

Aspire  
Indiana™

# Moving Into the Future

Planning today for our communities tomorrow.

2015 Annual Report

All stock photos are posed by model.

## What does it mean to move into the future?

What is the future of behavioral healthcare and, more importantly, how do we get there? 2015 started with us asking these very important questions. We know healthcare is changing every day, and we at Aspire want to meet those changes and use them to help the people and communities we serve in Central Indiana. We did this by starting with our mission: to provide quality, compassionate care to all of the people and communities we serve through the delivery of effective and accessible behavioral healthcare and related services. The next step was to address all the barriers individuals and families may experience on their road to recovery by implementing better recovery models, and by hiring caring, experienced staff to help with the growth of healthcare.



## A Message to the Community

2015 has been an eventful year for Aspire Indiana. Growth and change in existing programs and development of new programs has stretched the organization, moving us into the future in new and exciting ways!

Henry Ford, founder of Ford Motor Company, once said, "If everyone is moving forward together, then success takes care of itself." The staff here at Aspire know that the organization has to move forward. To do otherwise, to rest on our laurels, means that we become stagnant and fall behind our peers, other healthcare providers.

This Annual Report, which covers fiscal year 2015, focuses on the future of Aspire — from Rehabilitation Services to Comprehensive Outpatient Services to Primary Care Integration — all of which have experienced growth and change designed with our consumers in mind.

This Annual Report details some of the changes at Aspire over the past year, changes intended to propel Aspire into the future. Change can be frightening. What is important is that the staff members at Aspire have embraced these changes, and have done everything in their power to ensure that the changes to existing initiatives, and the addition of new initiatives, have been successful at moving Aspire into the future. Aspire's staff realize that failure to change means that the organization will not reach its true potential, will not have the ability to serve its consumers in the best possible manner, and will not move Aspire into the future. Aspire is an ever-evolving organization with a constant eye toward the future.

Fiscal year 2015 was a good year for Aspire. This was due in large part to staff members' acceptance of Aspire's changes, and due to their vision for the future, a vision filled with better services and better outcomes, both organizationally, and for each of our consumers. Aspire received financial support from a diversified funding base that includes loyal donors, as well as our employees.

As we look back and celebrate the changes that occurred in 2015, let's also look ahead to 2016 and a future filled with exciting opportunities for our organization and for our consumers.



Jeffrey L. Reed, CPA  
Blue & Company, LLC  
Board Chair



C. Richard DeHaven,  
President and Chief  
Executive Officer  
Aspire Indiana



# Aspire Indiana Board of Directors—2015

- **Board Chair:** Jeffrey L. Reed, CPA, Blue & Co. LLC
- **Vice Chair:** John Demaree, Executive Vice President & Principal, Summit Realty Group
- **Board Secretary:** Paula Bachert, Owner, Zounds Hearing
- **Board Treasurer:** Douglas Prince, CPA, Chief Executive Officer, ProCourse Fiduciary Advisors
- Bryan Brenner, CEO, First Person
- Meredith Carter, Ed.D., Ivy Tech (Retired)
- Doug Cassman, CEO, Educational Services Co.
- Shelagh Fraser, MD, Priority Physicians PC
- Fred Glynn, Hamilton County Council Representative
- Michael J. Hall, Senior Vice President, Investments, Stifel Nicolaus
- Duane Hoak, Ed.D., Anderson University (Retired)
- Darlene Likens, Madison County Clerk
- Amy Matthews, Attorney, Church Church Hittle & Antrim
- Trent Scott, Vice Presiden, Human Resources, BCForward
- Marjorie Shell, Health Care Consultant
- James Ward, Ward's Awning Co. (Retired)
- Donna Yancey, PhD., School of Nursing Professional (Retired), Member of NAMI

## Executive Staff

- C. Richard DeHaven, President & Chief Executive Officer
- Barbara Scott, Executive Vice President & Chief Operating Officer
- Dr. Jerry Sheward, M.D., Vice President & Chief Medical Officer
- Craig Baird, Vice President & Chief Financial Officer
- Jerry Landers, Vice President & Chief Development Officer

