



The Mental Healthcare Forum of Tippecanoe County, Indiana

A County's Collaborative Response to its Mental Healthcare Provider Crisis

Coordinated by:

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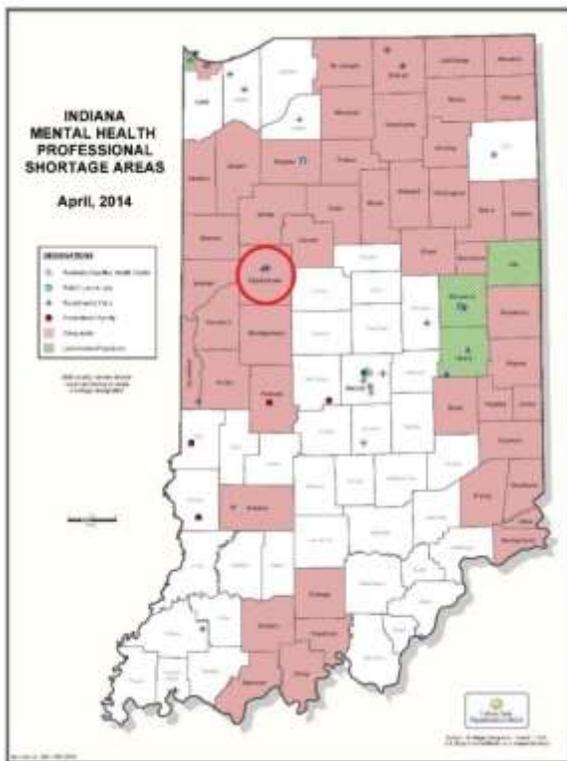
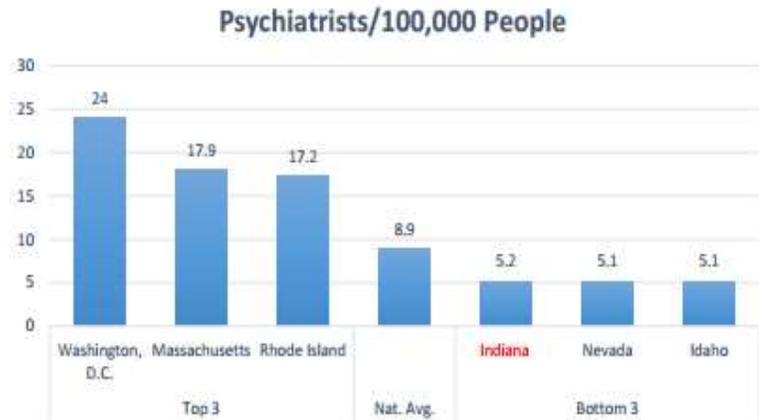
Michael Budd, Chief Executive Officer
United Way of Greater Lafayette

Summary

Tippecanoe County, Indiana, is located in one of the United States' most underserved areas regarding mental healthcare. For years, the county has been facing a critical shortage of psychiatrists, psychiatric nurse practitioners, therapists, and caseworkers. In the summer of 2016, the county was facing an acute crisis in which local mental healthcare providers were unable to see new patients for extended periods of time. Three local agencies, Mental Health America of Tippecanoe County (MHA), the National Alliance on Mental Illness-West Central Indiana (NAMI-WCI), and United Way of Greater Lafayette (UWGL), called county stakeholders together for a **Mental Healthcare Forum** to address the issues. After four months of meetings, the Forum members have developed both short- and long-term recommendations designed to increase access to mental healthcare services and to increase the number of mental healthcare providers in their community. The recommendations are being directed to community organizations, educational institutions, and legislators.

Background

Correlating prevalence of mental illness to access to medical care, a national Mental Health America study released in November 2016, “The State of Mental Health in America,” ranked Indiana as number 45 of 50 states in 2014, down from number 19 in 2011.ⁱ In 2015 the average spending per person for Public Health in the US was \$85.52. The state of Indiana spent only \$39.05 per person, making it the third lowest in the country (48 out of 50).ⁱⁱ In psychiatric coverage the state reaches the same rank: the Indiana Council of Community Mental Health Centers cites statistics showing Indiana as one of the three lowest states in psychiatric coverage.ⁱⁱⁱ



