

Oaklawn Community Behavioral Health Center

CCBHC Community Needs Assessment

November 2023



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Executive Summary

Overview

Oaklawn was awarded a Certified Community Behavioral Health Center – Expansion (CCBHC-E) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2021. As part of that grant, Oaklawn contracted with its independent evaluation partner, TriWest Group (TriWest), to complete a community needs assessment (CNA) in June 2021. In fall 2023, we (TriWest) updated Oaklawn’s community needs assessment to meet Indiana standards for CCBHC certification and to address additional items in SAMHSA’s new 2023 CCBHC criteria.

Oaklawn Mission

With uncommon expertise in mental health and addiction services, Oaklawn joins with individuals, families and our community on the journey toward health and wholeness.

Oaklawn’s goal in participating as an Indiana CCBHC Demonstration site is to continue its efforts to develop and improve comprehensive services for children with serious emotional disturbance, adults with serious mental illness, and youth and adults with substance use disorder, regardless of place of residence or ability to pay. Without ongoing, financially sustainable support, Oaklawn will not be able to continue this level of care.

Oaklawn also intends to support other providers in the state on their CCBHC journey and to be a strong data partner with the state. Oaklawn has a strong infrastructure that promotes the collection of data, which it uses to improve service delivery. It is in a strong position to share what it has learned following the significant system transformations it has accomplished as a CCBHC.

Summary of Key Findings and Recommendations

The tables below summarize key findings from the community needs assessment and potential action steps for Oaklawn to consider. This report will be presented to and reviewed with Oaklawn’s Executive Leadership. Results will be prioritized and incorporated into Oaklawn’s strategic planning processes. These considerations are organized into three levels: program, organizational, and community/state. Further detail is provided in the full report. The CCBHC community needs assessment key findings are organized according to the four focus areas in SAMHSA’s CCBHC criteria that require input from the community needs assessment:

- Population to be served and community behavioral health needs
- Workforce shortages and needs
- Addressing specific populations and needs – reducing barriers
- Connecting People to services



Population to be served and community behavioral health needs

Key Findings

Oaklawn strives to meet the cultural and linguistic needs of its clients and community. In addition, services are designed with an understanding of the social determinants of health. There are opportunities to expand language services and improve staff to meet current and anticipated needs.

Considerations

Program Level

- When possible, recruit and hire bilingual/bicultural staff.
- Continue the support of the DEI Committee and explore ways to encourage more staff to participate in equity work.
- Build more programming to support the LGBTQ+ population, particularly teens.
- Increase training and staff competence in using translation services.
- Explore how to effectively conduct outreach to groups who have historically been more difficult to reach.
- Increase access to substance use treatment services.

Organization Level

- Monitor changing demographics of the community to inform future outreach and inclusion efforts.
- Leverage the staff's comfort and familiarity with data to routinize the use of demographic data in monitoring disparities in access to inform outreach activities.
- Develop continuous quality improvement questions that involve monitoring client-level data and quality performance metrics to detect potential disparities in outcomes for subpopulations.
- Continue relationships with community partners to link people receiving services to housing and other economic supports.




Workforce Shortages and Needs


Key Findings

Workforce shortages and external limits on direct wages are common challenges.

Program Level

- Support DEI Committee efforts to ensure more leadership and mentoring opportunities for BIPOC staff.
- Highlight education and training opportunities to make the overall compensation package more attractive.

 Workforce Shortages and Needs	
Organization Level	
<ul style="list-style-type: none"> Consider reaching out to online social work graduate school programs to create relationships with the institution and students to build a pipeline for recruitment. Increase telehealth and telework options where possible to make positions more attractive to the current workforce. 	<ul style="list-style-type: none"> Explore approaches for systematically assessing staff wellness needs and establishing wellness strategies (beyond compensation) based on assessment results to maintain or improve retention.
Community/State Level	
<ul style="list-style-type: none"> Begin outreach to and presence at career events for students as young as middle school. Emphasize the forecasted need for behavioral health providers and loan forgiveness eligibility. 	<ul style="list-style-type: none"> Continue advocacy efforts to support Indiana's CCBHC legislation. Communicate with policymakers and payers—both public and private—to create a rate structure that can support recruiting and retaining a high-quality workforce.

 Addressing Specific Populations and Access – Reducing Barriers	
Key Findings	
Barriers to treatment include cost, the perception of long wait lists, receiving care from a trusted provider, knowing where and how to access services, and childcare.	
Considerations	
Program Level	
<ul style="list-style-type: none"> Continue to work to enhance substance use treatment services and services for children and youth. 	<ul style="list-style-type: none"> Explore using more group therapy for people who are ready to “step down” to less intensive services.
Organization Level	
<ul style="list-style-type: none"> Launch communication/education effort to local providers, agencies, and other referral sources to promote awareness of Oaklawn services. 	<ul style="list-style-type: none"> Enhance public communication around Open Access and increase efforts to publicize which day is reserved for Spanish language services.



Connecting People to Services

Key Findings

Oaklawn provides a comprehensive array of evidence-based and evidence-informed services across all ages and behavioral health needs.

Considerations

Program Level

- There is an opportunity to implement Assertive Community Treatment (ACT) programming.
- Increase substance use treatment services in both counties, particularly for children and adolescents and those who need language support (specifically, Spanish).

Organization Level

- Continue regular meetings with the VA to discuss needs and opportunities to collaborate and work to secure a care coordination MOU.
- Continue to develop the Consumer Advisory Council and invite meaningful engagement with agency governance.

1 Introduction and Timeline

Oaklawn Psychiatric Center (Oaklawn) was awarded a Certified Community Behavioral Health Center – Expansion (CCBHC-E) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2021. As part of that grant, Oaklawn contracted with Oaklawn’s independent evaluation partner, TriWest Group (TriWest), to complete a community needs assessment in June 2021. In fall 2023, we (TriWest) updated Oaklawn’s community needs assessment to meet Indiana standards for CCBHC certification and to address additional criteria in SAMHSA’s new 2023 CCBHC criteria. Key information interviews and data collection occurred during the month of October, 2023 and reviewed the previous 3 years of data.

Background

Oaklawn opened its doors in 1962 to provide community-based mental health services as a faith-based alternative to the highly restrictive and repressive care that was standard in that era. It offers a comprehensive array of therapeutic interventions in two counties (Elkhart and St. Joseph). Oaklawn is accredited through the Joint Commission, and it is also certified by the Indiana Division of Mental Health and Addiction (DMHA) to receive Medicaid reimbursement. With a budget of over \$60 million and a staff of nearly 900, it serves as the community’s safety net for those with the highest need for mental health and substance use services. It also connects individuals to primary care. In addition to the more than 16,000 youth and adults who received a range of clinical services in 2023, an additional 150 were served through federally qualified health center (FQHC) partnerships. Oaklawn has a reputation as a reliable and respected community partner working to provide quality services to improve the lives of all it serves.

