had at least some college or a college degree.

#### Current Health Priorities

Of survey respondents, 79% listed mental health as a top priority, 62% listed stress and anxiety, and 39% listed chronic conditions like diabetes and heart disease as important priorities for them.

#### Factors influencing Access to Care

Of survey respondents, the most commonly identified barriers to accessing care: 51% listed cost, 37% listed insurance, and 28% listed lack of transportation. Other related feedback includes:

- a need for additional help navigating services;
- a need for additional communication and care coordination; and
- interest in more mobile services, behavioral health access, and integrated care models.

These results strongly support expansion of accessible behavioral health services, care navigation, and integrated models across Aspire’s counties.

### 4.4. Focus Groups Summary

Aspire conducted three virtual focus groups in early 2025. These sessions included individuals with lived experience of housing instability, community members from a variety of age brackets, and frontline providers specializing in substance use disorder (SUD) services. Several recurring themes appeared during these conversations, including mental health, access to care, and system navigation.

The matrix below highlights key themes seen both in Patient Surveys and Focus Group sessions.

## Cross-Theme Comparison Matrix

### *Alignment of Themes Across Patients and Focus Group Participants*

Theme	Patient Surveys	Focus Groups
Mental Health	79% noted mental health as a top priority	Mental health access mentioned repeatedly with an emphasis on prevention and person-centered care
Access to Care	Patients reported cost (51%), insurance navigation (37%), and transportation (28%) as key factors influencing their ability to access care	Expressed desire for care being managed by one agency and additional community outreach
System Responsiveness	Want additional resources for care coordination and navigation	Shared positive feedback on Aspire's person-centered approach and provided feedback that quality care necessitates treating the whole person
Prevention	Some interest in preventive services, if affordable	Voiced support for youth programs, school supports, and upstream solutions

## 5. COMMUNITY PROFILE

### 5.1. Population

The administrative office of Aspire Indiana Health is located in Noblesville, Indiana. Its service area covers a total population of 1,708,791 individuals across Boone, Hamilton, Hancock, Madison, Marion, and Shelby Counties.

A breakdown of the population is provided below alongside population density. Aspire uses population density in building community-specific care models as an indicator of where people live in relation to healthcare resources. Higher density areas may face different health system pressures, like overcrowded clinics or increased demand for behavioral health services, compared to lower-density areas. Understanding this factor informs Aspire's decisions about where to locate services, how to allocate staff, and which barriers may need to be addressed.

**Table 14: Population Density**

County Served	Count	Population Density (per square mile)
Boone County	78,773	186.27
Hamilton County	379,704	962.98
Hancock County	88,810	289.26
Madison County	134,222	297.02
Marion County	981,628	2476.98
Shelby County	45,654	110.61
<b>Total Population of Service Area</b>	<b>1,708,791</b>	<b>714.56</b>

**Sources**

County population trends: <https://www.stats.indiana.edu/topic/population.asp>

**5.2. People with Disabilities**

Individuals with disabilities often face unique challenges in accessing healthcare, including transportation barriers, communication difficulties, and limited availability of specialized services. Hancock, Madison, Marion, and Shelby Counties have higher disability rates compared to Boone and Hamilton Counties, indicating a greater need for accessible healthcare services in these areas. Incorporating this data into the CHNA enables Aspire to allocate resources effectively, ensuring that individuals with disabilities receive the comprehensive care and support they need.

**Table 15: Individuals with Disabilities**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
Number of Aged Individuals and Individuals with Disabilities	4,892	11,806	12,364	9,435	44,230	6,765	113,406
Disability Rate	6.8%	5.2%	14.5%	16.3%	13.6%	15.3%	14.5%

**Sources**

Census.gov: <https://data.census.gov/profile/Indiana?g=040XX00US18>

Social Security Administration: [https://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/2023/in.pdf](https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2023/in.pdf)

**5.3. Age**

Understanding the aging trends in our communities is essential to planning and right-sizing service availability and services scope, facility design and placement. Preferences along generational lines help guide deployment of technology aides,

transportation barriers, and the ranking of health priorities for a community. Incorporating this data into the CHNA gives Aspire important insights in strategic planning, developing service models, and staffing plans.

**Table 16: Population by Age**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
Preschool (0-4)	6.1%	5.8%	5.7%	5.5%	6.9%	5.5%	5.9%
School Age (5-17)	19.2%	19.2%	17.4%	15.8%	18.0%	16.6%	17.2%
College Age (18-24)	7.6%	7.9%	7.3%	8.1%	9.4%	7.7%	9.6%
Young Adult (25-44)	26.4%	26.9%	26.7%	26.1%	30.0%	24.2%	25.8%
Older Adult (45-64)	25.3%	25.7%	23.9%	25.6%	22.1%	26.1%	24.2%
Seniors (65+)	15.4%	14.4%	17.5%	18.9%	13.6%	19.9%	17.2%

### Sources

Source: US Census Bureau, American Community Survey: <https://www.census.gov/programs-surveys/acs>

## 5.4. Race & Ethnicity

We understand that race, ethnicity, and culture play an important role in healthcare access and utilization, and health outcomes. We further understand that these factors also influence recruitment efforts, staff retention, and creating a sense of belonging. Furthermore, language accessibility and cultural sensitivity are a prerequisite of providing culturally appropriate care.

