

# Community Behavioral Health Needs Assessment (CBHNA) for Howard County

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## Foreword



The following report is a first of its kind for the Howard County community as there is no record of a comprehensive Behavioral Health Needs Assessment ever being previously conducted. The report is also timely given the focus on behavioral health concerns in our state and country. The recent completion of the Indiana Behavioral Health Commission Report highlighted the need for more attention and financial support for behavioral health in Indiana. As a result, the Indiana Legislature approved a new roadmap (Senate Bill 01) to transform Indiana’s behavioral health services in the future.

While most are aware of the significant negative behavioral health impacts experienced due to the opioid epidemic, COVID, inflation, and critical workforce shortages, few may be aware that Federal and State governments are now advancing a new integrated care delivery model. Certified Community Behavioral Health Clinics (CCBHC), Crisis Stabilization Centers as well as the 988 Suicide & Crisis Lifeline are new initiatives designed to enhance access and quality care for Hoosiers. Moreover, these efforts help reduce barriers due to stigma and labor shortages to ensure that there is literally “no wrong door” to obtain needed care. SAMHSA commissioned this grant-funded assessment to pilot limited CCBHC services. A requirement of the grant was to conduct a needs assessment that identifies priority local behavioral health needs and make recommendations for improvements to the community care continuum. The overarching goal is to advance service delivery and outcomes for members of the Howard County community and improve overall health and wellbeing.

We want to thank the many stakeholders who have contributed to the development of this report. While there are numerous exciting changes on the horizon at state and federal levels, we acknowledge that for change to be truly meaningful, such changes must reach and address needs at the local level. We are grateful for our expert team from the Indiana University Richard M. Fairbanks School of Public Health, and specifically Dr. Marion Greene, for their guidance and expertise in the development of this report. We want to further thank the many individuals, family members, and community stakeholders who provided critical feedback and insights that greatly enhanced the value of the report. We are indebted for everyone’s efforts.

We are incredibly appreciative to be participating in some of the most significant changes in the delivery of behavioral health care across our state and country in decades. We look forward to sharing the results of this report and collaborating with our community partners to realize the forthcoming transformation in behavioral health services delivered in Howard County.

# EXECUTIVE SUMMARY

## Executive Summary

This report assesses the behavioral health needs and service gaps in Howard County, Indiana. It was developed in collaboration with Community Fairbanks Behavioral Health – Howard, a Division of Mental Health and Addiction (DMHA) designated Community Mental Health Center (CMHC) as well as a grantee of the Substance Abuse and Mental Health Services Administration’s Certified Community Behavioral Health Center (CCBHC) award.

Data were collected through a survey, focus groups, and in-depth interviews with professional staff from Community Fairbanks Behavioral Health – Howard, clients receiving services at Community Fairbanks Behavioral Health – Howard, and other key stakeholders from community agencies and organizations.

Additionally, community-level data were analyzed to estimate the prevalence of mental health and substance use disorders and provide a socio-economic context of the residents in Howard County.

Based on prevalence rates from the National Survey on Drug Use and Health (NSDUH, 2021), we estimate that in the past year in Howard County:

- Over 13,000 adults had some type of substance use disorder.
- Nearly 15,100 adults had some type of mental illness.
- Over 3,800 adults had a serious mental illness.
- Over 3,600 adults had serious thoughts of suicide.
- Over 1,000 adults had made a suicide plan.
- Nearly 450 adults had attempted suicide.

In 2022, Community Fairbanks Behavioral Health – Howard served close to 3,000 clients. The most common diagnoses among the adult population were depressive (21%), trauma and stressor related (16%), and bipolar and related disorders (14%). Among the youth population, disruptive, impulse-control, and conduct disorders were most common (16%), followed by depressive (9%) and anxiety (8%) disorders.

Clients receiving services for their substance use disorder (SUD), predominantly reported using stimulants (40%), opioids (29%), and alcohol (23%).

We summarized the key issues that were consistently identified by participants in the survey, interviews, and focus groups, and aggregated the resulting recommendations into five categories: Funding, workforce, programs and services, social determinants of health (basic needs), and stigma.

It is important to note that these recommendations are not meant as the sole responsibility of Community Fairbanks Behavioral Health – Howard but should be viewed in the larger context of the community and the behavioral health system.

### **Sustainable Funding**

Medicaid and Medicare reimbursement rates are low and have not been updated since the 1990s; current funding levels are insufficient to hire enough staff and provide all needed services and programs.

It is recommended to: Raise Medicaid/Medicare reimbursement rates to be in line with current costs of care. Increase the state budget and fully fund Senate Enrolled Act 1 – Behavioral Health Matters! Expand the federal Certified Community Behavioral Health Center (CCBHC) Model.

### **Workforce Development**

There is a workforce shortage in community mental health, resulting in long wait times for clients and staff to be overwhelmed and overburdened. With sustainable funding, CMHCs would be better able to provide a competitive salary to recruit and retain an adequate workforce.

It is recommended to: Hire more staff (with adequate funding, a competitive salary can be offered). Create a workforce pipeline, by increasing awareness of behavioral health careers amongst middle school, high school, and college students. Offer incentives for early-career professionals such as tuition reimbursement, student loan forgiveness, and additional training. Aim to increase diversity, equity, and inclusion (DEI) within the workforce, especially in higher-level and leadership roles.

### **Programs and Services**

Some effective, evidence-based programs and services are currently not provided due to a lack of funding or staff shortages. Trauma, especially during childhood, is a factor in many mental health and substance use disorders. A crisis response system may more effectively address critical behavioral health issues than law enforcement. Continuity of services and transition of care is essential, especially for individuals who are or have been incarcerated.

It is recommended to: Incorporate trauma-informed care and offer specific programs to address trauma (e.g., EMDR). Develop a comprehensive crisis response system or at least mobile response teams to intervene during mental health crises. Offer more recovery-oriented housing, residential facilities and group homes. Provide jail-to-treatment continuity for people incarcerated with a mental health or substance use disorder.

## EXECUTIVE SUMMARY

### **Social Determinants of Health**

Social determinants of health can increase a person's risk of developing a mental health or substance use disorder and make it more challenging to obtain services and remain in treatment. When basic needs are not met, it is difficult to focus on treatment and recovery.

It is recommended to: Provide support services to address the social determinants of health and help individuals meet their basic needs (e.g., food, housing, childcare) and offer transportation to and from their place of treatment.

### **Stigma**

Stigma is still a considerable barrier to accessing behavioral health services, especially in communities of color.

It is recommended to: Increase awareness and reduce stigma in the community. Engage in open communications to build trust, especially in minoritized populations. Promote use of non-stigmatizing language. Educate communities in culturally appropriate ways to normalize mental health and substance use disorder treatment. Discuss harm reduction to educate and reduce stigma.



## Introduction

This report is the result of a comprehensive community behavioral health needs assessment (CBHNA) specific to services available for serious mental illness and substance use disorders across the lifespan in Howard County.

We, the Center for Health Policy at the IU Fairbanks School of Public Health, have collected primary and secondary data to produce a report consistent with [SAMHSA recommendations](#) and the [Certified Community Behavioral Health Center \(CCHBC\) grant](#) criteria. The CBHNA was developed in collaboration with Community Fairbanks Behavioral Health – Howard, a Division of Mental Health and Addiction (DMHA) designated Community Mental Health Center (CMHC) as well as a grantee of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Certified Community Behavioral Health Center (CCBHC) award.

The goals of the assessment included:

- Identification of the level of need, including cultural, linguistic, treatment and staffing needs.
- Identification of the level of services available, including resources to addresses transportation, income, culture, and other barriers.
- Identification in gaps between needs and services.
- Recommendations to address gaps in services.

This report describes the need for behavioral health services in Howard County and identifies the gaps that exist between service needs and service availability. Based on the findings, Community Fairbanks Behavioral Health – Howard will strategize on how to address these needs and gaps.

