2022 Community Health Needs Assessment

Park Center, Inc.

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EXECUTIVE SUMMARY

Introduction & Purpose

Park Center, Inc. is pleased to share the 2022 Community Health Needs Assessment (CHNA). This report provides an overview of the approach taken to identify and prioritize significant mental health needs across Park Center's regional service area, as federally required by the Affordable Care Act. The Health Services and Informatics Research (HSIR) group at Parkview's Mirro Center for Research and Innovation designed and conducted both primary and secondary data collection and analysis activities for the three counties in northeast Indiana that comprise Park Center's primary service area and where a Park Center facility is located, including: Adams, Allen, and Wells.

The purpose of the CHNA is to offer a comprehensive understanding of the behavioral health and related social needs of our region to guide Park Center's strategic community health improvement plan for addressing the identified needs (*CDC - Assessment and Plans - Community Health Assessment - STLT Gateway*, 2019). Park Center will use the findings in this report to identify and develop efforts to improve the mental health and quality of life of residents in the counties we serve.

Approach

The HSIR group assessed the behavioral health needs of Park Center, Inc.'s region of service. Community health needs of interest were based on past CHNAs and secondary data from the Healthy Communities Institute (HCI) database. The HSIR team used surveys to gather input from healthcare and social service providers (i.e., physicians, nurses, social workers) to understand local health concerns, needs, and service availability.

Summary of Findings

The findings in this report are a result of the analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and primary data (154 surveys) collected from healthcare/social service providers. Below are the top ten mental health concerns and health service needs as indicated by survey data.

Park Center's Top Ten Mental Health Concerns	
• Substance Use/Abuse	• Suicide
• Mood Disorders	• Psychotic Disorders
• Child Abuse/Neglect	• Tobacco Use
• Alcohol Use/Abuse	• Assault and Violent Crime
• Anxiety Disorders	• Disability Needs

Park Center's Top Ten Health Service Needs*

- Mental Health Services
- Substance Use Disorder Services
- Housing
- Childcare
- Access to Health Food
- Financial Assistance
- Transportation
- Access to Birth Control
- Job Training
- Access to Primary Care Providers

Prioritized Areas

In October 2022, Park Center convened 11 stakeholders (Park Center board members and leadership) to prioritize the significant mental health issues uncovered in the 2022 CHNA. The group of stakeholders had thoughtful discussions around the data from the assessment. As part of this discussion, the top mental health categories were modified to reflect stakeholder concern for pediatric issues specifically. With a slightly modified list of mental health concern categories, group members completed a prioritization grid exercise where they considered significance, severity, suitability, and health disparities due to social determinants of health and voted anonymously using an electronic poling system to select priorities for Park Center. The stakeholders identified mood disorders (child depression), child trauma, and substance abuse as the top three mental health concerns.

HSIR Group

The Parkview Community Health Improvement department commissioned the Parkview Health Services and Informatics Research (HSIR) group to conduct its 2022 Community Health Needs Assessment (CHNA). The HSIR group is co-located with the Clinical Research group in the Parkview Research Center, which is housed in an 82,000 square feet facility, the Mirro Center for Research and Innovation, with more than 90 rooms and dedicated spaces for research, innovation, and education. HSIR employs multiple research staff, which includes PhD prepared scientists, user experience specialists, and project managers. As a research unit embedded in Parkview Health, HSIR has dedicated time to support initiatives that require research skills, such as the CHNA.

EVALULATION OF PROGRESS SINCE PRIOR CHNA

The CHNA is a continual process that rotates through a three-year cycle (Figure 1). A key component of this process is evaluating the impact of the programming implemented in response to the prioritized health concerns. Reflecting on the progress made on priority areas facilitates the development of strategies to implement in the next CHNA cycle.

Figure 1. Three-Year CHNA Process
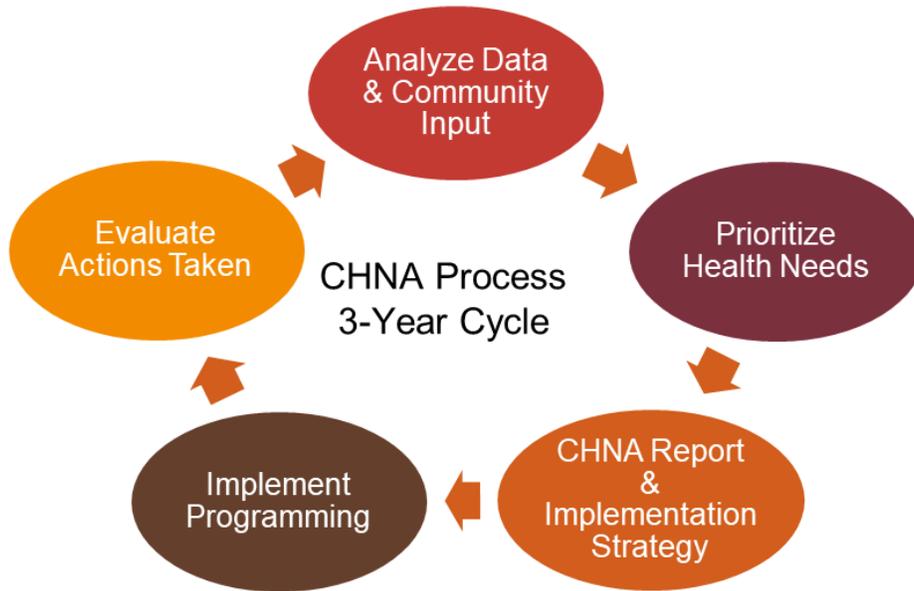
Priority Health Needs and Impact from 2021 CHNA

In 2021, substance use disorders and mental health needs were identified as the greatest need throughout Park Center's service area based on the data reported in the 2021 Park Center Community Health Needs Assessment and the associated impact report can be found in Appendix A. Parkview did not get any written comments in response to the Park Center, Inc. 2021 CHNA. If you have comments about the 2022 CHNA, please send to Jill.McAllister@parkview.com or Sarah.GiaQuinta@parkview.com.

INTRODUCTION

Park Center presents findings from its 2022 Community Health Needs Assessment (CHNA), a requirement for all not-for-profit hospitals to complete every three years (*Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3) | Internal Revenue Service*, n.d.). This report provides an overview of the CHNA processes and methods used to identify and prioritize significant behavioral health needs for the community. The purpose of this report is to present information about the behavioral health concerns and service needs across Park Center's service area to create understanding and establish priorities around these issues.

About Park Center, Inc.

Park Center, an affiliate to Parkview Health, is a private, non-profit community mental health center primarily serving Adams, Allen, and Wells counties in northeast Indiana. The center offers comprehensive mental health care services designed for all age groups. As a Community Mental Health Center, Park Center offers community-based and office-based outpatient mental health services focusing on prevention, treatment and rehabilitation. Additionally, Park Center operates a 16-bed acute psychiatric hospital for adults. Park Center employs a staff of psychiatrists, psychologists, licensed mental health professionals, case workers, and residential specialists. The organization currently assists about 12,000 people annually. Park Center is overseen by a 15-member board of directors and adheres to standards set forth by The Joint Commission, a national healthcare accreditation organization.

Park Center Mission & Vision

Park Center's mission is to restore lives. By partnering with consumers, we strive to support and facilitate their journey toward health.

Park Center's vision is a community where:
- Behavioral health challenges are no longer in the shadows,
- People who experience the pain of a behavioral health issue have easy access to effective care,
- The burden of unaddressed behavioral health challenges no longer reduce the productivity and vibrancy of our community, and
- Park Center is recognized as a vital contributor to this new reality.

Service Area

The scope of this CHNA has been narrowed to reporting data at a county level. The majority of Park Center patients are residents of the northeast Indiana counties of Adams, Allen, and Wells (Figure 2). Allen County accounts for 72 percent of Park Center clients, and Adams and Wells counties each account for 7 percent of Park Center clients.

Figure 2. Park Center Service Area
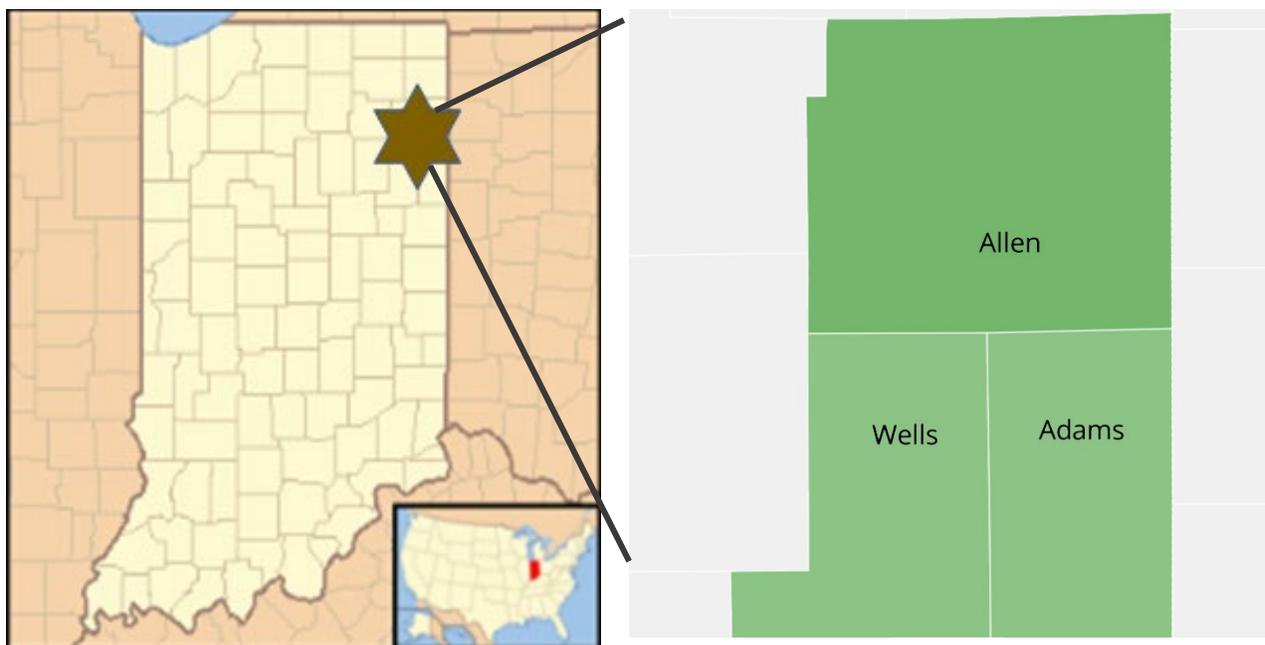
DEMOGRAPHICS

The following section presents the demographic profile of the Park Center service area, which includes Adams, Allen, and Wells counties. Demographics can impact a community's health concerns as needs can be related to race/ethnicity, age, sex, and socioeconomic groups. As these groups might have specific needs or practices, intervention efforts need to be varied and responsive to differences. The U.S. Census Bureau was used as the main source of demographic data.

Population

The three-county Park Center service area comprises about 6.6 percent of the total population in Indiana (Table 1). Based on population density, Allen County is considered urban, Adams County is considered urban/rural mixed and Wells County is considered rural (*Rural Indiana Stats | Geographic Classifications*, n.d.).

Table 1. Population

	Park Center Service Area	Indiana	United States
Population	439,074	6,696,893	326,569,308

Source: U.S. Census Bureau (American Community Survey 2016-2020 five-year averages)

As shown in Table 2, Allen County has the largest population in the service area (375,520) followed by Adams County (35,544). All three counties experienced population growth between 2017 and 2020.

Table 2. Population in Park Center Counties, 2017 and 2020

Year	Adams	Allen	Wells
2020	35,544	375,520	28,010
2017	35,018	367,747	27,832

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Age

The median age for the Park Center service area increased from 35.8 years in 2017 to 36.1 years in 2020. The median age ranges from 33.2 years in Adams County to 40.7 years in Wells County (Table 3). The three-county Park Center service area has a population age breakdown comparable to the rest of Indiana. About 60 percent of the population belongs to the 18-64-year-old age group and only seven percent is within the 0-4-year-old age group (Figure 3).

Table 3. Median Age in Years

Year	Adams	Allen	Wells	Park Center	IN
2020	33.2	36.0	40.7	36.1	37.8
2017	33.3	35.7	39.8	35.8	37.5

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 3. Population by Age Group
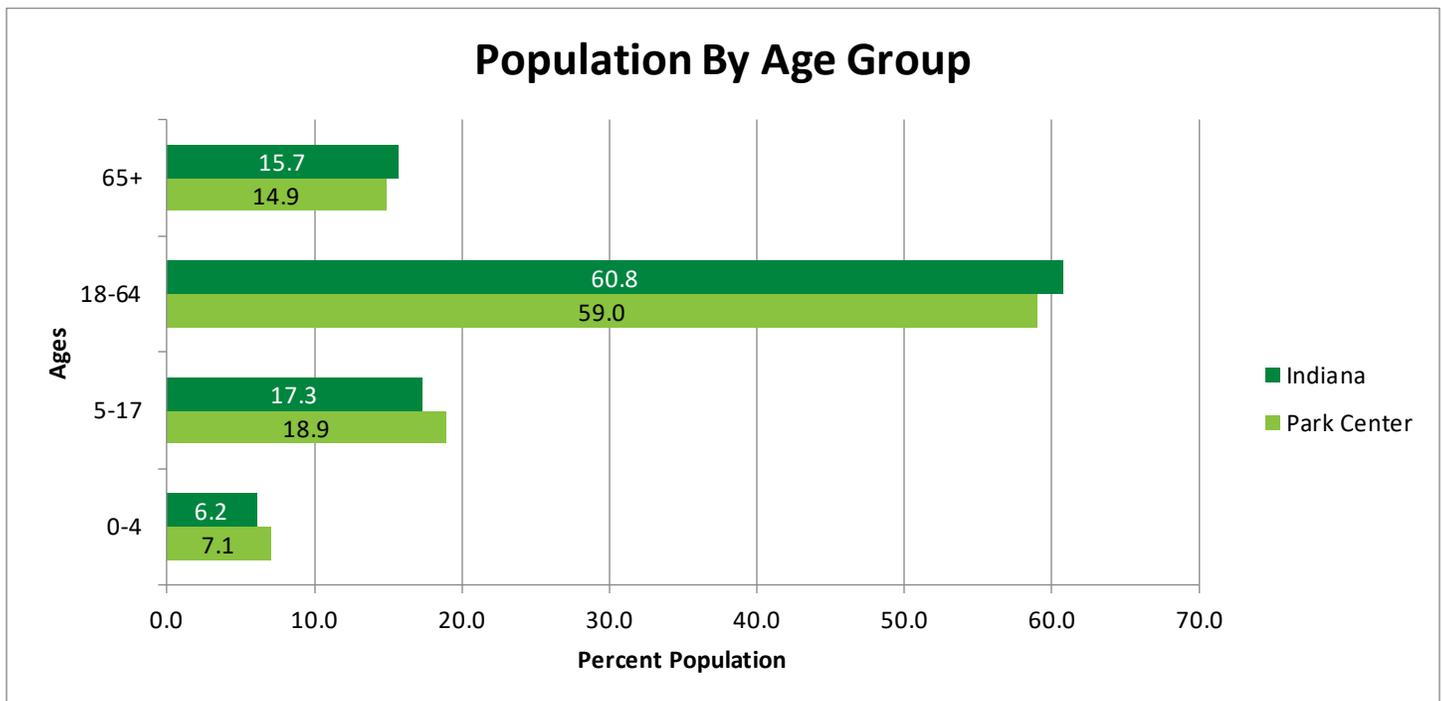
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Because different age groups can require distinct levels and types of care, strategies for improving community health outcomes should incorporate the needs of each age cohort. The percentage of the population under 18 years is between 25 percent and 31 percent for the three counties in the Park Center region (Figure 3). At the other end of the age spectrum are individuals 65 years and older. The 65 and older population is below 20 percent for all counties (Figure 4). Accessible and adequate senior services can allow the senior population to remain in their household and maintain their quality of life.