**Table 17: Population by Race & Ethnicity**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
White (Non-Hispanic)	88.3%	84.5%	89.1%	87.5%	61.8%	89.5%	83.7%
Asian (Non-Hispanic)	3.1%	7.4%	0.9%	0.7%	4.3%	0.8%	2.9%
Two or More Races (Non-Hispanic)	2.8%	2.4%	3.8%	2.4%	3.4%	2.9%	2.5%
Black or African American	1.7%	5.3%	2.9%	8.9%	29.9%	1.2%	10.4%
Hispanic or Latino	3.5%	5.7%	2.8%	5.7%	13.9%	5.3%	8.8%

### Sources

Source: US Census Bureau, American Community Survey: <https://www.census.gov/programs-surveys/acs>

## 5.5. Language Spoken at Home

Understanding language and communication needs is essential to ensuring that healthcare and support services are accessible to all individuals, regardless of their ability to speak English, see, hear, or comprehend complex information. In Aspire’s service area, growing linguistic diversity and the presence of individuals who are Deaf, Hard of Hearing, visually impaired, or with low literacy skills reveal the need for culturally and linguistically appropriate services. Including these insights in the CHNA helps identify where interpretation, assistive technology, plain-language materials, and communication accommodations are needed, ultimately improving patient safety, engagement, and health equity across the communities we serve.

Aspire provides access to translation and interpretation services for all patients to ensure language is never a barrier to care. Aspire has agreements in place with both GLOBO and VOYCE for telephonic and video interpretation services, and translation services. Each translator Aspire works with is trained in HIPAA compliance and maintains strict patient confidentiality.

**Table 18: Population by Language Spoken at Home**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby
English	94.9%	87.5%	95.3%	96.7%	81.2%	93.8%
All languages other than English combined	6.4%	7.9%	4.7%	0.9%	18.8%	6.2%
Language 2: Spanish	1.5%	3.8%	1.4%	2.4%	10.9%	3.9%
Language 3: Other Indo-European Languages	--	4.4%	--	--	3.5%	-
Language 4: Asian and Pacific Islander Languages	--	3.5%	--	--	2.3%	-
Person-Centered Communication Needs						
Blind/Visually Impaired	5.0%	1.2%	1.8%	4.8%	2.5%	2.7%
Deaf/Hard of Hearing	3.3%	2.3%	8%	3.3%	3.2%	8%

### Sources

Census.gov, American Community Survey: <https://data.census.gov/table/ACSST1Y2023.S1601?q=Language%20Indiana>;  
<https://www.census.gov/library/stories/state-by-state/indiana.html>  
 CDC Vision and Eye Health Surveillance System (VEHSS): <https://ddt-vehss.cdc.gov/>  
 National Center for Education Statistics Institute of Education Sciences Comparison Charts of State and County Estimates: <https://nces.ed.gov/surveys/piaac/skillsmap/src/PDF/Indiana.pdf>

## 5.6. Economic Factors

Economic stability is a foundational driver of health. In Aspire’s service area, counties like Madison and Marion show significantly higher rates of poverty, food insecurity, and



cost-burdened households compared to Boone and Hamilton. For example, 20.7% of children in Marion County and 17.1% in Madison County live below the poverty line, increasing their risk for poor health outcomes, unstable housing, and unmet basic needs. These disparities highlight the urgent need for integrated services that address not only medical care, but also food access, housing affordability, and reliable transportation. Including these data in the CHNA helps prioritize investments that address the health needs and support the social and economic well-being of the communities we serve.

**Table 19: Economic Factors**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
Persons below federal poverty	4.7%	4.8%	5.7%	13.0%	15.6%	11.2%	12.3%
Food insecurity	10.0%	9.0%	8.8%	16.0%	14.0%	12%	12.2%
Children under age 18 in poverty	5.0%	4.5%	5.8%	17.1%	20.7%	12.9%	15.7%
Cost Burdened Households	9.0%	8.0%	6.0%	11.0%	15.0%	8%	25.7%

### Sources

Census.gov: <https://www.census.gov/quickfacts/IN>

STATS Indiana: <https://www.stats.indiana.edu/index.asp>

US Census Bureau, American Community Survey: <https://www.census.gov/programs-surveys/acs>

Food Insecurity in the United States: How Do States Compare?:  
<https://public.tableau.com/app/profile/economic.research.service/viz/FoodSecurityintheUnitedStatesHowDoStatesCompare/mainstory>

Community Health Rankings:  
[https://www.countyhealthrankings.org/?gad\\_source=1&gad\\_campaignid=22375379183&gbraid=0AAAAA0qQrf0wKy0IA18UIDLo0I74G5YAI&gclid=Cj0KCQjwglXCBhDBARIsAELC9ZhvxWe\\_S2LvETWv-8Y24bu9CZ4K5h73KwzgoH5n4tGI0QebU\\_YsV6gaAq4cEALw\\_wcB](https://www.countyhealthrankings.org/?gad_source=1&gad_campaignid=22375379183&gbraid=0AAAAA0qQrf0wKy0IA18UIDLo0I74G5YAI&gclid=Cj0KCQjwglXCBhDBARIsAELC9ZhvxWe_S2LvETWv-8Y24bu9CZ4K5h73KwzgoH5n4tGI0QebU_YsV6gaAq4cEALw_wcB)

## 5.7. Unemployment

Unemployment has a major impact on people's health, well-being, and quality of life. It can limit access to important resources like transportation, housing, healthcare, and education. According to the Office of Disease Prevention and Health promotion, unemployment is correlated with feelings like depression, anxiety, low self-esteem, demoralization, and worry; and unemployed individuals tend to suffer from more stress-related illnesses.

**Table 20: Unemployment**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
Annual Unemployment Rate	2.9%	2.4%	2.5%	3.7%	3.8%	3.3%	3.7%

**Sources**

STATS Indiana: <https://www.stats.indiana.edu/index.asp>

**5.8. Per Capita Income**

Per capita income is a useful indicator for many of the same reasons as unemployment. It creates a barrier to access other resources and is correlated with poorer health outcomes and greater risk for disease.

