CENTERSTONE OF INDIANA

BLOOMINGTON

COMMUNITY NEEDS ASSESSMENT 2023

CENTERSTONE

CENTERSTONE OF INDIANA

COMMUNITY NEEDS ASSESSMENT

Background

Centerstone currently operates one SAMHSA-funded Certified Community Behavioral Health Clinic (CCBHC) in Bloomington, Indiana. This clinic location currently provides all nine services required by the CCBHC model and is actively working towards improving and sustaining an integrated health model to provide mental health care, substance use disorder services, and physical health monitoring. Therefore, it is essential to understand how we fit into the greater fabric of the community. In an attempt to ensure each of the three hubs are addressing the current needs of our community, Centerstone's CCBHC evaluation team has collected the following information to complete a Community Needs Assessment of Bloomington's surrounding catchment area.

As part of the Certified Community Behavioral Health Model, this needs assessment provides integral information about the community served by Centerstone of Indiana's Bloomington hub. As an agency we plan to utilize the information gathered to inform staffing decisions, improve access to care, address health care disparities, and ensure comprehensive, quality services are provided to all individuals regardless of their ability to pay.

About Centerstone

Services

Wide-range of mental health and support services ranging from counseling, substance use treatment, and residential care for individuals of all ages and backgrounds across Florida, Illinois, Indiana, and Tennessee.

Mission

Delivering care that changes people's lives.

Values

Respect:
Demonstrate high regard for clients, one another, partners, and regulatory obligations; provide safe spaces for people to thrive under the support and advocacy of one another.

Empowerment:
Be the author of your own development; embrace the power you have to solve problems and take positive results-driven action.

Expertise:
Strive toward mastery in everything you do, which will lead to successful clients and colleagues, and a successful company; by taking a growth mindset and a "best in science" strategy, continually expand your skills.

Integrity:
Be honest, transparent, and committed to doing what's best for clients and the company. Collaborate openly in the pursuit of truth.

Methods

Centerstone's Institute of Clinical Excellence and Innovation worked in conjunction with Health Consulting Strategies, Inc. to compile key community health indicators and internal Centerstone client data that allows for a overarching understanding of our catchment areas health needs.

The primary questions of this needs assessment include:

- What are the highest priority needs among adults living in the catchment area with mental health and/or substance use disorders (target population)?
- What physical, social, and/or environmental challenges are contributing to behavioral health concerns (e.g. food insecurity, lack of safe and affordable housing, and financial support)?
- Are there real and/or perceived mental health care disparities within the community?

A review of existing literature and historical client data provided the foundation for this Community Health Needs Assessment.

Data Sources

County Profiles. Data sources including the US Census, County Health Rankings, Uniform Data System (UDS) Mapper, and Indiana Indicators Dashboard were used to understand community demographics, social determinants of health, health status indicators, and health care access. This information was compiled by each county making up the catchment area and reported in **Appendix A.**

Centerstone Client Mix. Data from the Electronic Health Records (EHR) across all catchment area locations was compiled between September 30, 2022 and October 1, 2023. Clients key demographics such as gender, race, ethnicity, diagnoses, etc. for each county were pulled to better understand who Centerstone of Indiana currently serves and how this compares to external Census data from our catchment areas. See **Appendix B.**

Perception of Care. The annual Client Satisfaction Survey developed and distributed by the Centerstone's Quality Improvement Team was used to measure perception of care. The data reported was collected from October 2022 through May 2023 and is an aggregate summary of responses obtained from all of Centerstone of Indiana.

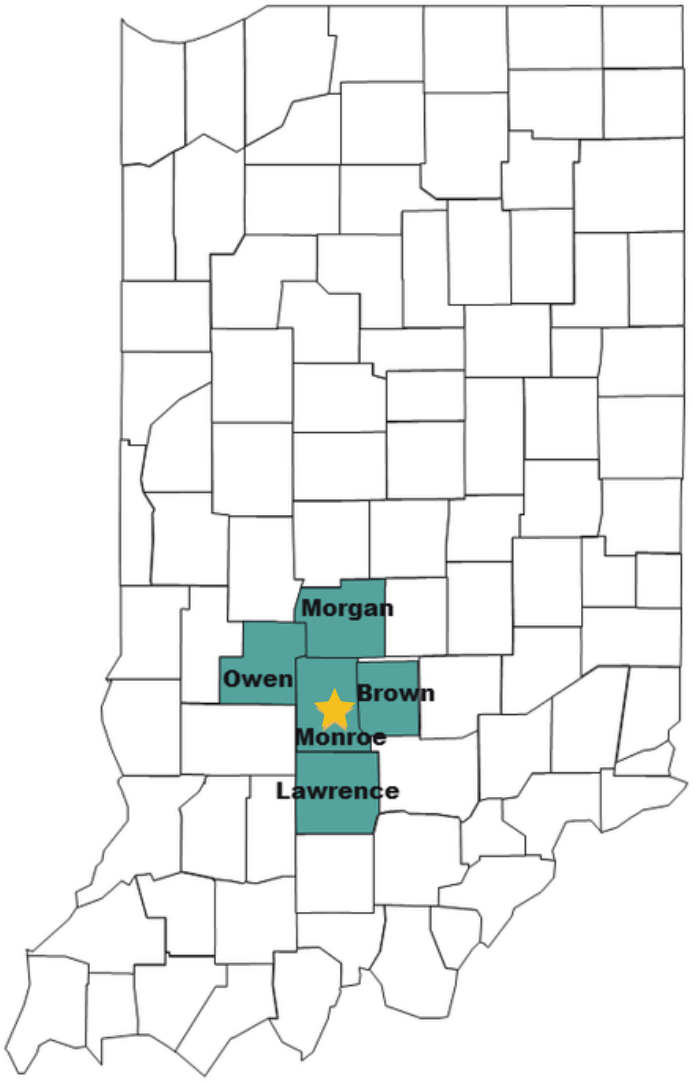
Access to Care. Information on timeliness of care was pulled from the EHR based on past 60 day metrics. Live dashboards include average days between request to routine intake, intake to first scheduled appointment, and hospital discharge follow up. See **Appendix C**.

Catchment Areas

Centerstone of Indiana (CIN) encompasses clinic hubs providing an array of services to populations in multiple counties, making up the catchment area. The main clinic location in which CCBHC operates in Bloomington is represented by the yellow star on the map below.

The Bloomington Hub comprises of 5 counties.

- Brown, Lawrence, Monroe, Morgan, and Owen Counties



CENTERSTONE'S BLOOMINGTON HUB

The Bloomington Hub serves five, predominately rural counties in southcentral Indiana. As this Community Needs Assessment indicates, Centerstone is serving communities in this region with almost one-third of residents living below 200% of poverty. While 88% of clients in this region indicate satisfaction with their access to care, Centerstone data indicate that individuals also have to wait more than ten days from referral to intake. While Centerstone does not yet track immigration status, we estimate (based on American Immigration Council data), 5.6% of the Indiana population is foreign-born. This population is likely to be underserved and will be a focus of outreach and engagement for the Hub.

With the addition of a CCBHC, the Hub will enhance comprehensive, integrated, coordinated, and person-centered behavioral health care, and improve access to community-based mental health (MH) and substance use disorder (SUD) treatment and support, including 24/7/365 crisis response within 3 hours, late night treatment options 3 days a week and Saturday care, telehealth availability, and asynchronous interventions, etc. These wide-ranging services will be available for individuals in the proposed service area, regardless of their ability to pay or place of residence. Everyone who seeks care at a CCBHC will have access to all essential services and if the clinic is not able to provide, they will have direct partnerships with other organizations The population of focus comprises of individuals with a MH/SUD seeking care at Centerstone, including those with serious mental illness (SMI); SUD, including opioid use disorder (OUD); co-occurring mental and substance disorders (COD); and experiencing a MH or substance use (SU)-related crisis; and children/adolescents with serious emotional disturbance (SED). By improving access and availability of care and expanding care coordination, clinics will be well equipped to address key health disparities and the needs of special populations in the surrounding community. The CCBHC will be complemented by our current crisis services including:

·On-call services 24/7 -7 days a week

·A Rapid Response Treatment Team (RRTT) that engages individuals in treatment prior to discharge from inpatient psychiatric services, jail or prison

·The RRTT can meet with individuals in person, in the community, and via telehealth.

Based on this Community Needs Assessment, CCBHC implementation at the Richmond Hub will require the addition of two community-based Coaches, four Care Managers, eight new Licensed Therapists, three Nurses, and three Certified Peer Support Specialists. The addition of these positions will enable Centerstone to meet all six CCBHC requirements, and reduce the time from referral to intake among other access and quality indicators including improved tracking and provision of services for undocumented and other vulnerable and underserved populations.

INDIANA HEALTH INFORMATION EXCHANGE

Using Indiana's Health Information Exchange program, Centerstone of Indiana is able to monitor their clients' visits to local emergency departments (ED) and inpatient (IP) admissions. This data aids in care coordination and the integration of behavioral and physical health. Below is a summary of data from clients who visited Indiana hospitals between April 2020 and July 2023.

Emergency Department

5,421 Clients Utilized the ED

18,949
Total ED Visits

Average of
3.5
Visits per Client

Summary of Findings

Majority of clients were female with younger clients using the ED and older clients admitted to IP. Most common diagnoses were the same between groups.

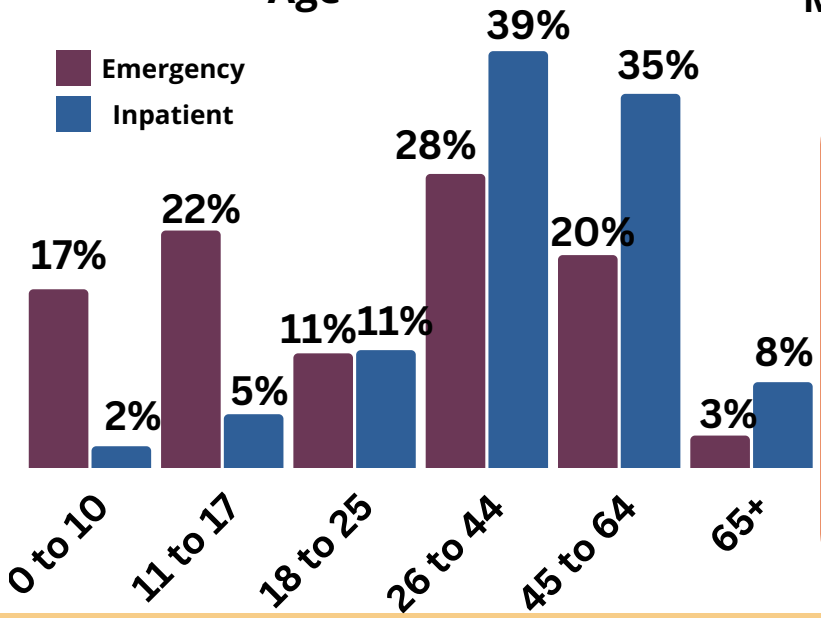
Inpatient Admissions

1,339 Clients Admitted

3,024
Total admissions

Average Length of Stay of
5.6 days
per Client

Age

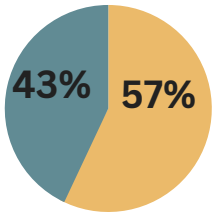


Most Common Diagnoses

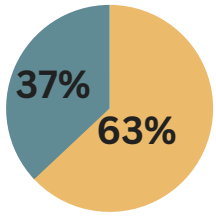
	Emergency	Inpatient
Depression	38% n=1963	41% n=532
PTSD	35% n=822	37% n=481
Generalized Anxiety Disorder	33% n=1719	30% n=390

Gender

Inpatient



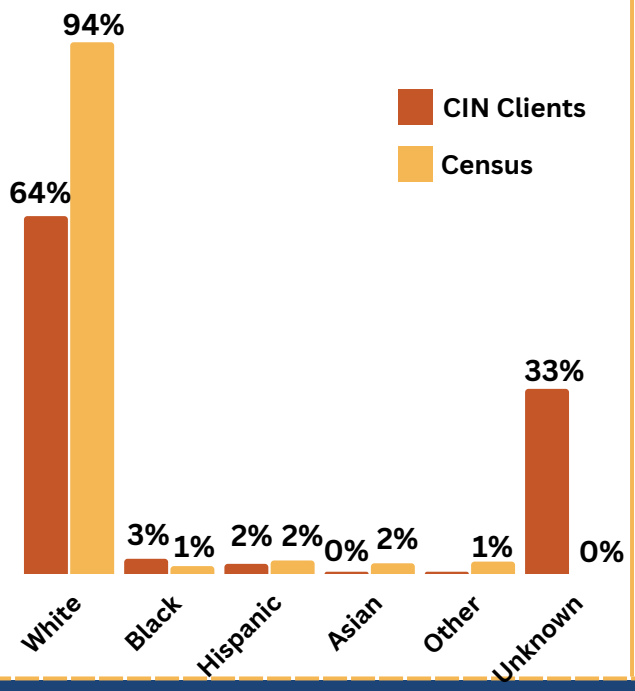
Emergency



Female Male

CENTERSTONE'S BLOOMINGTON HUB

Race and Ethnicity



Census Data: Social Determinants of Health

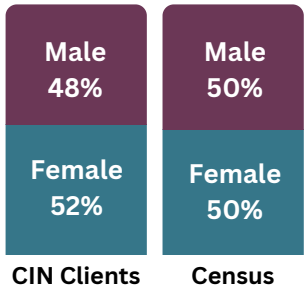
32.6%
of the population is below 200% of the federal poverty line

14.0%
of those between the ages of 18 and 24 do not have HS degree

20.8%
of the population has a disability

$61,517
median household income

Gender

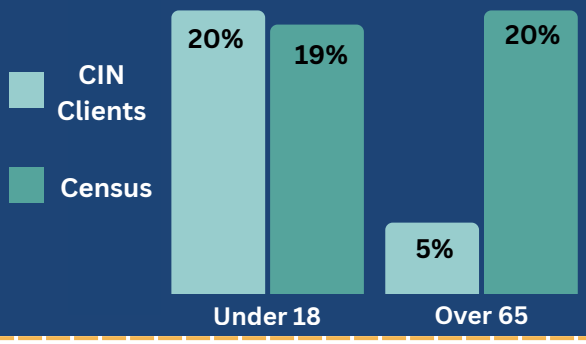


Median Age

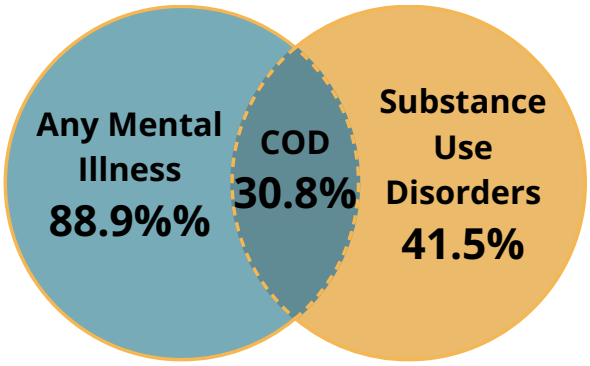
CIN clients: **32**

Census: **42**

Children & Elderly



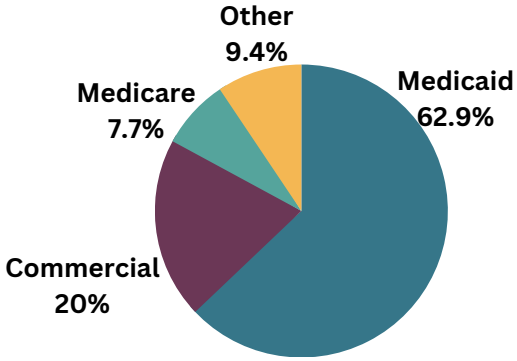
CIN Client Diagnoses



Suicide Rate
19 per 100,000

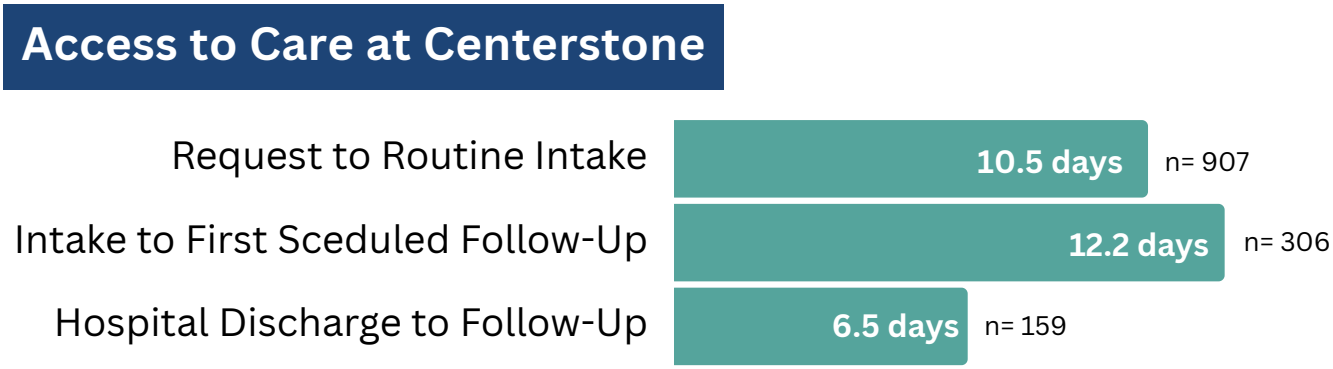
Overdose Death Rate
13.6 per 100,000

CIN Insurance Status



CENTERSTONE'S BLOOMINGTON HUB

Access to Care at Centerstone



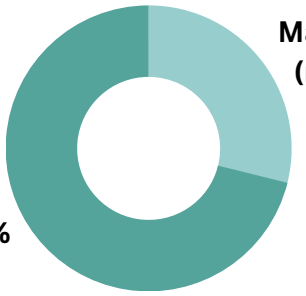
First Follow-Up Service Type

Med Somatic
30% (n= 92)

75% Hospital Discharge Follow-Ups Scheduled within 7 Days

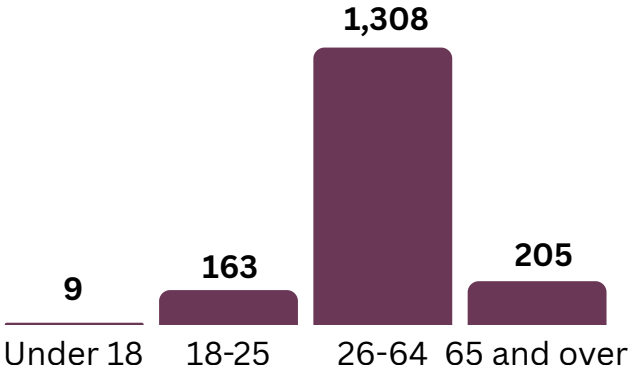
Perception of Care at Centerstone

Demographics of Survey Respondents



Gender

Race



Age

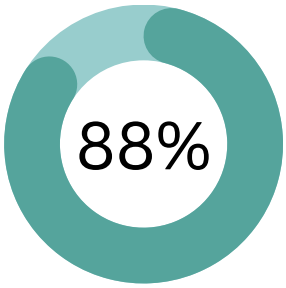
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



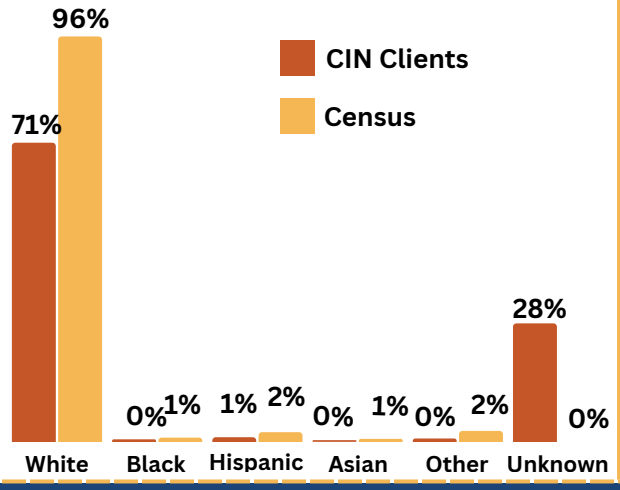
of clients agree with the following statements

BROWN COUNTY, IN

RANKING FOR HEALTH FACTORS†

23
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

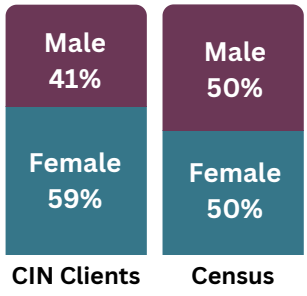
32.9%
of the population is below 200% of the federal poverty line