## Methodology

This CBHNA was conducted between February 1, 2023, and August 31, 2023. We gathered information from several primary and secondary sources. Secondary (already existing) data were obtained as follows:

- Population-level data, including social determinants of health indicators, from the U.S. Census Bureau and the University of Wisconsin, Population Health Institute
- Prevalence estimates of behavioral health disorders from the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Treatment and organizational information were provided by Community Fairbanks Behavioral Health – Howard

# HOWARD COUNTY POPULATION PROFILE

Primary (new) data were collected by the research team through an online survey with Community Fairbanks Behavioral Health – Howard staff (n=62) and a follow-up focus group with select staff (n=5). We also conducted two focus groups with clients receiving services at Community Fairbanks Behavioral Health – Howard (n=9) and interviewed community key stakeholders (n=8) on the behavioral health needs and service gaps in Howard County.

The study protocol was submitted to the Indiana University Institutional Review Board (IRB) and approved as exempt (Protocol # 17879).

## Howard County Population Profile

Howard County is located in the north central region of Indiana. It is the 18th most populous county in the state with 83,687 residents. The majority of Howard County's population is Caucasian (86%), while 3% are African American, 1% are Asian, and 3% identify as having two or more races. In terms of ethnicity, 4% are Hispanic or Latino (U.S. Census Bureau, 2021).

### **Social determinants of health**

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. They also contribute to health disparities and inequities. These SDOH can be grouped into five domains including:

1. Economic stability
  2. Education access and quality
  3. Healthcare access and quality
  4. Neighborhood and built environment
  5. Social and community context
- (U.S. Department of Health and Human Services, n.d.).

The following statistics are key SDOH indicators in Howard County (U.S. Census Bureau, 2021):

Economic status: 60% of residents aged 16 and older were in the civilian labor force; the median household income was \$59,238; and 12% of residents lived in poverty.

Education: 91% of residents aged 25 and older had a high school degree or higher, and 21% had a bachelor's degree or higher.

Healthcare: 8% of residents under the age of 65 were without health insurance.

Housing: 72% lived in a house they owned.

According to the *County Health Rankings*, Howard County ranked 79 out of 92 Indiana counties on health outcomes. This means that the county is among the bottom 25% in the state, making it one of the least healthy communities. An estimated 20% of residents considered themselves to be in poor or fair health. On average, Howard County residents experienced 4.4 days of poor physical health and 5.1 days of poor mental health in the past month. The ratio of population to mental health providers was 480:1, meaning there was one mental health provider per 480 people registered in Howard County (University of Wisconsin, Population Health Institute, 2022).

Furthermore, 11% of people aged 16 and older were unemployed but seeking work, and 16% of children lived in poverty in Howard County. Violent crime is another major concern in the community as it has more than doubled since 2014. There were 431 violent crimes such as rape, homicide, robbery, and aggravated assault, reported per 100,000 people. This is higher than the rate for all of Indiana (385 per 100,000) (University of Wisconsin, Population Health Institute, 2022).

## Indiana 211

Indiana 211 is a free service that connects Hoosiers with health and human service agencies and resources in their local communities. It is a division of the State of Indiana Family and Social Services Administration (FSSA, n.d.).

During calendar year 2022, over 2,300 calls were made to Indiana 211 by Howard County residents, representing nearly 1,800 distinct callers. The top five needs categories reflected in these calls were:

1. Housing (920 calls)
2. Utility assistance (539 calls)
3. Food/meals (436 calls)
4. Individual/family/community support (263 calls)
5. Health care (221 calls)

Out of all the distinct callers, 99% spoke English. Demographic data such as race, age, gender, and education level were asked of the callers, but the majority declined to answer (FSSA, n.d.).

## Health Professional Shortage Areas (HPSAs)

The federal government assigns Health Professional Shortage Area (HPSA) designations to identify areas and population groups that are experiencing a shortage of health professionals. There are:

- *Geographic HPSAs* (shortage of providers for an entire group of people within a defined geographic area)

# HOWARD COUNTY POPULATION PROFILE

- *Population HPSAs* (shortage of providers for a specific group of people within a defined geographic area, e.g., low-income populations)
- *Facility HPSAs* (public or non-profit private medical facilities that serve a population or geographic area with a shortage of providers, e.g., correctional facilities, state/county mental hospitals, federally qualified health centers/FQHCs) (U.S. Health Resources & Services Administration, HRSA, n.d.).

Each mental health HPSA is assigned a score from 0 to 25, with higher scores indicating greater need. The score is based on seven criteria that are summed up: population-to-provider ratio (up to 7 point), percent of population below 100% of the Federal Poverty Level (up to 5 points), percent of people over age 65 (up to 3 points), percent of people under age 18 (up to 3 points), alcohol abuse prevalence (up to 1 point), substance abuse prevalence (up to 1 point) and travel time to the nearest source of care outside the HPSA designation area (up to 5 points) (HRSA, n.d.).

Howard County has three mental health HPSA designations, including one geographic and two facility designations.

Name	HPSA Designation	Score
MHCA 14 - Clinton/Howard/Tipton Counties	Geographic	12
Indiana Health Centers Incorporated (FQHC)	Facility	22
Meridian Health Services Corp. (FQHC)	Facility	23

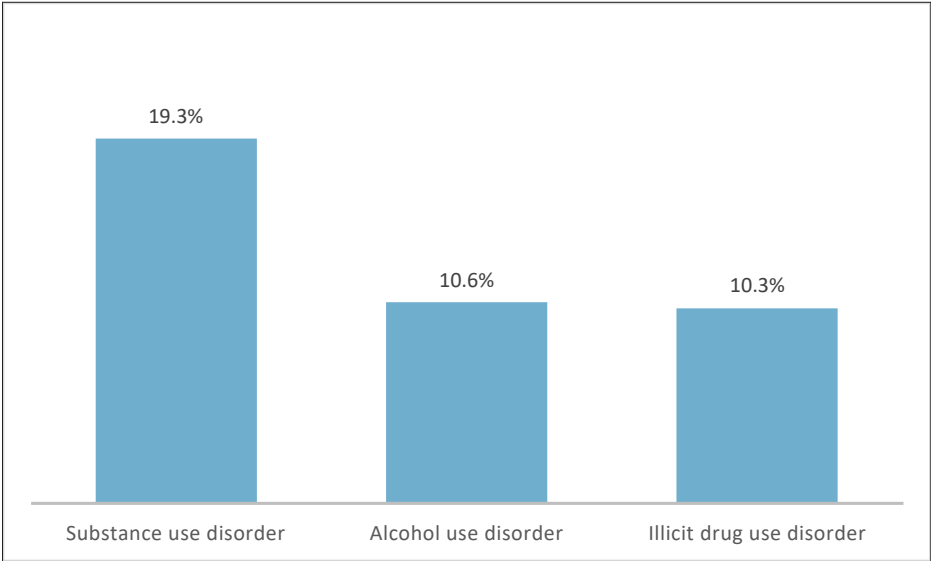
Note: Higher scores indicate greater need (HRSA, n.d.).

## Behavioral health disorders

Population-level estimates on behavioral health disorders are not available at the county level. To provide some background on the prevalence of these conditions, we included key statistics for the state of Indiana. This information was obtained through SAMHSA's National Survey on Drug Use and Health (NSDUH), the nation's annual survey on behavioral health conditions and treatment needs. The following information is based on pooled 2021 NSDUH data, which are currently the most recent estimates.

An estimated 10.3% of Hoosiers aged 12 and older experienced an illicit drug use disorder in the past year; the age group mostly affected were young adults between 18 and 25 years (19.9%). Furthermore, 10.6% of Indiana residents had an alcohol use disorder; again, 18- to 25-year-olds were mostly affected (13.7%). The prevalence for any type of substance use disorder (SUD) was at 19.3% among those aged 12 and older; SUD prevalence in young adults aged 18 to 25 was at 29.2% (SAMHSA, 2021a). See **Figure 1**.