Oaklawn has been an early adopter of CCBHC practices including integrated health initiatives, access to care, and collaborative partnerships. As an early adopter of collaborations focusing on integrated health, Oaklawn partnered with other local organizations in 2013 for a SAMHSA Primary and Behavioral Health Care Integration grant. This collaboration of three community mental health centers and two FQHCs provides streamlined access for medical and behavioral health care, with the FQHC having office space on Oaklawn’s campus. Since 2016, Oaklawn has also served as a sub-awardee with Elkhart County on a SAMHSA children’s mental health initiative grant for the expansion of the local system of care (SOC) for children with serious emotional disturbance. Oaklawn led this nearly \$4M opportunity to pilot and expand innovative approaches in youth behavioral health, collaborating with over 40 partners to ensure the availability of a full range of services and supports to those who need them. In its site visit, the SAMHSA team noted that the Elkhart children’s SOC was well positioned to fully implement the grant’s goals and recommended that the SOC team present nationally on two areas of success: financial management and social marketing.

CCBHC Structure and Goals

A CCBHC is designed to ensure access to and improve the quality of coordinated, comprehensive behavioral health care within its service area. With the initial SAMHSA CCBHC-E grant program, Oaklawn received necessary resources to expand and improve a comprehensive array of services for children with serious emotional disturbance (SED), adults with serious mental illness (SMI), and youth and adults with substance use disorder (SUD), regardless of place of residence and ability to pay.

The CCBHC model requires agencies to ensure access to nine service types:

- 24/7 crisis mental health services (emergency crisis intervention services, 24-hour mobile crisis teams, and crisis receiving/stabilization)
- Behavioral health screening, assessment, and diagnosis, including risk assessment
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring of key health indicators
- Targeted case management
- Evidence-based psychiatric and substance use rehabilitation services
- Peer support, counselor services, and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans

Indiana CCBHC Demonstration Goals

1. Share best practices with other across the state regarding accessibility to services through an open access model
2. Continue to refine and improve outcome measurement to demonstrate the benefits of this model across the state.
3. Share best practices around peer recruitment, onboarding, and collaboration with ongoing programming.
4. Partner with the same to develop and define CCBHC best practices, to drive outcome measurement, and to join in advocacy efforts with legislatures.

Oaklawn has accomplished significant system transformation since receiving its first CCBHC grant in 2021, including implementing Open Access, developing out the crisis continuum of care in both counties, and strengthening peer support capacity. Organizational goals for the Indiana CCBHC Demonstration Site opportunity include disseminating information about the important lessons it has learned and to share best practices with fellow providers regarding increasing access to services, developing a comprehensive crisis continuum, and using data to inform programs and processes.

Oaklawn has been actively involved in Crisis Intervention Team (CIT) committees in both counties and based on reports of external stakeholders, has been a leader in promoting a more robust crisis continuum of care.

Strategic Use of the CCBHC Needs Assessment

This community needs assessment is designed to align with both SAMHSA and DMHA certification criteria and to “identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders.”¹

Oaklawn’s CCBHC leadership team will use the findings of this community needs assessment to inform its staffing plan, to review and revise program goals and objectives as necessary, address linguistic and cultural needs (including reducing disparities), and to enhance and improve services to better meet the needs of the community over the life of the grant. Oaklawn will also use these findings to increase the community awareness of its programs and operations and to develop strategies for both internal and external communications. The community needs assessment will be updated every 3 years.

Needs Assessment Areas of Focus

- Community characteristics and behavioral health needs
- Staffing/workforce needs and staffing plan
- Addressing Specific Populations and Access - Reducing Barriers
- Service accessibility

Methodology

TriWest Group (TriWest) serves as the independent evaluation consultant for Oaklawn, working to help Oaklawn implement its CCBHC-E grant over past 2.5 years. We (TriWest) worked closely with Oaklawn leadership to conduct this community needs assessment between August 2023 and November 2023.

To complete the assessment, we reviewed key organizational documents (staffing plans, job postings, continuous quality improvement plans, strategic plans, annual reports, accreditation reports, surveys of people served, and agency policies) and nine other local health assessments and briefs (listed in Appendix A). We examined demographic characteristics of the service area using the most recently available census data published by the U.S. Census Bureau’s Population Estimates Program and the American Community Survey. We also used data from the Department of Veterans Affairs to estimate the number of veterans in need of behavioral health services. We reviewed two data sets from the Centers for Disease Control and Prevention (CDC): poor mental health as self-reported to the CDC Behavioral Risk Factor

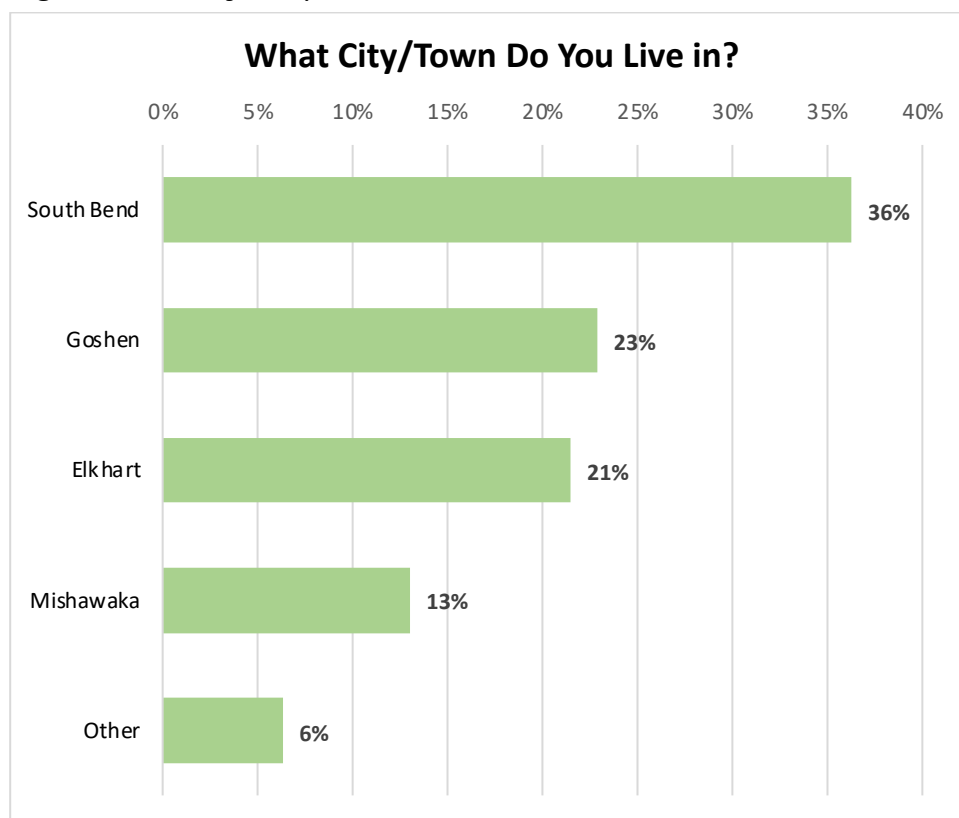
¹ Substance Abuse and Mental Health Services Administration. (2023, February). *Certified community behavioral health center (CCBHC) certification criteria*. Retrieved March 19, 2023, from <https://www.samhsa.gov/certified-community-behavioral-health-clinics>.

Surveillance System and cause of death data from CDC WONDER. We estimated county-level behavioral health needs by applying the most local and recent epidemiological data, including substate, state-level, and national community-based data from SAMHSA's National Survey on Drug Use and Health. In some instances, we used epidemiological studies such as the National Comorbidity Survey-Replication and more recent and smaller studies conducted in the United States to estimate the prevalence of specific conditions (e.g., bipolar disorder, first episode psychosis).

