After two years of working out potential solutions to their mental healthcare provider crisis, members of the Tippecanoe County Mental Healthcare Forum are introducing the results of their work. From legislative advocacy to the introduction of new support programs, a new graduate program at Purdue University, and a psychiatric crisis stabilization unit preparing to open at one of the area hospitals, the Forum has found local solutions to local problems. More than that, the Forum has inspired wide ranging changes in the community. Local agencies and clinics have stepped up and have invested in more services for youth and addiction. The Forum has also helped invigorate the local grassroots peer support movement. By encouraging and enabling collaboration among community stakeholders that were previously too locked in competition to attempt alliances, the Forum has achieved far more in the past two years than anyone had believed possible.
Background

In the spring of 2016, Tippecanoe County, Indiana, was facing an acute mental healthcare provider crisis. Local clinics were having months-long delays for seeing new patients, several had closed their waiting lists altogether. Three local agencies, the National Alliance on Mental Illness West Central Indiana (NAMI-WCI), Mental Health America of Tippecanoe County (now MHA Wabash Valley Region), and the United Way of Greater Lafayette called community leaders to a countywide Mental Healthcare Forum to collaborate on possible solutions to the workforce shortage that forced clinics to turn away patients who needed care. A benchmarking survey was conducted among the 9 largest providers of psychiatric services, therapy, and casework to determine the obstacles faced by patients trying to access services, as well as those of the clinics trying to provide them. A central question concerned the actual size of the mental healthcare workforce and the number of openings the providers were willing and able to fill at the time. After the first three meetings of the Forum, goals and strategies were formulated and summarized in a White Paper entitled “The Mental Healthcare Forum of Tippecanoe County, Indiana: A County’s Collaborative Response to Its Mental Healthcare Provider Crisis.”

Within the time span of two years, the Mental Healthcare Forum of Tippecanoe County met ten times. In between Forum meetings, smaller subcommittees focused their efforts on specific action items. After two years, solutions have been implemented which are directly addressing the needs of Tippecanoe County and the surrounding counties that are served by its providers. The benchmarking survey has been repeated two years into the process to give a first glimpse into the development of mental healthcare workforce issues in the county. It has been suggested that the study be carried out at two-year intervals in order to monitor if the solutions found are staying current with the county’s needs.

Mental Healthcare Provider Needs in Indiana and Tippecanoe County 2018

Correlating prevalence of mental illness to access of care, MHA’s “The State of Mental Health in America 2019” lists Indiana as 42nd of 50 states (plus the District of Columbia). According to that study, 24.5% of adults in Indiana report dealing with mental illness and not being able to receive the treatment they need. Indiana places 46 of 51 for “unmet need” and 43rd in provider to patient ratio. The ratio of patients to any type of mental healthcare provider (psychiatrist, therapist, nurse, caseworker) in Indiana is 700 to 1.
The “2018 Community Health Needs Assessment” by North Central Health Services quotes similar numbers, yet once the provider ratio is broken down by county for Tippecanoe and 9 surrounding counties, it becomes apparent why Tippecanoe County is playing such a vital role in the mental healthcare landscape of West Central Indiana:

**Number, rate, and ratio of mental health care providers by county**

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Rate per 100,000 Population</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>1</td>
<td>12</td>
<td>8,681:1</td>
</tr>
<tr>
<td>Carroll</td>
<td>12</td>
<td>60</td>
<td>1,655:1</td>
</tr>
<tr>
<td>Clinton</td>
<td>8</td>
<td>25</td>
<td>4,076:1</td>
</tr>
<tr>
<td>Fountain</td>
<td>9</td>
<td>54</td>
<td>1,843:1</td>
</tr>
<tr>
<td>Jasper</td>
<td>15</td>
<td>45</td>
<td>2,231:1</td>
</tr>
<tr>
<td>Montgomery</td>
<td>33</td>
<td>86</td>
<td>1,158:1</td>
</tr>
<tr>
<td>Newton</td>
<td>1</td>
<td>7</td>
<td>14,008:1</td>
</tr>
<tr>
<td>Tippecanoe</td>
<td>237</td>
<td>128</td>
<td>784:1</td>
</tr>
<tr>
<td>Warren</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>White</td>
<td>10</td>
<td>41</td>
<td>2,429:1</td>
</tr>
<tr>
<td>Indiana State</td>
<td>9011</td>
<td>136</td>
<td>735:1</td>
</tr>
<tr>
<td>US National</td>
<td>na</td>
<td>na</td>
<td>500:1</td>
</tr>
</tbody>
</table>

With statistics this extreme, any change in the number of providers is bound to have an enormous impact for the population served. The ratios also indirectly point to one of the major difficulties for mental healthcare professionals working in this environment: impossible case loads and high rates of burnout. Combined with low salaries due to low reimbursement rates by health insurances, mental healthcare professions do not appear as very attractive career choices.

The Mental Healthcare Forum is a meeting of Tippecanoe County agencies and clinics. However, the above-mentioned statistic makes clear that clients from the surrounding counties heavily rely on services offered in Tippecanoe County. Valley Oaks Health has extension clinics in Rensselaer, Otterbein, Monticello, Delphi, Frankfort, Crawfordsville, and Attica. NAMI-West Central Indiana serves Tippecanoe and the seven surrounding counties. In April 2018, Mental Health America of Tippecanoe County expanded their service area to include five
additional counties bordering Tippecanoe County and have changed their name to reflect this expansion. Their new name is Mental Health America – Wabash Valley Region Inc. and they now serve Benton, Carroll, Fountain, Tippecanoe, Warren and White counties.

**Changes in the Provider Landscape of Tippecanoe County**

Between 2016 and 2018, the providers of mental healthcare in Tippecanoe County have undergone a number of significant changes. All clinics added or expanded their addiction treatment services to meet the growing need of the opioid epidemic. Several of the larger clinics saw a change in leadership.

- Wabash Valley Alliance, the local Community Mental Health Center underwent rebranding and a name change and is now called Valley Oaks Health. They have retooled their addictions services, offering a medication assisted addictions program.
- Sycamore Springs, a private mental health inpatient facility, acquired Alpine Clinic, a large existing outpatient clinic, opened a new outpatient youth and adolescent program called Changes, as well as Limestone Health, a clinic offering medication assisted addictions services.
- Franciscan Health closed its psychiatric inpatient facility to reopen as a 23-hour Crisis Stabilization Unit called EmPATH, and added a medication assisted addictions program for pregnant women.
- River Bend Hospital, another psychiatric inpatient facility, changed its management company to Meridian Health.
- Meridian Health opened a new 16-bed addictions recovery center and started providing outpatient services at Wabash Center for individuals with a dual diagnosis of intellectual and developmental disorders.

