



Strategic Plan

Fiscal Years 2026 – 2028

September 2026

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1.0 Overview

1.1 Northeastern Center History

At the time of the Community Mental Health Act in 1963, Oaklawn Center in Elkhart provided minimal mental health services to DeKalb, LaGrange, Noble and Steuben counties, with especially strong ties to LaGrange and Steuben counties. When DeKalb and Noble counties attempted to establish a four-county mental health corporation, the two northern counties declined participation and financial support, so DeKalb and Noble decided to move ahead on their own. In 1970, the Northeastern Psychiatric Clinic, Inc., was formed, located in Kendallville (Noble County). Operating funds were contracted from the state, the building at 305 E. North Street was leased, and a small staff was hired. The clinic was considered an Oaklawn satellite because Oaklawn provided management expertise and part-time psychiatric coverage.

Though the staff of the Northeastern Clinic quickly expanded, demand soon surpassed the clinic's capacity to provide service. The Board and Oaklawn Center decided to seek federal funds for a mental health center through an Initial Operations Grant, which mandated a four-county Board of Directors. In April 1975, the Northeastern Clinic was incorporated as a Community Mental Health Center with a mission to serve the residents of DeKalb, LaGrange, Noble and Steuben counties. The Center continued with its contractual management arrangement with Oaklawn until 1977, when the Center dissolved its contract with Oaklawn in order to receive ongoing state support.

Nearly 50 years later, Northeastern Center (NEC) has a long history helping hundreds of thousands of individuals and families with their recovery from mental illness and substance use disorders. During this time, strategic plans have been developed, revised and implemented to fulfill NEC's Mission of serving northeast Indiana as a comprehensive Community Mental Health Center (CMHC). NEC currently employs 200+ staff who provide professional behavioral health services to all ages and all residents in a primary service area consisting of four northeast Indiana counties: DeKalb, LaGrange, Noble and Steuben. The annual budget has grown from \$300,000 to over \$20 million. The Center is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). A CARF survey completed in 2023 resulted in a three-year re-accreditation until 2026. Services include a full crisis continuum, inpatient, outpatient, residential, New Hope Clubhouse, wraparound, employment, transportation and targeted case management.

In May 2021, NEC engaged True North Strategic Advisors (True North) to work with the organization and its Board to assist in advancing its strategic plan. The process included assessment, planning and development, and executing the strategic plan. The assessment phase included key stakeholders inside and outside of the agency and occurred via several modalities. The planning and development phase included analysis of assessment findings, incorporating those findings into an actionable plan. Finally, the execution phase included metrics or milestones (outcomes), tactics on how to achieve the metrics (process), and a titrated timeline. The Center utilized this format for fiscal years 2023 and 2024.

The process was streamlined and simplified entering FY2025 with continuation into FY2026.

While the Center has experienced significant growth since 1977, it continues to hold to its mission of providing accessible, affordable and quality behavioral health services.

1.2 Mission, Vision, and Shared Values

Mission:

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

Vision:

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 Center's first response is CPR:

- **Compassion** – kindness, caring, and a willingness to help
- **Partnership** – together, achieving a shared goal
- **Respect** – value all individuals

Our Shared Values in expectations and action:

- Empower each other to disagree, make suggestions, and ask questions without the fear of reprisal.
 - Team members should feel safe expressing their views and to seek understanding.
- Advocate for the organization.
 - Play for team NEC. Be a team player through support and collaboration.
- Assume the best of one another.
 - Seek to understand before coming to a conclusion. Extend grace. Many conflicts come from misunderstandings.
- Commit to holding ourselves and others accountable.
 - Accountability doesn't have to be confrontation. This is how organizations get better and move forward.

- Leadership is an action, not a position.
 - Lead from where you are. No matter your title, if you see an opportunity for us to do better, tell someone or do something.
- Excellence in everything, mediocrity in nothing.
 - Excellence means being intentional about doing things the right way all the time even when no one is looking.
- Feedback is a gift.
 - Offer constructive feedback in a respectful manner. Be open to receive feedback and learn from others.
- Encourage and embrace diverse people, cultures, and viewpoints.
 - Seek out those that are different from ourselves. The organization will be stronger as it becomes more inclusive.
- Promote and practice work-life balance.
 - Support personal boundaries and look to provide flexibility while still meeting job expectations.

1.3 Demographics

County	Population	Race/Ethnicity	Median Income (2022)	Education
Noble	47,431	89.17% Non-Hispanic 10.9% Hispanic	\$69,567	90% with HS Diploma or higher
DeKalb	44,198	92.1% Non-Hispanic 7.9% Hispanic	\$72,910	90% with HS Diploma or higher
LaGrange	40,907	95.5% Non-Hispanic 4.5% Hispanic 40% of the population is Amish	\$81,010	90% with HS Diploma or higher
Steuben	34,917	95.7% Non-Hispanic 4.3% Hispanic	\$73,250	90% with HS Diploma or higher

Information provided by <https://www.stats.indiana.edu/index.asp>

2.0 Strategic Plan

The Strategic Plan consists of *Focus Areas* and *Strategies*, which includes Outcomes or Key Performance Indicators and Process (actionable topic areas to achieve desired outcomes).