**Table 21: Per Capita Income**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
Per Capita Personal Income	\$97,028	\$99,456	\$65,651	\$48,479	\$70,999	\$55,484	\$63,802

**Sources**

STATS Indiana: <https://www.stats.indiana.edu/index.asp>

**5.9. Educational Attainment**

According to the Office of Disease Prevention and Health Promotion, graduating high school or college increases the likelihood that an individual will gain a safe, well-paying job and mitigates the risk of health problems like heart disease, diabetes, and depression. For this reason educational attainment is an important metric to consider when evaluating the needs of a community.

**Table 22: Education Attainment**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
High School Graduate or Higher	94.8%	97.3%	93.5%	90.5%	87.7%	90.4%	90.4%
Bachelor's Degree or Higher	50.1%	61.8%	34.2%	20.1%	34.1%	19.4%	30.2%

**Sources**

Source: US Census Bureau, American Community Survey: <https://www.census.gov/programs-surveys/acs>

## 6. PRIORITY HEALTH ISSUES

### 6.1. Substance Abuse

Indiana holds the 13th highest rate of drug overdose deaths in the nation<sup>3</sup>; substance abuse remains a priority health issue throughout Indiana. With 18.1% of the population experiencing a substance use disorder and 32.4 overdose deaths per 100,000 residents, the need for accessible, integrated recovery services is clear. Tracking rates of opioid misuse (3.4%) and illicit drug use (13.3%) helps Aspire assess risk levels, identify service gaps, and align resources to combat addiction. Including this data in the CHNA supports evidence-based planning and reinforces Aspire's commitment to comprehensive, person-centered recovery care.

The top primary substances most recently disclosed at Indiana treatment episodes were Marijuana (47.1%), Alcohol (43.4%), Methamphetamine (41.3%), and Opioids (35%). At Aspire, for people who received services for substance use disorders in FY 2025, 42% were diagnosed with alcohol use disorders, 37% with cannabis use disorders, 35% with opioid use disorder, and 30% with Stimulant Use Disorder (Methamphetamine). This reflects a higher proportion of people with alcohol use disorder and opioid use disorders than are reported in the national survey.

While these were the primary substances disclosed and diagnosed, Aspire has also noted high rates of polysubstance use with 46% of individuals in treatment being diagnosed with multiple substance use disorders. This rate is below the national averages for polysubstance use of 54.3%.

Hamilton, Hancock, Madison, and Marion Counties all rank among the top 20 counties in the state by overdose deaths in 2024. This emphasizes the importance of destigmatizing addiction and the acceptance of the treatment and recovery models.

---

<sup>3</sup> Center for Disease Control. Retrieved 8/6/2025 from [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)

**Table 23: Substance Use**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby	Indiana
Overdose Fatalities (Per 100,000)	17.53	13.7	25.28	56.93	68.49	44.45	41.0
ED Visits due to Any Drug in 2024	92	375	116	340	2,927	107	13,043

**Sources**

*SAMHSA NSDUH State Prevalence Estimates:*

<https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates>

*Indiana Department of Health Overdose and Suicide Report:*

<https://www.in.gov/health/trauma-system/files/22-Overdose-Suicide-Report.pdf>

*Indiana Drug Overdose Dashboard:*

<https://www.in.gov/health/directory/office-of-the-commissioner/public-health-data-navigator/trauma-and-injury-prevention/drug-overdose-data-dashboard/>

**6.2. Mental Health**

Mental health is a critical component of overall well-being, and these statistics reveal the scope of need across Aspire's service area. With 24.4% of adults experiencing any mental illness and 6.4% facing serious mental illness, the demand for behavioral health services is high. Additionally, suicide rates ranging from 10.14 to 17.46 per 100,000 across the counties underscore the urgent need for early intervention, access to crisis care, and suicide prevention efforts. Including this data in the CHNA ensures that Aspire and its partners can prioritize resources, design responsive care models, and advocate for mental health funding to meet the growing needs of the communities we serve.

Indiana ranks 42nd nationally, with a high prevalence of mental illness and low access to mental health services. While roughly 1.26 million adults (24.4%) in Indiana experience some form of mental illness, only 26.8% of the state's mental health service needs are being met. One reason for this is that all 92 counties in Indiana are federally designated as mental health professional shortage areas.

**Table 24: Mental Health**

	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, & Shelby Counties (NSDUH Central Region)					
Any Mental Illness	19.41%					
Serious Mental Illness	4.30%					
Suicide Attempt Prevalence	4.76%					
	Boone	Hamilton	Hancock	Madison	Marion	Shelby
Adults With Frequent Mental Distress	14.2%	12.9%	15.4%	17.6%	16.7%	16.9%
Medicare Beneficiaries With Depression	20.0%	21.0%	25.0%	17.9%	23.0%	26.0%
Completed Suicide Rate (Per 100,000)	12.14	10.14	13.6	17.46	15.16	18.5

**Sources**

CDC National Violent Death Reporting System [NVDRS]: <https://www.cdc.gov/suicide/facts/rates-by-state.html>  
 Indiana Department of Health Overdose and Suicide Report:  
<https://www.in.gov/health/trauma-system/files/22-Overdose-Suicide-Report.pdf>  
 SAMHSA NSDUH State Prevalence Estimates:  
<https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates>  
 US News and World Report: <https://www.usnews.com/news/healthiest-communities/indiana/>

**6.3. Primary Care**

Indiana continues to face high rates of chronic diseases, including obesity, diabetes, and heart disease. Contributing factors include:

- Limited access to primary care and specialty providers, especially in rural areas;
- High rates of smoking and physical inactivity; and
- Socioeconomic challenges that impact long-term health outcomes.