A number of these changes in direction were under way independently of the Forum’s efforts, others were indirectly influenced by it, and a few that will be discussed in the following were directly initiated through the Forum.
In 2018, Tippecanoe County has a larger and broader array of mental healthcare services than in 2016. The ten larger providers serve approximately 17,550 unduplicated individuals. They are in alphabetical order:

1. **Bauer Family Resources**, outpatient therapy, intensive outpatient addictions services for Department of Child Services referrals. ix
2. **Counseling and Psychological Services** at Purdue University, offering therapy, care management, drug treatment and psychological testing to the Purdue student population. x
3. **Franciscan Health**, full service hospital, including outpatient psychiatric services and therapy and starting in 2019 EmPATH, a 23-hour psychiatric crisis stabilization unit. xi
4. **IU Health Arnett**, full service hospital, including integrated behavioral health, outpatient psychiatric services. xii
5. **Meridian Health**, management company for River Bend Hospital, also independently operates an addiction recovery center (16 beds inpatient) and outpatient mental health services for individuals with intellectual or developmental disorders. xiii
6. **Riggs Community Health Center**, Federally Qualified Health Center, outpatient health services including medication assisted treatment of drug addiction and limited psychiatric services (via tele-medicine). xiv
7. **River Bend Hospital**, a 16-bed psychiatric inpatient hospital. xv
8. **Sycamore Springs**, private clinic, includes psychiatric inpatient (24 beds for mental health, 24 beds for addiction services) and intensive outpatient services. Since 2018 also includes **Alpine Clinic** outpatient psychiatric and therapy, **Changes**, intensive outpatient youth services, and **Limestone Health** for medication assisted treatment of drug addiction. xvi
9. **Valley Oaks Health (formerly Wabash Valley Alliance)**, Community Mental Health Center with affiliates in seven surrounding counties, also overseeing an Assertive Community Treatment team, a Projects for Assistance in Transition from Homelessness team, in-school programs, addictions treatments, hybrid homes, and a group home facility. xvii
10. **Willowstone Family Services**, outpatient therapy. xviii

In addition to the ten agencies who took part in this survey, the county has a number of smaller clinics and private mental healthcare practices.

These providers offer outpatient psychiatric services, therapy and casework for children, adolescents, adults, and seniors. There are three inpatient facilities with a total of 80 beds for adults only (40 psychiatric, 40 addiction).
Tippecanoe county has no psychiatric inpatient facility for patients under the age of 18. During the last two years, most clinics have made efforts to streamline their waitlist processes, giving priority to the most urgent cases. However, the average time on the waitlist is still around 5 weeks before a new patient can be seen. As of November 2018, no provider has closed their waitlist. Acceptance of a broader spectrum of insurances has significantly widened over the last two years, with more Medicaid/HIP patients being accepted.

When asked about the greatest barriers to access of care and what needs to change, the answers from clinic CEOs and directors are not too different from those two years ago: low reimbursement rates and lack of qualified applicants for open positions were mentioned by almost all. However, one of the issues that was discussed in 2016, the disconnected “silos of care” and the lack of community resources to ensure a continuum of care, was mentioned only by one provider. The close collaboration between the clinics that have taken part in the Forum and the establishment of the “Navigator” position at MHA have been mentioned as positive changes in the community that are changing the situation for providers and clients alike.

### Number of providers working in the clinics surveyed in Tippecanoe County

<table>
<thead>
<tr>
<th>2016</th>
<th>Actual workforce</th>
<th>Locums</th>
<th>Looking to hire over 2016 numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>13.6</td>
<td>4</td>
<td>9 (+ 66%)</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners (PNPs)</td>
<td>11</td>
<td>2</td>
<td>8 (+ 73%)</td>
</tr>
<tr>
<td>Psychiatric Nurses (PNs)</td>
<td>38.5</td>
<td>5</td>
<td>5 (+ 13%)</td>
</tr>
<tr>
<td>Therapists (all levels)</td>
<td>79</td>
<td>32</td>
<td>32 (+ 41%)</td>
</tr>
<tr>
<td>Caseworkers</td>
<td>100</td>
<td>55</td>
<td>55 (+ 55%)</td>
</tr>
</tbody>
</table>

Obtaining the 2016 workforce numbers was not an easy task. Due to the extreme workforce shortage and the high demand, local area clinics had been in competition for the same specialists, who frequently were wooed away from one clinic to another. The “looking to hire” numbers were given as wishes that were seen as unlikely to be fulfilled in the near future. However the case may have been for single agencies, for Tippecanoe County as a whole these wishes have almost come to pass within two years:

<table>
<thead>
<tr>
<th>2018</th>
<th>Actual workforce (actual increase)</th>
<th>Locums</th>
<th>Looking to hire over 2018 numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>22 (+ 62%)</td>
<td>1</td>
<td>6 (+ 27%)</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners (PNPs)</td>
<td>17 (+ 55%)</td>
<td>6</td>
<td>6 (+ 35%)</td>
</tr>
<tr>
<td>Psychiatric Nurses (PNs)</td>
<td>61 (+ 58%)</td>
<td>5</td>
<td>5 (+ 8%)</td>
</tr>
<tr>
<td>Therapists (all levels)</td>
<td>91.5 (+ 16%)</td>
<td>35</td>
<td>35 (+ 38%)</td>
</tr>
<tr>
<td>Caseworkers</td>
<td>144 (+ 44%)</td>
<td>52</td>
<td>52 (+ 36%)</td>
</tr>
</tbody>
</table>
Number of providers working in the clinics surveyed in Tippecanoe County

![Graph showing the number of providers working in the clinics surveyed in Tippecanoe County.]

2016 Stated Need Compared to 2018 Actual Increase

- Psychiatrists
- PNP
- PNP
- Therapists
- Caseworkers

- Jun-16 looking to hire
- Jun-16 locums
- Jun-16 current workforce

- Nov-18 looking to hire
- Nov-18 locums
- Nov-18 current workforce

2016 Stated Need
Compared to 2018 Actual Increase

<table>
<thead>
<tr>
<th>Profession</th>
<th>Stated Need 2016</th>
<th>Actual Increase by 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td></td>
<td>66%</td>
</tr>
<tr>
<td>Caseworkers</td>
<td></td>
<td>62%</td>
</tr>
<tr>
<td>PNPS</td>
<td></td>
<td>55%</td>
</tr>
<tr>
<td>PNS</td>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>Therapists</td>
<td></td>
<td>41%</td>
</tr>
<tr>
<td>Caseworkers</td>
<td></td>
<td>16%</td>
</tr>
</tbody>
</table>

- Stated need 2016
- Actual increase by 2018
Comparing the 2016 wishes to the actual workforce hired by 2018, it becomes clear that although none of the fields reached the capacity employers were hoping for in 2016, the numbers did get surprisingly close. This is especially the case for psychiatrists. Caseworkers and psychiatric nurse practitioners had larger gaps. The two professions that did not show anticipated developments were therapists and psychiatric nurses (that are not at master’s level and therefore not prescribers). Credentialed therapists of all levels are still very hard to come by. Although the Forum had supported a change in state legislation that aimed to ease the credentialing of therapists and that had indeed passed into law in 2017, the actual credentialing process is still too slow to have much of an impact. There has been an unexpectedly large number of nurses hired in Tippecanoe County because Meridian Health Services has opened a new inpatient facility that was not counted in the 2016 projections.