12.1%
of those between the ages of 18 and 24 do not have HS degree

20.8%
of the population has a disability

$67,737
median household income

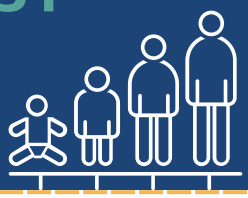
Gender



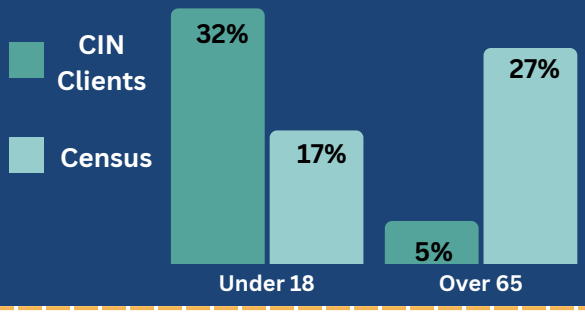
Median Age

CIN clients: **31**

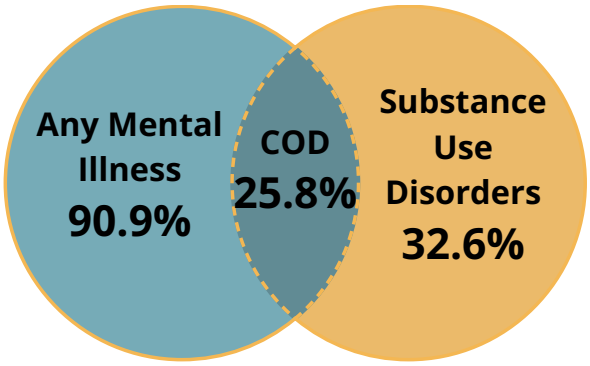
Census: **50**



Children & Elderly



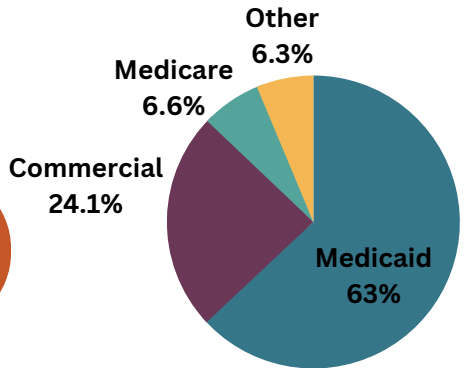
CIN Client Diagnoses



Suicide Rate
25 per 100,000

Overdose Death Rate
0 per 100,000

CIN Insurance Status



BROWN COUNTY, IN

Access to Care at Centerstone

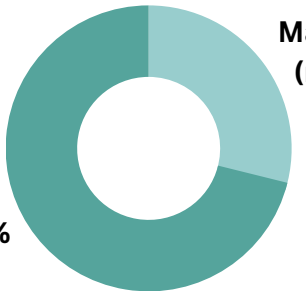
First Follow-Up Service Type

Psychotherapy
50% (n= 15)

85% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

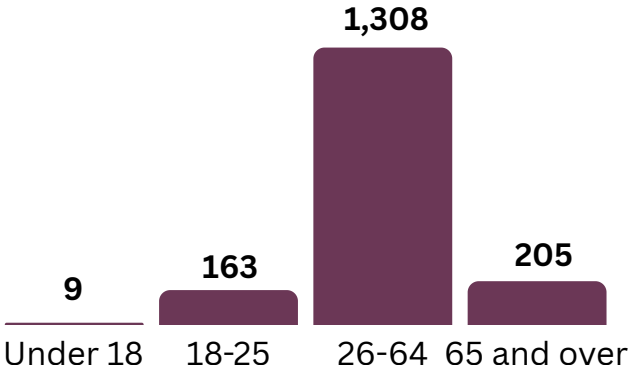
Demographics of Survey Respondents



Gender

93%
White

Race



Age

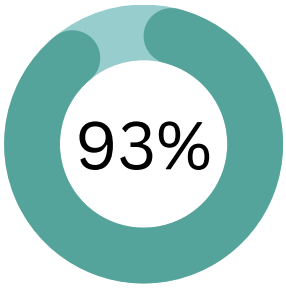
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



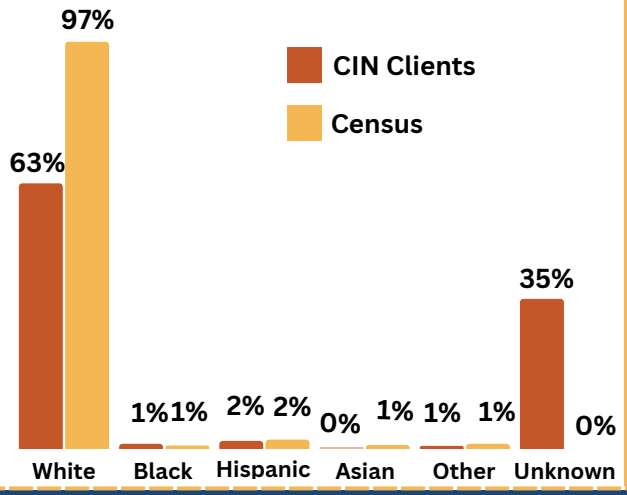
of clients agree with the following statements

LAWRENCE COUNTY, IN

RANKING FOR HEALTH FACTORS†

54
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

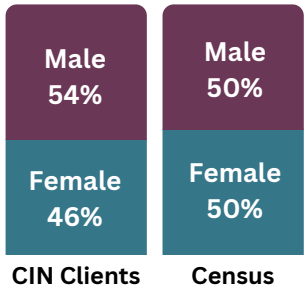
31.7%
of the population is below 200% of the federal poverty line

21.4%
of those between the ages of 18 and 24 do not have HS degree

23.9%
of the population has a disability

$60,041
median household income

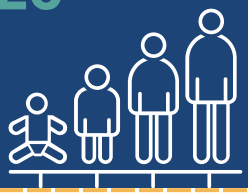
Gender



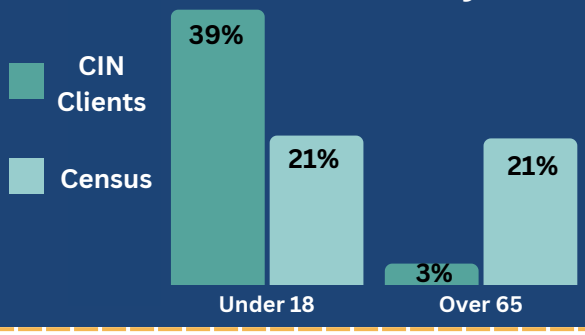
Median Age

CIN clients: **26**

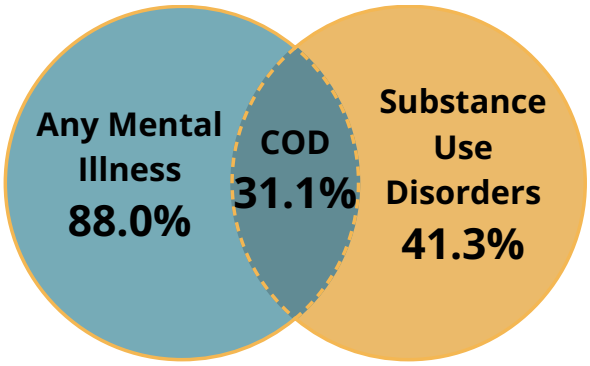
Census: **44**



Children & Elderly



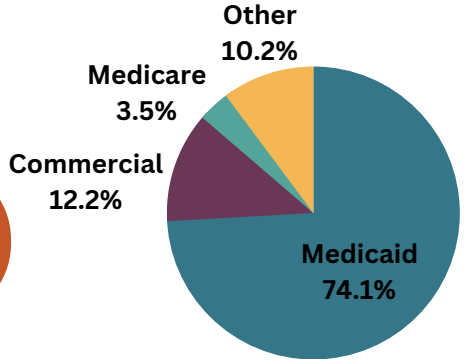
CIN Client Diagnoses



Suicide Rate
14 per 100,000

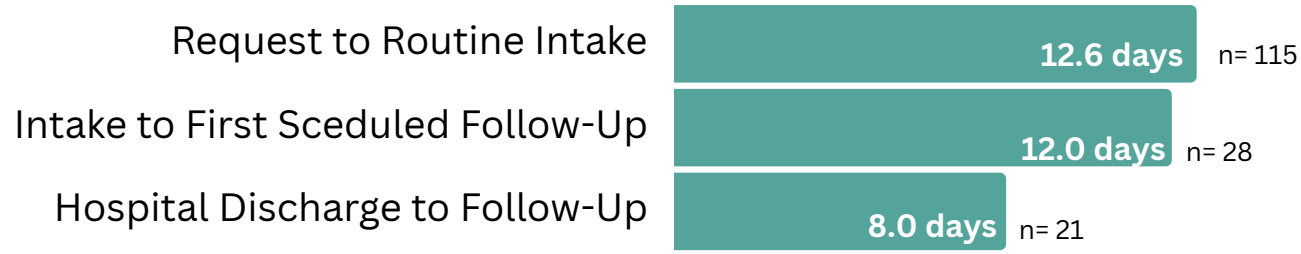
Overdose Death Rate
22 per 100,000

CIN Insurance Status



LAWRENCE COUNTY, IN

Access to Care at Centerstone



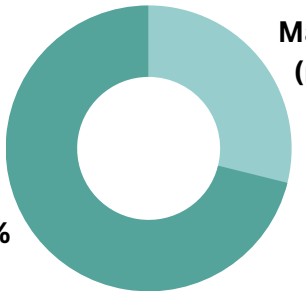
First Follow-Up Service Type

Psychotherapy
68% (n= 19)

74% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

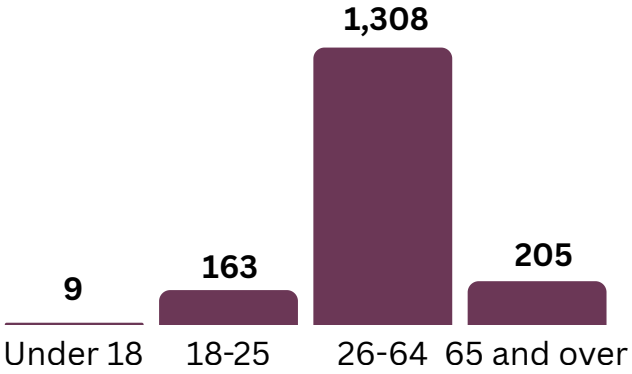
Demographics of Survey Respondents



Gender

93%
White

Race



Age

Perceived Access to Care

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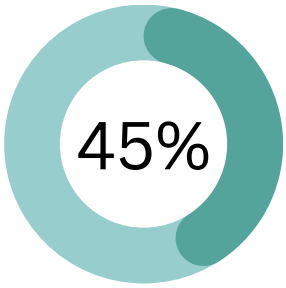
Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



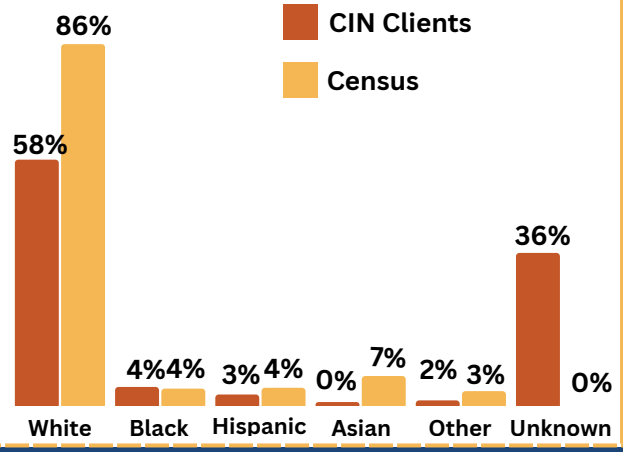
of clients agree with the following statements

MONROE COUNTY, IN

RANKING FOR HEALTH FACTORS†

18
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

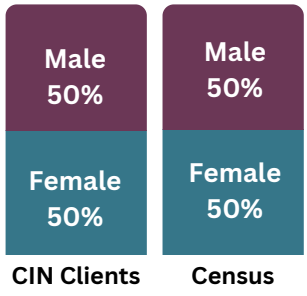
33.8%
of the population is below 200% of the federal poverty line

0.8%
of those between the ages of 18 and 24 do not have HS degree

20.9%
of the population has a disability

$54,096
median household income

Gender

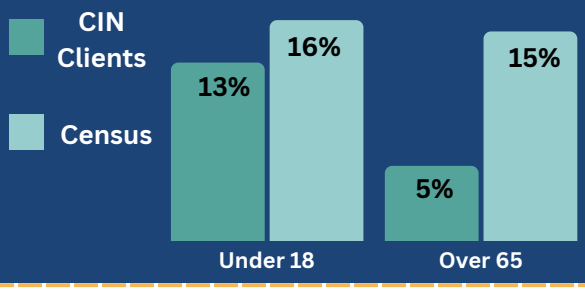


Median Age

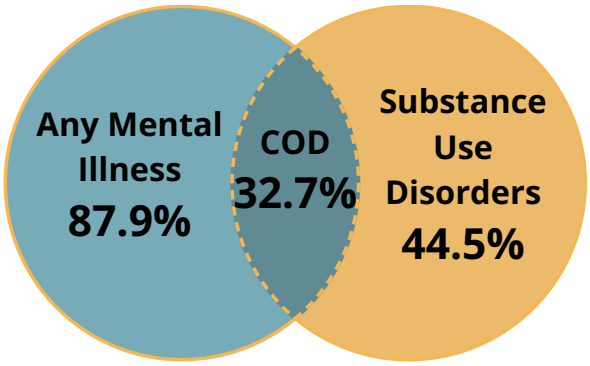
CIN clients: **34**

Census: **31**

Children & Elderly



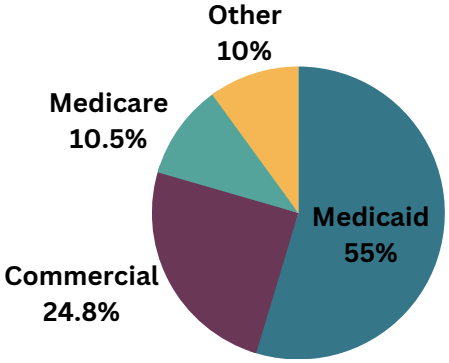
CIN Client Diagnoses



Suicide Rate
13 per 100,000

Overdose Death Rate
23.6 per 100,000

CIN Insurance Status



MONROE COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	10.0 days	n= 442
Intake to First Sceduled Follow-Up	10.2 days	n= 166
Hospital Discharge to Follow-Up	6.3 days	n= 64

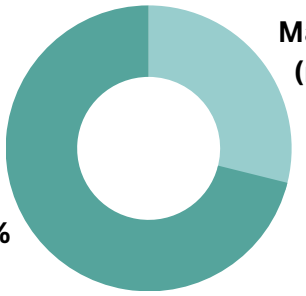
First Follow-Up Service Type

Med Somatic
52% (n= 87)

71% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

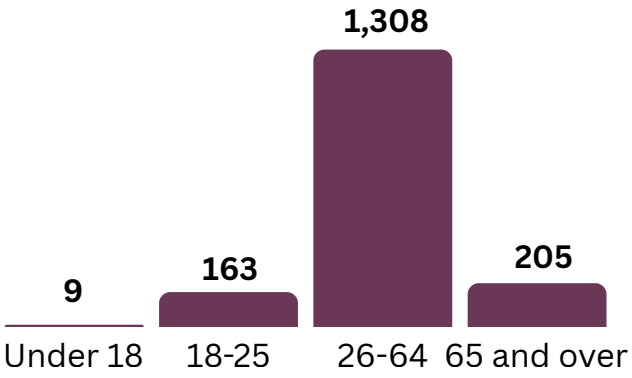
Demographics of Survey Respondents



Gender

93%
White

Race



Age

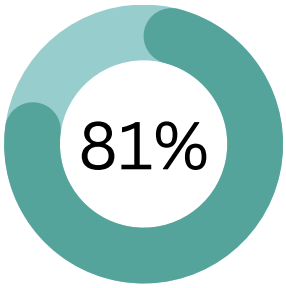
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



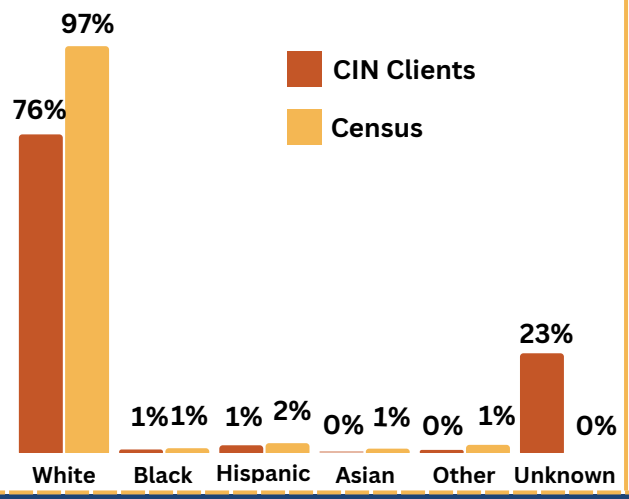
of clients agree with the following statements

MORGAN COUNTY, IN

RANKING FOR HEALTH FACTORS†

46
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

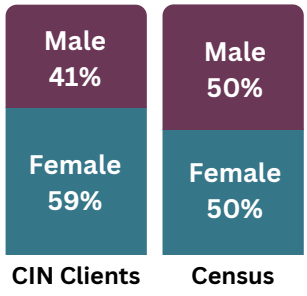
31.3%
of the population is below 200% of the federal poverty line

18.5%
of those between the ages of 18 and 24 do not have HS degree

14.6%
of the population has a disability

$71,882
median household income

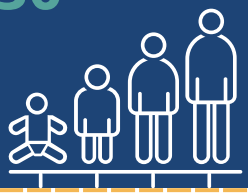
Gender



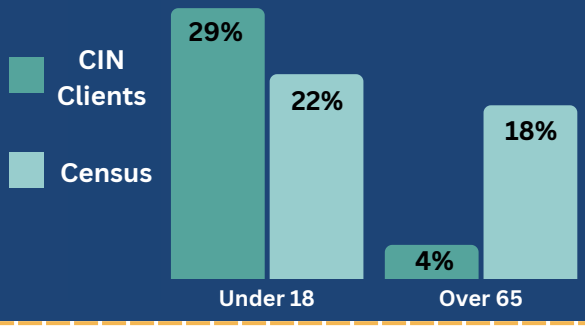
Median Age

CIN clients: **30**

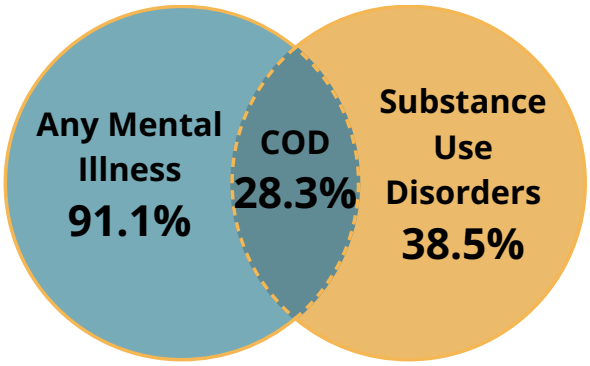
Census: **42**



Children & Elderly



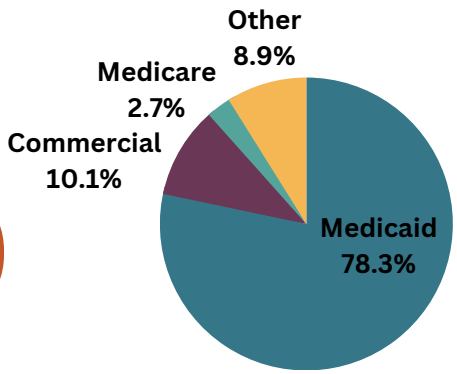
CIN Client Diagnoses



Suicide Rate
21 per 100,000

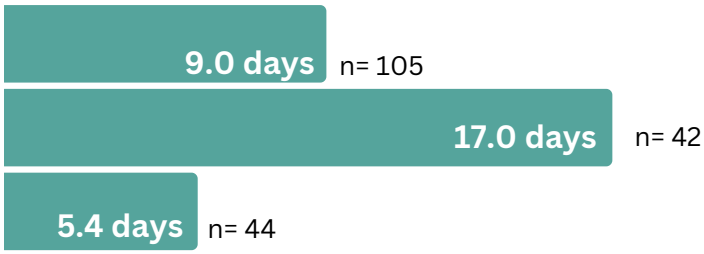
Overdose Death Rate
22.6 per 100,000

CIN Insurance Status



MORGAN COUNTY, IN

Access to Care at Centerstone



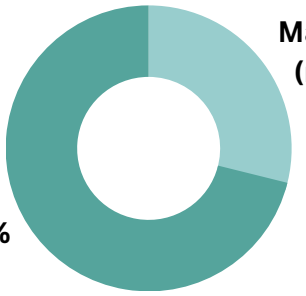
First Follow-Up Service Type

Case Management
38% (n= 16)

82% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

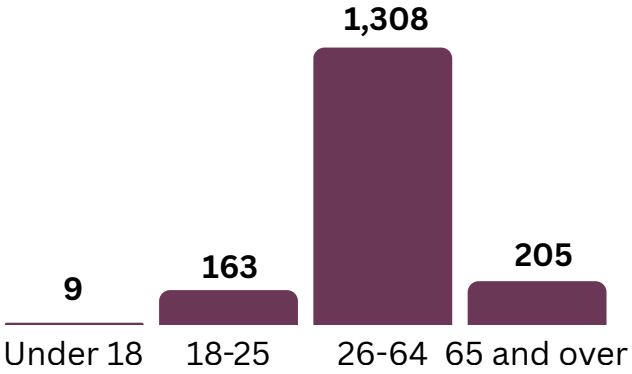
Demographics of Survey Respondents



Gender

93%
White

Race



Age

Perceived Access to Care

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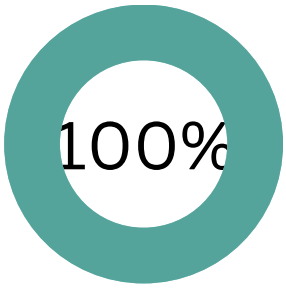
Services were available at times that were good for me.



