

**Northeastern Center Community Health Needs Assessment
(CHNA)
January – February 2018**



Janet L. Stork
Quality Improvement Coordinator



Northeastern Center
Community Health Needs Assessment (CHNA)
January – February 2018

EXECUTIVE SUMMARY

Mental health needs continue to be significant in the four counties served by Northeastern Center. Per SAMHSA the number of individuals within the four counties afflicted with any mental illness is approximately seven times the number treated by the Center. Issues of stigma, affordability, and access continue to be prevalent. Other service centers such as Bowen, Serenity House, etc. help to manage the added need but even with the expanded service capacity many individuals in the four counties do not receive needed care.

In general the agency seeks to serve children/adolescents, adults and older individuals for serious mental illnesses such as depression, bipolar and schizophrenia. There also remains an ongoing challenge in opioid and substance addiction and in suicides. Other identified needs reflected in the survey include family problems and ADD/ADHD. Inside family problems issues with drugs/alcohol, divorce anxiety and the effects of poverty were noted.

To provide a full continuum of care the agency has inpatient, residential, day treatment (Clubhouse) and outpatient services. Relationships with the differing county Department of Children's Services (DCS) are maintained along with internal programs. The agency also works to maintain relationships with schools reflected in programs such as the School Assistance Program (SAP). Other referral sources include the courts (especially in addiction cases).

The Center also provides an ability to pay scale for those seeking service in order to help address affordability questions. The resulting shortfall in revenues against costs of giving care is made up through contracting with the Division of Mental Health and through funding provided by each of the local counties. Accessibility is managed through provision of an outpatient office in each of the four counties. Transportation is also provided to centralized programs such as Clubhouse or the Intensive Substance Abuse outpatient program.

While the agency works diligently to meet the needs of the communities it serves, this survey represents an important service in helping guide agency decision making and establishing a road map for the future. Much has been done, much remains to be done.



NEC OVERVIEW

Northeastern Center Inc. (NEC) is a Community Mental Health Center licensed by the Indiana Department of Mental Health and Addictions and independently accredited by CARF (Council for the Accreditation of Rehabilitative Facilities). NEC serves persons in a four county area who have mental health issues, including serious mental illness and substance abuse and addiction. The counties served are Noble, DeKalb, Steuben, and LaGrange. NEC is a private not for profit corporation governed by a Board of Directors comprised of 3 representatives from each of the four counties and an at large member appointed by the county councils.

The Mission of Northeastern Center is to help individuals achieve emotional and mental wholeness through accessible, affordable and quality behavioral health services.

NEC offers outpatient services in all four counties to children and adults. Services include individual and group counseling by licensed therapists, case facilitation (the coordination of client care), and skills training in activities of daily living. Evidenced Based Treatment is used extensively in outpatient counseling. These are treatment models with documented efficacy and approval from the federal Substance Abuse and Mental Health Services Administration.

NEC offers Inpatient services with a 16 bed psychiatric hospital in Auburn, Indiana. The hospital serves adult clients with serious mental illness and substance abuse issues.

Residential services are offered in three small group homes.

Clubhouse day services is an accredited clubhouse program through Clubhouse International. Additional services include transportation, employment assistance, and housing assistance.

NEC is mindful that families vary greatly in their ability to afford necessary services. The Center offers fee assistance based on a family's income. All insurance coverage is accepted, and consumers are provided assistance in applying for Medicaid, Healthy Indiana Plan, and any other health benefit plans for which they may be eligible.



THE COMMUNITY

NEC serves persons in the Indiana counties of DeKalb, LaGrange, Noble, and Steuben in need of mental health services.

