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Cummins Behavioral Health Systems, Inc.

Regional (Montgomery, Boone, Marion Counties) Community Needs Assessment: Key Findings

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Evaluation Services Center

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Certified Community Behavioral Health Clinics

A Certified Community Behavioral Health Clinic (CCBHC) is a model of care that focuses on integrating mental health and substance use treatment with other behavioral health, physical health, and social services systems.[1] The overall goal for CCHBCs is to provide person- and family-centered care that is evidence-based, trauma-informed, and recovery-oriented through a comprehensive service model that includes:

- Crisis services
- Screening, assessment, and diagnosis
- Person-centered and family-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case management services
- Psychiatric rehabilitation services
- Peer supports and family caregiver supports
- Community care for uniformed service members and veterans

Strong community partnerships and care coordination are essential components of a CCBHC to ensure that consumers are connected with needed services and that outcomes are being met. With a comprehensive model, CCBHC consumers experience more seamless mental health and primary care as well as easier access to needed support services.

Regional County 2025 Needs Assessment

Cummins Behavioral Health Systems (Cummins) first established a Certified Community Behavioral Health Clinic in Hendricks County, Indiana in 2021. Building on the success of this model, Cummins seeks to expand CCBHC services throughout its five-county service area, including Montgomery, Boone, and Marion counties.

Prior to establishing a CCBHC model, organizations must conduct a needs assessment to determine the specific strengths and needs in the community so that the CCBHC is designed to address them. In collaboration with Cummins Behavioral Health Systems, the University of Cincinnati Evaluation Services Center (UCESC) conducted a community needs assessment in Montgomery, Boone, and Marion counties from June to August 2025. UCESC reviewed public health data and county reports, analyzed Cummins' internal data, and analyzed results from interviews with 23 representatives of organizational partners and service providers. Input was also collected through surveys distributed at a Marion County PRIDE event, a Montgomery County recovery event, and from Cummins staff through surveys and focus groups.

[1] https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics

Key Findings

This report provides the key findings and relevant data collected through the needs assessment as well as recommendations for a CCBHC implementation plan. While each of the three counties shares some attributes, each has different geography, population, and available services. According to Purdue University's Indiana County Classification System (2013), Montgomery County has the largest percentage of rural households of the three counties (53%), while Boone County has a rural population of 27%, and Marion County has almost all urban households (99%).

Through the needs assessment surveys and interviews, respondents identified strengths and barriers for implementing a CCBHC model in each county. Informants from all three counties identified common needs for expanded crisis response, especially mobile crisis, more staff, increased community awareness of services, and more in-person and consistent interpreting services. Addressing the stigma and privacy concerns of receiving mental health services was also a need in all counties.

Community and school-based partners, Cummins' staff, key informants, and individuals with lived experience across the three counties reported that Cummins has good communication and rapport with partner organizations, a variety of services are available when needed, and staff are knowledgeable and caring. Key informants also identified specific needs per county (see Table 1).

Table 1. Key Informant Perceptions of Needs and Barriers Per County

County	Needs/Barriers to be Addressed by CCBHC
Montgomery	• Establish a "one-stop shop" for consumers to access a variety of health services (e.g., medical, mental health, dental care) • Add mental health/behavioral health staff • Increase awareness of peer support services
Boone	• Expand behavioral health services, particularly for those without insurance and those with commercial insurance • Increase staffing to reduce wait times • Provide more outreach to specific populations (e.g., veterans and older adults) • Increase awareness of available services (including peer support)
Marion	• Expand substance use prevention and treatment for refugee and immigrant populations • Provide in-person Intensive Outpatient Programs (IOP) group sessions for youth • Expand therapy services

Mental Health and Substance Use Prevalence

The suicide rate in Montgomery County (18 per 100,000 people) was higher than the state rate in 2025, while the other counties' rates were slightly lower (see Table 2). Key informants from Montgomery County indicated that a Local Outreach to Suicide Survivors (LOSS) team would be beneficial in the county.

Table 2. Completed Suicide Rate by County and State

	Montgomery County	Boone County	Marion County	Indiana
Completed suicide rate (2025, per 100,000 of all persons)	18	15	15	16

Source. County Health Rankings and Roadmaps (2025).

Substance Use and Addiction

Drug overdose deaths in Marion County were nearly twice the state rate in 2023, and alcohol-impaired driving deaths were also higher than the state rate (see Table 3). Excessive drinking was higher in all three counties, compared to the state, and adult smoking was higher in Montgomery and Marion counties.