Within Indiana, Tippecanoe County has been designated as one of the “Mental Health Professional Shortage Areas” by the Indiana State Department of Health.^{iv} Home to Purdue University and the twin cities of Lafayette and West Lafayette, Tippecanoe County constitutes an urban center among the largely rural counties of West Central Indiana. The combined population of Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, and White counties was 377,357 residents in 2015. 180,174 (48%) of these reside in Tippecanoe County. Many of the inhabitants of the surrounding nine counties look to Tippecanoe County to cover their medical and mental health care needs.^v

In their 2015/2016 Community Health Needs Assessment, Indiana University Health Arnett Hospital found the health insurance coverage for Indiana and Tippecanoe County as below the national average:

In Indiana, it is estimated that 11% of the population are uninsured. Of Indiana residents who are insured, 17% are insured through Medicaid, 15% through Medicare, 51% through their employer, 5% through individual providers and 1% through other public providers. US Census information from 2013 indicates 17% of individuals under age 65 in Tippecanoe County were uninsured, slightly higher than the state estimate and above the comparable figure for the US (12% in 2013).^{vi}

Tippecanoe County is home to several different mental healthcare providers. The nine larger ones are (in alphabetical order):

1. **Alpine Clinic**, private clinic, outpatient psychiatric and therapy services
2. **Bauer Family Resources**, outpatient therapy
3. **Franciscan Health**, full service hospital, including 14 bed psychiatric inpatient services, and outpatient psychiatric services and therapy
4. **IU Health Arnett**, full service hospital, including integrated behavioral health, outpatient psychiatric services
5. **Riggs Community Health Center**, Federally Qualified Health Center (FQHC), outpatient health services including psychiatric services (via tele-medicine) and therapy
6. **Riverbend Hospital**, psychiatric inpatient, 16 beds
7. **Sycamore Springs**, private psychiatric inpatient, 24 beds for mental health, 24 beds for addiction services, intensive outpatient services
8. **Wabash Valley Alliance**, Community Mental Health Center (CMHC) with affiliates in seven surrounding counties, also overseeing an Assertive Community Treatment (ACT) team, a Projects for Assistance in Transition from Homelessness (PATH) team, hybrid homes, and a group home facility
9. **Willowstone Family Services**, outpatient therapy

Of these nine providers, seven offer psychiatric services, eight offer therapy, four offer casework, eight offer outpatient services, and three offer inpatient psychiatric care (54 psychiatric beds plus 24 addiction only). As to the age groups served, all nine providers serve adult patients, six providers serve children, six providers serve adolescents (no inpatient under 18), and eight providers serve seniors.^{vii} In addition to these nine larger providers of mental healthcare services, Tippecanoe County has private practices or combined practices of 1-5 providers. It is worth noting that some patients with means of transportation are known to utilize psychiatric services in the greater Indianapolis area, about an hour drive from Tippecanoe County.

The county has two primary mental health advocacy agencies, Mental Health America (MHA) of Tippecanoe County, and NAMI (National Alliance on Mental Illness) West Central Indiana. MHA and

NAMI-WCI provide educational courses, support groups, and advocacy work to the community. Both agencies had previously loosely collaborated on a referral website, a monthly provider update meeting (Mental Healthcare Collaborative Network), as well as a biannual interactive Legislative Forum that serves to inform local representatives in the state government about the mental healthcare needs of the community, and allow those legislators to share their positions.^{viii}

The Tippecanoe County Community Health Needs Assessment of February 2016 identified Mental Healthcare as the overall priority need in health services for the county.^{ix} River Bend Hospital's Community Health Needs Assessment, conducted in August of 2015, summarized the situation in Tippecanoe County and the nine surrounding counties as follows:

1. Access to mental health services is limited, particularly for various at-risk populations; therefore, the offering of new or expanded mental health services is needed to more effectively reach selected at-risk populations.
2. The community suffers from a shortage of mental health professionals, particularly qualified psychiatrists, psychologists, social workers and primary mental health care providers.
3. The delivery of mental health services in the community is fragmented, with minimal coordination and collaboration among providers.
4. Financial resources and funding for mental health and related social services are significantly limited, thus inhibiting providers from meeting most, if not all, of the identified unmet mental health needs in the community.
5. There are increased efforts being made to break the cycle of homelessness in the community, and this is viewed very positively. However, the perception is that homelessness leads to behavioral issues and increases the need for mental health, alcohol and addiction care.
6. There continues to be a stigma about mental illness, including care and treatment, though it has improved somewhat over the past several decades.
7. The deinstitutionalization of the chronically mentally ill/seriously mentally ill (SMI) population in the state has placed significant strains on existing community resources.
8. There are lengthy wait times, in some cases up to several months, in order to see a provider for initial and renewal medication prescriptions, as well as for diagnosis and treatment services.^x

