

INVEST HAMILTON COUNTY

# The Workforce We're Losing

How Youth Behavioral Health Is Reshaping  
Hamilton County's Talent Pipeline

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## To our community partners,

I didn't set out to write a report about behavioral health.

Invest Hamilton County is an economic development organization. We study workforce pipelines, employer needs, industry growth, and talent supply. We built Alex — our data hub — to weave together over 5,000 curated data files from federal agencies, state systems, academic research, and licensed workforce intelligence into a single platform. The idea was simple: if you want to make better decisions about Hamilton County's economy, you need better data.

In early 2026, we updated the Hamilton County Behavioral Health Needs Assessment for the first time since 2021. The original had been produced by an outside consultant. We brought it in-house, pulled every federal and state behavioral health dataset we could find, curated 48 academic papers, and layered in our own workforce intelligence. What we found stopped us cold.

Mental health crisis events in Hamilton County tripled. Under-18 crisis events increased 767%. Suicidal and self-harm events among children — children — rose 551%. And the behavioral health workforce earning a median of \$47,990 in a county where the median household earns \$118,000... that workforce is shrinking, not growing.

But here is what made this different from a health report. When we laid the behavioral health data next to our workforce data — the chronic absenteeism numbers, the college completion rates, the labor force participation trends, the employer retention data, the occupational gap analysis — a pattern emerged that I had never seen documented in a single place. The youth behavioral health crisis and the workforce pipeline crisis are not two problems. They are one problem viewed from two angles.

That is what this brief is about. Not a clinical assessment. Not a public health report. A workforce argument — grounded in evidence, aimed at decision-makers, and written for a community that has the resources and the institutional capacity to lead Indiana's response.

The data demands it. The evidence supports it. Our community depends on it.

### **Mike Thibideau**

President & CEO  
Invest Hamilton County

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SECTION ONE

**\$282B**

ANNUAL ECONOMIC COST OF MENTAL ILLNESS IN THE UNITED STATES

## **The Convergence**

*Behavioral health and workforce development are the same conversation. This is not a metaphor. It is an empirical claim — and Hamilton County's own data proves it.*

**H**ere is a number that should change the way we talk about mental health: \$282 billion. That is what mental illness costs the American economy every year — roughly 1.7% of GDP, the equivalent of a moderate recession running permanently in the background. The researchers who calculated it found their estimate was 30% larger than previous calculations because they accounted for something the earlier models missed: people with mental health conditions don't just earn less. They consume less. They invest less. They systematically choose lower-paying, lower-risk jobs. The ripple effects compound across every sector.<sup>1</sup>

I run an economic development organization. When I see a number that large — a number with “billion” in it and a GDP percentage attached — I pay attention. And when the same research team found that providing mental health care to everyone ages 16 to 25 would produce gains equivalent to 1.7% of aggregate consumption... that told me this is not just a health issue. This is the workforce issue of our generation.

Hamilton County's proportional share of that national burden — based on Taylor et al.'s JAMA estimate that untreated mental illness costs Indiana \$4.2 billion annually, scaled to our \$29.1 billion county GDP — is approximately \$349 million per year. That is what inaction costs us right now.

## Where the Pipeline Breaks — Nationally and Locally

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Think of the workforce pipeline as a series of transitions. Healthy young people become educated, credentialed, employed, productive, and eventually community contributors. That pipeline has always had leaks. What the data now shows is that behavioral health is the primary driver — not at one point, but at every point. And Hamilton County is not immune.

1

### **K–12: The Attendance Crisis**

Nationally, chronic absence nearly doubled post-pandemic, from 16% to approximately 30% of students. Nearly half of all students report depression, anxiety, or stress making school difficult. In Hamilton County, under-18 mental health crisis events — the kind that pull a child out of school and into an emergency room — rose from 233 in 2017 to 2,021 in 2024. That is a 767% increase, far outpacing population growth.<sup>2</sup>

2

## **End of High School: The Cliff**

Indiana boys graduate at 88.7% versus 91.8% for girls — and then the gap explodes. Only 45.2% of male graduates enroll in college versus 58.1% of females. Alcohol use among Indiana boys leaps from 10% in 9th grade to 43.8% by senior year. Suicide planning rises from 13.8% of freshmen to 27% of seniors. Hamilton County’s excessive drinking rate of 20.3% — ranking 162nd out of 292 large U.S. counties — suggests these patterns persist well into adulthood here.<sup>3</sup>

3

## **College: The Dropout Crisis**

Mental health is now the number one reason students consider leaving college. Severe symptoms increase dropout risk by up to seven times. The result: 41.9 million American adults have some college credit but no degree. Hamilton County’s 72% attainment rate masks the reality that most of the MSA workforce draws from Marion County at 43% — a 29-point gap. Our pipeline depends on communities where the crisis is even more acute.<sup>4</sup>

4

## **Workforce Entry: Underemployment and Burnout**

Fifty-two percent of recent graduates are underemployed. Peak burnout now hits at age 25 for Gen Z. Ninety-one percent of Gen Z workers experienced mental health challenges in the past year. In Hamilton County, where unemployment sits at roughly 2%, employers are competing for a workforce that is arriving more fragile, more distressed, and less prepared than any generation in memory.<sup>5</sup>

5

## **Disconnection: The NEET Crisis**

4.15 million Americans ages 16 to 24 are neither in school nor working. Each represents approximately \$1 million in lifetime societal costs. One in four cites mental health as the reason. Hamilton County’s own data shows the local on-ramp to disconnection: suicidal and self-harm events among our children under 18 rose from 55 in 2017 to 358 in 2024 — a 551% increase.<sup>6</sup>

## The Lifetime Cost

The United Hospital Fund and Boston Consulting Group estimated that a single year's prevalence of adolescent behavioral health conditions will produce **\$3 trillion in lifetime lost productivity** and \$185 billion in lifetime medical costs. And only 39% of adolescents with major depressive episodes received any care at all.<sup>7</sup>

A 25-year longitudinal study out of Uppsala University found that persistent depressive disorder in adolescence was associated with 15% lower lifetime earnings for women and 24% lower earnings for men. Twice the odds of labor market marginalization. Three times the odds of requiring social welfare assistance.<sup>8</sup>

### GEN Z AT WORK

91% of Gen Z workers experienced mental health challenges in the past year. MH-related absenteeism increased 300% from 2017 to 2023. 61% of Gen Z would strongly consider leaving for better MH benefits.

*SHRM, 2025; Grow Therapy, 2024*

## The Hamilton County Paradox

By almost every conventional measure, Hamilton County is one of the most successful communities in America. County GDP exceeds \$29 billion. Median household income: \$118,000. Unemployment: roughly 2%. Postsecondary attainment: 72%. Our Quality of Life Score sits at 84.6 out of 100 against 292 large U.S. counties.<sup>9</sup>

And yet.