**Figure 1. Prevalence of experiencing some type of substance use disorder in the past year among Indiana residents aged 12 and older (NSDUH, 2021)**

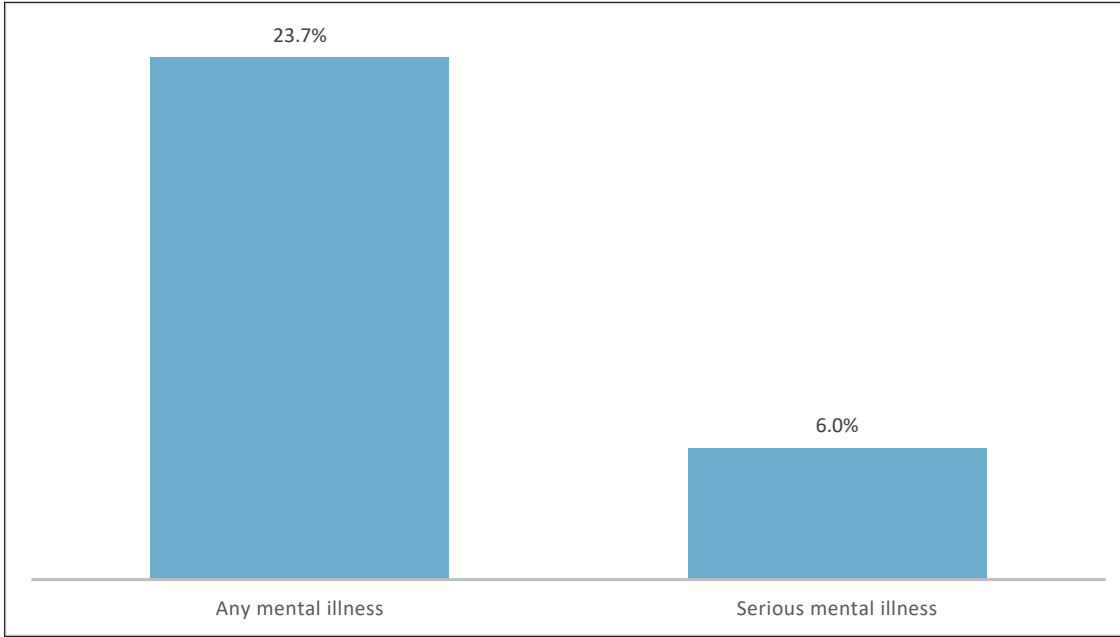


Additionally, 16.8% of Indiana residents aged 12 and older needed but did not receive treatment at a specialty facility for their SUD; again, the rate was highest for those between the ages of 18 and 25 (26.4%) (SAMHSA, 2021a).

Nearly one-in-four (23.7%) Indiana adults aged 18 or older had some type of mental illness in the past year, and 6.0% experienced a serious mental illness (SMI). A little over 18% of Indiana adults received services for their mental health condition (SAMHSA, 2021a). See **Figure 2**.

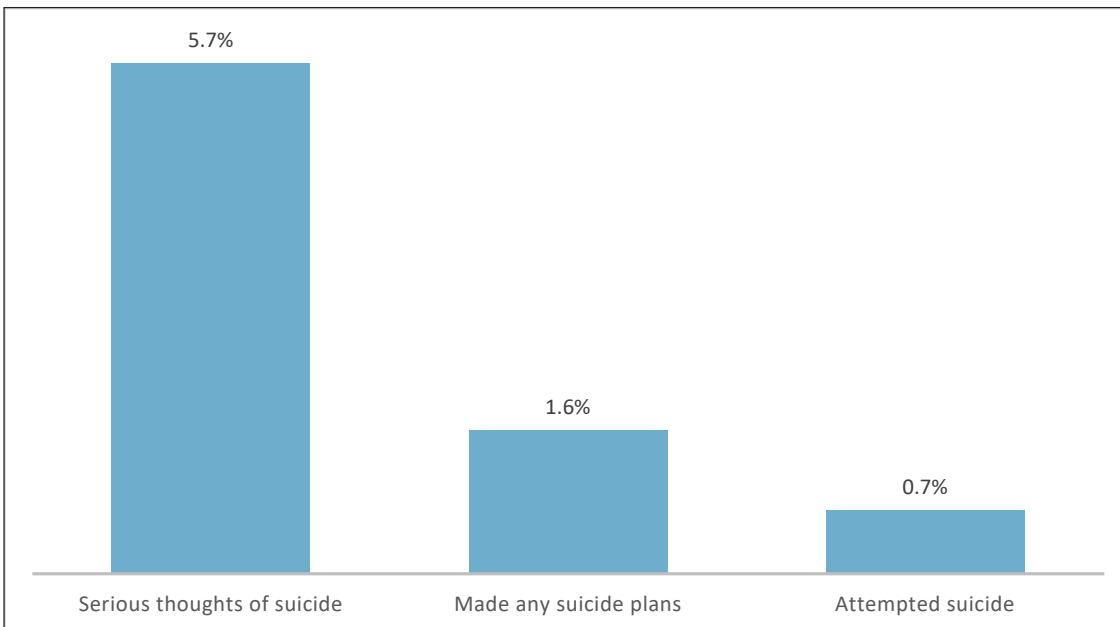
# HOWARD COUNTY POPULATION PROFILE

**Figure 2. Prevalence of experiencing any mental illness or serious mental illness in the past year among Indiana adults aged 18 and older (NSDUH, 2021)**



In terms of suicidal behaviors, 5.7% of Indiana adults had serious thoughts of suicide, 1.6% made any suicide plans, and 0.7% attempted suicide in the past year (SAMHSA, 2021a). See **Figure 3**.

**Figure 3. Prevalence of engaging in suicidal behaviors in the past year among Indiana adults aged 18 and older (NSDUH, 2021)**



Available data on mental health conditions among children are limited, especially at the state or community level. Among Indiana children between the ages of 3 and 17 years, 28.2% have one or more reported mental, emotional, developmental, or behavioral problem; 14.2% have attention deficit hyperactivity disorder (ADHD); and 2.6% have autism (Data Resource Center for Child & Adolescent Health, 2020).

## Behavioral health estimates in Howard County

When we apply the above-referenced Indiana-level prevalence rates to the adult population<sup>1</sup> in Howard County, we estimate that in the past year:

### *Substance use disorders*

- 13,055 adults had some type of substance use disorder.

### *Mental illness*

- 15,093 adults had some type of mental illness.
- 3,821 adults had a serious mental illness.

### *Suicidal thoughts and behaviors*

- 3,630 adults had serious thoughts of suicide.
- 1,019 adults had made a suicide plan.
- 446 adults had attempted suicide.

## Vulnerable populations

Specific populations have been identified in the literature as particularly vulnerable in terms of experiencing behavioral health conditions and/or having access to treatment services. County- or even state-level data are frequently not available for these populations, therefore, we relied on national data sources for estimates.

LGBTQ+ community: Among U.S. adults who identify as LGBTQ+, rates of substance use and mental health concerns are higher compared to the general population. It is estimated that 44% (or 5.7 million adults) experienced some type of mental illness, nearly 17% (or 2.1 million adults) had an SUD, and 12% (or 1.5 million adults) had a co-occurring disorder of both mental illness and SUD (SAMHSA, 2018).

Justice-involved populations: While it is difficult to measure the exact rates of inmates who have an SUD, some research shows that an estimated 65% percent of the U.S. prison population have an active SUD

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<sup>1</sup> According to the U.S. Census Bureau, the estimated adult population aged 18 and older in Howard County was 63,685 in 2021.

# HOWARD COUNTY POPULATION PROFILE

and an additional 20% percent do not meet SUD criteria but were under the influence of alcohol or drugs at the time of their crime (National Institute on Drug Abuse, 2020; National Center on Addiction and Substance Abuse, 2010). Furthermore, an estimated 44% of those in jail and 37% of those in prison have a mental illness (Bureau of Justice Statistics, 2017).

People experiencing housing instability / homelessness: Estimating the prevalence of behavioral health conditions among people with housing instability is difficult and available data are sparse. According to the 2016 Annual Homeless Assessment report, 75% of adults in permanent supportive housing had a mental health condition, substance use issue, or a co-occurring disorder (U.S. Department of Housing and Urban Development, 2017).