**Table 25: Obesity**

	Boone	Hamilton	Hancock	Madison	Marion	Shelby
Obesity Prevalence	34.3%	28.5%	32.7%	43.4%	37.2%	40.0%
Diabetes Prevalence	10.6%	8.1%	8.7%	11.0%	12.0%	10.1%
Local Food Outlets (Per 100,000)	5.9	2	10	3.1	2.4	6.7

**Sources**

US News and World Report: <https://www.usnews.com/news/healthiest-communities/indiana/>

### 6.4. Workforce Shortage

A strong healthcare workforce is essential to creating sufficient access to care but Indiana faces significant shortages across multiple provider types, threatening the state’s ability to meet growing community needs. These shortages limit access, increase wait times, and strain existing providers, especially in rural and underserved areas.

Health provider shortage areas (HPSAs) are geographic regions of specific population groups that lack adequate health care professionals and services, as designated by the Health Resources and Services Administration. HPSAs are designated in severity based on a rating scale from 0-25 for mental health and primary care. The table below presents the HPSAs in Aspire’s geographic service areas for mental health and primary care.

Table 26: Access to Care						
	Boone	Hamilton	Hancock	Madison	Marion	Shelby
Health Provider Shortage Area Score (HPSA) -Mental Health	17	17	17	17	17	17
Health Provider Shortage Area Score (HPSA) Primary Care	21	21	21	21	21	21
Sources						
HPSA Find: <a href="https://data.hrsa.gov/tools/shortage-area/hpsa-find">https://data.hrsa.gov/tools/shortage-area/hpsa-find</a>						

### Mental Health Workforce Shortage

All 92 Indiana counties are currently designated as mental health professional shortage areas. Only 26.8% of the state’s mental health care needs are being met, leaving many residents without timely access to support. High turnover, provider burnout, and low compensation contribute to this persistent gap, which directly impacts the state’s ability to respond to rising rates of anxiety, depression, and substance use.

Aspire’s 3 year strategic plan which began in July 2025 brings focus to this challenge in two primary ways: enhancing employee well-being initiatives and expanding pathways into the workforce. Employee well-being initiatives will focus on appropriate support and training to prevent burnout as well as further promotion of self-care activities and creating an environment where everyone can find belonging.

Expanding pathways into the workforce is represented by strategic objectives to identify new, expand capacity for, and formalize pathways for medical and clinical training in

partnership with local institutions of higher education. It is also represented by a focus on elevating the role of peers within the care team and care coordination environment.

Aspire is also leaning into technology solutions to create access for areas with gaps in provider coverage, including the use of telehealth and exploring other remote patient engagement and monitoring tools.

## **Physician Shortage**

Indiana is projected to face a shortage of 817 physicians by 2030, with the most critical gaps in primary care. This represents a shortage equal to 4.4% of Indiana's current workforce or 11.7% of the active physicians in Aspire's service area according to data from the Bowen Center for Health Workforce Research and Policy.

## **Nursing Shortage**

Indiana has nearly 4,300 unfilled nursing positions annually and will require an additional 5,000 nurses by 2031 to meet future demands, particularly as the population ages. To close this gap, Indiana needs to graduate about 1,300 more nurses each year, a goal that requires expanding nursing school capacity and clinical training opportunities.

These workforce shortages are more than staffing issues. They are structural challenges that shape access, quality, and outcomes across the healthcare system. Including this data in the CHNA emphasizes the need for investment in workforce development as a core strategy for improving community health.

## **6.5. Social Drivers of Health**

### **Housing**

Access to safe, stable housing is a cornerstone of health. Understanding the number of individuals who are homeless, whether sheltered, unsheltered, or housing insecure, helps identify the most vulnerable populations in Aspire's service area. Age-specific data is especially important for targeting services to youth, transition-aged adults, and older adults who face unique risks. Including this information in the CHNA ensures Aspire can align healthcare and social supports, inform partnerships with housing providers, and advocate for solutions that address the root causes of poor health and housing instability.

Aspire is active in addressing housing instability, managing a portfolio of properties and housing vouchers representing more than 500 housing units. Through Housing and Urban Development (HUD) properties, affordable housing apartments and co-ops, and

Emergency Solutions Grant and Permanent Supportive Housing vouchers, Aspire’s housing program has sought diversified funding to expand the array of resources available to its community.

However, solutions to housing instability extend beyond healthcare providers. As of January 2024, an estimated 6,285 Hoosiers were experiencing homelessness, equating to approximately 9 people per 10,000 residents or 0.09% of the state population. This reinforces the need to work in partnership with other agencies to scale housing solutions, partnership being a core value for Aspire.

<b>Table 27: Housing</b>						
	<b>Boone</b>	<b>Hamilton</b>	<b>Hancock</b>	<b>Madison</b>	<b>Marion</b>	<b>Shelby</b>
Eviction Rate	2.8%	2.2%	1.5%	5.1%	5.8%	1.0%
Households Spending at Least 30% of Income on Housing	20.9%	19.8%	20.4%	23.5%	31.8%	21.7%
<b>Sources</b>						
<i>US News and World Report: <a href="https://www.usnews.com/news/healthiest-communities/indiana/">https://www.usnews.com/news/healthiest-communities/indiana/</a></i>						

## Geographic and Demographic Insights

- Sheltered vs. Unsheltered: In the Indiana Balance of State (91 counties excluding Marion County), 1,138 individuals (25%) were living in unsheltered conditions.
- Indianapolis (Marion County): In 2024, 1,701 individuals were homeless—20% of whom were unsheltered. This represents a 5% increase from 2023.
- Youth Homelessness: In the Indiana Balance of State, 1,132 youth and young adults under 25 were identified as homeless; 8.5% were unsheltered.
- Veterans: Veterans account for 10% of the homeless population in Indianapolis, despite representing just 5.9% of the general population.