In conclusion, the mental health workforce has increased by a significant and unexpected margin. Yet while the growing need for services has raised the bar on how many employees the ten larger clinics are seeking in 2018/2019, the gap between workforce employed and workforce sought has markedly decreased. In actual numbers, the clinics are looking for about as many new employees in 2018/2019 as they had in 2016. However, when comparing the percentages of need to that of the existing workforce, the open positions appear as only half the percentage of 2016. With new psychiatric nurses and psychiatric nurse practitioners graduating from Purdue and entering the workforce in the next two years, the outlook for the 2020 survey is hopeful.

The 2018 survey presents a snapshot in time. However, it would be misleading to assume that all of the increase in workforce is directly linked to the work of the Forum. Nevertheless, several CEOs of clinics have stated in our interviews that the work of the Forum has impressed the need for increased services and therefore the confidence to hire more employees. Riggs Community Health Center (the local Federally Qualified Health Center) stated:

“Riggs has been directly impacted by the work of the Mental Healthcare Forum of Tippecanoe County. The meetings led by the organization have helped to steer the focus of Riggs as the Behavioral Health Program has grown. Examples of this include Riggs’ addition of addictions counseling based on needs identified in meetings, and help for adolescents being available.”

This was exactly the kind of individual clinic response the Forum had hoped to encourage. Most of the direct actions initiated by the Forum, which will be outlined in the next section, were aimed at longer term results. These will more likely manifest themselves after the next survey in 2020.
Local Solutions to Local Problems: Direct Results of the Forum Work

1. Legislative Change

The Forum’s legislative efforts largely focused on raising awareness among state legislators of the situation in the community and the need for change at the state level. Forum participants did not write legislation but supported several existing bills that were aimed at alleviating the workforce shortage. The Forum also endorsed legislative priorities as stated by the MHA and NAMI state organizations as well as the Indiana Council of Community Mental Health Centers. Two local state representatives were present at most of the Forum meetings, the local state senator kept in touch and facilitated meetings between Forum representatives and key senators. The Mental Healthcare Forum provided local perspective for several bills, some of which passed. From a community standpoint, the Mental Healthcare Forum provided a space that focused on creating a plan that addressed gaps in the current system and moving action items forward in the community. A sample endorsement letter is provided in the appendix.

Concrete actions:

- Forum members signed statements of support for State bills
- Forum members met with State Senators in Lafayette and Logansport to discuss needs and concrete legislative ideas
- Tippecanoe County's Mental Health Care Network and the DrugFree Coalition hosted their annual Legislative Forum on Mental Health and Addiction, following the legislative needs identified by the Forum
- Forum members participated in the local Third House
- NAMI-WCI was part of the NAMI-IN delegation that met with staff of US senators in Washington, DC, presenting the first White Paper
- A Chamber of Commerce delegation traveled to Washington, DC, stressing mental healthcare reform as one of the needs of the county.

2. Purdue University Psychiatric/Mental Health Nurse Practitioner (PMHNP) Graduate Program

The Forum identified the lack of sufficient qualified prescribers of psychotropic medications as one of the biggest problems caused by the provider shortage in Tippecanoe County. The staffing subcommittee brainstormed a number of options, including scholarships and loan forgiveness programs for medical students choosing to study psychiatry and agreeing to settle in Tippecanoe County. Eventually it was decided that these solutions would take too long to be making a difference in the current situation. Instead, local psychiatric nurses
could be aided in pursuing graduate studies to become psychiatric nurse practitioners – and therefore able to prescribe. Also, existing NPs could receive a psychiatric certification. These programs would take only one to two years to complete and would focus on professionals already settled in the area and unlikely to move.

North Central Health Services (NCHS), which provides local grants to improve the health care of Tippecanoe and the surrounding counties, supplied an enabling fund to the Nursing School of Purdue University to establish such a program. The Community Foundation of Greater Lafayette\textsuperscript{xiii} pledged to help with scholarships to local nurses to complete the required programs. Every year, two nurses are receiving a scholarship from the Community Foundation. By spring of 2018, Purdue enrolled the first nurses into their new program, and four of these students have already been awarded Community Foundation scholarships.

The psychiatric/mental health nurse practitioner graduate program focuses on promoting mental health and applying evidence-based assessment and treatment strategies to individuals and families across the lifespan. PMHNPs lead psychiatric and addiction treatment teams, develop program policies, and engage in patient advocacy, education and research.

Program Features

- Multidisciplinary study in a 630-hour preceptorship.
- Five-semester program that consists of 49 credit hours.
- Research opportunities on the Purdue West Lafayette campus.
- Distance learning technology.
- Research and practice opportunities at Purdue's nurse-managed clinics.

The Purdue psychiatric/mental health nurse practitioner graduate curriculum has a lifespan approach, allowing graduates to implement evidence-based treatment in the form of psychotherapeutic and psychopharmacologic techniques in a variety of settings. Graduates may choose to provide psychiatric and/or substance use treatment in different areas.

The Psychiatric/Mental Health Nurse Practitioner Certificate Program offers a curriculum for individuals who already hold a master's degree in nursing from an accredited institution, such as an adult gerontology nurse practitioner, family nurse practitioner or pediatric nurse practitioner. The program may be completed in three semesters consisting of 17 credit hours and a 630-hour clinical practicum.
There are four points of entry into the program; Bachelor of Science in Nursing to Master of Science in Nursing, traditional 2-year master’s program, and psychiatric certification for practicing Nurse Practitioners and non-practicing Nurse Practitioners. By fall of 2018, the total number of students in each program, including those that are accepted and will begin this next academic year are: 3 bachelors to masters students, 13 traditional psychiatric/mental health nurse practitioner masters students, and 7 psychiatric certification students. The nursing school is actively promoting the program and reports that the interest in the program has been rising.

3. **Franciscan EmPATH (Emergency Psychiatric Assessment Treatment and Healing): Crisis Stabilization Unit at Franciscan Health**

The Franciscan EmPATH unit is an answer to a call made in 2016 by the Mental Healthcare Forum of Tippecanoe County and will serve as part of a strategic plan by the Forum. Franciscan saw the need documented by the Forum for a crisis stabilization unit in the community and soon began investigating the possibility of developing such a unit.

Over time, the Franciscan team evaluated a number of different care models and eventually identified the EmPATH model developed by Dr. Scott Zeller with Vituity as the one that would best meet the needs in the Lafayette community. EmPATH is an acronym for Emergency Psychiatric Assessment Treatment and Healing.

