

**Northeastern Center Community Health Needs Assessment
(CHNA)
January – February 2024**

Table of Contents

Executive Summary -----	2
Overview -----	3
Demographic Area-----	4
Prevalence/Needs -----	6
Economic Factors -----	8
Social Drivers of Health -----	9
Cultures/Languages -----	12
Underserved Populations -----	13
Barriers to Service -----	14
Community Needs Survey-----	16
Community Resources -----	19
Prior Assessment/Actions taken -----	20
PLAN	
Prioritization of Needs -----	21
Plan -----	22
Sources -----	26
Appendix-----	27

EXECUTIVE SUMMARY

Early in CY 2024, the triennial Community Health Needs Assessment (CHNA) was initiated. Seeking a representative cross-section of the communities served, publicity to complete the online survey included multiple sources with an approximate eight-week completion window and resulted in 239 individuals participating in the survey.

The CHNA conducted by Northeastern Center (NEC) provides a tremendous opportunity to inventory community needs and gauge progress toward meeting those identified needs. Further, the survey allows NEC 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.

Since the most recent CHNA in 2021, NEC continues to focus on, among other things, barriers to treatment access with primary barriers identified as transportation, stigma, navigation, and general awareness.

NEC implemented a community transportation program in 2022 known as *NEC Connect*. In response to an identified community need, NEC Connect has provided nearly 4700 transports in a two-year period. Decreasing stigma around mental illness and substance use disorders, along with treatment access for both, involves year-round events including the Stomp Out the Stigma (SOS) 5k lead by New Hope Clubhouse; 2024 will represent the 14th annual SOS. Critical to accessing services is awareness (what is offered and where?) and navigation (how?). Access must also be quick, easy, and affordable. School-based services, collaborations with community stakeholders, and outreach/crisis services through the new Community Health and Outreach Center have expanded greatly to address these challenges; many services are provided at no or minimal cost to individuals.

While proud to share these expansions and note that NEC continues to provide a full continuum of quality behavioral health services for mental health and substance abuse that meet accreditation, regulatory, and best practice standards, there remains work to be done. Indiana ranks 35th in the nation (a drop of three spots from 2021), in Social Drivers of Health examining multiple factors that comprise overall health. The amount of experienced and untreated trauma, deaths by suicide, and substance abuse remains too high. Funding for services remains a critical issue, especially with transition of services into a new model, Certified Community Behavioral Health Clinic or CCBHC, which includes provision of current services and adds primary health integration, a robust crisis intervention model, and specialty programs for veterans and chronically mentally ill adults.

Based on the 2024 CHNA, identified priority areas for behavioral health are substance use disorders, child health, and suicide prevention. These issues represent a consistent thread among other community assessments and reinforce the notion that issues are solved at the local level, together. It remains a great privilege and responsibility to serve as the community mental health center for northeast Indiana as we work to improve the quality of life of our citizens today and tomorrow.

NEC OVERVIEW

Northeastern Center Inc. (NEC) is a Comprehensive Community Mental Health Center (CMHC) licensed by the Indiana Department of Mental Health and Addiction (DMHA) and is independently accredited by CARF (Commission on Accreditation of Rehabilitation Facilities). NEC serves persons in a four-county area who have mental health issues, including serious mental illness and substance use disorders. The primary counties served are Noble, DeKalb, Steuben, and LaGrange. NEC is a private, not for profit corporation governed by a Board of Directors comprised of representatives from each of the four counties.

Mission Statement:

Northeastern Center helps individuals achieve emotional and mental wholeness through accessible, affordable and quality behavioral health services.

Vision Statement:

As the premier provider of behavioral health services, Northeastern Center is the trusted partner empowering individuals to find hope, recovery, and a path forward.

Shared Values: Always and Everywhere, Northeastern Centers first response is CPR:

Compassion - kindness, caring, and a willingness to help

Partnership – together, achieving a shared goal

Respect – value all individuals

NEC offers outpatient services in all four counties to children and adults. Services include individual and group counseling by licensed therapists, case management (the coordination of client care), and skills training in activities of daily living. Evidenced Based Treatment (EBT) is used extensively in outpatient counseling. EBT is 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 (DeKalb County), Indiana. The hospital serves adults with serious mental illness and substance use disorder.

Crisis services are also provided within the community and at the following NEC locations:

Community Health and Outreach Center (NEC Cares) - 24/7/365 Crisis Care

Promise House - short term residential Crisis care (not a homeless shelter)

Residential services are offered in three small group homes;

SGL1 - Severe mental illness

SGL2 - Dual diagnoses of MH and Substance Use.

Stepping Stone- a step between residential living and independent living.