Problem

By May of 2016, Tippecanoe County was facing an acute mental healthcare provider crisis. Both NAMI-WCI and MHA began receiving an increased volume of phone calls from individuals in the community struggling to find openings at any of the area providers. Not only were therapy appointments unavailable, patients in need of prescriptions for psychotropic medications were unable to make a timely appointment due to the acute shortage of psychiatrists and psychiatric nurse practitioners. Some

clinics had prohibitively long waiting lists with hundreds of individuals and several months before a new patient could be seen, while others would only accept certain types of insurance. Other providers reported they were so busy they had stopped seeing new patients altogether. Calls made by NAMI-WCI and MHA on behalf of these individuals in crisis were largely unsuccessful. The experience was shared by local judges for court ordered mental healthcare services, and the jail social worker for inmates with mental health conditions who were about to be released back into the community.

Initial Response

The two mental health advocacy organizations in the community pulled together to meet the crisis. To demonstrate a much-needed spirit of teamwork, MHA and NAMI-WCI discussed their own need for collaboration and elimination of duplicate services to the community. This dialog resulted in a joint paper detailing the services offered to the community, entitled “Working Together.”^{xi} They teamed up with the local United Way agency to call community stakeholders together for a county-wide Mental Healthcare Forum.

It was then suggested that NAMI-WCI conduct a survey of the largest mental healthcare providers, establishing some point-in-time benchmark statistics on how much mental health workforce existed in Tippecanoe County, and how many professionals the different area mental health providers were looking to hire. MHA was to invite the leadership of the area providers, as well as community stakeholders and funding agencies to a Mental Healthcare Forum that was to address the current situation.

Benchmarking Survey

Only one provider stated that new patients were not accepted at present, while others still accepted new patients with certain restrictions: the average reported wait time was between two weeks and one year. Some of the other restrictions listed included “only medication management” (2), “only therapy” (3), “only addiction”, and “only court ordered”.^{xii}

The problem for prospective patients was with the accepted insurance coverage: only six providers accepted Medicaid, yet three of those had age restrictions. Eight accepted Medicare, and other insurances. Of the nine surveyed providers, five stated that they required upfront payment.

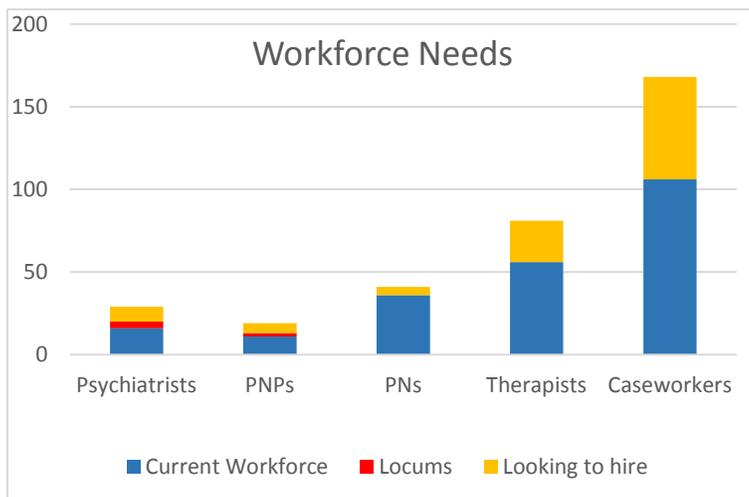
The outpatient crisis situation for many of Tippecanoe’s indigent patients could only be seen in the correlation between acceptance of new psychiatric patients and Medicaid: immediate acceptance, or acceptance within a 2-week waitlist was only possible for patients without Medicaid or between the ages of 18 and 21. New psychiatric patients with Medicaid were accepted at other facilities only with restrictions (only established patients, only addiction, only direct hospital discharge). For new psychiatric patients with Medicaid without restrictions there was only one outpatient facility with a 6-8 weeks’ waitlist, even for the most critical cases.