The new unit will help to address a critical shortage of resources and professionals and will improve the continuum of care across service providers, including hospitals, emergency rooms and mental health professionals. It will serve as a bridge between emergency room patients experiencing a mental health crisis and resources in the community. Patients admitted to the unit will receive immediate psychiatric treatment for up to 23 hours while psychiatric professionals determine the best service provider to address the individual's needs.

Dr. Zeller believes the traditional model of caring for these patients experiencing psychiatric emergencies is simply the wrong care model. The majority of psychiatric emergencies can be stabilized in less than 24 hours. The EmPATH model provides a more relaxing atmosphere for patients than the ED and provides various calming techniques and de-escalation. This helps to avoid the need in most cases for restraints and over-sedation.

The model is built on Dr. Zeller’s six goals of emergency psychiatric care:

- Exclude medical etiologies and ensure medical stability
- Rapidly stabilize the acute crisis
- Avoid coercion
- Treat in the least restrictive setting
- Form a therapeutic alliance
- Formulate an appropriate disposition and aftercare plan

The patient benefits from the CSU model include:

- 24/7 access to board certified psychiatrists
- Improved patient satisfaction
- Focus on high quality, timely assessments
- Full evaluation, risk assessment, diagnosis, treatment and disposition recommendations
- Care plan collaboration with in-person providers

The opening of the EmPATH unit is scheduled for the end of 2018 / beginning of 2019.

4. **MHA Navigator**

The Forum’s Continuum of Care committee established short-term, intermediate term and long-term goals. The committee’s #1 intermediate goal was to establish a program “...to coordinate mental health services in the community.” Mental Health America – Wabash Valley Region (MHA) was requested to “provide a coordinated point of entry for individuals seeking mental health service.” Navigators “...would be assigned the task of helping individuals find the appropriate service provider (based on insurance coverage and other factors), get them an appointment or on the waiting list, and follow up to make sure the individual follows through on that appointment.”

In January of 2018, MHA launched the pilot program Mental Health Navigator Services. This pilot program is now the starting point for individuals wanting to access mental health services, and facing challenges or barriers in doing so. MHA Navigators provide free services to anyone seeking assistance in securing mental health services. Navigators work with each contact and create a personal plan to navigate through the mental healthcare system. The Navigators continue working with the contacts until appropriate clinical services are accessed.

During the first ten months of operations, the pilot program has successfully assisted individuals facing the following barriers to services:
• Insurance and lack-of-insurance related issues
• Inability to be accepted as a patient
• Needed service not available in our county
• Language barriers
• Lack of transportation
• Self-imposed and perceived barriers

The Mental Health Navigator Services pilot program will continue to accept self-referrals and community organizations’ referrals in 2019. The program is also expanding to accept an increase in referrals from the courts. Mental health clinics actively involved in the Mental Healthcare Forum are also involved in the pilot program. Chief executive officers and directors of each clinic have signed letters of intent stating their intention to actively participate in the Mental Health Navigator Services pilot program. Representatives from these clinics sit on the Mental Health Navigator Services Council. During interviews that accompanied the 2018 survey, several CEOs and clinic directors named the MHA Navigator program as one of the services they have started utilizing and that shows great potential in eliminating previously existing barriers among providers. This pilot program is funded by grants from North Central Health Services, The Community Foundation of Greater Lafayette, and United Way of Greater Lafayette.

5. **Frequent User Interagency Collaboration Model**

The continuum of care subcommittee has been exploring ways to track and eventually focus care on the “Frequent User” population. These are individuals who are using the local jail, emergency rooms, and homeless services more than three times each throughout the year. This at-risk population is housing and food insecure, does not have healthcare providers or caseworkers, is frequently self-medicating underlying mental illness with illegal drugs, and recurrently circulates through correctional facilities. Without family or other social networks, the frequent users will continue to be served at high social and financial cost to Tippecanoe County – without receiving the help they need to break the cycle. A collaborative group of representatives from the City of Lafayette, Franciscan Health, LTHC Homeless Services, Valley Oaks PATH Homeless Outreach Street Team, and NAMI-WCI has started working on possible solutions. The FUSE group has been exploring ways of tracking this segment of the population through their frequent involvements with law enforcement, shelters and hospitals in order to focus concentrated services on those who need them most. The Frequent User Interagency Collaboration Model is still in its development stage.
6. NAMI-WCI’s Grassroots Initiatives

In keeping with their mission as a grassroots organization, the National Alliance on Mental Illness – West Central Indiana has found answers to serve the needs of the most vulnerable section of the population as identified by the Frequent User subcommittee of the Forum. This approach consists of several initiatives, which interlace to form a comprehensive support net for individuals in crisis:

**Trusted Mentors**

With social service agencies stretched to the limit and understaffed, non-profit organizations and community volunteers are called upon to fill the gaps. NAMI-WCI together with Valley Oaks’ homeless outreach caseworkers (PATH Street Team) and the homeless liaison of the city of Lafayette, have identified an organization in Indianapolis that has shown factual results in helping the frequent user population become and stay housed and prevent recidivism, by pairing them with trained community mentors. **Trusted Mentors** has existed as a stand-alone nonprofit organization for the past 14 years, serving at-risk populations: homeless, ex-offenders, and transitional youth. Financed by a pilot grant from the United Way of Greater Lafayette, Trusted Mentors of Indianapolis has granted NAMI-WCI an exclusive license to operate the Trusted Mentor model in West Central Indiana. NAMI-WCI educators have been trained by Trusted Mentors, have conducted their own mentor training in Lafayette in the summer of 2018, and made the first mentor-mentee matches.

**“NAMI Café”**

Sponsored by Franciscan Health, NAMI-WCI is moving into a building in the center of the neighborhood that sees a lot of foot traffic from the frequent user population. With this move, the organization will be opening a drop-in-center that will be run as a Peer-Led Recovery Center and take the outer form of a café. Knowing that many people served by NAMI are not comfortable in clinic environments, the space will be as welcoming and home-like as possible, providing a free “coffee shop atmosphere.” At least half of the staff will be comprised of individuals living in advanced stages of recovery with mental illness. The café will be staffed by certified individuals that are either Certified Recovery Specialists or Community Health Workers. All are trained as Peer Union Counselors, a program provided by the Labor Engagement Council at United Way of Greater Lafayette. Trained NAMI volunteer peer facilitators can provide impromptu support groups if the need arises. Within the “NAMI Café”, a number of programs will be housed, including traditional NAMI signature education and support programs for individuals living with mental illness and their family members, social gatherings, and
the new Trusted Mentor program. The NAMI Café will serve those individuals who have social, emotional or occupational needs and can be helped before they reach a crisis situation. Individuals in crisis who do not have transportation to the EmPATH unit at the Franciscan East campus can connect to services at the café.