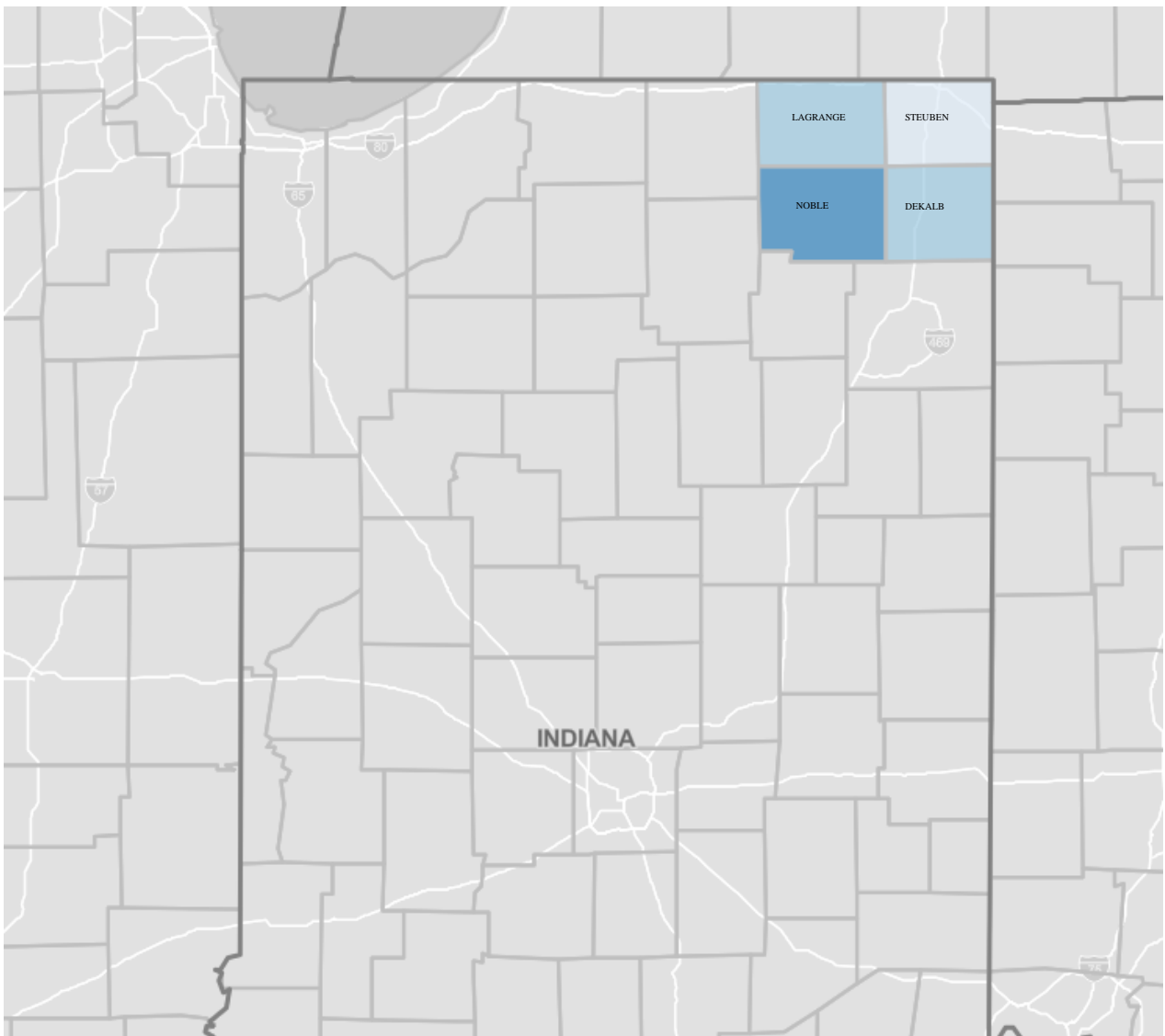
Clubhouse is a psycho-social rehabilitation program accredited through Clubhouse International. Additional services include transportation, employment assistance, and housing assistance.

NEC is mindful that families vary greatly in their ability to afford necessary services. We offer fee assistance based on a family's income. We accept all insurance coverage, and assist consumers in applying for Medicaid, Healthy Indiana Plan, and any other health benefit plans they may be eligible for.

THE COMMUNITY

DEMOGRAPHIC AREA

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

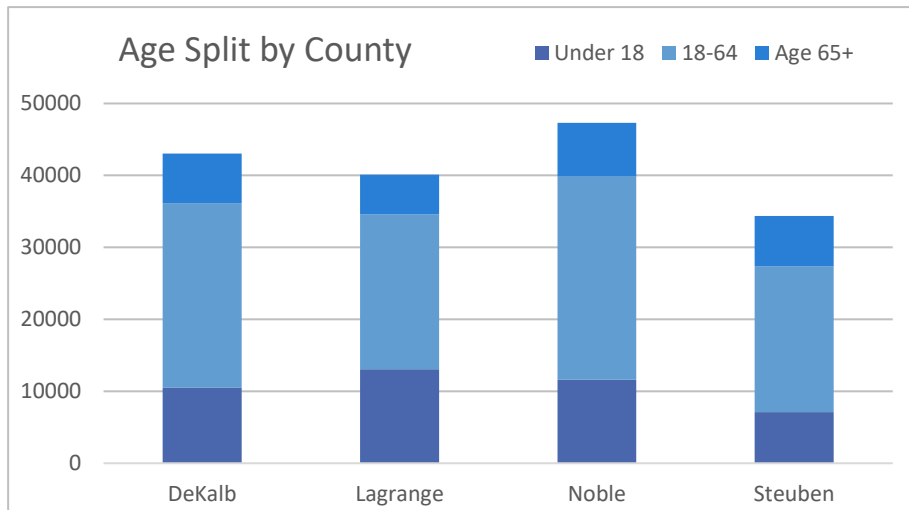


Population:

The four counties are largely rural with a total population of **165,603**. The three largest cities/towns city served by NEC are Auburn with 13,412, Kendallville with 10,271 and Angola with 9,340.