The survey illustrated that the root cause behind the access crisis was a severe mental health workforce shortage. All providers stated that they were willing and able to hire, but were unable to fill their open positions.

Number of providers working in Tippecanoe County as of June 2016:

	Current Workforce	Locums	Looking to hire
Psychiatrists	11	4	9
Psychiatric Nurse Practitioners (PNPs)	11	2	8
Psychiatric Nurses (PNs)	38		5
Therapists	61		32
Caseworkers	99		55

Tele-
Psychiatrist
0.1



This *Workforce Needs* chart shows the number of employees that existing mental healthcare providers in Tippecanoe County were seeking to hire to meet their perceived demand (as of June 2016). It is important to note that these numbers are not directly correlated to the need of patients seeking mental healthcare in Tippecanoe County.

Forum and Subcommittee Meetings

After the survey was completed, the Forum convened for the first time on July 13th, 2016. The exceptional attendance of community leaders was a clear sign of the problem's urgency. Participants represented the leadership of all nine large mental healthcare providers, city and county government, leaders of the judicial system, community funders, as well as a local state representative, NAMI Indiana, and the Indiana Division of Mental Health and Addiction (DMHA).^{xiii}

In that first forum meeting, three areas of need were identified:

1. Staffing (workforce shortage)
2. Continuum of Care (missing connections between the silos of care)
3. Reimbursement (of services by Medicaid, Medicare and private insurances)

Three subcommittees were formed that were to meet in-between Forum meetings and work out specific solutions to the problems at hand. The three organizers from MHA, NAMI-WCI and United Way attended all subcommittee meetings. The leaders of MHA and NAMI-WCI also traveled to Indianapolis to attend two meetings of the state level "Mental and Behavioral Health Workforce Taskforce of the Indiana Governor's Health Workforce Council," led jointly by the directors of Indiana's Division of Mental Health and Addiction and Office of Medicaid Policy and Planning. This statewide taskforce took a similar approach and informed the local group of some of the larger legislative issues involved.^{xiv}

The subcommittees reported to the entire Forum during three subsequent meetings on August 17th, September 27th, and November 1st. In addition to brainstorming possible approaches and solutions, the subcommittees established and strengthened additional relationships, including with the Purdue University School of Nursing, Lafayette Urban Ministry and Transitional Housing, Affiliated Service Providers of Indiana (ASPIN), and DMHA's System of Care (SOC) initiative. By November, each subcommittee presented their initial solution recommendations to the Forum.

Major Challenges

Everyone at the forum meetings acknowledged that there is an acute provider shortage in all levels of mental healthcare, extending from psychiatric doctors to clinical psychologists, to master's level therapists, to caseworkers. Salaries in these areas are often not compatible with those of other

comparable professions, steering many prospective students away from choosing these career paths. In addition, Indiana employees can be hired by providers from other states, while local clinics attempting to hire qualified professionals from other states were faced with strict Indiana credentialing restrictions and lengthy official procedures.

Attendees of the Mental Healthcare Forum of Tippecanoe County also emphasized that Medicaid and private insurance reimbursement rates for psychiatric and psychological services are set so low that providers struggle to cover the cost to provide care. In addition, there are many supportive services that are not reimbursed. If reimbursement rates are not raised to levels that allow clinics to offer competitive salaries, the mental healthcare workforce shortage is bound to continue.

Private insurance companies have been placing high deductibles on mental healthcare visits, often requiring patients to spend several thousand dollars out of their own pockets before insurance payments kick in. These elevated co-payments have made mental healthcare visits prohibitive even for patients who are middle class.^{xv}

Another issue concerns the inability of many individuals living with mental illness to make timely payments (often only \$1 per month) to their Healthy Indiana Plan (HIP) Power Accounts. The challenge is that anyone who does not pay their Power Account contribution loses some or all of their coverage under HIP 2.0: if the client earns less than the Federal Poverty level, they drop to HIP Basic (lose vision and dental benefits and must make copayments for service) and if they earn more than the Federal Poverty level they lose coverage all together and are locked out for six months. Local clinics have identified this as one of their main obstacles in providing care. There is a “medically frail” HIP 2.0 waiver provision,^{xvi} that does not seem to be implemented to a point that Individuals who would seem to qualify for this designation are benefitting from its intent.