Focus Area 1 – People (Staff)

Strategies

- **Recruitment**
 - Outcome (What): 20% annual increase in total staff
 - Process (How): NEC will review and improve ongoing
 - Salary and benefits
 - Ease to apply, timely turnaround from application to start date
 - Community partnerships
 - New employee orientation
 - Company culture
- **Retention**
 - Outcome: Decrease staff turnover by 2% until 15% annual realized
 - Process: NEC will review and improve ongoing
 - Salary and Benefits
 - Professional Development
 - Reward opportunities
 - Company culture

Focus Area 2 – Program (Services)

Strategies

- **Existing clinical services**
 - Outcome: 10% annual increase in service volume
 - Process: Identify at least one specific service of focus (ideally EBP) for SMI, SUD, and SED populations, market
- **New clinical services**
 - Outcome: Implement services/programs (ideally EBP) with clinical and fiscal justification
 - Process: Implement crisis continuum (hotline, MCT, CRSS), CCBHC, integrated care (with physical health care), telehealth, expanded supported employment

Focus Area 3 – Plan

Strategies

- **Utilize plan outcomes to develop, implement, and support agency priorities**
 - Outcome: Incorporate marketing, technology, DEI, consumer surveys, and other internal plans into operations
 - Process: Discuss plan results as needed and adjust accordingly
- **Increase community impact**
 - Outcome: Implement SDOH project. Increase community partnerships (e.g. JRAC, Specialty Courts, etc.)
 - Process: Community Needs Assessment, strategic community participation

Focus Area 4 – Process (Infrastructure)

Strategies

- **Profitability**
 - Outcome: Improve annual margin by 10%
 - Process: Accurate and timely fiscal data, maximize reimbursement, exercise prudent cost controls, explore strategic external awards
- **Quality Improvement/Data**
 - Outcome: Utilize data to evaluate and improve services, compliance with audits
 - Process: Maximize EHR capabilities, develop management reporting/business intelligence
- **Implement Standard Operating Procedures wherever possible**

Dashboard

People	Outcome/KPI	FY2025	Q1-26	Q2-26	Q3-26	Q4-26	FY2026
Recruitment	20% increase in staff	222	222	206	199	189	189
Retention	2% decrease in TO	36%	18%	8%	13%	10%	42%

Q1: Workforce remains stable for Q1. Staff turnover higher than expected for the Q.

Q2: 206 staff at 12/31/25. Staff turnover dropped significantly in Q2.

Q3: Focus on recruitment paused in Q2 and continued in Q3, with pivot to restructure to maximize efficiency; 199 staff employed as of 03/31/26.

Q4: Staff total decreased by 10 from Q3 to Q4. Change in outcome measured for FY2027. Turnover at 10% for Q4 and 42% for YE FY2026.

Program	Outcome/KPI	Q4-25/FY25	Q1-26	Q2-26	Q3-26	Q4-26/FY26
Clinical Services (existing)	10% increase in volume	3,076/4,796	3,122	3,162	3,077	2,971/4,603 (4%)

Q1: 3,122 clients served center-wide in Q1, representing a slight increase quarter over quarter.

Q2: 3,162 clients served center-wide in Q2; 3% increase over Q4 FY2025.

Q3: 3,077 clients served center-wide in Q3, 3% decrease quarter over quarter.

Q4: 2,971 clients served center-wide in Q4; served 4% fewer clients in FY2026 vs. FY2025

Clinical Services (new)	Develop new programs (Crisis continuum {988, MCT, CRSS}, CCBHC, Telehealth, VR, school-based)
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Q1: CCBHC-crisis continuum and ACT continue toward fidelity; application for Phase 2 submitted. “Warm hand off” and ASAM ed. 4 among other trainings in Q1.

Q2: No decision by FSSA on Phase 2 CCBHC; however, readiness and movement toward full fidelity continues. Focus on increased utilization of telehealth, employment services (VR) and Clubhouse. New Residential facility (Stepping Stone) opened.

Q3: Focus on utilization of existing services continued in Q3. Anticipating CCBHC “go live” in Q3 FY2027. Access to services expanded through enhanced Telehealth.

Q4: Pursued expanded services through RHTP. Work continued around CCBHC implementation despite continued ambiguity of FSSA’s commitment to CCBHC.