# 3.5x

INCREASE IN MENTAL HEALTH CRISIS  
EVENTS, 2017–2023

# 22,138

TOTAL MH CRISIS EVENTS IN HAMILTON  
COUNTY, 2023

Mental health crisis events rose from 6,334 to 22,138 in six years. Depression prevalence sits at 22.9%. Loneliness at 29.2%. We rank 9th out of 292 counties for low mental distress but 162nd for excessive drinking — a 153-position gap that signals a community managing its pain privately rather than a

community without pain. The behavioral health provider landscape is dominated by private practitioners — 96% of them — who do not accept Medicaid, do not offer bilingual services, and cannot meet the demand. Our HPSA score is 19 out of 25. One Community Mental Health Center for 387,000 people.<sup>10</sup>

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**Nobody had woven these datasets together before. The federal health data, the state workforce data, the local crisis data, the academic research, the proprietary workforce intelligence — they existed in disconnected silos. When you lay them side by side, the connection between youth behavioral health and workforce development is not subtle. It is overwhelming. That is what this brief documents, section by section, for Hamilton County.**

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1. Abramson, Boerma & Tsyvinski, “Macroeconomics of Mental Health,” NBER Working Paper No. 32354, April 2024.
2. RAND Corporation, 2024; Youth Trust Survey, 2024; Indiana Management Performance Hub, 2017–2024.
3. Sagamore Institute, “Failure to Launch,” March 2026; IHC National Benchmarking Index, 2025.
4. Lumina/Gallup, 2024; Census ACS 2023.
5. Strada Education Foundation, 2024; SHRM, 2025; BLS LAUS, 2025.
6. Measure of America, 2025; Indiana MPH Mental Health Events Data, 2017–2024.
7. United Hospital Fund / BCG, “Ripple Effects of the Adolescent Behavioral Health Crisis,” April 2024.
8. Uppsala Longitudinal Adolescent Depression Study (ULADS), Epidemiology and Psychiatric Sciences, 2020.
9. IHC National Benchmarking Index, 2025; Census ACS 2023; IHC Quality of Life Index, 2026.
10. Indiana MPH, 2024; CDC PLACES 2026; HRSA HPSA, 2025; County Health Rankings 2025.

SECTION TWO

4x

MEN ARE FOUR TIMES MORE LIKELY TO DIE BY SUICIDE THAN WOMEN

## The State of Young Men

*The education gender gap has reversed. The labor force participation rate is in structural decline. And the institutions that once gave young men purpose, identity, and community are disappearing. In Hamilton County, we see the consequences in our crisis data every day.*

want to be careful here. Talking about the struggles of boys and young men can feel, in the current cultural moment, like it diminishes the very real crisis facing girls and young women. It doesn't. The next section is devoted entirely to them. But the data on young men has reached a point where ignoring it is not sensitivity — it is negligence. And for Hamilton County employers trying to fill positions in construction, manufacturing, logistics, and the trades, the workforce implications are enormous.

## The Education Cliff

Richard Reeves of the Brookings Institution put it plainly: for every 100 bachelor's degrees awarded to women, just 72 go to men. Men are 42% of college students but 51% of dropouts. One million fewer men ages 18 to 24 were enrolled in college in 2022 compared to 2011. The male immediate enrollment rate in 2022 was the same as it was in 1964.<sup>1</sup>

**47% vs. 37%**

WOMEN VS. MEN AGES 25-34 HOLDING A BACHELOR'S DEGREE

**14%**

MEN'S REAL WAGE DECLINE SINCE 1979

Hamilton County's 72% attainment rate is an aggregate that obscures this gender dimension. Nationally, men's real wages have declined 14% since 1979 and only 17% of education bachelor's degrees go to men. The four-year graduation rate: 43% for men versus 54% for women. These national patterns shape the labor pool our employers draw from every day.<sup>2</sup>

# Leaving the Labor Force

Prime-age male labor force participation peaked above 95% in the post-war era. Today it sits around 88%. Approximately 14% of millennial males at age 25 were not in the labor force — double the rate of baby boomers at the same age. The male NEET rate doubled from 4% in 1990 to 8% in 2024, and two-thirds of those men are not even seeking work. They have stopped trying.<sup>3</sup>

For Hamilton County, where unemployment sits near 2% and employers report persistent difficulty filling skilled trades, logistics, and healthcare positions, every percentage point of male non-participation translates directly to unfilled jobs and suppressed economic output.

### WHERE DID THE HOURS GO?

From 2000 to 2015, average work hours for men ages 21–30 fell by 203 hours per year. Seventy-five percent of new leisure time went to video games. Young lower-skilled men averaged 8.6 hours of gaming per week in 2014, up from 3.4 hours in 2007.

*Aguiar, Bils, Charles & Hurst, NBER, 2017*

# The Indiana Boys’ Story

The Sagamore Institute’s “Failure to Launch” report, published in March 2026, is the most comprehensive analysis of boys and young men in Indiana ever produced. Indiana boys outperform girls academically through most of high school. Then they hit a cliff.

### INDIANA DATA

#### The Senior Year Cliff

Alcohol use leaps from 10% in 9th grade to 43.8% by 12th grade. Suicide planning rises from 13.8% of freshmen boys to 27% of seniors. Indiana men die by suicide at four times the rate of women. Drug overdose deaths: 50.83 per 100,000 for men versus 24.2 for women. And 42.9% of Indiana children are born to unmarried women — a fatherlessness rate with cascading consequences for boys.<sup>4</sup>

*Sagamore Institute, “Failure to Launch,” March 2026*

## The Substance Surge

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Sports betting has emerged as a behavioral health crisis in its own right: 48% of men ages 18 to 49 have an online sportsbook account. Fifty-eight percent of 18-to-22-year-olds have engaged in sports betting. The industry spent \$5.1 billion on advertising in 2024 — targeting the exact demographic already struggling with isolation and untreated depression. Hamilton County's excessive drinking rate of 20.3% sits worse than most comparable counties nationally, suggesting substance-based coping is already embedded in our community culture.<sup>5</sup>

## The Relationship Deficit

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Twenty-five percent of young men report feeling lonely. Fifteen percent have zero close friends — five times higher than in 1990. Sports participation for boys ages 6 to 17 declined from 50% to 41%. Nearly 40% of bars and pubs closed since the pandemic. In Hamilton County, the travel sports culture that has become our identity is increasingly an elite pipeline, squeezing non-elite boys out of organized athletics entirely — removing one of the few remaining community structures where young men build relationships and find mentorship.<sup>6</sup>

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*Eighty-one percent of lonely adults reported anxiety or depression. Seventy-five percent reported no sense of meaning or purpose. When asked what caused their loneliness, 73% cited technology.*

HARVARD GRADUATE SCHOOL OF EDUCATION, “LONELINESS IN AMERICA,” OCTOBER 2024

Hamilton County's estimated male suicide rate of approximately 19 per 100,000, our tripled crisis events, and the \$47,990 median wage for the behavioral health counselors who might address these issues — in a county where the median household earns more than twice that — tell a coherent story. The systems that

once gave young men purpose are collapsing, and the workforce that might intervene cannot afford to live here.<sup>7</sup>

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**The crisis of young men is not a crisis of motivation or character. It is a crisis of systems — educational systems that are not reaching them, community systems that have abandoned them, and economic systems that no longer offer the pathways to purpose that previous generations took for granted. Hamilton County’s data validates every dimension of this national pattern.**

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1. Reeves, R.V., “Of Boys and Men,” Brookings, 2022; Pew Research Center, 2024.
2. Pew, 2023–2024; AIBM, 2024; Census ACS 2023 (Hamilton County).
3. Federal Reserve Bank of San Francisco, 2023; AIBM, 2024; BLS LAUS (Hamilton County).
4. Sagamore Institute, “Failure to Launch,” March 2026.
5. AIBM / Johns Hopkins, 2024–2025; IHC National Benchmarking Index.
6. AIBM, 2024; American Perspectives Survey, 2021; Harvard GSOE, 2024.
7. CDC PLACES 2026; Indiana MPH, 2024; BLS OES, 2024.

