



2021 NEEDS ASSESSMENT FOR FOOD INSECURITY, HOUSING INSECURITY, HOMELESSNESS, MENTAL HEALTH, ADDICTION, AND INCARCERATION IN DELAWARE COUNTY

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Food Insecurity

Food insecurity has known links to poverty levels, placing many Delaware County residents at risk. Currently, one-fifth of Delaware County families live under 130% of the poverty line and 25% of children under age 18 and 51.6% of older youth 18-24, live in poverty (Census, 2019; Indiana Youth Institute [IYI], 2021). Many of these children (42.9%) receive free meals in school, creating a need to examine and address food insecurity within the Muncie community (IYI, 2021). The US Department of Agriculture (USDA) defines food insecurity as “a household-level economic and social condition of limited or uncertain access to adequate food” (USDA, 2019). The USDA (2019) offers two unique levels of food insecurity including: “low food security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake” and “very low food security: reports of multiple indications of disrupted eating patterns and reduced food intake” (USDA, 2019).

Per the Indiana State Report, 17.7% of households in Delaware County in 2019 experienced food insecurity to some degree, compared to the overall state and national averages of 15.3% and 12.7% respectively (Imboden, 2018, p. 8). In 2021, these trends continued with nearly 16% of Delaware County suffering from food insecurity, 7% higher than the U.S. average and 3% higher than the state average (County Health Rankings and Roadmaps [CHRR], 2021). Approximately one-fifth of families in Delaware County were reported to be under 130% of the poverty line needed to be eligible to receive SNAP benefits in 2019, with rates 9% above the state average and 16% above the national average (Census, 2019; CHRR, 2021). Within those households receiving SNAP benefits, 49.8% have at least one household member under the age of 18 (USDA, 2020).

With high utilization of SNAP benefits and a reported 16% of Delaware County residents experiencing food insecurity, the USDA deemed Delaware County to be in a food desert (Imboden, 2018). A food desert is defined by existing “geographic areas with insufficient quantity or quality of food or where healthy food is available only at relatively high prices” (Besharov, 2011, p. 155). Living in a food desert has long standing social implications that go along with nutritional inequality including but not limited to: obesity, cardiovascular disease, depression, anxiety (Kelli et al, 2016) and “symptoms such as inattention, hyperactivity, and impulsivity in children” (Lu et al., 2019, 9.256).

In 2016, roughly 15% of Indiana residents experienced food insecurity, but anecdotal reports of those involved with food bank distribution throughout Indiana have stated that the number of Indiana residents utilizing their services have nearly doubled since the pandemic began (Legan, 2021). Although the Governor dispatched the National Guard to assist with food distribution, donations have slowed due to the length of the pandemic and economic uncertainty plaguing Hoosiers (Legan, 2021). When federal assistance with Covid-19 expired in late 2020, many programs ran out of pandemic-specific funding creating additional barriers for many families. The landscape for Indiana’s struggle with food insecurity continues to change rapidly, much faster than changes in policy or funding can adapt, leading to continued food insecurity for many families, including those of Delaware County.



Housing Insecurity & Homelessness

Homelessness is an issue that affects every state, including Indiana. In 2019, an estimated 567,715 individuals experienced homelessness in the United States and nearly 5,625 experienced homelessness on any given day in Indiana (National Alliance to End Homelessness [NAEH], 2020; United States Interagency Council on Homelessness [USICH], n.d.). This included households, veterans, unaccompanied young adults, and individuals experiencing chronic homelessness (USICH, n.d.). The U.S. Department of Education also found that during the 2017-2018 school year, “an estimated 18,625 public school students experienced homelessness.” This included students who were unsheltered, in shelters, in hotels or motels, and doubled up (USICH, 2020). In 2019, 24% of Muncie’s homeless population were families with children under the age of 18 (USICH, n.d.).

In 2019, 21,315 children lived in Delaware County and 102 of them were identified as homeless compared to 2018 in which 123 were reported to be homeless (IYI, 2021). 2020 reports found that only 56 students were reported to be homeless (IYI, 2021). Although this number is significantly lower, this data might be skewed due to the various extenuating factors from the COVID-19 pandemic occurring. These factors may have influenced how data was reported and collected. Along with these reports, it was also found that in 2019, 53.8% of the children living in Delaware County had housing insecurity and had parents who were spending 30% of their income or more on rent (IYI, 2021). According to the NAEH (2020), “low-income households are typically unemployed or underemployed due to a number of factors, such as a challenging labor market; limited education; a gap in work history; a criminal record; unreliable transportation or unstable housing; poor health or a disability.” These issues have likely been exacerbated due to the COVID-19 pandemic.

Homelessness can also have devastating effects on a person’s mental and physical health. People with mental health problems and substance use disorders (SUD’s) also have a higher risk of experiencing homelessness. Fazel et al. (2014) found that “risk factors are secondary to the conditions of homelessness itself, such as poor nutrition, exposure to communicable diseases, harsh living environments, high rates of victimization and unintentional injuries, and increased rates of tobacco use” (p. 1534). Once homeless, these issues could become worse (Fazel et al., 2014). According to the City of Muncie’s 2019 Annual Action Plan (City of Muncie, 2019), 65% of Muncie’s homeless population are addicted to substances and 46% are in need of treatment for mental illness.