## Medical Staff

- Jerry Sheward, M.D., Vice President & Chief Medical Officer
- Oleh Dzera, M.D., Staff Psychiatrist
- Jason Ehret, M.D., Staff Psychiatrist
- Syeda Khatib, M.D., Staff Psychiatrist
- Geoffrey Fortner, M.D., Staff Psychiatrist
- Judi Knowles-Duncan, M.D., Staff Psychiatrist
- Hua Luo, M.D., Staff Psychiatrist
- Amy Newhouse, Nurse Practitioner
- Michael Nicholas, M.D., Staff Psychiatrist
- James Nicholas, M.D., Staff Psychiatrist
- Patricia Nikolov, Nurse Practitioner
- Ronda Owens-Dehmer, Nurse Practitioner
- Brett Presley, M.D., Independent Contract Psychiatrist
- Kelly Rhoadarmer, M.D., Independent Contract Psychiatrist
- Andrea Rabadi, Nurse Practitioner
- Betsy Rosiek, M.D., Associate Medical Director / Adult
- Dale Sommers, M.D., Staff Psychiatrist
- Ronald Stachler, M.D., Independent Contract Psychiatrist
- Paul Taraska, M.D., Staff Psychiatrist





## Services and Programs

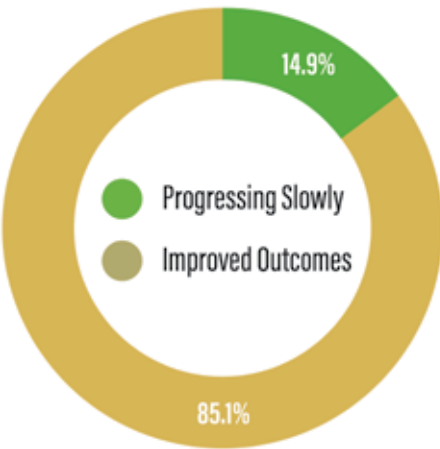
Because of the long-reaching effects of mental illness, Aspire has many programs, services, and strategic initiatives in place to help support those in need:

- Addiction Services
- Deaf Services
- Individual, Family, & Group Therapy
- Inpatient Services
- Integrated Care
- Medical Services
- Outpatient Services
- Primary Care
- Rehabilitation Services
- Youth & Family Services
- Kids Talk
- Employment Programs
- Harvestland Farm
- HIV Services
- Vending Services
- Housekeeping Services
- Recovery Glass



# Performance and Outcomes

Aspire set a strategic priority to improve clinical outcomes for the people we serve. During the 2015 fiscal year, 7,235 of the people we served had clinical outcomes measured by the CANS (Child and Adolescent Needs and Strengths) or ANSA (Adult Needs and Strengths Assessment). 85% (6154) of those individuals showed a statistically significant clinical outcome on the standardized measure. While success stories and program feedback are important to understanding our



performance, achieving outcomes in a standardized measure is a great opportunity. This allows the organization to measure its effectiveness with the populations we serve, compare ourselves to other providers, and set targets for improved effectiveness and efficiency.

### Electronic Medical Records:

Aspire upgraded MedInformatix (MIX), our Electronic Health Record, to version 7.6. This positions Aspire to provide all currently required Meaningful Use functionality and reporting capability. As a component to this upgrade, we converted to a new patient portal, allowing for easier payments, more access to

clinical information, and messaging for clients. We also developed programming to support several new programs within Aspire.

### Clinical Training:

A new live, three-day clinical orientation training was implemented to prepare clinical staff to serve clients within Aspire's system. This training was designed to provide a good foundation to all new and current employees about who we are, who we're serving, and our philosophies of care.

Conversion to using the ICD-10 diagnostic coding system was a large undertaking for the entire healthcare industry. Aspire ensured that all clinical staff who complete diagnoses received training and consultation related to coding behavioral health conditions within this system.

Evidence-based practices continue to be a focus of our clinical training efforts in the following areas:

- Internal Training Programs
- Person-centered treatment planning
- Using the Child and Adolescent Needs and Strengths (CANS) Assessment
- Using the Adult Needs and Strengths Assessment (ANSA)
- Motivational Interviewing (MI)
- Dialectical Behavior Therapy (DBT)
- Seeking Safety, a treatment for co-occurring substance use disorders and trauma



- Assessing/treating substance use disorders using criteria from the American Society of Addiction Medicine (ASAM)

The following items are considered evidence-based practices. However, we use external training and consultation to ensure that our staff are properly supervised/certified to use these techniques.