Plan

Utilize internal plans and surveys to improve services
Community Impact: Implement SDOH project and increase community partnerships

Q1: NEC uses approximately 20 plans and surveys (internal and external) to help guide operations. Plans are reviewed at bi-monthly strategic plan meetings and incorporated as appropriate.

Q2: Continued from Q1. Implemented SDOH tool within EHR.

Q3: Identified community meeting collaborations across the four county area. High involvement with Rural Health Transformation Program (RHTP) for Region 2 (12-county area) and at state level. Assessing for SDOH across multiple programs.

Q4: Continued to expand community partnerships, especially through RHTP.

Process	Outcome/KPI	Q1-26	Q2-26	Q3-26	Q4-26	FY2026
Profitability	10% margin	(13%)	(16%)	(13%)	(1%)	*(7%)

Q1: 13% deficit in Q1. Mitigation plan implemented to increase revenues and control expenses.

Q2: Compared to Q1, expenses positive by \$365K (+6%), revenue down \$427K (8%).

Q3: 13% deficit for Q3. Continue to focus on increasing direct service revenue and non-fee revenue while controlling expenses.

Q4: 1% deficit for Q4. *After year-end true-up, FY2026 deficit (pending final audit) is 6.6%

QI/Data: Use data to evaluate and improve services. Compliance with audits

Q1: Ongoing.

Q2: Ongoing, CAP focuses on staff training, documentation. Preparation for CARF in CY2026.

Q3: Inpatient outcome measures updated. Improvements in automated reporting capacity.

Q4: Use of data in program planning continues. Will track non-financial audits more closely in FY2027.

Implement Standard Operating Procedures

Q1: Continuation of Center- wide work groups to review and implement SOP.

Q2: Implemented new scheduling SOP for outpatient services.

Q3: Evaluation, improvement and monitoring of SOP Center-wide continue; standardized CW purchasing procedures in Q3.

Q4: Ongoing.

Ongoing attention to the identified Focus Areas shall occur. Senior Management Team (SMT) will meet regularly to discuss progress, challenges and solutions to achieve supporting strategies. Quarterly updates to this Plan shall be documented and reported to the Board of Directors of NEC.

3.0 Implementation

3.1 Communication

Northeastern Center has determined that there are four audience groups with a stake or interest in the Strategic Plan, each with a varying need for details and updates about the plan:

Audience	Information Level	Method
NEC Staff	Staff will be most interested in how the strategic plan will impact them. They will want to understand what the plan means for NEC and for their specific role. They will also want to know periodic updates as the plan is enacted.	• Quarterly “all-staff” notes via email from the CEO, providing all staff with updates on the Strategic Plan and other significant Center-wide happenings • Monthly Town Halls • Team all-staff meetings • All-staff emails / newsletters • Intranet updates
NEC Board	The NEC Board will expect to be kept apprised of Plan progress and updates or changes to the plan. The Board will conduct an annual review of Plan, including approval of any significant updates/changes	The Strategic Plan will be a standing agenda item at regularly scheduled Board meetings with a minimum of an annual review of the plan itself; the Board shall approve the Center’s Strategic Plan.
Community Partners	Organizations and entities that refer to our partner with NEC will want to know how NEC will better serve the community and be the premier provider of behavioral health services because of the strategic plan. They will also be interested to learn updates on new programs, new staff, new access points, e.g., telehealth, etc.	• Press releases • Mailings • Presentations in the community • Annual community luncheons
Consumers / Family Members	Consumers (existing and potential clients) and their families want to learn updates on new programs, new staff, new access points, e.g., telehealth, that could benefit them and help meet their behavioral health needs.	• Mailings • Website

3.2 Risk Assessment

Northeastern Center has identified the following as potential risks or threats to the progress of the Strategic Plan, along with possible mitigation strategies:

Risk	Mitigation / Solution
Key staff changes	NEC SMT will conduct regular succession planning exercises to prepare for key staff changes. In the event of a change to a key staff member, responsibilities would be distributed (either temporarily until the position can be filled, or permanently as a growth opportunity for existing staff). Other mitigation strategies include regular cross communication and cross training to ensure depth of knowledge and coverage.
Financial impact - Reimbursement changes	Through involvement and rapport with the Indiana Council, as well as internal monitoring of reimbursement changes, NEC will stay aware of potential changes and be positioned to respond to them proactively rather than reactively whenever possible. Further, through relationship with an external consultant, NEC will be made aware of new funding opportunities that could bring additional revenue source diversification and protection.
Regulatory changes	NEC will monitor and respond to any potential regulatory changes and/or legislative updates that will impact NEC policies or procedures.
Competitive landscape changes	NEC is in the process of exploring a Certified Community Behavioral Health Clinic (CCBHC) designation, which would allow for a competitive advantage over other local competitors, as well as some additional funding opportunities. NEC can also rely on its financial strength and expansion into new services as assets that will give them an advantage to respond more nimbly to market needs.
Catastrophic events	If a catastrophic event occurred, NEC would rely on the depth of knowledge and expertise within the staff and Board to formulate a swift and appropriate response plan. Examples include: • Unforeseen external forces, e.g., global pandemic • Lawsuit or legal action
Sustainability of the Strategic Plan	NEC staff are responsible for operationalizing the Strategic Plan and therefore must make sure to move at a sustainable pace. Evaluating the Plan timeline, monitoring KPIs, frequent internal communication, and celebrating Plan progress will allow the staff to adapt and pivot if needed, as well as to stay engaged in the overall success and progress of the Strategic Plan.
Other	NEC will utilize the depth of knowledge and expertise within the staff and Board to react accordingly and efficiently to any other risks or threats to the success of the Strategic Plan.