The demographics of each county breaks down by age as follows (*US Census Bureau, 2020*):

County	Under 18	18-64	Age 65+	Total
DeKalb	10,515	25,618	6,926	43,059
Lagrange	13,082	21,524	5,479	40,085
Noble	11,603	28,213	7,477	47,293
Steuben	7,098	20,291	6,990	34,379
	42,298	95,646	26,872	164,816



AGE CATEGORIES	Dekalb	Lagrange	Noble	Steuben
Under 18 years	24.4%	32.6%	24.5%	20.6%
18-64 years	59.5%	53.7%	59.7%	59.0%
65 years +	16.1%	13.7%	15.8%	20.3%

Noble and DeKalb Counties are adjacent to Allen County, which encompasses 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.

PREVALENCE/NEEDS

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 in the state of Indiana. Neighboring states of Michigan and Ohio have legalized usage of Marijuana, and we are seeing the impact of that.

Substances used by persons served at NEC in 2022 (May have multiple substances)

	DEK	LAG	NOP	STEU
Alcohol	36.9%	34.1%	36.3%	31.5%
Cannabis	30.5%	32.7%	33.9%	22.4%
Stimulant	28.3%	25.4%	32.5%	18.9%
Opioid	9.5%	5.4%	10.2%	4.8%
Sedative, Hypnotic, or Anxiolytic Use Disorder	2.4%	1.0%	2.3%	1.5%
Tobacco	8.8%	12.2%	7.0%	16.4%
Other	5.0%	1.0%	6.3%	2.9%
Individuals Served	420	205	443	482

NEC Internal Data

According to the CDC Drug Overdose Mortality report, Indiana ranked 38th in 2022 with 41 deaths per 100,000 people. It is important to note that even though Indiana improved in drug overdose death as a result of drug use from 41st in 2021 to 38th in 2022, the drug deaths per 100,000 Indiana is still over the he National Average for 2022 of 21.4 per 100,000.

According to the SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021:

- Among people aged 12 or older in 2021, 61.2 million people (or 21.9 percent of the population) used illicit drugs in the past year. The most commonly used illicit drug was marijuana, which 52.5 million people used. Nearly 2 in 5 young adults 18 to 25 used illicit drugs in the past year: 1 in 3 young adults 18 to 25 used marijuana in the past year.
- 9.2 million people 12 and older misused opioids in the past year.
- 46.3 million people aged 12 or older (or 16.5 percent of the population) met the applicable DSM-5 criteria for having a substance use disorder in the past year, including 29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.

Need for Behavioral Health Services:

The America’s Health Ranking Report for 2022 reports the 15.9% of adults in Indiana reported having “frequent Mental Distress”.

Health outcomes in Behavioral Health were as follows:

- Drug Deaths (35.2 deaths per 100,000 population) – 38th
- Excessive Drinking (16.9% of adults) – 22nd
- Frequent Mental Distress (15.9% of adults) – 36th
- Non-medical drug use (16.1% of adults)– 31st

The SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021, estimates that 5.6% of the adult population had “serious thoughts” of suicide. That number was 15.4% among 18-25yr. olds.

Other data from this survey include:

- 46.3 million people aged 12 or older (or 16.5 percent of the population) met the applicable DSM-5 criteria for having a substance use disorder in the past year, including 29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.
- Nearly 1 in 4 adults 18 and older, and 1 in 3 among adults aged 18 to 25, had a mental illness in the past year.
- 13.5 percent of young adults aged 18 to 25 had both a substance use disorder and any mental illness in the past year.

2020-2022	Deaths by Suicide	Drug Poisoning (overdose)
Dekalb	17	20
Lagrange	14	0
Noble	8	13
Steuben	no data received	

Data from Local Health Departments; Dekalb, Lagrange, Noble and Steuben

Indicators from the Indiana State Department of Health 2023, “County Health Rankings; Behavioral Risk Factor Surveillance System”

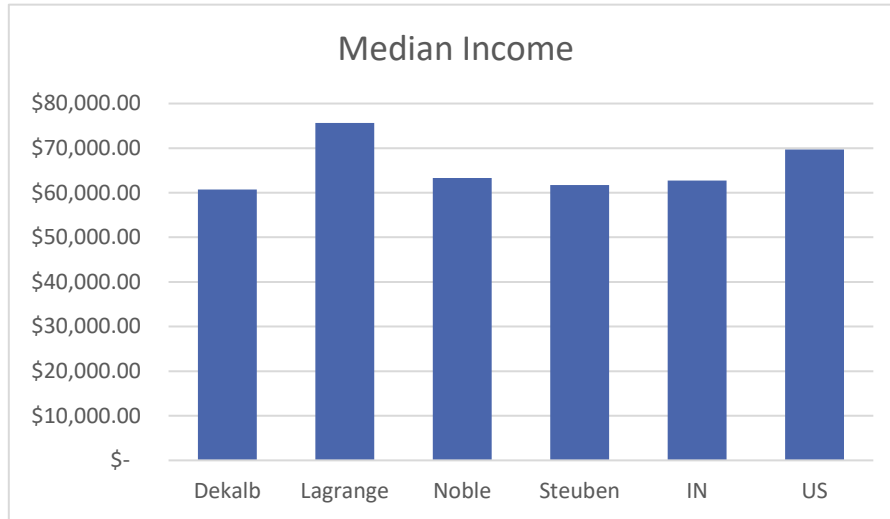
Average number of poor mental health days per Month:

