

Northeastern Center Community Health Needs Assessment (CHNA) 2021



**NORTHEASTERN
CENTER** 
YOUR COMMUNITY COUNSELING CENTER

Northeastern Center Community Health Needs Assessment (CHNA) 2021

EXECUTIVE SUMMARY

It is a great privilege and responsibility to serve as the community mental health center for northeast Indiana. The Community Health Needs Assessment (CHNA) is conducted by Northeastern Center every three years and provides us a tremendous opportunity to inventory community needs and gauge progress toward meeting those identified needs. Further, the survey allows us to better understand current and future concerns held by those we serve and the occasion to plan and dedicate resources around meeting the behavioral needs of the community.

Northeastern Center (NEC) continues to provide a continuum of quality behavioral health services for mental health and substance abuse that meet accreditation, regulatory, and best practice standards. It is evident, however, based on NEC's CHNA as well as current community assessments conducted by other healthcare providers in the geographic area, that areas of need remain. There is a consistent thread among these community assessments that points to the concept that more must be done in the areas of mental health and substance use/abuse and that barriers to access services must continue to be addressed. There also exists great concern around the general health and wellness of residents in northeast Indiana and the state in general as Indiana, though improved, continues to rank poorly (32nd of 50 states) with critical health measures such as diabetes, obesity, premature death (including substance-related deaths), and suicide. Funding for public health in Indiana must also increase.

NEC's plan for the future includes collaboration with community stakeholders, including persons served and their families, to resolve identified challenges such that the improved outcomes we seek and our community deserves are attained.

DISSEMINATION OF PLAN

The Community Health Needs Assessment will be reviewed and approved by the NEC Board of Directors. It will be disseminated through local media and newspapers, publication on Northeastern Center's website, and in each Northeastern Center office.

PRIOR ASSESSMENT Objectives and actions

- Focus on Family/Relational issues, specifically as they relate to drugs/alcohol and divorce. **Increased resources devoted to family-centered services including Wraparound, Department of Child Services (e.g. Family Preservation), Drug Courts, and Recovery Works.**
- Review and Strengthen program capability in relation to depression, anxiety disorders and family/relational issues relative to seniors. **NEC continues to provide services to all ages, focusing on the geriatric or senior citizen population through nursing homes and transportation services.**
- Review ways to assure continued access for those without ability to pay. **Consumer Benefits Specialists/ Navigators- Help consumers with benefits and payer sources when indicated. Annual review of assistance services occurs including consumer sliding fee scale and presumptive eligibility related to Medicaid. NEC delivers a School Assistance Program in thirteen school districts which provides students and school personnel with no-cost counseling sessions.**
- Develop ways to assist in education relating to recognition of mental illness and awareness of treatment options, reducing the stigma of mental illness within the NEC communities. **Ongoing, NEC continues to expand marketing staff and engage in more community activities and events**

DESCRIPTION OF PROCESS & METHODS TO CONDUCT THE 2021 CHNA

The Community Health Needs Assessment was conducted between January and February 2021. 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.

Surveys were mailed to a list of local Key leaders within the communities, it was publicized in local news and was shared via social media. *There were 233 individual responses, with a county breakdown as follows:

DeKalb	LaGrange	Noble	Steuben
131	25	69	33
233	233	233	233
56.2%	10.7%	29.6%	14.2%

Respondents reported involvement with NEC in the following ways:

- 8.6% Directly work with NEC
- 14.6% Work for an agency that refers to/works with NEC
- 27.0% Have been involved with NEC personally
- 49.8% Community member
- 18.0% Employed in the NEC service area
- 2.6% Other

*NOTE: Respondents could choose all ways in which they were associated with NEC.

NEC OVERVIEW

Northeastern Center Inc. (NEC) is a Community Mental Health Center licensed by the Indiana Department of Mental Health and Addiction and independently accredited by CARF (Commission on Accreditation of Rehabilitative Facilities). NEC primarily serves persons in a four county area who have mental health issues including serious mental illness and substance abuse and addiction. The primary counties served are DeKalb, LaGrange, Noble, and Steuben.

NEC is a private not for profit corporation governed by a 13-member Board of Directors comprised of three (3) representatives from each of the four counties plus one appointed member.

Our Mission: Northeastern Center helps 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 (EBT) is used extensively in outpatient counseling; EBT are treatment models with documented efficacy and are considered best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA).

NEC offers Inpatient services with a 16 bed psychiatric hospital in Auburn, Indiana. The hospital serves adults with serious mental illness and substance use disorders.