Table 3. Drug Overdose Rates and Substance Use

	Montgomery County	Boone County	Marion County	Indiana
Drug overdose deaths (2023, per 100,000 of all persons)	20.7	25.6	60.0	33.8
ER visits for drug overdoses (age-adjusted rate)	291.1	188.6	363.5	179.0
Excessive drinking	19%	19%	19%	17%
Alcohol-impaired driving deaths	8%	10%	25%	18%
Adult smoking	21%	16%	18%	17%

Source. The data source for drug overdose deaths is the National Center for Health Statistics (2024) and for ER visits is the Indiana Department of Health Drug Overdose Dashboard (2023). The data source for excessive drinking, alcohol-impaired driving deaths, and adult smoking are the County Health Rankings and Roadmaps (2025).

Drug-Related Arrests

Indiana state police arrest data show that Montgomery County had higher rates of marijuana (34.4%) and methamphetamine-related (29.4%) arrests in 2024, compared to state rates (see Table 4). Boone County had higher rates of alcohol (38.4%) and marijuana-related (33.6%) arrests than state rates.

Table 4. Drug-Related Arrests by Substance Per County and State

	Montgomery County	Boone County	Marion County	Indiana
Alcohol-related arrests	22.9%	38.4%	25.0%	30.5%
Marijuana-related arrests	34.4%	33.6%	22.8%	27.0%
Methamphetamine-related arrests	29.4%	17.0%	23.2%	25.7%

Note. Arrest data are from 2024 as reported by Indiana State Police.
Source. The data source is the Indiana Management Performance Hub (n.d.).

> ***"Folks with MH & SU issues are dying 25-35 years earlier than people with the same [medical] health issues [because of lack of access to care]."***
> **Boone County Federally Qualified Health Center Representative**

Behavioral Health Needs of Special Populations

School-Age Youth

Cummins community and school-based partners identified critical mental health needs among children and youth (see Table 5). Across all three counties, anxiety, emotional dysregulation, and suicidal ideation were identified as mental health concerns. School partners noted an increase in suicidal ideation in the last five years, particularly among elementary aged students. THC and nicotine are the most common substances used by youth in the region.

> ***"There's a huge increase in [suicidal ideation] in elementary schools. They're not able to cope at that age."*** **MSD Pike Township Representative**

Table 5. Partner-Identified Critical Mental Health and Substance Use Concerns Among Youth

County	Critical Concerns
Montgomery	• Anxiety • Emotional regulation • Suicidal ideation & self-harming behaviors • Family stressors & school success skills • THC consumables • Many crisis calls from 10-14 year old youth
Boone	• Anxiety and depression • Emotional regulation • Suicidal ideation • Sexual maladaptive behaviors
Marion	• Anxiety and depression • Emotional regulation & coping skills • Suicidal ideation • Trauma & toxic stress • Vaping (THC and nicotine) • School avoidance

Other Populations

Individuals Experiencing Homelessness. Point-in-time counts of individuals on a single night in January 2024 show a higher total number of individuals experiencing homelessness in Marion County (1,701) compared to Boone (24) and Montgomery (19).[2]

Key informants noted a lack of affordable housing in all three counties, a lack of transitional housing in Montgomery and Boone counties, and no shelters for men in Montgomery County. Many people instead couch surf or live in their cars and may not be represented in the point-in-time count. The largest number of individuals experiencing homelessness by age group in each county are those between 25 and 54 years of age. However, minors experiencing homelessness were found in all three counties, and adults 65 years or over experiencing homelessness were present in Montgomery and Marion counties.

[2] *Sources.* Homeless Management Information System from the Indiana Housing & Community Development Authority (n.d.); Coalition for Homelessness Intervention & Prevention Point-I-Time (PIT) Count (2024).

Veterans. Five Veteran's Administration medical facilities are located Indianapolis; none are located in Montgomery or Boone counties[3]. Key informants from those counties indicated that veterans have difficulty accessing care and may not know how to get approval to use local services provided through organizations such as Cummins.

Older Adults. Adults age 65 and over make up less than 2% of Cummins' consumers in each county. Community partners report that many older adults suffer from social isolation. Physical health issues, fixed incomes, and stigma associated with mental health and substance use treatment also are barriers for seeking care.