Figure 4. Child and Senior Population
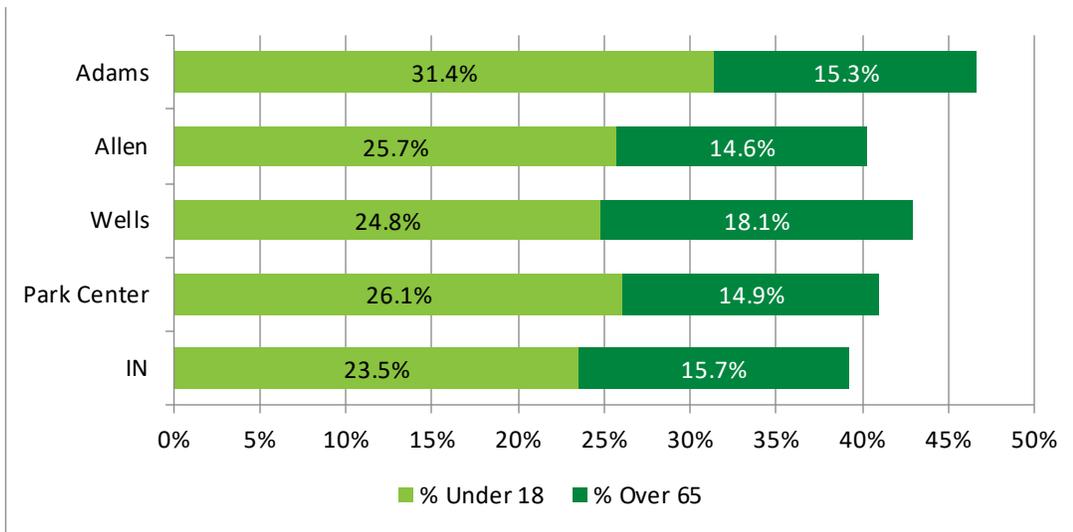
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Race and Ethnicity

As illustrated by Table 4 and Figure 5, the racial composition of the three-county Park Center region is predominantly non-Hispanic White, which is similar to the rest of Indiana. However, racial diversity has increased in the Park Center service area since 2017, due mostly to increases in Hispanic or Latino and other races and ethnicities. Across counties, Allen County has the highest percentage of population comprised of Black or African American individuals (11.3%), Hispanic (7.6%) and Other Race or Ethnicities (8.1%).

As compared to the rest of the state, the three-county Park Center service area had a lower percentage of non-Hispanic White individuals and a higher percentage of Black or African American individuals and individuals of other races or ethnicities.

Table 4. Percent of Population by Race and Ethnicity

Race and Ethnicity	Year	Adams	Allen	Wells	Park Center	IN
White	2020	93.3%	73.2%	93.7%	76.1%	78.4%
	2017	93.7%	74.6%	95.0%	77.5%	79.8%
Black/ African American	2020	1.0%	11.3%	0.8%	9.8%	9.3%
	2017	0.9%	11.3%	0.7%	9.8%	9.1%
Hispanic/ Latino	2020	4.6%	7.6%	3.1%	7.1%	7.1%
	2017	4.4%	7.2%	2.8%	6.7%	6.7%
Other Race or Ethnicity	2020	1.1%	8.1%	2.4%	7.2%	5.2%
	2017	0.9%	6.9%	1.6%	6.1%	4.4%

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 5. Race and Ethnicity
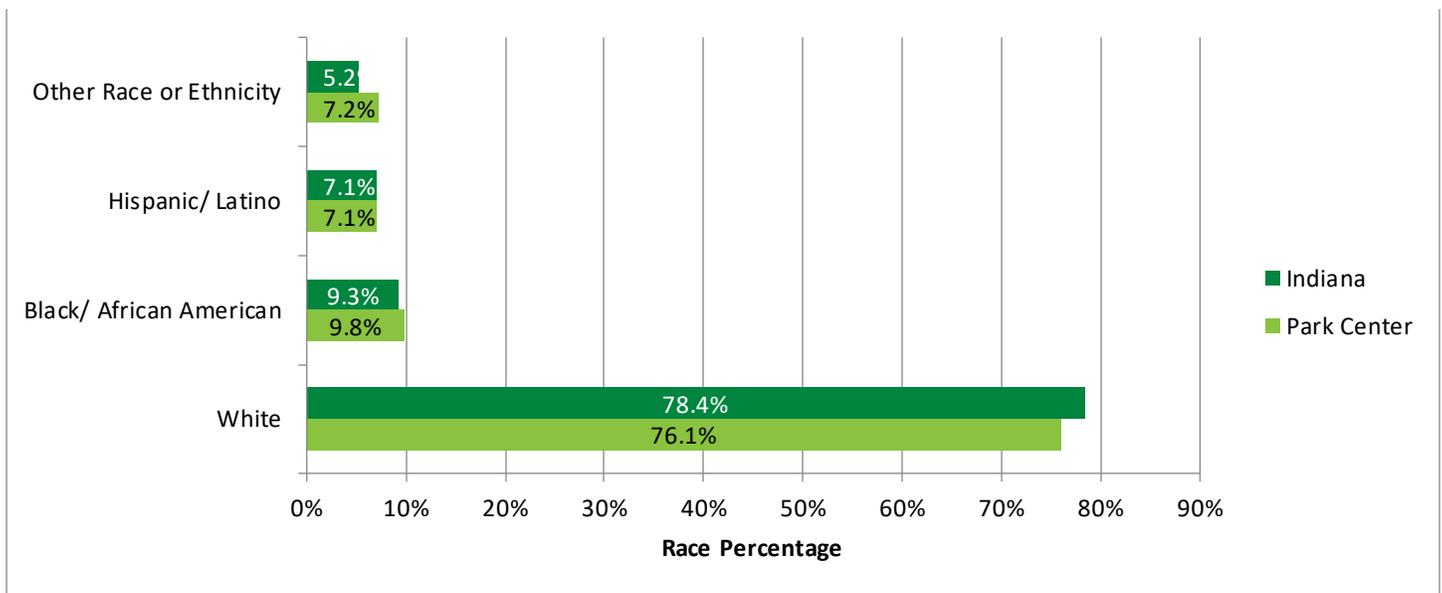
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Social Determinants of Health

Social determinants of health (SDOH) are the "conditions in which people are born, grow, live, work and age that contribute to health outcomes" (*Social Determinants Resources*, n.d.). These indicators affect a wide range of mental health risks and outcomes (Artiga & Hinton, 2019). SDOH include factors like socioeconomic status, education, neighborhood, physical environment, employment, and social support networks, as well as access to health care.

Social and community context factors (e.g., perceived discrimination, one adult household, no social support, adverse childhood experiences) have been related to higher rates of severe psychological distress and anxiety for parents and behavioral difficulties for children (Prokosch et al., 2022). Economic stability factors (e.g., poverty, food insecurity, unstable housing), similarly, have been related to higher rates of severe psychological distress and anxiety for parents and behavioral difficulties for children. Efforts to address social determinants of health include those that aim to create safe households and communities that reduce childhood adverse experiences, improve education, and provide resources for those living in poverty (Shim & Compton, 2018).

Median Household Income

The median household income in the three-county Park Center service area ranges from $52,712 in Adams County to $57,565 in Wells County (Table 5). Since 2017, the median household income across the Park Center service area has increased by 11 percent.

Table 5. Median Household Income in Dollars

Year	Adams	Allen	Wells	Park Center	IN
2020	52,712	57,104	57,565	56,778	58,235
2017	48,290	51,091	53,038	50,989	52,182

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Poverty

The percentage of the population living below poverty in the Park Center service area (12.6%) is slightly lower than the state percentage (12.9%). While Allen and Wells counties have a poverty rate that is below that of the state of Indiana, Adams County has a higher poverty rate (Table 6).

For the percentage of the population living under poverty level, racial disparities are evident in both the Park Center service area and the state of Indiana. As compared to the poverty rate for the White population in the Park Center service area (9.5%), Black and African American populations are more than three times as likely to be living under the poverty line (31.3%), and Hispanic and Latino and Asian populations are more than twice as likely to be living under the poverty line (22.2% and 21.0%, respectively). As compared to state averages by race and ethnicity, only the poverty rate for the White population in the Park Center service area is lower than the respective Indiana average. In contrast, the poverty rates for Hispanic and Latino populations, Black and African American populations and Asian populations in the Park Center service area are higher than their respective Indiana averages (Figure 6).

Table 6. Percentage of Population Below Poverty Line

Year	Adams	Allen	Wells	Park Center	IN
2020	16.5%	12.6%	8.2%	12.6%	12.9%
2017	18.9%	14.7%	11.0%	14.8%	14.6%

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 6. Population Below the Federal Poverty Level by Race and Ethnicity
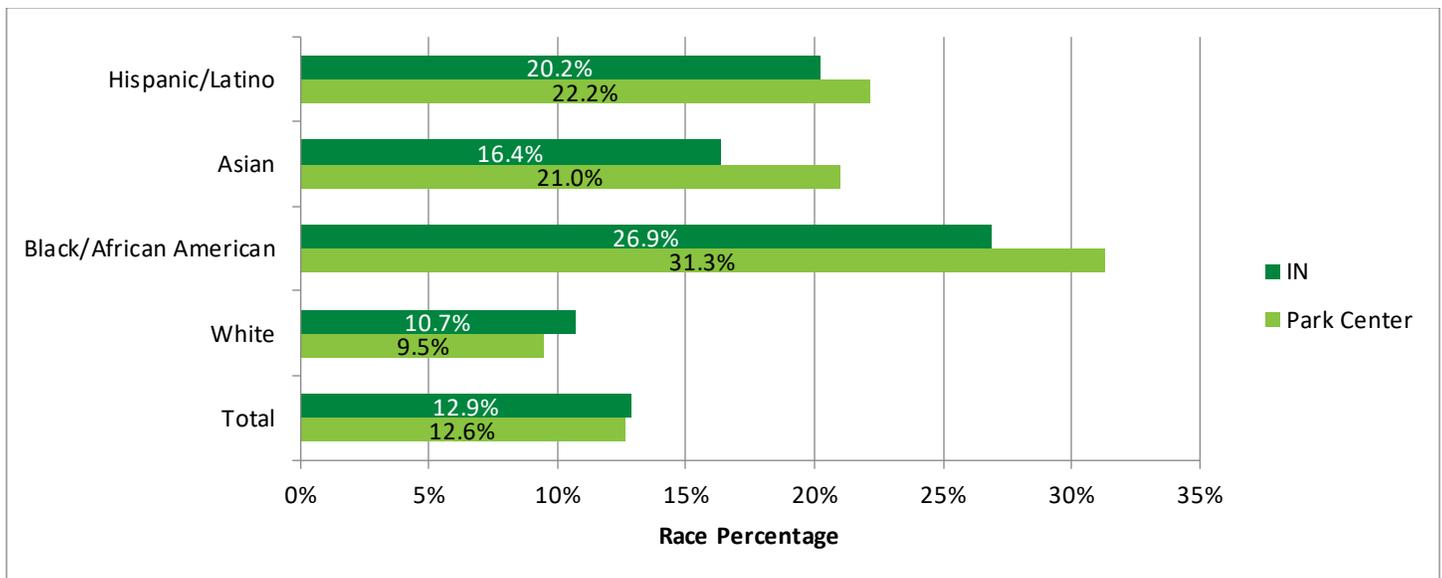
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Unemployment

The unemployment rate is another indicator of the social and economic status of a geographic area or population. Unemployment in the Park Center service area is comparable to the state overall. Unemployment ranges from 2.6 percent in Wells County to 5.0 percent in Allen County (Table 7), which is only slightly higher than the rate overall for the three-county Park Center service area (4.7%) and the state of Indiana (4.7%). Like the disparities present in income and poverty level, racial disparities are

also seen with unemployment rates. The Black and African American and Asian populations in the Park Center service area have higher unemployment rates than their corresponding unemployment rates for the state (Figure 7).

Table 7. Percentage of Population Unemployed

Year	Adams	Allen	Wells	Park Center	IN
2020	3.0%	5.0%	2.6%	4.7%	4.7%
2017	5.2%	6.3%	3.0%	6.0%	6.1%

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 7. Unemployment Rate by Race/Ethnicity
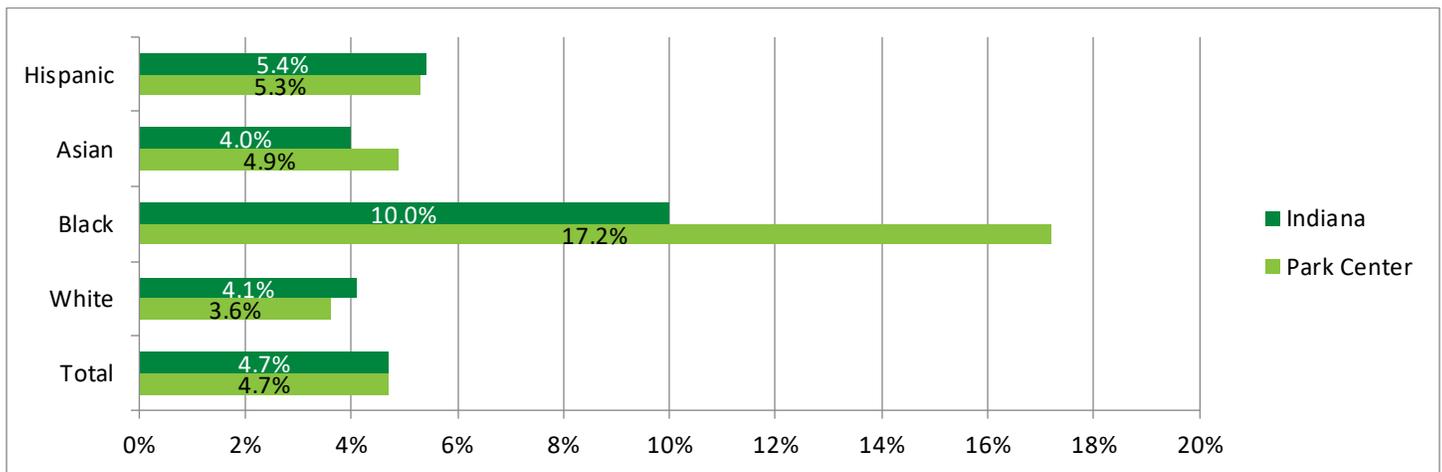
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Education

Education is related to several other social measures, including income, poverty, and unemployment. Limited education can be a key marker for identifying populations who may have health service needs. The percentage of the population without a high school diploma or equivalent is shown in Table 8, ranging from 7.8 percent in Wells County to 15.0 percent in Adams County. Overall, the Park Center service area has a slightly lower percentage of population without a high school diploma compared to the Indiana rate. Additionally, racial disparities are evident in educational attainment (Figure 8). Notably, 38.0 percent of the Asian population and 32.6 percent of the Hispanic/Latino population are without a high school diploma. With these racial minorities already at a disadvantage in terms of income and poverty, this added inequity further impacts their health outcomes.

Table 8. Population Without High School Diploma

Year	Adams	Allen	Wells	Park Center	IN
2020	15.0%	10.1%	7.8%	10.3%	10.7%
2017	16.4%	10.6%	8.7%	10.9%	11.7%

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 8. Population Without a High School Diploma by Race/Ethnicity

Hispanic/Latino: IN 31.7%, Park Center 32.6%
Asian: IN 19.7%, Park Center 38.0%
Black/African American: IN 14.0%, Park Center 13.2%
White: IN 8.9%, Park Center 7.8%
Total: IN 10.7%, Park Center 10.3%
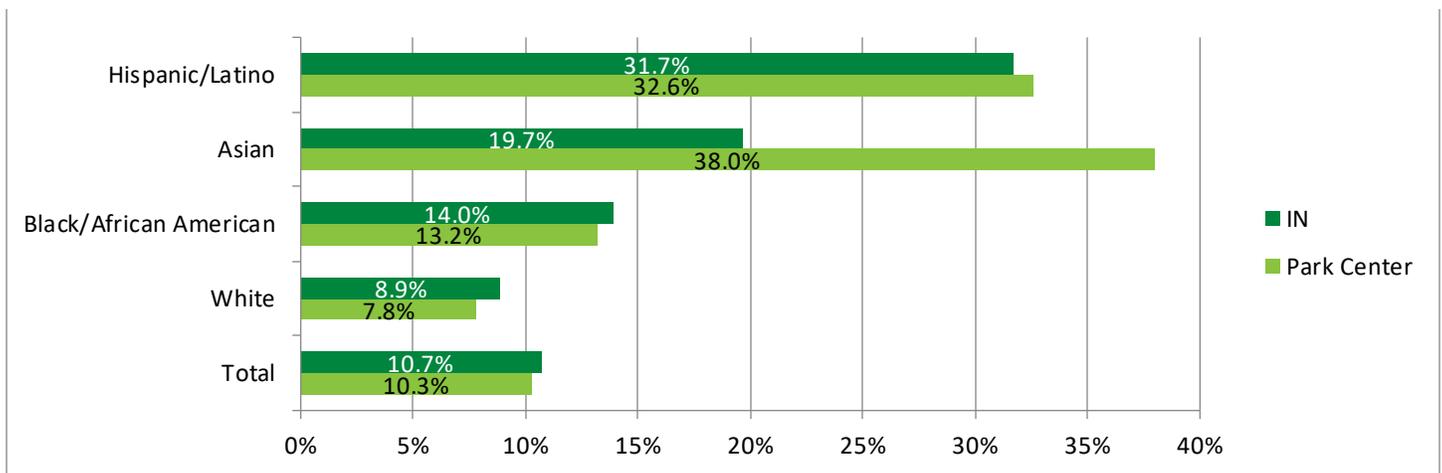
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Transportation

Availability of transportation is an important factor for individual and community health, especially in rural or mixed urban/rural areas (i.e., two of the three Park Center service area counties), where having a personal vehicle is important because of lower population density for shared ridership and smaller tax base for public transportation systems.