Residential services are provided in four (4) facilities:

- Promise House – A crisis stabilization home – New facility in 2020
- SGL1 – Serves adults with serious mental illness (SMI)
- SGL2 – Serves adults with dual disorders (mental illness and substance use)
- Stepping Stone – Semi-independent living

New Hope Clubhouse provides a work-ordered day for SMI members. New Hope meets the accreditation standards through Clubhouse International.

Additional services include transportation, employment assistance, Wraparound, and housing assistance.

NEC is mindful that families vary greatly in their ability to afford necessary services. NEC offers fee assistance and a sliding fee scale based on a family’s income. NEC accepts all insurance coverages and assists consumers in applying for Medicaid, Healthy Indiana Plan, and any other health benefit plans where they may be eligible.

Long time CEO Jerry Hollister retired in 2019 and Steve Howell, former NEC Chief Clinical Officer, became CEO at that time. Dottie Fuentes became the new Chief Clinical Officer in late 2019.

THE COMMUNITY

Northeastern Center primarily serves persons who live or work in the Indiana counties of DeKalb, LaGrange, Noble, and Steuben who are in need of behavioral health services.

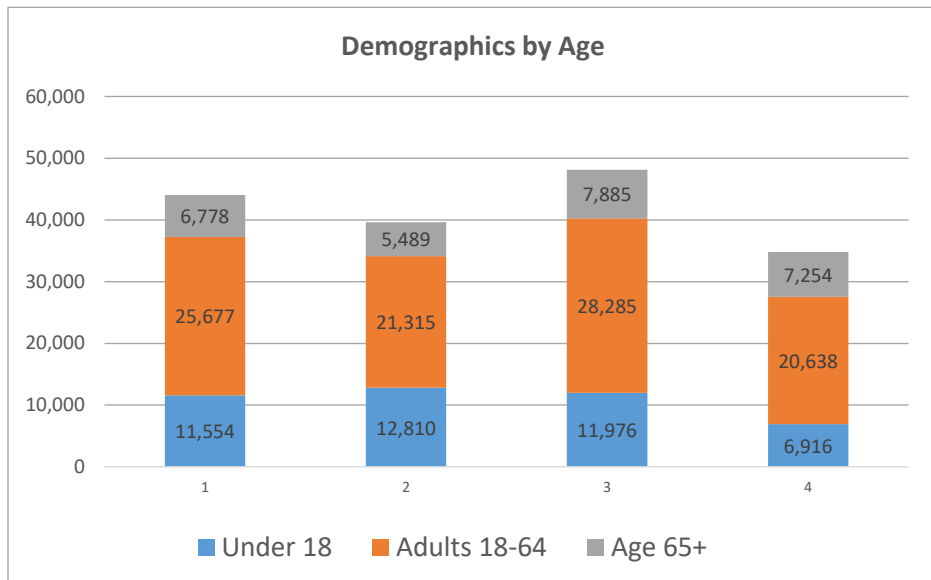
DEMOGRAPHICS

Population

The four counties are largely rural with a total population of **167,055**. The three largest cities/towns city served by NEC are Auburn with 13,056, Kendallville with 9,347 and Angola with 8,660.

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

County	Under 18	Adults 18-64	Age 65+	Total
DeKalb	11,554	25,677	6,778	44,009
Lagrange	12,810	21,315	5,489	40,092
Noble	11,976	28,285	7,885	48,146
Steuben	6,916	20,638	7,254	34,808
				167,055



Noble and DeKalb Counties are adjacent to Allen County with its population of 387,739, mostly in Fort Wayne. The outer areas of Fort Wayne continue to expand into southern Noble and DeKalb Counties. The close proximity to the urban city of Fort Wayne creates more access to work, recreational, and health care options than are available in rural Indiana counties.

From 2016 to 2020, DeKalb and Noble Counties showed a slight increase in overall residents. All four counties in the identified service area experienced an increase in the 65 and older population during the reporting period, despite LaGrange and Steuben Counties having an overall decrease in population.

Race and ethnicity

While minority populations exist, all of the counties are predominately Caucasian/White. Each county has a Latino population but only Noble has a significant minority population with just over 10 % of the county’s total population.

Race	DeKalb	LaGrange	Noble	Steuben
Black/African American alone	0.57%	0.19%	0.48%	0.33%
Hispanic/Latino	2.18%	3.72%	10.3%	2.6%
Asian alone	0.33%	0.05%	0.65%	0.44%
American Indiana/Alaskan native	0.05%	0.06%	0.13%	0.09%
White alone, not Hispanic/Latino	95.01%	94.12%	87.06%	93.8%
Two or more races	1.41%	1.68%	1.36%	1.72%

In summary, the demographic information indicates that the four counties are rural and predominately White, with an aging baby boomer population. There is a small minority population, primarily Hispanic/Latino. Overall, there has been no statistically significant minority population change since the last reporting period.