SECTION THREE

57%

OF TEEN GIRLS REPORT PERSISTENT SADNESS OR HOPELESSNESS

## The State of Young Women

*Girls and young women are not dropping out of the pipeline. They are burning through it — achieving at record levels while carrying levels of distress that would be classified as a public health emergency in any other context.*

If the crisis of young men is visible — declining enrollment, declining participation, dropping out — the crisis of young women is invisible. And that may make it more dangerous. Girls are outperforming their male peers on virtually every educational metric. The pipeline appears to be working. But the internal cost of that performance is devastating — and it shows up in Hamilton County’s depression data.

# 53%

FEMALE HS STUDENTS REPORTING PERSISTENT SADNESS OR HOPELESSNESS, 2023

# 1 in 3

TEEN GIRLS WHO SERIOUSLY CONSIDERED SUICIDE

More than half of female high school students — 53% — reported persistent sadness or hopelessness in 2023, dramatically higher than the 36% baseline in 2011. Nearly one in three seriously considered suicide. One in five experienced sexual violence. Indiana girls are worse: 60.1% report sadness or hopelessness, nearly doubling since 2011.<sup>1</sup>

Hamilton County’s overall depression prevalence of 22.9% — with tract-level variation ranging from 18.9% to 27.0% — likely understates the female experience given these national and state gender patterns. The “affluent but struggling” dynamic documented by Suniya Luthar at Columbia, in which high-achieving suburban youth show elevated rates of anxiety, depression, and substance use that exceed national norms, is Hamilton County’s story.<sup>2</sup>

## The Social Media Inflection

Jonathan Haidt documented the “Great Rewiring of Childhood” — the period between 2010 and 2015 when adolescents transitioned from flip phones to smartphones. Apple launched the front-facing camera in 2010. Instagram launched the same year. Beginning in exactly that window, every indicator of adolescent mental health inflected sharply upward. Girls were hit hardest. The Surgeon General found that more than three hours of daily social media doubles depression risk; the average teen uses 4.8 hours per day.<sup>3</sup>

### CYBERBULLYING

A study of 146,536 adolescents found girls are 61.9% of cyberbullying victims. Victims show 90% higher depression and 87% higher anxiety rates.

*The Lancet Regional Health Americas, 2025*

## The Achievement Paradox

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69.5% of female high school graduates enrolled in college in 2024, versus 55.4% of males. Women graduate at 66% versus 58% for men. The pipeline is producing. But 25% of teen girls had a major depressive episode. Perfectionism affects 25 to 30% of children and adolescents, with female high achievers 20 to 30% more likely to score above the 90th percentile on measures of socially prescribed perfectionism.<sup>4</sup>

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### EMERGING CRISIS

#### The Eating Disorder Surge

Health visits for eating disorders among teenagers increased 107.4% from 2018 to 2022. Anorexia nervosa incidence in girls ages 10 to 14 rose from 9 to 39 per 100,000 over four decades. An estimated 10,200 deaths per year are attributable to eating disorders. In Hamilton County's high-achieving school districts, the pressure dynamics that drive these conditions are deeply embedded in community culture.

*JAMA Pediatrics, 2024; Luthar et al., American Psychologist, 2020*

## The Workforce Consequence

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After high school, mental health trajectories diverge by gender. Women's emotional distress tends to improve as they transition into higher education and careers. Men's tends to worsen. But "improvement" for women comes with an asterisk: 42% of women who left the workforce in 2025 cited caregiving. The "motherhood penalty" means mothers earn roughly 70 cents per dollar earned by fathers. Women who reduce hours lose an estimated \$324,044 in lifetime wages and Social Security.<sup>5</sup>

For Hamilton County employers, this means two distinct pipeline vulnerabilities: young men who never fully enter the workforce, and young women who enter it at high performance but burn out, scale back, or leave. Both pathways lead to a smaller, less resilient labor pool.

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*Young men's pipeline breaks are visible and terminal — dropping out, disconnecting, disappearing from the labor force. Young women's pipeline breaks are invisible and corrosive — performing through pain, achieving at the cost of health, burning out before they reach their potential.*

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**Hamilton County's 96% private-practice rate among behavioral health providers means the system is least accessible to the young women most in need — those on parental insurance with high deductibles, those needing immediate rather than scheduled access, and those whose distress is invisible precisely because they continue to perform. The provider landscape is structurally mismatched to the population it serves.**

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1. CDC YRBSS, 2023; Sagamore Institute, 2026; Indiana YRBSS supplement.
  2. CDC PLACES 2026; Luthar et al., *American Psychologist*, 2020; IHC Benchmarking Index.
  3. Haidt, "The Anxious Generation," 2024; U.S. Surgeon General Advisory, 2023.
  4. BLS / Pew, 2024; APA, 2024; Annie E. Casey Foundation, 2024.
  5. Patalay & Gage, *The Lancet Psychiatry*, 2019; Catalyst / CNBC, 2026.

SECTION FOUR

45th → 14th

INDIANA'S IMPROVEMENT IN NATIONAL BEHAVIORAL HEALTH RANKINGS,  
2023-2025

## The Indiana Picture

*Indiana has achieved one of the most dramatic improvements in behavioral health of any state. But the gains are fragile, the progress has not yet reached our youth, and the funding that produced the improvement is under threat. Hamilton County's position within this state context is both privileged and precarious.*

Let me give Indiana credit where it is due. For most of the past decade, Indiana was a case study in behavioral health failure — ranked 45th nationally by Mental Health America, with some of the worst outcomes for adult substance use, youth depression, and access to care. All 92 counties, including Hamilton, were designated mental health professional shortage areas. Overdose deaths climbed from 1,232 in 2015 to a devastating peak of 2,789 in 2021.

Then something started to change.