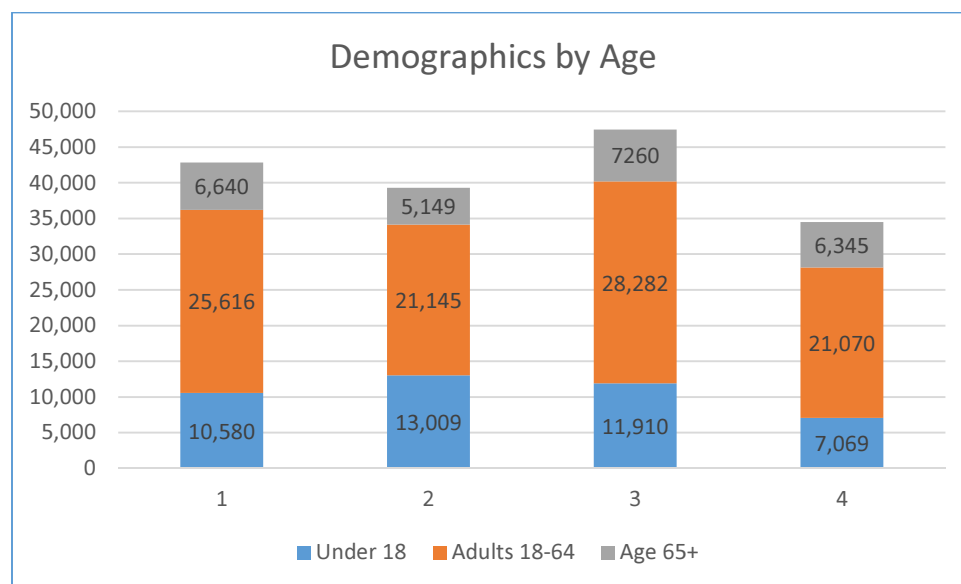
DEMOGRAPHICS

Population

The four counties are largely rural with a total population of **164,075**. The three largest cities/towns city served by NEC are Auburn with 13,052, Kendallville with 9,906 and Angola with 8,591.

The demographics of each county break down as follows (*US Census Bureau*):

County	Under 18	Adults 18-64	Age 65+	Total
DeKalb	10,580	25,616	6,640	42,836
LaGrange	13,009	21,145	5,149	39,303
Noble	11,910	28,282	7,260	47,452
Steuben	7,069	21,070	6,345	34,484
				164,075





Noble and DeKalb Counties are adjacent to Allen County with its population of 372,877, mostly in Fort Wayne. The outer areas of Fort Wayne continue to expand into southern Noble and DeKalb Counties. This proximity to the city of Fort Wayne creates more access to work, recreational, and health care options than are available in other rural Indiana counties.

Since April 1, 2010 it is estimated that all counties except for Steuben have a net increase in population. The population centers in the baby boom generation of persons 40 – 65 years of age. All the counties with the exception of LaGrange show higher percentages in this age group and lower percentages in the younger ages. Thus the population of the area is steadily statistically aging.

Race and ethnicity

While minority populations exist, all of the counties are predominately white. Each county has a Latino population, but only Noble has a significant minority population with just over 10 % of the population.

Race	DeKalb	Lagrange	Noble	Steuben
Black/African American alone	0.4%	0.5%	0.7%	0.8%
Hispanic/Latino	2.8%	1.0%	10.3%	3.6%
Asian alone	0.5%	0.5%	0.5%	0.8%
American Indiana/Alaskan native	0.3%	0.3%	0.4%	0.4%
White alone, not Hispanic/Latino	95.1%	94.1%	87.4%	93.7%
Two or more races	1.1%	0.8%	1.2%	1.1%

In summary the demographic information indicates the 4 counties are rural, predominately white, with an aging baby boomer population, and contain a small minority population, primarily Hispanic. Overall, there has been a small population growth for this area.