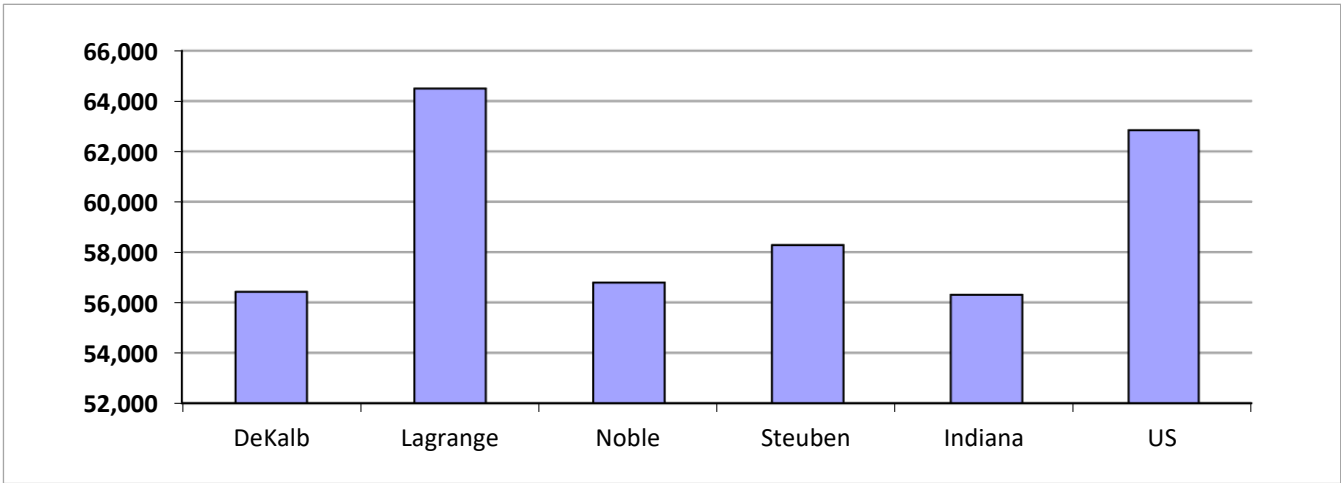
Education

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 conclude their formal education at the end of the eighth grade. This has a significant effect on the LaGrange county education statistics. DeKalb and Steuben Counties experienced an increase in both HS Diploma/ GED and Bachelor Degree obtainment.

County	HS Diploma or GED	Bachelor’s Degree or higher
DeKalb	90.23%	18.04%
LaGrange	61.78%	10.47%
Noble	80.22%	10.94%
Steuben	91.15%	21.76%