# 14th

INDIANA'S NATIONAL BEHAVIORAL HEALTH RANKING IN 2025

A 31-position improvement in two years. The largest decrease in adult substance use disorder of any state (19.08% to 15.53%) and an 18% decline in overdose deaths drove the improvement. Two investments made the difference: CCBHC expansion and early 988 Lifeline implementation.<sup>1</sup>

Drug overdose deaths peaked at 2,789 in 2021 and fell to 1,695 by 2024 — a 39% decline from peak. The reduction reflects expanded naloxone access, medication-assisted treatment, CCBHC expansion, and opioid settlement funds. Indiana expects approximately \$500 million in settlement funds over 18 years, with Hamilton County receiving its proportional share.<sup>2</sup>

## OPIOID SETTLEMENT

Indiana's ~\$500M over 18 years is the state's largest-ever dedicated behavioral health investment. Hamilton County's share represents a once-in-a-generation opportunity for permanent infrastructure.

## The Youth Crisis Behind the Progress

But Indiana's headline improvement conceals a troubling reality: the youth behavioral health crisis has not followed the same trajectory.

**29.9%**

INDIANA STUDENTS GRADES 7-12  
REPORTING PERSISTENT SADNESS OR  
HOPELESSNESS

**17%**

INDIANA HIGH SCHOOL STUDENTS WHO  
SERIOUSLY CONSIDERED SUICIDE

Nearly one in three Indiana adolescents reports persistent sadness or hopelessness. One in six has seriously considered suicide. Youth suicide remains a top-three cause of death ages 10 to 19. These numbers have barely budged even as adult substance use declined, suggesting the mechanisms driving youth distress operate independently of the treatment infrastructure that improved Indiana's overall ranking.<sup>3</sup>

Hamilton County mirrors this pattern precisely: our adult-level indicators look strong (9th nationally on mental distress), but our youth crisis data is catastrophic (767% increase in under-18 events). The state's improvement has not yet reached the populations that matter most for the workforce pipeline.

#### RISK ASSESSMENT

### Progress at Risk

Indiana's 45th-to-14th improvement was driven by Medicaid-funded services, CCBHC expansion, and federal crisis infrastructure. All three face fiscal uncertainty. Hamilton County, which ranks 1st in Indiana for health outcomes and draws heavily on state-funded behavioral health infrastructure, has significant exposure if these gains erode.

*Mental Health America, 2025; KFF Medicaid analysis, 2026*

**Indiana has demonstrated that strategic investment in behavioral health infrastructure works. But Hamilton County cannot rely on the state trajectory alone. Our youth crisis data shows local dynamics — affluence-related pressure, provider deserts, hidden coping behaviors — that the state's aggregate improvement does not address.**

1. Mental Health America, "State of Mental Health in America 2025," 2025.
2. Indiana MPH, 2015-2024; CDC WONDER; Johns Hopkins Opioid Settlement Fund Tracker, 2024.
3. Indiana Youth Institute KIDS COUNT, 2024-2026; CDC YRBSS Indiana supplement.

SECTION FIVE

**\$349M**

ESTIMATED ANNUAL COST OF UNTREATED MENTAL ILLNESS IN HAMILTON  
COUNTY

## **The Workforce Cost**

*Every data point in the preceding sections converges here: the behavioral health crisis has a price tag. For Hamilton County, it is measured in unfilled positions, suppressed wages, employer losses, and a quality of life eroding beneath the surface of prosperity.*

**T**his section translates the evidence into dollars. Because for the elected officials, employers, and school board members reading this brief, the question is not whether the behavioral health crisis is real. It is what it costs. Hamilton County's estimated annual burden: approximately \$349 million — derived from the Taylor et al. JAMA methodology scaled to our \$29.1 billion county GDP.<sup>1</sup>

That figure encompasses reduced labor force participation, lower earnings among workers with untreated conditions, increased healthcare utilization, disability claims, and criminal justice costs. It does not capture the downstream effects: the consumer spending that never happens, the entrepreneurial ventures that never launch, the housing investment that never materializes because the would-be participants are psychologically unable to engage.

Nor does it capture the most consequential long-term cost: the lifetime productivity loss from today's youth crisis. The United Hospital Fund estimated that a single year of adolescent behavioral health prevalence produces \$3 trillion in lifetime lost productivity nationally. Hamilton County's proportional share is accumulating every year that our youth crisis events continue to climb.

#### HOW WE ESTIMATED

Hamilton County GDP (\$29.1B) ÷  
Indiana GDP (\$350.6B) × \$4.2B state  
cost ≈ \$349M. Methodology: Taylor  
et al., JAMA, 2023.

## What Hamilton County Employers Are Losing

Mental health–related absenteeism increased 300% nationally between 2017 and 2023. But presenteeism — workers physically present but cognitively impaired — costs employers three to five times more, because it is invisible and chronic. For Hamilton County's employers, competing in one of the tightest labor markets in the Midwest with an unemployment rate near 2%, every percentage point of workforce impairment compounds.<sup>2</sup>

**\$4 : \$1**

ROI FOR WORKPLACE MENTAL HEALTH PROGRAMS

**61%**

GEN Z WORKERS WHO WOULD LEAVE FOR BETTER MH BENEFITS

## The Behavioral Health Workforce Paradox

The cruelest irony: the workforce we need to solve this crisis is itself in crisis. The Indianapolis MSA employs approximately 4,000 behavioral health counselors at a median annual wage of \$47,990. Marriage and family therapists: \$51,710. Mental health social workers: \$60,890. And the 190 psychiatrists serving more than 2 million people? Wages so variable the BLS cannot report a reliable median. Nationally, for every 10 behavioral health clinicians entering the field, 13 leave.<sup>3</sup>

### HAMILTON COUNTY

#### The Wage-to-Cost Mismatch

A behavioral health counselor earning \$47,990 makes roughly \$23.07 per hour. In Hamilton County, where median household income exceeds \$118,000, that is not a living wage — it is a retention crisis. Providers locate where they can afford to live, not where the need is greatest. Our HPSA score of 19/25 is a direct consequence. Aspire Indiana Health is the county's only Community Mental Health Center — one CMHC for 387,000 people.

BLS OES, 2024; HRSA HPSA, 2025; National Council for Mental Wellbeing, 2025

## Quality of Life Drag

Our proprietary Quality of Life Index quantifies the workforce cost at the occupation level, tracking five community-essential levers and calculating “drag units” for unfilled positions based on their cascade effect on the broader community.

# \$36.1 M

ANNUAL WAGE-FLOW DRAG FROM UNFILLED POSITIONS IN HAMILTON COUNTY

Across 454 scored occupations, the QoL Index identifies 50+ drag units attributable to behavioral health occupations. When a school counselor position goes unfilled, students miss early identification, families lose a referral pathway, and crisis utilization increases. Total GRP drag: \$58.2 million.<sup>4</sup>

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**The workforce cost to Hamilton County is not speculative. It is \$349 million in annual economic drag. It is \$36.1 million in suppressed wage flows. It is 190 psychiatrists for 2 million people. It is counselors earning \$47,990 in a county where the median household earns \$118,000. And it is a contradictory national ranking — 9th for low distress but 162nd for excessive drinking — that reveals a community managing its pain privately rather than treating it. These problems do not solve themselves.**

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1. Taylor et al., JAMA, 2023; BEA GDP data, 2023.
2. Deloitte / SHRM, 2024; Grow Therapy, 2024; BLS LAUS (Hamilton County).
3. BLS OES, Indianapolis MSA, May 2024; National Council for Mental Wellbeing, 2025.
4. IHC Quality of Life Index, January 2026; BEA Regional Economic Accounts, 2023.