As shown in Table 9, Allen and Wells counties have few households (5.8% and 4.0%, respectively) without a vehicle, while 11.5 percent of households in Adams County do not have a vehicle. Overall, the Park Center service area has a slightly lower percentage of homes without a vehicle compared to the state average.

Table 9. Households With No Vehicle

Year	Adams	Allen	Wells	Park Center	IN
2020	11.5%	5.8%	4.0%	6.1%	6.3%
2017	11.1%	6.3%	3.9%	6.5%	6.7%

Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Food Access

Food security includes accessibility and affordability of food. In a food insecure environment, children and adults may experience adverse health outcomes, such as an increased risk of depression (Laraia, 2013). Across the three-county service area, 13 percent of the population was food insecure in 2020, ranging from a low of 10.4 percent in Wells County to a high of 13.3 percent in Allen County. Access to healthy, nutritious food – including fruits and vegetables – is important for a healthy lifestyle. Additionally, Allen County had the highest percentage of the population (9.8%) with both low-income and low access to a grocery store (Table 10).

Table 10. Food Insecurity and Limited Access to Healthy Food

Measure	Year	Adams	Allen	Wells	Park Center	IN
Food Insecurity*	2020	12.4%	13.3%	10.4%	13.0%	13.3%
	2017	12.7%	14.9%	11.8%	14.5%	15.3%
Limited Access to Healthy Foods**	2020	3.3%	9.8%	3.6%	8.9%	6.9%
	2017	2.8%	10.1%	4.6%	9.2%	6.3%

*Percent population lacking adequate access to food. **Percent population low-income and do not live close to a grocery store.
Data Source: County Health Rankings and Roadmaps.

Neighborhood and Built Environment

The built environment is the space in which we live, work, learn, and play and includes workplaces and housing, business and schools, landscapes, and infrastructure. The neighborhoods in which people live and the built environment influence the public's health, particularly in relation to safety and chronic diseases. Exposure to violent crime, access to locations for physical activity, and access to broadband internet connection are just a few measures related to community safety and health.

Violent Crime

High crime rates can lead to mental distress, a lower quality of life, an increase in negative health outcomes, premature death, or non-fatal injuries (Margolin et al., 2010). An example of the negative effect of a high crime rate in the neighborhood is a reluctance of residents to walk outdoors or permit their children to play or bike outside which encourages obesity and related health issues. Violent crime rates in both 2014 and 2016 were only available for Allen and Wells counties in the Park Center service area. The violent crime rate was significantly greater in Allen County at 296 offenses per 100,000 population compared to Wells County at 18 per 100,000 population in 2016 (Table 11).

Table 11. Number of Reported Violent Crime Offenses per 100,000 Population

Year	Adams	Allen	Wells	IN
2016	.	296	18	385
2014	.	283	30	356

Data Source: County Health Rankings and Roadmaps

Exercise Opportunities

As shown in Table 12, the percent of the population that has adequate access to locations for physical activity decreased in two of three counties in the Park Center service area from 2017-2020. Both Adams and Wells counties have lower access to exercise opportunities compared to the state of Indiana.

Table 12. Percent of Population that has Access to Locations for Physical Activity

Year	Adams	Allen	Wells	Park Center	IN
2020	60.0%	78.2%	44.1%	74.6%	75.2%
2017	56.4%	81.8%	52.9%	77.9%	74.8%

Data Source: County Health Rankings and Roadmaps

Broadband Access

More recently, broadband access has emerged as a social determinant of health. Digital equity is necessary to achieve health equity; employment opportunities, access to education, healthcare access, and social connectedness are all reliant on broadband internet connection to a degree. Rural areas and low-income urban areas are most likely to be affected by limited broadband access. The percentage of households with broadband internet connection increased in Adams and Allen counties and slightly decreased in Wells County 2015-2019 to 2016-2020 (Table 13). Both Adams and Wells counties had a lower percentage of connected households compared to the state of Indiana in 2016-2020.

Table 13. Percent of Households with Broadband Internet Connection

Year	Adams	Allen	Wells	Park Center	IN
2020	72.6%	86.7%	79.0%	85.1%	83.2%
2019	71.1%	84.2%	79.2%	82.8%	80.1%

Data Source: County Health Rankings and Roadmaps (5-year Averages)

Access to Healthcare

Access to healthcare is critical to receiving necessary care in a timely manner. Indicators for access to healthcare include identifying medically underserved geographic areas and populations and rates of uninsured individuals.

Medically Underserved Areas and Populations

Medically underserved areas and medically underserved populations identify geographic areas and populations with access barriers to primary care services. Using Health Resources & Services Administration 2022 data, few medically underserved areas (Figure 9, light green) were identified in the Park Center service area. However, several medically underserved populations were identified (Figure 9, dark green) mainly in Adams County and Allen County.

Figure 9. Medically Underserved Areas and Populations
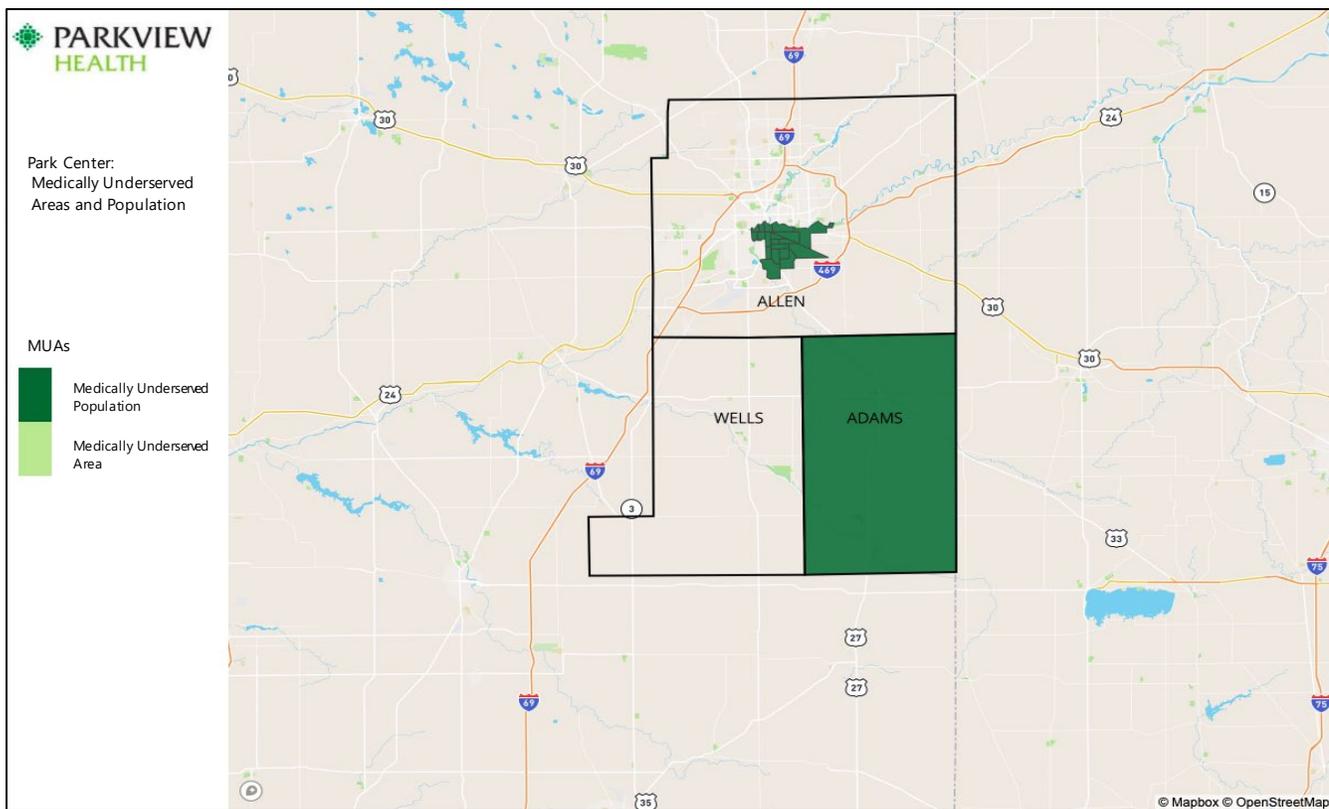
Source: Health Resources & Services Administration, 2022

Health Insurance

The percentage of the population without health insurance ranged from 5.5 percent in Wells County to 19.5 percent in Adams County, and 30.0 percent of children in Adams County also did not have health insurance (Table 14).

Table 14. Percent of Population Without Health Insurance

	Year	Adams	Allen	Wells	Park Center	IN
All	**2020**	19.5%	8.0%	5.5%	8.8%	8.0%
	2017	21.0%	10.8%	8.3%	11.5%	10.3%
Adults (<65)	**2020**	17.6%	10.8%	7.6%	11.1%	10.7%
	2017	19.7%	14.7%	10.2%	14.8%	14.0%
Children	**2020**	30.0%	5.9%	4.4%	7.8%	6.3%
	2017	31.4%	7.5%	9.1%	9.5%	7.0%

CRITICAL HEALTH CONCERNS

The current Community Health Needs Assessment was aimed at identifying critical behavioral health concerns for the Park Center service area. As such, both primary and secondary data were collected and synthesized to understand current health concerns. Mental health-related indicators for the Park Center service area were identified using secondary data from the Healthy Communities Institute (HCI) dashboard. Primary data were collected to identify provider perceptions of health concerns and related service needs using survey methods. Healthcare and social services providers (e.g., physicians, nurses,

social workers, etc.) throughout the three-county Park Center service area were invited to participate. These data sources are described in the following sections.

Secondary Data: County Level Health Indicators

The U.S. Census Bureau American Community Survey and the Parkview Health Community Dashboard developed by HCI were used as the main sources of secondary data. The dashboard includes data from the Indiana Hospital Association as well as the Indiana State Department of Health, National Cancer Institute, Centers for Disease Control and Prevention (CDC), Centers for Medicaid and Medicare Services, the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Institute for Health Metrics and Evaluation, County Health Rankings and Roadmaps, U.S. Census Bureau, U.S. Department of Agriculture, and other sources. Additional relevant data for counties in the Park Center region were obtained from the Health Resources & Services Administration, Mental Health America, and Indiana Youth Institute.

The Parkview Health Community Dashboard developed by Healthy Communities Institute (HCI) was used to identify mental health-related county indicators performing in the bottom quartile of U.S. Counties based on a sample of over 3,000 counties and county equivalents (Figure 10). If a comparison to U.S. counties was not available for an indicator, then a regional comparison to the Indiana state value was used. If neither a comparison to U.S. counties nor the Indiana region was available, then the indicator was not evaluated for performance. Clinical Care Ranking and Physical Environment Ranking were the only indicators not available in the 2022 Dashboard data compared to previous reports.

Figure 10. Example Snapshot from HCI Dashboard

Based upon review of 100+ indicators, Table 15: County Behavioral Health Indicators Performing in the Bottom Quartile of U.S. Counties describes the mental health outcomes and behaviors for which any of the three counties in the Park Center service area were in the lowest performing quartile of U.S. counties or were significantly worse than the Indiana region.

Six (6) HCI behavioral health indicators were either in the bottom performing quartile of U.S. counties or significantly worse compared to the Indiana region. Some health indicators relate to the same health condition (e.g., adults ever diagnosed with depression and depression: Medicare population). If at least one indicator for a related health issue was in the bottom performing quartile or significantly worse than the state region, then that health issue was considered as a potential community health concern for Park Center. The 6 indicators were categorized into 3 general behavioral health issues, as shown in Table 15, County Behavioral Health Indicators Performing in the Bottom Quartile of U.S. Counties. Trends over time for bottom-performing county indicators are shown in Table 16.

Table 15. County *Behavioral Health Indicators* Performing in the Bottom Quartile of U.S. Counties

Health Issue	Health Indicator	Adams	Allen	Wells
Alcohol Use *1 of 3 indicators in bottom quartile*	Alcohol-Impaired Driving Deaths		X	
Mental Health *3 of 6 indicators in bottom quartile*	Depression (Adults Ever Diagnosed)	X		
	Depression*		X	
	Poor Mental Health: 14+ days	X		
Tobacco Use *2 of 2 indicators in bottom quartile*	Adults who Smoke	X		
	Mothers who Smoked During Pregnancy§			X
County		**Adams**	**Allen**	**Wells**
# Indicators in Lowest Quartile of U.S. Counties Or Significantly Worse than Indiana Region		**3**	**2**	**1**

Data Source: Parkview Health Community Dashboard, 2022. *Medicare Population. §Significantly Worse than Indiana Region. Note: No counties in the Park Center service area were bottom performing for available indicators related to child abuse, drug use, violent crime, disability needs, or neurodevelopmental disorders.

Table 16. Trends for County *Behavioral Health Indicators* Performing in the Bottom Quartile of U.S. Counties

Health Issue	Health Indicator	Adams	Allen	Wells
Alcohol Use *1 of 3 indicators in bottom quartile*	Alcohol-Impaired Driving Deaths	∧	∧	∨
Mental Health *3 of 6 indicators in bottom quartile*	Depression (Adults Ever Diagnosed)	.	.	.
	Depression*	∧	∧	∧
	Poor Mental Health: 14+ days	—	—	—
Tobacco Use *2 of 2 indicators in bottom quartile*	Adults who Smoke	—	—	—
	Mothers who Smoked During Pregnancy§	∨	∨	∨
County		**Adams**	**Allen**	**Wells**
# Indicators Worsening Over Time		**2**	**2**	**1**

Data Source: Parkview Health Community Dashboard and Mental Health America. *Medicare Population. §Significantly Worse than Indiana Region.

Improving Trend	∨
Worsening Trend	∧
Stable Trend	–
Data Not Available	.

Table 17 and Table 18 list the **social indicators (18) and access indicators (18)**, respectively, for which counties in the Park Center service area are in the bottom-performing quartile compared to U.S. counties or significantly worse than the Indiana region.

Table 17. County *Social Indicators* in the Bottom-Performing Quartile of U.S. Counties

Social Issue	Indicator	Adams	Allen	Wells
Economy *6 of 13 indicators in bottom quartile*	Households that are Asset Limited, Income Constrained, Employed (ALICE)§	X		
	Households that are above the Asset Limited, Income Constrained, Employed (ALICE) Threshold§	X		
	Households that are Below the Federal Poverty Level§	X		
	Young Children Living Below Poverty Level	X		
	Persons with Disability Living in Poverty	X		
	Per Capita Income	X		
Education *6 of 9 indicators in bottom quartile*	4th Grade Proficiency in English/Language Arts§		X	
	4th Grade Proficiency in Math§		X	
	8th Grade Proficiency in Math§		X	X
	People 25+ w/ a Bachelor's Degree or Higher	X		
	Student-to-Teacher Ratio		X	X
	Youth not in School or Working	X		
Environmental Health *2 of 4 indicators in bottom quartile*	Annual Ozone Air Quality	*N/A*	X	*N/A*
	Blood Lead Levels in Children (≥5 micrograms per deciliter)§	*N/A*	X	*N/A*
Social Environment *4 of 7 indicators in bottom quartile*	Households w/ Internet Subscription	X		
	Households w/ ≥1 Types of Computing Devices	X		
	Persons w/ Internet Subscription	X		
	Voter Turnout: Presidential Election§		X	
County		**Adams**	**Allen**	**Wells**
# Indicators in Lowest Quartile of U.S. Counties or Significantly Worse than Indiana Region		**11**	**7**	**2**

Data Source: Parkview Health Community Dashboard, 2022. §Significantly Worse than Indiana Region. Note: No counties in the Park Center service area were bottom performing for available indicators related to employment.

Table 18. County *Access Indicators* in the Bottom Performing Quartile of U.S. Counties

Access Issue	Indicator	Adams	Allen	Wells
Access to Health Services and Preventive Care *5 of 11 indicators in bottom quartile*	Children with Health Insurance	X		
	Non-Physician Primary Care Provider Rate†	X		X
	Mental Health Provider Rate†	X		
	Received Rec'd Preventive Services: Male 65+	X	X	X
	Received Rec'd Preventive Services: Female 65+	X		
Food Access *6 of 17 indicators in bottom quartile*	Children with Low Access to a Grocery Store		X	
	People with Low Access to a Grocery Store		X	
	Households' w/o Car & Low Access to a Grocery Store	X		
	Grocery Store Density†	X		X
	SNAP Certified Stores	X		X
Safe & Healthy Environment *2 of 2 indicators in bottom quartile*	Houses Built Prior to 1950	X		X
	Access to Exercise Opportunities			X
Housing Affordability & Supply *4 of 9 indicators in bottom quartile*	Overcrowded Households§	X		
	Severe Housing Problems§	X		
	Median Housing Unit Value§	X	X	X
Transportation *3 of 6 indicators in bottom quartile*	Household without a Vehicle	X		
	Workers who Drive Alone to Work			X
	Workers who Walk to Work			X
County		**Adams**	**Allen**	**Wells**
# Indicators in Lowest Quartile of U.S. Counties or Significantly Worse than Indiana Region		**13**	**4**	**10**

Data Source: Parkview Health Community Dashboard, 2022. †Per 100,000 population. §Significantly Worse than Indiana Region.