We conducted 11 key informant interviews with staff and board members as well as local and regional partners, including a county commissioner and representatives from local hospitals and other service providers, law enforcement, school districts, and the faith community. During a site visit, we facilitated five focus group discussions with Open Access staff; outpatient therapists; peer support specialists; the Diversity, Equity, and Inclusion (DEI) committee; and people receiving services. We also conducted a virtual focus group with the Consumer Advisory Committee.

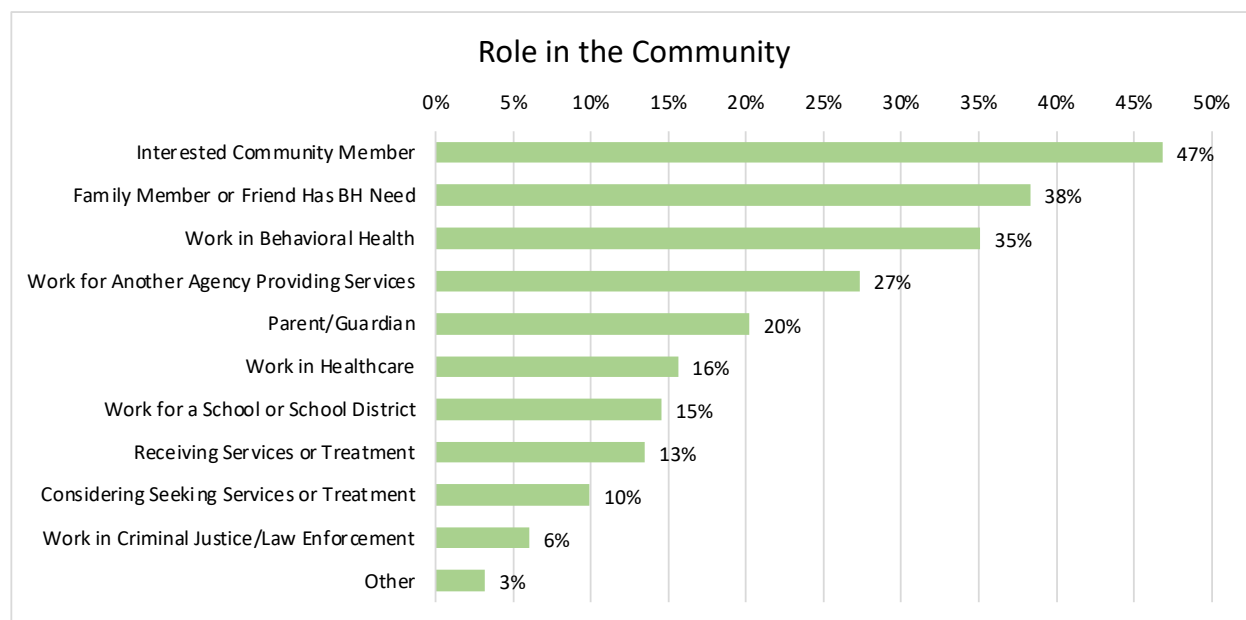
To solicit community input concerning access, engagement, and treatment barriers, we conducted an anonymous web-based survey open to all community members. We designed the survey to be brief, mobile and tablet friendly, and available in both English and Spanish. Oaklawn promoted the survey internally and on social media, and community partners distributed the link via their own announcements, newsletters, and listservs.

Overall, 297 residents from across the service area, largely concentrated in the cities of South Bend, Goshen, and Elkhart, completed the English survey; there were no responses to the Spanish survey. Figure 1 shows the distribution of survey respondents across the service area.

Figure 1. Survey Respondent Area of Residence

Most respondents identified as White (82%); 4% identified as Hispanic or Latino, 3% identified as more than one race, and 6% identified as Black or African American. Eight percent of survey respondents identified as members of the LGBTQIA+ community, and 4% identified as veterans.

Figure 2 summarizes how survey respondents identified their roles in the community; totals may sum to more than 100% as respondents could select more than one role.

Figure 2. Respondents' Role in Their Community

Finally, this community needs assessment examines Oaklawn's contribution to serving behavioral health needs across the CCBHC continuum of care. Oaklawn shared administrative data and utilization data from its electronic health record, including data that it uses to monitor Open Access trends, diagnosis and services delivered, and crisis response, so that we could review service capacity and delivery across key service areas.

2 Population To Be Served and Community Behavioral Health Needs

Oaklawn Psychiatric Center (Oaklawn) has served Elkhart and St. Joseph counties since 1962. These communities have a long history of inter-agency collaboration, and Oaklawn strives to be a strong community partner. Stakeholders interviewed for both community needs assessments (2021 and 2023) remarked that these communities (mainly comprising the four main townships) are close-knit and caring. Although these communities are rooted in specific racial, ethnic, and religious traditions, they appreciate and embrace diversity and adapt as newer cultural groups join the area.

These changes regarding diversity, however, pose a challenge for these communities to provide culturally and linguistically appropriate services. Social service agencies have sometimes struggled to adapt as the area has become more diverse. Economic opportunity and low unemployment rates in the area have also resulted in significant workforce challenges. All agencies that provided input for this community needs assessment reported workforce challenges, although there seem to have been some improvements in workforce supply since the end of the COVID-19 pandemic. Community providers compete for qualified, licensed, and credentialed staff, and agencies with more enhanced and reliable payment structures (including FQHCs and private providers) can pay higher salaries than CCBHCs or community mental health centers (CMHCs). This underscores the importance of developing a sustainable cost-based payment model that can support the communities' behavioral health needs.

Oaklawn serves St. Joseph and Elkhart counties in northern Indiana. These counties are the most diverse in the area and face significant socio-economic challenges.

Community Characteristics

Oaklawn's service area (Elkhart and St. Joseph counties in northern Indiana) is home to approximately 478,000 residents. It has campuses in South Bend, Mishawaka, Elkhart and Goshen. The area includes a mix of urban and rural townships, the largest of which are Elkhart, Goshen, and South Bend. Oaklawn has strong relationships within each of these communities and both counties. As mentioned, there is a long history of partnerships and collaboration among local agencies, which Oaklawn is proud to contribute to.

Elkhart and St. Joseph counties are among the most racially and ethnically diverse in Indiana. Elkhart County, partly because of its location between Chicago and Detroit and its large number of agriculture and RV factory jobs, is home to Indiana's largest Latinx population (17% of the county's population, compared to 9% in St. Joseph). This population is not culturally monolithic and includes many residents who emigrated from Venezuela, Honduras, El Salvador, and

Mexico. The percentage of St. Joseph County residents who identify as Black or African American (13%) is more than double that of Elkhart County (6%). Stakeholders reported growing numbers of Ukrainian refugees and people who speak Arabic dialects who need behavioral health services.

Approximately 25,000 veterans reside in Oaklawn's service area, making up 5% of the total population.

