

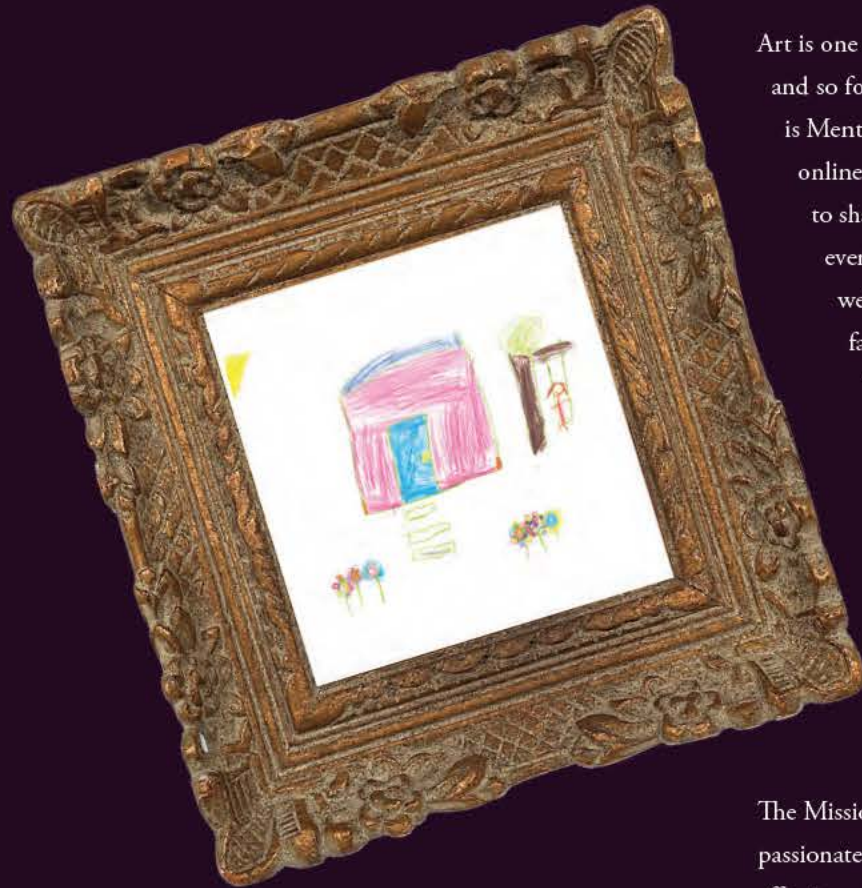
Our Children and Our Future

2012 Aspire Indiana Annual Report



Aspire
Indiana™ Behavioral Health System
www.AspireIndiana.org

MAY FEELINGS ARE A WORK OF ART!



I'm Swinging

Art is one of the tools children use to cope with trauma, and so for the past two years, in conjunction with "May is Mental Health Month," Aspire Indiana has held an online art contest to encourage children, ages 4 to 13, to share what they do to feel better after a traumatic event. Each piece of artwork is then posted on our website and the audience is asked to vote for their favorite by "liking" the entry. This year's winner, "I'm Swinging" won with the most "likes." Each of the following pages hold all of the entries submitted in 2012.

Our third annual Care to Share Campaign in 2013 will raise funds and awareness for our children's services, including "My Feelings Are A Work of Art!" and other events.

The Mission of Aspire Indiana is to provide quality compassionate care to all of its clients through the delivery of effective and accessible behavioral healthcare and related services.



Play With Legos and Watch TV



Faces Mad, Sad or Scared



My Fun Happy Place



I Make Funny Faces

Nothing We do for Children is Wasted

In his book *Leaving Home*, Garrison Keillor said "Nothing you do for children is ever wasted." A long time provider of behavioral health services to children and adolescents, Aspire took these words to heart in 2012, expanding our Children's Services in an effort to better serve our most vulnerable clients. We added staff positions and prioritized working with the Indiana Department of Children's Services. We also expanded our scope of services from working under a medical model toward a model that places greater emphasis on safety and well-being. As part of our expanded focus on children, Aspire has enjoyed some new partnerships, and we look forward to exploring new opportunities and partnerships in the future.