Primary Data: Provider Survey Methods & Results

Park Center service area Provider input was gathered via e-mail to healthcare and social service providers with an embedded online survey link. The survey covered aspects of the provider's work including the setting in which they practiced, the duration of time in practice in the region/county, and their perception of the chief mental health-related concerns, barriers to care, and awareness of available resources in their communities. Providers were not asked to disclose their specific organization name in order to protect participant privacy. Descriptive statistics were calculated for all survey items.

A total of 154 providers responded to the survey. The majority of respondents practiced in Allen County (55.2%), followed by Adams County (30.5%) (Table 19). Respondents were primarily female (72.7%), White (83.8%), and non-Hispanic (89.6%).

Table 19. Provider Survey Respondents

County	Count	% Of Respondents
Adams	47	30.5
Allen	85	55.2
Wells	22	14.3

Providers were asked how long they had practiced in their current county of the Park Center service area. A little more than one-third (36.4%) of the respondents had been in practice for 1-5 years; whereas about 20 percent had been in practice for more than 20 years (Figure 11).

Figure 11. Years Practiced in Park Center Area for Provider Survey Respondents (n=154)
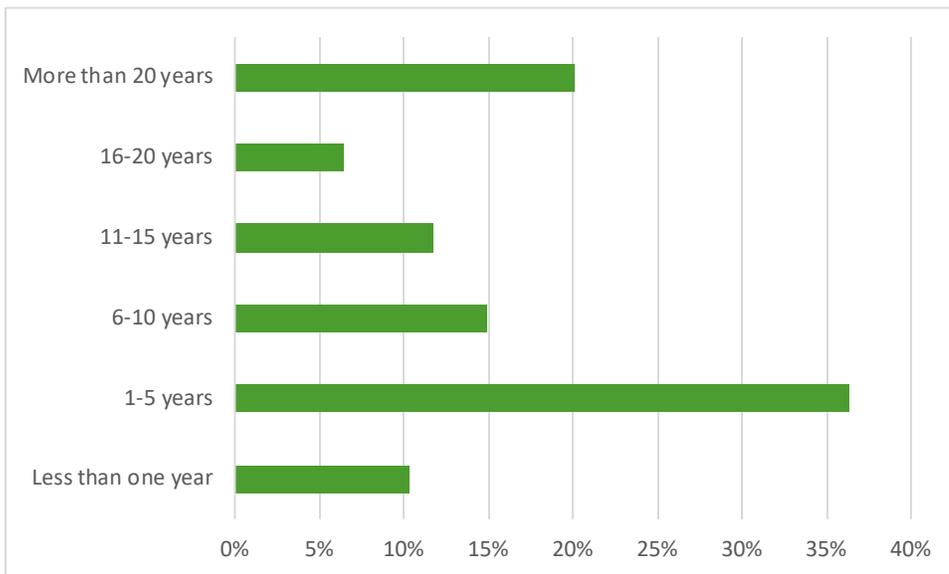
Mental/Behavioral Health providers (36.4%) were the highest proportion of provider survey respondents, followed by social workers/case managers (15.6%) (Table 20).

Table 20. Respondents by Provider Type (n=154)

Profession	Count	% of Respondents
Mental/ Behavioral Health providers	56	36.4
Social Worker/Case Manager	24	15.6
Registered Nurse	16	10.4
Other Healthcare	16	10.4
Public Sector	15	9.7
Education	13	8.4
Community/Social Services	8	5.2
Physician	4	2.6
Physician's Assistant	1	0.7
Public Health/Community Health	1	0.7

Providers worked across a variety of settings. As shown in Table 21, the most common work settings were in Hospital Specialized Care (16.9%) and schools (16.9%).

Table 21. Work Settings for Providers (n=396)

Work Setting	Count	% of Respondents
Hospital Specialized Care	26	16.9
School	26	16.9
Community Health Center	18	11.7
Behavioral Health	16	10.4
Community Center/Social Service Agency/Place of Worship/Not-for-Profit	14	9.1
Public Sector/Out in the community	14	9.1
In home	12	7.8
Outpatient - Primary Care Clinic	10	6.5
Outpatient - Specialized Care Clinic	7	4.6
Hospital Emergency Care	6	3.9
Immediate/Urgent Care Clinic	3	2.0
Not answered	1	0.7
County Health Department	1	0.7

Providers indicated that the top community health needs were **substance abuse services** (81.2%) and **mood disorders** (67.5%) (Figure 12).

Figure 12. Provider Perceptions of Top Mental Health Issues
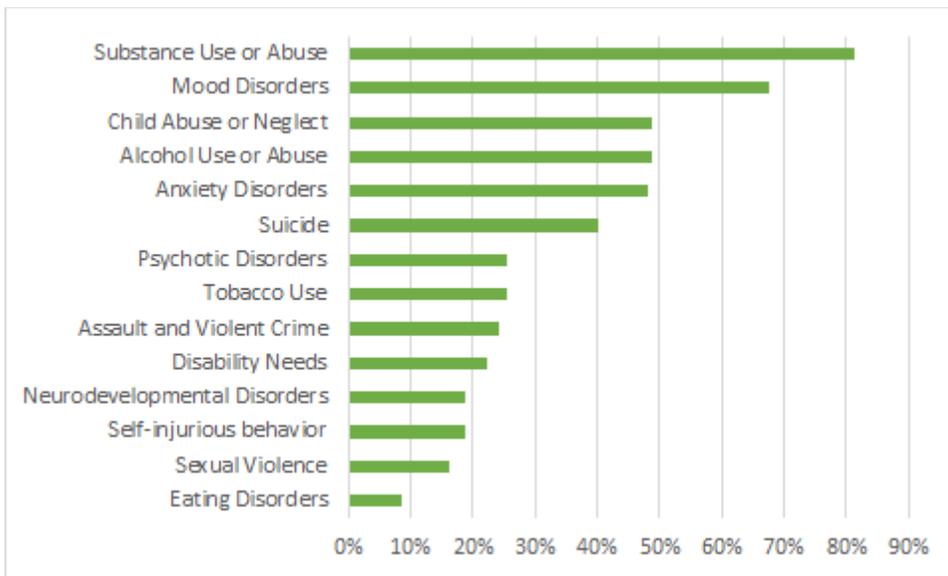
Providers indicated the importance of 18 service needs for the community. Of these, more than half of providers rated mental health services (59.7%) and substance use disorders (53.3%) as highly important (Figure 13).

Figure 13. Provider Perceptions of Top Service Needs
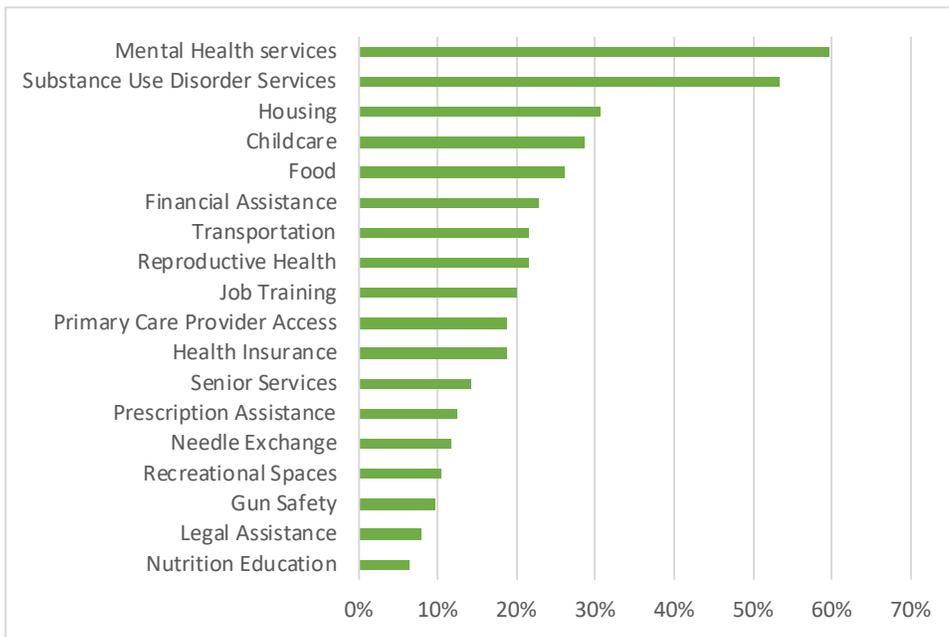
Providers rated insufficient healthcare resources (i.e., provider shortage) (59.1%) as the top patient barrier to receiving care followed by cost (53.9%). See Figure 14.

Figure 14. Provider Perceptions of Top Patient Barriers to Accessing Care
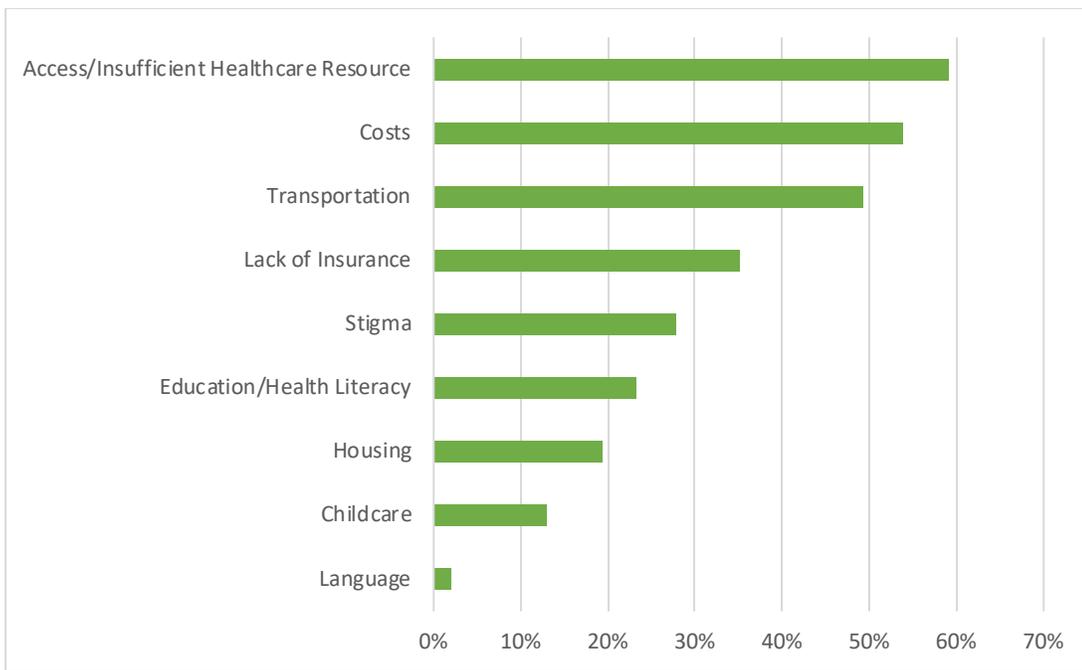
Similar to patient barriers to accessing care, providers reported that the top provider barrier to delivering care was insufficient healthcare resources (59.1%) (Figure 15).

Figure 15. Provider Perceptions of Top Provider Barriers to Delivering Care
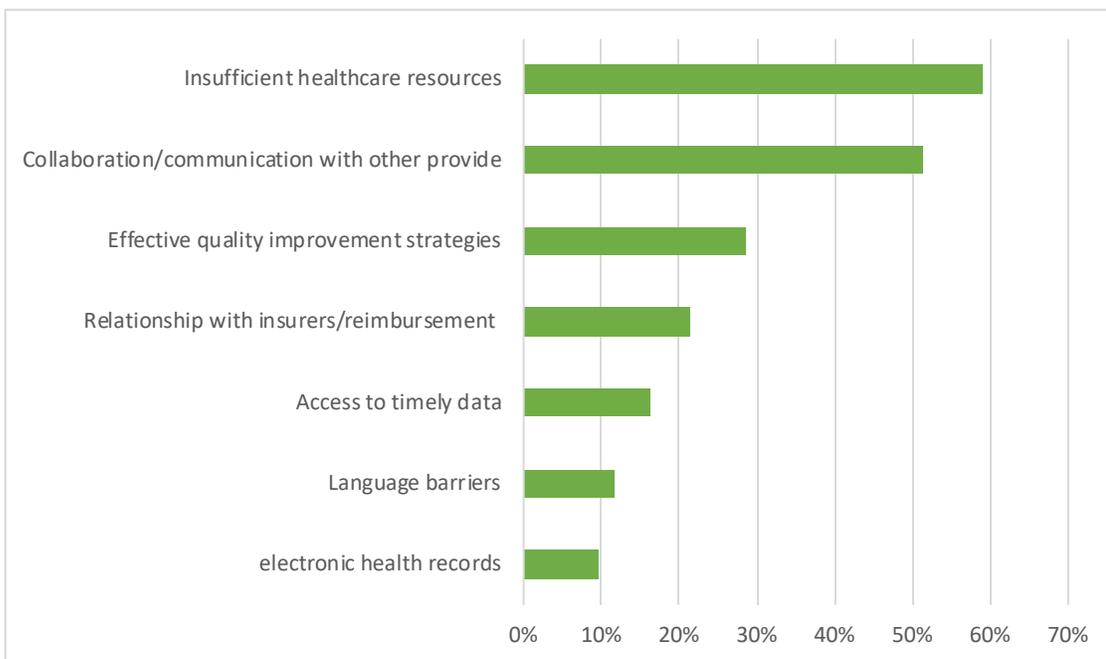
Data Considerations and Limitations

The HSIR team employed survey methods to gather data from the Park Center service area. As well, a wide range of existing secondary data sources were used. However, several limitations of the data should be considered when interpreting the findings. The included mental health concerns and service needs represent a broad set of issues; however, for each mental health concern, the available secondary data varied in the number of corresponding health indicators. For some mental health concerns, multiple health indicators were established, while for other concerns, the available mental health indicators were limited in number or relevance. The survey data was collected from a convenience sample as a random-sampling approach was not feasible in this type of project. As a result, the survey data are limited in the extent to which they represent the characteristics of the Park Center service area.

PRIORITIZATION OF HEALTH NEEDS

Park Center held a meeting on October 14, 2022 to engage the leaders and board members in the prioritization process. The 11 attendees included administrators and board members (see Appendix D). Additionally, five research and community health improvement team members were present to facilitate the session; however, these team members were non-voting attendees. Survey data collection methods were explained, and the six issues with the highest endorsement as a mental health concern were presented via slides. The group of stakeholders decided to adapt the subcategories based on current trends in the mental health field. Attendees used Mentimeter, an anonymous, synchronous polling system, to score each health concern using four criteria (see Appendix C): (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 Parkview address the problem?; and (4) SDOH (i.e., do social determinants 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 6 health concerns were voted on in the first round, their overall combined scores across the four criteria were computed, and five mental health concerns were then ranked again and discussed using a Chatham House Rule condition (whereby the group agrees that the identity of the speaker should remain anonymous) and a "pro, con, con, pro" discussion format to encourage both supportive and oppositional views to be presented for each health concern. 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 priorities for Park Center. Mood disorders (child/adolescent depression), childhood trauma, and substance use/abuse were selected as top priorities.

The Needs Assessment, community session data and CHI Committee recommendations were presented to the Park Center board of directors in November 2022. *The board of directors voted to adapt the above health priority recommendations at the board meeting.*

Prioritized Health Needs

This section presents the top 6 mental health concerns included in the prioritization session. **Mood disorders (child/adolescent depression), childhood trauma, and substance use/abuse** were selected as mental health priorities for Park Center for 2022-2025.

Substance Use or Abuse

Substance use and abuse involves illegal drug use and misuse of prescription drugs. The possible subsequent dependence on these substances can result in accidental death, unintentional injury, and other immediate and chronic health problems. Substance use disorders are preventable, and treatments are available. All three counties in the Park Center service area were below the Indiana state incidence rate for non-fatal drug overdose visits to the Emergency Department in 2019 (Table 22). However, inpatient hospitalizations for non-fatal drug overdoses in Allen County were above the Indiana state incidence rate. In Adams County, inpatient hospitalizations increased from 2017 to 2019, and in Allen County drug overdose deaths increased from 2017 to 2020.