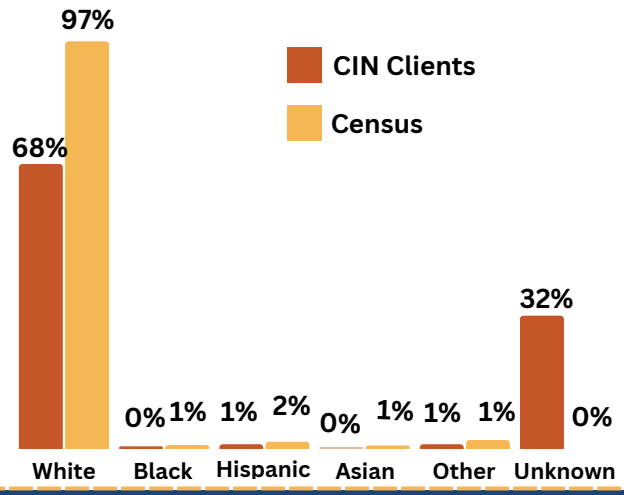
of clients agree with the following statements

OWEN COUNTY, IN

RANKING FOR HEALTH FACTORS†

71
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

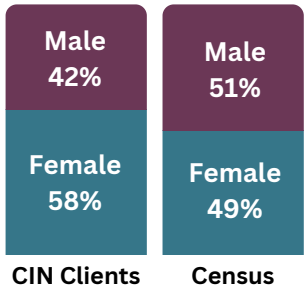
33.5%
of the population is below 200% of the federal poverty line

17.2%
of those between the ages of 18 and 24 do not have HS degree

23.7%
of the population has a disability

$53,831
median household income

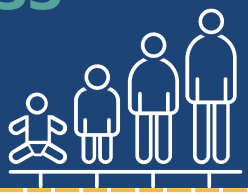
Gender



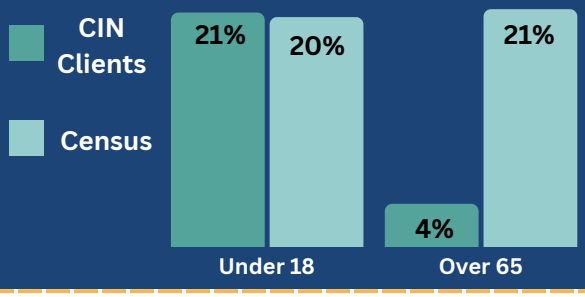
Median Age

CIN clients: **33**

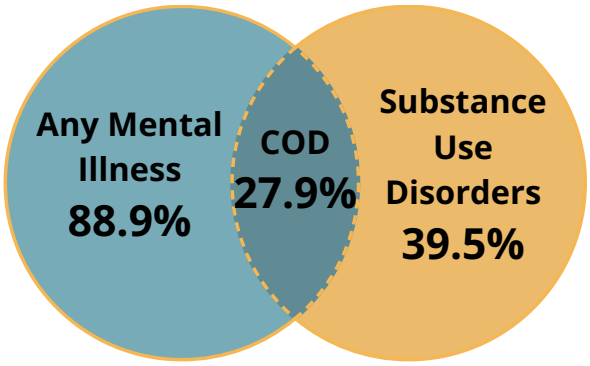
Census: **43**



Children & Elderly



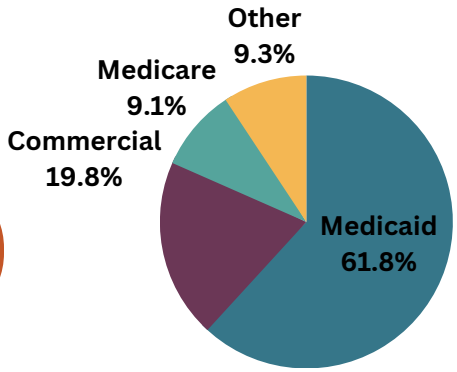
CIN Client Diagnoses



Suicide Rate
20 per 100,000

Overdose Death Rate
0 per 100,000

CIN Insurance Status



OWEN COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	8.6 days	n= 89
Intake to First Sceduled Follow-Up	13.2 days	n= 30
Hospital Discharge to Follow-Up	15.3 days	n= 11

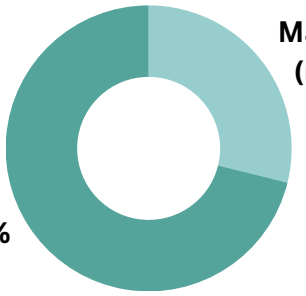
First Follow-Up Service Type

Case Management
40% (n= 12)

50% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

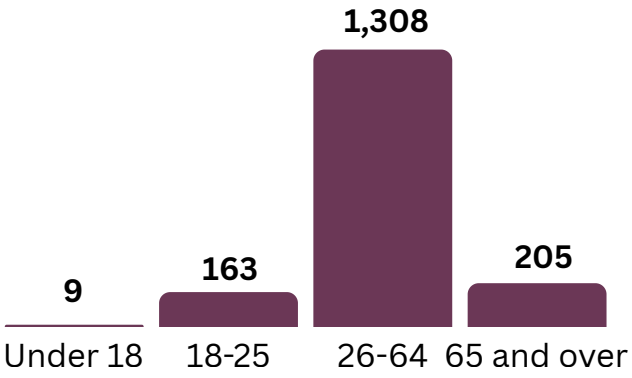
Demographics of Survey Respondents



Gender

93%
White

Race



Age

Perceived Access to Care

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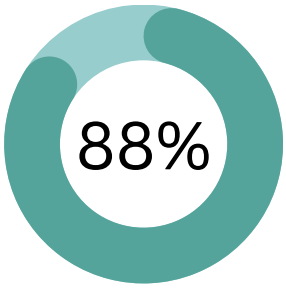


of clients agree with the following statements

BLOOMINGTON PARTNERS

Amethyst House
Bartholomew Sheriffs Office
Beacon
Bloomington Meadows
Bloomington Police Department
Boca Recovery Center
Brown County Circuit Court
Brown County Community Corrections
Brown County Health Department
Brown County Probation
Brown County Public Library
Brown County Recovery and Wellness Coalition
Brown County Schools
Brown County Sheriff Office
Centerstone Health Services
Centerstone Military Services
IU Health Nashville
IU Health South Central Region
Lawrence County Circuit Court
Lawrence County Community Corrections
Lawrence County Juvenile Probation
Lawrence County Probation
League of Women Voters
Med Mark
Middle Way House
Milestones
Monroe Circuit Court
Monroe Circuit Court Honorable Mary Ellen Dickhoff
Monroe County DCS
Monroe County Health Department
Monroe Fire Protection District
Morgan County Court Services
Morgan County Health Department
Morgan County Sheriffs Department
Morgan County Substance Abuse Council
Nashville Police Department
North Lawrence Community Schools
Owen County Community Schools
Owen County Court Services
Purdue Extension
Spencer Police Department
Thrive
Wheeler Mission

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX A

Service Area Demographics by County

CENTERSTONE

Category	Service Area	Brown	Lawrence	Monroe	Morgan	Owen
Population[1]	294,255	15,570	45,222	139,745	72,236	21,482
Age Breakdown						
Under 5	4.70%	3.60%	5.30%	4.00%	5.20%	5.20%
Under 18	19.00%	16.50%	21.10%	15.60%	21.70%	20.30%
Age 65 and over	20.30%	26.70%	20.70%	14.80%	18.40%	21.00%
Median Age[2]	42	50.4	43.7	30.9	41.8	43.4
Sex						
Female	49.90%	49.70%	49.80%	50.10%	50.00%	49.40%
Male	50.10%	50.30%	50.20%	49.90%	50.00%	50.60%
Ethnic Breakdown[3]						
White	94.50%	96.30%	96.70%	85.90%	96.60%	96.80%
Black	1.40%	0.80%	0.60%	3.90%	0.90%	0.70%
American Indian and Alaska	0.40%	0.50%	0.50%	0.30%	0.40%	0.40%
Asian	1.90%	0.50%	0.70%	6.90%	0.80%	0.60%
Native Hawaiian/Pacific Islander	0.00%	0.00%	0.00%	0.10%	0%	0.00%
Hispanic or Latino	2.40%	2.10%	2.00%	4.10%	2.10%	1.50%
Two or more races	1.80%	1.80%	1.50%	2.90%	1.30%	1.60%
Economic Characteristic						
Median Income[4]	$61,517	$67,737	$60,041	$54,096	$71,882	$53,831
Population 18 to 24 years with less than a high school diploma[5]	14.00%	12.10%	21.40%	0.80%	18.50%	17.20%
Population below 100% FPL[6]	12.50%	12.20%	14.80%	14.50%	10.30%	10.80%
Population below 200% FPL[7]	32.60%	32.90%	31.70%	33.80%	31.30%	33.50%
Uninsured population[8]	6.50%	6.30%	6.70%	5.60%	6.00%	7.90%
Annual Unemployment Rate 2023 Average[9]	3.22%	3.20%	3.50%	2.90%	2.90%	3.60%
Veterans[10]	9.40%	5.80%	13.20%	10.80%	7.70%	9.70%
Physician to FTE ratio[11]	4,088:1	3,020:1	2,840:1	1,720:1	2,440:1	10,420:1
Free and Reduced Fee Lunch Recipients 2020/2021[12]	44.00%	45.00%	50.00%	35.00%	42.00%	48.00%

Health Status Indicators	Service Area	Brown	Lawrence	Monroe	Morgan	Owen
Diabetes						
Age-adjusted diabetes prevalence [13]	10.00%	9.00%	10.00%	10.00%	10.00%	11.00%
Adult obesity prevalence[14]	37.60%	37.00%	38.00%	33.00%	41.00%	39.00%
Age-adjusted diabetes morality rate (per 100,000)[15]	27.2	0	47.2	16.1	21.2	51.3
Percent of adults (18 years and older) with no physical activity in the past month [16]	25.40%	23.00%	27.00%	23.00%	26.00%	28.00%
Cardiovascular Disease						
Age-adjusted morality from diseases of the heart (per 100,000) [17]	191.2	148.5	206	155.4	202.6	243.6
Proportion of adults reporting diagnosis of high blood pressure [18]	49.20%	69.90%	70.60%	44.90%	39.40%	46.80%
Age-adjusted cerebrovascular disease morality (per 100,000) [19]	23.4	0	44.7	29.6	42.5	0
Cancer						
Cancer screening – percent of women aged 40 years and older who received mammography screening. [20]	40.80%	39.00%	45.00%	44.00%	40.00%	36.00%
Percent of adults who currently smoke cigarettes [21]	21.00%	19.00%	22.00%	19.00%	21.00%	24.00%
Age-adjusted colorectal cancer morality (per 100,000) [22]	7.8	0	14.2	12.1	12.9	0
Age-adjusted breast cancer mortality (per 100,000) among females [23]	4.6	0	0	9.9	13.2	0
New female breast cancer cases (per 100,000) [2]	106.6	125.7	89.3	99	109.2	110

Health Status Indicators	Service Area	Brown	Lawrence	Monroe	Morgan	Owen
Prenatal and Perinatal Health[24]						
Low birth weight (<2500 grams) rate (5-year average)	9.7	8.60%	8.20%	8.80%	7.80%	15.10%
Births to teenage mother (ages 15-19; percent of all births) (per 1,000)	15.6	0	20.9	6.7	13.2	37.3
Late entry into prenatal care (entry after first trimester; percent of all births)	21.90%	25%	19.20%	20.40%	21.80%	23.30%
Cigarette use during pregnancy (percent of all pregnancies)	16.10%	10.30%	22.70%	12.20%	16.60%	18.60%
Percent of births that are preterm (<37 weeks gestational age)	11.70%	11.20%	11.00%	10.20%	9.50%	16.40%
Child Health[25]						
Percent of children (19-35 months) not receiving recommended immunizations: 4-3-1-3-3-1-4	20.80%	25.00%	16.00%	17.00%	26.00%	20.00%
Behavioral Health						
Suicide rate (per 100,000) [26]	19	25	14	13	21	20
Binge alcohol use in the past month (percent of adults who are binge drinkers) [27]	19.20%	19.00%	19.00%	20.00%	20.00%	18.00%
Age-adjusted drug poisoning (i.e., overdose) mortality rate per 100,000 population [28]	21.1	22.7	18	20.3	23.9	20.5

Health Status Indicators	Service Area	Brown	Lawrence	Monroe	Morgan	Owen
Other Health and Access						
Premature Age-adjusted death rate (per100,000)[29]	402	360	440	320	420	470
Persons Living with HIV (per 100,000)[30]	114	94	96	189	100	93
Percent elderly (65 and older)[31]	20.30%	26.70%	20.70%	14.80%	18.40%	21.00%
Age-adjusted unintentional injury death (per 100,000)[32]	62.4	79.1	34.9	52.3	65.3	80.2
Percent of population linguistically isolated (people 5 years and over who speak a language other than English at home)[33]	0.50%	1.10%	0.50%	0.50%	0.30%	0.20%
Percent of adults (18+ years old) with no usual source of care [34]	14.40%	14.90%	12.70%	17.30%	13.90%	13.20%
Percentage of adults 65 years and older who have not had a flu shot in the past year[35]	45.00%	42.00%	50.00%	40.00%	44.00%	51.00%
Chlamydia (sexually transmitted infection) rate (per 100,000)[36]	307.2	186.5	257.4	588.4	228.5	275.1
Percent of adults without a visit to a dentist or dental clinic in the past year for any reason[37]	39.20%	38.10%	40.50%	38.20%	38.00%	41.20%

Determinants	Service Area	Brown	Lawrence	Monroe	Morgan	Owen
Social Determinants of Health Indicators						
Households with Limited English Proficiency [38]	0.50%	1.10%	0.50%	0.50%	0.30%	0.20%
Population 18 to 24 years with less than a high school diploma[39]	14.00%	12.10%	21.40%	0.80%	18.50%	17.20%
Veterans[40]	9.40%	5.80%	13.20%	10.80%	7.70%	9.70%
Disability[41]	20.80%	20.80%	23.90%	20.90%	14.60%	23.70%
Households with No Broadband[42]	17.20%	20.90%	22.90%	12.70%	11.40%	18.10%
Children Receiving Free and Reduced Fee Lunch[43]	44.00%	45.00%	50.00%	35.00%	42.00%	48.00%
Low-income Not Served by Health Centers[44]	85,159	4,191	12,902	42,558	20,010	5,498
Non-Fatal Opioid Emerg. Dept. Visits Per 100k[45]	59.1	0	70.5	53.9	113.5	57.7
Opioid Drug Overdose Deaths Per 100k - 2020[46]	13.6	0	22	23.6	22.6	0

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX B

Centerstone of Indiana Demographics by County

CENTERSTONE

Variable	Entire Catchment		Brown		Lawrence		Monroe		Morgan		Owen	
	n	%	n	%	n	%	n	%	n	%	n	%
Total n	12430		1124		1500		6886		1454		960	
By Race/Ethnicity												
Black or African American	337	2.7%	4	0.4%	15	1.0%	299	4.3%	8	0.6%	4	0.4%
White or Caucasian	7861	63.2%	794	70.6%	941	62.7%	3985	57.9%	1099	75.6%	647	67.4%
Hispanic or Latino	229	1.8%	10	0.9%	25	1.7%	171	2.5%	9	0.6%	9	0.9%
Other	7	0.1%	4	0.4%	7	0.5%	76	1.1%	5	0.3%	5	0.5%
American Indian or Alaskan Native	28	0.2%	2	0.2%	5	0.3%	15	0.2%	2	0.1%	2	0.2%
Asian	53	0.4%	2	0.2%	1	0.1%	48	0.7%	1	0.1%	1	0.1%
Hawaiian or Pacific Islander	11	0.1%	0	0.0%	0	0.0%	7	0.1%	2	0.1%	2	0.2%
Missing/Unknown	3333	26.8%	249	22.2%	453	30.2%	2087	30.3%	295	20.3%	258	26.9%
By Gender												
Male	5993	48.2%	459	40.8%	810	54.0%	3470	50.4%	601	41.3%	403	42.0%
Female	6422	51.7%	664	59.1%	690	46.0%	3405	49.4%	852	58.6%	556	57.9%
Diagnoses/Disorders												
Any Mental Illness (AMI)	11041	88.8%	1022	90.9%	1320	88.0%	6049	87.8%	1324	91.1%	853	88.9%
Substance Use Disorder (SUD)	4420	35.6%	332	29.5%	561	37.4%	2569	37.3%	479	32.9%	328	34.2%
Co-Occurring Disorder (COD)	3823	30.8%	290	25.8%	466	31.1%	2252	32.7%	412	28.3%	268	27.9%
Age												
Under 5	32	0.3%	2	0.2%	8	0.5%	12	0.2%	5	0.3%	0	0.0%
Under 18	2530	20.4%	355	31.6%	583	38.9%	866	12.6%	417	28.7%	199	20.7%
65+	625	5.0%	60	5.3%	39	2.6%	363	5.3%	53	3.6%	36	3.8%
Median Age	32		27		36		38		37		38	
Insurance Status												
Medicare	671	5.4%	60	5.3%	41	2.7%	463	6.7%	43	3.0%	67	7.0%
Medicaid	5224	42.0%	570	50.7%	859	57.3%	2416	35.1%	1239	85.2%	457	47.6%

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX C
Centerstone of Indiana Access to Care by County

CENTERSTONE

Variable	Bloomington	Brown	Lawrence	Monroe	Morgan	Owen
Access to Care- Routine Intake						
Average Days from Request to Routine Intake (Past 60 days)	10.5 (n=907)	15.3 (n=27)	12.6 (n=115)	10 (n=442)	9.0 (n=105)	8.6 (n=89)
Access to Care- Intake to First Scheduled Appointment						
Average Days from Intake to First Scheduled Follow-Up (Past 60 days)	12.2 days (306)	17.6 (n=30)	12 (n=28)	10.2 (n=166)	17 (n=42)	13.2 (n=30)
First Follow-up Service Type	Med Somatic (30.1%; n=92)	Psychotherapy (50%; n=15)	Psychotherapy (68%;19)	Med Somatic (52%; n=87)	Case management (38%; n=16)	Case management (40%; n=12)
Access to Care- Routine Intake						
Average Days to Hospital Discharge Follow-Up (Past 60 days)	6.5 days (n=159)	4.2 (n=16)	8 (n=21)	6.3 (n=64)	5.4 (n=44)	15.3 (n=11)
Percent of Discharge Follow-Ups Scheduled within 7 Days (Past 60 days)	75%	85%	74%	71%	82%	50%
Percent of Discharge Follow-Ups Scheduled within 30 Days (Past 60 days)	99%	100%	100%	100%	100%	83%

Sources

County Health Rankings, 2023: Indiana
https://www.countyhealthrankings.org/app/indiana/2023/overview
[9][11][12][13][14][26][27][29][35][43]

Health Indicators Comparison: Indiana Indicators
http://indianaindicators.org/dash/comparison.aspx
[15][16][17][19][20][21][22][23][24][25][32][36][45][46]

US Census Bureau Quick, 2022: Quick Facts Indiana
https://www.census.gov/quickfacts/IN
[1][3][4]

US Census Bureau: Data Table Indiana
https://data.census.gov/table
[2][5][39]

UDS Mapper: Indiana
https://maps.udsmapper.org/map
[6][7][8][10][18][28][31][33][34][37][38][40][41][42][44]

CENTERSTONE OF INDIANA

COLUMBUS

COMMUNITY NEEDS ASSESSMENT 2023

CENTERSTONE

CENTERSTONE OF INDIANA

COMMUNITY NEEDS ASSESSMENT

Background

Centerstone currently operates one SAMHSA-funded Certified Community Behavioral Health Clinic (CCBHC) in Bloomington, Indiana. This clinic location along with our Richmond and Columbus hubs aim to serve clients utilizing an integrated health model to provide mental health care, substance use disorder services, and physical health monitoring. Therefore, it is essential to understand how we fit into the greater fabric of the community. In an attempt to ensure each of the three hubs are addressing the current needs of our community, Centerstone's CCBHC evaluation team has collected the following information to complete a Community Needs Assessment of Columbus' surrounding catchment area.

As part of the Certified Community Behavioral Health Model, this needs assessment provides integral information about the community served by Centerstone across three key services hubs. As an agency we plan to utilize the information gathered to inform staffing decisions, improve access to care, address health care disparities, and ensure comprehensive, quality services are provided to all individuals regardless of their ability to pay.

About Centerstone

Services

Wide-range of mental health and support services ranging from counseling, substance use treatment, and residential care for individuals of all ages and backgrounds across Florida, Illinois, Indiana, and Tennessee.

Mission

Delivering care that changes people's lives.

Values

Respect:
Demonstrate high regard for clients, one another, partners, and regulatory obligations; provide safe spaces for people to thrive under the support and advocacy of one another.

Empowerment:
Be the author of your own development; embrace the power you have to solve problems and take positive results-driven action.

Expertise:
Strive toward mastery in everything you do, which will lead to successful clients and colleagues, and a successful company; by taking a growth mindset and a "best in science" strategy, continually expand your skills.

Integrity:
Be honest, transparent, and committed to doing what's best for clients and the company. Collaborate openly in the pursuit of truth.

Methods

Centerstone's Institute of Clinical Excellence and Innovation worked in conjunction with Health Consulting Strategies, Inc. to compile key community health indicators and internal Centerstone client data that allows for a overarching understanding of our catchment areas health needs.

The primary questions of this needs assessment include:

- What are the highest priority needs among adults living in the catchment area with mental health and/or substance use disorders (target population)?
- What physical, social, and/or environmental challenges are contributing to behavioral health concerns (e.g. food insecurity, lack of safe and affordable housing, and financial support)?
- Are there real and/or perceived mental health care disparities within the community?

A review of existing literature and historical client data provided the foundation for this Community Health Needs Assessment.

Data Sources

County Profiles. Data sources including the US Census, County Health Rankings, Uniform Data System (UDS) Mapper, and Indiana Indicators Dashboard were used to understand community demographics, social determinants of health, health status indicators, and health care access. This information was compiled by each county making up the catchment area and reported in **Appendix A.**

Centerstone Client Mix. Data from the Electronic Health Records (EHR) across all catchment area locations was compiled between September 30, 2022 and October 1, 2023. Clients key demographics such as gender, race, ethnicity, diagnoses, etc. for each county were pulled to better understand who Centerstone of Indiana currently serves and how this compares to external Census data from our catchment areas. See **Appendix B.**

Perception of Care. The annual Client Satisfaction Survey developed and distributed by the Centerstone's Quality Improvement Team was used to measure perception of care. The data reported was collected from October 2022 through May 2023 and is an aggregate summary of responses obtained from all of Centerstone of Indiana.

Access to Care. Information on timeliness of care was pulled from the EHR based on past 60 day metrics. Live dashboards include average days between request to routine intake, intake to first scheduled appointment, and hospital discharge follow up. See **Appendix C**.

Catchment Area

Centerstone of Indiana (CIN) encompasses clinic hubs providing an array of services to populations in multiple counties that create the catchment area. The main clinic location in which CCBHC will operate in Columbus is represented by the yellow star on the map below.