This annual report, covering 2012, highlights our growth in the area of Children's Services. While strategic expansion is necessary in today's behavioral health arena, growth for growth's sake is not what we're after. That's why we spend a great deal of time carefully analyzing each opportunity for growth. With each

new opportunity presented, we determine if it is consistent with our mission, if we have or can access the resources needed for the undertaking, if the opportunity is sustainable, and most importantly, if the opportunity is good for the communities we serve.

2012 was a successful year for Aspire, due in large part to new partnerships and endeavors. Financially, Aspire continued to receive support from a diversified funding base that includes loyal donors, as well as our employees.

As we celebrate 2012, let's look ahead to 2013, a year that is sure to be full of opportunities that will allow us to better serve our clients and our communities.



*C. Richard DeHaven,
President and
Chief Executive Officer*

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Playing X-box With Judge the Dog



Happy



Hugs



Music

Aspire Indiana Medical Staff

Dr. Jerry Sheward, M.D..... *Vice President, Chief Medical Officer*
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 Dr. Jason Ehret, Ph.D..... *Psychiatrist*
 Dr. Geoffrey Fortner, M.D..... *Psychiatrist*
 Dr. Matthew Galvin, M.D..... *Psychiatrist*
 Dr. Judi Knowles-Duncan, M.D..... *Psychiatrist*
 Dr. Hua Luo, M.D..... *Psychiatrist*
 Dr. Suman Narasimhamurthy, M.D..... *Psychiatrist*
 Dr. Michael Nicholas, M.D..... *Psychiatrist*
 Dr. James Nicholas, M.D..... *Psychiatrist*
 Patricia Nikolov, A.P.N..... *Advanced Practice Nurse*
 Dr. Brett Presley, M.D..... *Psychiatrist*
 Dr. Kelly Rhoadarmer, M.D..... *Physician*
 Lorinda Roberts, A.P.N..... *Nurse Practitioner*
 Dr. Betsy Rosiek, M.D..... *Associate Medical Director*
 Dr. Dale Sommers, M.D..... *Psychiatrist*

Safely Home; Families First

The Indiana Department of Child Services (DCS) has prioritized the effort to keep children in their own homes, whenever possible. This begins with a strong effort to evaluate what is needed for the family to keep the child safely in their home.

The second step is partnering with agencies and providers who can help these families, in their own homes and communities, to access and utilize the resources and services that are needed. In this manner, families, providers, and DCS can work collaboratively toward the goal we all desire: to keep families safely together and out of the “system.”

The reality of the situation is this: these families most often present with multiple barriers to adaptive and safe functioning in their day-to-day lives, often

have limited resources or access to needed resources, and these youth are among the most “at risk” children in our communities. Traditional outpatient behavioral health care is frequently inaccessible or simply inadequate to meet their needs. These parents and children have a significantly high rate of exposure to, or involvement in, traumatic situations and events; creating need for specialized treatment approaches.

Aspire has worked with many of these families through traditional outpatient services. However,



photo credit: George Abiad

Dr. Jody Horstman in the waiting room of Aspire's Child Advocacy Center (CAC) in Anderson, Indiana

through our collaboration with DCS and Juvenile Probation offices, we have prioritized the growth and development of community and home-based services targeted directly toward working with these families and the complicated and challenging circumstances they face. In addition to our outpatient services such as individual, family, and group therapies, substance abuse evaluation and treatment, and medication evaluation and management we are focusing on the provision of home-based therapies, home-based casework, skills training and

development, diagnostic and evaluation services, and active participation in child and family team meetings. The addition of these services allows Aspire to provide a wide continuum of services, with centralized communication and service planning, allowing DCS, juvenile probation, and our families to work within one agency to meet their needs.

Written by Barbara Scott, Executive Vice President and Chief Operating Officer and Jody Horstman, Director, Youth Services Community Based Child Services.