Currently, no specific data is available that reveals the depth of the homeless problem or the specific populations most affected within Muncie or Delaware County. Tracking data on homeless populations can be challenging because of the difficulties of conducting follow-up interviews, people not considering themselves truly homeless, and due to struggles with tracking homeless populations who are willing to participate in data collection (Eyrich-Garg & Moss, 2017). Though Muncie has resources for this population, expansion of these resources should be considered, as well as better tracking measures.



Mental Health, Addiction, and Incarceration

The Treatment Advocacy Center (TAC) (2018) estimates that there are currently 8.3 million adults in America who have been diagnosed with a serious mental illness (SMI) and, of those individuals, nearly 47% remain untreated on any given day. In 2017, the National Institute of Mental Health estimated there were roughly 168,000 Hoosiers living with SMI and nearly 80,000 of those individuals were untreated for their illness (Treatment Advocacy Center [TAC], 2017).

In June of 2020, the CDC surveyed adults across America and found that 31% of those who responded to the survey reported experiencing symptoms of anxiety or depression, 13% reported having started using substances or an increase in their substance use, 26% reported stress-related symptoms, and 11% reported having serious thoughts of suicide within the past month (Gordon, 2020). The National Institute of Mental Health reports these “numbers are nearly double the rates we would have expected before the pandemic” (Gordon, 2021). Mental health and addiction professionals are forewarning about the long-term mental health effects that might be seen in response to the Covid-19 pandemic (Gordon, 2021). While many people will experience worsening of symptoms related to depression and anxiety, a smaller number may “develop chronic symptoms severe enough to meet criteria for a mental illness, such as post-traumatic stress disorder (PTSD) or major depressive disorder” (Gordon, 2021). Currently, Delaware County and Muncie’s capacity might be strained to handle this increase, as the ratio of population to mental health providers is 356:1, indicating a need for more service providers (IYI, 2021).

In a 2018 Community Health Needs Assessment completed by IU Health Ball Memorial Hospital, Delaware County was ranked 88th out of the 92 Indiana counties for quality of life (“1” being the best quality of life and “92” being the worst) (IU Health, 2018). Additionally, the following was also true for Delaware County: “Delaware County ranked 87th out of 92 for poor mental health days, 85th out of 92 for child poverty, 89th out of 92 for income inequality, and 88th out of 92 for severe housing problems (IU Health, 2018). It was also found that opioid related deaths increased 1,725% from 1999 – 2016, and that 36 people committed suicide.” (ISDH, 2018; Well Being in the Nation Network, 2018).

When looking specifically at overdose rate data, Indiana was ranked third in the nation for the highest rates of overdoses at a rate of 29.4 per 100,000 residents in 2017. This compares to the national average of 21.7 overdoses per 100,000 residents which is an increase of almost 22% from the previous year (Indiana State Department of Health [ISDH], 2019). Within Delaware County, rates of non-fatal opioid overdoses are startling when compared to Indiana’s rate of 117 per 100,000 residents in 2017 (ISDH, n.d.). Delaware County had a rate of 267 per 100,000 residents in 2017, highlighting the rising need for both prevention and intervention efforts within Muncie (ISDH, n.d.).

With the high rates of overdoses in the community, it is important to understand various factors that can influence these rates. Poverty is a risk factor for substance misuse and is important to consider when discussing substance use issues (National Institute on Drug Abuse



[NIDA], 2020). With a population of 67,999, an estimated poverty rate of 31%, and an unemployment rate of 5.2%, Muncie has a high risk for substance use (U.S. Census Bureau, 2020; U.S. Bureau of Labor Statistics, n.d.). Research has shown that those who are unemployed have higher rates of substance use than that of their employed counterparts, placing many Muncie residents at acute risk (Compton et al., 2014).

In 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) identified potential areas for addressing gaps in services for opioid treatment while also identifying Eastern Muncie as an underserved area in treating opioid addiction. As the number of Hoosiers seeking substance use treatment continues to climb (25,465 in 2015 vs. 37,077 in 2019) (SAMHSA, 2020), it suggests that more services might be needed in Muncie (SAMHSA, n.d.).

Though residential treatment is an option for substance use and mental illness, Indiana does not have designated psychiatric beds for forensic patients. In 2016, there was a yearly average of between 235 and 250 forensic patients in five state hospitals, and in 2012, a reported 277 substance use treatment centers (TAC, 2017; SAMHSA, 2012). An acute challenge to Muncie is the lack of residential facilities and recovery services which has been noted by many community members including Ball State professor Dr. Jean Marie Place and the Deputy Director of the Indiana Addictions Issues Coalition, Jodi Miller (personal communication, April 1, 2021). According to Indiana Affiliation of Recovery Residences (INARR) the nearest residential options are located in Anderson and Marion (n.d.), although the Lighthouse Recovery Home, located in Muncie, does provide a small religious based, substance use treatment facility for women (Urban Light Community Development, n.d.).