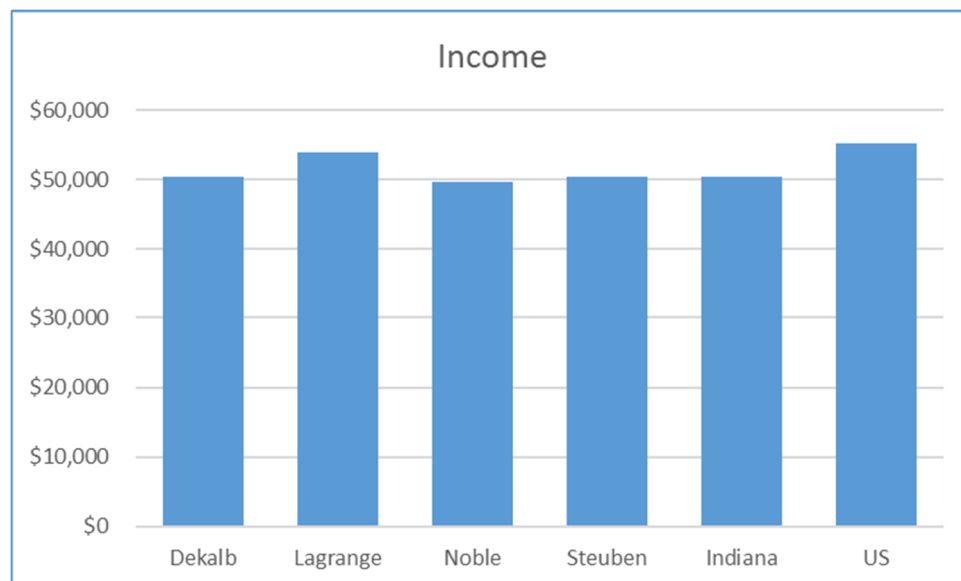
Education

High School Graduation rates for the population of the area are similar to the rest of the State of Indiana. Note that the Elkhart County/ LaGrange County area is home to the third largest Amish community in the United States. Approximately 1/3 of the population of LaGrange County is Amish. In accordance with their religious beliefs, the Amish typically end their formal education at the end of the eighth grade. This has a significant effect on the LaGrange county education statistics.

County	HS Diploma or GED	Bachelor's Degree or higher
DeKalb	89.70%	17.40%
LaGrange	64.30%	11.20%
Noble	84.70%	14.10%
Steuben	88.50%	19.90%

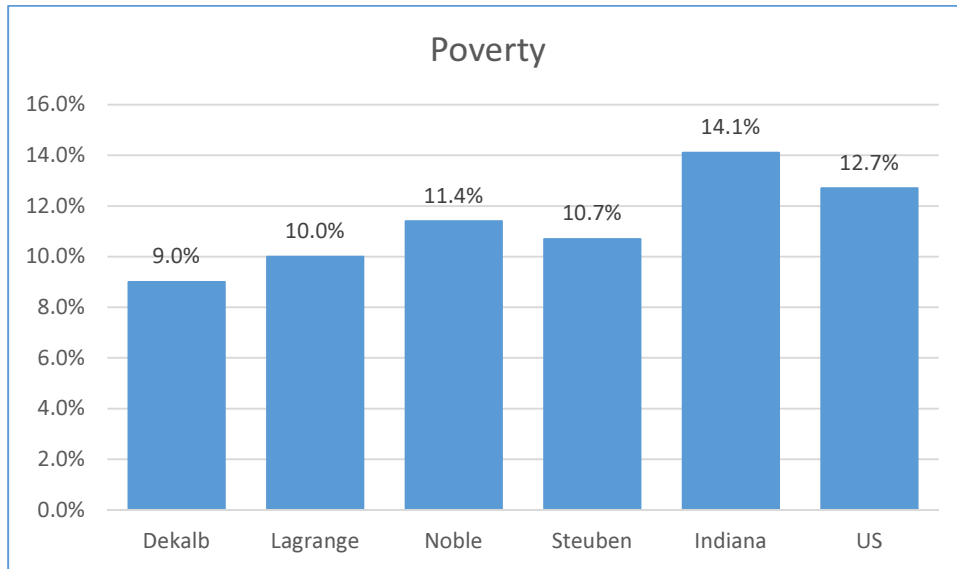
Income and Poverty

The majority of the service area is right around the median income for the state of Indiana, with the exception of Lagrange, which is slightly higher than average. All are below the U.S. Median income.





Nationally, the percentage of adults living below the federal poverty level is 12.7%. In Indiana it is 14.1%. In the four county area, the percentage of adults living below the federal poverty level is better than the state of Indiana and national average.



Health/Wellness

As a state, Indiana is not considered to be very healthy according to America’s Health Rankings 2017. This ranking system looks at population health based on “physical, mental and social well-being”, not merely the absence of disease or infirmity. The model reflects that determinants of health directly influence health outcomes. A health outcomes category and four categories of health determinants are included in the model: behaviors, community & environment, policy and clinical care.”

Indiana’s overall ranking was 38th out of the 50 states which is up 1 from the previous year.

- Behaviors – 40th
- Community and Environment – 27th
- Policy –32nd
- Clinical Care- 37th
- Health Outcomes – 41st



In relationship to various health care providers, Indiana ranked:

- In the bottom ten for both Mental Health providers (42nd with 144.2 MH providers per 100,000 population) and Dentists (45th with 46.8 per 100,000 population)
- 39th in the area of Primary Care Physicians with 123.4 per 100,000 people

Health ranking in the major categories as follows:

Diabetes rank: 40th (11.5%)

Smoking rank: 41st (21.1% of adults report smoking)

Obesity rank: 40th (32.5% obesity rate)

Violent Crime : 31st (405 per 100,000 population)

