

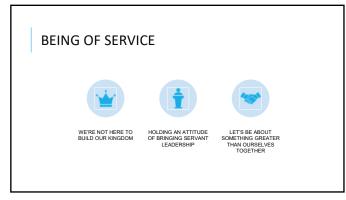
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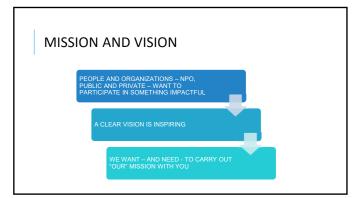
RELATIONSHIPS

We are collaborating with people vs. organizations

Why do we exist in the community?

How can we be of service?





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JE3 For the question mark, it looks like it might be a bullet point font that didn't transfer over. can you look at the original slide deck to check? Or we can just replace with bullet points.

Jen Elder, 3/15/2024



PARTNERSHIPS

Action Center
City CDBG
County CDBG
State ESG, ARPA
Public Health
FQHC/Community Health
Community Mental Health
Criminal Justice – Police, probation
Faith Based
12-step Community
Non-profit service providers

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Progress House & Aspire Indiana



Darrell Mitchell, MBA Vice President, Recovery Communities, Aspire Indiana



Mike Keevin VP Social Drivers of Health, Aspire Indiana

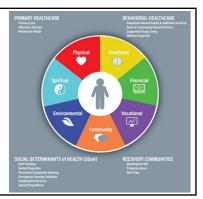


Progress House Founded in December of 1961 Considered Indiana's premier Recovery House for decades Opioid Epidemic shifted the average resident profile We needed to reimagine how treatment, recovery housing, and recovery supports were designed and delivered. In November 2019 Progress House became a wholly governed subsidiary of Aspire Indiana.

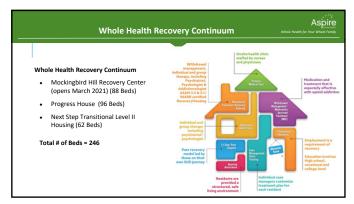
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Pully integrated health care provider: Physical Behavioral Social Services Substance Use Disorder Aspire & Progress House collectively have over 115 years of experience serving those with substance use and/or mental health disorders Nonprofit and independent

Whole Health for the Whole Person

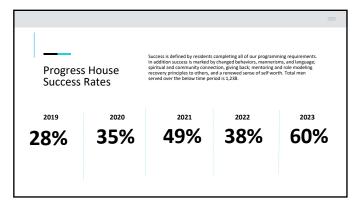


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Panel Questions

- James, how would you advise a smaller rural CoC grantee to begin developing partnerships that would offer Whole Person Care?
- Darrell, can you share more about the timeline for transitioning from a Recovery Housing operator to becoming fully integrated into Aspire?
- Your programs offer a continuum of low-barrier Housing First and Recovery Housing options. How do you operationalize supporting program participants in selfdetermination and selection of the housing that best meets their needs?
- How do you incorporate culturally responsive practices throughout your programming?
- What sources of funding are you using to cover the cost of supportive services?
- Can you describe your program's processes for coordinating care across other systems (i.e. health, mental health, SUD, employment services, benefits acquisition)?
- Can you share more about the role of people with lived expertise in your service delivery models? Is there anything you would want to emphasize about supporting these staff?

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