## Racial Disparities

Black or African American residents make up 21.2% of the homeless population in the Indiana Balance of State but only 6.4% of the general population, indicating significant racial disparities in housing stability.

## Contributing Factors to Homelessness

- Affordable Housing Shortage: Limited availability of affordable housing remains a major driver of homelessness. According to the National Low Income Housing Coalition:



- 27% of renter households in Indiana are extremely low income;
  - There is a shortage of 137,427 rental homes in Indiana that are affordable and available for extremely low income renters; and
  - 74% of extremely low income renter households in Indiana are extremely cost burdened.
- Mental Health and Substance Use: Among individuals experiencing homelessness, 27% report mental health challenges and 19% report substance use disorders.
  - Economic Instability: Unemployment, underemployment, and low-wage work contribute to housing insecurity across the state. According to Prosperity Indiana:
    - It takes 122 work hours a week at minimum wage to afford a 2-bedroom rental home at fair market rate (FMR), equivalent to 3 full-time jobs; and
    - While \$25.24 is the hourly wage full-time workers must earn to afford a rental home at fair market rent without spending more than 30% of their incomes in the Indianapolis-Carmel HUD Metropolitan FMR Area (HMRA), the average renter wage is \$17.92.

## Transportation

28% of patients surveyed listed “Lack of Transportation” as a significant factor in accessing care. This is felt practically by our operational and clinical teams, as disruptions in transportation is one of the most often cited reasons for missed appointments and no-shows.

On a monthly basis, ***Aspire is providing more than 800 rides to nearly 600 unique individuals.*** The demand for transportation services outpace our ability to provide them. With the addition of Hancock and Shelby Counties, transportation resources, both internal to the organization and external partnerships will be needed to maximize provider utilization and minimize gaps in care for patients.

## 7. KEY FINDINGS

Through this CHNA Aspire set out to identify the needs of its communities, the barriers to care and access, and the gaps between current services and community needs. Looking at the data collected directly, the community profile, and the priority health issues, Aspire identified the following key findings:

- **Access to Healthcare (General and Mental Health)** is a consistently high-priority theme across all counties.

- **Common factors** include cost of care, transportation, insurance limitations, wait times, appointment availability, and health literacy.
- Our service area is affected by **nationwide challenges relating to mental healthcare workforce shortages**.
- Survey results reveal an emphasis on the need for **strengthened communication between mental and physical health services** especially during crises.
- **Improved transportation** would be a key driver of engagement with various services (healthcare, food, aging in place) particularly in rural and suburban areas.
- **Substance misuse** is a pervasive issue with high overdose rates and a need for cost-effective treatment options.
  - Suicide and overdose rates are noted as particularly high in Madison County.
- Patients indicated a desire to work with providers who understand what they are going through, highlighting the opportunity to provide more **family and peer supports**.
- **Infant and child mortality rates** are above state averages, with disparities noted for Black and Hispanic/Latino infants in Marion County.
- There is an increasing need for **services for older adults**. Additionally, many households fall below the United Way's "ALICE" (Asset Limited, Income Constrained, Employed) threshold, highlighting the financial struggles faced by the 65+ population, even amongst those continuing to work.
- **Preventing and managing chronic disease** remains a priority for improving community health.
- Early conversations suggest that Hancock and Shelby County merit **community wide planning** for the rollout of comprehensive CCBHC services.

### County or Population Specific Themes:

- **Marion County:**
  - There are high rates of **homicide and firearm fatalities**, nearly tripling the state average, leading to mental and physical health challenges.
- **Madison County:**
  - **Food access and nutrition** is a prominent issue due to many residents living in "food deserts" with limited access to fresh, nutritious food.
  - Madison County ranks last among counties for **obesity rates**, and has lower rates of physical activity and exercise opportunities.
  - The average numbers of **poor mental health days and adults reporting frequent mental distress** is higher in Madison County compared to state and national averages.

- **Boone County:**
  - There is a greater emphasis placed on building awareness of **specific diseases as leading causes of death** or prevalent conditions, including various cancers (prostate, colorectal), disabling conditions (Alzheimer's, chronic pain), diabetes, heart disease & stroke (high blood pressure), and respiratory diseases (lung disease deaths, asthma).
  - **Mental health and diabetes** are specifically highlighted as top priorities by key stakeholders.
- **Women:**
  - There is **limited substance use treatment for women** despite the high prevalence of misuse and overdose.

## 8. ADDRESSING HEALTH ISSUES

### 8.1. Aspire Structure

Aspire Indiana Health is led by our President & CEO, Antony Sheehan, overseeing a dedicated team of approximately 850 staff members, including full-time, part-time, contract, and intern positions. Our Senior Leadership Team comprises 17 Officers and Vice Presidents who steer the organization's strategic growth and ensure alignment with our mission.

We are also deeply honored to have a highly engaged Board of Directors whose diverse expertise and unwavering commitment are invaluable to our governance and strategic direction. Their active participation and guidance are crucial to Aspire's success and our ability to serve the community effectively.