Table 1. Service Area Demographic Characteristics

Population	Total		Elkhart County		St. Joseph County	
	# of People	%	# of People	%	# of People	%
Total Population ²	478,167	100%	206,341	100%	271,826	100%
Age Groups						
Young Children (0 to 5)	39,288	8%	18,473	9%	20,815	8%
Children (6 to 11)	40,006	8%	18,774	9%	21,232	8%
Youth (12 to 17)	41,519	9%	18,662	9%	22,857	8%
Adults (18 and older)	357,353	75%	150,431	73%	206,922	76%
Young Adults (18 to 24)	47,687	10%	19,044	9%	28,643	11%
Other Adults (25 to 64)	234,496	49%	100,177	49%	134,319	49%
Geriatric Adults (65 and older)	75,170	16%	31,210	15%	43,960	16%
Gender						
Male	234,324	49%	101,948	49%	132,376	49%
Female	243,843	51%	104,393	51%	139,450	51%
Employment Status						
Employed (aged 16 and older)	64%		66%		63%	
Educational Attainment (ages 25 and up)						
Less Than High School Graduate	45,765	15%	25,263	19%	20,502	12%

² U.S. Census Bureau. (2022). *Population Estimates Program: Annual county resident population estimates by age, sex, race, and Hispanic origin vintage 2021*.

Population	Total		Elkhart County		St. Joseph County	
	# of People	%	# of People	%	# of People	%
High School Graduate (includes equivalency)	100,380	32%	45,648	35%	54,732	31%
Some College	61,347	20%	25,691	20%	35,656	20%
Associate's Degree	23,454	8%	8,835	7%	14,619	8%
Bachelor's Degree	48,987	16%	17,075	13%	31,912	18%
Graduate or Professional Degree	29,733	10%	8,874	7%	20,859	12%
Other Variables						
Median Household Income	\$54,604 ³		\$57,021		\$52,769	
Public Insurance Coverage	158,637	33%	66,759	32%	91,877	34%
No Health Insurance Coverage	52,416	11%	30,126	15%	22,290	8%
Unhoused	401	<1%	173	<1%	228	<1%
Veterans	25,268	5%	10,194	5%	15,073	6%

Elkhart County's median household income is approximately 8% higher than that of St. Joseph County, and its percentage of residents with no health insurance (15%) is nearly double that of St. Joseph (8%).

Based on other area health needs assessments, in 2019, 12.4% of Indiana residents experienced food insecurity, compared to 11.3% in Elkhart County and 12.9% in St. Joseph County. Fourteen percent of children in Elkhart County and 17.3% in St. Joseph County experienced food insecurity compared to 15.3% statewide. The area has a 12.6% poverty rate⁴. Nearly half (44%) of the population are either uninsured or on Medicaid.

Reliable state estimates of the number of people who identify as members of the LGBTQIA+ community are not available. However, using national estimates, we estimate that these groups make up 7.2% of the entire adult population (approximately 13,000 people in the service area)⁵,

³ Calculated weighted mean of Elkhart and St. Joseph median incomes. Median income data not available at catchment level.

⁴ U.S. Census Bureau. (2022). *Population Estimates Program: Annual county resident population estimates by age*,

⁵ Jones, J. M. (2023, February 22). *U.S. LGBT identification steady at 7.2%*. Gallup.

<https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>

and nearly 20% of those born between 1997 and 2004.⁶ According to data on people who received an Oaklawn CCBHC service last year and completed a National Outcome Measures (NOMs) interview, approximately 13% of people served by Oaklawn identified as LGBTQIA+.

In Oaklawn's service area, approximately 2% of the population speak Spanish, and another 2% speak Pennsylvania Dutch. Adequately addressing language needs is both nuanced and challenging. For example, Oaklawn serves many children and youth who identify as Hispanic, Latino, or Latina. Although these young people typically speak English, their parents or caregivers do not. Thus, the person receiving services may not need interpretation, though their family supports may. Oaklawn staff reported that in the past year, they have experienced problems with Medicaid-provided translators, including many call-offs and no-shows. This has led to a need for them to bolster their internal translation capacity. In response Oaklawn has added another Spanish speaking interpreter and are now working with Propio, who provides on demand interpretation for over 350 languages, including ESL. Staff reports indicate a need for continued training in this area to improve comfort levels while using this technology.

Stakeholders reported that the area has a growing refugee population during recent years and that there is a greater need for services provided in Spanish, particularly substance use treatment. Because Ukrainian and Arabic speakers with trauma histories and significant behavioral health needs are moving into the area, there is a need for more resources and support specific to these populations in both counties. Although Oaklawn continues to work to hire staff who can provide bilingual services, there remains a need for more linguistic support, particularly for Spanish speakers who are participating in the Open Access clinic or needing crisis services.

Disparities and Social Determinants of Health

In 2021 Oaklawn completed a Disparity Impact Statement (DIS) as part of its SAMHSA grant funding. In creating the statement, Oaklawn analyzed community demographic data and set targets to reduce the disparities in treatment access, engagement, and outcomes experienced by people who identify as Latino, those who are Spanish speakers, and members of the LGBTQIA+ community.

Table 2 summarizes demographic characteristics of the service area and the percentage of people served by Oaklawn over the past 2 years.

⁶ Jones, J. M. (2023, February 22). *U.S. LGBT identification steady at 7.2%*. Gallup. <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>

Table 2. Demographics and Population Characteristics

Demographics	Service Area Population	Clients Served Agency Wide (2021–2023)
White	77%	73%
Black or African American	17%	18%
Native American or Alaska Native	0.5%	3%
Asian or Asian American	1%	1%
Native Hawaiian and Other Pacific Islander	<1%	2%
Other or Two or More Races	5%	7%
Hispanic or Latino	10%	27%
Speak Spanish as Their Primary Language	2%	1%
LGBTQIA+ ⁷	7%	13%

According to the data in Table 2, Oaklawn is currently doing well in serving people who have historically experienced disparate access to care related to culture or language. The agency recognizes the need to improve services for people who identify as Hispanic and is working to better address the needs of people who speak Spanish as their primary language. There are specific areas with larger concentrations of Spanish speakers, so the need varies across campuses. More than half of the children in Goshen schools identified as Hispanic.⁸ In some cases, Oaklawn is serving children who speak English, but their parents do not.

The CDC Social Vulnerability Index (SVI) uses 16 variables from the U.S. Census to determine the degree to which communities experience greater or lesser negative effects caused by “external stresses on human health.”⁹ Both St. Joseph and Elkhart counties have the highest relative composite SVI scores in the state. In other words, these two counties are in the top quartile of vulnerability scores across the domains of racial and ethnic minority status, housing type and transportation, socioeconomic status, and household characteristics.