<u>County</u>	<u>Days</u>	<u>4yr % change</u>
Dekalb	4.8	+20.0%
Lagrange	5.2	+26.8%
Noble	4.6	+15.0%
Steuben	5.0	+31.6%

ECONOMIC FACTORS

Income and Poverty:

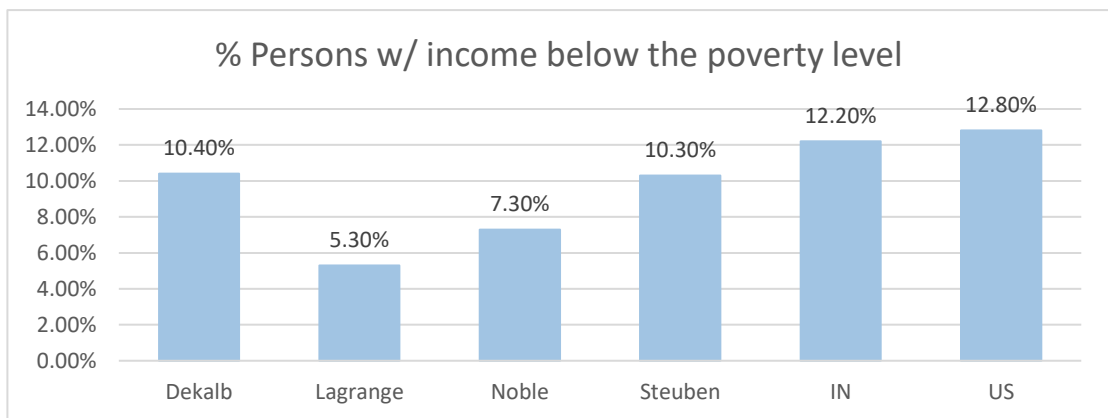
United States Census data confirms that household income of residents within NEC service area is at or above the Median reporting for Indiana. Lagrange County is the only county in the service area with an average household income above the US average.



US Census Bureau, American Community Survey 2021

Nationally, the percentage of persons living below the federal poverty level is 12.8%. In Indiana it is 12.2%. In the four-county area, the percentage of persons living below the federal poverty level is better than the state of Indiana and national average, with Lagrange County having the best rate at only 5.3%.

Persons in Poverty Percentages



U.S. Census Bureau, American Community Survey 2021

SOCIAL DRIVERS OF HEALTH

Education:

High School Graduation rates for the population of the area are like 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 one-third 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. DeKalb and Steuben County experience an increase in both HS Diploma/ GED and bachelor’s degree obtainment.

County	HS Diploma or Higher	Bachelor’s Degree or higher
Dekalb	91.0%	18.7%
Lagrange	59.6%	10.4%
Noble	82.8%	16.3%
Steuben	92.4%	22.9%

(US Census, American Community Survey 2021)

Health/Wellness:

According to America’s Health Rankings Report from the United Health Foundation, Indiana ranks 35th overall, based on 16 Health measures. 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 down 3 from the 2017 report.

- Behaviors – 37th
- Physical Environment – 33rd
- Social and Economic Factors-29th
- Clinical Care- 37th
- Health Outcomes – 37th

Areas included in the rankings that were the weakest for Indiana include:

- Occupational Fatalities
- Public Health Funding
- Risk screening Environmental Indicator Score
- Drive Alone to work
- Dental Care
- Mental Health Care (195.5 providers per 100,000 population)
- Smoke and Tobacco Use

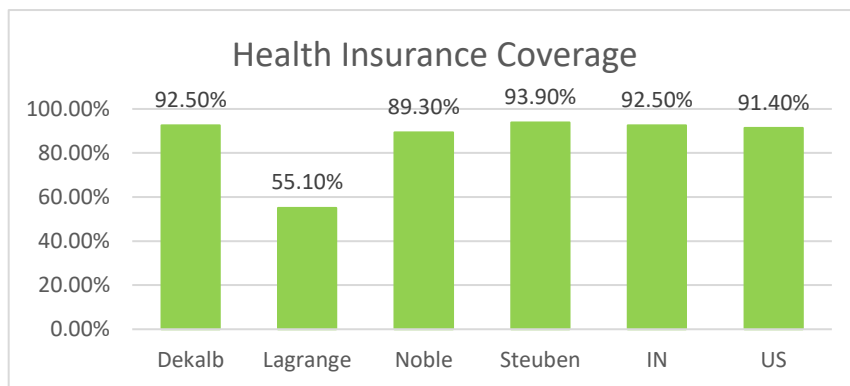
Strongest areas for Indiana included:

- Low Income Inequality
 - Water Fluoridation
 - Low % of households experiencing Severe Housing Problems
 - Low Birthrate and Death Racial Disparity
- Use of Non-medical Drug Use rose from 9.9% to 16.1% of adults between 2021 and 2022.
 - Food Insecurity decreased from 15.2% to 9.7% in households between 2016 and 2021.
 - The percentage of population who are uninsured declined by 14% from 2019 to 2021.