Suicide: According to the CDC, Indiana had 1,034 deaths by suicide in 2016

- 20% of injury related deaths were suicide

NOTE: Of All injury related deaths – 29.5% were drug poisoning and 19.5% were by Firearm

Medical Care

Medical care is generally available. However, there have been reports of struggles in finding PCPs who are willing to take new clients. Over the past 2 years, the expansion of “after hours” clinics has made immediate care more accessible with office open 7 days per week. Each county has a hospital within its borders, and private practitioners. DeKalb and Noble counties, as mentioned, are close to medical resources in Fort Wayne. There are no locations in the four county area federally classified as medically underserved. However, the four counties are federally classified as Health Professional shortage areas. Health professionals find many more opportunities and generally higher wages in nearby Allen County than in the northern rural counties.

Health Coverage

Indiana has a fairly low rate of uninsured (8.9%) and is lower than the national average.

Uninsured: 28th (8.9% uninsured)

Public Health Funding: 49th (average of \$41/person, national avg is \$86/person)



Prevalence of drugs

The most commonly used legal drug in our area is alcohol. Most clients seen for substance related problems at NEC have an alcohol related diagnosis. Second to alcohol is cannabis, a currently illegal substance.

According to America’s Health Report:

Drug overdoses are the leading cause of injury deaths in the United States with a record high of 64,116 deaths in 2016, 11,712 more than in 2015. More than six out of 10 drug deaths involve an opioid, primarily prescription pain relievers (morphine, oxycodone, hydrocodone or heroin). Opioid-related overdose deaths increased 200 percent between 2000 and 2014, and since 1999 opioid pain reliever prescribing quadrupled. The effects of drug abuse and overdoses are costly to society, burdening individuals, their families, the health care system and the economy. In 2016, the total cost of opioid abuse, dependence and overdose was over \$95.3 billion.

SUBSTANCE	2015	2016	2017
Alcohol	323	371	328
Amphetamine/Stimulant	147	172	174
Cannabis	213	244	253
Cocaine	11	15	16
Opioid	53	67	51
Hallucinogen	7	11	17

According to the CDC Mortality report, Indiana ranked 34th in 2016 with 17.9 drug deaths per 100,000 people. The National Average was 15.0 per 100,000.

Need for behavioral health services.

The SAMHSA National Survey on Drug Use and Health in States (2016) estimates that 17.4% of the population in the Midwest had a “mental illness” in 2016. And for completely rural counties the percentage to 17.6%. The percent of individuals with a “serious mental illness” in the Midwest was 4.3% and for rural areas 3.7%.

	Percent of population	Estimated # of people in service area
Any mental Illness Age 18+	17.4% - 17.6%	28,400
Serious Mental Illness age 18+	3.7%-4.3%	6,563

Northeastern Center Inc served 5165 individuals in the 12 months ending December 31,2017. Of those, approx. 3,936 were age 18+.



According to America's Health report 13.2% of adults reported their mental health was not good for 14 or more of the past 30 days, ranking Indiana as 34th of the 50 states.

The Northeastern Center Community Health Needs Assessment asked respondents to identify why people do not access mental health services and the most commonly cited reason was cost. Northeastern Center uses a sliding fee scale to determine payment for those with no payor source.

Community Resources for persons with Behavioral Health Issues

There are few organizations offering services within the NEC service area:

- The Northeastern Center, Inc., as the Community Mental Health Center, is the primary resource for persons with a mental illness in the counties served. It is a comprehensive community mental health center, offering the complete continuum of services required by the Indiana Department of Mental Health and Addictions.
- An additional CMHC, Bowen Center, based in Kosciusko county, offers some limited services in each of the four counties.
- Serenity House, based in Auburn Indiana, runs 5 alcohol and drug abuse residential recovery homes: one for women and 4 for men.
- Women in Transition, based in Angola Indiana, is a women's recovery home serving women with substance use/abuse issues. They can house 8 women – they do not allow children.
- There are four hospitals, one in each county. Each has an emergency room, but none has a unit for inpatient psychiatric patients. Two of the hospitals belong to the Parkview Health system, and offer inpatient psychiatric services in Allen County.
- Pilot House, in Albion Indiana, is a Men's homeless shelter, but do serve the Substance Use/Abuse population.
- The Recovery Works program is available for those exiting incarceration due to Substance Abuse issues.