Communities of color: Estimates of past-year illicit drug use among Americans aged 12 or older were highest for people reporting two or more races (28.5%), American Indian or Alaska Native people (25.9%), and Black people (20.8%) compared with the estimates for people in all other racial/ethnic groups. Similarly, the rates for illicit drug use disorder in the past year were also highest for people reporting two or more races (5.0%) and American Indian or Alaska Native people (4.8%), followed by Black people (3.4%) (SAMHSA, 2021b).

## **Drug poisoning and suicide deaths in Howard County**

In 2020, Howard County reported 41 deaths from drug poisoning (overdose), representing an age-adjusted rate of 56.3 deaths per 100,000 people. Howard County's fatal overdose rate is considerably higher compared to the state's rate (36.6 deaths per 100,000 people) (Indiana Department of Health, n.d.).

Additionally, Howard County had 18 deaths attributed to suicide in 2020, representing a rate of 23.0 deaths per 100,000 people.<sup>2</sup> Again, Howard County's rate is well above the state's rate for suicide (14.9 deaths per 100,000 people) (Indiana Department of Health, n.d.).

## **Community Fairbanks Behavioral Health – Howard**

### **Sites and services**

Community Fairbanks Behavioral Health – Howard has 106 total employees. With the help of these employees the center was able to offer a multitude of services and bed space during 2022 including:

- 1 Outpatient Site
- 10 School Sites

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<sup>2</sup> Howard County's suicide rate estimate of 23.0 deaths per 100,000 people is considered unstable because it is based on a count of < 20 deaths.



- 12 Inpatient Beds
- 10 Group Home beds
- 25 Cluster Apartment beds

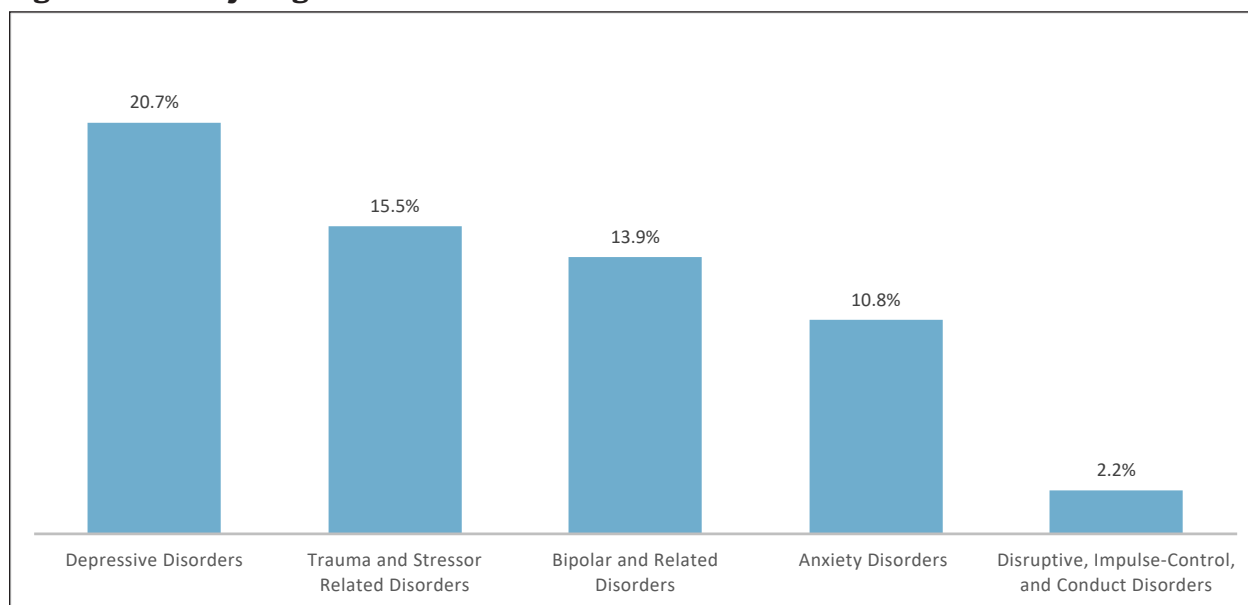
The center utilized 36 different evidence-based practices, supported 4 jail diversion programs, participated in 8 different grant programs, contributed to 31 community outreach events, partnerships, and community meetings, and provided \$907,910.97 in charity care.

## Persons served

In 2022, Community Fairbanks Behavioral Health – Howard served 2,872 clients, including 2,062 adults and 810 youth clients.

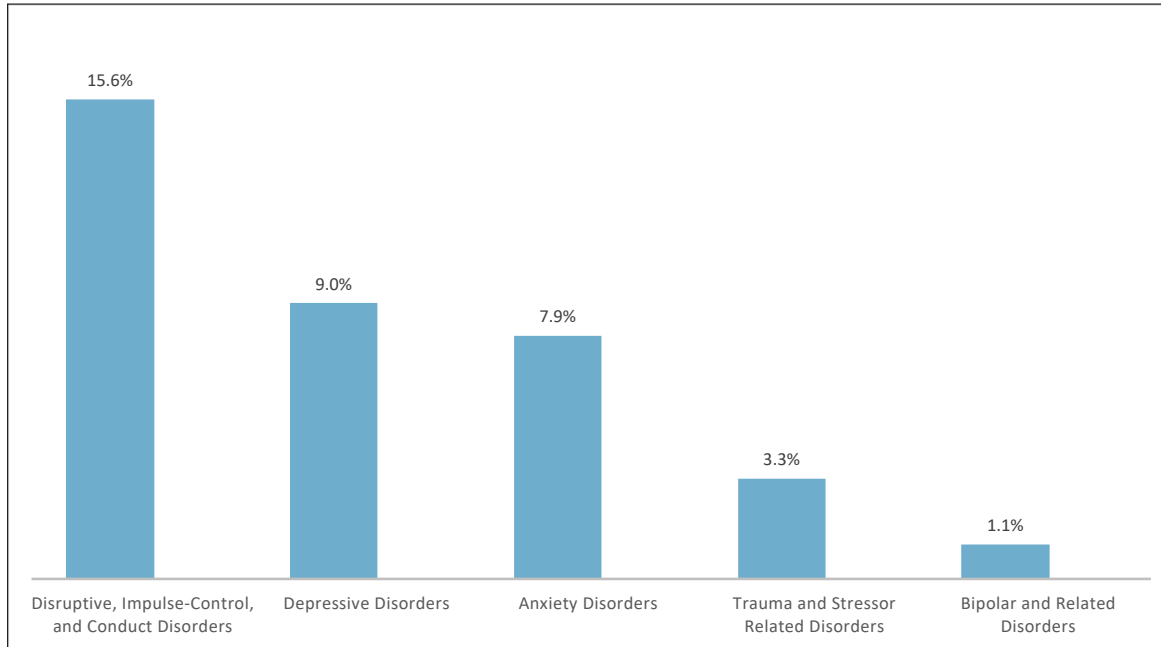
Of the adult clients, 1,732 received services for mental health, 323 received services for substance use disorders (SUD), and 7 received other behavioral health services. Almost 21% of adult clients had a primary diagnosis that fell into the depressive disorders category. This was followed by trauma and stressor related disorders. See **Figure 4**.