Table 22. Substance Use/Abuse Indicators and Trends by County

County	ED Visit Non-Fatal Drug Overdose* Incidence rate per 100,000			Inpatient Hospitalizations Non-Fatal Drug Overdose Incidence rate per 100,000			Drug Overdose Deaths Crude rate per 100,000		
	2017	2019	Trend	2017	2019	Trend	2017	2020	Trend
Adams	169.1	164.9	v	39.4	41.9	∧	.	11.3	.
Allen	214.8	178.8	v	160.9	**149.2**	v	15.5	22.5	∧
Wells	310.9	187.3	v	114.4	88.4	v	20.3	13.1	v
Indiana	**220.4**			**91.7**			**25.0**		

*On August 27, 2020, statistics for 2016-2018 were updated to reflect updated guidance from the CDC. Please be cautious when analyzing overdose data as the numbers have changed. Data Source: County Health Rankings and Roadmaps and the Indiana State Department of Health

Table Key:

Improving Trend	v or ∧
Worsening Trend	v or ∧
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Mood Disorders

Mood disorders refer to an individual's general emotional state that is altered or misaligned with their life circumstance and disrupts daily functionality. Individuals with mood disorders experience extreme sadness, loss of interest, fatigue, and feel empty, depressed, or irritable. Mood disorders include major depressive disorder, bipolar disorder, seasonal affective disorder, and cyclothymic disorder. From 2020 to 2021, the number of people with severe depression increased for all counties in the Park Center service area. In 2021, severe depression per 100,000 population in all three counties was above the Indiana state level (see Table 23).

Table 23. Mood Disorder Indicators and Trends by County

County	Depression (Adults Ever Diagnosed)	Severe Depression # Of people scoring severe depression on PHQ-9 per 100,000 population		
	2019	2020	2021	Trend
Adams	**23.5%**	17.3	**57.7**	^
Allen	**22.0%**	29.8	**52.8**	^
Wells	**22.0%**	31.8	**53.0**	^
Indiana	**21.0%**	**48.1**	**63.3**	^

Table Key:

Improving Trend	v or ^
Worsening Trend	v or ^
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Child Abuse and Neglect

Child abuse and neglect can have lasting effects on an individual's physical and mental health. Abuse and neglect include the following: physical abuse (physical harm such as hitting or kicking); sexual abuse (coercing or forcing a child to participate in sexual acts); emotional abuse (harm to a child's emotional well-being); and neglect (failure to meet a child's physical and emotional needs) (*Fast Facts*, 2022). As shown in Table 24, all three counties in the Park Center service area showed improved trends for abuse and neglect rates and percentage of children in need of services between 2017 and 2020. However, the incidence rate of abuse and neglect in Adams County (18.1 per 1,000 children) remained above the rate for Indiana (17.2 per 1,000 children), and the percent of children in need of services in all three counties remained above the percentage for Indiana.

Table 24. Child Abuse Indicators and Trends by County

County	Abuse & Neglect Rate Incidence rate per 1,000 children			% Children in Need of Services Active cases		
	2017	2020	Trend	2017	2020	Trend
Adams	19.9	**18.1**	v	19.4	**18.6***	v
Allen	12.9	10.0	v	20.0	**18.7**	v
Wells	18.7	12.8	v	**30.1**	**23.0**	v
Indiana	**23.1**	**17.2**	v	**22.4**	**16.6**	v

*Statistic is for year 2019. Data Source: Indiana Youth Institute.

Table Key:

Improving Trend	v or ^
Worsening Trend	v or ^
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Alcohol Use and Abuse

Alcohol use and abuse is problematic alcohol use characterized by an inability to stop or control use despite social, work, or health problems due to alcohol use. As shown in Table 25, Allen County was above the Indiana state percentage for adults reporting binge/heavy drinking, while Adams, Allen, and Wells counties were all above the state percentage for driving deaths with alcohol involvement. From 2017 to 2020, Wells County experienced a slight increase in the percent of adults reporting binge/heavy drinking, while Adams and Allen counties experienced increases in the percent of driving deaths with alcohol involvement.

Table 25. Alcohol Use/Abuse Indicators and Trends by County

County	% Adults Reporting Binge/ Heavy Drinking			% Driving Deaths with Alcohol Involvement		
	2017	2020	Trend	2017	2020	Trend
Adams	16.4	16.2	v	12.5	**25.9**	^
Allen	18.6	**17.8**	v	32.4	**35.3**	^
Wells	16.2	16.3	^	60.0	**25.9**	v
Indiana		**17.6**			**19.7**	

Data Source: County Health Rankings and Roadmaps

Table Key:

Improving Trend	v or ^
Worsening Trend	v or ^
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Anxiety Disorders

Anxiety Disorders involve anxious feelings and thoughts that are persistent and hinder daily activities, such as work (or school) and relationships. In 2020, 10.2 percent of children ages 3-17 had anxiety problems in Indiana (Americas Health Rankings). As shown in Table 26, the number of poor mental health days and percentage of adults experiencing frequent mental distress showed an increasing trend across all three counties included in the Park Center service area. Though the ratio of mental health providers to the population improved from 2017 to 2020 in the Park Center service area, Adams and Wells counties were below the Indiana state level, and all three counties are below the best performing counties in the U.S. ratio of one mental health provider for every 250 people.

Table 26. Mental Health Indicators and Trends by County

County	Number of Poor Mental Health Days [1] Average number in the past 30 days			Population: Mental Health Providers [2] Ratio of Population: One Provider			Frequent Mental Distress % Adults reporting 14+ days poor mental health per month		
	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend
Adams	4.0	4.5	∧	6996:1	**2545:1**	∨	11.9	14.3	∧
Allen	3.9	4.5	∧	657:1	546:1	∨	11.8	14.0	∧
Wells	3.7	4.4	∧	3496:1	**2015:1**	∨	11.1	13.3	∧
Indiana		**4.7**			**623:1**			**15.0**	

Notes: [1]Top performers in U.S.: 4.0 days or less, [2]Top performers in U.S.: 250:1. Data Source: County Health Rankings and Roadmaps.

Table Key:

Improving Trend	∨ or ∧
Worsening Trend	∨ or ∧
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Suicide

Suicide is typically accompanied by severe hopelessness and other risk factors, such as depression, psychiatric disorders, substance use, chronic pain, and a family history of suicide or previous suicide attempt. As shown in Table 27, for Allen and Wells counties the number of deaths due to suicide decreased from 2017 to 2020, while the number of deaths due to suicide remained stable in Adams County. However, from 2020 to 2021, all counties in the Park Center service area experienced increases in the number of people reporting suicidal ideation per 100,000 population. In 2021, suicidal ideation per 100,000 population in all three counties was above the Indiana state level.

Table 27. Suicide Indicators and Trends by County

County	Number of deaths due to suicide Count			Deaths due to Suicide Age-adjusted rate per 100,000 population[1]			Suicidal Ideation # Of people reporting frequent suicidal ideation per 100,000 population		
	2017	2020	Trend	2017	2020	Trend	2020	2021	Trend
Adams	2	2	—	.	.	.	20.2	**49.0**	∧
Allen	62	44	∨	16.3	11.3	∨	30.9	**54.1**	∧
Wells	6	4	∨	.	.	.	45.9	**60.1**	∧
Indiana	**1017**			**14.9**			**45.7**		

Notes: [1]Rates are only provided for counties with 10 or more reported deaths from suicide. Data Source: The Indiana State Department of Health and Mental Health America.

Table Key:

Improving Trend	∨ or ∧
Worsening Trend	∨ or ∧
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Child and Adolescent Mental Health: Spotlight on Trauma and Depression

For children and adolescents, mental health is a critical component to reaching developmental and emotional milestones and creating a sense of well-being throughout the lifespan. However, as depicted in Figure 16, Indiana is one of the lowest ranked states across the U.S. for youth mental health. In 2022, Indiana was ranked 26th for youth mental health, 38th for youth (age 12-17) who experienced at least one major depressive episode in the past year, and 48th for youth with severe major depression. The overall ranking for youth mental health incorporates measures of both prevalence of mental illness and access to mental health services. The following seven conditions were including in defining youth mental illness: (1) youth with at least one major depressive episode in the past year, (2) youth with severe major depressive episode, (3) youth with substance use disorder in the past year, (4) youth with major depressive episode who did not receive mental health services, (5) youth with severe major depressive episode who received some consistent treatment, (6) children with private insurance that did not cover mental or emotional problems, and (7) students identified with emotional disturbance for an individualized education program.

In 2019, Indiana ranked 28th for children experiencing any Adverse Childhood Experience (ACE) and 32nd for children experiencing two or more. Youth in Indiana have a higher prevalence than the national average for 7 of 9 ACEs (Table 28). Additionally, as previously shown in Table 24, all counties in the Park Center service area had a higher prevalence of youth in need of services compared to the state average in 2020, and Adams County remained above the rate for Indiana for child abuse and neglect in 2020.

Figure 16. Youth Mental Health Ranking, 2022

Highest ranked   Lowest ranked
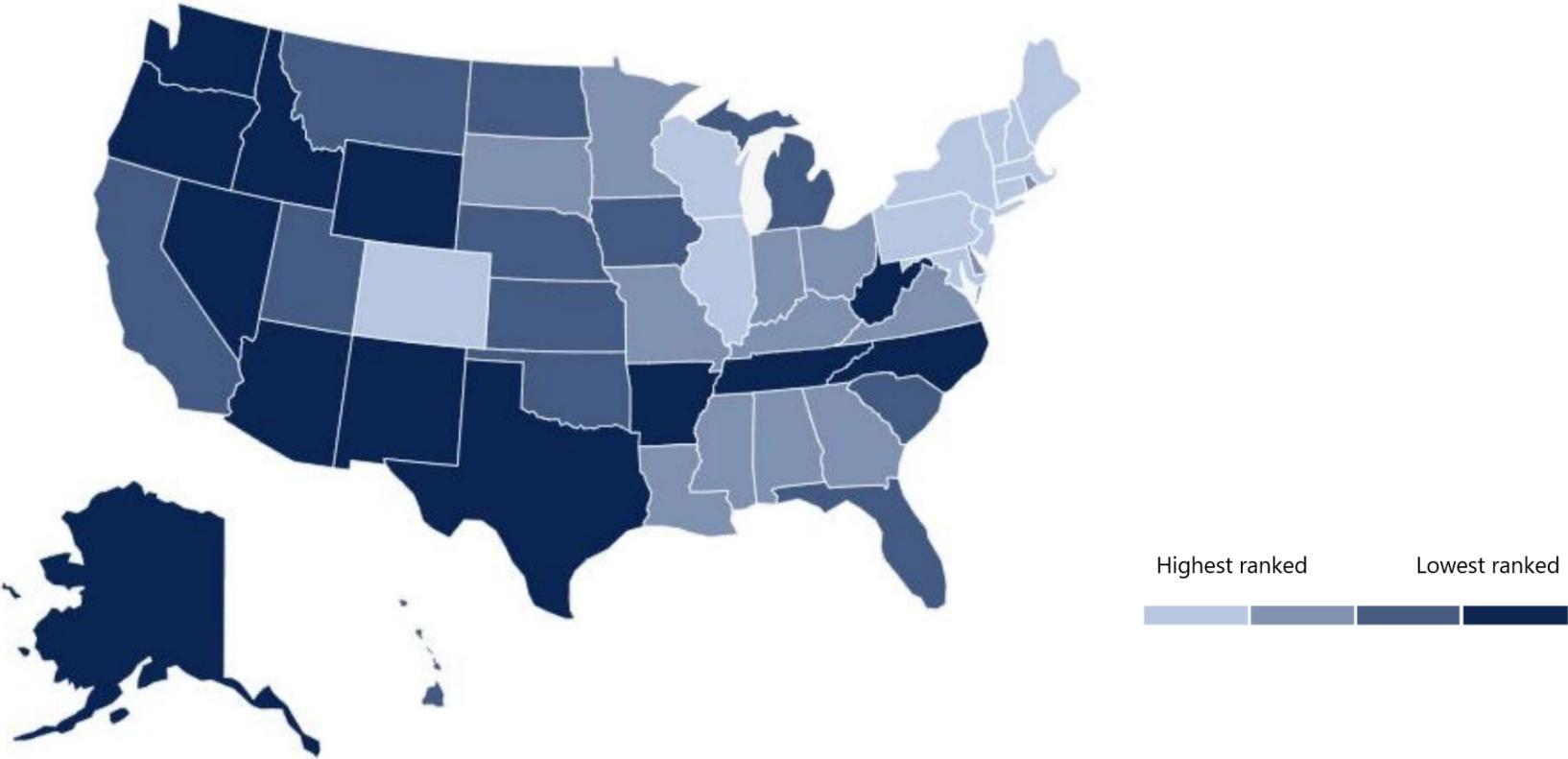
Source: Mental Health America

Table 28. Adverse Childhood Experiences, Indiana and U.S.

	Indiana	U.S.
Parent divorce	25.4%	23.4%
Parent or guardian died	3.5%	3.1%
Parent or guardian served time in jail	9.8%	7.5%
Lived with anyone who was mentally ill, suicidal, or severely depressed	10.2%	8.1%
Lived with anyone who had a problem with alcohol or drugs	10.3%	8.5%
Treated or judged unfairly because of race/ethnicity	3.4%	4.3%
Witnessed domestic violence	7.4%	5.6%
Victim or witness of neighborhood violence	3.9%	4.1%
Hard to cover the basics, like food or housing, on family's income	16.1%	15.4%

Data Source: National Survey of Children's Health, 2018-2019

Conclusion

This Community Health Needs Assessment (CHNA), conducted at the request of Park Center, collected a comprehensive set of health care indicators and provider survey data to establish the top 6 significant behavioral health needs in the Park Center service area. The prioritization process identified mood disorders (child/adolescent depression), childhood trauma, and substance use/abuse. The findings in this report will be used to select interventions and implement programs to address these concerns.

REFERENCES

1. Artiga, S., & Hinton, E. (2019). Beyond health care: The role of social determinants in promoting health and health equity. *Health*, *20*(10), 1–13.

2. *CDC - Assessment and Plans—Community Health Assessment—STLT Gateway*. (2019, April 6). https://www.cdc.gov/publichealthgateway/cha/plan.html

3. *Community Health Needs Assessment for Charitable Hospital Organizations—Section 501(r)(3) | Internal Revenue Service*. (n.d.). Retrieved September 25, 2022, from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

4. *Fast Facts: Preventing Child Abuse & Neglect |Violence Prevention|Injury Center|CDC*. (2022, May 31). https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html

5. Laraia, B. A. (2013). Food insecurity and chronic disease. *Advances in Nutrition*, *4*(2), 203–212.

6. Margolin, G., Vickerman, K. A., Oliver, P. H., & Gordis, E. B. (2010). Violence exposure in multiple interpersonal domains: Cumulative and differential effects. *Journal of Adolescent Health*, *47*(2), 198–205.

7. Prokosch, C., Fertig, A. R., Ojebuoboh, A. R., Trofholz, A. C., Baird, M., Young, M., de Brito, J. N., Kunin-Batson, A., Berge, J. M. Exploring associations between social determinants of health and mental health outcomes in families from socioeconomically and racially and ethnically diverse households. Preventive medicine. 2022 Aug 1;161:107150.

8. *Rural Indiana Stats | Geographic Classifications*. (n.d.). Retrieved September 25, 2022, from https://pcrd.purdue.edu/ruralindianastats/geographic-classifications.php

9. Shim, R. S., Compton, M. T. Addressing the Social Determinants of Mental Health: If Not Now, When? If Not Us, Who? Psychiatr Serv. 2018 Aug 1;69(8):844-846. doi: 10.1176/appi.ps.201800060. Epub 2018 Jun 1. PMID: 29852822.

10. *Social Determinants Resources*. (n.d.). Retrieved September 25, 2022, from https://www.texmed.org/socialdeterminantsofhealth/

APPENDICES

Appendix A – Impact Report

Park Center Certified Community Behavioral Health Center (CCBHC)

In June of 2021 Park Center launched the development of a CCBHC though grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). The objectives of the initiative is to expand the current array of mental health and substance abuse services, including; screening, assessment and diagnosis; patient-centered treatment planning; provision of psychotropic medication and supports; 0utpatient primary care screening and monitoring; case management; psychiatric rehabilitation; social supports; community recovery supports; Assertive Community Treatment; cooperative relationships with judicial officials/court systems; tobacco and vaping cessation programs; vocational and education counseling; and, support housing. In addition, the program will implement 24/7/365 mobile crisis intervention services.

SUMMARY OF PROGRAM

In our first fourteen months of operation, we have provided some level of service or screening in 12,113 encounters. This includes both walk-ins and scheduled therapy appointments at our clinic, care coordination after discharge from the Parkview Behavioral Health Institute (PBHI), inpatient psychiatric hospital, and approximately 5,200 virtual visits with patients who presented with psychiatric or substance-related symptoms in our health system's emergency departments. Additionally, we have taken approximately 25,000 calls since June 2021 through the 24/7 Helpline. Table 1 provides a summary of patients seen through the CCBHC

In July 2022, we relocated our former Crisis Clinic to a newly opened centralized Assessment Center on Parkview Behavioral Health Institute (PBHI), Park Center's main campus, providing same-day and next-day access to care, as well as scheduled appointments. Additionally, we continue to provide community-based crisis services via our Mobile Intervention Team (MIT), which has expanded significantly since our last report, responding more frequently to de-escalate crises and stay connected with patients until they are able to access other services. Our 24/7 Helpline has also been centralized within our health system's call center, which has provided more resources to answer calls and de-escalate as many patients over the phone as possible. In addition to Assessment Center and MIT staff, grant funding has also been utilized to support our organization's Assertive Community Treatment (ACT) and Maternal Recovery Support (MRS) teams, the latter of which has seen a continual increase in both the number of clients newly engaged and the number of referrals and resources provided per client, detailed further in our Performance Measures and Objectives sections below. A SAMHSA required survey, the National Outcome Measure (NOM) is a standardized instrument that is used to screen patients at baseline, reassessment, or discharge from care.