Five Step Jail Exit – Community Reentry Program

NAMI-WCI has been involved in outreach to the incarcerated population for the past five years, providing awareness presentations and exit planning at Tippecanoe County Jail. For the past year NAMI-WCI has provided NAMI signature programs at Tippecanoe County Community Corrections. As of 2018, NAMI-WCI instructors have been certified as Wellness Recovery Action Plan (WRAP) facilitators by the Copeland Center and offered WRAP classes to the inmates at TCCC. With the start of the Trusted Mentor Program and the opening of the new drop-in-center “NAMI Café”, NAMI-WCI has combined the various elements of outreach to the incarcerated population dealing with mental health issues into a comprehensive five-step program:

- Step 1: raising awareness through “In Our Own Voice” presentation (in jail/corrections facility)
- Step 2: NAMI Connection Recovery Support Group (in jail/corrections facility)
- Step 3: 4-week WRAP training (in jail/corrections facility)
- Step 4: exit planning with a Trusted Mentors (in jail/corrections facility), who will remain connected to the former inmate once released.
- Step 5: becoming part of the NAMI family, utilizing NAMI services, social activities in the NAMI Café

Other Local Mental Healthcare Initiatives Stimulated by the Forum’s Work

The story of the Mental Healthcare Forum has multiple levels. There are direct program creations that occurred (MHA Navigator, Trusted Mentors, Purdue School of Nursing). Then there are organizations and work that was encouraged (Franciscan EmPATH Unit, NAMI Café), and finally developments occurred because the issue was highlighted, and collaboration was stimulated (Riggs).

Two areas that were often mentioned as needing extra attention during Forum discussions were Youth Services and Addiction Services. In the last two years, local agencies and clinics have stepped up to meet this need.

Youth Services:

- MHA expanded its Crisis Center services in December of 2017, to include the “Safe2Talk” texting service. This new text service is open to everyone but is being specifically marketed to junior and senior high
school students, as texting is teens’ preferred means of communication. The teen text line was made possible through a grant by IU Health Arnett and North Central Health Services.

- Purdue University's Counseling and Psychological Services launched an app called Well-Track, designed to help students cope and manage the difficulties of stress, depression and anxiety. Features include coping exercises and educational readings on self-care.

- NAMI-WCI received a private grant to bring the “Ending the Silence” presentation to middle schools and high schools throughout Tippecanoe and the seven surrounding counties. Trained Purdue University students living in advanced stages of recovery with mental illness share their own stories of personal and academic challenges and triumphs with students, teachers and parents.

- Sycamore Springs opened Changes, outpatient programs and services for children and adolescents, ages 5-17 that include: comprehensive psychiatric evaluations and treatment, medication management and monitoring, Psychotherapy, psychoeducational and process groups with a master’s level clinician, family and group therapies, recreational and art therapy, as well as discharge planning and collaboration with schools and providers.

- Tippecanoe County is one of 2 counties in the state of Indiana that has been identified to provide implementation of a new evidenced based treatment program for youth with criminal justice involvement and substance abuse issues. The program is entitled Encompass. Valley Oaks is partnering with Indiana University and Tippecanoe County Youth Services on this program. Our staff have been trained and will be providing individual, family and case management services.

- Recently Valley Oaks entered into an agreement with the Attica School Corporation to expand school-based therapy and case management services. Historically, these services have been targeted to students who have Medicaid as most commercial insurance companies will not cover the intensive level of services that are provided. This new agreement will allow Valley Oaks staff to provide these services to non-Medicaid eligible students who need this service. This agreement models itself upon a similar agreement Valley Oaks has with Newton County to provide school-based services to non-Medicaid eligible students.

- In November 2018, North Central Health Services announced a new grant opportunity for K-12 school corporations serving Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White counties in Indiana. NCHS has allocated $2 million to the Resilient Youth Initiative, to fund planning and implementation grants for proven programs that support social and emotional learning (SEL) and substance use prevention for youth.

- In November 2018, North Central Health Services has offered a Prescription Drug Safety Course to high schools in Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White counties. This digital, interactive program is designed to equip high school students with the knowledge and tools to make healthy, informed decisions around prescription medications, including how to properly use and dispose of them and how to step in when faced with a situation involving misuse. To date, 7 schools have already began to implement the program.
Addiction Services:

- Riggs Community Health Center had started its behavioral health program in 2015, just one year before the start of the Mental Healthcare Forum. They have stated that the decision to expand mental health and addiction services in the last two years, was mainly influenced by the work of the Forum. As first clinic in town to offer medication assisted treatment for their addiction patients (Vivitrol injections), Riggs has played an important part in getting this form of treatment established in the community.

- In summer of 2018, Limestone Health (Sycamore Springs) opened a clinic in Lafayette that specializes in treating addiction to heroin, fentanyl, prescribed medication and other opioids. The outpatient Opioid and Opiate Addiction Treatment Services include: Medication-assisted treatment (Methadone), behavioral therapy, medical exams to ensure safety, and medically-supervised withdrawal and maintenance.

- In 2018, Valley Oaks hired a director of clinical addictions services and an addictions’ trained psychiatrist. They have begun a process of re-tooling addictions services including the initiation of a medication assistance treatment program (in Tippecanoe and Montgomery counties). The program’s target is the prescribing of Suboxone. Valley Oaks also collaborated with the incoming sheriff of Montgomery County to plan and initiate a jail chemical dependency treatment program. This program will begin the first part of January 2019. They hope to replicate this in other counties. Additionally, Valley Oaks has collaborated with numerous other Tippecanoe County services on the initiation of services via the Senate Bill 499 program, and serves as the fiscal agent for a grant from the Division of Mental Health and Addictions for a Tippecanoe County Quick Response Team. Both initiatives are targeted at opioid treatment.

- In October 2018, Meridian Health Services Addictions Recovery Center (ARC) opened a residential 16 bed addictions facility, patients receive 24-hour clinical care providing two levels: residential detoxification and residential treatment. Residential detoxification lasts approximately 3-5 days. Residential treatment follows, providing clients the required structured support for recovery. Clients are treated through whole-person health. That treatment includes behavioral therapy, intensive rehabilitation, wellness education and post-treatment support. Residential treatment is based on individual needs but typically lasts nearly 30 days.

- In November of 2018, Franciscan Health opened a medication assisted treatment program for pregnant women who are addicted to opioids. Their treatment with Buprenorphine is a comprehensive approach with behavioral health counseling and socioeconomic support. The goal of the program is to remove any barriers the patient may have to be treated during their pregnancy.
Peer Support Initiatives

Finally, 2016-2018 has seen a surge of activities in the peer support arena. Peer support is not meant to replace, but complement professional services, as peers in advanced stages of recovery play vital roles in gaining trust of new patients and serving as their role models and supports. During a time of acute provider shortage, like during the crisis of spring 2016, peer support can make all the difference for individuals that are forced to wait months before being seen by a professional. Tippecanoe County has local affiliates of Mental Health America and the National Alliance on Mental Illness, as well as a residential addictions recovery center, Home with Hope, that worked with the peer recovery support model.