Initial Solution Recommendations

Approaches to relieve the acute mental health provider shortage in Tippecanoe County are complex and involve multiple levels of government. The membership of the Forum suggests that some proposed community-level solutions are attainable without state-level administrative or legislative action.

However, proposed solutions regarding the licensure of mental health professionals and reimbursement of mental health services lies at the state and federal level.

I Community Solutions

Locally, several parallel approaches are suggested that promise to help alleviate the workforce shortage and establish an infrastructure for guiding patients through available care by eliminating the white spaces between the silos of care. Some of these solutions need financing and presently different models of collaborative approaches are being discussed in the subcommittees of the forum. Funds need to be raised as a community effort, involving input from local funding agencies as well as the local health care providers. The state of Indiana could support these efforts by allocating Tippecanoe County a “demonstration grant”. If these initiatives prove successful in Tippecanoe County, similar initiatives could be duplicated throughout the entire state, resulting in Indiana residents having greater access to mental health services.

Staffing Recommendations

Short term

Provide scholarships to current nurse practitioners who obtain additional education to acquire the credentials needed for Behavior Health Certification.

1. Raise around \$20,000 to \$ 30,000 per student for scholarship money with a contract to ensure recipients practice in Tippecanoe or a surrounding county for a minimum period of time.
2. Programs are available at IUPUI, University of Cincinnati and University of Michigan- Flint.
3. Complete survey among nurses to identify a pool of candidates. Target 4-6 candidates.

Intermediate

Support the introduction of a Behavior Health Certification for Nurse Practitioners to the Purdue University - School of Nursing. The goal is to keep students locally and in the state (currently 80% of nursing students from Purdue stay in the state after graduation).

1. A Scholarship Fund could be created to encourage students to remain in Tippecanoe County.
2. The School of Nursing would need bridge money to cover start-up cost for the program. This cost is estimated at \$100,000 to \$150,000 per year for 3 years.

3. There would need to be a survey to identify potential number of candidates from the local community. Additional information would be needed from across the state to highlight the need.

Long term

Add 9 to 12 psychiatrists across the community.

1. The estimated cost to scholarship these positions would be \$250,000 to \$300,000 per student.
2. The Scholarship Fund could be set up to target a graduate of a local high school who has completed a bachelor's degree. Money for the scholarship would need to be raised and a contract created to ensure recipients practice in Tippecanoe County for a minimum time.
3. Tippecanoe County may benefit from the recent North Central Health Services (NCHS) grant to Community Health Network Foundation to support the placement and education of psychiatry residents in Indiana and rotation of psychiatry residents and medical students in rural Indiana communities.

Continuum of Care Recommendations

Short term

Expand the number of Healthy Indiana Plan (HIP) Power Account contributions that are covered by third party community organizations. Currently Lafayette Urban Ministries and Lafayette Transitional Housing cover Power Account contributions for a limited number of residents of Tippecanoe County. The expansion of this service would require additional funds and a lead organization that does not provide direct mental health services.

1. This initiative will require more research into the liability the community organization would risk and a projection on how many people need this assistance.

Intermediate #1

Establish a Continuum of Care organization that works to coordinate mental health services in the community.

1. An existing organization like MHA would take the lead to house a program coordinator and Community Health Workers, Certified Recovery Specialists, or Recovery Coaches (number determined by need).
2. The Continuum of Care would include periodic (quarterly) meetings of the Mental Healthcare Forum to review our progress and trends in our coverage of community mental healthcare needs. The purpose would be to maintain a strong local coalition.

3. The Continuum of Care could also include periodic (monthly) formal meetings of representatives from the mental health service providers, court system, jail system, law enforcement, emergency rooms and other community organizations to work on action plans that use the FUSE (Frequent Users Service Enhancement) model as a template. The goal would be for a coordinated effort to stabilize these individuals, which could free up services for other individuals to receive services. (HIPAA regulations need to be observed carefully in this approach).
4. The Continuum of Care could also provide a coordinated point of entry for individuals seeking mental health service. Community Health Workers 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. Initially this service would target request from the court system and emergency rooms, but could be expanded over time.
5. Additional information about other related services would also be coordinated. For instance, the Medicaid providers (i.e. MD Wise) have additional support services available for clients that aren't being fully utilized.
6. This program would cost \$125,000 to \$175,000 annually depending on the need and scope of work and assuming it could be part of an existing non-profit agency.

Intermediate #2

Implement a Trusted Mentor program in Tippecanoe County.