PRIOR ASSESSMENT Objectives and actions

- NEC will develop and implement a plan to increase community awareness of existing NEC treatment programs for Substance Abuse.
- Review all NEC SA programs to ensure that community needs can be met with NEC treatment options.
 - NEC continually reviews the needs of the community and adjusts programming based on these needs.
 - Work began in late 2017 to develop a Medication Assisted Treatment for Opioid Addiction.
- Continue to expand SA programs at the NEC Inpatient Unit, and increase coordination and follow up between discharge from inpatient services and follow up at Outpatient SA services.
 - Have kept a Substance Abuse Specialist on staff at Inpatient
 - Policy for Initial follow up with OP services was implemented requiring the first follow up to be with a Licensed Professional within 7 calendar days.
- Review all NEC programs treating depression to ensure that all community needs can be met with an NEC treatment option.
- Develop and implement a plan to increase community awareness of existing NEC treatment programs for depression.
- Develop and implement a plan to increase awareness about depression and reduce the stigma of seeking mental health services.
 - Continued annual Stomp out the Stigma Walk
 - Involvement in Suicide Awareness programs throughout the service area
 - Began providing QRP training to local schools and other agencies to assist with training for reduction in suicide.
- Develop and implement a plan to increase community awareness of the affordability of mental health services.



- Explore the opportunity to train NEC designated staff to provide insurance enrollment help to consumers. Qualified trained staff could assist consumers in enrolling in Medicaid, HIP, and commercial insurance through the ACA marketplace. If this option is feasible and implemented, communicate this service option to the community.
 - A staff position was created and is a certified Health Navigator, helping client determine what providers they may qualify for.



SURVEY 2018 DATA SOURCES USED

Sources used for the 2018 Survey included:

1. NEC Community Needs Survey
2. Cameron Health CHNA
3. DeKalb Health CHNA
4. Parkview Health CHNA
5. Centers for Disease Control Mortality Data
6. America's Health Rankings from United Health Foundation
7. U.S. Census Bureau
8. NEC Service Data



2018 NEEDS IDENTIFIED

Description of process and methods to conduct survey

The Community Health Needs Assessment was conducted between January 17, 2018 and February 20, 2018. The assessment was mailed to known community leaders, including political leaders, community service organizations, county health officials, physicians, hospital leadership, school leadership, and criminal justice leaders. Most importantly, it was available on line at the NEC website and could be completed on-line via survey monkey.

Approximately 250 surveys were mailed with 109 responses via Survey Monkey and 9 via hard copy for a total of 118 responses . (47% return rate)

Respondents were asked to identify the two most pressing mental health needs for each of four (4) age groups. The age groups were:

- children 0-12 years;
- children 13-17 years;
- adults 18 – 64 years;
- and adults 65 years and older.

Respondents could mark an issue identified in our previous surveys or could respond with “other” and write that issue in. The mental health needs identified by the most respondents are accepted as priorities for NEC.

Most pressing Mental Health Needs:

0-12 yrs	50.7%	Family Problems
	31.4%	Behavioral
	21.2%	ADD/ADHD
13-17 yrs	34.7%	Family Problems
	27.1%	Substance Use/Abuse
18-64 yrs	57.6%	Substance Use/Abuse
	33.9%	Family
65+ yrs	55.9%	Depression
	18.6%	Anxiety



Family/Relational Problems:

Drugs/Alcohol	34.70%
Divorce	21.20%
Poverty	16.10%

Reasons people do not seek MH Services:

Cost	52.5%
Stigma	38.1%
Denial	31.4%



PRIORITIZATION OF NEEDS

Family Problems

Substance Abuse/Use

Divorce

Poverty

Cost

Stigma

Behavioral Needs among youth



DISSEMINATION OF PLAN

The Community Health Needs Assessment will be reviewed and approved by the NEC Board of Directors

It will be disseminated through:

- Article in local papers
- Available in all offices
- Published on the NEC Website



RESOURCES LIST

Resources list and footnotes/ references

- ¹ *Center for Disease Control and Prevention – National Vital Statistics System – Mortality Data.* <https://www.cdc.gov/nchs/nvss/deaths.htm>
- ² *America’s Health Rankings 2017 Annual Report – United Health Foundation* <https://www.americashealthrankings.org/learn/reports/2017-annual-report>
- ³ *United States Census Bureau –* <https://www.census.gov/data.html> *Estimates July 1, 2017*
- ⁴ *Cameron Health CHNA 2016 – Prepared by Indiana Rural Health Assoc.*
- ⁵ *DeKalb Health CHNA 2016*
- ⁶ *Parkview Health CHNA 2016*