**Figure 4. Primary diagnosis in adult CMHC clients**



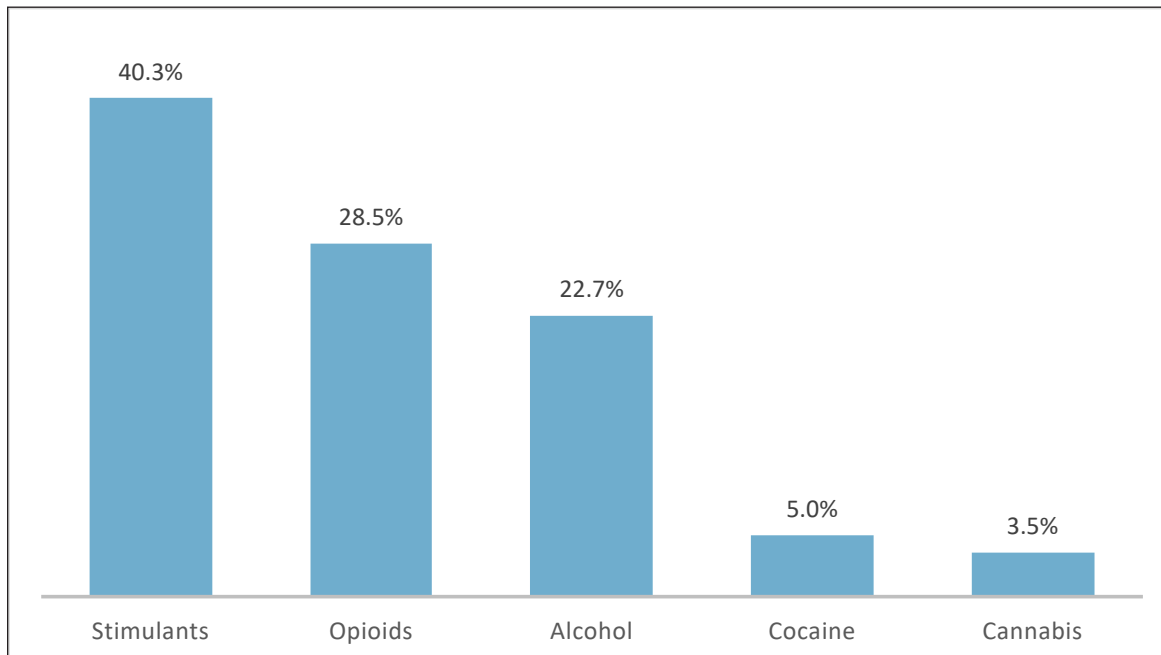
Of the youth clients, 802 received services for mental health, and 8 received services for substance use disorder (SUD) or another behavioral health service. Almost 16% of youth clients had a primary diagnosis of Disruptive, Impulse-Control, and Conduct Disorders. This was followed by depressive disorders. See **Figure 5**.

**Figure 5. Primary diagnosis in youth CMHC clients**



The most common substances used by clients were stimulants and opioids, closely followed by alcohol. See **Figure 6**.

**Figure 6. Types of substances used in CMHC clients**



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## Racial and ethnic composition

We compared the racial/ethnic composition of the Community Fairbanks Behavioral Health – Howard staff to the general and the clinic’s client population. Due to the reporting format of client’s race or ethnicity, we were not able to calculate exact percentages. However, based on available data, we computed estimates. The percentage of staff identifying as Black was below the percentage of Black individuals within the general as well as the clinic’s client population. See **Table 1**.

**Table 1. Percentage of Howard County population by race and ethnicity**

		Howard County general population	Community Howard Behavioral Health staff population	Community Howard Behavioral Health client population (estimated) *
Race	White / Caucasian	83.5%	91.5%	85.5%
	Black / African American	5.3%	2.8%	10.8%
	Asian	0.9%	1.9%	0.8%
	American Indian / Alaska Native	0.1%	0.0%	0.8%
	Hawaiian/ Pacific Islander	0.0%	0.0%	0.3%
	Other single race	1.7%	0.0%	1.9%
	Two or more races	8.5%	0.0%	N/A
Ethnicity	Hispanic (of any race)	3.9%	3.8%	N/A

\* Client race information comes from ANSA data and contains duplicates, i.e., client race categories are not mutually exclusive. For example, 84 clients indicated 2 or more races. Based on available data, we were not able to identify the precise denominator, which is necessary to compute exact percentages.

## Staff Survey

A link to the online survey was sent to 124 Community Fairbanks Behavioral Health – Howard staff members, and 62 individuals completed the questionnaire (50% response rate). Most respondents were clinical staff and identified as non-Hispanic white. The average number of years our respondents had worked in behavioral health was 12 years but ranged from less than 1 year to 40 years. Respondent characteristics are presented in **Table 2**.

**Table 2. Respondent characteristics**

		Percentage
<b>Primary role</b> (missing= 0)	Clinical staff	72.6%
	Administration	21.0%
	Other	6.5%
<b>Race</b> <b>(Categories are not mutually exclusive)</b> (missing= 0)	White	75.8%
	Black	4.8%
	American Indian or Alaska Native	1.6%
	Asian	0.0%
	Native Hawaiian or Pacific Islander	0.0%
	Other	1.6%
<b>Ethnicity</b> (missing= 10)	Hispanic	0.0%

### Most common behavioral health problems

The most common behavioral health problems reported were depressive disorders, anxiety disorders, and substance use disorders. More than half of all respondents endorsed each of the top three categories (see **Table 3**).

**Table 3. Most common behavioral health problems**

		Percentage
<b>What type of behavioral health problems do you see most commonly?</b> (Respondants selected up to 3 categories)  (missing = 0)	Depressive disorders	58.1%
	Anxiety disorders	54.8%
	Substance use disorders (SUD)	51.6%
	Schizophrenia, other psychotic disorders	45.2%
	Trauma, stressor-related disorders	40.3%
	ADHD	19.4%
	Disruptive, impulse control, conduct disorders	6.5%
	Other	1.6%

## Timely access to services

### Mental health services

Nearly two-thirds (63%) of respondents disagreed or strongly disagreed with the statement that it is easy to get access to mental health services in a timely manner in Howard County. **Long wait times** were frequently mentioned by respondents, which was primarily attributed to **workforce shortages (not having enough providers)** but also due to certain restrictions and **administrative barriers** that are in place. Other comments focused on the client, stating that the behavioral health system is **not client-centered** and **difficult to navigate**.

Most respondents estimated the average wait times for access to mental health services to be between a week and three months. The top barriers to getting access were related to **workforce** issues, specifically **not having enough providers** and staff experiencing **burnout**. Furthermore, **social determinants of health** play a large role in a person's ability to get treatment, especially **lack of transportation** or **insurance** issues. Other recurring themes included having **limited service hours** and **not enough time** to spend with clients, **administrative barriers**, and clients who have an appointment but do not show up ("**no-shows**").

# STAFF SURVEY

For details, **see Tables 4 and 5.**

## Addiction treatment services

Staff expressed that accessing addiction treatment, compared to mental health services, was easier. Over one-third of respondents (38%) agreed or strongly agreed that access to timely addiction treatment is easy, while one-third neither agreed nor disagreed with the statement. Among those who felt that access to addiction services is not easy, the top reasons mentioned included issues related to **workforce** (primarily, **not enough providers**), **long wait times** for some services (**intake, appointments for medication management**), clients having difficulties **navigating the system, gaps in specific programs or services** (not enough **suboxone providers**, no **detox** for alcohol or sleeping pills).

Similar to the estimate for mental health services, most respondents projected the average wait times for access to addiction treatment to be between a week and three months. However, wait times for mental health services seemed to be longer than for addiction treatment. The top barriers to getting access were related to **workforce (not enough providers, staff burnout)**, **client responsibility (“no-show”, in denial about addiction)**, and **social determinants of health (transportation, insurance)**. Additional barriers included clients having difficulty **navigating the system** and experiencing **stigma** related to addiction.

For details, **see Tables 4 and 5.**

**Table 4. Ease of access to mental health and addiction treatment services**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is easy for a person in Howard County to get access to mental health services in a timely manner. (missing = 6)	1.8%	19.6%	16.1%	39.3%	23.2%
It is easy for a person in Howard County to get access to addiction treatment in a timely manner. (missing= 7)	10.9%	27.3%	32.7%	20.0%	9.1%

**Table 5. Average wait time to get access to services**

	Less than a week	A week to a month	One to three months	Over three months
In your experience, how long does it take for the typical client to get access to mental health services? (missing= 6)	1.8%	39.3%	51.8%	7.1%
In your experience, how long does it take for the typical client to get access to addiction treatment? (missing= 9)	24.5%	43.4%	30.2%	1.9%

**Vulnerable groups and unmet needs**

The most vulnerable populations identified included people experiencing **homelessness**, individuals with **low socioeconomic status** (SES), and people with **multiple comorbidities** (see **Table 6**). Other vulnerable groups that were mentioned by at least two respondents included **single parents** (especially if they do not have access to childcare) and the **elderly**.