As shown in Figure 3, each county has areas of high vulnerability (compared to state averages); these are largely concentrated around Elkhart, Mishawaka, South Bend, and Goshen. Oaklawn has clinics in those four townships. However, there are three areas of medium-high

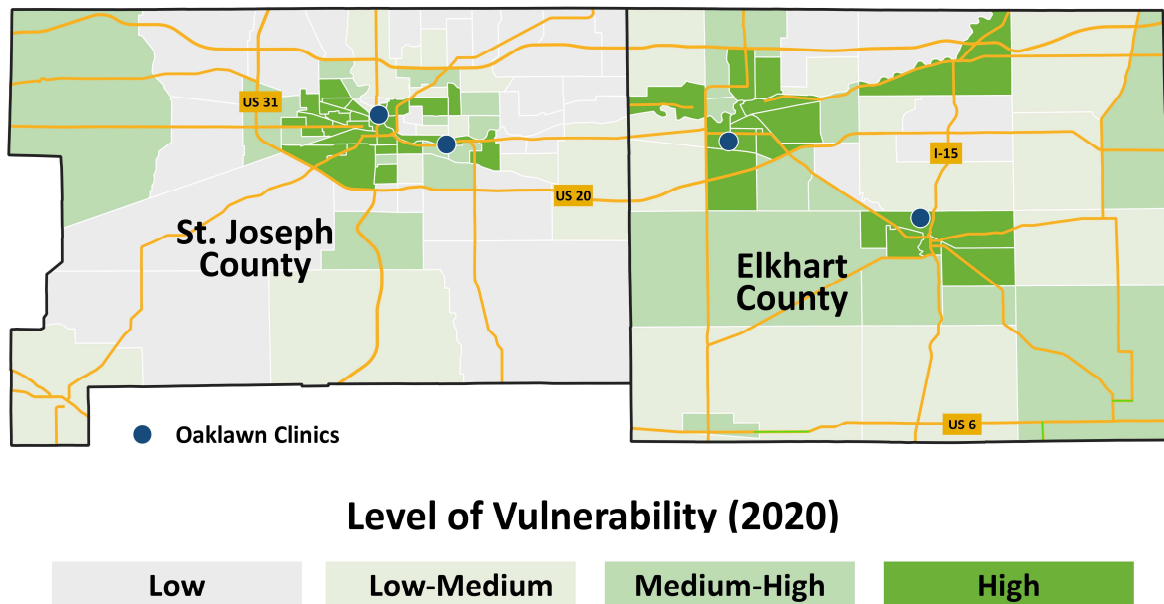
⁷ Jones, J. M. (2023 February 22). *U.S. LGBT identification steady at 7.2%*. Gallup. <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>

⁸ Goshen Community Schools. <https://www.goshenschools.org/enrollmentinfo>

⁹ Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry. (n.d.) *CDC/ATSDR social vulnerability index*. <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

vulnerability that are far from major public transportation lines and larger townships where services are available. To improve disparities for people who live far from its clinics, Oaklawn should consider increasing telehealth options or increasing mobile services for rural areas.

Figure 3. Social Vulnerability of Oaklawn's Service Area by Census Tract



Oaklawn's clinic locations are centered in the highest vulnerability areas in the county. This helps to alleviate some barriers related to transportation, but stakeholders reported that there remain some issues because public transportation in the area is limited.

Prevalence of Behavioral Health Conditions and Needs

In 2022, Oaklawn served 16,387 people with SMI, SED, SUD, or co-occurring disorders (COD). Across all people served, the most common diagnoses were post-traumatic stress disorder, major depressive disorder, generalized anxiety, schizophrenia and schizoaffective disorders, alcohol dependence, bipolar disorder, and attention-deficit/hyperactivity disorder.

As shown in Table 3, 25,718 residents need substance use treatment services but are not receiving them. Because these individuals may be more likely to experience behavioral health crises, Oaklawn is focused on improving crisis response and connecting people with unmet needs to services through peer outreach and engagement specialists.

Table 3. Behavioral Health Prevalence Estimates

Mental Health and Substance Use Treatment Needs¹⁰	Prevalence
Mental Health Conditions	
Serious Emotional Disturbance (ages 6–17)	8,281
Serious Mental Illness (aged 18 and older)	19,144
Major Depressive Episodes (aged 12 and older)	36,035
Bipolar Disorder and First Episode Psychosis (aged 12 and older)	5,960
Substance Use Disorders (SUD)	
Alcohol Use Disorder (aged 12 and older)*	19,814
Illicit Drug Use Disorder (aged 12 and older)*	11,129
Co-Occurring SMI and SUD (MDE for youth)	9,846
Needing but Not Receiving Substance Use Treatment	25,718
Needing but Not Receiving Alcohol Treatment	18,850
Needing but Not Receiving Illicit Drug Use Treatment	10,139
Children and Youth Experiencing 2+ Adverse Childhood Experiences (ACEs)	18,857
Difficulties Obtaining Mental Health Care for Children	38,452

Drug- and alcohol-related deaths have increased in both counties over the past 4 years. As shown in Figures 4 and 5 below, after decreases between 2018 and 2019, these rates have been increasing since that time. This correlates with stakeholder reports of a significant need for expanded substance use treatment in the community.

¹⁰ Copy citation from previous draft.

Figure 4.