Operationally, our structure is designed for efficiency and impact, consisting of the following patient-facing Service Divisions:

- Service, Access & Crisis
- Intensive Behavioral Health Services
- Integrated Ambulatory Services
- Addiction Treatment & Recovery Supports
- Social Impact Programs

and supported by the following administrative functions:

- Strategy & Business Development
- People
- Finance & Facilities
- Transformation

- Public Health
- Marketing & Communications

### Service Locations

Services take place at the following building locations<sup>4</sup>:

- Elwood Health Center, 10731 SR 13, Elwood, IN 46036
- DeHaven Health Center, 2020 Brown St., Anderson, IN 46016
- Chase Street, 1933 Chase St., Anderson, IN 46016
- Hoak Health Center, 2009 Brown St., Anderson, IN 46016
- Mockingbird Hill Recovery Center, 4038 Ridgeview Dr., Anderson, IN 46013
- Noblesville Health Center, 17840 Cumberland Rd., Noblesville, IN 46060
- Carmel Health Center, 697 Pro-Med Lane, Carmel, IN 46032
- Indianapolis Health Center & Deaf Services, 2506 Willowbrook Parkway, Indianapolis, IN 46205
- Progress House, 201 Shelby St., Indianapolis, IN 46202
- Lebanon Health Center, 1600 W. Main St., Lebanon, IN 46052
- May House, 6775 SR 32, Anderson, IN 46011

In addition to building locations, specialized behavioral health services are provided in several group living homes.

Aspire provides behavioral health services in many community based locations, as well as multiple schools:

County	Number of Schools
Boone	6
Hamilton	6
Grant	2
Madison	18
Marion	14

### Collaboration

Aspire works collaboratively with partners across its service area. Aspire believes that collaboration is necessary to provide the highest quality of care to everyone who needs

---

<sup>4</sup> Location(s) for Hancock and Shelby Counties are being researched, with a community need profile and service design needing to be finalized before decisions on locations will be made.

it. A comprehensive list of organizations with whom Aspire has current MOUs is included in Attachment C.

## **8.2. Scope of Services**

Aspire's approach serves as a model for a comprehensive community health system, one that recognizes the interconnected nature of physical health, mental well-being, and substance use recovery. Rather than offering services in isolation, Aspire integrates care across disciplines and locations, making it easier for individuals and families to access the full range of support they need under one umbrella.

Aspire Indiana Health, Inc provides a full continuum of Behavioral Health Services, including those required by Indiana Administrative Code, within our certification as a Community Mental Health Center. These services are provided within the scope of an individualized treatment plan and are designed to prevent unnecessary and inappropriate treatment and hospitalization as well as the deprivation of a person's liberty. Services include:

- **Crisis Services**

Provides crisis management services to people 24 hours per day 7 days per week through a call center operation (crisis line) and through direct access via 24/7 Mobile Crisis services. Additionally, the Crisis Services team provides continuity of care post hospitalization. Aspire's Crisis Services are part of the Indiana 988 Crisis response System which consists of: Someone to Contact; Someone to Respond; and A Safe Place for Help.

- **Assessment services**

Aspire completes an assessment at first contact to determine urgent, emergent, or routine needs and subsequent pathways of care. The initial assessment includes an evaluation of primary concern, symptoms, screenings for risk, primary care, and social determinant needs. Information informs a comprehensive evaluation if indicated. Initial recommendations are made based on identified needs and patient requests; then referrals and/or linkages are made. Patients are provided with follow up contact and patient navigation until they engage with their ongoing care team.

- **Care Coordination**

A holistic process that begins at intake and helps individuals navigate and ensure smooth transitions through various systems involved across the spectrum of health services. This service supports the provision of comprehensive person-centered care and ensures all services are aligned with the preferences and needs of the individual receiving services.

- **Comprehensive Outpatient Behavioral Health Therapy Services**  
Adult and youth outpatient counseling and treatment services for mental health and substance use disorders are available and provided in individual, group, or family therapy formats. Intensive outpatient care is provided through our Extended Outpatient Treatment for individuals with Substance Use Disorders. Case Management and family support services are offered within this service line, as well.
- **Deaf Services**  
Aspire offers Behavioral Health services to Deaf and Hard of Hearing adults, youth, and families from across the state through a program with the Division of Mental Health and Addiction.
- **Home & Community-Based Services**  
Recovery-oriented mental health and substance use disorder services are provided in home and community based settings to assist those with severe mental illness, severe emotional disturbance (youth) or chronic addictive disorders. In addition, we provide Wraparound facilitation services, Family Preservation services (in collaboration with DCS) and intensive community and school-based services to youth and families. Additionally, we provide Social Security Payee services to people suffering from Serious Mental Illness.
- **Assertive Community Treatment (ACT)**  
ACT provides high intensity, community-based services to qualifying individuals who may be at risk for longer term institutionalization.
- **Residential Services for Adults with Psychiatric Disorders**  
Supported Group Living programs offer Recovery-focused, person-centered residential programs concentrated on skill development to assist residents with a serious mental illness in returning to the least restrictive environment. 24-hour residential care, case management, therapy, skills training, medication observation, crisis intervention and access to psychiatric and medical care are available within our programs at May House, Hartung, Hudson and Questend group homes.
- **Peer Services**  
Aspire prioritizes the involvement of Peer Specialists throughout our continuum of services including, but not limited to, Crisis response, Addictions and Recovery services, and Home & Community Based

Services.

- **Recovery Residences**

Aspire Indiana Health provides men's recovery residence services with additional behavioral health and medical services for individuals with chronic addiction. Associated step-down programs facilitate a phased transition from formal support to community-based services.

- **Intensive Outpatient Services (IOT)**

IOT is an organized treatment program that provides rehabilitation for alcohol and other substance use or dependency. Programming involves a minimum of three sessions per week, three hours each, and includes individual and group counseling, education, peer services, and recovery and life skill-building activities.

- **Residential Services for Adults with Substance Use Disorders**

Aspire Indiana Health operates a licensed Sub-Acute facility that offers treatment at ASAM 3.1 and 3.5 levels of care. These services include primary care, psychiatric support, medication assisted withdrawal and medication management, therapeutic group and individual services, recovery support services, case management and discharge planning.