Table 6. Number of County Residents and Cummins Consumers Age 65 and Over

	Montgomery County	Boone County	Marion County
Number of county residents 65 and over	7,573	12,210	136,042
Number of Cummins consumers 65 and over	10	5	16

Sources. The data sources are the 2023 U.S. Census American Community Survey, 5-year estimates; STATS Indiana (n.d.); Cummins internal consumer data (2024).

> ***"Help [older adults] understand that [mental health] is a thing that it is reasonable for them to get help with."*** **Aging & In-Home Solutions Provider**

Justice-Involved. Although the percentage of Cummins consumers in Boone (2.9%) and Marion (3.4%) counties who are justice-involved is low, 42% of those served in Montgomery are justice involved, as indicated by Cummins internal consumer data (2024).

Limited English Speakers. Key informants noted the need across counties for more in-person interpreting and to have the same interpreter at each session. There is an increased need for Spanish interpretation across counties and for Creole in Boone and Marion counties. While the percentage of non or limited English speakers who live in the counties ranges from less than 7% in Montgomery and Boone counties and 17% in Marion County, this population may need specific outreach and care coordination.[4] Of Cummins consumers served in Marion County, 7% are non or limited English speakers.

[3] https://www.va.gov/indiana-health-care/locations/

[4] 2023 U.S. Census American Community Survey, 5-year estimates.

Healthcare Provider Shortages

Montgomery County is a geographic health professional shortage area for primary and mental health (Health Resources and Services Administration, 2025). All three counties have a health provider shortage for low-income populations. Key informants noted that the shortage is a key barrier for access to care.

Montgomery County residents have considerably fewer primary care physicians and mental health providers compared with the state ratio (see Table 7). For example, there is one primary care physician for every 3,460 residents in Montgomery County, while overall in Indiana, there is one primary care physician for every 1,520 residents.

Table 7. Ratio of Healthcare Providers to County Population and State

	Montgomery County	Boone County	Marion County	Indiana
Primary care physicians	3,460:1	470:1	1,280:1	1,520:1
Dentists	1,420:1	2,060:1	1,060:1	1,680:1
Mental health providers	900:1	640:1	260:1	470:1

Source. County Health Rankings and Roadmap (2024).

Cummins Crisis Services

Cummins provides crisis services in all three counties. Between January 1 and May 31, 2025, Cummins provided crisis support for a total of 88 unique consumers in the three counties and 208 total services (see Table 8). Community members, Cummins staff, and key informants all cited a need for expanded crisis services, including 24/7 mobile crisis response.

Table 8. Crisis Services Provided by Cummins (January 1 and May 31, 2025)

	Montgomery County	Boone County	Marion County
Unique consumers served	21	10	57
Total services	44	23	141

Note. Data is from Cummins EHR (2025).

"A lot happens on weekends and between 11 p.m. and 5 a.m."
Montgomery County Health Department staff member

Next Steps

Addressing Social Determinants of Health

Adding care coordinators through a CCBHC model can improve consumers' access to more consistent behavioral and physical health and social services so that issues such as housing instability, unemployment, and chronic pain can be addressed holistically. Lack of affordable housing and transportation, unemployment and low socioeconomic status, limited insurance coverage, and behavioral health workforce shortages were identified as barriers to care across the region. Key informants noted that the Cummins outpatient office in Marion County is not easily accessible by public transit.

Job sharing case managers with a partnering agency at targeted locations could also alleviate additional transportation needs by conducting intake at partner locations. Alternatively, a mobile service van could be deployed to reach individuals facing transportation challenges due to childcare responsibilities or long commutes.

"One of the barriers [for being in a rural district] is distance to and from transportation. So once the kids are home, they're home."
Boone County K-12 School Representative

Developing a CCBHC in Montgomery, Boone & Marion Counties

Fully implementing a CCBHC model requires funding for additional staff and maintaining strong community partnerships. Priority areas that were identified include establishing a crisis response team to fully cover the three-county service area. Expansion of care coordination to help consumers access wrap-around services was also identified as an important regional need.

A well-structured team crisis response team that would fill a critical service gap and restore trust and confidence among residents and local agencies would require:

- Multiple crisis specialists
- Crisis peer support specialists

Additional staffing needed to address the identified barriers to comprehensive care in the three counties include:

- Integrated Health Specialists
- Therapists and Certified Peer Support Professionals
- Medical Staff

In conclusion, with the establishment of a CCBHC, Boone, Montgomery, and Marion counties will benefit from a wholistic care model that directly addresses high priorities in the community.