Primarily, we have served individuals with depression and anxiety-related diagnoses, although our patient population includes many individuals with a wide range of other mental health concerns and

substance use disorders, primarily related to alcohol and opioid use. Anecdotally, these services have provided much-needed care coordination and crisis intervention for the local community, as well as relieved some strain within the health system related to high demand for this type of care. Patients have expressed gratitude for how quickly they could access affordable and efficient treatment, as well as for the impact this treatment has had upon their lives. One of the peer support specialists who was working under this grant was recently recognized in a company-wide email sent from our hospital CEO, paraphrased below:

> *On the journey to addictions recovery, having a supportive community is key, and the peer support specialists at Park Center…are a vital part of that community. These trusted mentors walk alongside clients, connect them to critical resources, and inspire their road to recovery. Recently, a young woman contacted PBHI, detailing the incredible impact that [a] peer support specialist has made in her transformation.*
>
> *[This peer's] persistent, compassionate follow-up is one of her many strengths, and it stems from a passion to make sure clients get the help they need. For instance, after [expediting the client's admission to the Addictions Residential Program], [she] proceeded to call [the client] four times just to check on her. Then, when the client returned to jail, [she] continued to call and text frequently, as well as to schedule appointments to see her. According to the woman, no one has gone to greater lengths to help her.*
>
> *"She saved my life. The way it was going, I would have probably overdosed and died. … I owe her my life indefinitely. I came to her an addict who was lost, suicidal, broken and severely depressed. … She's held my hand and guided me to happiness, peace [and I] found my strength again and … my life again. She loves me on my worst and best days, and gets on my behind when I need it. … I have no idea where I would be without her. We are all blessed to have her in our lives and you in your workplace."*
>
> *Thank you…for your tireless commitment to your clients, and for the difference you and your PBHI co-workers make every day.*

OUTCOMES

In **Sections a** – **e** below, we will provide updates on the proposed performance measures and outcomes from our original funding application, grouped by topic.

a. Expansion of Care
Number of Clients Screened and Assessed

We have screened **9,010** patients to date (**Table 1**). All patients were screened using the Columbia Suicide Severity Rating Scale (C-SSRS), and clients with encounters at the Crisis Clinic and Assessment Center additionally received a Patient Health Questionnaire (PHQ-9) screening for depression and anxiety.

Table 1. Service Totals. Total number of clients served by year, age group, and type of service

Group + Type of Service	Year 1	Year 2 (thru 8/15/22)	Cumulative
Adults served in clinic	2,086	1,699	3,785
Children/adolescents served in clinic	655	437	1,092
Adults served virtually	2,994	149	3,143
Children/adolescents served virtually	924	66	990
Totals	6,659	2,351	9,010

Number of Telehealth Assessments Completed

Telehealth assessment totals are summarized in **Table 2.**

Table 2. Telehealth assessments by year and client type.

Group	Year 1	Year 2 (thru 8/15/22)	Cumulative
Adults served virtually	2,994	149	3,143
Children/adolescents served virtually	924	66	990
Totals	3,918	215	4,133

These totals include all individuals who have received virtual psychiatric level-of-care assessments with our staff after presenting at a Parkview emergency department prior to March 13, 2022. We have also conducted some telehealth assessments from the Crisis Clinic and are currently working to integrate telehealth capabilities into our new Assessment Center, as well as into our MIT. The reduction in these numbers since the last report is due to an intentional shift in allocation of our resources toward preventing and addressing crises occurring within the community, as opposed to treating patients who have already gone to the ED.

In addition to the numbers above, our 24/7 helpline has taken approximately 13,000 calls since February 15, 2022, although these calls span a wide range of purposes and outcomes and should not be assumed to all include formal assessments like those delivered during our virtual consultation services.

b. Mental Health

Diagnoses of Individuals Served

Every client who has an encounter with CCBHC staff receives a visit diagnosis that is documented in the EHR. We utilize SAMHSA's Performance Accountability and Reporting System (SPARS) tools to track these diagnoses for clients who have completed NOMs interviews.

Among the 425 individuals who had completed baseline NOMs interviews as of August 15, 2022, depression remained the most common diagnosis, followed by anxiety-related diagnoses, bipolar disorder, and opioid-related substance use disorders. Types of diagnosis (mental health, substance use, or co-occurring) are represented in **Figure 1**.
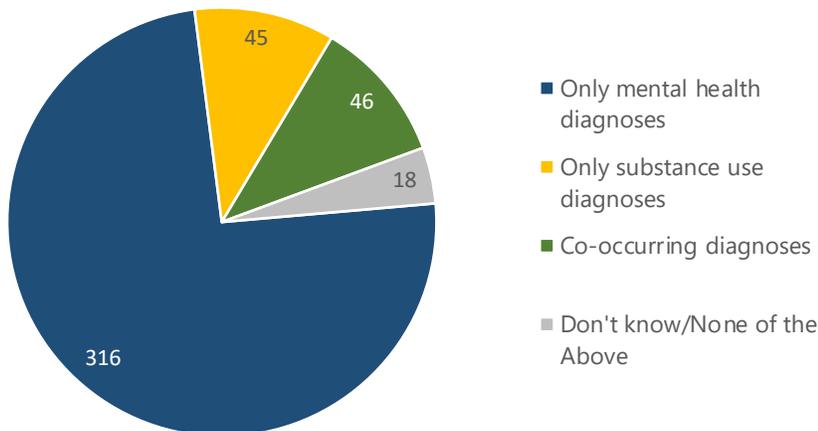
Figure 1. Number of individuals with co-occurring mental health and substance use disorders within NOMs client population (n=425).

Mental Health Functioning (PHQ-9)

We administer the PHQ-9 to all clients that were seen in our CCBHC Crisis Clinic and are seen in our CCBHC Assessment Center. To assess our progress on this objective, we are utilizing EHR reporting functionality to capture the PHQ-9 score recorded at a patient's first (or only) encounter with a grant-funded provider, as well as any subsequent PHQ-9 scores from CCBHC visits and other encounters within the Parkview Health system (e.g., if a patient was referred out to a non-grant-funded provider, or if a patient's primary care doctor administered this questionnaire during a physical health visit). This modification to our EHR tracking workflow was implemented after our last report to allow us to capture a more comprehensive picture of this metric over time.

For these analyses, we have defined "6 months" the same way that SAMHSA defines it for the reassessment period (180 days, +/- 30). We identified 493 patients who had an encounter with a grant-funded provider as well as a subsequent PHQ-9 score documented 150-210 days later. PHQ-9 scores decreased for 323 (66%) of these patients. Percent change between the average baseline PHQ-9 score (14.9) and the average 6-month PHQ-9 score (10.6) was **29%.** The effect was more pronounced for patients who screened positive for depression (i.e., a score of 5 or greater) on their baseline PHQ-9, with 311 out of 429 patients (72%) scoring lower at reassessment and a **34%** average reduction in score (baseline: 16.9, 6-month: 11.2).

This trend continued as severity at baseline increased. Of those whose initial PHQ-9 score indicated at least "moderate" depression (n=367), 277 (75%) demonstrated a reduced score at reassessment, with an average reduction of **36%** (baseline: 18.5, 6-month: 11.8). For the 158 patients with "severe" depression at baseline, 136 (86%) scored lower, with an average decrease of **43%** (baseline: 23, 6-month: 13.1). Further detail can be seen in **Figure 2.**
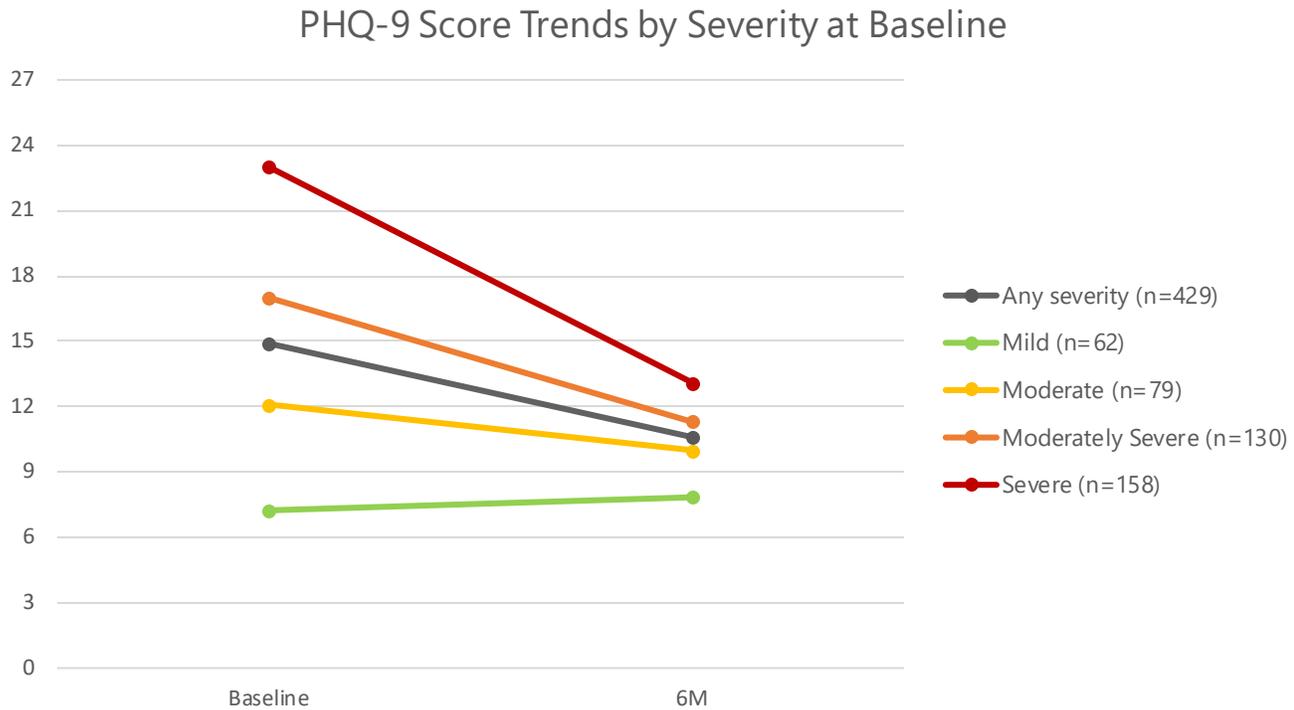
Figure 2. Change in average PHQ-9 scores from baseline to 6 months, grouped by severity at baseline (5-9: Mild, 10-14: Moderate, 15-19: Moderately Severe, 20-27: Severe). Source: EHR.

Additionally, all NOMs outcomes are stable or improved from baseline to reassessment/discharge (see **Figure 3**). And 92% of CCBHC clients report a positive perception of care (see **Figure 4**)

NOMs: Improvement in Outcomes Over Time

Functioning in everyday life	113.6%
No serious psychological distress	108.0%
Healthy overall	50.0%
Not using illegal substances	47.6%
Retained in community	34.0%
Socially connected	21.7%
Not binge drinking	12.5%
Attending school/employed/retired	7.7%
Not using tobacco products	2.9%
Not in criminal justice system	1.4%
Stable place to live	0.0%
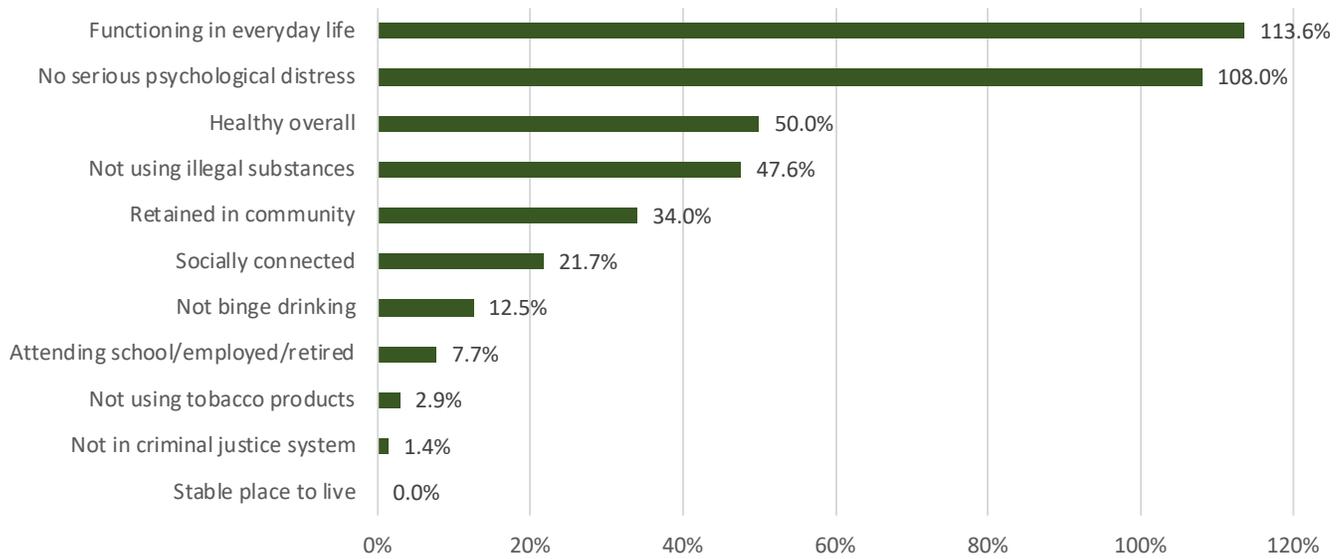
Figure 3. Percentage change in each National Outcome Measure when comparing baseline interviews to most recent interviews, among clients who have completed a reassessment or discharge interview (n=59-70 due to varied refusals/missing data across items).

NOMs: Positive Perception of Care

Strongly Agree — 34%
Agree — 55%
Undecided — 5%
Disagree — 2%
Strongly Disagree — 1%
Missing — 4%
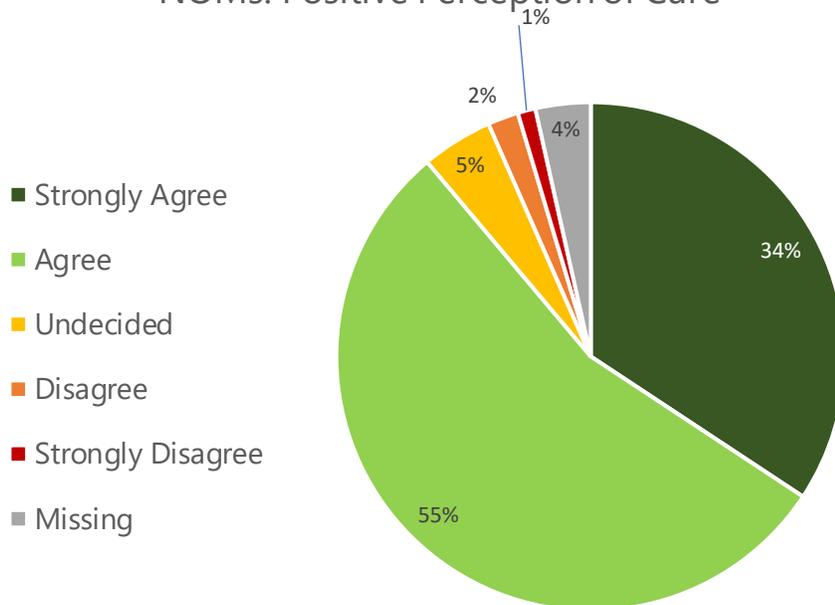
Figure 4. Summary of all client responses to the Perception of Care section on reassessment and discharge NOMs interviews.

c. Substance Use

Substance Use in Clients Served

Among clients who provided substance use NOMs data at baseline, tobacco was the most commonly used substance, with 45.7% reporting use, followed closely by alcohol (38.8%) and cannabis (34.4%). The remaining substances were used by less than 5% of clients, except prescription opioids (9.6%) and methamphetamine (6.9%). Additionally, nearly 25% used "other" substances, with 97% of these respondents specifying some variation of "vaping."

Among clients who answered substance-related questions during a reassessment or discharge interviews, 23.8% had reported binge drinking at baseline, slightly higher than the overall baseline rate. However, only 14.3% of these clients reported binge drinking at their most recent interview. A slight improvement was also seen for tobacco use—45.2% were using at baseline, consistent with the overall baseline rate, with 43.5% using at most recent interview. For substance use in general, 65.6% of these clients were using at baseline—higher than the overall baseline rate—but this had decreased to 49.2% at most recent interview.