SECTION SIX

**52,288**

AVERAGE ANNUAL JOB OPENINGS IN HAMILTON COUNTY — EVERY ONE  
NEEDS A PREPARED WORKER

## **The Replacement Cliff**

*Hamilton County needs to fill over 52,000 positions every year — driven by growth and by the retirement of 81,000 workers over 55. The generation arriving to replace them is the most behaviorally distressed in modern history. This is a structural collision, not a temporary mismatch.*

**T**he preceding sections have documented what behavioral health is doing to young people. This section asks a different question: what happens when those young people are the ones we need to fill the jobs that are opening? Because in Hamilton County, the replacement math is unforgiving.

Lightcast projects 382,820 jobs in Hamilton County by 2026 — up from 326,958 in 2019, a net growth of 55,862 positions. But growth demand is only part of the story. When you add replacement demand — workers who retire, change occupations, or leave the labor force entirely — the county needs to fill an average of **52,288 positions every year**. That is not a future projection. That is the churn rate right now.<sup>1</sup>

## The Retirement Wave

**81,410**

HAMILTON COUNTY WORKERS AGE 55  
AND OLDER — 21.3% OF THE  
WORKFORCE

**236,613**

PROJECTED ANNUAL SEPARATIONS  
ACROSS ALL OCCUPATIONS, 2026

More than one in five Hamilton County workers is 55 or older. In some occupations, the retirement exposure is acute: school bus drivers (47% age 55+), lawyers (42%), construction inspectors (41%), bookkeeping clerks (38%), insurance sales agents (30%), and janitors (28%). These are not abstract categories. They are the people who transport our children, maintain our buildings, process our legal work, and keep our businesses functioning. When they retire, someone needs to step in — and the incoming generation is arriving with a fundamentally different behavioral health profile than any cohort before it.<sup>2</sup>

## Worker Attachment — The Hidden Variable

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Labor economists use the term “labor force attachment” to describe the strength of a person’s connection to the labor market. It exists on a spectrum: from fully employed at one end to completely disengaged at the other. The workers in the middle — the ones who are loosely connected, intermittently employed, or have stopped looking — are where the behavioral health crisis does its most insidious damage.

The Bureau of Labor Statistics defines two critical categories.

**Marginally attached workers** are people who want work, are available, and have looked in the past year but have given up searching in the past month. A subset of these are **discouraged workers** — people who have stopped looking entirely because they believe no work is available for them. Nationally, approximately 1.6 million people are marginally attached to the labor force at any given time. **Dislocated workers** — those who have been laid off or displaced from positions they held for extended periods — face compounding behavioral health risks: the Kansas City Fed found that job displacement leads directly to “depression, illness, and dependence on pain medication,” creating a feedback loop in which the health consequences of job loss become barriers to reemployment.<sup>3</sup>

### THE ATTACHMENT SPECTRUM

**Fully employed** → strongest attachment

**Employed, underperforming** → presenteeism

**Marginally attached** → want work, stopped searching

**Discouraged workers** → believe no work available

**Dislocated workers** → displaced, facing BH barriers to return

**Not in labor force** → no attachment

Behavioral health conditions push workers down this spectrum at every stage.

The research connecting behavioral health to weakened attachment is now causal, not just correlational. A 2024 PNAS study using a natural experiment found that individuals who developed stress-related mental disorders were significantly more likely to go on sickness benefits, use unemployment benefits, and lose wage income long-term — shifting or drifting into marginal part-time work. Alan Krueger’s landmark Brookings research found that nearly half of prime-age men not in the labor force take pain medication daily, and 43% describe their health as fair or poor versus just 12% of employed men. The opioid crisis alone accounted for an estimated 43% of the decline in men’s labor force participation from 1999 to 2015.<sup>4</sup>

For Hamilton County, where unemployment is approximately 2% and the superficial narrative is that everyone who wants to work is working... the attachment data tells a different story. The people who are not in the labor force are not visible in our unemployment statistics. They are not counted. But they represent the gap between the workers we need and the workers who are available.

## The Incoming Cohort

Here is where the replacement cliff becomes a crisis. The workers retiring out of Hamilton County’s economy entered the workforce in an era when depression diagnoses among young adults were a fraction of today’s levels, when substance use disorder was not the leading cause of non-participation, and when the concept of “burnout at 25” did not exist. Their replacements are arriving with a fundamentally different profile:



**46%**

OF GEN Z WORKERS WITH A FORMAL  
MENTAL HEALTH DIAGNOSIS



**48%**

OF U.S. EMPLOYEES WHO HAVE LEFT A  
JOB FOR MENTAL HEALTH REASONS

Ninety-one percent of Gen Z workers experienced mental health challenges in the past year. Forty-six percent already carry a formal diagnosis. Peak burnout now hits at age 25, compared to 42 for prior generations. And 48% of all U.S. employees report having left a job for reasons tied to their mental health — two-thirds of those departures voluntary. This is not a cohort that lacks talent or ambition. It is a cohort whose behavioral health profile makes sustained workforce attachment structurally more difficult than it was for the workers they are replacing.<sup>5</sup>

# Where Hamilton County Feels It Most

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The collision between retirement-driven replacement demand and a behaviorally distressed incoming cohort does not affect all industries equally.

## INDUSTRY IMPACT

### Construction — The Highest-Risk Sector

Construction has the highest suicide rate of any major occupation: 67.8 per 100,000 workers nationally. Male construction workers die by suicide at four times the rate of the general adult population — more than five times the number killed by on-the-job injuries. Almost half of construction workers report symptoms of both anxiety and depression. Fewer than 5% see a mental health professional. In Hamilton County, where residential and commercial construction is a primary economic driver, the behavioral health of the construction workforce is a direct input to housing supply, commercial development, and economic growth.<sup>6</sup>

*CPWR, September 2024; CDC/BLS occupational mortality data*

**Healthcare** reports the lowest levels of mental well-being of any industry. HRSA projects a 62% increase in demand for behavioral health services by 2036 but a 13% decline in total healthcare FTE staff. In Hamilton County, registered nurses alone carry the highest Quality of Life Drag of any occupation — 2,024 drag units from 506 open positions — because every unfilled nursing position cascades into longer wait times, deferred preventive care, and increased emergency utilization.<sup>7</sup>

**Manufacturing** ranks among the highest in prevalence of depression relative to other sectors. Only 67% of manufacturing employees say it is appropriate to discuss mental health at work, compared to 79% in service industries. Hamilton County's advanced manufacturing base — medical devices, automotive components, precision engineering — depends on cognitive precision and sustained attention. Depression-related presenteeism, in which workers are physically present but operating at reduced cognitive capacity, is particularly costly in these environments.