Paper Mario Late at Night



I Go Swimming in the Pool With Mom and Dad



I Play With My Dog



Spending Time With My Dad

Aspire's Youth and Family Services

Once upon a time... behavioral health providers believed that traditional outpatient services were sufficient to meet the needs of youth and families. When those services weren't enough, providers made referrals for hospitalizations or residential facilities. Thankfully, we have progressed in our understanding of how we, as providers and agencies, can more effectively serve these families and have built a wide continuum of services to offer before such intensive interventions might be needed. As a result, we are more closely aligned with the desires of those we serve: that families stay together, in their homes and communities, while obtaining the resources, skills, and interventions to function safely and adaptively with the challenges that arise in their lives.

Traditional outpatient services continue to be an effective way to serve many of our youth and families. Such services include individual and family therapies, psychiatric evaluation and medication monitoring, specialized groups targeted toward specific needs and symptoms substance abuse evaluations, counseling, and groups. For those youth

with such severe difficulties that they are at imminent risk of harm, hospitalization remains a short-term safety net to stabilize the youth.

There has been recognition that some youth and families face substantial barriers to accessing traditional services, or require more intensive and flexible services. Medicaid Rehabilitation Option (MRO) allows Medicaid-eligible clients, whose behavioral health issues create significant and ongoing impairments in their ability to function, a greater array of services. These services can be provided in schools, homes, and in the community

Traditional therapy can be supported with our case management services that assist the youth and family in communicating with the service

providers and agencies in their lives, making sure their needs are being effectively met, and accessing resources within their communities. Skills training and development services, focused on identifying, teaching, training, and mastering the skills that are needed, is an integral and very effective intervention in assisting youth and families toward self-efficacy and self-management of behavioral health issues. Aspire's Community Alternatives to Psychiatric Residential Facilities (CA-PRTF) assists families with a youth at risk of an out-of-home placement to access the services and resources needed to maintain the youth in the home, while helping families learn to self-advocate and have more "voice" in their care.

Aspire emphasizes collaboration with other child and youth-serving agencies, governmental entities, and the families we work with in providing the most effective behavioral health services. Last year, Aspire staff provided services in Anderson schools. This year, we are planning to expand school-based services to schools in multiple counties. Aspire's contract with the Indiana



Center for Substance Abuse Treatment grant, adolescent substance abuse treatment through tele-health technology. This allows youth and families who otherwise would be unable to access such treatment, a means of participating in group, individual, and family therapies. Aspire has also established collaborative programming with the Villages of Indiana and Children's Bureau to provide home-based services to youth in their foster homes. Aspire staff also

provide the behavioral health services for the youth placed by DCS and Juvenile Probation in the Children's Bureau's Retreat House, a residential facility in downtown Indianapolis. With all of the collaborations, innovations, and opportunities occurring in the realm of behavioral health for youth and their families, Aspire is in for a very busy year. We will be growing programming, expanding services, increasing expertise, and adding staff. It's an exciting time, and we look forward to providing even more effective and efficient services that assist youth and families in meeting their goals and working toward positive futures.

Department of Child Services is a major focus and allows us to not only provide needed behavioral health services, but to assist some of our communities' most "at-risk" youth and families in ways that have traditionally not been funded. Through this contract, Aspire staff are also taking advantage of training in more evidenced-based practices, increasing our effective interventions and areas of expertise. One major focus is Trauma-Informed Care and, more specifically, Trauma-Focused Cognitive Behavioral Therapy. Aspire has reached out to provide behavioral health services in new and innovative ways. We are currently piloting, through a



Spending Time With My Family



I Cuddle With Someone



I Go and Read!

photo credit: top-center: Amanda Mills/CDC

Aspire's Services

Because of the long-reaching effects of mental illness, Aspire Indiana has many services to help support those who need wrap-around services. Below is the list of Aspire Services. Each can be found on our website at www.AspireIndiana.org. If you would like to download a brochure about the service, go to the "Brochure" link at the top of the website page. The following is a list of services: Addiction Services, Adolescent Substance Abuse Treatment Program, Adolescent Coping Skills Group, Aspire Indiana Housing, Career Connections, Deaf Services, Harvestland Farm, HIV/AIDS Services, HOPWA, Managed HUD Housing, Outpatient Services, Skills for Successful Living, Buprenorphine (Suboxone) Clinic, Tele-Health, Vending Services, Housekeeping Services, Indiana Works and Youth Services.