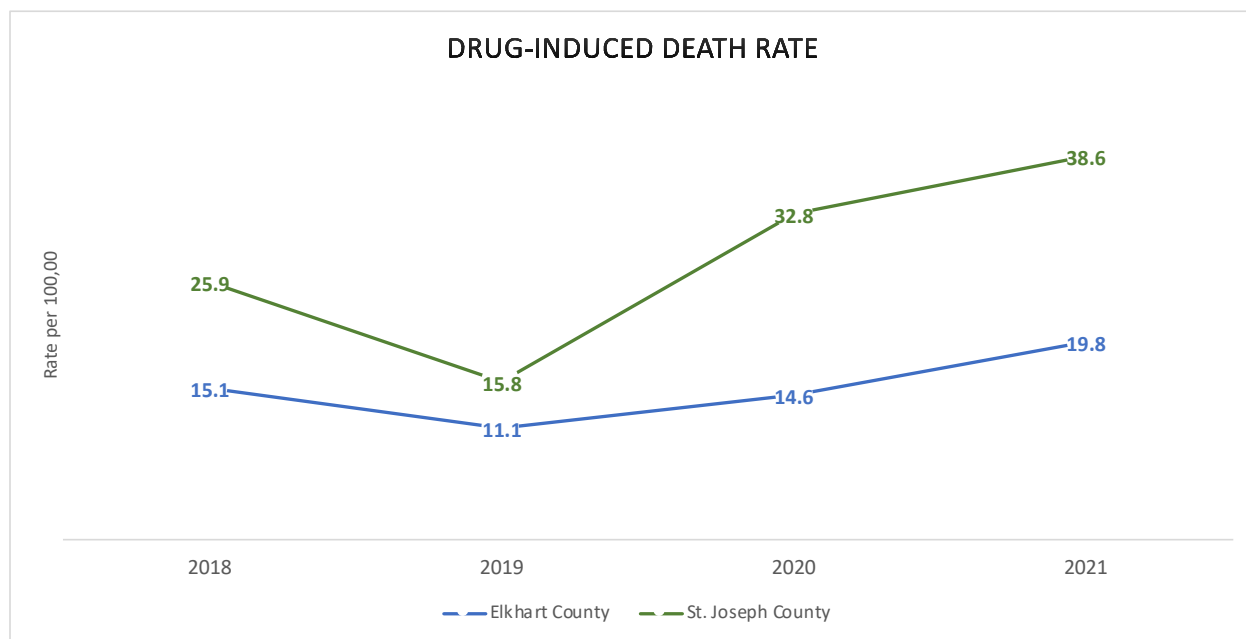
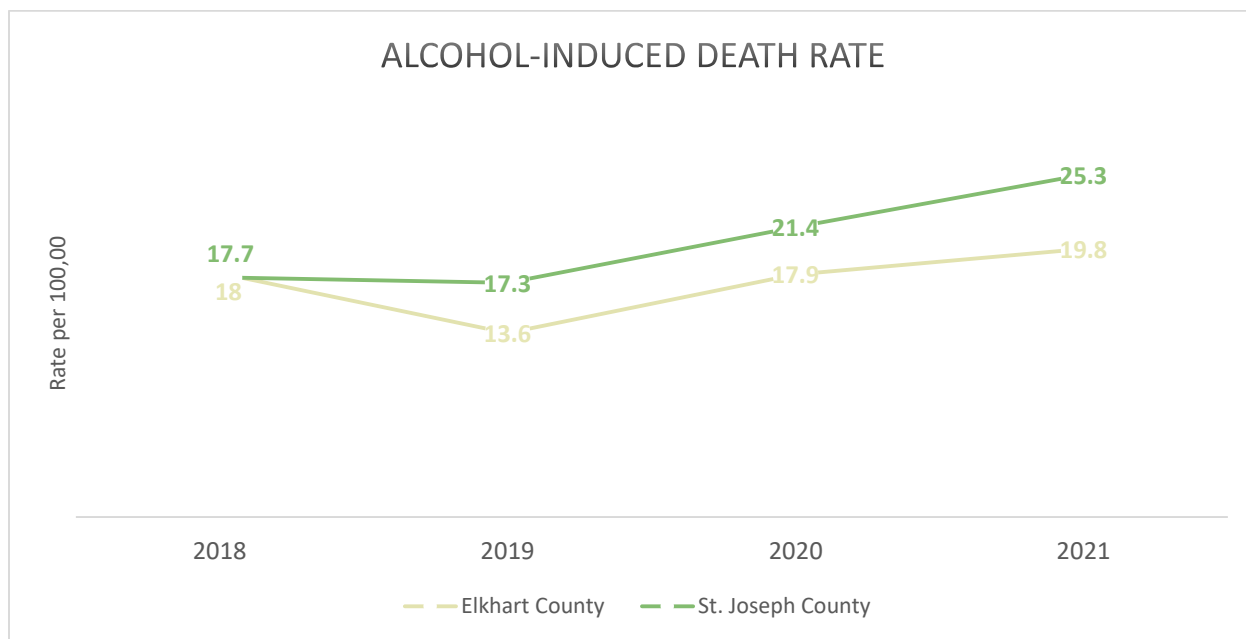
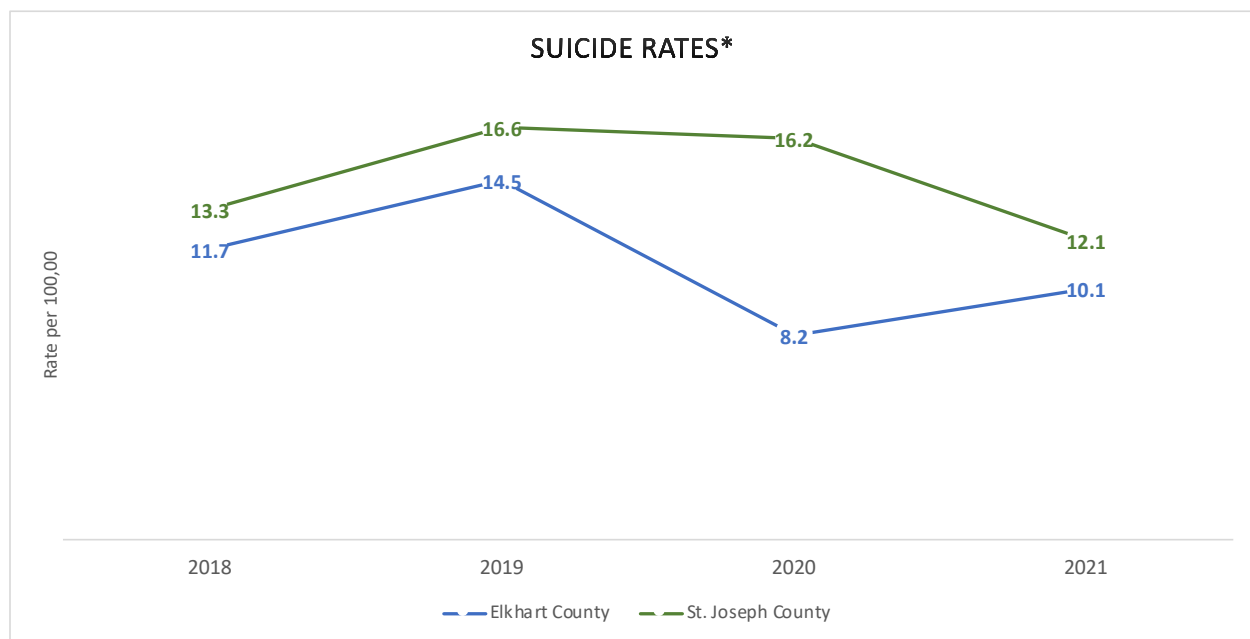


Figure 5.



Whereas deaths related to drug and alcohol use have increased steadily, suicide rates in the two counties have remained stable, with a recent slight decline between 2020 and 2021. While we cannot directly attribute a causal relationship, these declines happened as Oaklawn worked with both counties to strengthen the crisis continuum of care.

Figure 6.



*The number of suicides reported in Elkhart County in 2020 could be a data error. The CDC Wonder database deems this rate “unreliable.”

Behavioral Health Needs of Specific Groups

According to staff and community stakeholders, people experiencing homelessness, children and youth who need substance use treatment services, and people with intellectual and developmental disabilities (particularly autism) are populations that experience significant service disparities in both access to treatment and in outcomes. One stakeholder expressed a hope that agencies could improve assessment and treatment for eating disorders.

Children and Adolescents

Oaklawn’s children’s SOC partners in Elkhart County have identified a strong need for crisis services for children and youth. Average daily census in the Elkhart juvenile detention center and in the Bashor emergency shelter have been steadily increasing over the past 3 years.

Crisis response staff reported increased calls about adolescents and young children over the past year, some of which came from local schools. As information (that is not always completely accurate) is beginning to spread about Oaklawn’s recent improvements to its crisis continuum of care and Open Access model, there has been an increase in crisis line calls regarding children and youth. One responder reported speaking to someone who said that their child had been suspended and that the school told her to call Oaklawn. Another reported that a mother had called at the recommendation of the school stating that she was afraid of her 5-year-old son.

Five other key stakeholders cited gaps in mental health and substance use services for children and youth as urgent needs in the community.

Parents are also calling Oaklawn more frequently for autism testing and treatment services, which is not a service that Oaklawn currently provides, based on stakeholder accounts. Two specifically reported that local providers of this service have 6- to 9-month waiting lists.

People With Linguistic Barriers

A critical aspect of the CCBHC model is access to services. For many non-English speakers the unique challenges that come with navigating a system in a language outside of their own presents significant barriers to treatment. This requires organizations to hire staff who are culturally aware and have dual language abilities as well as to utilize technologies that are readily available and user friendly to provide interpretation. According to demographic data, residents primarily need interpretation or bilingual services in Spanish and Pennsylvania Dutch. Of these, stakeholders overwhelmingly pointed to Spanish as the largest need. Six stakeholders also reported an increased need for services in other languages, including Ukrainian and Arabic, largely related to an influx of refugees.

The increasing need for translation services, combined with staff reporting struggles with access to translators points to a need to increase communication and comfort levels with staff when the use translation technology.