**Education** faces a dual crisis: the behavioral health of students documented in earlier sections, compounded by the behavioral health of the educators and support staff trying to serve them. With only 17% of education bachelor's degrees going to men, the educator pipeline is already constrained. Burnout, turnover, and early exits compound a shortage that directly affects Hamilton County's six school districts and 62,700 students.

## The Presenteeism Tax

For every worker who leaves the labor force entirely, there are many more who remain employed but cognitively impaired. This is presenteeism — and it may be the most expensive behavioral health cost that employers never see on a balance sheet.

Employees with untreated depression experience a 35% reduction in productivity. Major Depressive Disorder alone generates \$43.3 billion annually in presenteeism costs nationally. Substance use disorder adds another \$12.1 billion. Workers take an average of 18 days off annually due to stress, depression, and anxiety — and the days they show up but underperform cost three to five times more than the days they miss. Across all sectors, 47% of employees display presenteeism driven by poor mental health.<sup>8</sup>

### PRESENTEEISM MATH

A Hamilton County employer with 500 workers, 47% showing presenteeism from poor mental health, at an average cost of \$5,524 per affected employee per year: **~\$1.3 million annually** in invisible productivity loss. This does not appear on any balance sheet — but it shows up in missed deadlines, quality failures, and turnover.

## Economic Resilience

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Community economic resilience — the ability to absorb shocks, maintain employment, and recover from downturns — depends on the depth and health of the labor pool. A community where 21% of workers are approaching retirement and 46% of incoming workers carry a behavioral health diagnosis is a community with a thin bench. A 5% improvement in labor force participation alone could generate \$399 billion nationally in economic returns. Hamilton County’s proportional share of that gain, scaled to our labor force, would exceed \$100 million — dwarfing the cost of the interventions documented in the next section.<sup>9</sup>

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**The replacement cliff is not about a shortage of young people. Hamilton County is growing. It is about the readiness of the young people who are here. When 91% of the incoming generation reports mental health challenges, when 48% have already left a job for behavioral health reasons, when peak burnout arrives at 25, and when the occupations with the highest retirement exposure — construction, healthcare, education, transportation — are also the occupations most affected by behavioral health conditions... the connection between youth mental health and economic resilience is not a policy abstraction. It is our labor market reality. It is the workforce we are losing — not to other counties, not to other states, but to the quiet erosion of worker attachment that behavioral health conditions produce when left untreated.**

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1. Lightcast Occupation Table, Hamilton County, Q1 2026 data set.
2. Lightcast Occupation Demographics Table, Hamilton County; age distribution by SOC.
3. BLS Current Population Survey, definitions: marginally attached, discouraged, dislocated workers; Federal Reserve Bank of Kansas City, “Uneven Recovery in Prime-Age Labor Force Participation.”
4. PNAS, “Causal Effect of Mental Health on Labor Market Outcomes,” 2024; Krueger, “Where Have All the Workers Gone?” Brookings Papers on Economic Activity, 2017.
5. LIMRA BEAT Study, 2024; Harmony Healthcare / Grow Therapy, 2025; Mind Share Partners, 2025; SHRM, 2025.
6. CPWR, “Construction Worker Mental Health,” September 2024; CDC/BLS occupational mortality data.
7. WebMD Health Services, 2024; HRSA, 2025; IHC Quality of Life Index, January 2026.
8. WebMD/Cigna, 2024; PMC/Pharmacoeconomics, 2023 (\$333.7B MDD burden); Ghimire et al., AJPM, 2025; NAMI, 2024.
9. Michigan Journal of Economics, 2025; BLS labor force projections; IHC analysis.

SECTION SEVEN

**\$4 : \$1**

RETURN ON INVESTMENT FOR EVIDENCE-BASED BEHAVIORAL HEALTH  
PROGRAMS

## **What's Working**

*The replacement cliff is real. But it is not inevitable. The evidence identifies interventions that strengthen worker attachment, reduce symptoms, improve workforce outcomes, and return more than they cost.*

**T**his report has been, by design, an exercise in documenting what is going wrong. This section changes direction. The research on behavioral health interventions is robust and surprisingly consistent: early intervention works, integration works, school-based services work, and workplace programs work. The return on investment ranges from \$2 to \$10 for every dollar spent. The barrier is not knowledge. It is will, coordination, and sustained funding.

## Integrated Care

The single most evidence-backed intervention is integrated care — embedding behavioral health clinicians in primary care so that screening, intervention, and treatment happen in the same visit. The Collaborative Care Model improves depression outcomes by 50% while reducing total healthcare costs 12% to 20% over two years. For adolescents, it is especially effective because young people are far more likely to see a primary care provider than to seek out a specialist. Hamilton County has Community Health Network, IU Health, and Ascension St. Vincent — all with the infrastructure to implement this model.<sup>1</sup>

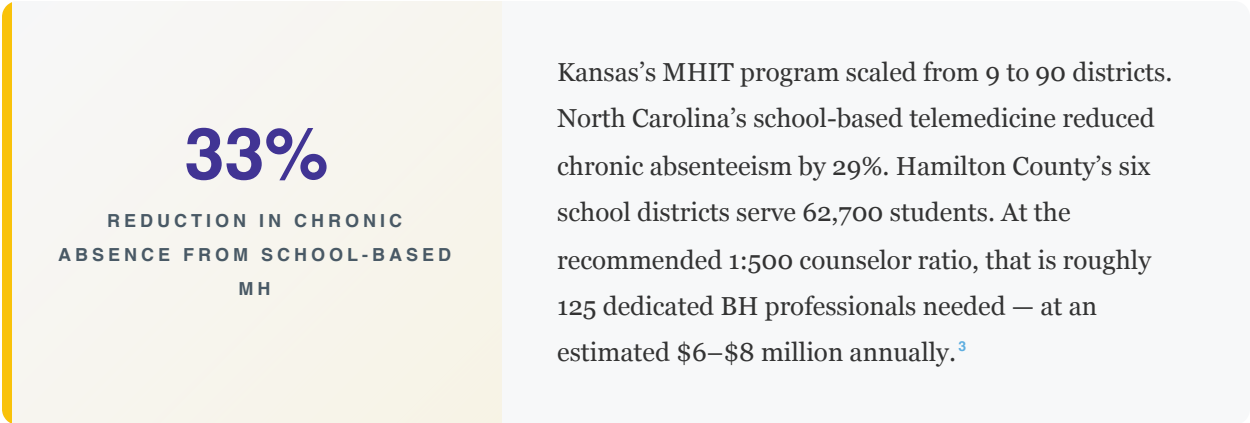
### WHAT IS INTEGRATED CARE?

A BH clinician works in the same office as the primary care provider. Patients are screened at every visit. Brief interventions happen immediately. Complex cases get warm handoffs. No separate appointment needed.