1. This is a volunteer mentor program that has demonstrated success in other communities.
2. An existing organization like NAMI-WCI could take the lead on this program. Resources to fund a coordinator and support overhead would be required (\$65,000 to \$80,000 annually).
3. Volunteers would be recruited from the community.

Long term

Create a Crisis Stabilization Unit in Tippecanoe County.

1. This facility could receive and triage individuals in a mental health crisis and help determine the best service provider to address the individual's needs.
2. Unit could function similar to the Psychiatric Emergency Services unit in Alameda County, California.^{xvii}

II Legislative Agenda Topics

The following items are Tippecanoe County’s legislative agenda topics, to be presented to local lawmakers at the upcoming Legislative Forum. On December 5th, 2016 this forum brings together MHA of Tippecanoe County, NAMI-WCI, the Drug Free Coalition of Tippecanoe County, and interested community residents, with their state legislators. It is essential to note that the Mental Healthcare Forum of Tippecanoe County does not propose specific legislative changes, but asks the senators and representatives to focus especially on these topics as they consider legislation in the upcoming session.

Reimbursement

1. Raise Medicaid and private insurance reimbursement rates for psychiatric and psychological services so that clinics can cover the cost to provide care to patients and offer competitive salaries to employees
2. Enhance and increase funding for the tuition reimbursement program at the state level.

Staffing: Revise Licensing & Supervisory Requirements

1. Streamline process by which behavioral health board of the Indiana Professional Licensing Agency (IPLA) approves licensing applications.
2. Revise licensing requirements for out of state applicants.
3. Revise supervisory requirements required by Medicaid and HIP.

Continuum of Care

1. Implementation of the “medically frail” HIP 2.0 waiver provision:^{xviii} Mental health should be considered when determining the cut-off of HIP 2.0 coverage. In many cases, a client’s mental health diagnosis is a deterrent from them maintaining a structured life, including the fulfillment of financial obligations like HIP 2.0 Power Accounts. Enabling them to maintain coverage or reestablish it quickly, and receive appropriate care will bring them greater stability and serve a broader public good.

Conclusion

Tippecanoe County's mental health providers, advocates, and community leaders are very conscious of not wanting to lose the momentum gathered by its newly formed Mental Healthcare Forum. What was originally seen as a one- or two-time summit, has evolved into a Forum that will meet about once every quarter to address current mental healthcare challenges. Actionable items will be placed into the hands of state and federal legislators, and local money will support local initiatives that will expand access to mental healthcare by:

1. Helping to educate a new generation of mental healthcare professionals with close ties to the community,
2. Providing guidance for providers, the judicial system, and patients,
3. Providing a personal support system to at-risk individuals.

The county has by no means resolved its mental healthcare provider crisis. However, county stakeholders have taken a big step towards addressing the problems collaboratively. By encouraging agencies that have viewed each other as competitors for decades to come together for an open exchange and collaboration on possible solutions, Tippecanoe's Mental Healthcare Forum has broken new ground.

Tippecanoe County is pioneering a new collaborative response to Indiana's mental healthcare provider crisis. The State of Indiana could support these efforts by allocating Tippecanoe County a "demonstration grant". If these initiatives prove successful in Tippecanoe County, similar initiatives could be duplicated throughout the entire state, resulting in Indiana residents having greater access to mental health services.