- TF-CBT – Trauma-Focused Cognitive Behavioral Therapy
- PCIT – Parent Child Interaction Therapy

## Rehabilitation Services

Recovery-oriented systems utilize person-centered approaches that build on the strengths and resilience of individuals to help them take responsibility for their lives in four major dimensions that support a life in recovery:

- Health
- Home
- Purpose
- Community

Aspire Rehabilitation Services walk beside our consumers in their Recovery Journeys. We strive to equip individuals with an array of tools including Wellness Recovery Action Plans (WRAP), Illness Management and Recovery (IMR), and Certified Recovery Specialists. Through the increased utilization of these tools, we continue to observe the successes experienced by our consumers.

Aspire employs five Certified Recovery Specialists/Community Health Workers (CRS/CHW), all of whom hold a dual certification. The CRS is a person in recovery from a mental health or addiction-related disorder. The CRS provides peer support services, serves as a consumer advocate, provides consumer information and peer support for consumers in outpatient or inpatient settings. The CHW is a front-line public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them.

Additionally, Aspire has a trainer on staff who can train individuals for certification so we can continue to increase the number of Certified Recovery Specialists/Community Health Workers available to assist our consumers.

Aspire has a full continuum of services to help meet the needs of the individuals we serve. A very important part of the continuum is the 15-bed Respite/Transitional

home. This program primarily functions as a place of transition for clients leaving state operated facilities or inpatient units, and as a bridge back into the community. It is also utilized as a supervised/safe placement during medication adjustments, non-critical exacerbation of symptoms, life crisis, etc. Aspire served 83 individuals through this program this year.



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# Comprehensive Outpatient Services

As a community mental health center, Aspire provides a wide variety of services to a broad range of individuals and families. In 2015, we acted to combine our outpatient and community-based staff into one department, Comprehensive Outpatient Services. This decision reflected the need for our



Aspire's System of Care program was one of six Wraparound programs to begin a pilot and participate in Indiana's new evaluation of counties' systems of care for youth and families.

office-based and community-based staff to seamlessly provide comprehensive services to those with whom we work. As a result, combined competencies and trainings were identified and implemented to strengthen both the delivery and effectiveness of our services.

We targeted and implemented specific evidence-based practices and trainings for these staff:

- Trainings regarding accurate assessment and treatment of substance use disorders was developed for all clinical staff, with specific focus on ways to assist people in their homes and communities.
- We collaborated with a national trainer in Parent-Child Interaction Therapy on rolling out new methods for how this practice could be expanded and strengthened through services in the home. Two office locations were also remodeled and equipped to support the in-office portion of these services.
- All staff working with youth and families undertook cultural competency training in working with LGBTQ youth and their families.

## School-based Services

School-based services are currently provided in Madison, Hamilton and Boon counties. Expansion continued in Hamilton County and Aspire is now in the following schools:

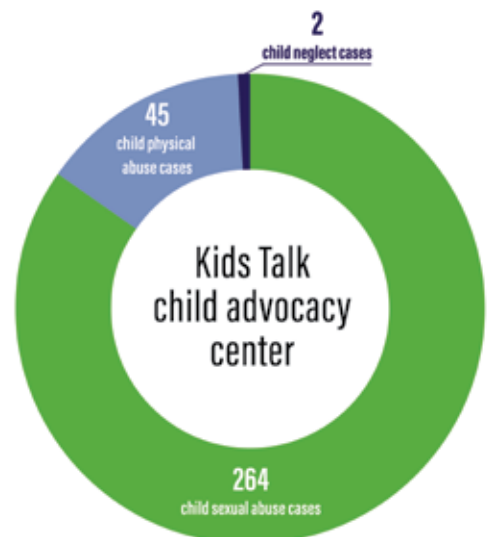
- Hamilton Heights Elementary
- Hamilton Heights Primary
- Hamilton Heights Middle school
- Hamilton Heights High School
- KIPP Indianapolis
- Sand Creek Elementary
- Sand Creek Intermediate

- Cumberland Road Elementary
- Thorpe Creek Elementary
- Fall Creek JH/FOCUS
- Orchard Park Elementary
- Forest Dale Elementary
- Clay Middle School
- Carmel Middle School
- Noblesville East Middle School
- White River Elementary
- Hinkle Creek Elementary
- North Elementary
- Stoney Creek Elementary
- Head Start
- Westfield High School
- Southview Preschool

Aspire also utilized our shared expertise between school-based services and Deaf Services to contract with Indiana School for the Deaf to provide on-site behavioral health services.