Access to Healthcare

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 areas federally classified as medically underserved. However, the four counties are federally classified as Health Professional shortage areas. According to America’s Health Rankings, Indiana has 260.7 Primary care providers per 100,000 population. Health professionals find many more opportunities and generally higher wages in nearby Allen County than in the northern rural counties.

Health Coverage:



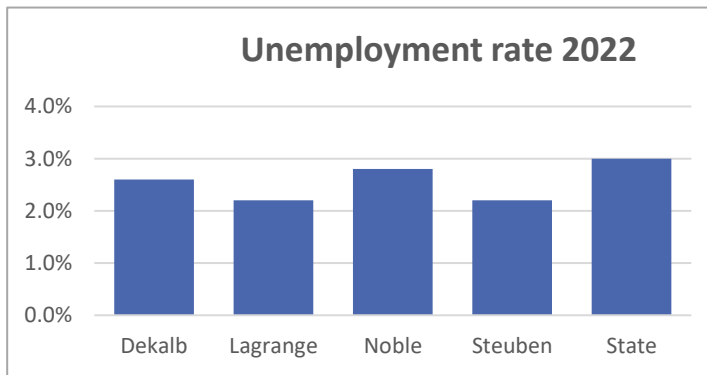
U.S. Census Bureau, American Community Survey 2021

Dekalb and Noble Counties are at or above the State and US rate for health insurance coverage. Noble County is slightly below both and Lagrange County is significantly below both. This large disparity is due to the Amish population.

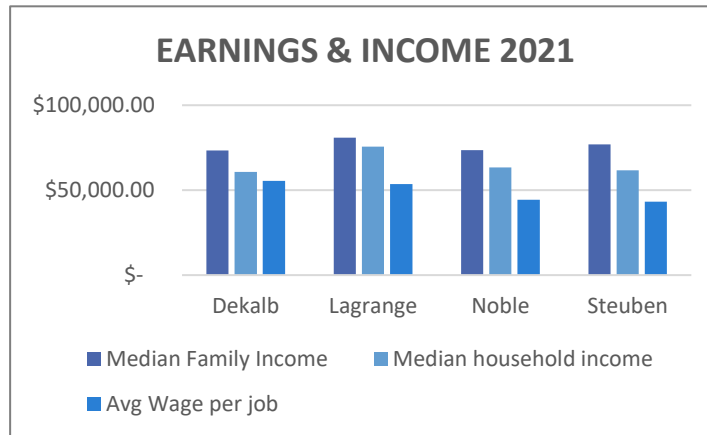
Northeastern Center hires Health navigators who assist persons with no insurance with payer sources that are available if they qualify. The percent of persons with no insurance at some point in time (either at entrance or during care):

	2022	2023
Dekalb -	67	130
Lagrange -	83	78
Noble -	84	174
Steuben -	77	191

Employment



2022 Hoosierdata.in.gov



US Census Bureau, ACS 5 Year Estimates & Bureau of Labor Statistics

Unemployment rates in the NEC service area remain below state and Federal Levels

Food Insecurities:

Access to Healthy Food is an important part of the health of the community.

“Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality.^{1,2} In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating.” – Indiana County Health Rankings.

In the NEC Services area around 10% of all persons are considered “Food insecure” according to Indiana County Health Rankings 2023 (based on data from 2020).

- Dekalb – 11%
- Lagrange – 9%
- Noble – 11%
- Steuben – 11%

CULTURES/LANGUAGES

Race and Ethnicity:

While minority populations exist, all counties are predominately White and not of Latino/Hispanic Descent. Each county has a Latino population, but only Noble has a significant minority population with just over 11 % of the population.

Race	Dekalb	Lagrange	Noble	Steuben
Black/African American alone	0.42%	0.23%	0.46%	0.68%
Hispanic/Latino	2.74%	4.28%	11.06%	4.14%
Asian alone	0.52%	0.18%	0.47%	0.54%
American Indiana/Alaskan native	0.09%	0.00%	0.15%	0.19%
White alone, not Hispanic/Latino	97.26%	95.72%	88.94%	95.86%
Two or more races	2.90%	1.49%	2.76%	2.87%

(US Census Bureau, Decennial Census 2020)

Primary Language	Dekalb	Lagrange	Noble	Steuben
English	96.77%	53.76%	85.86%	97.39%
Spanish	1.13%	3.15%	8.33%	1.78%
German/West Germanic Languages	1.35%	41.58%	3.68%	.38%
Arabic	.11%	.48%	1.40%	0.0%
Vietnamese	0.0%	0.0%	.44%	.03%

US Census Bureau, American Community Survey 2021

In summary the demographic information indicates that the 4 counties are rural, predominately White, containing pockets of minority populations, including Amish, Hispanic and Mid-Eastern. Overall, there has been no statistically significant minority population change since the last reporting period.

For the majority, clients who report a language other than English as their primary language report speaking English well. However, 12.15% of the population in Lagrange County who primarily speak a Germanic Language report that they do not speak English very well. This is predominately the Amish population within that county.

UNDERSERVED POPULATIONS

It is estimated by the National Alliance on Mental Illness that
 1 in 5 U.S. adults experience mental illness each year
 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
 According to those numbers, based on our area population, NEC should be serving approximately 19,129 adults and 4,702 youth aged 6-17.