## Certified Community Behavioral Health Clinics

Indiana's CCBHCs drove the 45th-to-14th improvement. They provide comprehensive care regardless of ability to pay, with a payment model that covers actual cost of care — enabling competitive wages and better recruitment. Aspire Indiana Health, Hamilton County's sole CMHC, operates within this framework. Expanding its capacity is the single highest-leverage clinical investment this community can make.<sup>2</sup>

# School-Based Mental Health



**33%**  
REDUCTION IN CHRONIC  
ABSENCE FROM SCHOOL-BASED  
MH

Kansas’s MHIT program scaled from 9 to 90 districts. North Carolina’s school-based telemedicine reduced chronic absenteeism by 29%. Hamilton County’s six school districts serve 62,700 students. At the recommended 1:500 counselor ratio, that is roughly 125 dedicated BH professionals needed – at an estimated \$6–\$8 million annually.<sup>3</sup>

The school psychologist-to-student ratio nationally is 1 to 1,065 – more than double the recommended 1 to 500. Hamilton County’s school districts, through The Pursuit Institute and the CLNA under Perkins V, already have the coordination infrastructure. The question is whether behavioral health staffing becomes a line item, not an afterthought.

## Workplace Mental Health Programs

The \$4-to-\$1 ROI documented by Deloitte makes this one of the few interventions that pays for itself in the short term. Ninety-four percent of employers nationally are now investing. Hamilton County has a concentration of large employers with the scale to implement these programs, and three chambers of commerce — OneZone, Noblesville, and Westfield — that can serve as distribution channels.<sup>4</sup>

## CTE and Career Pathways

Career and Technical Education is both a workforce strategy and a behavioral health strategy. Structured pathways provide purpose, identity, and adult mentorship — especially for young men who have lost those structures. Paid internships produce 73% full employment versus 44% without. Hamilton County's TPI consortium, with its CLNA data infrastructure and expanding CTE programming, is already positioned to incorporate behavioral health career pathways into its offerings.<sup>5</sup>

## Mentoring and Community Rebuilding

RAND evidence shows consistent positive effects on youth engagement, academics, and behavioral health. Research shows dual-purpose interventions addressing both mental health and employment skills are more effective than employment-only programs. In a county where 29.2% of residents report loneliness and the Surgeon General has declared isolation a public health crisis equivalent to smoking 15 cigarettes a day, community-building is not a soft strategy. It is infrastructure.<sup>6</sup>

### FUNDING OPPORTUNITY

#### Opioid Settlement: A Generational Investment

Johns Hopkins principles recommend directing 60%+ of settlement funds to evidence-based treatment and prevention. Hamilton County's share of Indiana's ~\$500M settlement represents a rare opportunity for permanent infrastructure — not one-time programs. The evidence base for where those dollars generate the highest return is clear.

*Johns Hopkins Bloomberg School of Public Health, 2024*

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**The evidence base is established. The interventions are proven. The question for Hamilton County is coordination: how to align six school districts, hundreds of employers, multiple healthcare systems, three chambers, a community foundation, and a fragmented provider landscape around a shared framework. That is the subject of the final section.**

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1. Milbank Memorial Fund, May 2025; Collaborative Care Model meta-analyses.
2. Mental Health America, 2025; SAMHSA CCBHC evaluation, 2024.
3. Kansas MHIT evaluation; NC school-based telemedicine, 2023; IHC school district data.
4. Deloitte, 2024; U.S. Chamber of Commerce, 2025.
5. Sagamore Institute, 2026; Strada Education Foundation, 2024.
6. RAND meta-analyses; PLOS ONE systematic review, 2024; U.S. Surgeon General, 2023.

SECTION EIGHT

84.6

QUALITY OF LIFE SCORE — A FOUNDATION, NOT A FINISH LINE

## Hamilton County's Opportunity

*This county has the institutional infrastructure, the fiscal capacity, and now the data intelligence to lead. What it lacks is a shared framework connecting the dots across sectors. This section maps the assets — and the gap between them.*

have spent six sections building a case for urgency. This section makes the case for optimism — the kind grounded in an honest inventory of what we have. Because Hamilton County is not starting from scratch. We have institutions, resources, relationships, and data that most communities would envy. The challenge is not capacity. It is coordination.

## The Assets

**Six school districts** serving approximately 62,700 students, already connected through The Pursuit Institute's CTE consortium and the CLNA under Perkins V. They are the frontline of the 767% increase in under-18 crisis events — and the place where evidence-based intervention has the highest return.

**Hamilton County Community Foundation** has committed \$2.7 million to needs assessment including behavioral health initiatives. The foundation's convening power and grant-making capacity can align philanthropy with evidence.

**Aspire Indiana Health** is the county's sole CMHC, mandated to serve all residents regardless of ability to pay. Expanding its capacity is the single highest-leverage clinical investment available.

**Three major healthcare systems** — Community Health Network, IU Health, and Ascension St. Vincent — all with significant local presence and the infrastructure for integrated behavioral health.

**A concentrated employer base** with the scale for workplace mental health programs and the \$4-to-\$1 ROI to justify the investment.

### BY THE NUMBERS

- 62,700** students across 6 districts
- \$2.7M** HCCF needs assessment commitment
- 1** CMHC for 387,000 people
- 3** chambers of commerce
- 4** city governments receiving opioid settlement shares
- 190** psychiatrists for 2M+ in the MSA

## The Coordination Gap

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The county does not lack institutions, resources, or data. It lacks a shared framework connecting school absenteeism data to employer turnover data to depression treatment data to foundation prevention funding. Right now, these streams exist in silos — schools tracking chronic absence, employers tracking retention, healthcare systems tracking utilization, foundations tracking grant outcomes — without a common language linking them.

Behavioral health is that common language. It is the variable that shows up in every dataset, across every sector, driving outcomes that each institution measures independently but none can address alone.

## What We Built to See This

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Alex — our data platform — exists for challenges like this one. Over 5,000 curated data files from federal agencies, state systems, academic research, and licensed workforce intelligence, assembled over five years. A 292-county national benchmarking index. A Quality of Life system that quantifies the drag of unfilled positions. Geographic crisis concentration mapping. Real-time behavioral health workforce tracking. This report is what happens when you eliminate the silos and see the full picture. We are committed to keeping this picture current — annual BHNA refreshes, permanent behavioral health indicators in the QoL Index, and ongoing cross-sector data integration through Alex.

## Leaders Already Moving

One reason for optimism is that Hamilton County's elected officials are not waiting for a report to tell them there is a problem. They are already investing — in some cases, at a scale that has no precedent locally.