**Table 6. Most vulnerable populations**

	Percentage	
In terms of getting access to behavioral health services, please select the three groups that you feel are most vulnerable or underserved in Howard County. (Respondents selected up to 3 categories)  (missing= 0)	Homeless	54.8%
	Low SES	45.2%
	Many comorbidities	41.9%
	Children	38.7%
	Justice-involved	19.4%
	LGBTQ+	14.5%
	People of Color	6.5%
	Pregnant women	3.2%

## STAFF SURVEY

When asked about unmet needs in the community, most responses fell into one of the following categories: **Social determinants of health, workforce, programs and services, cross-agency collaboration and care coordination, timely access, funding, and specific populations.**

- Social determinants of health
  - Many basic needs are not met, including access to food, housing, a living wage, and transportation.
- Workforce
  - There are not enough providers to take care of the behavioral health needs of the community. High caseloads frequently lead to staff burnout.
- Programs and services
  - Youth services, youth inpatient beds
  - Nursing homes for SMI population
  - Group homes
  - Detox facilities
  - Access center
  - Trauma recovery
  - Family therapy
  - Grief groups
  - Life skills
  - Motivational interviewing
  - Community-based services
- Cross-agency collaboration and care coordination
  - Communication between providers, agencies, and departments
  - More collaboration with and support from partner agencies such as the jails and Department of Child Services
- Timely access
  - More timely access to services and medications
- Funding
  - More funding for behavioral health
- Specific populations
  - Resources for people who have experienced domestic violence
  - Resources for LGBTQ+ individuals
  - Safe home environment for children

### **Resources for Community Mental Health Center**

When asked whether the CMHC has sufficient resources, the level of agreement differed widely. While 30% of respondents agreed that enough resources are available, 38% disagreed with the statement (see



**Table 7).** When asked what resources and support are needed, the most common responses were related to **workforce, funding, programs and services, and social determinants of health.**

- Develop workforce
  - Hire more staff (e.g., therapists, life skills clinicians)
  - Provide more staff trainings
  - Offer better compensation (incentive for recruitment and retainment, to help with staff burnout)
- Increase funding
  - To retain and expand workforce
  - To provide more services
- Provide or expand specific programs and services
  - Group homes and nursing home units for older population with SMI
  - Walk-in clinics
  - More youth programming
  - More office space or rooms
- Address social determinants of health
  - Provide resources to meet the basic needs of the population (housing, food, clothing, transportation)

### **Culturally appropriate services**

Over half (53%) of respondents agreed or strongly agreed that Community Fairbanks Behavioral Health – Howard has racially and ethnically diverse staff who can provide culturally and linguistically appropriate services to clients; however, over 20% did not think that this is the case (see **Table 7**). Among those who felt that the workforce is not racially or ethnically diverse, the most frequent comments centered on the **lack of diversity** of people of color, but also in terms of gender (more female than male staff) and LGBTQ+ status. Furthermore, many respondents mentioned the **lack of bi- or multilingual staff** (specifically the need for Spanish-speaking therapists or interpreters). It was also mentioned that the lack of diversity among staff members is likely a reflection of Howard County, which is also racially and ethnically not diverse. Furthermore, it was stated that despite not being diverse, staff are able to provide culturally and linguistically appropriate services.

# STAFF INTERVIEW AND FOCUS GROUP

**Table 7. Sufficient resources and culturally appropriate services**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Our CMHC has sufficient support and resources to provide behavioral health services to the community. (missing= 12)	0.0%	30.0%	26.0%	38.0%	6.0%
In our CMHC, we have racially and ethnically diverse staff who can provide culturally and linguistically appropriate services to their clients. (missing= 11)	5.9%	47.1%	25.5%	19.6%	2.0%

## Staff Interview and Focus Group

To deepen our understanding of the behavioral health needs and gaps from the staff’s perspective, we conducted an interview with leadership and a focus group with five clinical staff members, serving adult and youth populations at Community Fairbanks Behavioral Health – Howard. Their responses were aggregated into four domains: Most significant behavioral health concerns, access to care, vulnerable groups and unmet needs, and challenges that are faced by the system.

### Most significant behavioral health concerns

Community Fairbanks Behavioral Health – Howard is an outpatient behavioral health facility that provides both mental health and addiction services including:

- Individual, family, and group therapy
- Psychiatric medication management and medication assisted treatment (MAT)
- Life skills development and training
- Case management
- Peer recovery coaching

The clinicians reported that the most significant behavioral health concerns they see include **depression**, **anxiety**, and **substance use**. They also stated that Community Fairbanks Behavioral Health – Howard treats a large population with **serious mental illness**.

They stated that among adults, the most used substances are **opioids**, **amphetamines**, and **cannabis**. Teens are more likely to use cannabis, but we also see some **tobacco** use and increased **cocaine** usage

among youth.

The clinicians agreed that **unprocessed trauma** seemed to be at the root of most of these behavioral health issues.

### **Access to care**

When asked if the community is offering enough behavioral health services, the clinicians all agreed that the need is not sufficiently met. They explained that there is a lack of behavioral health care providers, which causes **long wait times**. New clients are waiting about 6 weeks for an intake appointment, then another 3-4 weeks to start therapy, or 2-3 months to start medications. A major concern is that people who are ready to start treatment but cannot get an appointment right away, may lose their motivation.

Furthermore, returning clients often have to wait 4-6 weeks for their next appointment. This can be problematic as well because it may delay when clients can start on their medications and hinder the progress of therapy due to the length of time between appointments.

*“When they’re motivated to actually start treatment, and then they can’t get in anywhere, a lot of the time they fall off and don’t return...”*

The clinicians shared that they felt the long wait times were not isolated to Community Fairbanks Behavioral Health – Howard, but also affected other similar agencies in the community. When asked if they thought a lack of diversity among the staff was a barrier for clients, a clinician responded,

*“I’ve not seen that be a significant barrier for people of color seeking treatment, especially because they’re waitlisted so long as it is that a lot of them are just happy to get into something.”*

Other factors that were mentioned as influencing clients’ ability to access behavioral health care were insurance issues, a lack of inpatient facilities for youth, transportation issues, and the removal of virtual service options due to reimbursement rule changes post-pandemic.

*“I have a lot of patients that really have benefited from the virtual services. So no-show rates have gone down, and the ability for patients to take a break at work and step out and see somebody for medications, or step out for therapy, whatever then that may be, but still be able to walk right back into work where they’re earning an income and can pay their bills. So, I think that forcing them to come into the office, we’re going to once again decrease compliance as well as access.”*

### **Vulnerable groups and unmet needs**

The participating clinicians identified the following groups as the most vulnerable in terms of accessing behavioral health services:

## STAFF INTERVIEW AND FOCUS GROUP

- **Youth**, particularly those needing addiction treatment,
- People experiencing **homelessness**,
- People experiencing **serious mental illness**,
- Those with **low socio-economic status**, especially those undergoing some instability in job or home locations, and
- Individuals who were **previously utilizing virtual services** due to transportation issues or work schedules.

When asked about the greatest unmet need regarding behavioral health services, the clinicians focused on two topics, **trauma** and **staff shortages**. Some of the participants in the focus group wished they could offer eye movement desensitization and reprocessing (**EMDR**) **therapy** for the trauma population but were concerned about their ability to provide it with fidelity as sessions are supposed to be conducted weekly.

The other concern was that the **staff shortages and the resulting long wait times** were impacting the consistency of services across the board, from therapeutic interventions to communications with other agencies.

### Challenges

The clinicians who participated in the focus group mentioned issues around **housing, insurance**, and **transportation** as significant obstacles, but they emphasized that their greatest challenges stemmed from the **low reimbursement rate** from Medicaid and Medicare, which have not been updated since the 1990's.