Mental health peer support: MHA of Northeast Indiana has been designated by the Indiana Department of Mental Health and Addiction to provide Certified Recovery Specialist training for the state, and multiple trainings were conducted in Tippecanoe County. This allowed individuals with lived experience of Serious Mental Illness and Substance Use Disorder to get certified as Certified Recovery Specialists, which then makes them eligible for employment as peer supports within community mental health centers around the state. NAMI as an organization is based on the premise that only peers and family members may become trained teachers, mentors and facilitators. The local NAMI affiliate’s programs almost doubled between 2016 and 2018.

Addictions peer support: in the past two years Tippecanoe County has begun to explore three systematic shifts in the approach of service aimed at assisting individuals with severe alcohol and other drug issues in initiating and sustaining recovery.

- The community has begun to embrace the idea that there are multiple pathways to recovery which may or may not include residential and clinical services, harm reduction, Medication Assisted Treatment, recovery mutual aid societies, religious and secular supports that are not specifically recovery focused, and Peer Based Recovery Support Services. Individualized, strength-based approaches which offer a menu of such services are much more recovery conducive than ‘one size fits all’ programs, yet that shift in modality is no small task.

- The community has also begun to recognize that integrated behavioral health care approaches to substance use disorder need to address more than simple pathology. In order to promote long term recovery and limit instances of remission, it is vital to address mental health, trauma, and all four areas of a potential recoveree’s life: health, home, purpose, and community.

- Finally, the shift from siloed ‘acute care’ modality to a supported, collaborative ‘chronic care’ approach, which sees some type of continual relationship provided to assist those seeking recovery in navigating the available assistance for a period of no less than 18 months. The Opioid Task Force, an existing community
collaboration that was restructured in the same way as the Mental Healthcare Forum, has been working to bring interested community stakeholders together. Just like in the Forum, subcommittees were formed: treatment, recovery, corrections, and prevention. One of the key tools that has been identified as a plausible catalyst to all of the above goals is the use of Peer Based Recovery Support Services. This may even be established in a ‘hub and spoke’ type model where one peer support organization is responsible for training, staffing, and deploying these peers throughout the system. This would allow for non-interrupted relationship between the peer support and the recoveree as they transgress the continuum of care.

Again, Tippecanoe County has pioneered local solutions to local problems. After Home with Hope, some of the area churches, especially Grace United Methodist Church, stepped up to offer comprehensive faith-based addictions peer support services. By the summer of 2018, the Indiana Bureau of Consumer and Family Affairs for the Division of Mental Health and Addictions identified Tippecanoe County as “a key pillar of recovery and peer supports in Indiana”. Subsequently, two Indiana county seats, Lafayette and South Bend, were designated as pilot projects in a proposed new statewide Peer Network: the “Indiana Association of Peer Recovery Support Services”, set to go live by late fall 2018. Tippecanoe already had a county wide association, the “Tippecanoe Indiana Peers and Pastors Integrated Network,” which subsequently became the new “Indiana Association of Peer Recovery Support Services, Tippecanoe Chapter”. This body aims to advocate for peers, remove barriers to both training and work force placement, provide an annual conference, as well as continuing education for both peers and those agencies that might employ them, and ensure a continuity of services and development of best practices for the peers of Indiana.

Just like for the mental healthcare initiatives summarized above, the impetus for change and organization started at the local level in Tippecanoe County. With increased visibility, these accomplishments attracted Indiana State support. The lesson learned for communities around the country dealing with similar problems is to get proactive in finding local solutions for local problems – and subsequently become eligible for state attention and state support.
Conclusion

The Mental Healthcare Forum of Tippecanoe County has brought together CEOs and directors of local clinics, mental health advocates, politicians, judges, and community leaders to work out local solutions to local problems. At the end of the Forum’s first half year, it was anticipated approaching the Indiana state government for funding of a county-wide pilot project to address the mental healthcare workforce shortage in Tippecanoe County. However, staying local with approaches and funding turned out to be the key for finding and realizing concrete solutions in addressing the crisis situation. Tippecanoe County is fortunate to be home to three funding agencies: North Central Health Services, United Way of Greater Lafayette, and the Community Foundation of Greater Lafayette. These agencies have focused on mental healthcare as a primary community need. They not only committed funding for the Forum’s initiatives, but also got involved in committee work and forging new alliances.

The solutions to the provider crisis realized by the Forum are a unique blend of interagency cooperation and single agencies answering the call and committing to individual solutions. The willingness of Franciscan Health and Purdue University to realize two of the long-term goals of the Forum, the crisis stabilization unit (EmPATH) and the psychiatric nursing programs, within less than two years was as unexpected as it is inspiring. The new programs at MHA and NAMI show great potential in making a real difference for the residents of Tippecanoe County who are affected by mental illness and face difficulties in navigating services. Continued political and legislative advocacy ensures that local representatives in Indianapolis are informed of the problems most pressing in their home counties and are aware of workable solutions and bills pending.

Apart from these new programs introduced by local clinics and mental health advocacy agencies, the Forum brought mental health into the forefront of issues for community organizations that were previously not necessarily focused in that direction. Mental health and substance abuse have since become key focus areas for the United Way of Greater Lafayette, which stepped in as facilitator and organizer of the Mental Healthcare Forum. Because the Forum was able to show positive results, it positioned United Way of Greater Lafayette to begin facilitating the Tippecanoe County Opioid Task Force, which was informed by the Mental Healthcare Forum work. Showing that this format worked made it easy to convene many of the same players but with additional community members.
The Mental Healthcare Forum found local solutions to local problems, but in the process the successes in Tippecanoe County did not go unnoticed and enabled agencies and clinics to attract state funding for new initiatives, especially in the area of youth services, addiction services, and the integration of peer recovery supports. This has not directly been a part of the Forum’s work but came out of the changing climate in Tippecanoe County. Agencies and clinics in Tippecanoe County have demonstrated a new spirit of collaboration and a “can do” attitude that has shown ripple effects. As a result, mental healthcare in Tippecanoe County – and with that in the entire region – has greatly improved in only two years.