Appendix 1

Attendees of 2016 Mental Healthcare Forum Meetings

Pam Biggs-Reed Chief Executive Officer Bauer Family Resources	Nizar El-Khalili Owner/Psychiatrist Alpine Clinic	Bambi McQuade Jones Chief Executive Officer Riggs Community Health Clinic	Ken Ritchey Organizer of Legislative Forum
Sirrilla Blackmon Deputy Director, Provider & Community Relations DMHA Indiana	Leslie Fernung Grants Coordinator Community Foundation of Greater Lafayette	Steve Meyer Judge Superior Court 2 Tippecanoe County	Marianne Rose Chief Executive Officer Community Foundation of Greater Lafayette
Toni Bluemke Director of Psychiatric Services Franciscan St. Elizabeth Health	Jennifer Flora Organizer of MHC Forum Chief Executive Officer Mental Health America of Tippecanoe County	Barbara Moser Director of Policy/Outreach NAMI - Indiana	Mick Schoenradtt Behavioral Health Practice Manager IU Health Arnett
Kathy Brown Director of Nursing Sycamore Springs	Zoe Frantz Chief Executive Officer Sycamore Springs	Adam Murphy Homeless/Community Outreach City of Lafayette	Joseph Seaman Forum Subcommittee Chair Community Leader
Michael Budd Facilitator of MHC Forum Chief Executive Officer United Way of Greater Lafayette	Marty Green Director of Outpatient Clinic Franciscan St. Elizabeth Health	Tom Murtaugh County Commissioner Tippecanoe County	Pamela Sichts Director of Human Resources Sycamore Springs
Donald Clayton President IU Health Arnett	Patrick Harrington Prosecutor Tippecanoe County	Cathy Newman Nursing Director Clinical Operations Franciscan St. Elizabeth Health	Sally Siegrist Tippecanoe County Council State Representative Indiana District 26
Brent Clemenz Tippecanoe Co. Manager Wabash Valley Alliance	Astrid Hastak Organizer of MHC Forum Executive Director NAMI – West Central Indiana	Jenny Olinger, Community Impact Associate United Way of Greater Lafayette	Mary Ann Sloan Vice President Thomas P. Miller Associates
Terry Cook Assistant Director, State Opioid Treatment Authority FSSA-Division of Mental Health and Addiction	Stacie Hitt Professor and Assistant Head for Outreach/Assessment Purdue University School of Nursing	Amy O’Shea Director of Community Impact United Way of Greater Lafayette	Erika Steuterman Board President United Way of Greater Lafayette
Rick Crawley Forum Subcommittee Chair Chief Executive Officer Wabash Valley Alliance	Sheila Klinker State Representative Indiana District 27	Sean Persin Judge Superior Court 5 Tippecanoe County	Rebecca Sullivan Chief Executive Officer Willowstone Family Services
John Dennis Mayor City of West Lafayette	Bill Lindblom Public Defender’s Office Tippecanoe County	Nick Piotrowski Psychiatrist IU Health Arnett	Scott Walker Chief Executive Officer Greater Lafayette Commerce
Nancy Edwards Professor and Director of Primary Care Adult Gerontology Purdue University School of Nursing	Stephanie Long Forum Subcommittee Chair Chief Executive Officer NCHS	Diane Reis Psychiatrist IU Health Arnett	Jayne Whitaker System of Care Technical Assistance Coordinator FSSA/ Division of Mental Health and Addiction
		Dick Rhoad Chief Executive Officer Wabash Center	Roland Winger Tippecanoe County Council

Appendix 2

WORKING TOGETHER

to meet the mental health needs of our community



MHA Mission:
Achieving better mental health in Tippecanoe County.

EDUCATION

- 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

- Directory of Mental Health Professionals
- Directory of Community Social Services
- Information, Referrals & Advocacy
- Joey Seaman Memorial Mental Health Library
- Mental Health Screenings
- Mental Health Speakers

SUPPORTIVE SERVICES

- Compeer Match/Mentoring
- Compeer Circle
- Crisis Center (A 24-7-365 crisis hotline)
- Holiday Gift Lift
- Rape Survivor Advocacy
- Support Groups
- Supportive Housing

A United Way Partner Agency

Mental Health America
914 South Street
Lafayette, IN 47901
PH: 765.742.1800
Email: mha@mhatipp.org

www.mhatippecanoe.org



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

EDUCATION

- Family-to-Family Education Program
- Peer-to-Peer Education Program
- Hearts-and-Minds Wellness Class
- In Our Own Voice Presentation
- NAMI FaithNet Presentation
- Parents & Teachers as Allies Presentation
- Ending the Silence Teen Presentation

RESOURCES

- Local Information, Referrals & Advocacy
- National Phone Helpline and Textline
- Online Mental Illness Database
- Mental Health Speakers

SUPPORT GROUPS

- Connection Recovery
- Family Support Group

CRIMINAL JUSTICE

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

All programs are peer led and free of charge

NAMI West Central Indiana
1508 Tippecanoe Street, Room 4-901
Lafayette, IN 47904
PH: 765.423.6939
Email: office@nami-wci.org

www.nami-wci.org

Appendix 3

Fact Finding Survey for Mental Health Care Providers in Tippecanoe County June 2016

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 for any additional information, comments and suggestions.