- **Acute stabilization** (including detoxification) and Day Treatment services are provided through contracted partners.

Aspire also provides a full continuum of medical services in accordance with its designation as a Federally Qualified Health Center. These services include:

- **Wellness and Prevention**

Targets the promotion of wellness and prevention of disease through the age continuum and provides services to ensure continued, consistent primary care through wellness exams, physicals, and appropriate behavioral and physical health screens as indicated, including pain assessment.

- **General Primary Medical Care**

Services include screenings, voluntary family planning, gynecological and perinatal services, immunizations, well child services, and health education.

- **Acute and Chronic Illness Care**

Primary care service not only offers timely access to meet acute care diagnosis and treatment, it also offers support for chronic disease management. Moving beyond symptom management, this approach takes an integrated, biopsychosocial approach to help patients understand their disease and co-develop treatment plans to achieve their health goals.

- **Remote Patient Monitoring**

Remote patient monitoring (e.g., blood pressure, weights, and glucometers) may be available complete with integration of readings into the Electronic Health Record (EHR).

- **Infectious Disease Management**

Housing support, testing, education, and treatment options for individuals living with or at high risk of HIV/AIDS and Hepatitis C are provided, as well as non-medical case management for HIV, HCV, and PrEP patients.

- **Psychiatric Medication Evaluation and Monitoring**

The assessment, prescription, and monitoring of medication effects including potential medication interactions is provided.

- **Medication Assisted Treatment (MAT) & Medications for Opioid Use Disorder (MOUD)**

This program offers medication to patients with substance use disorders as a component of a whole-person treatment approach. Informed by evidence-based best practices, MAT/MOUD is offered to individuals who demonstrate a willingness to engage in the recovery process.

- **Laboratory Services**

Blood draws and point of care testing (i.e. strep testing, flu testing, blood glucose testing, urine pregnancy and others) can also be completed during an appointment.

- **Pharmacy Services**

Our pharmacy services are an essential link in our integrated team-based care model. Embedded within our clinics, services include:

- Dispensing a wide array of medications for acute and chronic needs, as well as certain specialty medications;
- Resources to support medication safety (e.g. safety packaging, compliance packaging, medication reconciliation;



- Clinical pharmacy supports (e.g. medication therapy management, medication education to promote adherence); and
  - Affordability resources (e.g. patient eligibility programs and sliding fee scales).
- **Specialty Medical Services**  
Aspire Indiana Health offers a focused scope of specialty services to our patients. Services include a comprehensive disease program offering an integrative health approach to rheumatologic, dermatologic, and specific neurologic conditions via telehealth channels. Aspire also offers specialty consultation in rheumatology, dermatology, and headache neurology via on-site and telehealth channels.

Aspire Indiana Health, Inc provides a sizable continuum of services designed to address social drivers of health.

- **Benefits Counseling**  
Aspire offers work incentives and planning assistance through our Indiana Works Program. We provide Social Security beneficiaries with accurate benefits information related to their entitlement funds, empowering individuals to make informed decisions and successfully enter the workforce. We also help individuals sign up for benefits.
- **Housing Services**  
Coordination and assistance to those in need of housing is available. Through a variety of funding streams and partnerships, we are able to assist people with housing stability by maintaining current housing or obtaining reliable, safe, and affordable housing.
- **Employment Services and Counseling**  
Employment services help individuals address employment needs such as obtaining employment and building skills to retain employment. Aspire can help with creating resumes, developing interview skills, and workplace accommodations.
- **Medical Legal Partnership Services (MLP)**  
In partnership with Indiana Legal Services, Inc., Aspire looks to civil issues that can impact a person's overall health. MLPs help patients and communities by providing legal aid alongside health care.

- **Translation Services**

Services for non-English speaking and Deaf patients of all ages are available at all of our locations through interpreters and partnership with interpreting services. Deaf services also utilize telehealth to ensure their interpretive services are immediately accessible.

- **Transportation**

Aspire offers limited availability of transportation to and from Aspire appointments for those who do not have a way to get to their appointment. Referrals to other transportation resources are also available.

### **8.3. Hours of Operation**

Hours of operation vary by location and type of service with evening hours available. Telephonic and behavioral health mobile crisis services are available 24/7, 7 days a week.

We have ongoing patient surveying about the impact of our hours and service locations. The results of these are reviewed at the leadership and Governance levels for updates to our existing sites and hours of operation.