One stakeholder pointed out that these refugees have needs that go beyond interpretation. In many cases, these individuals have experienced trauma, and many still face the threat of hate crimes after leaving their home country. Some may also have cultural orientations that stigmatize mental health and substance use treatment, which poses a barrier to seeking services.

People With Undocumented Status

Oaklawn serves people who do not have legal resident status in the US. For this group in particular, there may be a large reluctance to seek services, even in a crisis. This can potentially create strain on other emergency services in the area, including law enforcement and hospital systems.

To protect confidentiality and ensure that participants felt safe, TriWest coordinated with an Oaklawn staff member who has worked with members of this group to conduct interviews with people receiving services. We interviewed two individuals from this group. Both reported that they were very satisfied with the services they received at Oaklawn, that they felt safe at Oaklawn, and that staff were respectful of their culture and their needs.

In a 2022 Indiana consumer perception of care survey, the percentage of people receiving services from Oaklawn who agreed that, “Staff was sensitive to my cultural background” was lower than the state average. Oaklawn’s service area is more diverse than the rest of the state, so there are likely more people of different cultures in Oaklawn’s sample than in those of other mental health centers. Nonetheless, this represents an opportunity for improvement.

Veterans

Oaklawn has recently begun regular meetings with the Department of Veterans Affairs (VA) clinic in the area to discuss the needs of local veterans and their families. VA staff reported a need for face-to-face substance use treatment services in the community, as the VA clinic currently only provides telehealth services for veterans. The VA is currently referring out veterans who would benefit from or who are requesting face to face services.

Although the VA clinic currently has sufficient prescriber capacity, it has no case managers. As a result, it may need to refer to Oaklawn and other community providers for case management services for veterans experiencing homelessness or economic insecurity or those who need help navigating government benefits. VA staff also reported that they do not provide services for families of veterans at the VA clinic.

Need for Specific Programs and Services

The data on the characteristics and behavioral health needs of Elkhart and St. Joseph counties show a clear need for increased capacity of evidence-based programs for children and adolescents, case management and system navigation programs (including healthcare navigation), substance use treatment services, and crisis response services for all populations (but most urgently for children and youth).

There is a growing awareness in the provider community, reflected in stakeholder comments, about the impact of social determinants of health on behavioral health access, engagement, and outcomes. In an already stressed system, it will be challenging and important to address this need either directly or through additional partnerships. Section 4 (“Addressing Specific Populations and Access – Reducing Barriers”) describes Oaklawn’s ability to provide culturally and linguistically appropriate services as well as its general accessibility in terms of location and access. Section 5 (“Existing Services, Evidence Based Practices and Responding to Treatment Needs”) describes Oaklawn’s current service array, access to and Oaklawn’s capacity within specific programs, as well as the current state of evidence-based practice implementation. The next section specifically discusses capacity related to staffing.

3 Staffing and Workforce

This section provides an overview of the current staffing at Oaklawn and describes the makeup of the management team and the advisory board, key community partners, and staffing limitations. Oaklawn leaders and staff, community partners, and people receiving services cited staffing shortages as a barrier to services, a common challenge among behavioral health centers nationwide.

Staffing Plan

Oaklawn has a CCBHC staffing plan that adequately covers the services offered, although recruiting and retaining qualified staff remains a challenge. Table 4 lists the current positions at Oaklawn and their full-time equivalents (FTE). With no designated collaborating organizations (DCOs), Oaklawn provides all nine core CCBHC services through its existing staff.

Table 4.

Staff Type	Direct CMHC Employment (# of FTEs)
Clinical Staff	
Psychiatrist	8.83
Primary care physician (or other medically trained health care provider who can prescribe and manage medications independently under state law, including buprenorphine, naltrexone, and other medications used to treat opioid and alcohol disorders)	2.5
Advanced practice nurse (e.g., NP/CNS) or physician's assistant	12.55
Registered nurse	19.15
Licensed independent clinical social workers	18.15
Licensed mental health counselors*	6.8
Licensed psychologists	5.6
Licensed marriage and family therapists*	*Included with mental health counselors
Licensed addiction counselors or substance abuse specialists	14.6
Case manager	93.35
Behavioral health technician	13.15
Peer recovery support specialist	23.75
Family/caregiver supports	2.5
Tobacco treatment specialist	7

Staff Type	Direct CMHC Employment (# of FTEs)
Clinical Staff	
Medical assistants or licensed practical nurses	7.6
Community health workers	5
Unlicensed bachelor's or master's-trained clinicians	28.85
Interns currently in masters' programs	15
Emergency therapists (27.85 team leaders, 20.8 other clinical support, 6.0 on call emergency therapists).	49.5
Open Access Center staff (director, coordinators, access center specialists)	14.45
Administrative Staff	
Chief executive officer (CEO)	1.0
Medical director	1.0
Facility/maintenance staff	16.35
Finance staff	7.75
Human resources staff	11.1
Information technology staff	1.0
Quality assurance/quality improvement staff	.8
Receptionist/office manager	4.6
Other interns/students	2
Other: Administrative assistants, patient financial services, clinical records, van drivers, managers, directors, vice presidents	129.8

The current staffing plan meets the requirements of the state behavioral health authority and all accreditation standards required by the State. Staff at Oaklawn have expertise in addressing trauma in and promoting recovery for children and adolescents with SED and adults with SMI. As noted in Table 4, Oaklawn employs a primary care physician who can prescribe and manage medications independently under state law, including buprenorphine and other medications used to treat opioid, alcohol, and tobacco use disorders that are approved by the U.S Food & Drug Administration. Oaklawn does not provide on-site methadone treatment. However, it refers individuals who need this service to a local community partner (Victory Clinic) and coordinates their care. During the desk review and key informant interviews conducted for this needs assessment, we did not note methadone treatment as an area for improvement.

Although Oaklawn does not have a specific navigator role as defined in the criteria, the following positions have navigation responsibilities that provide the functions listed: open access navigators, care facilitators, peer recovery support specialists, engagement specialists, and healthcare navigators. These navigation responsibilities include helping clients understand the process for accessing services, barriers, and service offerings. Oaklawn staff and people receiving services expressed a need for a more defined navigator role(s) to help individuals understand, select, and engage with Oaklawn's service offerings. Oaklawn staff indicated that, although rare, some people receiving services "fall through the cracks" even though they could benefit from additional CCBHC services. In response to this, Oaklawn has added an engagement specialist role to provide follow up to provide case management to clients coming into Open Access, so that they do not fall through the cracks. In addition, this responsibility has been added to the mobile crisis team, to follow up on individuals who have been linked to Open Access through a crisis call. Oaklawn will monitor the data around individuals who do not engage in ongoing treatment after an assessment and continue to add positions as indicated.

Staffing Limitations

Both counties served by Oaklawn are designated as mental health and primary care Health Professional Shortage Areas (HPSAs) as well as medically underserved areas.¹¹ The majority of staff and leadership interviewed identified workforce and staffing as a high priority area for improvement at Oaklawn. Although Oaklawn can meet the needs of the population it currently serves with its current staffing and have drastically improved access to timely care in the last 18 months, many key informants noted that staffing vacancies are contributing to long wait times for some services (e.g. case management). While Oaklawn has made improvements through Open Access that have eliminated almost all wait lists, messaging in the community has lagged, with many still reporting there are barriers to accessing care and Oaklawn must increase their marketing in this area to expand community awareness.