Our Supporters

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FOUNDATIONS / GRANTS: Centers for Medicare & Medicaid Services; City of Anderson Economic Development Quality of Life Fund/Safety; Program for clients; Community Foundation of Boone County; DMHA Development and Support Community Evidence-based Practice Initiatives; Hoover Family Foundation; HOPWA; HUD Service Coordinator in Multifamily Housing/Apartment Living; Indiana Association for Community and Economic Development; Indiana Division of Mental Health and Addiction; Indiana DMHA/Problem Gambling Community Education and Outreach City of Anderson; Indiana State Department of Health; Madison County Community Foundation; Madison County Community Foundation/Anderson Rotary Club; Madison County Community Foundation/Jimmy Fund; Medicaid Infrastructure Grant; SMAHSA Telehealth Project; SPSP Supportive Care, Regions 4, 5, 6 and 9 SPSP Testing Regions 4, 5, 6 and 9; The Anderson Rotary Club; The Health Foundation of Greater Indianapolis; The Indiana Council on Problem Gambling; The Substance Abuse and Mental Health Services Administration (SAMHSA); Transformation Trust; Transformation Trust/Deaf Employment Specialist Indiana AIDS Fund/DEFA/All Regions; U.S. Department of Housing and Urban Development (HUD); United Way of Madison County; United Way of Madison County/Home Again

Financial Reports

REVENUE

Net Patient Service Revenue	\$12,418,737
<i>(which includes: Mental Health/Substance Abuse/Recovery, Housing, Employment Services, HIV Services)</i>	
Government Grants	\$10,699,226
County Funding	\$ 3,627,981
Interest and Dividend Income	\$ 519,922
Contributions	\$ 49,174
Project, Program, Subcontract Revenue	\$ 948,875
Other	\$ 271,770
Net Rental Revenue	\$ 565,633
Total Revenue	\$29,101,318

EXPENSE

<i>Expenses by Major Activity which includes:</i>	
Mental Health/Substance Abuse/Recovery	\$22,359,610
Housing	\$ 2,024,002
Employment Services	\$ 1,541,372
HIV Services	\$ 1,394,491
Total Expenses	\$27,319,475
Future Growth before Investment Gains	\$ 1,781,843
Charity Care and Allowance	\$ 7,801,389

EMPLOYMENT SERVICES

Individuals maintaining employment 90+ days	73
Served thru Career Connections (Vocational Rehabilitation)	330
Served thru Career Connections (Ticket to Work)	19
Annual estimated dollars back to the Community	\$869,021.40

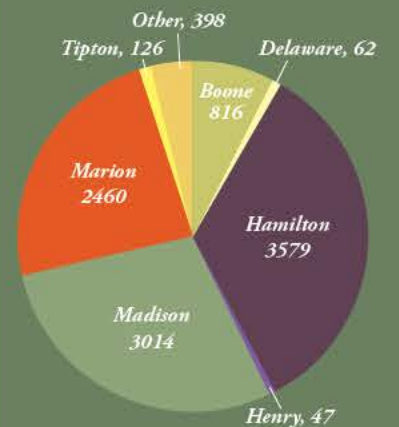
SOCIAL ENTERPRISES

Work hours generated through Social Enterprises	18,217
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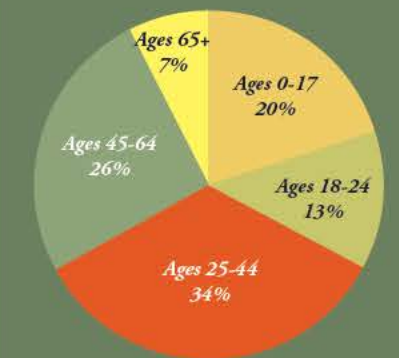
ONLINE PATIENT PORTAL

Number of Appointments Requested	786
Number of Prescriptions Requested	22
Number of "Ask the Doc" Questions	71
Number of Online Payments	99

PERCENTAGE OF CONSUMERS BY COUNTY



CONSUMERS BY AGE



CONSUMERS BY GENDER





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Aspire Indiana is a JCAHO accredited organization

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In memory of William Steinbrunner, friend and Board Member of Aspire Indiana Behavioral Health System.