Reduce Deaths from Overdose

Two sets of data were sourced from the Indiana State Department of Health for our eight counties of service across the past six years: Non-fatal opioid overdoses (**Figure 5**) and Fatal overdoses for all substances (**Figure 6**). At the time of our last report, 2021 data had only been updated through October, but was on track to exceed 2020 numbers; the state website still lists 2021 data as "preliminary," but has updated those counts, as reflected below. We have added preliminary 2022 data as well—the website currently does not specify clearly which months of 2022 the data reflects, but it can be assumed that it is several months behind, as this has been the case for our last two reports.

Although these numbers unfortunately reflect nationwide trends related to increasing overdoses, particularly related to opioids, we continue to support individuals with substance use disorders to the best of the Assessment Center's and MIT's ability, including connecting them to appropriate mental health, substance use, and addictions services, and providing care coordination to allow for continued access to care. As described above, we are now tracking the number of individuals with opioid use disorder who are prescribed buprenorphine by the clinic and Park Center as a whole, and we will continue to refer these individuals to inpatient and outpatient addictions services as necessary. We are able to directly admit patients to our Addictions Residential program without utilizing the ED and are currently looking at ways to optimize the structure and maximize the capacity of our addictions services to best serve our patients before they need hospitalization.

Non-Fatal Opioid Overdoses by County and Year
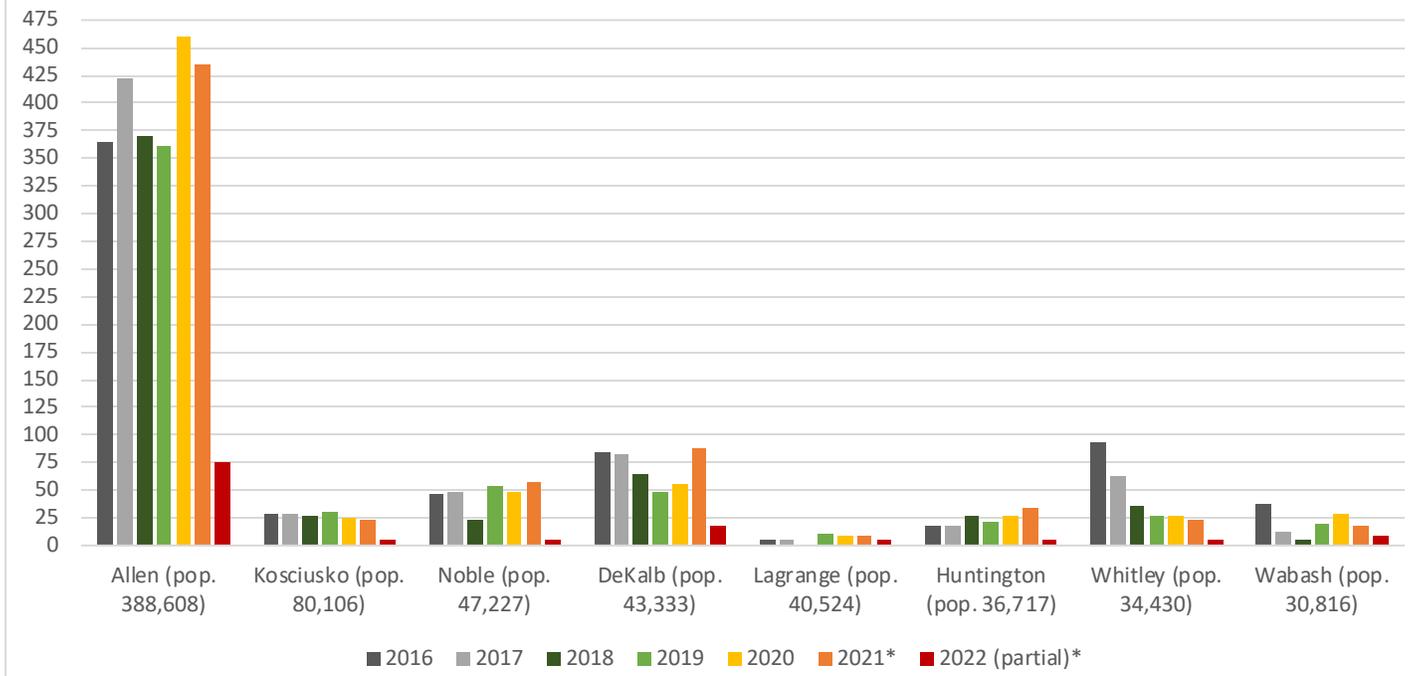
*Data for 2021 and 2022 are provisional.

Figure 5. Non-fatal opioid overdoses (ED discharges + hospital discharges) within counties of service, 2016 – early 2022. Some data contains estimates due to suppression of exact counts when ED and/or hospital discharges are <5 individuals per county per year. Counties are listed L-R from highest to lowest population based on the most recent estimates available. Source: IN.gov Drug Overdose Dashboard and Census.gov QuickFacts Dashboard

Fatal Overdoses (All Substances) by County and Year

Legend: 2016, 2017, 2018, 2019, 2020, 2021*, 2022 (partial)*
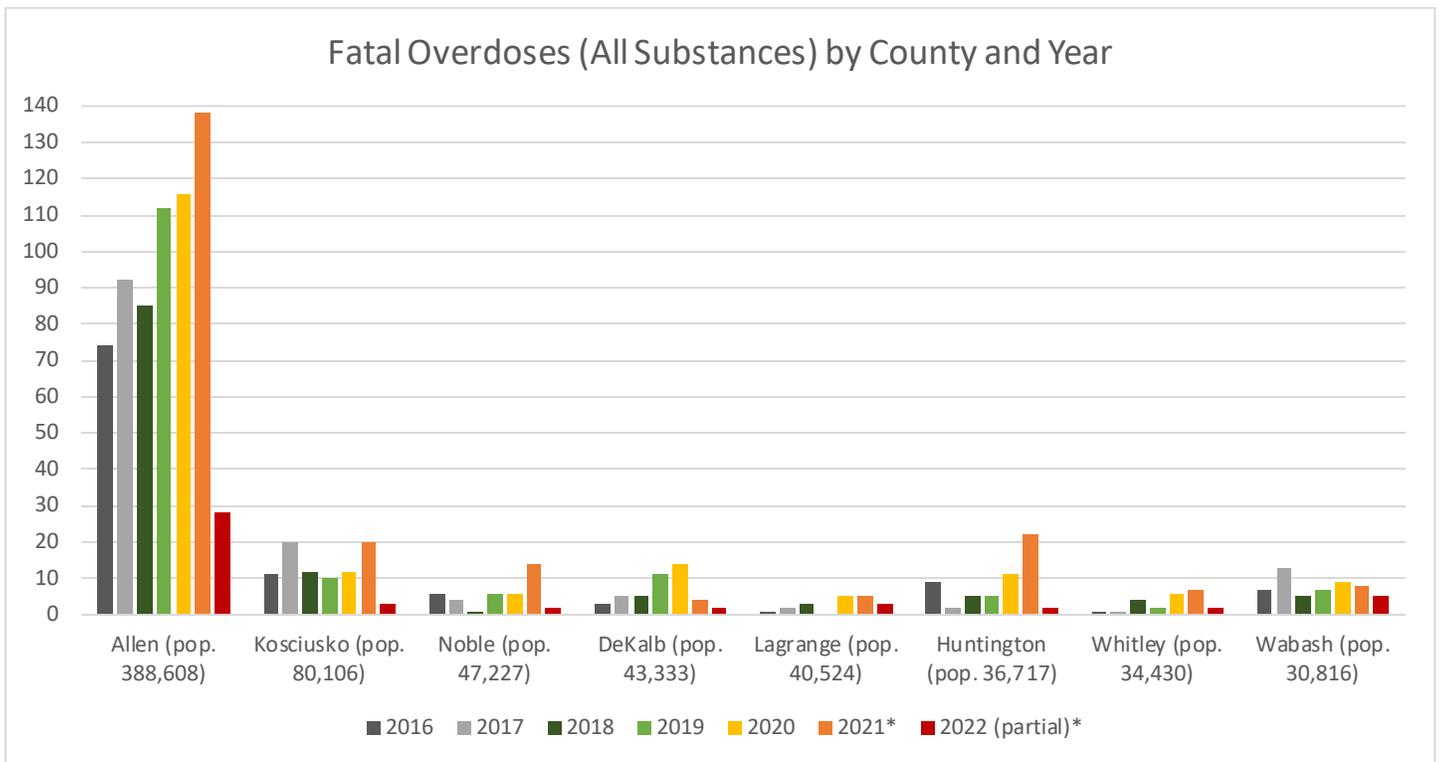
*Data for 2021 and 2022 are provisional.

Figure 6. Fatal overdoses (all substances) within counties of service, 2016 – early 2022. Counties are listed L-R from highest to lowest population based on the most recent estimates available. Source: IN.gov Drug Overdose Dashboard and Census.gov QuickFacts Dashboard

d. Housing and Employment

Housing Status of Clients Served

Of the 425 NOMs baseline interviews thus far, the majority of clients reported living primarily at their own home (68%) or someone else's home (20.2%) during the previous month (see **Figure 7**).

Primary Housing (Baseline)

Legend:
- Owned/rented house/apt./room*
- Someone else's house/apt./room
- Homeless
- Group home or transitional living
- Correctional facility
- Psychiatric or substance abuse treatment
- Nursing home
- Foster care
- Other/missing

Pie values: 84, 20, 12, 6, 5, 1, 1, 14, 282
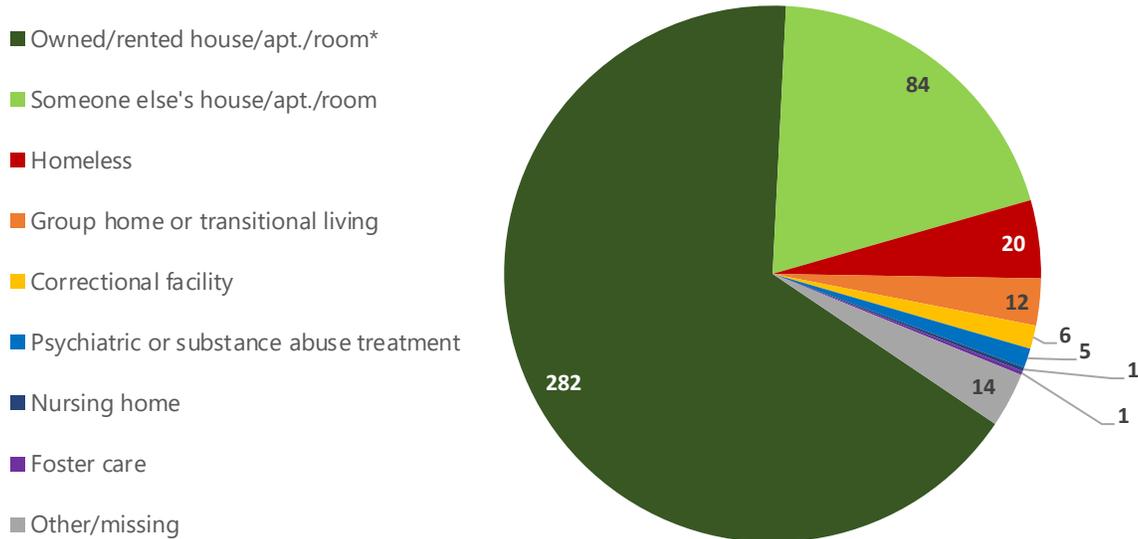
*client's own (adults) or caregiver's (children)

Figure 7. Primary housing (last 30 days) reported on baseline NOMs interviews (n=425). Source: SPARS.

When examining housing and healthcare utilization over time, all outcomes were stable or improved for clients who completed both a baseline and reassessment or discharge interview. At both points in time, 75.4% of these individuals (52 out of 69) were categorized as having a stable place to live, and the percentage who were retained in the community for the last 30 days (i.e., no incidences of homelessness, inpatient psychiatric or substance use treatment, incarceration, or mental-health-related ED utilization) increased from 71.4% to 95.7% (50 and 67 out of 70, respectively).

e. Mobile Intervention Team, Maternal Recovery Support, and Peer Support

Number of Individuals Engaged with MIT

Since April 2022, our mobile intervention team has been focusing on responding to patients in crisis in the community, staying connected with them until they can access appropriate services, to help prevent ED visits and admissions to higher levels of care whenever possible. This is a shift in focus from the team previously providing virtual services to our EDs. Prior to our last report, the MIT had only engaged 4 individuals in the community, but, since April, our mobile team has seen **191 individuals** in the community, with a total of **568 encounters**.

Pregnant Women with SUD Getting Navigation Services

All individuals receiving services through Parkview's MRS program are referred there due to substance use. At the time of our last report, 72 out of 101 new MRS clients since the initiation of CCBHC services

were using opioids or illicit stimulants; in the last six months, an additional 105 new clients have been engaged, 51 of whom were using these substances, for a total of **206 new clients** since June 14, 2021. This represents a continual increase in the average number of new clients per month since the start of the grant, which was 12.6 at the time of our last report.

Table 3. MRS Clients Over Time. Average number of new clients engaged with Maternal Recovery Support per month. Source: MRS program records.

Timeframe	Total new clients	Average new clients per month
1/1/2020 – 6/13/2021 (prior to CCBHC)	183	10.5
6/14/2021 – 8/15/2022 (after CCBHC)	206	14.7

Table 4. MRS Client Substance Use. Number of Maternal Recovery Services clients using opioids or illicit stimulants. Source: MRS program records.

Timeframe	Total new clients	Subset of new clients using opioids or illicit stimulants
1/1/2021 – 6/13/2021 (prior to CCBHC)	57	53
6/14/2021 – 8/15/2022 (after CCBHC)	206	123

Appendix B - Provider Survey

Welcome!

The purpose of this survey is to help meet the Internal Revenue Service (IRS) requirement from the Affordable Care Act that non-profit hospitals conduct a community health needs assessment every three years.

This survey includes 12 questions and will require approximately 5-10 minutes of your time. It asks questions about your practice setting and the primary community mental/behavioral health issues, social service needs, barriers to health care access, and problems in providing service in the county(ies) you serve. Your responses will not be connected back to you as an individual and will only be used and published in aggregated format.

This survey is being conducted as part of Parkview Health's 2022 Community Health Needs Assessment (CHNA).

Thank you in advance for completing this survey!

YOUR PRACTICE SETTING

In which county is your primary practice or service located?

☐ Adams ☐ Allen ☐ DeKalb ☐ Huntington ☐ Kosciusko ☐ LaGrange ☐ Noble

☐ Wabash ☐ Wells ☐ Whitley

How long have you practiced/provided service in this area?

☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years
☐ More than 20 years

What type of healthcare or service provider are you?
- ☐ Physician
- ☐ Physician's Assistant
- ☐ Nurse Practitioner
- ☐ Registered Nurse
- ☐ Mental/Behavioral Health
- ☐ Nutritionist
- ☐ Wellness Practitioner
- ☐ Public Health/Community Health Practitioner
- ☐ Social Worker/Case Management
- ☐ Other, please specify

Appendix C - Prioritization Tool

2022 Park 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 perspectives when you rate each health problem as we work to prioritize Allen County's 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 Parkview in a good position to address the problem?
- **SDOH** -> Do social determinants of health (SDOH) drive health disparities in rates and outcomes for the health problem?