	Estimated Number w/ Mental Illness	Number Served (12/1/22-12/1/23)	% served
Adults	19,129	4,781	25%
Children	4,702	917	19.5%

There are other agencies that serve within NEC’s catchment area.

Populations within the NEC service area include:

- Hispanic/Latino - In all service areas, but predominately in Noble County (11%)
- Amish (Germanic/Dutch) – In all services areas, but predominately in Lagrange County (42%)
report speaking Germanic/Dutch as a primary language.
- Arabic – Primarily in the Noble County area, 1.4% (language data)

Race	Served %	Percent Population (avg of 4 counties)
American Indian	0.1%	.11%
Asian	0.3%	.43%
Hawaiian /Pac Islander	0.2%	
Black/African-American	1.9%	.45%
Unknown	2.3%	
Other Single Race	3.6%	
White/Caucasian	91.6%	94.45%

Language	Served %	Percent Population (avg of 4 counties)
English	92.7%	83.45%
Spanish	0.6%	3.6%
German/West Germanic	.02%	11.75%

Arabic	.18%	.50%
Vietnamese	0.0%	.12%
Hindi	.02%	
Other	1.9%	
Unknown	4.6%	

The Amish population, represented by those who speak German/West Germanic/Dutch is currently an underserved population for the Northeastern Center. NEC has been collaborating with local community partners to increase service to this population – highly concentrated in Lagrange County.

BARRIERS TO SERVICE

PHYSICAL BARRIERS:

According to data from the CDC for Estimates of persons with Disabilities in Indiana, 2021, 28.5% of Indiana’s Adults have some type of Disability.

Any Disability	
Age-adjusted Prevalence (%)	28.5
95% CI	27.3 - 29.7
Weighted No.	1,457,378
Cognitive Disability	
Age-adjusted Prevalence (%)	13.7
95% CI	12.7 - 14.7
Weighted No.	654,783
Hearing Disability	
Age-adjusted Prevalence (%)	5.7
95% CI	5.2 - 6.2
Weighted No.	324,347
Mobility Disability	
Age-adjusted Prevalence (%)	12.7
95% CI	12.0 - 13.5
Weighted No.	705,398
Vision Disability	
Age-adjusted Prevalence (%)	4.6
95% CI	4.1 - 5.2
Weighted No.	243,166

NEC ACCESSIBILITY ASSESSMENTS:

Northeastern Center performs an Accessibility assessment annually to assess various areas in which access may be a barrier for the person served. To maintain accessibility NEC utilizes the following:

- Handicap parking and accessible entrances.
- Martii (previously Language Access Network) to provide translation service as needed.
- Local sign language services

The 2024 Accessibility Surveys continue to show a couple common barriers to the NEC service area:

1. Transportation – either because of lack of, limitations of or unreliable public transportation or the cost of personal transportation (gasoline).
2. Stigma – There is still a stigma related to seeking mental health services.

Financial Barriers:

2 of the 4 counties served by NEC, Steuben and Dekalb, have just over a 10% poverty rate. Noble county is at 7.3% and Lagrange at 5.3%. To assist persons with financial barriers

- The Northeastern Center accepts Medicaid, Medicare and Private Insurance.
- There is also a sliding fee scale for those falling within 200% of the Federal Poverty Level.
- NEC hires its own Healthcare Navigator who assists those with no insurance obtain federally and State funded programs.
- No person is turned away due to their ability to pay.

Location:

NEC has Outpatient office locations in all four service counties, with two in Noble County. These locations have extended office areas to ensure individuals have the ability to schedule services when they are available. The organization provides in-home and community-based services, as appropriate for the person served. Vans are utilized to assist individuals attending the Clubhouse program and Intensive Outpatient Substance Use group. Offices may also provide services within the schools where allowed.

Stigma:

NEC works with other organizations within the communities to reduce the stigma related to mental health. Marketing, health fairs, education, radio interviews, and special events are all utilized to educate the community on the need for mental health services and help reduce the anxiety and stigma associated with it. NEC Clubhouse hosts an annual “Stomp out the Stigma” event to help the community see that people who experience mental illness are productive and contributing members of our communities.

2024 Community Needs Survey

Description of process and methods to conduct survey:

The Community Health Needs Assessment was conducted in February/March 2024. The survey was an on-line survey through SurveyMonkey. It was publicized through:

- Social media advertising and posts
- Press releases
- Newspaper
- Radio
- Direct mail
- NEC offices
- NEC web page

A total of 239 persons took the online survey with a demographic split as follows:

Gender/Sex	n=238	Race	n=238
Female	188 / 79.4%	White	230
Male	44 / 18.9%	American Indian/ Native American	1
LGTBQ+	2 / .84%	Black/African American	2
Prefer Not to Answer	4 / .84%	Prefer Not to Answer	5
Hispanic/Latino	5 / 2.1%	Amish	0 / 0%
Average Income	\$80,963.95		
			n=238
Age group			
18-24	2	45-49	29
25-29	13	50-54	31
30-34	15	55-59	42
35-39	19	60-64	28
40-44	25	65+	34
			n=238
COUNTY			
Dekalb	92	Noble	68
Lagrange	47	Steuben	32

n=238

Responses to Health needs questions posed in the survey.