## Kids Talk

The Madison County child advocacy center, Kids Talk, was able to hire a forensic interviewer, and completed 311 interviews of children in their first year. During the months of August and September, 2015, Kids Talk Served 90 children, indicating a trend of serving over 500 children during the next year.





# Primary Care Integration

Integration efforts took major strides during this year. A new position, Senior Director of Healthcare Integration, was created to drive integration activities internal to the organization as well as external, with emphasis on population health management. The creation of this position underscores Aspire's commitment to the provision of quality integrated care.

In FY'15 Aspire participated in several integrated care pilot projects sponsored by Indiana's Medicaid managed care entities. The Aspire Care Coaches worked with enrolled clients who were diagnosed with both a severe mental illness and at least one chronic healthcare condition to understand the correlation between their physical and mental health, and to develop skills in the areas of accessing and managing one's own healthcare. As a result of this intervention, healthcare costs decreased by 18%, resulting in a fully-vested program in January, 2016.

During participation in the SAMHSA Primary Behavioral Healthcare Integration project,

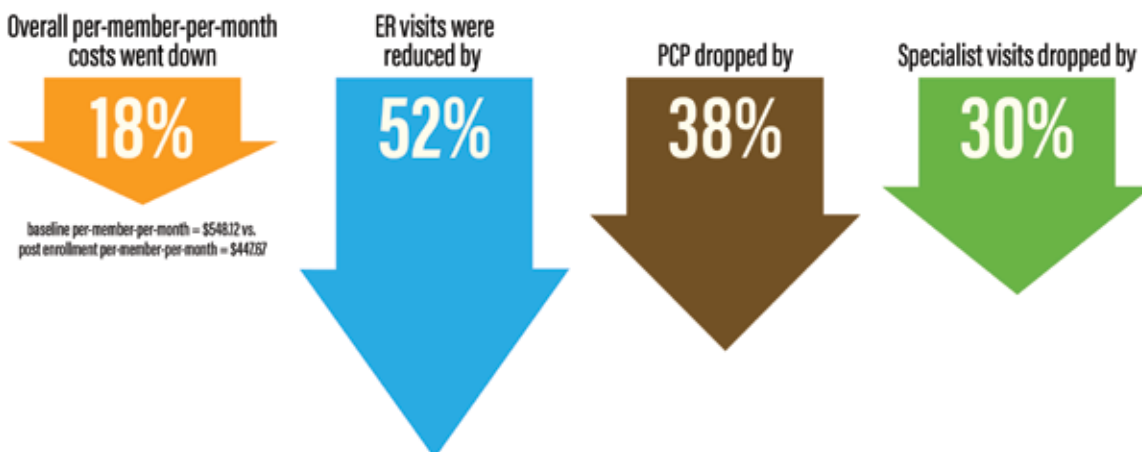
Aspire recognized the positive impact integrated primary care had on our clients' health and well-being. By the mid-year point, over 70 clients benefited from having primary care available to them at our Carmel location, and there were many instances where lives were saved as a result. Despite loss of funding for primary care services, Aspire remained committed to saving lives and provided quality integrated primary care services to those 70 clients at the Carmel location without a funding source.

To achieve Aspire's goal of providing fully integrated care that would impact the health and well-being of our population, it became clear that we needed to expand our available services to include primary care provided by Aspire. The Aspire Board of Directors approved the funds necessary to establish the Aspire Indiana Health Center. Madison County was chosen as the focus of our efforts due to the high number of individuals in need of Primary Care services in that area. By the end of FY' 15, Aspire had

purchased and equipped a primary care building in Anderson, hired three clinical staff members, and had accomplished many of the administrative tasks needed to create the necessary infrastructure for Aspire Indiana Health Center. A second site in Madison County is scheduled to open in the first quarter of FY'16.

While creating the infrastructure for the Aspire Indiana Health Center, Aspire staff were prepared for integrated care through meetings and in-service trainings that introduced the importance of transdisciplinary practice (stretching one's competencies to include that of either behavioral health or primary care practice). They also completed training that addressed the difference between case management and care management, and that provided information about healthcare conditions commonly seen in our population. As Aspire continues to invest in the communities we serve, we strive to provide integrated healthcare at each of our locations.