Of the 277 substance use treatment centers recorded in Indiana in 2012, 53.4% of them also provided mental health treatment services, 63.1% accepted Medicaid, and 77.6% offered sliding scale fees (SAMHSA, 2012). Of the 29 known available addiction resources within the Muncie community, 15 reported that they were free programs; however, these free services were composed of 14 support groups and one crisis line (Addictions Coalition of Delaware County [ACDC], 2021). Eight of the remaining 14 fee-for-service treatment resources (57.1%, which is below the state average of 63.1% reported by SAMHSA) reported taking Medicaid and most commercially available insurance plans; however, one of these 8 resources (Spero Health) stated they do not accept all Medicaid plans (ACDC, 2021). Other services, such as the faith-based recovery home for women, The Lighthouse Recovery Home, are entirely self-pay. Muncie's newest resource, Indiana Comprehensive Treatment Center, states that "clients must be prepared to pay up front for the services they will receive... in most cases, clients will be required to submit invoices to their insurance companies in order to obtain reimbursement for services rendered" (Indiana Comprehensive Treatment Centers [ICTC], n.d.). The number of those living in poverty within Delaware County and the lack of affordable, comprehensive mental health services combine to create a significant barrier to services for those seeking treatment, especially when they are seeking treatment for dual diagnoses, as only 7 of the 29 addiction resources (24.1%) offer therapy/counseling, or intensive outpatient services (ICTC, n.d.; ACDC, 2021).



Considering the need for both substance use and mental health treatment, the rate of SMI among the general public (5.4%) is relevant to Muncie and Delaware County (Ross, n.d.). Recovery Works, Indiana's Forensic Treatment Program, found this rate to be much higher among incarcerated individuals in Indiana: 14.5% of men and 31% of women in jail report having SMI, 16% of individuals incarcerated in prison report having SMI, 9% of probation and 7% of parolees report having SMI (Ross, n.d.). In addition to these data, Recovery Works also reported that roughly half of incarcerated individuals in both state and federal prisons throughout Indiana struggle with addiction and, for those who are re-arrested after reentry, this rate rises to 75% (Ross, n.d.). For those in jail, 68% are struggling with addiction (Ross, n.d.). For reference, the rate of addiction among the general public is 8.8% (Ross, n.d.). Within Delaware County in February of 2021, there were 372 inmates and 440 in community corrections, totaling a population of 822 (Indiana Department of Correction [IDOC], 2021). With 68% of Indiana's jail population struggling with addiction (Ross, n.d.), for February 2021, the Delaware County Jail would be estimated to have been holding roughly 252 individuals in need of addiction treatment based on these statistics, in addition to another 70 individuals supervised under community corrections through probation or parole (Ross, n.d.).

On January 1, 2021, the Indiana Department of Correction (IDOC) reported they had a total of 24,734 individuals within the system, 29.25% of which had one or more drug offenses (or 7,234 individuals). The Indiana DOC also reported 24,734 individuals incarcerated with an average per diem of \$56.91. Should the IDOC's population of offenders with one or more drug offenses stay consistent throughout the entirety of January, this population will cost \$12,350,608.20 to house for one month. Over the course of a year, at the same rate, they would cost a total of \$148,207,298.40 (Indiana Department of Correction, 2021). Additionally, if the statistics generated by Recovery Works regarding Indiana's jail population living with SMI are applied, the cost to house incarcerated adults who are living with SMI for one month will cost \$9,588,196.80, and \$115,058,361.60 for an entire year if prevalence rates remain consistent.

With the high prevalence of substance use and SMI in incarcerated populations, resources are needed to address this gap. Currently, Indiana lacks dedicated resources for helping individuals with severe mental illness who have committed major crimes to succeed in the community upon re-entry (TAC, 2017). Without the appropriate resources for those living with SMI and resources to address the risk factors, many end up incarcerated. The current trend in statistics suggests the likelihood of incarceration for those diagnosed with SMI, instead of psychiatric hospitalization, was 2.6:1 (TAC, 2018). Mental health courts and crisis intervention training (CIT) programs have been specifically created and implemented in Indiana to respond to this trend, thus moving individuals living with SMI away from the criminal justice system and towards treatment (CIT International, INC, n.d.). The Treatment Advocacy Center reported that, in 2013, only an average of 31% of Indiana's population had access to these programs (TAC, 2018).

Currently, Delaware County's Muncie Police Department (MPD) is listed as a participant in the Crisis Intervention Training (CIT) program (CIT Indiana, n.d.). CIT is a police-based



program, often referred to as the “Memphis Model”, of pre-arrest diversion for individuals experiencing a mental health crisis (University of Memphis CIT Center [UMCITC], n.d.). CIT trained responders work with the community’s existing social service resources to provide a support network for individuals in crisis in hopes to keep them out of jail and instead seek relevant service referrals (UMCITC, n.d.). Though resources such as CIT exist in Muncie, data indicates that resources such as CIT, outpatient treatment, and residential treatment should be reviewed for expansion to better service those that reside within the county including those who are incarcerated.



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