1. Below are some health issues present in many communities. Please pick 5 that you think pose the greatest concern for people who live in your community. n=239

Mental Health	182	Suicide	53
Substance Abuse	180	Disability Needs	48
Obesity	123	Sexual Violence	36
Alcohol use and Abuse	114	Reproductive Health	27
Child Abuse	110	Dental Care	22
Tobacco use	90	Injuries	8
Chronic Disease	74	Infant death	6
Aging and Older Adult needs	73	Infectious Disease	6
Assault & Violent Crime	57		

2. Below is a list of programs or services that exist in many communities. Thinking about the biggest needs in your community, please rank the importance of each with 1 being the most important. n=161 Based on Average Ranking

4.62	Assistance with housing
4.95	Access to food
5.84	Financial Assistance
6.98	Mental Health Counseling/Support
7	Assistance - Health Insurance
7.01	Job Training/Assistance with finding job
7.11	SA Tx Services
7.43	Assistance w/ Transportation
7.48	Free/Emergency Childcare
7.75	Legal Assistance
9.93	Nutrition Ed Program
12.21	Gun Safety
12.23	Needle Exchange Programs
12.31	Quick Access to primary care
12.33	Walking Trails, Bike, Rec areas
12.53	Aging and Older Adult program
12.59	Access to Birth Control
13.33	Assistance - filling Rx

The survey also assessed how residents access mental health services.

How would you go about accessing urgent Mental Health Services in my community? n=235

988	29	12.3%
Internet	44	18.7%
Contact local Community Mental Health Center	67	28.5%
Emergency Room	53	22.6%
Ask Friend	42	17.9%

Do you have access to the following technology? n=181

Cell phone	179
Computer	180
Internet	170

What services would you feel comfortable completing virtually?

n=178

Mental Health Therapy Sessions	117	65.7%
Primary Care Medical Appointments	106	59.6%
Psychiatrist Appointments	101	56.7%
Mental Health Crisis Services	85	47.8%
Group Mental Health Services	78	43.8%

COMMUNITY RESOURCES

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.
- The new NEC CARES crisis stabilization drop-in program that provided crisis services to those in need.
- 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.
- Inspiration Ministries, situated on the Noble/Dekalb County line serves as a residential recovery program for those with substance abuse issues.
- Hearten House
- Noble House, in Albion Indiana, provides housing for Women and Children.
- Garrett Keyser Butler, Dekalb Eastern, West Noble schools who partner with NEC to provide on-site services.
- Noble Co, Lagrange Co and Dekalb Drug Court partners
- Child Protective Services in all four counties of the NEC Service area.
- There are four hospitals, one in each county. Each has an emergency room, but none has a unit for inpatient psychiatric patients. Three 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.
- Noble County Suicide Prevention group.
- New Hope Clubhouse – an internationally accredited clubhouse program that offers people living with mental illness opportunities for friendship, employment, education in a single caring and safe environment – this social and economic inclusion reverses the alarming trends of higher suicide, hospitalization and incarceration rates associated with mental illness.
- Other providers include but are not limited to; Benchmark Human Services, Bowen Center, Lifeline, SCAN, Sante Group, Mental Health America, Cook Behavioral Health.

2021 PRIOR ASSESSMENT

Objectives and actions:

- Focus on Family/Relational issues, specifically as they relate to drugs/alcohol and divorce.
 - Focus was placed on wraparound program
 - Family Preservation programming,
 - Drug Court,
 - Recovery Works,
 - MRT,
 - Motivational Interviewing.
 - Implemented a women-only substance use/abuse group
 - Tripspark transportation services to provide transportation for those who are justice involved.

- Review and Strengthen program capability in relation to depression, anxiety disorders and family/relational issues relative to seniors.
 - Focus on hiring more therapists
 - Increase Numbers served/outreach
 - Focus on reducing size of caseloads for Case Facilitators to enable more intense services for those with a higher level of need.

- Review ways to assure continued access for those without ability to pay.
 - Consumer Benefits Specialists/ Navigators- Help clients find payer source when they don't have one.
 - Annual review of sliding fee scale,
 - Utilize presumptive eligibility
 - Student assistance programming provides students with two free 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.
List activities and initiatives from Marketing Dept.
 - Stomp out the Stigma - a walk, hosted by the New Hope Clubhouse, to raise awareness of mental illness and the stigmas attached to them.
 - Participation in school related programs, registrations, etc.
 - Participation in community events such as Kid City, Parades, Fairs, etc.
 - Support and celebrations on monthly awareness campaigns such as Mental Health Awareness Month, Domestic Violence Awareness Month,

- CMHW/ CMHI, Student Assistance Program, Case Managers partnering with local schools.
 - Student assistance programs are offered in almost all the schools in the NEC service area for children in those schools and their families.
 - Staff positioned in the schools to assist with mental health needs and coordination for students.

PRIORITIZATION OF NEEDS

Northeastern Center held a meeting on April 24, 2024, to engage the leaders in the prioritization process. The 7 attendees included administrators of the organizations. Survey data collection methods were explained, and the top ten issues with the highest endorsement as a mental health concern were presented. The group of stakeholders decided to adapt the subcategories based on current trends in the mental health field and combine substance use and alcohol abuse.