Health Problem	Priority Rank by Provider Survey	Significance of the Issue	Severity of the Problem	Suitability for Intervention	SDOH – Impact of Health Disparity
	1= top priority	1-10	1-10	1-10	1-10
Substance Use/Abuse	1				
Mood Disorders	2				
Child Abuse/Neglect	3				
Alcohol Use/Abuse	4				
Anxiety Disorders	5				
Suicide	6				

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

Appendix D - Prioritization Participating Organizations

Prioritization session attendees from Allen, Adams, and Wells Counties included the following:

Organization/Department
Parkview Administration
Park Center Board
Parkview Behavioral Institute Administration
Parkview Community Outreach

Appendix E - Community Resources

Findhelp.org is an online to that allows the end user to search and connect to support, including financial assistance, food pantries, medical care, and other free or reduced-cost help.

https://www.findhelp.org/

Name	City	ZIP Code	Service
OBESITY			
Turnstone	Fort Wayne	46805	Fitness Center
Central Branch YMCA	Fort Wayne	46802	Recreational Club
Cole Center Family YMCA	Kendallville	46755	Recreational Club
Jackson R Lehman YMCA	Fort Wayne	46835	Recreational Club
Jorgensen Family YMCA	Fort Wayne	46804	Recreational Club
Kosciusko Community YMCA	Warsaw	46582	Recreational Club
Kosciusko Community YMCA - North Webster Branch	N. Webster	46555	Recreational Club
Parkview Family YMCA	Fort Wayne	46825	Recreational Club
Renaissance Pointe YMCA	Fort Wayne	46803	Recreational Club
Skyline YMCA	Fort Wayne	46802	Recreational Club
Wabash County YMCA	Wabash	46992	Recreational Club
Parkview Huntington Family YMCA	Huntington	46750	Recreational Club
Parkview Center for Healthy Living	Kendallville	46755	Wellness Program
Parkview Center for Healthy Living - FW	Fort Wayne	46816	Wellness Program
Parkview Center for Healthy Living - FW	Fort Wayne	46845	Wellness Program
Lakeland Youth Center	Syracuse	46567	Youth Center
TOBACCO USE			
Healthier Moms and Babies	Fort Wayne	46807	Baby & Me Tobacco Free
Kosciusko Cares Youth Services	Warsaw	46580	Baby & Me Tobacco Free
Parkview Hospital Randallia	Fort Wayne	46805	Baby & Me Tobacco Free
SCAN	Fort Wayne	46802	Baby & Me Tobacco Free
Wabash County Tobacco Free Coalition	Wabash	46992	Baby & Me Tobacco Free
Wabash County Tobacco Free Coalition	Wabash	46993	Smoking Cessation

Cornerstone Connections Project - New Haven	New Haven	46774	VIVA
Cornerstone Youth Center - CYC Monroeville	Monroeville	46773	VIVA
Cornerstone Connections Project - Woodlawn	Woodburn	46797	VIVA
Parkview Center for Healthy Living	Kendallville	46755	Wellness Program
Women & Children			
Parkview Regional Medical Center - Women and Children's Hospital	Fort Wayne	46845	Breastfeeding Support
Parkview Hospital Randallia	Fort Wayne	46805	Breastfeeding Support Group
Parkview Huntington Hospital	Huntington	46750	Breastfeeding Support Group
Parkview LaGrange Lactation Services	LaGrange	46761	Breastfeeding Support Group
Parkview Noble Hospital	Kendallville	46755	Breastfeeding Support Group
Parkview Regional Medical Center - Women and Children's Hospital	Fort Wayne	46845	Breastfeeding Support Group
Parkview Whitley Hospital	Columbia City	46725	Breastfeeding Support Group
Life & Family Services	Kendallville	46755	Campaign For Our Kids
Lutheran Hospital	Fort Wayne	46804	Childbirth Classes
Clinic	Warsaw	46580	Childhood Immunization
Fort Wayne-Allen County Department of Health	Fort Wayne	46802	Childhood Immunization
LaGrange County Health Department	Topeka	46571	Childhood Immunization
LaGrange County Health Department	Shipshewana	46565	Childhood Immunization
LaGrange County Health Department	LaGrange	46761	Childhood Immunization
Noble County Health Department	Albion	46701	Childhood Immunization
Super Shot	Fort Wayne	46806	Childhood Immunization
Super Shot	Fort Wayne	46845	Childhood Immunization
Super Shot	Fort Wayne	46805	Childhood Immunization
Super Shot	Grabill	46741	Childhood Immunization
Wabash County Health Department	Wabash	46992	Childhood Immunization
Whitley County Health Department	Columbia City	46725	Childhood Immunization
Safe Families for Children - Northeast Indiana	Fort Wayne	46825	Crisis Child Care
Clinic	Warsaw	46580	Early Start Prenatal Clinic/Care Coordination
Brightpoint	Fort Wayne	46802	Family Development

Neighborhood Health Clinics - South Calhoun Street	Fort Wayne	46802	Family Planning
Women's Care Center of Fort Wayne - East Wayne Street	Fort Wayne	46802	Family Planning
Women's Care Center of Fort Wayne - West Coliseum Boulevard	Fort Wayne	46808	Family Planning
Women's Care Center of Fort Wayne - West Jefferson Street	Fort Wayne	46804	Family Planning
Huntington County Division of Family Resources	Huntington	46750	Family Planning Eligibility Program
Kosciusko County Division of Family Resources	Warsaw	46580	Family Planning Eligibility Program
LaGrange County Division of Family Resources	LaGrange	46761	Family Planning Eligibility Program
Noble County Division of Family Resources	Albion	46701	Family Planning Eligibility Program
Vocational Rehabilitation Services - Areas 7 & 8	Fort Wayne	46806	Family Planning Eligibility Program
Wabash County Division of Family Resources	Wabash	46992	Family Planning Eligibility Program
Whitley County Division of Family Resources	Columbia City	46725	Family Planning Eligibility Program
McMillen Center for Health Education	Fort Wayne	46816	Human Growth and Development Education
Healthier Moms and Babies	Fort Wayne	46807	Mama Moods
Lutheran Hospital	Fort Wayne	46804	Mood Changes and Moms
Kosciusko Community Hospital	Warsaw	46580	Nursing Mothers Group
A Hope Center - Grabill	Grabill	46741	Post Abortion Healing
A Hope Center - South Calhoun	Fort Wayne	46807	Post Abortion Healing
A Hope Center Pregnancy and Relationship	Fort Wayne	46815	Pregnancy and Parenting Resource
Life & Family Services	Kendallville	46755	Pregnancy and Parenting Resource
A Hope Center - Grabill	Grabill	46741	Pregnancy Testing
A Hope Center - South Calhoun	Fort Wayne	46807	Pregnancy Testing
A Hope Center Pregnancy and Relationship	Fort Wayne	46815	Pregnancy Testing
Area Five WIC - North Manchester	N. Manchester	46962	WIC Care
Area Five WIC - Wabash	Wabash	46992	WIC Care
Huntington County (Area Five) WIC	Huntington	46750	WIC Care
Kosciusko County WIC	Warsaw	46580	WIC Care
LaGrange County WIC	LaGrange	46761	WIC Care
Lafayette Street Family Health Clinic	Fort Wayne	46806	Women's Clinic

SUBSTANCE ABUSE/ADDICTION			
Salvation Army Adult Rehab Center	Fort Wayne	46802	Adult Rehab Center
AA - FW Intergroup	Fort Wayne	46815	Al-Anon / Alateen
AA - FW Intergroup	Fort Wayne	46815	Alcoholics Anonymous
Christian Community Healthcare	Grabill	46741	Community Clinic
Friends Counseling Center - Huntington	Huntington	46750	Counseling
Friends Counseling Center - Wabash	Wabash	46992	Counseling
Northeastern Center	Kendallville	46755	Crisis Line
Otis R. Bowen Center for Human Services	Warsaw	46581	Crisis Line
Park Center - E State Boulevard	Fort Wayne	46805	Crisis Line
McMillen Center for Health Education	Fort Wayne	46816	Drug Abuse Prevention Education
YWCA of Northeast Indiana	Fort Wayne	46816	Hope and Harriet
Park Center - Carew Street	Fort Wayne	46805	Inpatient Mental Health
Connection Points Ministry - Columbia City	Columbia City	46725	Living Free Recovery and Counseling Services
Connection Points Ministry - FW	Fort Wayne	46815	Living Free Recovery and Counseling Services
Connection Points Ministry - Grabill	Grabill	46741	Living Free Recovery and Counseling Services
VA of Northern Indiana - FW	Fort Wayne	46805	Mental Healthcare, Veteran
St. Joseph Hospital	Fort Wayne	46802	Mental Health Services
FW-Allen County Dept of Health - Syringe Services	Fort Wayne	46806	Needle Exchange/Distribution Programs
Drug Free Noble County	Albion	46701	Substance Abuse Education
Bowen Center - Albion	Albion	46701	Substance Abuse Services
Bowen Center - Columbia City	Columbia City	46725	Substance Abuse Services
Bowen Center - FW	Fort Wayne	46808	Substance Abuse Services
Bowen Center - Huntington	Huntington	46750	Substance Abuse Services
Bowen Center - Syracuse	Syracuse	46567	Substance Abuse Services
Bowen Center - Wabash	Wabash	46992	Substance Abuse Services
Bowen Center - Warsaw	Warsaw	46580	Substance Abuse Services
Indiana Dream Center	Huntington	46750	Substance Abuse Services
Northeastern Center - Noble County	Albion	46701	Substance Abuse Services
Northeastern Center - Noble County Clinic	Kendallville	46755	Substance Abuse Services
Park Center - Carew Street	Fort Wayne	46805	Substance Abuse Services

Addiction Recovery Centers of Indiana - Columbia City	Columbia City	46725	Substance Use Disorder Services
Addiction Recovery Centers of Indiana - Lagrange	Lagrange	46761	Substance Use Disorder Services
Hope Alive	Fort Wayne	46808	Support Groups
Vocational Rehabilitation Services - Areas 7	Fort Wayne	46807	Substance Abuse Treatment, Outpatient
The Thirteen Step House	Fort Wayne	46802	Substance Abuse, Residential
Freedom House	Fort Wayne	46802	Transitional Housing
Road to Recovery	Fort Wayne	46805	Transitional Housing
Shepherd's House	Fort Wayne	46805	Transitional Housing
The Rose Home	Fort Wayne	46803	Transitional Housing
The Rose Home	Syracuse	46567	Transitional Housing
MENTAL HEALTH			
Center for Nonviolence	Fort Wayne	46807	Anger Management
Drug Free Noble County	Noble	46701	Anger Management
Center for Nonviolence	Fort Wayne	46807	Batterer Intervention Program
Parkview Behavioral Health	Fort Wayne	46805	Behavioral Health Services
HealthVisions of Fort Wayne	Fort Wayne	46803	Bienvenido Program
Turnstone	Fort Wayne	46805	Caregiver Support Group
Northeastern Center - Dowling Street	Kendallville	46755	Children's Mental Health Initiative
Park Center - E State Boulevard	Fort Wayne	46805	Children's Mental Health Initiative
Friends Counseling Center - Huntington	Huntington	46750	Counseling
Friends Counseling Center - Wabash	Wabash	46992	Counseling
Vocational Rehabilitation Services - Areas 7 and 8	Fort Wayne	46807	Counseling
Northeastern Center - Main Street	Kendallville	46755	Crisis Line
Park Center-East State Boulevard	Fort Wayne	46805	Crisis Line
Park Center-East State Boulevard	Fort Wayne	46805	Dialectical Behavioral Therapy
Park Center-Carew Street	Fort Wayne	46805	Inpatient Mental Health
Mental Health America Northeast Indiana	Fort Wayne	46807	Mental Health Association
VA of Northern Indiana - FW	Fort Wayne	46805	Mental Healthcare, Veteran
St. Joseph Hospital	Fort Wayne	46802	Mental Health Services
Crossroad Child & Family Services	Fort Wayne	46805	Outpatient Mental Health Services

Crossroad Child & Family Services - Huntington	Huntington	46750	Outpatient Mental Health Services
Northeastern Center - Dowling Street	Kendallville	46755	Outpatient Mental Health Services
Northeastern Center - LaGrange County	LaGrange	46761	Outpatient Mental Health Services
Northeastern Center - Main Street	Albion	46701	Outpatient Mental Health Services
Park Center - Carew Street	Fort Wayne	46805	Outpatient Mental Health Services
Park Center - East State Boulevard	Fort Wayne	46805	Outpatient Mental Health Services
Bowen Center - Albion	Albion	46701	Outpatient Treatment Services
Bowen Center - Columbia City	Columbia City	46725	Outpatient Treatment Services
Bowen Center - Cromwell	Cromwell	46732	Outpatient Treatment Services
Bowen Center - FW	Fort Wayne	46808	Outpatient Treatment Services
Bowen Center - Huntington	Huntington	46750	Outpatient Treatment Services
Bowen Center - LaGrange	LaGrange	46761	Outpatient Treatment Services
Bowen Center - Syracuse	Syracuse	46567	Outpatient Treatment Services
Bowen Center - Wabash	Wabash	46992	Outpatient Treatment Services
Bowen Center - Warsaw	Warsaw	46580	Outpatient Treatment Services
Bowen Center - Warsaw	Warsaw	46580	Psychiatric Residential Treatment
Crossroad Child & Family Services	Fort Wayne	46805	Psychiatric Residential Treatment
Hope Alive	Fort Wayne	46808	Support Groups
We The Living	Fort Wayne	46814	Support Groups
National Alliance on Mental Illness	Fort Wayne	46805	Support Groups - Family Support
National Alliance on Mental Illness	Fort Wayne	46805	Support Groups - Peer to Peer
National Alliance on Mental Illness	Fort Wayne	46805	Support Groups - Special Spousal Support
Youth Services Bureau Huntington County	Huntington	46750	Teen Suicide Prevention
Center for Nonviolence	Fort Wayne	46807	Women's Violence Intervention Program
Bowen Center - Columbia City	Columbia City	46725	Children's Mental Health
Bowen Center - Huntington	Huntington	46750	Children's Mental Health
Bowen Center - Warsaw	Warsaw	46580	Children's Mental Health
Bowen Center- Wabash	Wabash	46992	Children's Mental Health
DIABETES			
HealthVisions of Fort Wayne	Fort Wayne	46803	Diabetes Education
St. Joseph Hospital	Fort Wayne	46802	Diabetes Support Group
Parkview Center for Healthy Living	Kendallville	46755	Diabetes Workshop

HealthVisions of Fort Wayne	Fort Wayne	46802	Health Fair - FW Rescue Mission
CANCER			
American Cancer Society	Fort Wayne	46825	Appearance Enhancement Program
American Cancer Society	Fort Wayne	46825	Cancer Information and Referral
Cancer Services of Northeast Indiana	Fort Wayne	46825	Client Services
Francine's Friends	Fort Wayne	46845	Mobile Mammography
American Cancer Society	Fort Wayne	46825	Peer to Peer Breast Cancer Support
Cancer Services of Northeast Indiana	Fort Wayne	46825	Support Groups
AGING			
Aging and In - Home Services of NE Indiana	Fort Wayne	46805	Aging and Disability Resource Center
Turnstone	Fort Wayne	46805	Caregiver Support Group
Community Center	Fort Wayne	46802	Community Center
Huntington County Council on Aging	Huntington	46750	Information and Referral
Greater Indiana Chapter - FW	Fort Wayne	46804	Mental Health Information
Wellspring Interfaith Social Services	Fort Wayne	46802	Older Adult Program
Huntington County Council on Aging	Huntington	46750	Senior Center
Kosciusko Community Senior Services	Warsaw	46580	Senior Center
LaGrange County Council on Aging	LaGrange	46761	Senior Center
Neighborhood Health Clinics - Cedar Street	Kendallville	46755	Senior Center
Whitley County Council on Aging	Columbia City	46725	Senior Center
CARDIOVASCULAR DISEASE			
Wabash County Health Department	Wabash	46992	Health Screenings
Huntington County Health Department	Huntington	46750	Heath Screenings
Living Well in Wabash County COA	Wabash	46992	Living Well Winchester Center
HEALTHCARE ACCESS			
Brightpoint	Fort Wayne	46802	Covering Kids and Families
Brightpoint	Fort Wayne	46805	Covering Kids and Families
Brightpoint	Huntington	46750	Covering Kids and Families
Brightpoint	Wabash	46992	Covering Kids and Families
Brightpoint	Warsaw	46580	Covering Kids and Families
Brightpoint	Kendallville	46755	Covering Kids and Families
Brightpoint	LaGrange	46761	Covering Kids and Families
Kosciusko Community Hospital	Warsaw	46580	Health Insurance

Neighborhood Health Clinics - South Calhoun Street	Fort Wayne	46802	Health Insurance
Parkview Center for Healthy Living	Kendallville	46755	Health Insurance
Parkview Huntington Hospital	Huntington	46750	Health Insurance
Parkview LaGrange Hospital	LaGrange	46761	Health Insurance
Parkview Wabash Hospital	Wabash	46992	Health Insurance
Huntington County Division of Family Resources	Huntington	46750	Medicaid/Hoosier Healthwise/Hoosier Care Connect
Kosciusko County Division of Family Resources	Warsaw	46580	Medicaid/Hoosier Healthwise/Hoosier Care Connect
LaGrange County Division of Family Resources	LaGrange	46761	Medicaid/Hoosier Healthwise/Hoosier Care Connect
SSA-FW Field	Fort Wayne	46819	Medicare
STD TREATMENT			
LaGrange County Health Department	Shipshewana	46565	Adult Immunizations
LaGrange County Health Department	Topeka	46571	Adult Immunizations
Super Shot	Fort Wayne	46806	Adult Immunizations
Super Shot	Grabill	46741	Adult Immunizations
Super Shot	Fort Wayne	46845	Adult Immunizations
Medical Annex	Fort Wayne	46803	Adult/Adolescent Immunizations
Medical Annex	Fort Wayne	46803	Clinic
Neighborhood Health Clinics - South Calhoun Street	Fort Wayne	46802	Family Planning
Northeast Indiana Positive Resource Connection	Fort Wayne	46806	HIV Care Coordination
Northeast Indiana Positive Resource Connection	Fort Wayne	46806	Prevention Outreach
Northeast Indiana Positive Resource Connection	Fort Wayne	46806	STD Testing