This list is not necessarily comprehensive but is representative of the largest risks at the time of plan documentation. Regular evaluation of risks and mitigation strategies are recommended throughout the duration of the Strategic Plan.

3.3 Plan Management

Action	Description	Frequency	Owner
Plan oversight	Overall responsibility for the implementation, integration and success of the Strategic Plan	Ongoing	CEO
Updating KPI Dashboard	Gathering of Plan updates and preparation of the KPI Dashboard report for presentation to the NEC Board	Quarterly	CEO
Assessing substantial Plan variations or changes	Annually in June, the Planning Committee reviews the Strategic Plan for the following fiscal year (eff. July 1). The Strategic Plan is then approved by the Center's Board of Directors, also in June. See Section 3.2 Risk Assessment for examples of things that might call for an adjustment to the Plan	Minimum of Annual review Ad-hoc review if needed	CEO
Review and reflect	NEC staff will debrief on lessons learned as the plan is operationalized and as Action Items are completed. In addition, milestones and accomplishments will be recognized and celebrated to ensure staff engagement and motivation throughout the duration of the Strategic Plan.	Ongoing	CCO

4.0 Appendix A: Plan Updates

4.1 Annual Review of Strategic Plan (FY2026)

The Center experienced a 15% reduction in staffing during FY2026, most of which was an intentional result of increased efficiencies through restructuring and targeted hiring. Staff turnover was a disappointing 42% overall, with 24/7 programs demonstrating the highest turnover. Total clients served reflected a 4% decrease from FY2025; however, it's important to note that some of our services, e.g., transportation and crisis services, serve significant numbers of individuals who are not officially clients. Including those individuals would push the total served to more than 6,000.

FY2026 saw continued development of CCBHC services, despite uncertainty from Indiana leaders about its sustainability. The Center continues to advocate for full statewide CCBHC implementation. Wraparound and Employment Services headlined success during the year.

Financially, the Center partially recovered in Q4 from previous losses. The projected 6.6% deficit is improved from earlier projections. Direct service revenue (DSR) was a primary culprit; Center-wide measures continue to occur to increase DSR. Additional non-fee revenue is also a continued pursuit. Expenses were controlled during the year.

Legislative advocacy continued to be collaborative and productive in FY2026 with activity at all levels. Coordination with community stakeholders remains strong and continues to build each year.

4.2 Annual review of Strategic Plan (FY2025)

FY2025 was a challenging year, financially and personnel-wise. Direct service revenue and non-fee revenue did not meet expectations, resulting in year-end loss even though expenses were in line. The Center remains in a strong financial position with assets to liabilities and days cash on hand. The Center replaced key senior management positions during the year, including Marketing Director, Chief Operating Officer, and Chief Financial Officer. The Center also redesigned child and adolescent specialty services and the outpatient leadership structure during FY2025 for greater focus on outcomes and CCBHC positioning.

Year over year, staff turnover decreased by 4%. In FY2025, the Center served 4,796 unique clients. The crisis continuum, a critical component of CCBHC, was strengthened as the Center became the 14th designed Mobile Crisis Team in Indiana. NEC Cares, our crisis stabilization unit, saw 720 visits, with 104 designated as jail/hospital diversions. These diversions create win-win situations as the community saves dollars and individuals are placed where they can get the best help. NEC completed a letter of intent for the Phase 2 CCBHC state demonstration; application and determination to occur in FY2026. Also noteworthy was a new partnership with Gravity Diagnostics for lab services and acceptance to participate in becoming a Trauma Informed Recovery System (TI-ROSC).

The Center continued collaboration with local, state, and federal stakeholders during the year and is collaborating with the Indiana Council of Community Mental Health Centers on a data

warehouse project to implement population health (SDoH). Full Center-wide conversion to the 3CX phone system and ongoing computer upgrades occurred as well.

Ongoing review and scrutiny of policies and procedures to ensure SOP followed. Workgroups were implemented to address workflows and strategy with front of house, revenue cycle, client intakes and client capacity. Preparation for CARF re-accreditation in CY2026 remains ongoing.