THANK YOU for participating in this survey. Please send it back to NAMI-WCI on or before June 30, 2016.

Email ahastak@nami-wci.org Fax (765) 423 6092



Appendix 4

Nursing Survey

If you are currently employed in the nursing profession, please complete the brief survey below and mail, email or fax to one of the following addresses. Any personal information, including email addresses, will be kept confidential.

ATTN: Nursing Survey
Mental Health America of Tippecanoe
914 South Street, Lafayette, IN 47901

EMAIL: mha@mhatipp.org
FAX: 765-742-2085
(For information, call 765-742-1800)

1) **Are you interested in furthering your career in the medical field as a Psychiatric Nurse Practitioner?**

Yes No

1a) If you answered "Yes" please tell us in which time frame you would like to complete this goal.

Within the next 1-3 years. Within the next 3-5 years.

1b) What would motivate you or help you make this transition to becoming a Psychiatric Nurse Practitioner?

Continuing education money

The ability from my employer to work and take classes

Job opportunities at completion of degree

Other. Please explain _____

2) **If you are a current Nurse Practitioner, would you be interested in certification as a Psychiatric Nurse Practitioner?**

Yes No

2a) If you answered "Yes" please tell us in which time frame you would like to complete this goal.

Within the next 1-3 years. Within the next 3-5 years.

2b) What would motivate you or help you make this transition to becoming a Psychiatric Nurse Practitioner?

Continuing education money

The ability from my employer to work and take classes

Job opportunities at completion of degree

Other. Please explain _____



Endnotes

- ⁱ MHA, “The State of Mental Health in America 2017,” p. 9.
<http://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Full.pdf>
- ⁱⁱ Tippecanoe County Health Department, “Tippecanoe County Community Health Needs Assessment: Key to a healthy and vibrant community” February 2016, p. 6 .
<http://www.tippecanoe.in.gov/DocumentCenter/View/10015> See also
<http://healthyamericans.org/assets/files/TFAH-2015-InvestInAmericaRpt-FINAL.pdf>
- ⁱⁱⁱ cited by Indiana Council of CMHCs “2016 Legislative and Public Policy Platform”
http://www.indianacouncil.org/sites/default/files/2016%20Indiana%20Council%20Legislative%20and%20Public%20Policy%20Platform_1.pdf
- ^{iv} Indiana State Department of Health <https://www.in.gov/isdh/23471.htm> for the map see
https://www.in.gov/isdh/files/mhpsa_0414.pdf
- ^v Riverbend Community Needs Assessment August 2015, pp. 7-8.
http://www.nchsi.com/storage/app/media/pdfs/River_Bend_Hospital_2015_Community_Health_Needs_Assessment.pdf For further statistics see the Community Dashboard of St. Franciscan’s Community Health Needs Assessment, <https://www.franciscanhealth.org/about-us/community-health-needs-assessment/community-dashboard-hci>
- ^{vi} Indiana University Health Arnett Hospital “Community Health Needs Assessment”
<http://iuhealth.org/images/arn-doc-upl/IUH.ARNETT.CHNA.11.30.15.pdf> p. 8.
- ^{vii} “NAMI-WCI Survey of Tippecanoe County Mental Healthcare Providers,” June 2016. See Appendix.
<http://www.nami-wci.org> <https://www.mhatippecanoe.org/>
- ^{viii} TCHD “Tippecanoe County Community Health Needs Assessment” p. 6.
- ^x Riverbend “Community Needs Assessment” August 2015, p. 5.
- ^{xi} See Appendix.
- ^{xii} “NAMI-WCI Survey”.
- ^{xiii} For a list of attendees see Appendix.
- ^{xiv} Indiana Department of Workforce Development, Mental and Behavioral Health Workforce Taskforce
<http://www.in.gov/dwd/2987.htm>
- ^{xv} See the November 2016 NAMI parity report *Out-of-Network, Out-of-Pocket, Out-of-Options: The Unfulfilled Promise of Parity* - <http://www.nami.org/parityreport#sthash.40waNsu4.dpuf>
- ^{xvi} http://www.in.gov/fssa/hip/files/HIP_CMS_Approved_STC_Technical_Corrections_5.14.15.pdf
- ^{xvii} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935789/>
- ^{xviii} http://www.in.gov/fssa/hip/files/HIP_CMS_Approved_STC_Technical_Corrections_5.14.15.pdf