- The Columbus Hub comprises five counties.
  - Bartholomew, Decatur, Jackon, Jefferson, and Jennings Counties

CENTERSTONE'S COLUMBUS HUB

The Columbus Hub serves five, predominately rural counties in the southeastern corner of Indiana. As this Community Needs Assessment indicates, Centerstone is serving communities with nearly one-third of residents living below 200% of poverty. Nearly two-thirds of our clients in these counties participate in Medicaid. While 87% of clients in the Columbus region indicate satisfaction with their access to care, Centerstone data indicate that individuals wait nearly 13 days from referral to intake, and that we may be underserving individuals identifying as Hispanic/Latino (3% of clients served vs. 5% indicated in the Census). While Centerstone does not yet track immigration status, we estimate (based on American Immigration Council data), 5.6% of the Indiana population is foreign-born. This population is likely to be underserved and will be a focus of outreach and engagement for the Hub.

With the addition of a CCBHC, the Hub will enhance comprehensive, integrated, coordinated, and person-centered behavioral health care, and improve access to community-based mental health (MH) and substance use disorder (SUD) treatment and support, including 24/7/365 crisis response within 3 hours, late night treatment options 3 days a week and Saturday care, telehealth availability, and asynchronous interventions, etc. These wide-ranging services will be available for individuals in the proposed service area, regardless of their ability to pay or place of residence. Everyone who seeks care at a CCBHC will have access to all essential services and if the clinic is not able to provide, they will have direct partnerships with other organizations The population of focus comprises of individuals with a MH/SUD seeking care at Centerstone, including those with serious mental illness (SMI); SUD, including opioid use disorder (OUD); co-occurring mental and substance disorders (COD); and experiencing a MH or substance use (SU)-related crisis; and children/adolescents with serious emotional disturbance (SED). By improving access and availability of care and expanding care coordination, clinics will be well equipped to address key health disparities and the needs of special populations in the surrounding community. The CCBHC will be complemented by our current crisis services including:

- **On-call services 24/7 -7 days a week**
- **A Rapid Response Treatment Team (RRTT) that engages individuals in treatment prior to discharge from inpatient psychiatric services, jail or prison**
- **The RRTT can meet with individuals in person, in the community, and via telehealth.**

Based on this Community Needs Assessment, CCBHC implementation at the Columbus Hub will require the addition of nine new Licensed Therapists, three Nurses, and six Certified Peer Support Specialists. The addition of these positions will enable Centerstone to meet all six CCBHC requirements, close the gap in services for people of color- especially those who identify as Hispanic/Latino, reduce the time from referral to intake, and improve tracking of and provision of services for undocumented and other vulnerable and underserved populations.

INDIANA HEALTH INFORMATION EXCHANGE

Using Indiana's Health Information Exchange program, Centerstone of Indiana is able to monitor their clients' visits to local emergency departments (ED) and inpatient (IP) admissions. This data aids in care coordination and the integration of behavioral and physical health. Below is a summary of data from clients who visited Indiana hospitals between April 2020 and July 2023.

Emergency Department

5,421 Clients Utilized the ED

18,949
Total ED Visits

Average of
3.5
Visits per Client

Summary of Findings

Majority of clients were female with younger clients using the ED and older clients admitted to IP. Most common diagnoses were the same between groups.

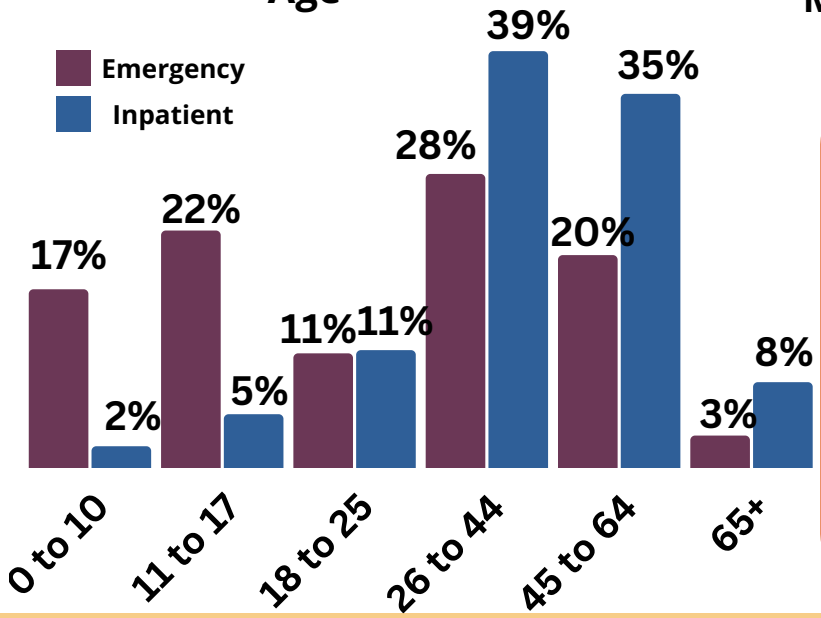
Inpatient Admissions

1,339 Clients Admitted

3,024
Total admissions

Average Length of Stay of
5.6 days
per Client

Age

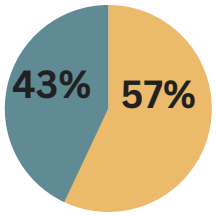


Most Common Diagnoses

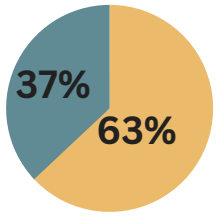
	Emergency	Inpatient
Depression	38% n=1963	41% n=532
PTSD	35% n=822	37% n=481
Generalized Anxiety Disorder	33% n=1719	30% n=390

Gender

Inpatient



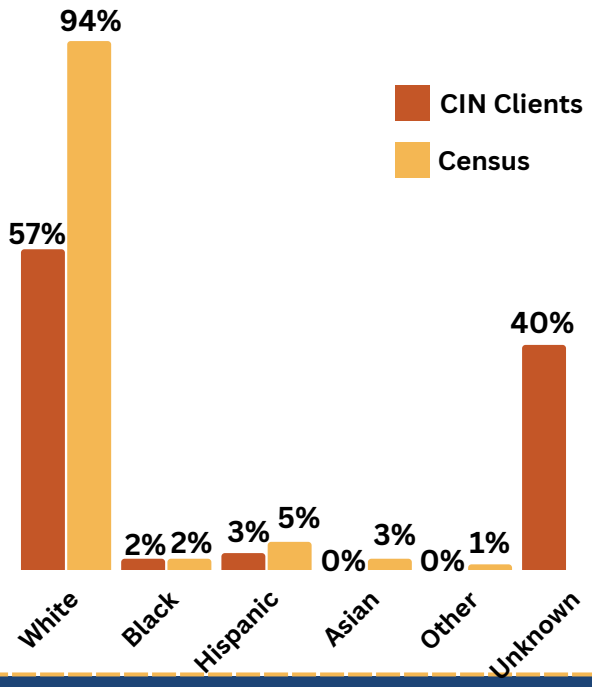
Emergency



Female Male

CENTERSTONE'S COLUMBUS HUB

Race and Ethnicity



Census Data: Social Determinants of Health

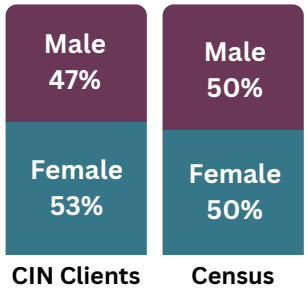
31%
of the population is below 200% of the federal poverty line

13.4%
of people 18-24 do not have HS degree

19.7%
of the population has a disability

$62,617
median household income

Gender

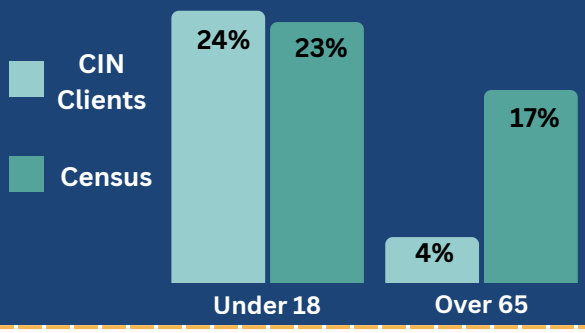


Median Age

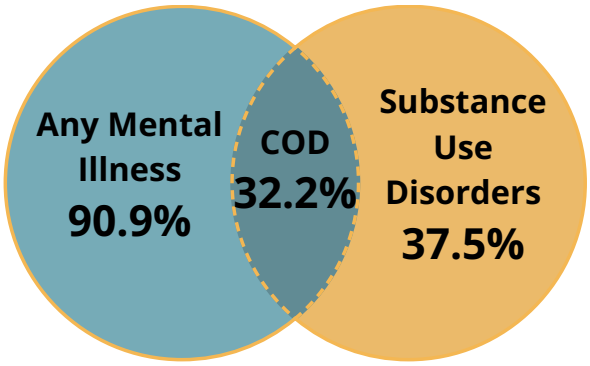
CIN clients: **31**

Census: **39.5**

Children & Elderly



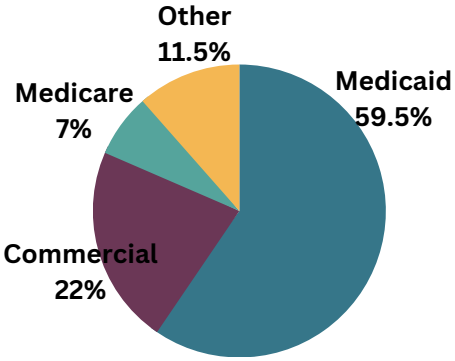
CIN Client Diagnoses



Suicide Rate
19 per 100,000

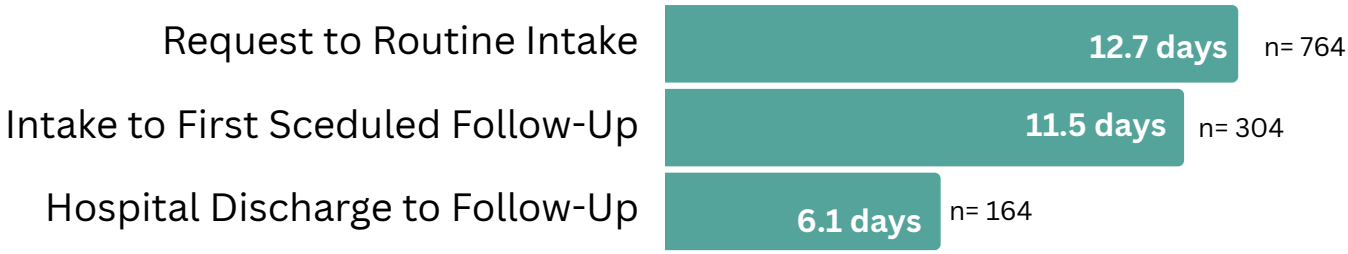
Overdose Death Rate
30.3 per 100,000

CIN Insurance Status



CENTERSTONE'S COLUMBUS HUB

Access to Care at Centerstone



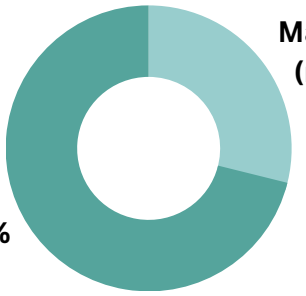
First Follow-Up Service Type

Psychotherapy
n= 104

67% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

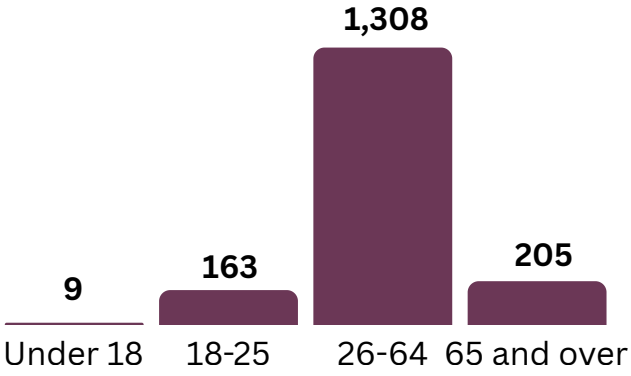
Demographics of Survey Respondents



Gender

93%
White

Race



Age

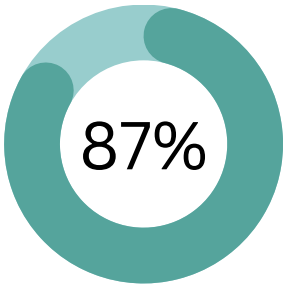
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



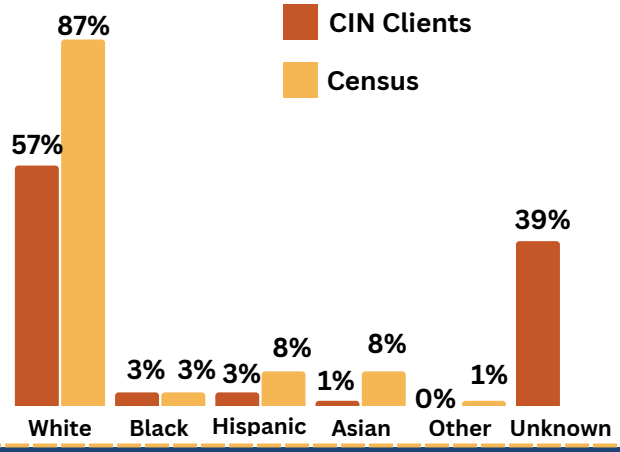
of clients agree with the following statements

BARTHOLOMEW COUNTY, IN

RANKING FOR HEALTH FACTORS†

19
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

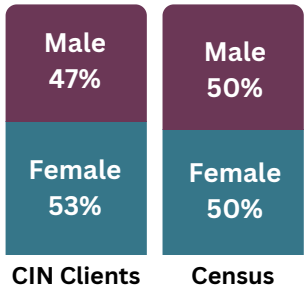
28.3%
of the population is below 200% of the federal poverty line

14.3%
of people 18-24 do not have HS degree

17.1%
of the population has a disability

$71,183
median household income

Gender

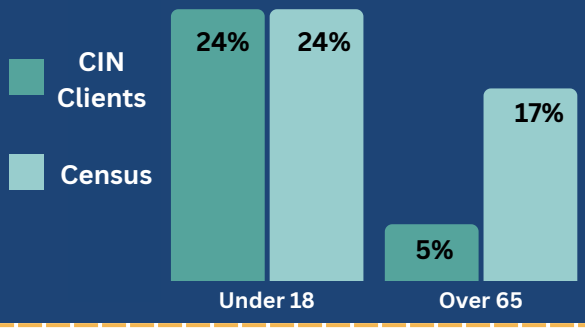


Median Age

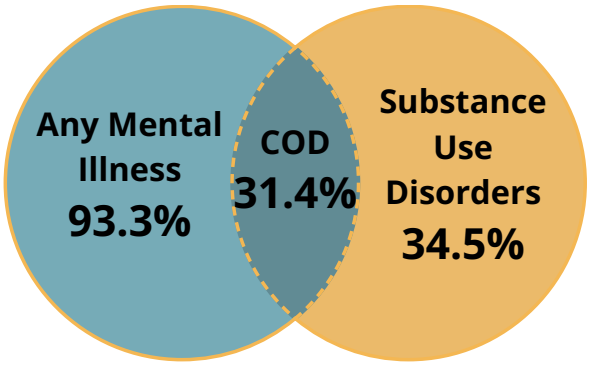
CIN clients: **31**

Census: **37.9**

Children & Elderly



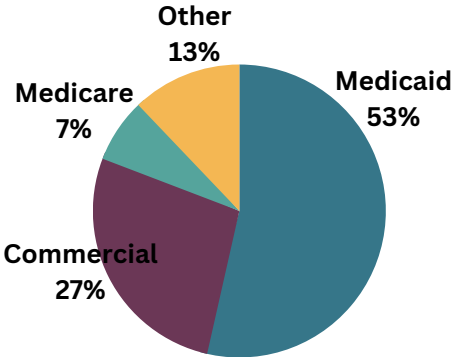
CIN Client Diagnoses



Suicide Rate
15 per 100,000

Overdose Death Rate
33.5 per 100,000

CIN Insurance Status



BARTHOLOMEW COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	12.7 days	n= 365
Intake to First Sceduled Follow-Up	11.5 days	n= 137
Hospital Discharge to Follow-Up	6.1 days	n= 88

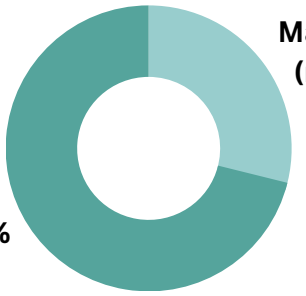
First Follow-Up Service Type

Psychotherapy
n= 46

69% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

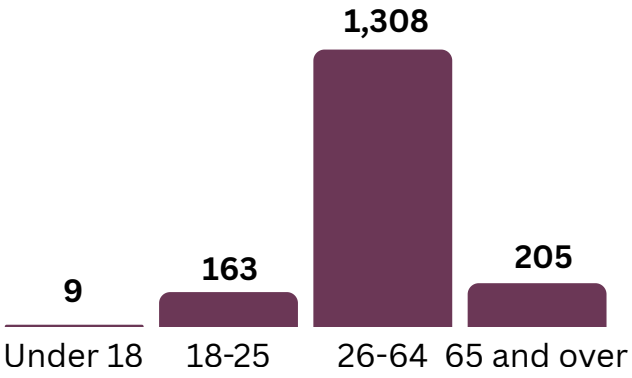
Demographics of Survey Respondents



Gender

93%
White

Race



Age

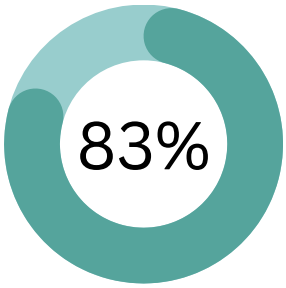
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



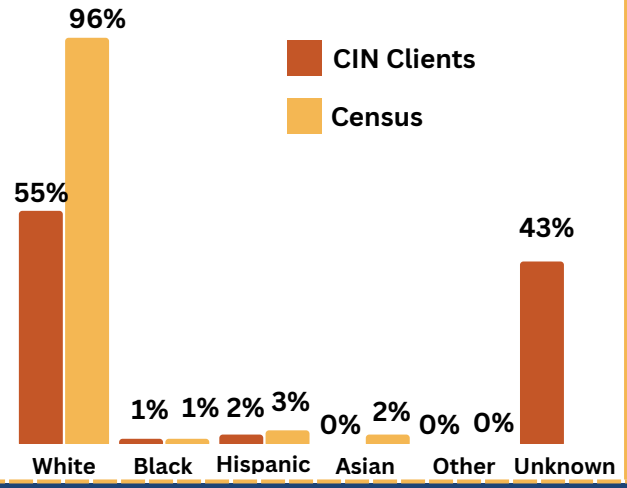
of clients agree with the following statements

DECATUR COUNTY, IN

RANKING FOR HEALTH FACTORS†

26
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

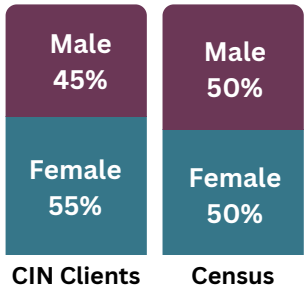
28.1%
of the population is below 200% of the federal poverty line

12.4%
of people 18-24 do not have HS degree

22%
of the population has a disability

$65,000
median household income

Gender

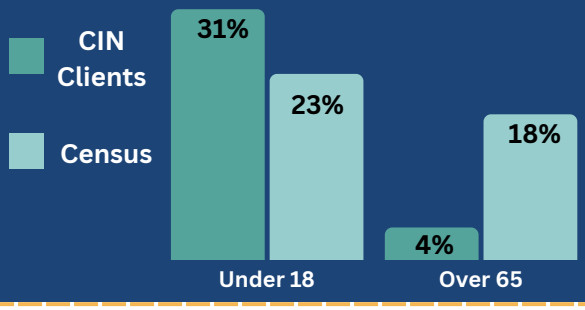


Median Age

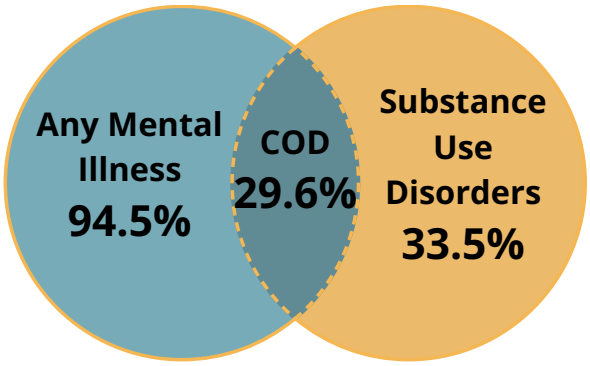
CIN clients: **29**

Census: **39.8**

Children & Elderly



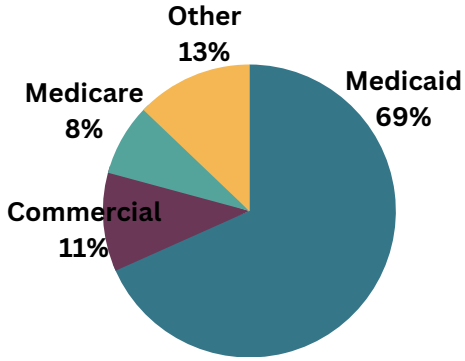
CIN Client Diagnoses



Suicide Rate
11 per 100,000

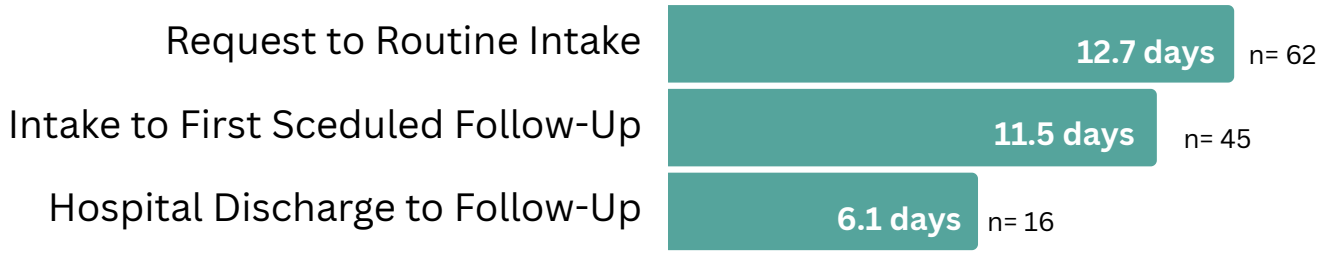
Overdose Death Rate
28.2 per 100,000

CIN Insurance Status



DECATUR COUNTY, IN

Access to Care at Centerstone



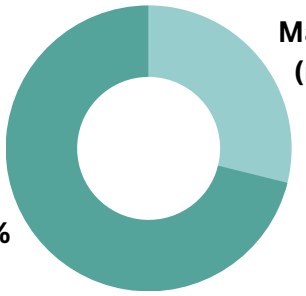
First Follow-Up Service Type

Case Management
n= 36

63% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

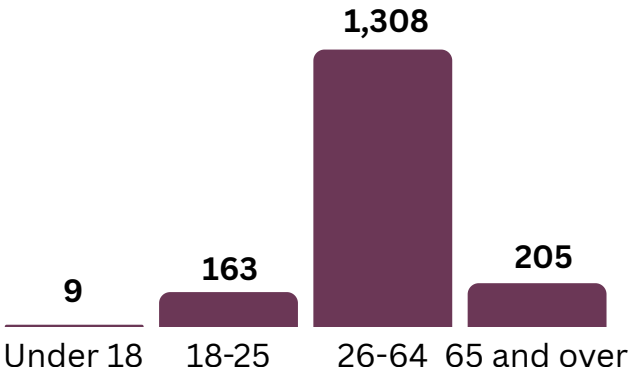
Demographics of Survey Respondents



Gender

93%
White

Race



Age

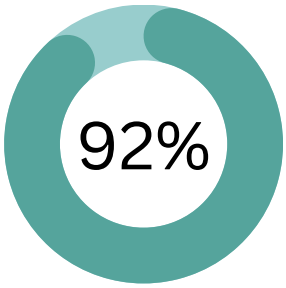
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