Attendees used a paper survey tool, to score each health concern using four criteria (see Appendix A): (1) significance of the health problem (i.e., how many people are affected?); (2) severity of the health problem (i.e., how likely is it to limit length and quality of life?); (3) suitability for a strategic intervention (i.e., can Northeastern address the problem?); and (4) SDOH (i.e., do social drivers of health drive health disparities in rates and outcomes?). For each health concern, participants were asked to score each criterion on a scale of 1 (very little) to 10 (very much). Once all 10 health concerns were voted on in the first round, their overall combined scores across the four criteria were computed, and narrowed down to the top five mental health concerns each person had the opportunity to discuss their thoughts on each area. A large-group discussion ensued around the five mental health issues, and attendees were then asked to vote again to rank the five health concerns in terms of their top three priorities for Northeastern Center. Substance use/alcohol abuse, child abuse/neglect, and suicide were selected as top priorities.

The Needs Assessment, community session data and CHI Committee recommendations were presented to the Northeastern Center board of directors in June 2024. The board of directors voted to adopt the above health priority recommendations at the board meeting.

PLAN AND IMPLEMENTATION

Identified Health Need: Substance Use/Alcohol Abuse				
Goal: Improve Access to those with substance use/abuse needs.				
Objective: Reduce the wait time from the initial appointment to the second therapeutic intervention to 7 days or less.				
Program	Indicator	Interventions	Anticipated Impact	Internal/External Partners
Outpatient Therapy and Community Health and Outreach Program	Number of days between initial encounter and first therapeutic intervention ie individual or group service	Develop Intensive Outpatient Treatment Programs, have multiple access points to initiate services 7 days per week	Provide access to treatment quickly, increase access into the full continuum of care	Criminal Justice Partners, JRAC, DCS, AWRC, Emergency Solutions Team, NEC Cares, Outpatient Offices, NEC Inpatient Hospital

Identified Health Need: Child Abuse/ Neglect				
Goal: Increase child services for families involved with DCS.				
Objective: Reduce the number of removals from the home with DCS cases in DeKalb, Lagrange, Noble and Steuben County.				
Program	Indicator	Interventions	Anticipated Impact	Internal/External Partners
Outpatient child and adolescent services, DCS services-home and school-based programming, Wraparound	10% increase in the number of individuals served under the age of 18	Train staff in evidence-based practices that identify risk and provide early intervention to prevent child abuse and neglect, increase in youth served through Wraparound Program without DCS Involvement	Increased access to home-based services before child(ren) are removed, Reduce the number of children removed from the home due to abuse and neglect	Area schools, DCS

Identified Health Need: Suicide				
Goal: Provide Q.P.R. training to 1800 people.				
Objective: Reduce the number of suicide deaths in our communities to 0.				
Program	Indicator	Interventions	Anticipated Impact	Internal/External Partners
Outpatient Services to include individual, group, family and couples counseling, medication services, homebased services, NEC Cares, Community Health and Outreach Services, Inpatient	Attendance logs for Q.P.R. Trainings completed	Train staff in evidence-based practices that identify and treat individuals at risk for suicide. Develop agency-wide protocol that support the most effective, high-quality based interventions to eliminate suicide in the communities that we serve, Initiate a warm handoff and supportive contact procedure through the full continuum of care and at all access points throughout NEC system, Initiate community awareness activities and trainings	Staff will identify individuals at risk for suicide and provide the necessary interventions and treatment, NEC will create multiple avenues for individuals to receive supportive services 24/7	DeKalb, Lagrange, Noble and Steuben County community members, Zero Suicide Academy, NEC Zero Suicide Team

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

SURVEY 2024 DATA SOURCES USED

Center for Disease Control and Prevention – National Vital Statistics System –
Mortality Data. <https://www.cdc.gov/nchs/nvss/deaths.htm>
America’s Health Rankings Report from the United Health Foundation
United States Census Bureau – <https://www.census.gov/data.html>
Cameron Health CHNA
DeKalb Health CHNA
Parkview Health CHNA
NEC Community Needs Survey
NEC Service Data
Indiana Youth Institute
NAMI, National Alliance on Mental Illness
Indiana Health Department
Indiana Criminal Justice Institute
Indiana County Health Rankings 2023
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and
Health, 2021

Appendix A:

2024 Northeastern Center CHNA: Scorecard to Prioritize Top Health Needs

Please review this scorecard and accompanying data in advance of the Prioritization Session. During the session, information and instructions will be provided that will help to contextualize the health problems and ranking scores presented in the table below and the data provided in the subsequent pages. You will be asked to consider both your professional and personal perspective when you rate each health problem as we work to prioritize the communities’ top health needs.

Prioritization Criteria

- **Significance** of the health problem -> How many people are affected?
- **Severity** of the health problem -> How likely is it to limit length and quality of life?
- **Suitability** for a strategic intervention -> Is Northeastern Center in a good position to address the problem?
- **SDOH** -> Do social drivers of health (SDOH) influence health disparities in rates and outcomes for the health problem?

	Priority Rank by Community Survey	Significance of the Issue	Severity of the Problem	Suitability for Intervention	SDOH- Impact of Health Disparity
Health Problem	1= Top Priority	1-10	1-10	1-10	1-10
Mental Health	1				
Substance use or abuse	2				
Obesity	3				
Alcohol use or abuse	4				
Child abuse or neglect	5				
Tobacco/Vaping use	6				
Chronic disease	7				
Aging and older adult needs	8				
Suicide	9				
Assault and violent crimes (DV)	10				

Note: For voting you will be asked to use the following scale: 1= Very Little – 10= Very Much