### COUNTY INVESTMENT

#### The RELY Center

In 2025, the Hamilton County Council and Commissioners approved **\$3.5 million** for the RELY Center — the county's first behavioral health crisis stabilization center, providing 24/7 walk-in care for individuals ages five and older experiencing mental health, substance use, or psychiatric crises. Located on the Aspire Indiana Health campus in Noblesville and operated by Aspire, the RELY Center means that for the first time, Hamilton County residents in behavioral health crisis do not have to be transferred to facilities in Marion County. Public safety officials can now contact the center directly for behavioral health case consultation. Commissioner Mark Heirbrandt and County Councilor Steve Nation spearheaded the project — Nation, a former judge and prosecutor, recognized that too many individuals cycling through courts and jails were there because of crisis rather than criminal behavior.<sup>4</sup>

*Hamilton County Council, May 2025; Aspire Indiana Health*

The county also launched **NavigateHC** ([navigatehc.org](https://navigatehc.org)), a behavioral health resource website funded with \$67,800 in opioid settlement dollars, connecting residents to free, anonymous behavioral health, housing, food, and social services with live navigator support.

## Mayors Leading on Mental Health

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**Fishers — Stigma Free Fishers.** Mayor Scott Fadness created one of Indiana’s first municipal mental health initiatives after a 2014 police ride-along revealed that immediate detentions for mental health crises were among officers’ most frequent and most difficult calls. Stigma Free Fishers launched in 2016, followed by a community paramedicine program with trained paramedics responding to every mental health emergency, expanded Crisis Intervention Training for police, school-based mental health systems, free online mental health tools for residents, and Youth Mental Health First Aid trainings. Fishers later established a dedicated city Health Department.<sup>5</sup>

**Noblesville — NobleACT.** Mayor Chris Jensen launched NobleACT in February 2020, combining mental health police officers, community resource paramedics, and mental health clinicians into a single response team. Since inception, NobleACT has responded to over 6,000 calls and assisted more than 500 individuals in 2025 alone with housing, mental health crises, aging, and addiction. The program grew from one officer and a therapy dog to a team of five employees and three therapy dogs — including one dedicated to law enforcement employee wellness. Mayor Jensen pushed the Indiana General Assembly to model a statewide grant program on NobleACT, resulting in HB 1385 and the Community Cares Initiative pilot. He also hosts “Mental Health Mondays” — video conversations with a licensed therapist, live-streamed to the community.<sup>6</sup>

### WELLBEING COALITIONS

The Hamilton County Community Foundation has partnered with Noblesville and Westfield to create community Wellbeing Coalitions — local networks of residents, organizations, and institutions working together on mental health awareness, resource navigation, and stigma reduction. HCCF’s goal: a Wellbeing Coalition in every Hamilton County community.

## Rebuilding Community Fabric

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**Project Civility**, founded in 2024 by Carmel City Councilor Jeff Worrell, addresses one of the less visible but deeply consequential dimensions of the behavioral health crisis: the erosion of community connection and civil discourse. Born from Worrell’s observation that public life was becoming more vitriolic and isolating, Project Civility has grown into a national nonprofit built on three principles — respecting every person as a human being, searching for common ground during disagreements, and desiring no harm. Its inaugural national summit in September 2025 drew attendees from 17 states, with speakers including former

Indiana Governor Mitch Daniels. In a county where 29.2% of residents report loneliness and the research consistently shows that social isolation amplifies depression, anxiety, and substance use, initiatives that rebuild the fabric of community life are not peripheral to the behavioral health conversation. They are central to it.<sup>7</sup>

# \$349M

THE ANNUAL COST OF THE STATUS QUO

Lost productivity. Suppressed wages. Increased healthcare costs. Diminished community vitality. Against that: \$3.5 million for the RELY Center. \$4 return for every \$1 in workplace programs. 33% reduction in chronic absenteeism from school-based mental health. A 31-position state ranking improvement from CCBHC investment. County Commissioners, Mayors, and Councilors already building the infrastructure. The math is not close — and the momentum is real.

“

*The workforce we are losing is not lost yet.  
But it will not wait for us to be ready.*

MIKE THIBIDEAU, PRESIDENT & CEO, INVEST HAMILTON  
COUNTY

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1. HCCF strategic priorities, 2025–2026.
  2. HRSA HPSA Mental Health designations, September 2025.
  3. Deloitte, 2024; U.S. Chamber of Commerce, 2025.
  4. Hamilton County Council, May 2025; Aspire Indiana Health; WRTV, October 2025.
  5. City of Fishers, “Stigma Free Fishers,” 2016–2026; Route Fifty, November 2019.
  6. City of Noblesville, NobleACT program, 2020–2026; Indiana Capital Chronicle, November 2023.
  7. Project Civility, projectcivility.com; Axios Indianapolis, September 2025.

## Data Sources and Methods

This brief draws on over 200 curated data sources assembled through Alex, the Hamilton County Data Hub. All data are publicly available or licensed and cited throughout.

SOURCE	DATA TYPE	VINTAGE
Indiana Management Performance Hub	County MH crisis events by age/type	2017–2024
CDC PLACES	County and tract-level health indicators	2026 release
CDC YRBSS	Youth risk behavior (national + Indiana)	2023
County Health Rankings	BH trends, provider ratios	2025
HRSA HPSA	Mental health shortage designations	September 2025
BLS OES	BH occupation wages (11 SOCs, 3 geographies)	May 2024
BEA	GDP, personal income, regional accounts	2023
Census ACS	Demographics, income, attainment	2023 1-Year
SAMHSA	Treatment facilities, NSDUH, 988 data	2024
CDC WONDER	Drug overdose mortality	2015–2025
IHC National Benchmarking Index	292-county comparison (130 fields)	2025
IHC Quality of Life Index	454 SOCs, 5 levers, drag quantification	January 2026

## Research Library

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The academic evidence base includes 48 peer-reviewed papers across 12 topic clusters, 32 institutional reports, 45 workforce pipeline studies, 55 reports on youth mental health, and 40+ quantitative evidence summaries. All curated March 2026 and stored in the Hamilton County Data Hub.

## Geographic Identifiers

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GEOGRAPHY	IDENTIFIER
Hamilton County, Indiana	FIPS 18057
Indianapolis-Carmel-Greenwood MSA	CBSA 26900
State of Indiana	FIPS 18
Comparison counties	Marion (18097), Boone (18011), Madison (18095), Tipton (18159)

## Definitions

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**NEET:** Not in Education, Employment, or Training. Youth ages 16–24 disconnected from both school and the labor market.

**HPSA:** Health Professional Shortage Area. Federal designation indicating insufficient mental health provider supply. Score 0–25; higher = greater shortage.

**CCBHC:** Certified Community Behavioral Health Clinic. Provides comprehensive BH services regardless of ability to pay, with cost-based reimbursement.

**QoL Drag:** IHC’s metric measuring community impact of unfilled occupations, expressed in drag-units and estimated GRP loss.

**Crisis Event:** An interaction with first responders, emergency departments, or crisis intervention teams serious enough to generate a data record in the Indiana MPH system.



**WHERE INSIGHT BECOMES ACTION**

Invest Hamilton County  
[investhamiltoncounty.com](http://investhamiltoncounty.com)  
Hamilton County Data Hub • Alex

Companion to the Hamilton County Behavioral Health Needs Assessment 2026

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