## Integrated Healthcare Results



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## Strategic Initiatives

Aspire healthcare encompasses the whole person, and many times this means going beyond physical and mental health. It means supplying affordable housing or employment to help individuals with their recovery. Aspire Strategic Initiatives does just that.

### Affordable Housing Services

Our Affordable Housing Services provides vital programs to support low-income individuals, families, and Veterans who are homeless or who are in danger of becoming homeless. Support can vary depending on the need. We provide assistance with utility payments and rent (in order to avoid eviction), and we connect individuals and/or families with other community resources. Aspire helps our Veterans through the Supportive Services for Veteran Families (SSVF) program. We can assist with general household items, bus passes, and employment-related items.

### Aspire Employment Services

The nationally-recognized Work Incentive Planning and Assistance (WIPA) program, Indiana Works, provided free benefits counseling to 1,034 Social Security beneficiaries who were working or interested in working, to become financially self-sufficient through utilizing federal and state work incentives.

Employment Services also includes the Career Connections and Ticket to Work programs. These programs strengthen the community by tapping into 806 local businesses who are committed to diversifying their workforce and partnering with Aspire to help employ individuals needing work.

Through the wages earned by the 63 individuals who received job training and placement services, an estimated \$839,986.47 will be added to Indiana's tax base. Long-term supports provide an annual Return On Investment of \$5.68 for every dollar spent to support the employed individual.

### HIV Services

Early in 2015, a Public Health Emergency was declared in Scott County Indiana, where 181 new HIV cases were identified. Most were attributed to injection drug use. Aspire's HIV Services team was able to help provide support by completing intakes, referrals, and HIV testing. The team also met with the nursing staff from the local community health clinic to provide "how-to" training for Rapid OraQuick Hepatitis C testing.

As a result of the HIV outbreak, Indiana passed a law allowing for Syringe Exchange Programs (SEP) in any county where an HIV or Hepatitis C outbreak is identified as the result of injection drug use.

Aspire HIV team members participated in the planning, development, and implementation of Lifeboat Resources, the Madison County Health Department's SEP. Madison County was also the first county to receive approval for an SEP outside of Scott County.

### Social Enterprises

Aspire Social Enterprises is compilation of small businesses whose mission is to provide meaningful employment to individuals who have barriers. By working in either Vending Services, Housekeeping Services, Harvestland Farm, or



care to share  
Aspire Indiana's Annual Campaign

Our Annual Care to Share campaign raised \$26,477.88. Because of our generous donors, Aspire will provide stable, affordable housing in the Lebanon, Indiana area for 22 people.

Recovery Glass Services, individuals can learn valuable job skills and have a sense of accomplishment. By investing in our staff, local businesses and communities benefit as well.

Over the 2015 fiscal year, Aspire Social Enterprises has provided employment to 57 individuals.