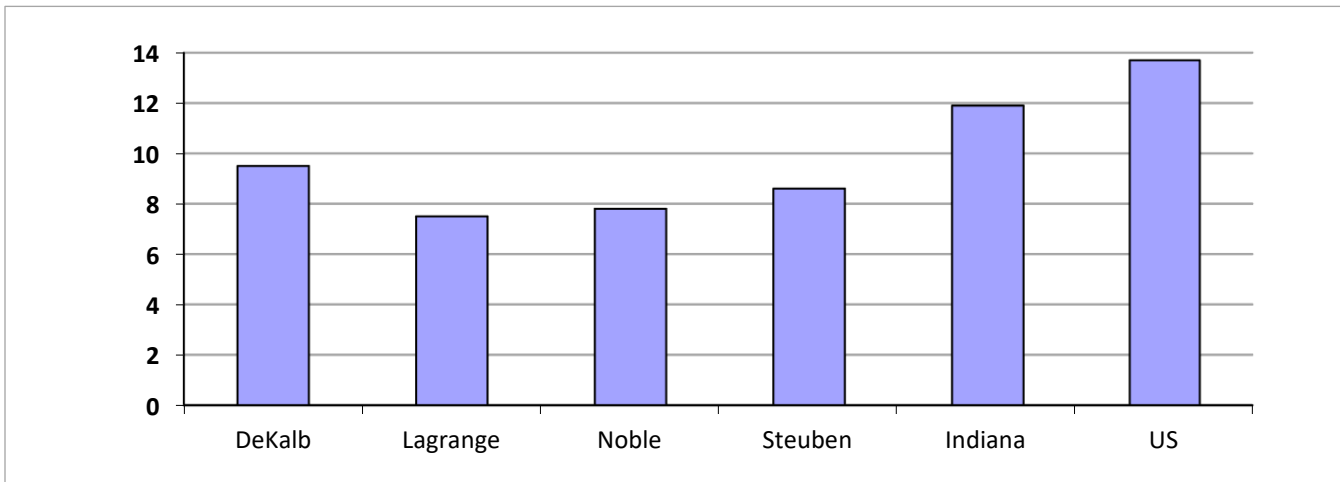
Income and Poverty

United States Census data confirms that household income of residents within NEC service area is above the Median reporting for Indiana. With the exception of LaGrange County, median household incomes are significantly lower than national average.



Nationally, the percentage of adults living below the federal poverty level is 13.7%. In Indiana it is 11.9%. 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.

Adults living below the federal poverty level (%):



Health/Wellness

Indiana does not fare well in health and wellness compared to other states according to America’s Health Rankings. This ranking system examines 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 32th out of the 50 states. Though low by comparison, Indiana’s ranking is up 6 positions from the previous year. For reference, 1st would indicate the best standing, 50th would indicate the worst standing.

Behaviors – 32nd
Community and Environment – 25th
Social and Economic Factors – 24th
Clinical Care – 30th
Health Outcomes – 40th

Additional highlights:

- Adults who avoided care due to cost decreased 28% between 2011 and 2019 from 17.5% to 12.6%
- Exercise increased 23% between 2017 and 2019 from 17.1% to 21.1% of adults
- Premature death increased 10% between 2008 and 2018 from 7,917 to 8,693 years lost before age 75 per 100,000 population
- Obesity increased 9% between 2016 and 2019 from 32.5% to 35.3% of adults
- Diabetes increased 22% between 2011 and 2019 from 10.2% to 12.4% of adults

Health rankings in the major categories:

Diabetes rank: 41st (12.4%)
Smoking rank: 41st (19.2% of adults report smoking)
Obesity rank: 40th (35.3% obesity rate)
Violent Crime: 22nd (382.3 per 100,000 population)
Suicide: 26th (16.3 deaths per 100,000 population)

Nationally, the suicide rate increased 25.4% from 1999 to 2016, with increases occurring in every state, save for Nevada. In 2018, there were an estimated 1.4 million suicide attempts and more than 48,000 deaths by suicide, making it the tenth leading cause of death in the United States. Firearms were involved in half of all suicides and there were more than twice as many deaths by suicide than by homicide.

Medical Care

Medical care is generally available. However, there have been reports of struggles in finding Primary Care Physicians (PCP) who are accepting new patients. Over the past two years, the expansion of “telehealth” has made immediate care more accessible. Each county has a medical hospital and private practitioners within its borders. DeKalb and Noble counties, as previously noted, are close to Fort Wayne which has additional medical resources. 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 (8.7%) and is lower than the national average (9.2%) but compares poorly nationally in public health funding.

Uninsured: 29th (8.7% uninsured)

Public Health Funding: 48th (average of \$55/person, national avg is \$95/person)

Prevalence of substance use/abuse

The most commonly used legal drug in our area is alcohol. Most individuals involved in substance abuse treatment at NEC identify alcohol as problematic. Below are clients classified by substance use disorder diagnoses; cannabis is second to alcohol.

Substance use disorders served by Northeastern Center

DEKALB	2018	2019	2020
Alcohol	94	95	112
Cannabis	68	72	82
Hallucinogens	2	2	4
Opioids	9	9	13
Sedative/hypnotic	3	3	4
Stimulant	58	48	69
Other/unk	9	6	3

LAGRANGE	2018	2019	2020
Alcohol	48	42	42
Cannabis	36	23	32
Hallucinogens	1	1	0
Opioids	10	5	6
Sedative/hypnotic	1	2	1
Stimulant	41	26	22
Other/unk	2	1	2

NOBLE	2018	2019	2020
Alcohol	93	101	100
Cannabis	102	80	104
Hallucinogens	0	1	2
Opioids	23	23	25
Sedative/hypnotic	5	5	4
Stimulant	91	81	103
Other/unk	11	9	17

STEUBEN	2018	2019	2020
Alcohol	61	65	68
Cannabis	61	52	66
Hallucinogens	0	0	0
Opioids	9	9	12
Sedative/hypnotic	5	4	4
Stimulant	44	47	52
Other/Unk	6	7	3

NEC	2018	2019	2020
Alcohol	296	303	322
Cannabis	267	227	284
Hallucinogens	3	4	6
Opioids	51	46	56
Sedative/hypnotic	14	14	13
Stimulant	234	202	246
Other/unk	28	23	25

According to the CDC Mortality report, Indiana ranked 33rd in 2019 with 26.6 substance-related deaths per 100,000 people. It is important to note that even though Indiana improved in death as a result of drug use from 34th in 2016 to 33rd in 2019, the drug deaths per 100,000 increased from 17.9 to 26.6 deaths per 100,000 people respectively. The National Average for 2019 was 20.5 per 100,000.