*"There's just not a lot of us to go around. But with that, too, hiring more staff is difficult because of the reimbursement rates that we get for providing services, especially through Medicaid and Medicare. So, when we're not, so, we have to have very high productivity, very high billing in order to justify hiring another therapist. Even though the need is there, the reimbursement rate isn't quite matching."*

The clinicians explained that the "**very high productivity**" is greatly impacting the organization's ability to attract and retain staff. Caseloads are nearly double the ideal, leading to long wait times and scheduling issues described earlier. To make it easier on patients, therapists are fitting clients in during their administrative time, which further adds to the staff's **stress and burnout**. As therapists leave, clients are transferred to other therapists, and become frustrated with the lack of progress.

*"...and then we've got people that have unfortunately been transferred multiple times due to that reason. So, they get frustrated and don't want to start over with therapy, end up being very reluctant to transfer to somebody else. So, trying to get them re-engaged has been an issue. So, people falling through the cracks as well there, too."*

Another factor influencing the staff's decision to leave is the **pay discrepancy** between CMCHs and private practice. CMHCs are limited in their ability to competitively compensate staff due to the low reimbursement rate. Dedicated staff can be worn down by the repeated frustrations caused by high caseloads, then enticed to leave by other agencies.

*"So, you've got people who have, you know, started out really caring and wanting to be in community mental health, but then getting very burned out because they're adding patients in their admin time. And then they have other people who are actively recruiting. I get emails every day, and the salary difference just can't compare. People, when they get to the point where they are burned out, they look at that option and they jump ship..."*

### CHMC Client Focus Group

We conducted two 45-minute focus groups with a total of nine Community Fairbanks Behavioral Health – Howard clients. We asked them about their satisfaction with services, the ease of accessing those services, and how services could be improved.

#### Satisfaction with services

Overall, focus group participants were **greatly satisfied** with Community Fairbanks Behavioral Health – Howard and multiple participants stated that they receive better care there than they had at any other facility. They reported feeling respected and supported by the staff.

Especially Clubhouse was one of the programs that was highly valued by clients, primarily for the following reasons:

- **Effective behavioral Health Treatment**

*"The therapists and everything really helped me quite a bit. They really have, they opened my eyes up... And the Clubhouse shows people that something actually works... and that we are actually here for you, that's what I like about it."*

- **Housing assistance**

*"I was looking for a place and couldn't find one, and they helped me. They actually went with me to look at places, took me to look at places, and helped me to a place where I got a place of my own. I've been there for seven-eight months now, and I mean I am so grateful for Clubhouse... I really am. I owe them everything!"*

- **Supporting clients' goals**

*"You have a dream or a goal, and you turn that into an idea, and you tell them what you want to do,*

## CHMC CLIENT FOCUS GROUP

*they'll, like, tackle it! And it helps me because after I tackle this one, I get another one! And then I tell them about that, and it makes you want to keep going, you know?!"*

- **Social interaction with others in similar situations**

*"I love the clubhouse. Being with friends and family – makeshift friends and family – they helped me through stuff."*

Though satisfied with Clubhouse, multiple participants expressed the **need for Clubhouse to expand and serve more people**.

One participant who had not been involved in Clubhouse was interested in learning more and expressed a desire for more advertisement of the program to clients receiving other services at Community Fairbanks Behavioral Health – Howard.

### **Access to care**

When asked if it had been difficult to obtain services, only one focus group participant replied that it had taken them over a year to see a psychiatrist and therapist. The other eight reported being able to obtain services quickly. Two participants reported being referred to the program - one by a friend, another by a probation officer:

*"It was the best thing he could have ever done to me. He really saved my life."*

When asked about barriers to access, participants mentioned workforce shortages and transportation barriers. Regarding **workforce shortages**, one participant said:

*"I think they need more therapists and psychiatrists here, because there's people out there who have no treatment, no one helping them."*

Five others commented on a need for transportation. Two of them mentioned that they do not drive and must walk or take a bus to attend appointments. Two others talked about the desire to add transportation support as a service offered:

*"We'd love to have a van or something for them people to be able to come, because the trolley sometimes ain't running... they need transportation back and forth."*

### **Recommendations for improvement**

In addition to adding transportation, the participants expressed wishes for additional space for Clubhouse, more staff, physical activity opportunities, classes to teach proper interactions with staff, and

more family involvement.

- **Additional space for Clubhouse**

*"I believe the Clubhouse is growing, but we can only grow so far because we've only got a small space. We're already crowded. We need somewhere bigger... because when you get grouped together you got tensions. You know? It's like everybody likes to have a little space between them."*

- **More staff**

*"I'd like to see the expanding of the life coach/caseworker skill services... giving them more resources and getting more of them in office as the need for them comes with more and more clients."*

- **Physical activity opportunities**

*"Definitely physical activities would be great here. That'd be a great experience for not only, you know, physical health, but also like a group activity."*

- **Learning proper interactions with staff**

*"How about having the class without the case manager, and we learn how to treat them? Because I see so much abuse. I mean, it might not be severe, but it's the way they talk to them. It's not right! They are there to help you. Or they butt in when you're talking to a case manager. You got to put your foot down. But, you know, I think they should be treated better."*

- **Family Involvement**

*"I feel like the only thing that needs to change about it, is it could be a bit more family oriented. Cause there are other family members that they have their own problems or situations, and it could open their eyes."*

### Community Key Informant Interviews

We conducted five interviews with eight representatives from agencies or community organizations who often interact, or whose mission is driven by, individuals with behavioral health conditions. The following sectors were represented:

- Kokomo Housing Authority
- Robert J. Kinsey Youth Center (juvenile detention and emergency shelter care)

# COMMUNITY KEY INFORMANT INTERVIEWS

- Howard County Health Department
- Howard County Community Supervision (probation)
- Turning Point System of Care

We asked a variety of questions to understand their perspectives on the behavioral health needs within Howard County. Their responses were aggregated into four domains: Most significant behavioral health concerns, vulnerable groups and unmet needs, behavioral health services and community resources, and challenges.

## **Most significant behavioral health concerns**

When participants were asked what they thought were the most significant behavioral health concerns for Howard County, they primarily mentioned issues related to workforce shortages, housing, and health insurance.

### **Workforce shortages**

Several participants mentioned the workforce shortage as a primary concern in the community. There is a high turnover rate among staff, and clients may miss the consistency of seeing the same providers, which can impede the building of therapeutic relationships. Also, the lack of therapists leads to long wait times for clients, especially if they need to see a psychiatrist for medication management.

### **Housing**

Another concern that was discussed was the need for housing. Finding a safe, stable, and affordable place to live is essential to treatment and recovery, but can be difficult to obtain, especially for clients with mental illness or substance use disorders. Participants mentioned the need for more recovery-supportive housing, transitional living, and group homes.

### **Health insurance**

A few concerns were mentioned related to health insurance. For example, some treatment providers in the county only accept private insurance, which limits those who are un- or under-insured, or are insured through public programs.

*“That facility only accepts private insurance, and it’s the only place here in Howard County that offers residential treatment for substance use and for mental health. So that creates a pretty big barrier itself by limiting anyone who’s un- or under-insured, or who is insured through state insurance or anything like that. There’s a lot of people with a higher level of need, but they can’t access it here.”*

Another insurance-related concern that was brought up was that some clients may be losing their Medicaid insurance because they are not responding to the government’s request for re-attestation of their eligibility and, therefore, requiring providers to enroll clients through presumptive eligibility.



### Vulnerable groups and unmet needs

We asked the community key informants for their perspectives on the most vulnerable or disparate groups, in terms of accessing behavioral health services in Howard County. The following groups were identified:

- Those who may lack a voice of their own such as **youth** and **people with disabilities**.
- **Single parents** who do not have the time or resources to access care.
- **Formerly incarcerated individuals** who are released without referrals or resources for care (insurance, provider directory, transportation, etc.).
- Those experiencing **homelessness**, individuals who are part of the **LGBTQ+ community**, **people of color**, **low-income families**, and other groups who face stigma and discrimination.