# Financials

## Revenue

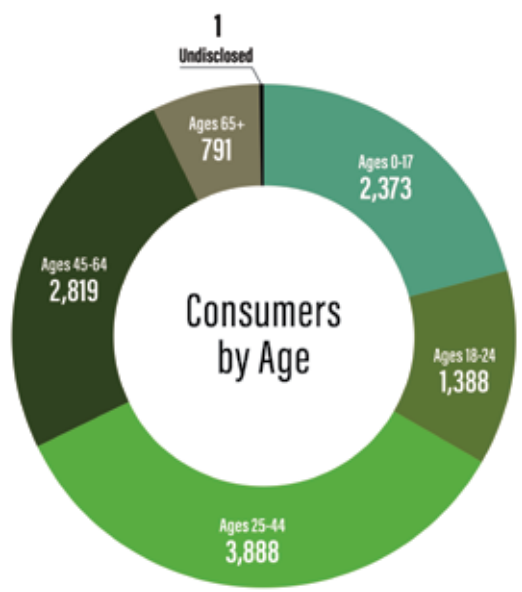
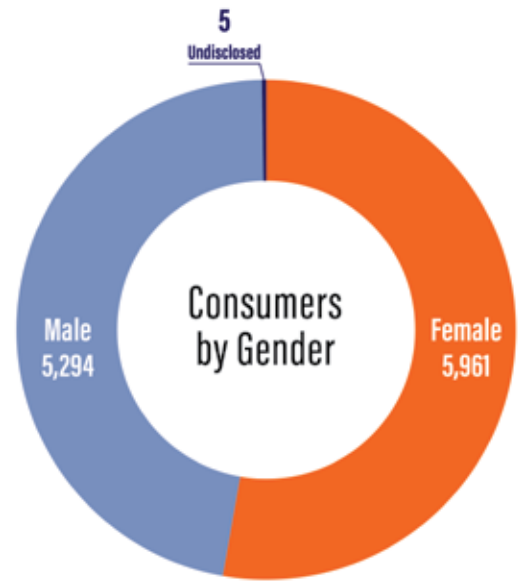
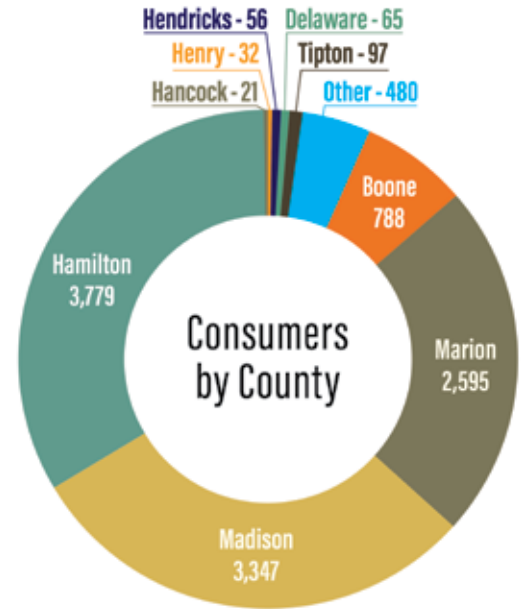
Net Client Service Revenue.....	\$ 14,426,597
Government / Grants.....	\$ 11,623,907
County Funding.....	\$ 3,669,194
Interest & Dividend Income.....	\$ 717,606
Contributions.....	\$ 28,795
Project, Program & Subcontract Revenue.....	\$ 1,042,752
Other.....	\$ 167,864
Net Rental Revenue.....	\$ 640,415
<b>Total Revenue.....</b>	<b>\$ 32,317,130</b>

## Expense

Mental Health/Substance Abuse/Recovery.....	\$ 26,330,036
Housing.....	\$ 2,306,210
Employment Services.....	\$ 1,746,851
HIV Services.....	\$ 1,229,951
<b>Total Expenses.....</b>	<b>\$ 31,683,048</b>
Future Growth Before Investment Gains.....	\$ 634,082
Charity Care & Allowances.....	\$ 8,048,349

## Grants

May House Fiber Optic Project (Year 4).....	\$ 5,202.00
Indiana School for the Deaf.....	\$ 189,233.10
WIPA.....	\$ 284,354.00
HOPWA.....	\$ 163,483.00
Child Advocacy Center.....	\$ 108,533.60
Child Advocacy Center.....	\$ 31,402.00
HOME (Boone County housing).....	\$ 450,000.00
VA SSVF (partnership with InteCare) (Year 2).....	\$ 203,693.00
IU Health Partnerships (Adolescent Telehealth).....	\$ 3,000.00
IU Health Partnerships (PCIT Room at Carmel).....	\$ 8,700.00
Madison County Community Foundation (Extended Employment Services).....	\$ 10,000.00
DEFA.....	\$ 3,500.00
2015 Edward Byrne Memorial Justice Assistance Grant ..	\$ 28,333.50
HOPWA.....	\$ 6,000.00
IU Health Behavioral Health & Access to Healthcare Grant/PCIT.....	\$ 8,958.00
IU Health Partnerships (Play Therapy Supplies).....	\$ 2,000.00
United Way of Madison County/Home Again.....	\$ 10,000.00
IPGAP Problem Gambling Awareness Week Community Forum Grant.....	\$ 500.00
DMHA SFY16 (Primary Care Integration).....	\$ 449,726.00
PATH I (Hamilton and Madison counties).....	\$ 85,249.00
PATH II (Boone and Marion counties).....	\$ 73,913.00
Madison County Community Foundation (Kids Talk).....	\$ 10,000.00
Emergency Shelter Grant.....	\$ 72,000.00
<b>Total.....</b>	<b>\$2,207,780.20</b>





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Your generosity makes it possible!



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