As swift and potentially far-reaching the direct Forum solutions may be, most have not reached the consumers so far. MHA and NAMI-WCI have made a start with their Navigator services, Reentry Program, and Trusted Mentor matches. Franciscan Health will open its EmPATH unit and NAMI-WCI will open its Drop-In-Center by the beginning of 2019, and the first psychiatric nurses are scheduled to graduate from Purdue in the summer of 2019. With continued public awareness and support of the community, the 2020 survey can be expected to reflect the full impact of the Forum on the mental healthcare landscape of Tippecanoe County.
### Appendix 1

**Attendees of 2016-2018 Mental Healthcare Forum Meetings**

<table>
<thead>
<tr>
<th>Leah Abbott</th>
<th>John Dennis</th>
<th>Patrick Harrington</th>
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<tr>
<td>Director EmPATH</td>
<td>Mayor City of West Lafayette</td>
<td>Chief Prosecutor ippecanoe County</td>
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<td>Franciscan Health</td>
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<tr>
<td>Pam Biggs-Reed</td>
<td>Brian Donley</td>
<td>Astrid Hastak</td>
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<tr>
<td>Chief Executive Officer</td>
<td>VP Clinical Services Meridian Health Services</td>
<td>Organizer of MHC Forum</td>
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<td>Bauer Family Resources</td>
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<td>Former Executive Director NAMI West Central Indiana</td>
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<td>Sirrilla Blackmon</td>
<td>Nancy Edwards</td>
<td>Stacie Hitt</td>
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<tr>
<td>Deputy Director, Provider &amp;</td>
<td>Professor Purdue School of Nursing</td>
<td>Professor and Assistant Head for Outreach/Assessment Purdue University School of Nursing</td>
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<tr>
<td>Community Relations DMHA Indiana</td>
<td>Director of Primary Care Adult Gerontology</td>
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<tr>
<td>Toni Bluemke</td>
<td>Carl Erich</td>
<td>Susan Kersey</td>
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<tr>
<td>Former Director of Psychiatric</td>
<td>Americorp Member United Way of Gtr. Lafayette</td>
<td>Clinical Assistant Professor Purdue University School of Nursing</td>
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<td>Services Franciscan St. Elizabeth</td>
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<td>Health</td>
<td>Nizar El-Khaili</td>
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<tr>
<td>Kathy Brown</td>
<td>Psychiatrist Former Owner Alpine Clinic</td>
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<tr>
<td>Director of Nursing</td>
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<tr>
<td>Sycamore Springs</td>
<td>Leslie Fernung</td>
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<td>Kommission</td>
<td>Grants Coordinator Community Foundation of Greater Lafayette</td>
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<tr>
<td>Tippecanoe County</td>
<td>Jennifer Flora Organizer of MHC Forum</td>
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<tr>
<td>Michael Budd</td>
<td>Chief Executive Officer Mental Health America Wabash Valley Region</td>
<td>Stephanie Long</td>
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<tr>
<td><strong>Facilitator of MHC Forum</strong></td>
<td>Chief Executive Officer United Way of Greater Lafayette</td>
<td>Forum Subcommittee Chair</td>
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<tr>
<td>Chief Executive Officer</td>
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<td>Chief Executive Officer NCHS</td>
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<tr>
<td>United Way of Greater Lafayette</td>
<td>Zoe Frantz</td>
<td>Lisa Marie Lucy</td>
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<tr>
<td>Donald Clayton</td>
<td>Chief Strategy Officer Director Business Development Valley Oaks Health</td>
<td>Director of Clinical Services Willowstone Family Services</td>
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<tr>
<td>Former President</td>
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<td>Lisa Luna</td>
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<tr>
<td>IU Health Arnett</td>
<td>Tom Gilliom</td>
<td>Director of Clinical Services Riggs Community Health Clinic</td>
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<tr>
<td>Brent Clemens</td>
<td>Chief Executive Officer Valley Oaks Health</td>
<td>Jason McManus</td>
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<td>Director Tippecanoe Co.</td>
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<td>Chief Executive Officer Wabash Center</td>
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<td>Valley Oaks Health</td>
<td>Marty Green</td>
<td>Bambi McQuade Jones</td>
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<tr>
<td>Terry Cook</td>
<td>Former Director of Outpatient Clinic Franciscan St. Elizabeth Health</td>
<td>Chief Executive Officer Riggs Community Health Clinic</td>
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<td>Assistant Director, State Opioid</td>
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<td>Treatment Authority</td>
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<td>FSSA-Division of Mental Health and Addiction</td>
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<tr>
<td>Rick Crawley</td>
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<td><strong>Forum Subcommittee Chair</strong></td>
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<tr>
<td>Former Chief Executive Officer</td>
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<td>Valley Oaks</td>
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</tbody>
</table>
Steve Meyer  
Judge Superior Court 2  
Tippecanoe County

Jason Middleton  
Director of Business Development  
Franciscan Health

Dan Moore  
Magistrate  
Tippecanoe County  
Sheri Moore  
Executive Director  
NAMI-West Central Indiana

Barbara Moser  
Executive Director  
NAMI – Indiana

Adam Murphy  
Homeless/Community Outreach  
City of Lafayette

Jenni Murtaugh  
Chief Executive Officer  
Willowstone Family Services

Tom Murtaugh  
County Commissioner  
Tippecanoe County

Cathy Newman  
Nursing Director  
Clinical Operations  
Franciscan St. Elizabeth Health

Sister Petra Nielsen  
Vice President Mission Integration  
Franciscan Health Michigan City

Amy O’Shea  
Director of Community Impact  
United Way of Greater Lafayette

Jason Padgett  
Peer Based Recovery Support  
Grace Recovery & Home with Hope

Sean Persin  
Judge Circuit Court  
Tippecanoe County

Rebecca Peters  
Therapist  
Inner Strength Counseling

Nick Piotrowski  
Psychiatrist  
Valley Oaks Health

Susan Prieto-Welch  
Director Counseling and Psychological Services Purdue University

Nichole Ramirez  
Board President  
NAMI West Central Indiana

Dick Rhoad  
Former Chief Executive Officer  
Wabash Center

Ken Ritchey  
Facilitator Legislative Forum  
NAMI West Central Indiana

Marianne Rose  
Chief Executive Officer  
Community Foundation of Greater Lafayette

Joseph Seaman  
Forum Subcommittee Chair  
Community Leader

Mick Schoenradt  
Director of Addiction Services  
Valley Oaks Health

Pauline Shen  
Epidemiologist  
Tippecanoe County Health Department

Pamela Sichts  
Director of Human Resources  
Sycamore Springs

Sally Siegrist  
Past Tippecanoe County Council  
Past State Representative

Mary Ann Sloan  
Vice President  
Thomas P. Miller Associates

Erika Steuterman  
Board President  
United Way of Greater Lafayette

Bert Stover  
Social Worker  
Riggs Community Health Center

Rebecca Sullivan  
Former Chief Executive Officer  
Willowstone Family Services

Laura Terrell  
Assistant Director of Business Development  
Sycamore Springs

Scott Walker  
Chief Executive Officer  
Greater Lafayette Commerce

Sally Watlington  
Immediate Past Board Chair  
Franciscan Health

Tadd Whallon  
Former Executive Director  
Home With Hope

Jayme Whitaker  
System of Care Technical Assistance Coordinator  
FSSA/ Division of Mental Health and Addiction

Roland Winger  
Tippecanoe County Council
Appendix 2

WORKING TOGETHER

to meet the mental health needs of our community

MHA-WV Mission:
Achieving better mental health in the Wabash Valley Region of North Central Indiana