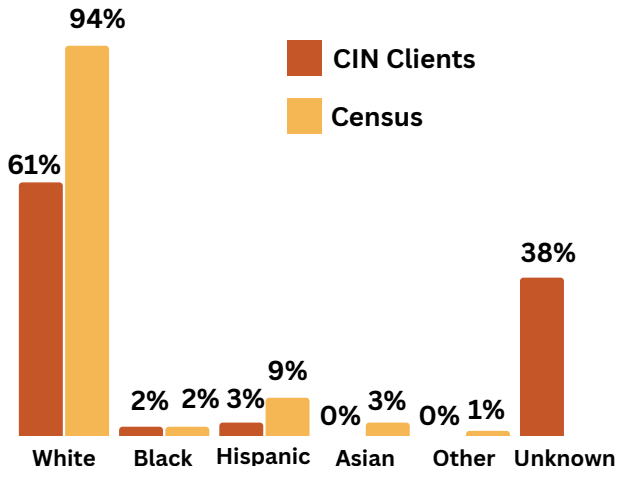
of clients agree with the following statements

JACKSON COUNTY, IN

RANKING FOR HEALTH FACTORS†

51
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

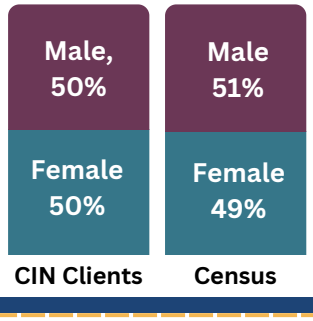
32.6%
of the population is below 200% of the federal poverty line

23.3%
of people18-24 do not have HS degree

20%
of the population has a disability

$59,504
median household income

Gender

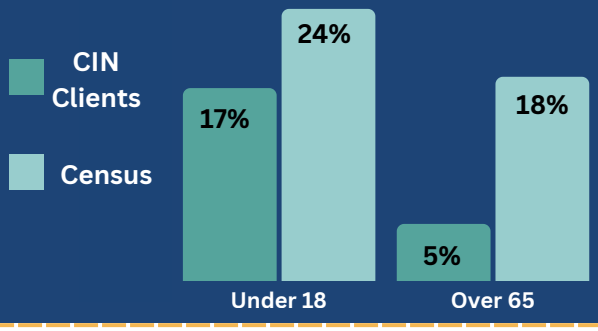


Median Age

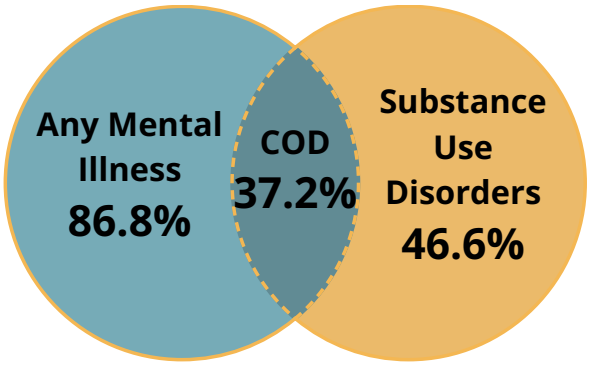
CIN clients: **32**

Census: **39.1**

Children & Elderly



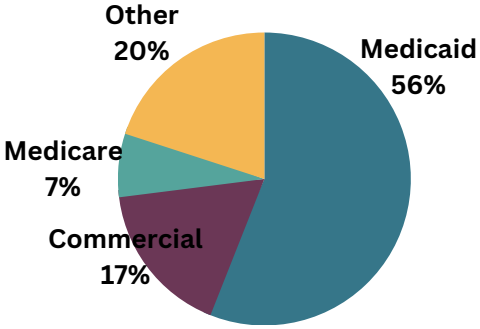
CIN Client Diagnoses



Suicide Rate
20 per 100,000

Overdose Death Rate
31.5 per 100,000

CIN Insurance Status



JACKSON COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	4.7 days	n= 196
Intake to First Sceduled Follow-Up	11.8 days	n= 36
Hospital Discharge to Follow-Up	6.7 days	n= 23

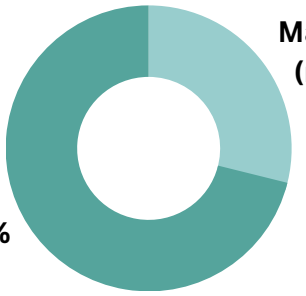
First Follow-Up Service Type

Psychotherapy
n= 23

60% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

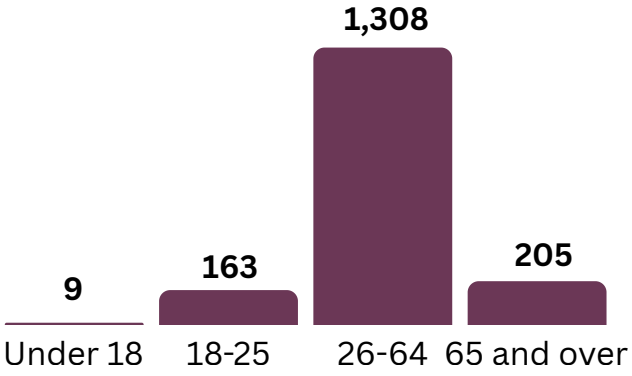
Demographics of Survey Respondents



Gender

93%
White

Race



Age

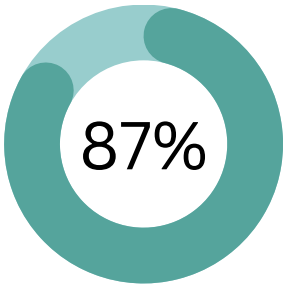
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



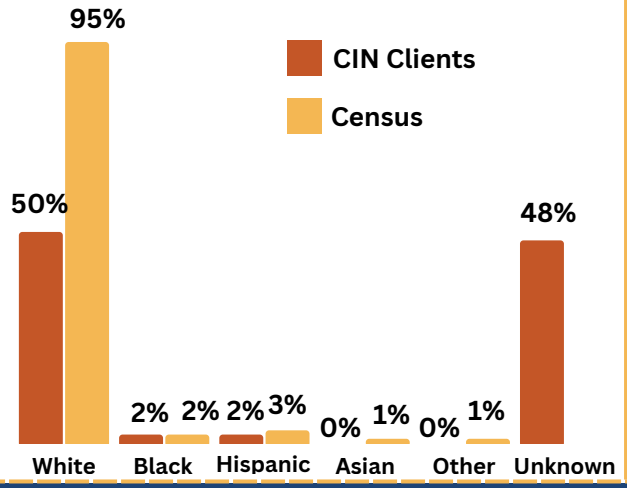
of clients agree with the following statements

JEFFERSON COUNTY, IN

RANKING FOR HEALTH FACTORS†

61
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

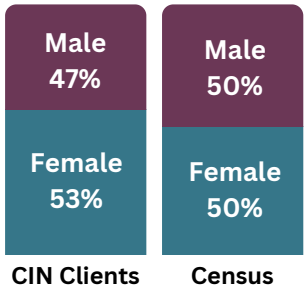
34.1%
of the population is below 200% of the federal poverty line

7.4%
of people 18-24 do not have HS degree

18.1%
of the population has a disability

$53,784
median household income

Gender

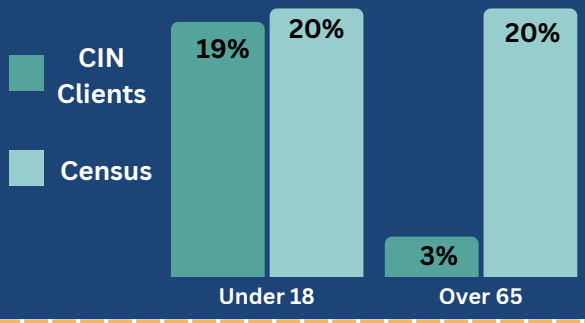


Median Age

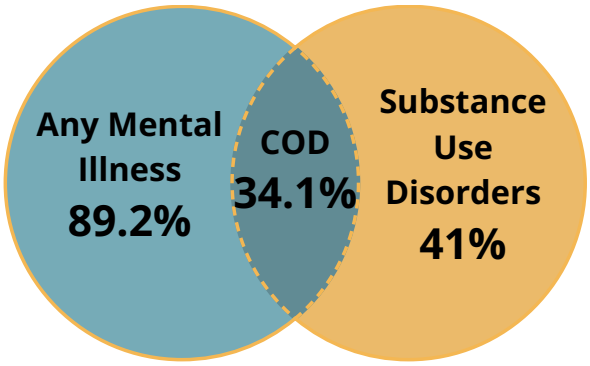
CIN clients: **33**

Census: **41.5**

Children & Elderly



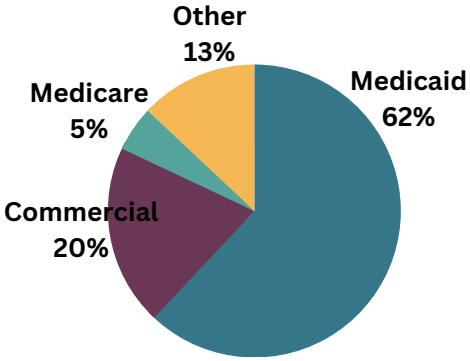
CIN Client Diagnoses



Suicide Rate
22 per 100,000

Overdose Death Rate
25.5 per 100,000

CIN Insurance Status



JEFFERSON COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	9.9 days	n= 78
Intake to First Sceduled Follow-Up	11.0 days	n= 50
Hospital Discharge to Follow-Up	6.0 days	n= 6

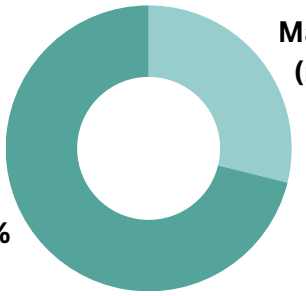
First Follow-Up Service Type

Psychotherapy
n= 24

50% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

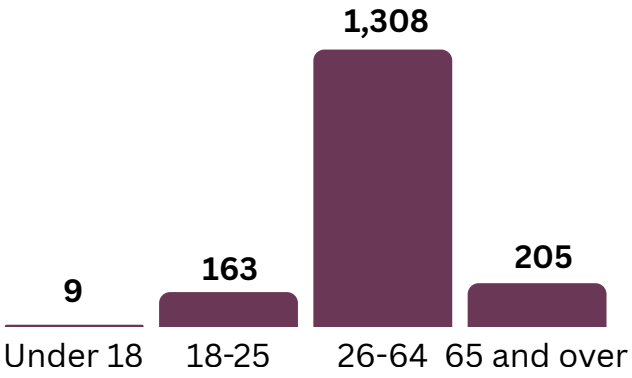
Demographics of Survey Respondents



Gender

93%
White

Race



Age

Perceived Access to Care

The location of services was convenient.

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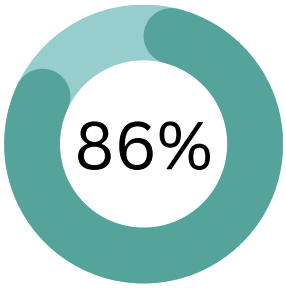


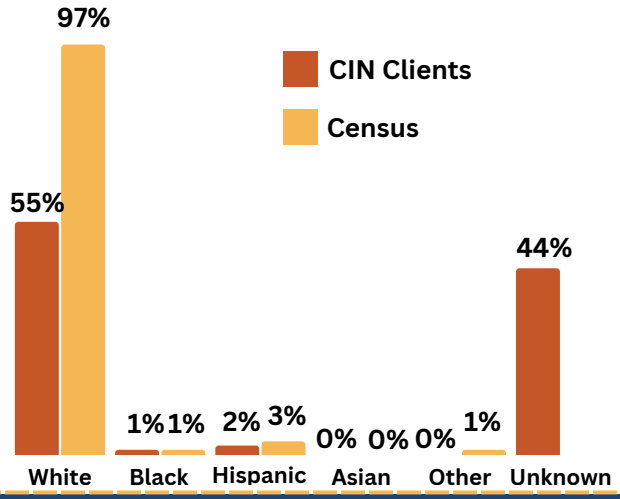
of clients agree with the following statements

JENNINGS COUNTY, IN

RANKING FOR HEALTH FACTORS†

77
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

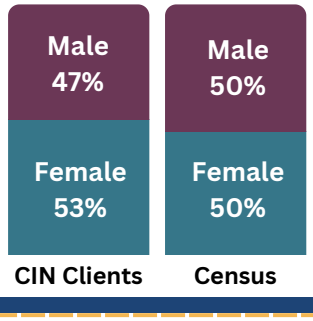
31.4%
of the population is below 200% of the federal poverty line

9.8%
of adults 18-24 and older do not have HS degree

21.5%
of the population has a disability

$63,612
median household income

Gender

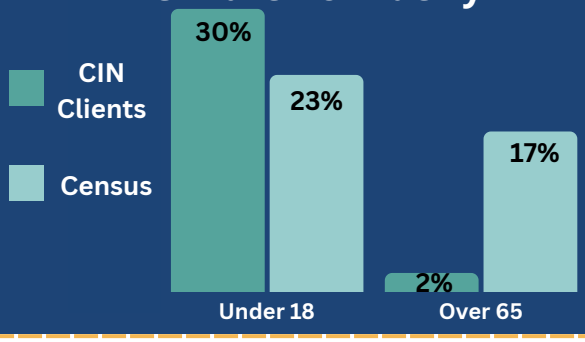


Median Age

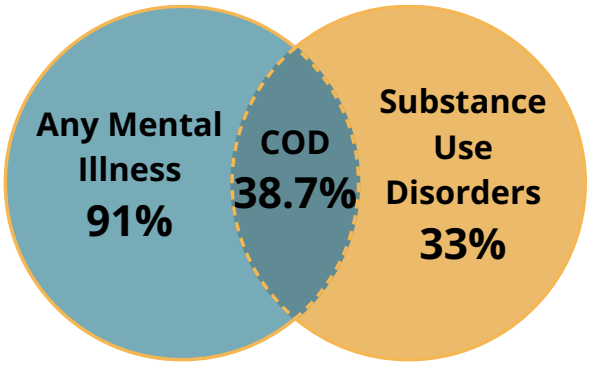
CIN clients: **28**

Census: **39.4**

Children & Elderly



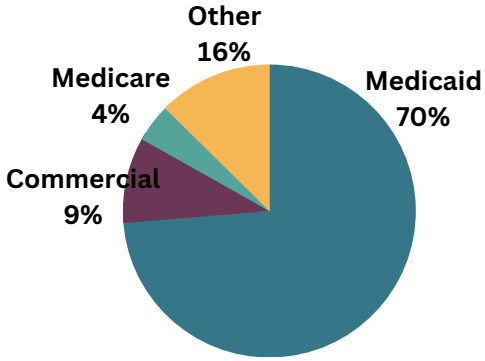
CIN Client Diagnoses



Suicide Rate
27 per 100,000

Overdose Death Rate
32.7 per 100,000

CIN Insurance Status



JENNINGS COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	20.3 days	n= 63
Intake to First Sceduled Follow-Up	17.1 days	n= 36
Hospital Discharge to Follow-Up	5.5 days	n= 31

First Follow-Up Service Type

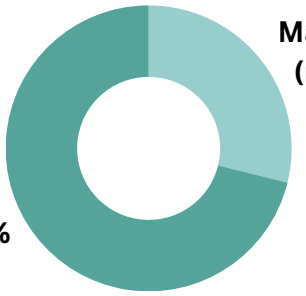
Case Management
n= 16

74% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

Your paragraph text

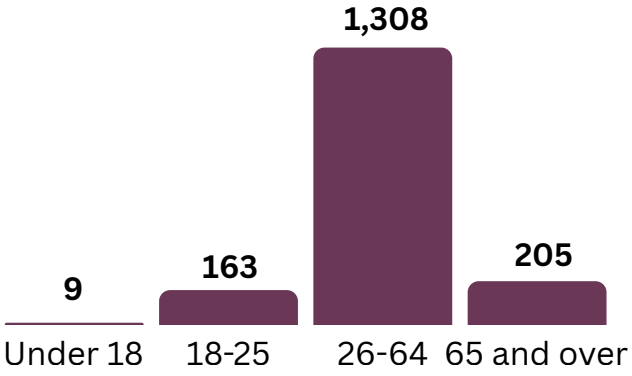
Demographics of Survey Respondents



Gender

93%
White

Race



Age

Perceived Access to Care

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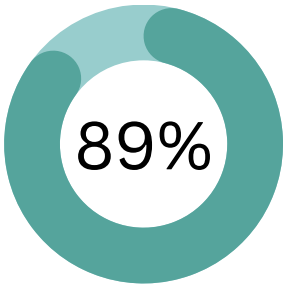


of clients agree with the following statements

OUR PARTNERS

A dvocates for Children
Alliance for Substance Abuse Progress (ASAP)
Anchor House
Bartholomew County Court Services
Centerstone Health Services
Centerstone Military Services
Columbus Regional Health
Columbus Regional Hospital
Columbus Regional Hospital TASC
Decatur County Recycling
Decatur County Superintendent
Foundations for recovery
Greensburg Police Department
Greensburg Prevention Group
Healthy Communities Jefferson Co.
Jackson County Commissioner
Jackson County Community Corrections
Jackson County Sheriff
Jefferson County Court Services
Jennings County Circuit Court
Jennings County Probation Letter
Jennings County School Corporation
Jennnings County JRAC Leadership Jackson County
Lifeline Celebrate Recovery
Lifespring
Love Chapel
Lydia Middleton Elementary
Mayor of Seymour
Medora Community School Corporation
Mental Health Matters
Schneck Medical Center
Seperanza
Seymour Comprehensive Treatment Center
Seymour Schools
South Western High School
South Western Middle School
St. Peters
The Community Foundation of Jackson County
The Villages of Indiana
Thrive
United Way

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX A

Service Area Demographics by County

CENTERSTONE

Category	Service Area	Bartholomew	Decatur	Jackson	Jefferson	Jennings
Population	216,738	83,540	26,416	46,300	32,946	27,536
Age Breakdown						
Under 5	6.1%	6.3%	6.1%	7.0%	5.3%	6.0%
Under 18	22.9%	24.0%	23.3%	24.4%	19.8%	23.0%
Age 65 and over	17.22%	17.2%	17.7%	17.7%	19.5%	17.1%
Median Age	39.5	37.9	39.8	39.1	41.5	39.4
Sex						
Female	49.8%	49.5%	49.7%	49.3%	51.4%	49.3%
Male	50.2%	50.5%	50.3%	50.7%	48.6%	50.7%
Ethnic Breakdown						
White	93.6%	86.6%	96.1%	93.5%	94.8%	96.8%
Black	1.6%	2.6%	0.8%	1.6%	2.2%	0.9%
American Indian and Alaska	0.5%	0.5%	0.3%	0.7%	0.4%	0.4%
Asian	2.7%	7.8%	1.5%	2.8%	0.9%	0.4%
Native Hawaiian/Pacific Islander	0.1%	0.1%	0.0%	0.2%	0.1%	0.1%
Hispanic or Latino	5.3%	8.4%	2.5%	9.2%	3.3%	3.2%
Two or more races	1.6%	2.3%	1.2%	1.3%	1.5%	1.5%
Economic Characteristic						
Median Income	$62,617	$71, 183	$65,000	$59,504	$53,784	$63,612
Adults 25 and older without a High School degree	9.95%	8.92%	9.52%	10.53%	12.78%	11.00%
Population below 100% FPL	13.2%	11.9%	10.7%	15.3%	13.7%	12.7%
Population below 200% FPL	31.0%	28.3%	28.1%	32.6%	34.1%	31.4%
Uninsured population	7.34%	7.67%	7.98%	7.17%	8.32%	10.07%
Annual Unemployment Rate 2023 Average	3.1%	2.9%	2.8%	3.0%	3.1%	3.9%
Veterans	7.25%	6.43%	7.89%	6.68%	8.47%	8.29%
Physician to FTE ratio	1,762:1	1,430:1	1,770:1	1,580:1	1,530:1	2,500:1
Free and Reduced Fee Lunch Recipients 2020/2021	50.2%	41%	48%	53%	52%	57%