Need for behavioral health services

The SAMHSA National Survey on Drug Use and Health in States (2019) estimates that 22.1% of the population in the Midwest had a “mental illness” in 2019. And for completely rural counties the percentage to 16.7%. The percent of individuals with a “serious mental illness” in the Midwest was 5.6% and for rural areas 5.2%.

	Percent of population	Estimated # of people in service area
Any mental Illness Age 18+	16.7%-22.1%	32,409
Serious Mental Illness age 18+	5.2%-5.6%	9,021

Northeastern Center served 5165 individuals in the 12 months ending December 31, 2017. Of those, approx. 3936 (76%) were age 18+.

According to America’s Health Ranking’s 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.

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.
- 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 department, but none has a unit for inpatient psychiatric patients. Three of the hospitals are owned by the Parkview Health system which offers inpatient psychiatric services in Allen County.
- Pilot House, in Noble County, is a Men’s homeless shelter that serves the Substance Use/Abuse population.
- The Recovery Works program is available for those exiting incarceration due to Substance Abuse issues.
- Other providers include but are not limited to: Benchmark Human Services, Bowen Center, Lifeline, SCAN, Sante Group, Mental Health America, and Cook Behavioral Health

SURVEY 2021 DATA SOURCES USED

Sources used for the 2021 survey:

1. NEC Community Health Needs Assessment (CHNA)
2. Cameron Memorial Community Hospital CHNA
3. DeKalb Health CHNA
4. Parkview Health CHNA
5. Centers for Disease Control
6. America’s Health Rankings from United Health Foundation
7. U.S. Census Bureau
8. Substance Abuse and Mental Health Administration (SAMHSA)
9. Northeastern Center Service Data

2021 – PRIORITIZED NEEDS IDENTIFIED

Survey 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 check a previously identified issue and/or write in an issue. The mental health needs identified by the most respondents are accepted as priorities for NEC.

Most pressing Mental Health Needs:

0-11 yrs	51.5%	Family Issues
	31.3%	Behavioral
	22.3%	Depression & Bullying
12-17 yrs	35.2%	Depression
	31.3%	Family issues
	29.2%	Peer Pressure/Influence
18-64 yrs	51.1%	Depression
	38.6%	Anxiety
	37.3%	Substance Use/abuse
65+ yrs	60.9%	Depression
	29.6%	Family/Relational
	24.9%	Anxiety

Family/Relational Problems:

Drugs/Alcohol	21.9%
Abuse/Neglect	16.3%
Poverty	13.3%

Barriers to receiving behavioral health services:

The Northeastern Center Community Health Needs Assessment asked respondents to identify reasons people do not access mental health services. The most common factor cited was cost followed by stigma and denial. Northeastern Center works to combat these barriers by doing the following:

- (1) Utilization of a sliding fee scale based on income and family size to determine consumer financial responsibility;
- (2) Fee reduction and fee assistance programs for those with no ability to pay;
- (3) Providing trained staff to help consumers navigate available benefits and qualify for available funding;
- (4) Provide skill building and case management services around budgeting and financial literacy;
- (5) Annual Stomp Out the Stigma (SOS) 5K, coordinated by New Hope Clubhouse; and
- (6) Ongoing community education around stigma reduction

Reasons people do not seek MH Services:

Cost	50.6%
Stigma	38.2%
Denial	31.3%

PLAN AND IMPLEMENTATION

1. Continued focus on identified barriers to access for behavioral health services including access, cost, stigma, and transportation
2. Increase service offerings for family issues, substance use disorders, and depression
3. Increase suicide awareness, prevention, and intervention efforts to result in a decrease in suicides
4. Advocate for behavioral health consumers, workforce development, and increased public health funding
5. Improve community collaboration, especially around suicide, integrative healthcare (physical and behavioral), and determinants of health
6. Engage and provide services to specialty populations (e.g. Amish, Hispanic, Youth)