<b>Table 28: Hours of Operation</b>						
	<b>Carmel</b>		<b>Dehaven (Anderson)</b>		<b>Elwood</b>	
	Open	Close	Open	Close	Open	Close
<b>Monday</b>	8:00 AM	8:00 PM	8:00 AM	8:00 PM	8:00 AM	6:00 PM
<b>Tuesday</b>	8:00 AM	5:00 PM	8:00 AM	8:00 PM	8:00 AM	6:30 PM
<b>Wednesday</b>	8:00 AM	8:00 PM	8:00 AM	8:00 PM	8:00 AM	6:00 PM
<b>Thursday</b>	8:00 AM	5:00 PM	8:00 AM	8:00 PM	8:00 AM	6:30 PM
<b>Friday</b>	8:00 AM	5:00 PM	8:00 AM	5:00 PM	8:00 AM	4:00 PM
	<b>Hoak (Anderson)</b>		<b>Lebanon</b>		<b>Mockingbird Hill</b>	
	Open	Close	Open	Close	Open	Close
<b>Monday</b>	8:00 AM	8:00 PM	8:00 AM	8:00 PM	8:00 AM	5:00 PM
<b>Tuesday</b>	8:00 AM	8:00 PM	8:00 AM	8:00 PM	8:00 AM	5:00 PM
<b>Wednesday</b>	8:00 AM	5:00 PM	8:00 AM	5:00 PM	8:00 AM	5:00 PM
<b>Thursday</b>	8:00 AM	8:00 PM	8:00 AM	8:00 PM	8:00 AM	5:00 PM
<b>Friday</b>	8:00 AM	5:00 PM	8:00 AM	5:00 PM	8:00 AM	5:00 PM
	<b>Noblesville</b>		<b>Progress House</b>		<b>Willowbrook (Indianapolis)</b>	
	Open	Close	Open	Close	Open	Close
<b>Monday</b>	8:00 AM	8:00 PM	9:00 AM	4:30 PM	8:00 AM	8:00 PM
<b>Tuesday</b>	8:00 AM	8:00 PM	9:00 AM	4:30 PM	8:00 AM	8:00 PM
<b>Wednesday</b>	8:00 AM	5:00 PM	9:00 AM	4:30 PM	8:00 AM	8:00 PM
<b>Thursday</b>	8:00 AM	8:00 PM	9:00 AM	4:30 PM	8:00 AM	5:00 PM
<b>Friday</b>	8:00 AM	5:00 PM	9:00 AM	4:30 PM	8:00 AM	5:00 PM

## Residential Services

Aspire operates multiple residential service locations and group homes that maintain hours that vary from the posted clinic hours, including Progress House, Mockingbird Hill, and May House and group homes. Patients living or residing in these locations have 24/7 access to care with in-house services beyond services available through Aspire's integrated clinics listed above.

## 8.4. Strategic Plan & Summary of Action Steps

The value of the CHNA is in its use and application to the development of strategic plans, service designs, staffing plans, and community planning. In brief, to guide the alignment between needs and action. Following our mission of “providing compassionate, patient-centered care, empowering people to live healthier lives” and responding to this CHNA, Aspire’s strategic plan is centered around three strategic priorities, and their accompanying strategic initiatives:

1. **Broaden Aspire’s reach and deepening impact through new services, locations, and partnerships.** This will mean:
  - a. Strengthening timely access to medical care through expanded capacity, expertise, and services,
  - b. Expanding access to Social Impact services,
  - c. Advancing Aspire’s crisis care continuum,
  - d. Expanding addiction treatment and recovery services, emphasizing the lived experience of those in recovery,
  - e. Launching in-house pharmacy services; and,
  - f. Optimizing the integrated care model to ensure all patients can access every type of care they need.
2. **Cultivate a diverse, skilled and engaged workforce that drives Aspire’s mission forward.** Achieving this priority will require:
  - a. Strengthening workforce through expanded training and professional development,
  - b. Enhancing employee well-being and retention; and,
  - c. Investing in a reward and recognition approach that promotes retention and recruitment.
3. **Enhance Aspire’s infrastructure and resources to fuel sustainable growth.** Planned investments include:
  - a. Simplifying organizational governance system and corporate structure,
  - b. Projecting a reenvisioned, unified brand that reflects and supports Aspire’s vision,
  - c. Transitioning to a new, unified EHR that advances inter-department collaboration and connection to its healthcare partners,
  - d. Expanding and strengthening Aspire’s philanthropic partner network; and,
  - e. Developing a strategic plan for facilities that is aligned with agency goals.

The priorities and initiatives outlined above were born out of responsiveness to the findings of this CHNA, as well as continued efforts to meet and exceed the requirements of CCBHC & FQHC designations. Below are a selection of key action items informed by the CHNA and aligned with CCBHC requirements:

- **Support fiscally responsible utilization of the healthcare system:**
  - Increase services available through Financial Navigators to promote proper insurance and benefits utilization and financially informed care utilization, with a focus on affordability.
- **Strengthen Coordination of Care:**
  - Implement systems and protocols to enhance communication between mental and physical health services, ensure more coordinated and holistic treatment, especially during crises
  - Expand patient navigation to all patients for efficient utilization of the healthcare system.
- **Promote Workforce Development Partnerships:**
  - Develop strategies to address workforce shortages for both general and mental healthcare providers, including through recruitment incentives, training programs, or telehealth expansion.
- **Expand addiction treatment and recovery services, emphasizing the lived experience of those in recovery:**
  - Expand peer programming to include enhanced oversight by peer leaders and increased programming for family supports
- **Expand and optimize the Addiction Treatment and Recovery Supports continuum:**
  - Develop targeted outreach and treatment programs specifically for women.
  - Retain patients in Aspire full array of services as a medical home, by utilizing both motivational interviewing and person-centered recovery approaches.
- **Prioritize ongoing training opportunities for providers:**
  - Provide staff training in evidence based practices and population specific focuses including youth and family needs; dually diagnosed individuals; and the aging population
- **Address chronic diseases through effective disease management:**
  - Expand speciality care services and comprehensive disease management targeted at underserved conditions
- **Integrate standardized screening patients for social drivers of health:**
  - Create awareness of services available, improve collaboration among staff and community partners, and incorporate social drivers of health into treatment planning.

## 9. CONCLUSION

The contemporary nature of this assessment and the robustness of methodology in its completion gives Aspire confidence in its usefulness for integration into our strategic planning activities in the spring of 2025. The relevance of its findings to our work and the confluence with the findings of CHNAs from other organizations demonstrates its value as a reliable tool. This assessment will continue to be utilized in maintaining clarity of direction as plans for services and staffing are deployed over the next three years.

**Aspire would like to thank all of its patients, staff, and community partners who lent their time and voices to this assessment, for the betterment of their community. Thank You!**