Health Status Indicators	Service Area	Bartholomew	Decatur	Jackson	Jefferson	Jennings
Diabetes						
Age-adjusted diabetes prevalence[1]	10.20%	10%	10%	11%	10%	10%
Adult obesity prevalence[2]	37%	34%	38%	38%	35%	42%
Age-adjusted diabetes morality rate (per 100,000)[3]	18.8	10.9	0	22.9	30.2	29.8
Percent of adults (18 years and older) with no physical activity in the past month[4]	27%	26%	26%	28%	26%	28%
Cardiovascular Disease						
Age-adjusted mortality from diseases of the heart (per 100,000) [5]	196	178.1	181.1	203.7	216.5	198.7
Proportion of adults reporting diagnosis of high blood pressure[6]	35.40%	35.30%	35.20%	35.70%	35.10%	35.70%
Age-adjusted cerebrovascular disease morality (per 100,000) [7]	49	34.6	63.8	42.2	38.9	65.7
Cancer						
Cancer screening – percent of women 50 years and older with no mammogram in the past 2 years* Indiana measures over age 40 years for counties.[8]	40.20%	44.00%	40.00%	40.00%	39.00%	38.00%
Percent of adults who currently smoke cigarettes[9]	20.90%	19.90%	20.30%	20.80%	21.60%	21.70%
Age-adjusted colorectal cancer morality (per 100,000)[1]	6.8	10.5	0	23.5	0	0
New female breast cancer cases (per 100,000)[2]	106.6	125.7	89.3	99	109.2	110

Health Status Indicators	Service Area	Bartholomew	Decatur	Jackson	Jefferson	Jennings
Prenatal and Perinatal Health[3]						
Low birth weight (<2500 grams) rate (5-year average)	7.60%	8.60%	7.00%	6.90%	9.60%	6.00%
Births to teenage mother (ages 15-19; percent of all births) (per 1,000)	23.7	20.8	11.8	36.5	20.1	29.4
Late entry into prenatal care (entry after first trimester; percent of all births)	24.90%	20.40%	23.90%	34.70%	19.10%	26.50%
Cigarette use during pregnancy (percent of all pregnancies)	20.90%	14.80%	17.00%	17.50%	26.10%	28.90%
Percent of births that are preterm (<37 weeks gestational age)	10.30%	10.40%	9.00%	10.20%	11.60%	10.30%
Child Health[4]						
Percent of children (19-35 months) not receiving recommended immunizations: 4-3-1-3-3-1-4	27.40%	24.00%	27.00%	37.00%	25.00%	24.00%
Behavioral Health						
Suicide rate (per 100,000)[5]	19	15	11	20	22	27
Binge alcohol use in the past month (percent of adults who are binge drinkers)[6]	16.50%	16.00%	16.50%	16.30%	16.80%	16.70%
Age-adjusted drug poisoning (i.e., overdose) mortality rate per 100,000 population	30.3	33.5	28.2	31.5	25.5	32.7

Health Status Indicators	Service Area	Bartholomew	Decatur	Jackson	Jefferson	Jennings
Other Health and Access						
Premature Age-adjusted death rate (per100,000)[1]	448	380	420	440	450	550
Persons Living with HIV (per 100,000)[2]	105.6	88	87	145	123	85
Percent elderly (65 and older)[3]	19.50%	15.80%	20.30%	17.30%	25.00%	18.90%
Age-adjusted unintentional injury death (per 100,000)[4]	58.8	55.9	0	91.1	97.5	49.4
Percent of population linguistically isolated (people 5 years and over who speak a language other than English at home)[5]	0.40%	0.70%	0.00%	0.80%	0.10%	0.30%
Percent of adults (18+ years old) with no usual source of care[6]	13.40%	14.50%	13.20%	13.10%	13.10%	13.30%
Percentage of adults 65 years and older who have not had a flu shot in the past year[7]	44.40%	36.00%	51.00%	43.00%	44.00%	47.00%
Chlamydia (sexually transmitted infection) rate (per 100,000)[8]	309.8	360.1	269.8	314.8	319.8	284.6
Percent of adults without a visit to a dentist or dental clinic in the past year for any reason[9]	40.10%	38.00%	39.20%	41.70%	40.70%	41.00%

Determinants	Service Area	Bartholomew	Decatur	Jackson	Jefferson	Jennings
Social Determinants of Health Indicators						
Households with Limited English Proficiency[1]	0.40%	0.70%	0.00%	0.80%	0.10%	0.30%
Less than High School Graduate 18 to 24 years[2]	13.40%	14.30%	12.40%	23.30%	7.40%	9.80%
Veterans[3]	7.25%	6.43%	7.89%	6.68%	8.47%	8.29%
Disability[4]	19.70%	17.10%	22.00%	20.00%	18.10%	21.50%
Households with No Broadband[5]	20.50%	14.50%	23.90%	21.50%	23.20%	19.30%
Children Receiving Free and Reduced Fee Lunch[6]	50.20%	41%	48%	53%	52%	57%
Low-income Not Served by Health Centers[7]	54,051	17,306	6,807	12,618	10,628	6,692
Non-Fatal Opioid Emerg. Dept. Visits Per 100k[8]	77	100.3	79.1	65.6	46.4	93.7
Opioid Drug Overdose Deaths Per 100k - 2020[9]	17	22.5	37.6	24.9	0	0

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX B

Centerstone of Indiana Demographics by County

CENTERSTONE

Variable	Entire Catchment		Bartholomew		Decatur		Jackson		Jefferson		Jennings	
	n	%	n	%	n	%	n	%	n	%	n	%
Total n	8110		4526		941		1808		885		1084	
By Race/Ethnicity												
Black or African American	176	2.2%	126	2.8%	11	1.2%	33	1.8%	15	1.7%	8	0.7%
White or Caucasian	4655	57.4%	2578	57.0%	518	55.0%	1093	60.5%	444	50.2%	599	55.3%
Hispanic or Latino	227	2.8%	148	3.3%	19	2.0%	49	2.7%	18	2.0%	20	1.8%
Other	6	0.1%	4	0.1%	1	0.1%	0	0.0%	0	0.0%	2	0.2%
American Indian or Alaskan Native	6	0.1%	3	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%
Asian	30	0.4%	27	0.6%	1	0.1%	0	0.0%	2	0.2%	0	0.0%
Hawaiian or Pacific Islander	2	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	1	0.1%
Missing/Unknown	3232	39.9%	1785	39.4%	408	43.4%	681	37.7%	423	47.8%	473	43.6%
By Gender												
Male	3841	47.4%	2124	46.9%	419	44.5%	898	49.7%	369	41.7%	497	45.8%
Female	4266	52.6%	2400	53.0%	520	55.3%	910	50.3%	516	58.3%	586	54.1%
Diagnoses/Disorders												
Any Mental Illness (AMI)	7371	90.9%	4225	93.3%	889	94.5%	1570	86.8%	789	89.2%	986	91.0%
Substance Use Disorder (SUD)	3045	37.5%	1562	34.5%	315	33.5%	842	46.6%	363	41.0%	420	38.7%
Co-Occurring Disorder (COD)	2611	32.2%	1420	31.4%	279	29.6%	673	37.2%	302	34.1%	358	33.0%
Age												
Under 5	12	0.1%	5	0.1%	1	0.1%	3	0.2%	3	0.3%	1	0.1%
Under 18	1941	23.9%	1072	23.7%	293	31.1%	307	17.0%	165	18.6%	328	30.3%
65+	350	4.3%	228	5.0%	40	4.3%	84	4.6%	28	3.2%	26	2.4%
Median Age	31		31		29		32		33		28	
Insurance Status												
Medicare	560	6.9%	322	7.1%	79	8.4%	129	7.1%	48	5.4%	43	4.0%
Medicaid	4824	59.5%	2379	52.6%	645	68.5%	1015	56.1%	546	61.7%	761	70.2%

APPENDIX C

Centerstone of Indiana Access to Care by County

CENTERSTONE

	Entire Catchment	Bartholomew	Decatur	Jackson	Jefferson	Jennings
Access to Care- Routine Intake						
Average Days from Request to Routine Intake	12.7 days (n=764)	14 days (n=365)	11.7 days (n=62)	4.7 days (n=196)	9.9 days (n=78)	20.3 days (n=63)
Access to Care- Intake to First Scheduled Appointment						
Average Days from Intake to First Scheduled Follow-Up	11.5 days (n=304)	10.5 days (n=137)	10.1 days (n=45)	11.8 days (n=36)	11 days (n=50)	17.1 days (n=36)
First Follow-up Service Type	Psychotherapy (n=104)	Psychotherapy (n=46)	Case Management (n=36)	Psychotherapy (n=23)	Psychotherapy (n=24)	Case Management (n=16)
Access to Care- Routine Intake						
Average Days to Hospital Discharge Follow-Up	6.1 days (n=164)	6.2 days (n=88)	6.4 days (n=16)	6.7 days (n=23)	6.0 days (n=6)	5.5 days (n=31)
Percent of Discharge Follow-Ups Scheduled within 7 Days	67%	69%	63%	60%	50%	74%
Percent of Discharge Follow-Ups Scheduled within 30 Days	100%	100%	100%	100%	100%	100%

Sources

ACRGIS: **Health Outcomes Indiana**
https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65
[18]

County Health Rankings, 2023: **Indiana**
https://www.countyhealthrankings.org/app/indiana/2023/overview
[9][11][12][13][14][26][29][35][43]

Health Indicators Comparison: **Indiana Indicators**
http://indianaindicators.org/dash/comparison.aspx
[15][16][17][19][20][22][23][24][25][32][36][45][46]

US Census Bureau Quick, 2022: **Quick Facts Indiana**
https://www.census.gov/quickfacts/IN
[1][3][4]

US Census Bureau: **Data Table Indiana**
https://data.census.gov/table
[2][5][6][7][39][40][41]

USD Mapper: **Indiana**
https://maps.udsmapper.org/map
[8][10][21][27][28][31][33][34][37][38][42][44]

CENTERSTONE OF INDIANA

RICHMOND

COMMUNITY NEEDS ASSESSMENT 2023

CENTERSTONE

CENTERSTONE OF INDIANA

COMMUNITY NEEDS ASSESSMENT

Background

Centerstone currently operates one SAMHSA-funded Certified Community Behavioral Health Clinic (CCBHC) in Bloomington, Indiana. This clinic location along with our Richmond and Columbus hubs aim to serve clients utilizing an integrated health model to provide mental health care, substance use disorder services, and physical health monitoring. Therefore, it is essential to understand how we fit into the greater fabric of the community. In an attempt to ensure each of the three hubs are addressing the current needs of our community, Centerstone's CCBHC evaluation team has collected the following information to complete a Community Needs Assessment of Richmond's surrounding catchment area.

As part of the Certified Community Behavioral Health Model, this needs assessment provides integral information about the community served by Centerstone across three key services hubs. As an agency we plan to utilize the information gathered to inform staffing decisions, improve access to care, address health care disparities, and ensure comprehensive, quality services are provided to all individuals regardless of their ability to pay.

About Centerstone

Services

Wide-range of mental health and support services ranging from counseling, substance use treatment, and residential care for individuals of all ages and backgrounds across Florida, Illinois, Indiana, and Tennessee.

Mission

Delivering care that changes people's lives.

Values

Respect:
Demonstrate high regard for clients, one another, partners, and regulatory obligations; provide safe spaces for people to thrive under the support and advocacy of one another.

Empowerment:
Be the author of your own development; embrace the power you have to solve problems and take positive results-driven action.

Expertise:
Strive toward mastery in everything you do, which will lead to successful clients and colleagues, and a successful company; by taking a growth mindset and a "best in science" strategy, continually expand your skills.

Integrity:
Be honest, transparent, and committed to doing what's best for clients and the company. Collaborate openly in the pursuit of truth.

Methods

Centerstone's Institute of Clinical Excellence and Innovation worked in conjunction with Health Consulting Strategies, Inc. to compile key community health indicators and internal Centerstone client data that allows for a overarching understanding of our catchment areas health needs.

The primary questions of this needs assessment include:

- What are the highest priority needs among adults living in the catchment area with mental health and/or substance use disorders (target population)?
- What physical, social, and/or environmental challenges are contributing to behavioral health concerns (e.g. food insecurity, lack of safe and affordable housing, and financial support)?
- Are there real and/or perceived mental health care disparities within the community?

A review of existing literature and historical client data provided the foundation for this Community Health Needs Assessment.

Data Sources

County Profiles. Data sources including the US Census, County Health Rankings, Uniform Data System (UDS) Mapper, and Indiana Indicators Dashboard were used to understand community demographics, social determinants of health, health status indicators, and health care access. This information was compiled by each county making up the catchment area and reported in **Appendix A.**

Centerstone Client Mix. Data from the Electronic Health Records (EHR) across all catchment area locations was compiled between September 30, 2022 and October 1, 2023. Clients key demographics such as gender, race, ethnicity, diagnoses, etc. for each county were pulled to better understand who Centerstone of Indiana currently serves and how this compares to external Census data from our catchment areas. See **Appendix B.**

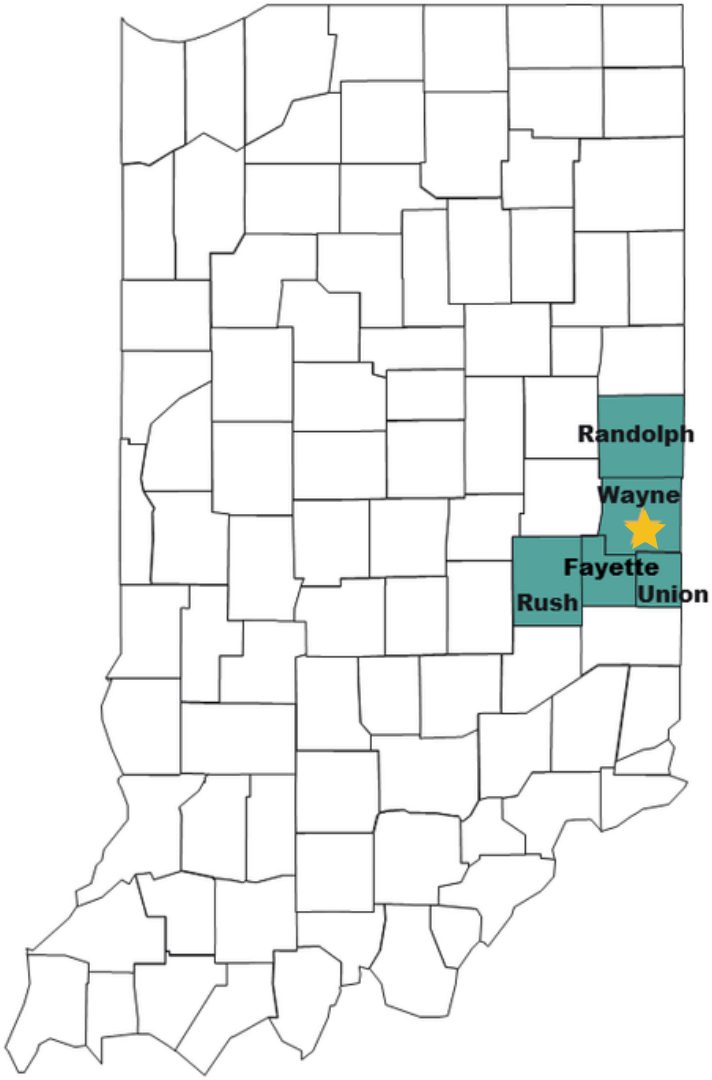
Perception of Care. The annual Client Satisfaction Survey developed and distributed by the Centerstone's Quality Improvement Team was used to measure perception of care. The data reported was collected from October 2022 through May 2023 and is an aggregate summary of responses obtained from all of Centerstone of Indiana.

Access to Care. Information on timeliness of care was pulled from the EHR based on past 60 day metrics. Live dashboards include average days between request to routine intake, intake to first scheduled appointment, and hospital discharge follow up. See **Appendix C**.

Catchment Area

Centerstone of Indiana (CIN) encompasses clinic hubs providing an array of services to populations in multiple counties that create the catchment area. The main clinic location in which CCBHC will operate in Richmond is represented by the yellow star on the map below.

- The Richmond Hub comprises of five counties.
  - Fayette, Randolph, Rush, Union, and Wayne Counties.



CENTERSTONE'S RICHMOND HUB

The Richmond Hub serves five, predominately rural counties in eastern Indiana. As this Community Needs Assessment indicates, Centerstone is serving communities with more than one-third of residents living below 200% of poverty. More than two-thirds of our clients in these counties participate in Medicaid. More than three quarters of clients in this region indicate satisfaction with their access to care, but Centerstone data indicate that individuals wait just over 6 days from referral to intake. While Centerstone does not yet track immigration status, we estimate (based on American Immigration Council data), 5.6% of the Indiana population is foreign-born. This population is likely to be underserved and will be a focus of outreach and engagement for the Hub.

With the addition of a CCBHC, the Hub will enhance comprehensive, integrated, coordinated, and person-centered behavioral health care, and improve access to community-based mental health (MH) and substance use disorder (SUD) treatment and support, including 24/7/365 crisis response within 3 hours, late night treatment options 3 days a week and Saturday care, telehealth availability, and asynchronous interventions, etc. These wide-ranging services will be available for individuals in the proposed service area, regardless of their ability to pay or place of residence. Everyone who seeks care at a CCBHC will have access to all essential services and if the clinic is not able to provide, they will have direct partnerships with other organizations The population of focus comprises of individuals with a MH/SUD seeking care at Centerstone, including those with serious mental illness (SMI); SUD, including opioid use disorder (OUD); co-occurring mental and substance disorders (COD); and experiencing a MH or substance use (SU)-related crisis; and children/adolescents with serious emotional disturbance (SED). By improving access and availability of care and expanding care coordination, clinics will be well equipped to address key health disparities and the needs of special populations in the surrounding community. The CCBHC will be complemented by our current crisis services including:

·On-call services 24/7 -7 days a week

·A Rapid Response Treatment Team (RRTT) that engages individuals in treatment prior to discharge from inpatient psychiatric services, jail or prison

·The RRTT can meet with individuals in person, in the community, and via telehealth.

Based on this Community Needs Assessment, CCBHC implementation at the Richmond Hub will require the addition of twelve new Licensed Therapists, two Nurses, and five Certified Peer Support Specialists. The addition of these positions will enable Centerstone to meet all six CCBHC requirements, and reduce the time from referral to intake among other access and quality indicators including improved tracking and provision of services for undocumented and other vulnerable and underserved populations.

INDIANA HEALTH INFORMATION EXCHANGE

Using Indiana's Health Information Exchange program, Centerstone of Indiana is able to monitor their clients' visits to local emergency departments (ED) and inpatient (IP) admissions. This data aids in care coordination and the integration of behavioral and physical health. Below is a summary of data from clients who visited Indiana hospitals between April 2020 and July 2023.

Emergency Department

5,421 Clients Utilized the ED

18,949
Total ED Visits

Average of
3.5
Visits per Client

Summary of Findings

Majority of clients were female with younger clients using the ED and older clients admitted to IP. Most common diagnoses were the same between groups.