EDUCATION
· Applied Suicide Intervention Skills Training (ASIST)
· Brown Bag Forums
· “I’m Thumbbody Special!”
· Mental Health First Aid Certification Trainings
· QPR - Suicide Prevention Certification Trainings
· Youth Mental Health First Aid Certification Trainings

RESOURCES
· Information, Referrals & Advocacy
· Human Services Directory (online)
· Joey Seaman Memorial Mental Health Library
· Mental Health Screenings (online)
· Mental Health Speakers

SUPPORTIVE SERVICES
· Compeer Match/Mentoring
· Compeer Circle
· Crisis Center (A 24-7-365 crisis text/phone line)
· Holiday Gift Lift
· Mental Health Navigator Services
· Support Groups
· Supportive Housing

A United Way Partner Agency

Mental Health America - Wabash Valley Region
914 South Street
Lafayette, IN 47901
Ph: 765.742.1800 · Email: mha@mHAV.org

www.mhav.org

NAMI-WCI Mission:
NAMI West Central Indiana advocates for support, effective treatment and education for individuals and families directly and indirectly affected by mental illness in our community.

EDUCATION
· Family to Family
· Peer to Peer
· Wellness Recovery Action Plan (WRAP)
· In Our Own Voice Presentation
· FaithNet Presentation
· Stigmafree Company Presentation
· Ending the Silence Presentation for Teens, Parents, & Teachers

RESOURCES
· Local Information, Referrals, Advocacy
· National Phoneline and Textline
· Online Mental Illness Data Base
· Mental Health Speakers

SUPPORTIVE SERVICES
· Connection Recovery
· Family Support Group
· NAMI Mental Health Awareness
· Trusted Mentors
· Social Gatherings

CRIMINAL JUSTICE
· Crisis Intervention Team (CIT) Training
· Lectures for Correctional Officers at DOC Facilities
· Jail Exit/Community Re-entry Program

All programs are peer led and free of charge

NAMI West Central Indiana
1508 Tippecanoe Street, Room 1-905
Lafayette, IN 47904
Ph: 765.423.6939 · Email: office@nami-wci.org

www.nami-wci.org
Appendix 3

Sample legislative letter of support as sent out to all area legislators by the Forum at the beginning of the 2017 IN legislative session

TO: State Senator Ron Alting
FROM: Members of the Mental Healthcare Forum of Tippecanoe County
DATE: February 24, 2017
RE: Mental Health Legislation

The members of the Mental Healthcare Forum are asking your support for mental health legislation that will benefit individuals and families in our community who are seeking appropriate mental health care.

The Mental Health Forum was established in August 2016, as a result of a mental health crisis in Tippecanoe County. Due to an increasing shortage of mental health care professionals, community residents were unable to access needed services. Many providers were not accepting any new patients due to full practices while others were placing people on a three- to six month waiting list.

The Mental Healthcare Forum members, comprised of elected officials, directors of mental health care clinics and hospitals, directors of funding agencies and other community leaders, came together to address our county’s mental healthcare challenges. The Forum has established active subcommittees which are determining and implementing actions to improve our mental healthcare services delivery system.

As we’ve studied the operations of the mental healthcare system, we’ve recognized obstructions that we believe could be corrected through legislative action. We ask for your support in pushing the following bills through the Indiana Senate: SB 59 and SB 125. Signatures of Mental Healthcare Forum members supporting these bills are included on the attached papers, as well as the legislative digest of these bills.

Thank you for your support of mental health legislation that will have a positive impact on the lives of residents of Tippecanoe County and the State of Indiana who are impacted by mental illness.

Sincerely,

[Signatures]

Chief Executive Officer
Mental Health America of Tippecanoe County

Astrid Hauth
Executive Director
NAMI – West Central Indiana

Michael Boll
Chief Executive Officer
United Way of Greater Lafayette
Appendix 4

Fact Finding Survey for Mental Health Care Providers in Tippecanoe County September 2018

1. Name of Facility

2. Services: ☐ psychiatric ☐ therapy ☐ casework ☐ inpatient ☐ outpatient

3. Patients (unique individuals) served per annum: _______

4. Age groups served: ☐ children ☐ adolescents ☐ adults ☐ seniors

5. New patients accepted ☐ not at present
   ☐ yes, but average length of waitlist to be seen: ______ weeks
   If yes, for ☐ medication management ☐ therapy ☐ addiction only

6. Insurance accepted: ☐ Medicaid
   Type: __________________________ Age
   restriction: ______________________
   ☐ Medicare
   ☐ Other Insurances: __________________________
   ☐ Upfront payment ☐ Yes ☐ No
   ☐ Sliding fee scale ☐ Yes ☐ No

7. Number of FTE providers currently working at your facility in this location at present
   Psychiatrists_____ Of those, how many are locums tenens? _____
   Psychiatric Nurse Practitioners_____ Of those, how many are agency nurses? _____
   Other staff: Psychiatric Nurses_____ Therapists _____ Caseworkers/Social workers _____

8. How many more providers are you currently looking to hire
   Psychiatrists_____ Psychiatric Nurse Practitioners_____ Psychiatric Nurses _____
   Therapists _____ Caseworkers/Social workers _____

9. What are the greatest barriers for providing mental health care at present?

10. What needs to change to attract and retain the kind of staff you are currently seeking?

11. What is your referral policy? What is your referral process?

12. Please use the back of the paper or additional pages to summarize the changes that have taken place at your organization over the last two years. Please specify which of these changes were directly or indirectly impacted by the work of the Mental Healthcare Forum of Tippecanoe County.

THANK YOU for participating in this survey.
Please send it back to NAMI-WCI on or before September 10, 2018.
Endnotes

i http://www.nami-wci.org/

ii https://www.mhawv.org/

iii https://www.uwlafayette.org/


v Minutes were taken by representatives from the United Way of Greater Lafayette and distributed among Forum participants.


vii https://www.nchsi.com/

viii NCHS “2018 Community Health Needs Assessment” quoted County Health Rankings, 2017; Primary Data Source: CMS, National Provider Identification.

ix https://bauerfamilyresources.org/

x https://www.purdue.edu/caps/

xi https://www.franciscanhealth.org

xii https://iuhealth.org/find-medical-services/behavioral-health

xiii http://www.meridianhs.org/Mental/AddictionServices

xiv http://www.riggshealth.com/

xv https://www.nchsi.com/#river-bend

xvi https://www.sycamorespringshealth.com/

xvii http://valleyoaks.org/

xviii https://www.willowstone.org/

xix The 2016 survey numbers appear slightly altered from the 2016 White Paper due to the fact that Purdue University’s Counseling and Psychological Services Center (CAPS) has been added retroactively.

xx Riggs answer to survey question 12


xxii http://www.cfglaf.org/