*“Especially the African American community, which most of my residents, you don’t talk about mental health. You just deal with it internally.... I think it’s more cultural-based. I don’t think... Even if there is access to it, I think they still avoid it, because it’s, culturally, you don’t talk about mental health when you’re already...”*

When asked about the areas of greatest unmet need, the following themes emerged:

- **Timely access to services**, especially medication management.
- **Emergency response teams**.
- **Social service programs** to help people get out of intergenerational poverty.
- Programs to improve **mental health literacy** and **reduce stigma** in the community.
- **Continuity of care**, especially for those who need treatment after incarceration.
- **Recovery housing**.

*“Sober living and group homes for people with serious mental illness... I have seen a lack of support or group homes for people with mental illness. So oftentimes, we have to refer them out to other counties to get ongoing care after they discharge from our treatment facility.”*

### Behavioral health services and community resources

We also asked our community key informants (a) if they believe that there are enough behavioral health services available to meet the need in Howard County and (b) if Howard County has sufficient support and resources to provide adequate behavioral health services to the community. Their opinions to both questions slightly differed among the individual participants.

Participants tended to think that there are **many good programs** available in the community including mental health services; harm reduction services; a recovery hub; self-help groups (e.g., 12-step,

## COMMUNITY KEY INFORMANT INTERVIEWS

Alcoholics Anonymous and Narcotics Anonymous); social services including housing support, care coordination, and food pantries; and after-school programs. It was also mentioned that the different entities in the county are collaborating and working well together.

*“Well, I think I would say Howard County does a great job, as far as we are able, to support and provide services to the community from a collaboration standpoint. I think the first responders, law enforcement, judiciary, the community health centers, us, the other social service agencies, the hospitals, emergency departments: I think we collaborate pretty well.”*

However, participants also felt that there are **not enough service providers** to meet the current need and reported a **lack of specific programs and services**, such as detox, youth services, emergency response teams, and jail-to-treatment continuity. Some of our community key informants also noted services that were highly successful, yet are no longer available, such as functional family therapy (FFT) and the Assertive Community Treatment (ACT) team.

A few participants stated that Howard County has taken major steps forward in providing services and *“is far and above what other counties are offering,”* though there is still room for improvement.

Although many key informants believed services within the county are improving, there was overall agreement that there is insufficient **funding** for behavioral health services, including low Medicaid reimbursement rates:

*“I think that we do need way more funding, because one of the reasons why we have a workforce issue is because we have a reimbursement issue, and rates are very low for mental health.”*

Insufficient funding contributes to other major issues such as **workforce shortages** and a **lack of programs and services**.

*“You’re not going to keep a psychologist, an LCSW, an LCAC, you’re not going to keep those individuals if you can’t pay them at the minimum, and I’m talking minimum, \$50 an hour. I mean, you just can’t.”*

*“You have already a lack in staff. So, you have to remedy that first, and then you can, you know, kind of move forward and look at other programs or other outreach. But you’ve got to fix your main issue now... staff.”*

Key informants were quick to point out the need for specific programs and services. It was highlighted that individuals seeking care need help with affordable childcare, transportation, housing and recovering housing, and other external support services.

## Challenges

When discussing the challenges to accessing the behavioral health system, many previous points were reiterated, including **insufficient funding and reimbursement rates, workforce shortages, long wait times** for clients, and the need for more **programs and support services** (e.g., transportation, housing, child care).

Additionally, key informants discussed the following barriers and challenges:

- **Stigma**, especially in communities of color.

*“It’s number one, getting my residents to accept that help and going and seeking the services. That’s the hardest part for me.... Because in the, especially the African American community, which is most of my residents, you don’t talk about mental health. You just deal with it internally.”*

- **Childhood trauma**, including experiencing intergenerational poverty, living in public housing, and not having enough food.
- Having one’s **basic needs** met is critical before individuals can even think about getting into treatment.
- Maintaining **long-term recovery**, especially for people with co-occurring mental health and substance use disorder.

*“...recovery isn’t just treatment. I mean, you can do a course of treatment and get medications, but recovery is much more of a lifelong commitment. So again, when you think about people with co-occurring disorders, you know, if you got bipolar that’s not being medicated or managed appropriately, or you’re self-medicating, these guys are really going to struggle with sustained recovery.”*

## Recommendations

Certain key issues were consistently identified by all participants. We summarized these key issues and the resulting recommendations that were made, and aggregated them into five categories: Funding, workforce, programs and services, social determinants of health (basic needs), and stigma.

It is important to note that these recommendations are not meant as the sole responsibility of the CMHC but should be viewed in the larger context of the community and the behavioral health system.

### Sustainable Funding

Medicaid and Medicare reimbursement rates are low and have not been updated since the 1990s; current funding levels are insufficient to hire enough staff and provide all needed services and programs.

## RECOMMENDATIONS

It is recommended to: Raise Medicaid/Medicare reimbursement rates to be in line with current costs of care. Increase the state budget and fully fund Senate Enrolled Act 1 – Behavioral Health Matters! Expand the federal Certified Community Behavioral Health Center (CCBHC) Model.

### **Workforce Development**

There is a workforce shortage in community mental health, resulting in long wait times for clients and staff to be overwhelmed and overburdened. With sustainable funding, CMHCs would be better able to provide a competitive salary to recruit and retain an adequate workforce.

It is recommended to: Hire more staff (with adequate funding, a competitive salary can be offered). Create a workforce pipeline, by increasing awareness of behavioral health careers amongst middle school, high school, and college students. Offer incentives for early-career professionals such as tuition reimbursement, student loan forgiveness, and additional training. Aim to increase diversity, equity, and inclusion (DEI) within the workforce, especially in higher-level and leadership roles.

### **Programs and Services**

Some effective, evidence-based programs and services are currently not provided due to a lack of funding or staff shortages. Trauma, especially during childhood, is a factor in many mental health and substance use disorders. A crisis response system may more effectively address critical behavioral health issues than law enforcement. Continuity of services and transition of care is essential, especially for individuals who are or have been incarcerated.

It is recommended to: Incorporate trauma-informed care and offer specific programs to address trauma (e.g., EMDR). Develop a comprehensive crisis response system or at least mobile response teams to intervene during mental health crises. Offer more recovery-oriented housing, residential facilities and group homes. Provide jail-to-treatment continuity for people incarcerated with a mental health or substance use disorder.

### **Social Determinants of Health**

Social determinants of health can increase a person's risk of developing a mental health or substance use disorder and make it more challenging to obtain services and remain in treatment. When basic needs are not met, it is difficult to focus on treatment and recovery.

It is recommended to: Provide support services to address the social determinants of health and help individuals meet their basic needs (e.g., food, housing, childcare) and offer transportation to and from their place of treatment.

## Stigma

Stigma is still a considerable barrier to accessing behavioral health services, especially in communities of color.

It is recommended to: Increase awareness and reduce stigma in the community. Engage in open communications to build trust, especially in minoritized populations. Promote use of non-stigmatizing language. Educate communities in culturally appropriate ways to normalize mental health and substance use disorder treatment. Discuss harm reduction to educate and reduce stigma.

## Afterword

In September 2022, the Indiana Behavioral Health Commission published a report on the mental health and wellbeing of Hoosiers, including recommendations on building a sustainable behavioral health infrastructure and developing a strong workforce in our state. The work completed by the Indiana Behavioral Health Commission also served as the impetus for Senate Bill 1 - Behavioral Health Matters, the first time in Indiana history that a mental health bill had been designated a legislative priority. The focus of SB 1 was to (1) build a solid crisis response system, including the 988 Suicide & Crisis Lifeline, clinician-led mobile teams, and crisis receiving and stabilization units, and (2) adopt the Certified Community Behavioral Health Clinic (CCBHC) model to provide comprehensive and integrated mental health and substance use services.

Though the bill passed, the actual amount of funding fell short of the \$130 million per year it would cost to implement such a comprehensive system, with the state budget allocating \$100 million for the program over two years (or \$50 million per year).

*"I was so glad that that [Senate Bill 1 – Behavioral Health Matters!] was number one. That's so exciting. But yet, the amount of funding that they put toward that, it just didn't really feel like they were supporting it the way that they had said they were going to. I really want to be able to fund behavioral health and really help people..."*

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