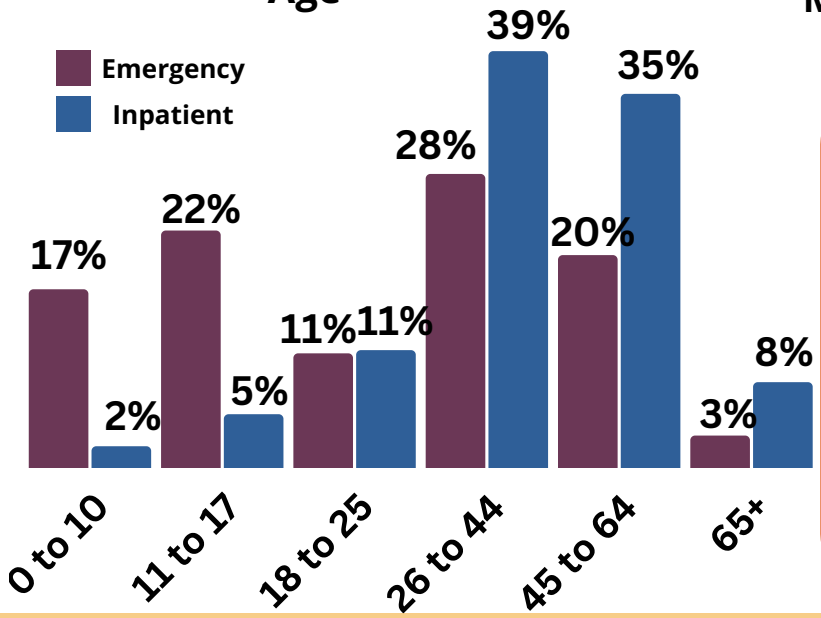
Inpatient Admissions

1,339 Clients Admitted

3,024
Total admissions

Average Length of Stay of
5.6 days
per Client

Age

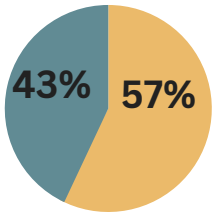


Most Common Diagnoses

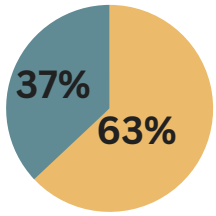
	Emergency	Inpatient
Depression	38% n=1963	41% n=532
PTSD	35% n=822	37% n=481
Generalized Anxiety Disorder	33% n=1719	30% n=390

Gender

Inpatient



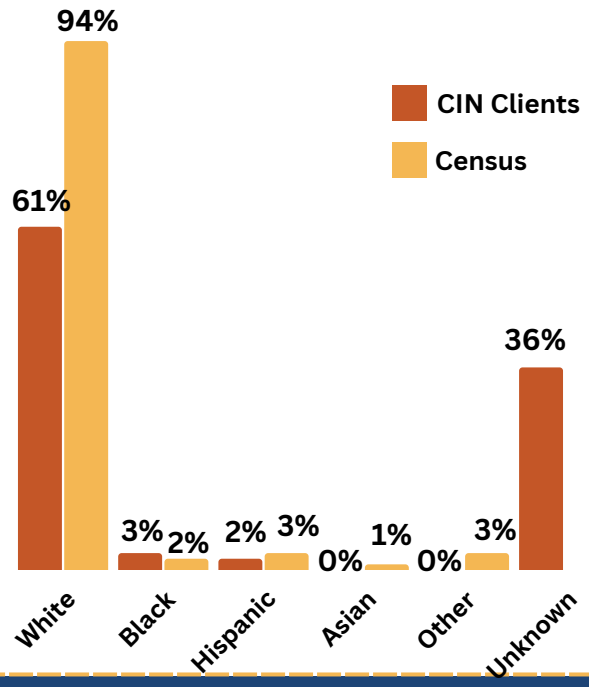
Emergency



Female Male

CENTERSTONE'S RICHMOND HUB

Race and Ethnicity



Census Data: Social Determinants of Health

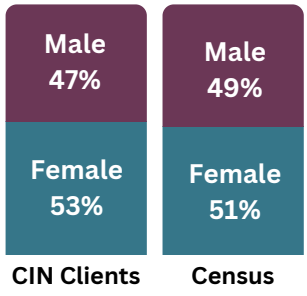
34%
of the population is below 200% of the federal poverty line

19.3%
of those between the ages of 18 and 24 do not have a HS degree

20.4%
of the population has a disability

$54,520
median household income

Gender

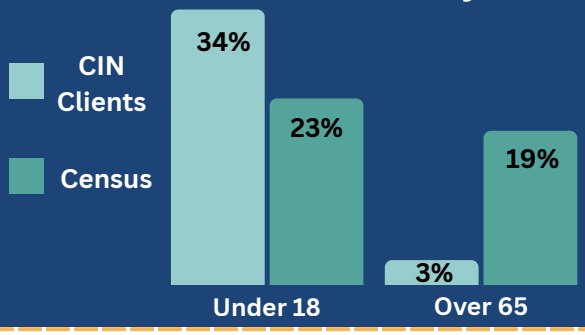


Median Age

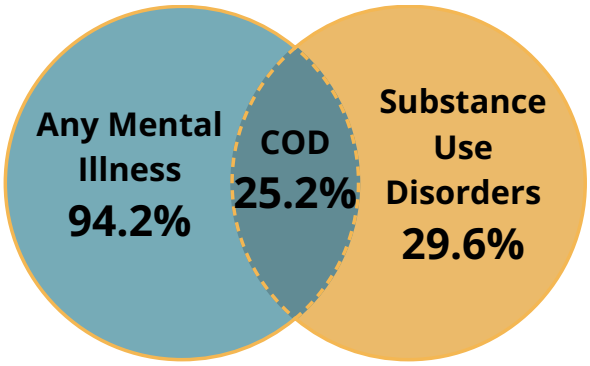
CIN clients: **26**

Census: **42.6**

Children & Elderly



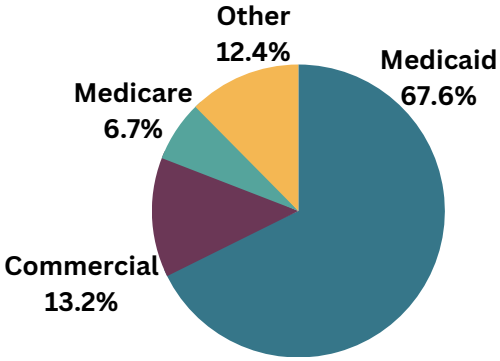
CIN Client Diagnoses



Suicide Rate
16 per 100,000

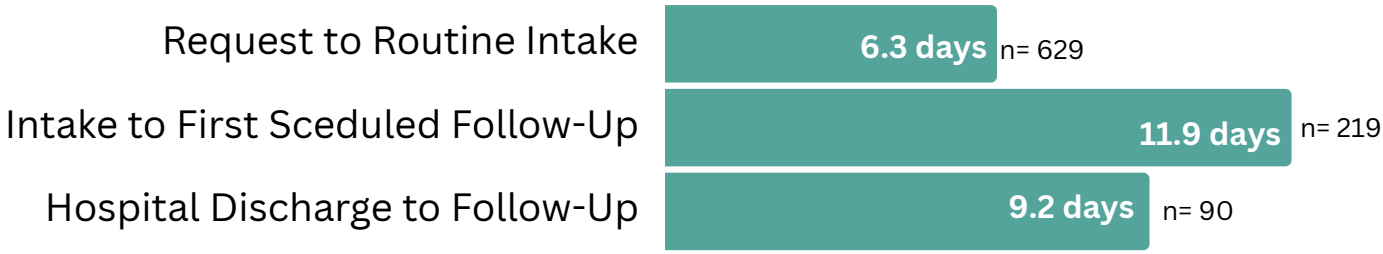
Overdose Death Rate
46.6 per 100,000

CIN Insurance Status



CENTERSTONE'S RICHMOND HUB

Access to Care at Centerstone



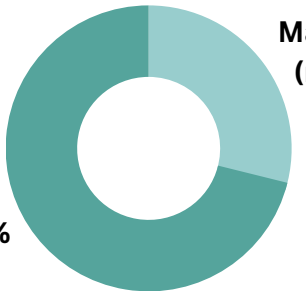
First Follow-Up Service Type

Case Management
41% (n= 89)

62% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

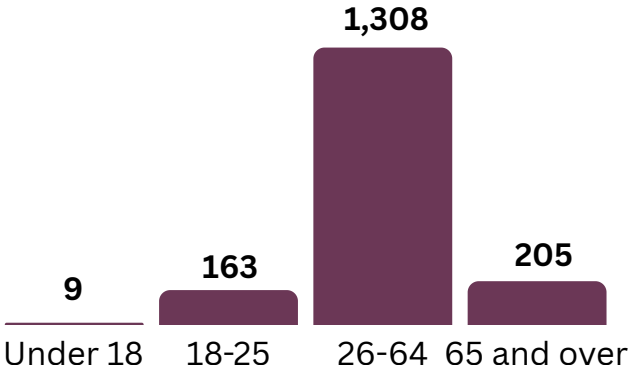
Demographics of Survey Respondents



Gender

93%
White

Race



Age

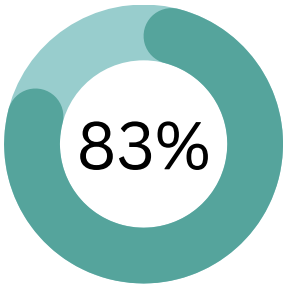
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



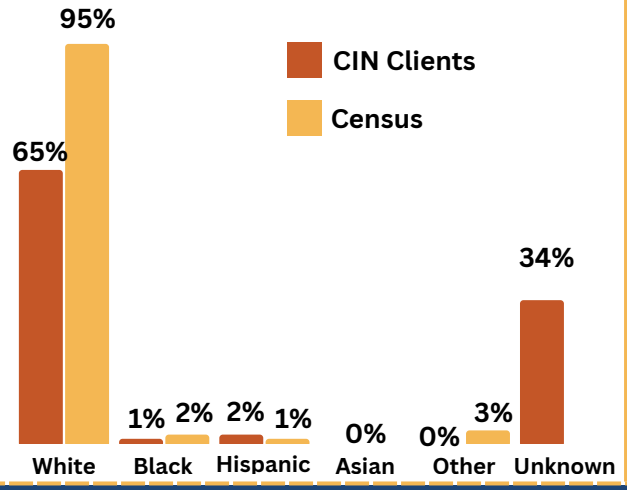
of clients agree with the following statements

FAYETTE COUNTY, IN

RANKING FOR HEALTH FACTORS†

90
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

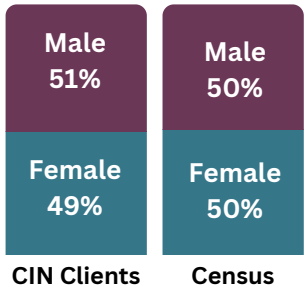
33.8%
of the population is below 200% of the federal poverty line

23.8%
of those between the ages of 18 and 24 do not have a HS degree

17.9%
of the population has a disability

$54,520
median household income

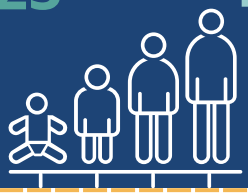
Gender



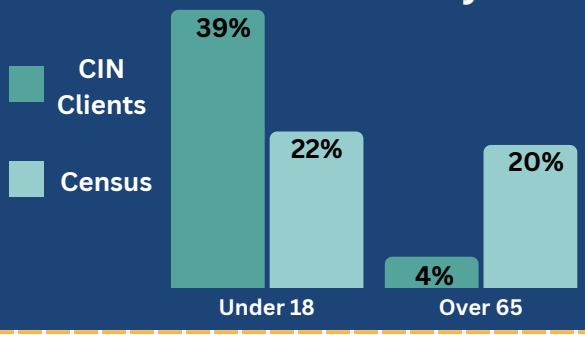
Median Age

CIN clients: **25**

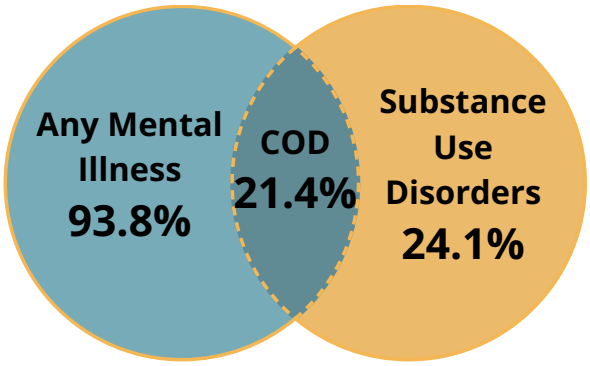
Census: **43.6**



Children & Elderly



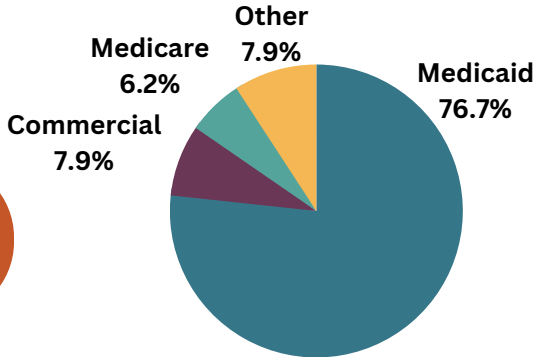
CIN Client Diagnoses



Suicide Rate
16 per 100,000

Overdose Death Rate
50.2 per 100,000

CIN Insurance Status



FAYETTE COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	0 days	n= 28
Intake to First Sceduled Follow-Up	11.4 days	n= 32
Hospital Discharge to Follow-Up	3.6 days	n= 15

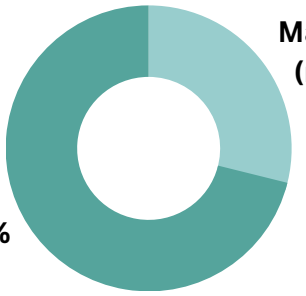
First Follow-Up Service Type

Case Management
69% (n= 22)

85% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

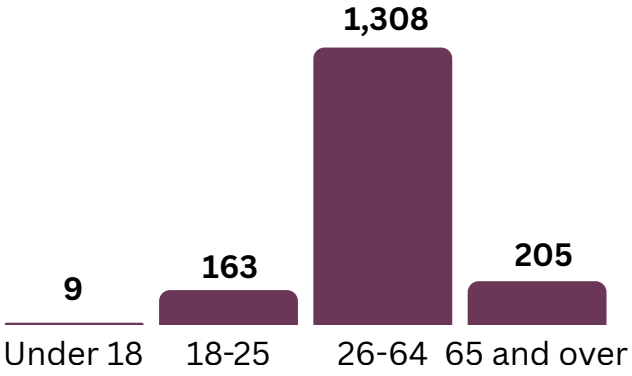
Demographics of Survey Respondents



Gender

93%
White

Race



Age

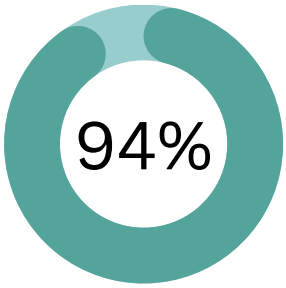
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



of clients agree with the following statements

RANDOLPH COUNTY, IN

RANKING FOR HEALTH FACTORS†

76
of 92

Census Data: Social Determinants of Health

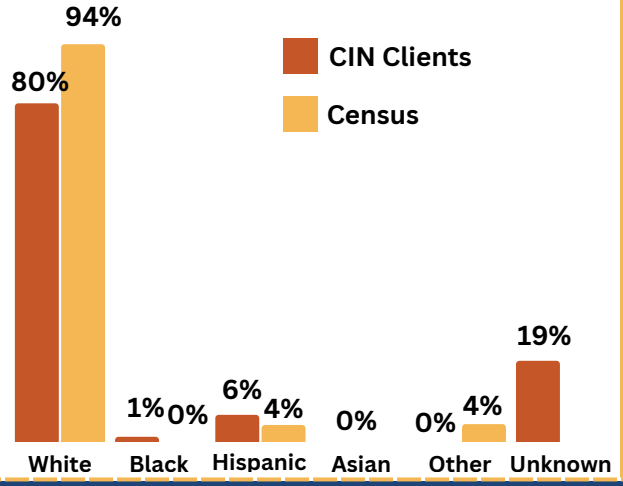
35.4%
of the population is below 200% of the federal poverty line

17.2%
of those between the ages of 18 and 24 do not have a HS degree

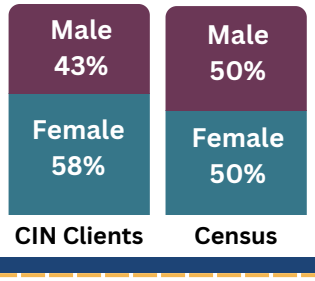
22.2%
of the population has a disability

$54,912
median household income

Race and Ethnicity



Gender

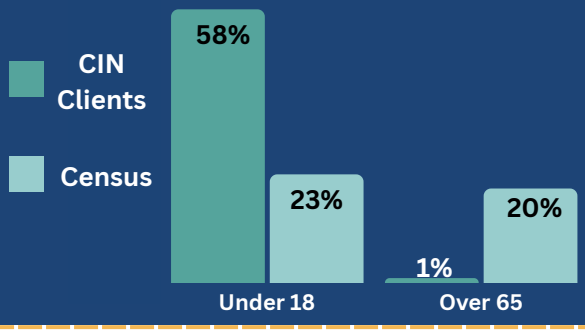


Median Age

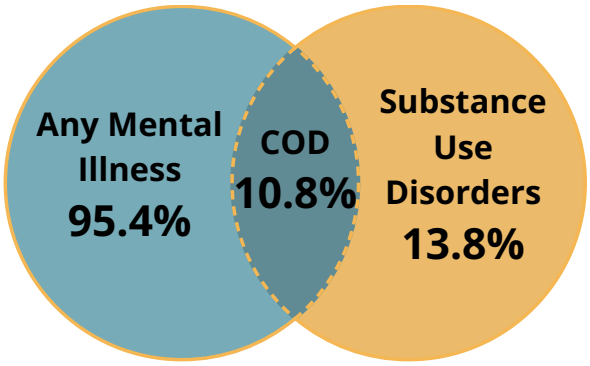
CIN clients: **16**

Census: **42.6**

Children & Elderly



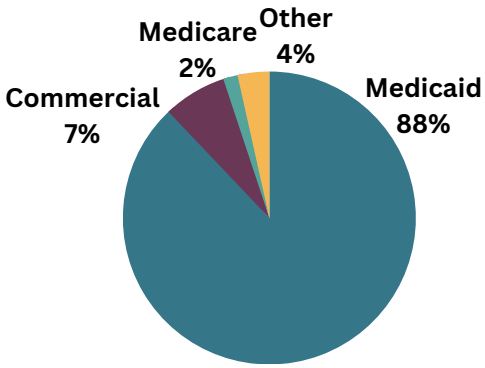
CIN Client Diagnoses



Suicide Rate
14 per 100,000

Overdose Death Rate
39.4 per 100,000

CIN Insurance Status



RANDOLPH COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	11.2 days	n= 84
Intake to First Sceduled Follow-Up	16.3 days	n= 26
Hospital Discharge to Follow-Up	9.0 days	n= 3

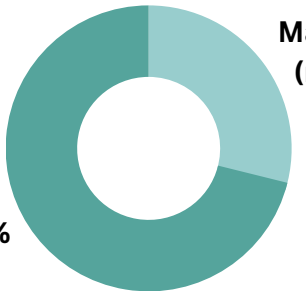
First Follow-Up Service Type

Case Management
77% (n= 20)

50% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

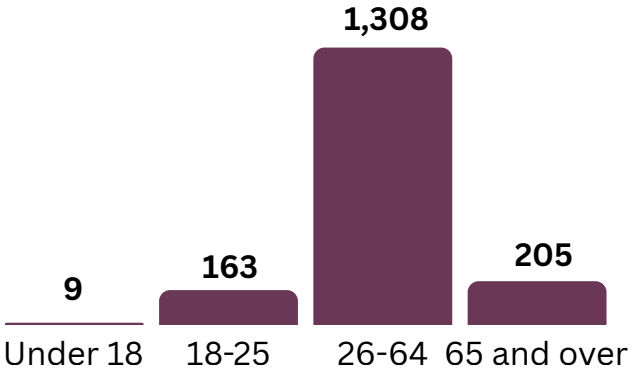
Demographics of Survey Respondents



Gender

93%
White

Race



Age

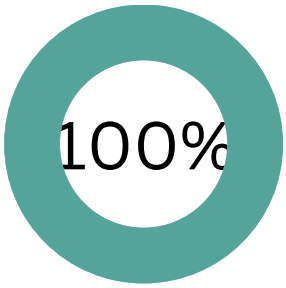
Perceived Access to Care

The location of services was convenient.

Staff were willing to see me as often as necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.



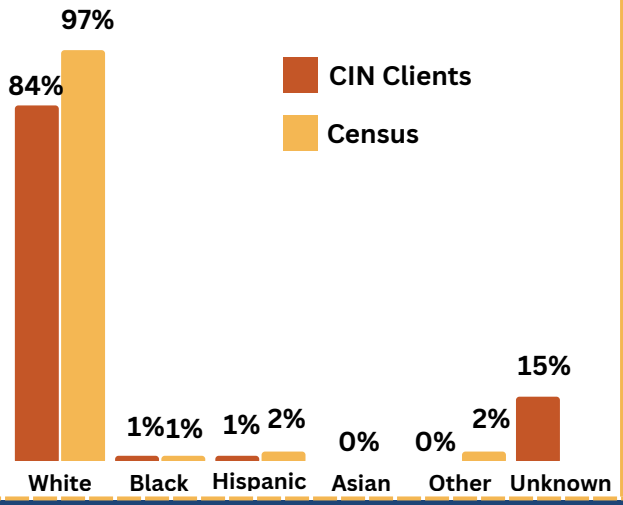
of clients agree with the following statements

RUSH COUNTY, IN

RANKING FOR HEALTH FACTORS†

37
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

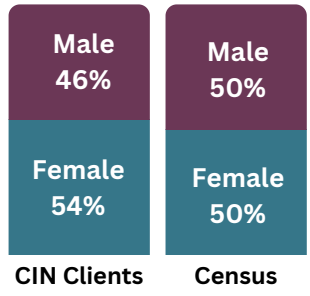
29%
of the population is below 200% of the federal poverty line

21.5%
of those between the ages of 18 and 24 do not have a HS degree

17.2%
of the population has a disability

$58,887
median household income

Gender

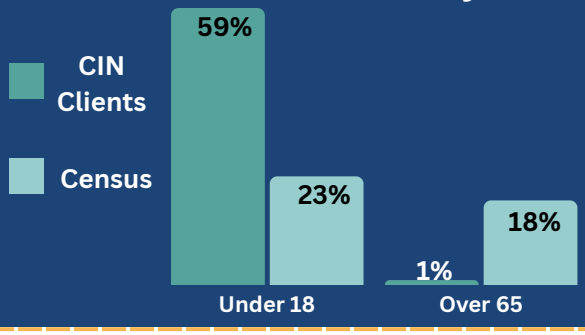


Median Age

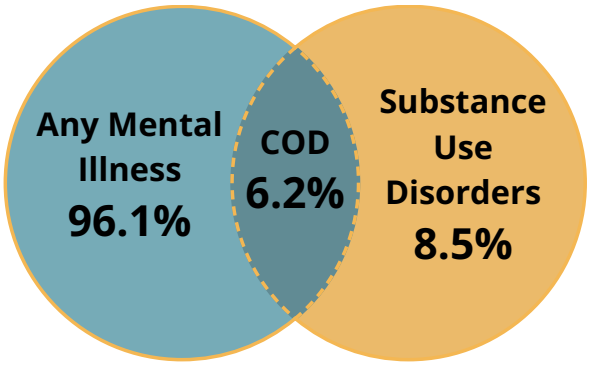
CIN clients: **16**

Census: **42.1**

Children & Elderly



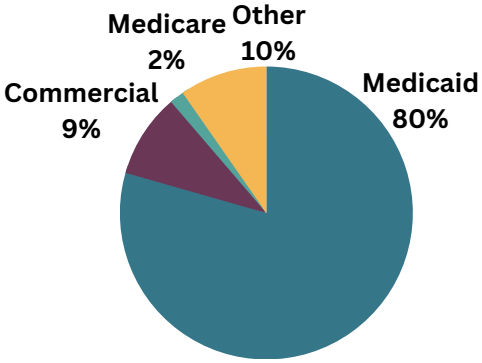
CIN Client Diagnoses



Suicide Rate
27 per 100,000

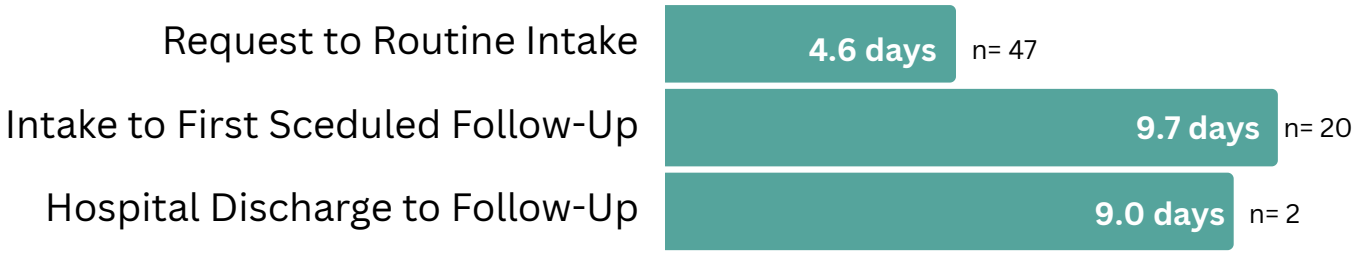
Overdose Death Rate
31.8 per 100,000

CIN Insurance Status



RUSH COUNTY, IN

Access to Care at Centerstone



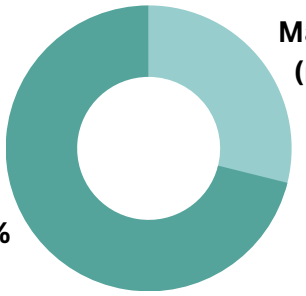
First Follow-Up Service Type

Case Management
55% (n= 11)

50% Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

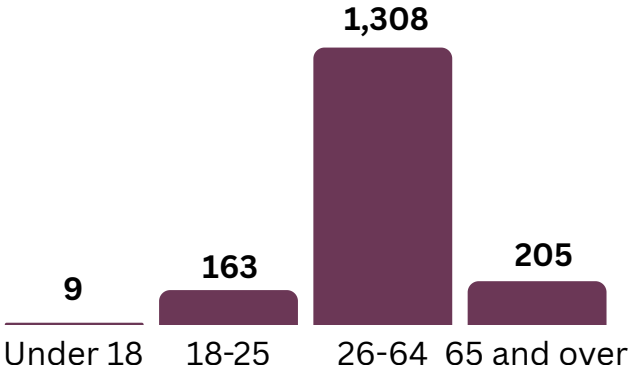
Demographics of Survey Respondents



Gender

93%
White

Race



Age

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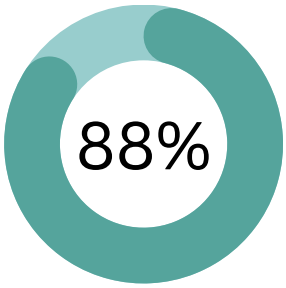


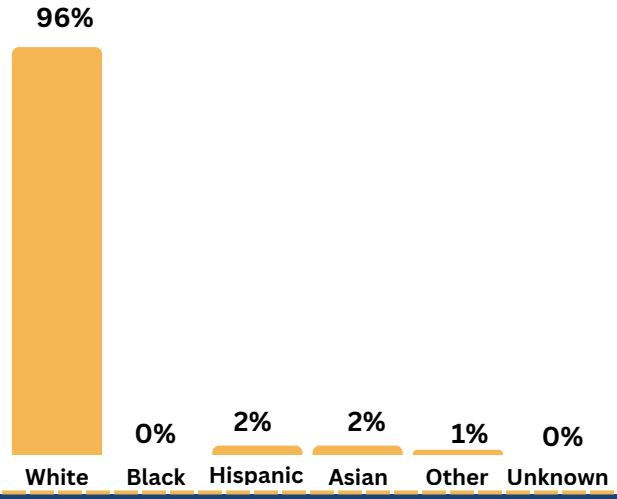
of clients agree with the following statements

UNION COUNTY, IN*

RANKING FOR HEALTH FACTORS†

41
of 92

Race and Ethnicity



Social Determinants of Health

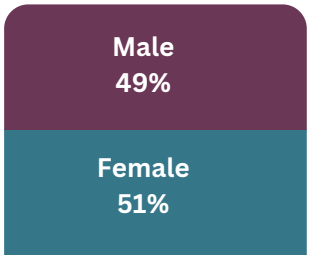
38.8%
of the population is below 200% of the federal poverty line

13.2%
of those between the ages of 18 and 24 do not have a HS degree

22.4%
of the population has a disability

$60,750
median household income

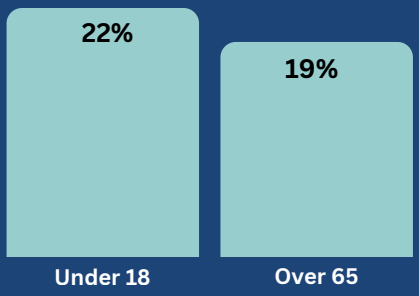
Gender



Median Age

43.8

Children & Elderly



Suicide Rate
11 per 100,000

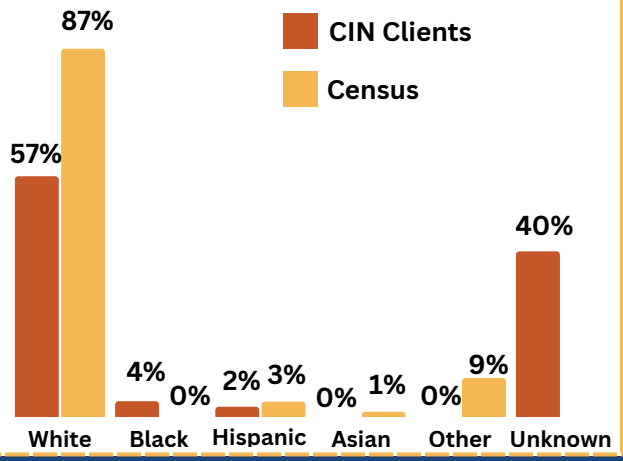
*Centerstone does not have an office location for Union County, but clients are served out of Wayne & Fayette County. Therefore, demographic comparisons and access to care data is not available. All data on this page reflects external secondary data only.

WAYNE COUNTY, IN

RANKING FOR HEALTH FACTORS†

87
of 92

Race and Ethnicity



Census Data: Social Determinants of Health

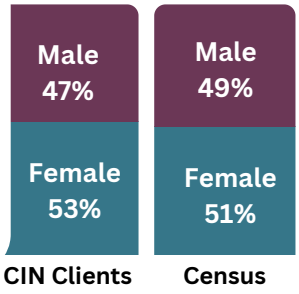
30.2%
of the population is below 200% of the federal poverty line

20.9%
of those between the ages of 18 and 24 do not have a HS degree

22.4%
of the population has a disability

$49,952
median household income

Gender

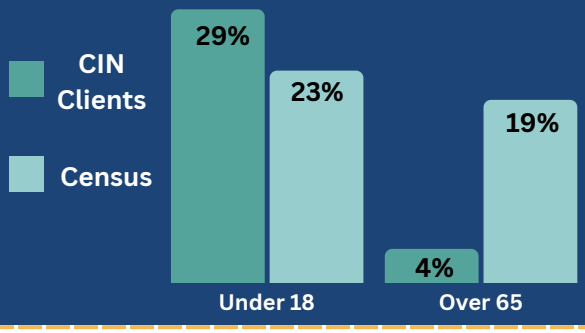


Median Age

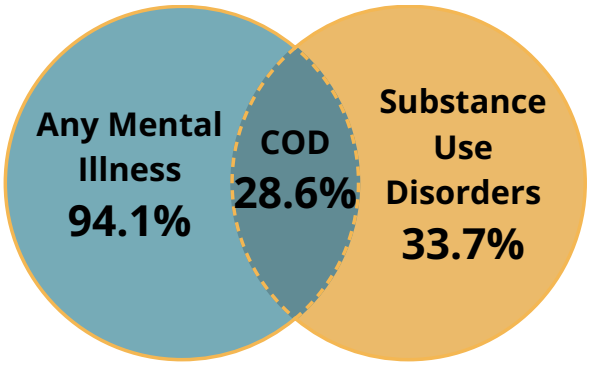
CIN clients: **29**

Census: **40.8**

Children & Elderly



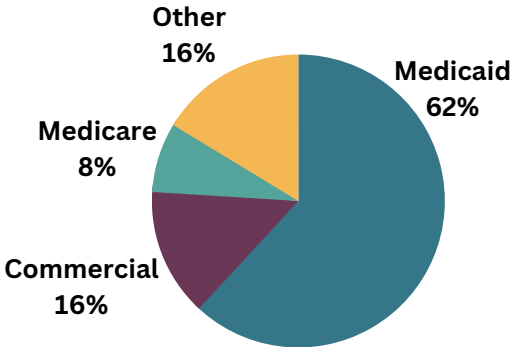
CIN Client Diagnoses



Suicide Rate
21 per 100,000

Overdose Death Rate
72.5 per 100,000

CIN Insurance Status



WAYNE COUNTY, IN

Access to Care at Centerstone

Request to Routine Intake	6.0 days	n= 443
Intake to First Sceduled Follow-Up	11.4 days	n= 136
Hospital Discharge to Follow-Up	9.8 days	n= 67

First Follow-Up Service Type

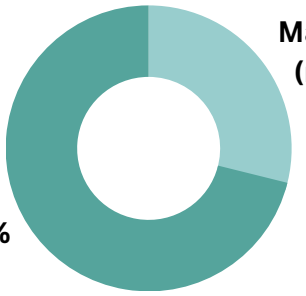
Psychotherapy
29% (n= 39)

57%

Hospital Discharge Follow-Ups Scheduled within 7 Days

Perception of Care at Centerstone

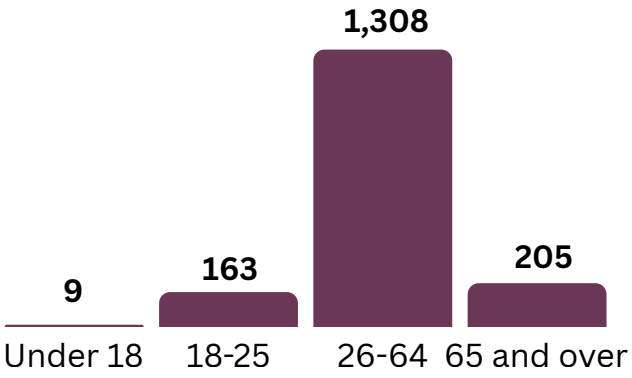
Demographics of Survey Respondents



Gender

93%
White

Race



Age

Perceived Access to Care

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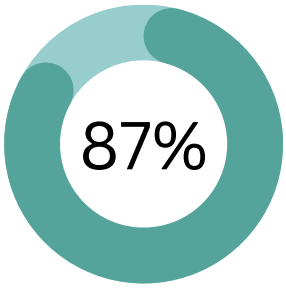

of clients agree with the following statements

OUR PARTNERS

Centerstone Health Services
Centerstone Military Services
Children's Advocates of Randolph County
Connection Café
Cross Roads Recovery Center
Drug Free Wayne County
Fayette County Health Department
Fayette County School Corporation
Lincoln Middle/High School
Neighborhood Health (Reid Hospital)
Randolph County Community Corrections
Reid Health
Richmond Fire Department Mobile
Rush County Court Service
Union County Community Corrections
Wayne County Health Department
Wayne County Probation
Western Wayne Elementary

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX A

Service Area Demographics by County

CENTERSTONE

Category	Service Area	Fayette	Randolph	Rush	Union	Wayne
Population	138,140	23,393	24,681	16,706	7,087	66,273
Age Breakdown						
Under 5	5.9%	5.4%	6.1%	5.5%	6.3%	6.3%
Under 18	22.6%	22.1%	23.3%	23.0%	22.0%	22.5%
Age 65 and over	19.3%	20.2%	19.8%	17.9%	19.4%	19.4%
Median Age	42.6	43.6	42.6	42.1	43.8	40.8
Sex						
Female	50.9%	50.4%	50.2%	50.3%	50.7%	51.3%
Male	49.1%	49.6%	49.8%	49.7%	49.3%	48.7%
Ethnic Breakdown						
White	93.4%	94.7%	93.6%	97.1%	96.4%	87.0%
Black	1.9%	1.5%	0.3%	0.6%	0.3%	2.1%
American Indian and Alaska	0.2%	0.3%	0.1%	0.0%	0.0%	0.1%
Asian	0.7%	0.1%	0.4%	0.1%	1.8%	0.6%
Native Hawaiian/Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hispanic or Latino	2.8%	1.4%	3.8%	1.8%	2.3%	3.4%
Two or more races	2.7%	2.9%	3.8%	2.1%	1.4%	8.5%
Economic Characteristic						
Median Income	$54,520	$48,101	$54,912	$58,887	$60,750	$49,952
Adults 25 and older without a High School degree	19.3%	23.8%	17.2%	21.5%	13.2%	20.9%
Population below 100% FPL	11.5%	12.4%	11.7%	10.2%	10.9%	12.2%
Population below 200% FPL	33.8%	35.8%	35.4%	29.0%	38.8%	30.2%
Uninsured population	8.5%	8.4%	9.7%	5.6%	8.5%	10.2%
Annual Unemployment Rate 2023 Average	3.2%	4.4%	2.9%	2.8%	2.4%	3.6%
Veterans	7.9%	8.6%	9.0%	7.7%	7.4%	7.0%
Physician to FTE ratio	3,666:1	1,910:1	4,840:1	2,770:1	7,120:1	1,690:1
Free and Reduced Fee Lunch Recipients 2020/2021	58.0%	60.0%	67.0%	57.0%	50.0%	58.0%

Health Status Indicators	Service Area	Fayette	Randolph	Rush	Union	Wayne
Diabetes						
Age-adjusted diabetes prevalence[1]	10.4%	11.0%	10.0%	10.0%	10.0%	11.0%
Adult obesity prevalence[2]	38.80%	39.00%	40.00%	41.00%	36.00%	38.00%
Age-adjusted diabetes morality rate (per 100,000)[3]	14	0	28.9	0	0	40.1
Percent of adults (18 years and older) with no physical activity in the past month [4]	28.0%	30.0%	27.0%	28.0%	26.0%	29.0%
Cardiovascular Disease						
Age-adjusted morality from diseases of the heart (per 100,000) [5]	212.5	257.2	152.4	184.9	225.1	243
Age-adjusted prevalence of high blood pressure among adults 18 years (2021)[6]	33.4%	34.3%	32.6%	32.9%	31.4%	36.0%
Age-adjusted cerebrovascular disease morality (per 100,000) [7]	40.1	62.5	58.3	44.8	0	34.9
Cancer						
Cancer screening – percent of women aged 40 years and older who received mammography screening.[8]	35.6%	28.0%	35.0%	43.0%	33.0%	39.0%
Percent of adults who currently smoke cigarettes[9]	23.6%	26.0%	23.0%	24.0%	22.0%	23.0%
Age-adjusted colorectal cancer morality (per 100,000)[10]	3.9	0	0	0	0	19.7
Age-adjusted breast cancer mortality (per 100,000) among females[11]	0	0	0	0	0	0

Health Status Indicators	Service Area	Fayette	Randolph	Rush	Union	Wayne
Prenatal and Perinatal Health[1]						
Low birth weight (<2500 grams) rate (5-year average)	7.5%	7.3%	8.4%	5.9%	7.1%	8.7%
Births to teenage mother (ages 15-19; percent of all births) (per 1,000)	26.2	36.5	25.9	25.4	25.4	18
Late entry into prenatal care (entry after first trimester; percent of all births)	27.0%	33.9%	29.0%	15.8%	23.8%	32.4%
Cigarette use during pregnancy (percent of all pregnancies)	18.7%	20.9%	18.1%	22.1%	14.9%	17.6%
Percent of births that are preterm (<37 weeks gestational age)	10.3%	11.3%	9.1%	8.9%	10.7%	11.7%
Child Health[1]						
Percent of children (19-35 months) not receiving recommended immunizations: 4-3-1-3-3-1-4	26.0%	30.0%	31.0%	21.0%	25.0%	21.0%
Behavioral Health						
Suicide rate (per 100,000)[2]	15.6	16	14	27	N/A	21
Binge alcohol use in the past month (percent of adults who are binge drinkers)[3]	18%	18%	18%	18%	18%	18%
Age-adjusted drug poisoning (i.e., overdose) mortality rate per 100,000 population[4]	46.6	50.2	39.4	31.8	39.1	72.5

Health Status Indicators	Service Area	Fayette	Randolph	Rush	Union	Wayne
Other Health and Access						
Premature Age-adjusted death rate (per100,000)[1]	500	590	470	430	440	570
Persons Living with HIV (per 100,000)[2]	77.4	71	107	64	*Value not shown for privacy	145
Percent elderly (65 and older)[3]	19.3%	20.2%	19.8%	17.9%	19.4%	19.4%
Age-adjusted unintentional injury death (per 100,000)[4]	65.8	127.3	86.3	0	0	115.2
Percent of population linguistically isolated (people 5 years and over who speak a language other than English at home)[5]	0.72%	0.67%	0.54%	0.72%	0.86%	0.80%
Percent of adults (18+ years old) with no usual source of care[1]	12.5%	13.1%	13.0%	12.4%	12.9%	14.7%
Percentage of adults 65 years and older who have not had a flu shot in the past year[2]	51.0%	50.0%	57.0%	54.0%	45.0%	50.0%
Chlamydia (sexually transmitted infection) rate (per 100,000)[3]	289.5	282.5	311.6	251.9	127.7	474
Percent of adults without a visit to a dentist or dental clinic in the past year for any reason[4]	40.7%	41.3%	40.5%	39.2%	40.3%	42.2%

Determinants	Service Area	Fayette	Randolph	Rush	Union	Wayne
Social Determinants of Health Indicators						
Households with Limited English Proficiency [1]	0.60%	0.50%	0.80%	0.20%	0.60%	0.80%
Population 18 to 24 years with less than a high school diploma[2]	19.3%	23.8%	17.2%	21.5%	13.2%	20.9%
Veterans[3]	7.9%	8.6%	9.0%	7.7%	7.4%	7.0%
Disability[4]	20.4%	17.9%	22.2%	17.2%	22.4%	22.4%
Households with No Broadband[5]	21.6%	21.5%	22.1%	23.8%	16.8%	23.9%
Free and Reduced Fee Lunch Recipients 2020/2021[6]	58%	60%	67%	57%	50%	58%
Low-income Not Served by Health Centers[1]	28,702	5,796	4,875	4,138	1,444	12,449
Non-Fatal Opioid Emerg. Dept. Visits Per 100k[2]	73.4	73.6	109.5	0	0	183.7
Opioid Drug Overdose Deaths Per 100k - 2020[3]	28.5	83	0	0	0	59.3

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX B

Centerstone of Indiana Demographics by County

CENTERSTONE

Variable	Entire Catchment		Wayne		Fayette		Randolph		Rush		Union
	n	%	n	%	n	%	n	%	n	%	
Total n	7174		6124		1026		614		512		
By Race/Ethnicity											
Black or African American	226	2.7%	212	3.5%	6	0.6%	5	0.8%	3	0.6%	
White or Caucasian	5066	61.2%	3479	56.8%	665	64.8%	492	80.1%	430	84.0%	
Hispanic or Latino	195	2.4%	134	2.2%	16	1.6%	38	6.2%	7	1.4%	
Other	3	0.0%	2	0.0%	0	0.0%	1	0.2%	0	0.0%	
American Indian or Alaskan Native	9	0.1%	8	0.1%	1	0.1%	0	0.0%	0	0.0%	
Asian	10	0.1%	10	0.2%	0	0.0%	0	0.0%	0	0.0%	
Hawaiian or Pacific Islander	1	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	
Missing/Unknown	2961	35.8%	2413	39.4%	353	34.4%	116	18.9%	79	15.4%	
By Gender											
Male	3880	46.9%	2863	46.8%	519	50.6%	261	42.5%	237	46.3%	
Female	4394	53.1%	3259	53.2%	507	49.4%	353	57.5%	275	53.7%	
Diagnoses/Disorders											
Any Mental Illness (AMI)	6307	94.2%	4580	94.1%	956	93.8%	476	95.4%	295	96.1%	
Substance Use Disorder (SUD)	1981	29.6%	1640	33.7%	246	24.1%	69	13.8%	26	8.5%	
Co-Occurring Disorder (COD)	1684	25.2%	1393	28.6%	218	21.4%	54	10.8%	19	6.2%	
Age											
Under 5	52	0.7%	9	0.2%	8	0.8%	11	1.8%	24	5.0%	
Under 18	2732	34.3%	1708	29.0%	392	39.3%	348	57.5%	284	58.7%	
65+	262	3.3%	211	3.6%	44	4.4%	4	0.7%	3	0.6%	
Median Age	26		29		25		16		16		
Insurance Status											
Medicare	474	6.7%	448	7.7%	62	6.2%	9	1.6%	8	1.6%	
Medicaid	4753	67.6%	3597	61.8%	765	76.7%	505	88.0%	395	79.5%	

CENTERSTONE OF INDIANA
COMMUNITY NEEDS ASSESSMENT

APPENDIX C
Centerstone of Indiana Access to Care by County

CENTERSTONE

	Entire Catchment	Wayne	Fayette	Randolph	Rush	Union
Access to Care- Routine Intake						
Average Days from Request to Routine Intake	6.3 days (n= 629)	6 (n=443)	0 (n=28)	11.2 (n=84)	4.6 (n=47)	
Access to Care- Intake to First Scheduled Appointment						
Average Days from Intake to First Scheduled Follow-Up	11.9 days (n=219)	11.4 (n=136)	11.4 (n=32)	16.3 (n=26)	9.7 (n=20)	
First Follow-up Service Type	Case Management (41%; n=89)	Psychotherapy (29%; n=39)	Case Management (69%; n=22)	Case management (77%; n=20)	Case Management (55%; n=11)	
Access to Care- Routine Intake						
Average Days to Hospital Discharge Follow-Up	9.2 days (n=90)	9.8 (n=67)	3.6 (n=15)	9 (n=3)	9 (n=2)	
Percent of Discharge Follow-Ups Scheduled within 7 Days	62%	57%	85%	50%	50%	
Percent of Discharge Follow-Ups Scheduled within 30 Days	94%	94%	100%	100%	100%	

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