Oaklawn has experienced additional stressors for staff related to vacancies and continues to struggle to recruit and retain clinical and administrative staff. This is in part because of the many large health care systems in the region, whose compensation packages Oaklawn has been unable to match. Program leaders, staff, and community partners interviewed indicated a need for more bilingual staff, master's-level clinical staff, child and adolescent psychiatrists, case managers, residential staff, and peer recovery support specialists.

The need to hire more bilingual staff, specifically Spanish-speaking staff, was a frequent theme during key informant interviews. The Spanish-speaking population within the service area is increasing, as is the demand for Spanish-speaking services. Currently Oaklawn has 453 clients

¹¹ HRSA Data Warehouse, 2020

in services who report Spanish as their primary language, with 372 clients documented as needing interpretation services in Spanish. Oaklawn employs 58 staff who are bilingual in Spanish and English and uses technology for interpretation to meet this need. Oaklawn posts job opportunities in both English and Spanish, advertises the need for bilingual and bicultural candidates, sends bilingual staff to job fairs, and offers a wage differential to staff who are bilingual. Community partners and internal staff indicated that the wage differential is smaller at Oaklawn than at the large health systems in the region, making it hard for Oaklawn to hire and retain bilingual staff. Because of the low number of bilingual behavioral health professionals nationally and the acute need locally, Oaklawn is currently working on formalizing and scaling a “grow-your-own” employee development model, which includes outreach to high school students who are considering what courses and training to pursue in postsecondary education. The DEI Committee has also developed a mentorship initiative to target, recruit, develop, and retain employees from diverse background to increase employees’ feelings of support and aid in retention in the workplace. As people see themselves reflected in the organization’s leadership, they may feel more connected, which may increase employment interest. Since launching this effort, Oaklawn has increased the number of FTE by 53, decreased turnover by 11% and on average are receiving 396 more applications a month.

An urgent need often noted by key informants is the lack of licensed, Spanish-referring Spanish-speaking clients seeking addiction services to other organizations in the community because it does not have any counselors able to provide these services in Spanish.

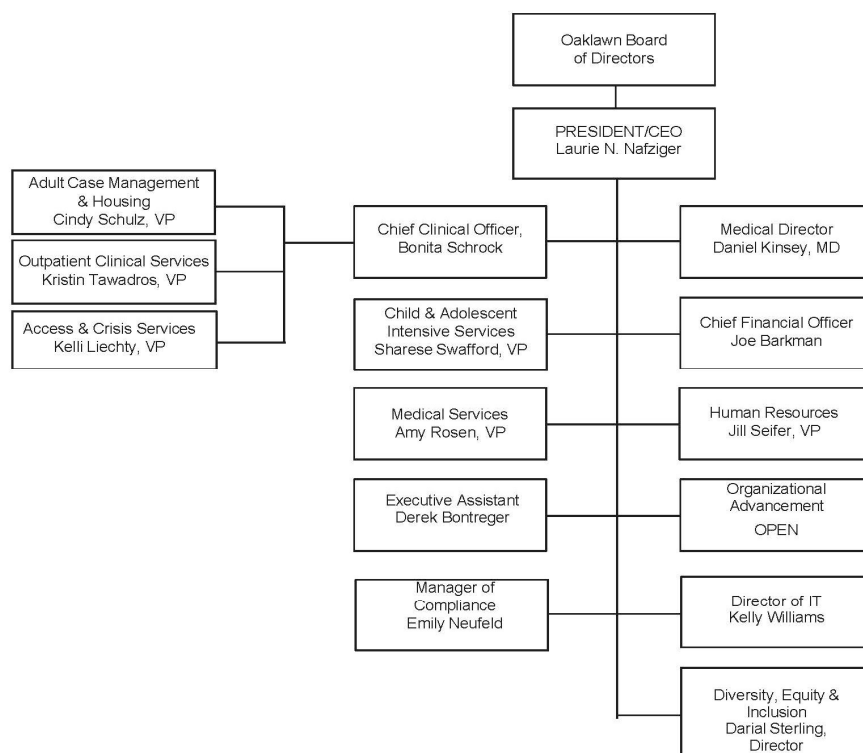
Hiring certified peer recovery support specialists is also a challenge because there are limited vendors available to train candidates for licensure and certification. Further, the vendors only certification courses at certain times during the year. Oaklawn continues to partner with the state and bring these frustrations forward. Oaklawn has committed to the Peer Support model and are leaders in the state in embedding Peer Support Professionals in programs. These factors limit Oaklawn’s ability to hire, certify, and train coaches and peer support specialists. Currently, Oaklawn employees 23 individuals who are certified as Peer Support Professionals, and an additional 5 who are waiting for the training to be certified. Despite some challenges, Oaklawn remains a leader in peer support services in the state.

To mitigate staffing concerns, Oaklawn has increased pay and bonuses for direct care staff including case managers, therapists, and individuals working in crisis services. certain direct service positions. Leadership at Oaklawn is also looking into instituting a more flexible, hybrid work environment for administrative positions. In 2022, Oaklawn added a recruiter position who attends job fairs and other community events to promote the agency. Oaklawn is working with schools in the area to create internship programs at Oaklawn, as these opportunities function as direct pipelines to employment. Staff are also eligible for public service loan forgiveness programs at the federal level.

Management Team

Oaklawn maintains a management team that is appropriate for the size and needs of the agency. The only currently open management position is the director of organizational advancement. Oaklawn does not experience the same retention and recruitment problems with management positions that it does with clinical staff positions. Figure 7 details the makeup of the management team.

Figure 7. Oaklawn Management Staffing



Community Partners

As mentioned previously, Oaklawn has a long history of collaborating with community partners to holistically meet the needs of people receiving services. Oaklawn maintains or is in the process of pursuing agreements with 48 other community organizations, including FQHCs, inpatient treatment programs, medical and ambulatory withdrawal programs, schools, child welfare, juvenile and criminal justice agencies, Indian Health Services, foster care services, the

Veterans Service Administration (VA) and other social and human services partners. A complete list is included in Appendix B.

Board of Directors

Oaklawn strives to have a diverse, inclusive, and representative board of directors. Oaklawn leaders recruit each board member for their expertise, subject matter knowledge, and overall care for the community. Ninety-three percent of Oaklawn's board of directors has lived experience, and less than half of the board derives more than 10% of their income from the healthcare industry. Table 5 details the makeup of the Oaklawn board of directors.

Table 5.

Oaklawn Board of Directors	
Name	Place of Work
Janilyn Brouwer Daub – <i>Governance Chair</i>	Barnes & Thornburg
Marion Fulce – <i>Assistant Secretary</i>	Everwise Credit Union
Esleen Fultz	Heart City Health Center
Kimberly Green-Reeves	Beacon Health System
Ken Hochstetler	Everence
Chris Karam – <i>Finance Chair</i>	Saint Joseph Health System
Andy Marshall	Interra Credit Union
Sarah Paturalski – <i>Chair</i>	Beacon Health System
Darryl Riegsecker	Real Estate Broker/Elkhart County Council
Brad Rogers	Elkhart County Commissioners
Jeff Siegel	Elkhart County Sheriff
Bryan Tanner	DirectLine Communications/Troyer Group/St. Joseph County Council
Lisa Wine	Goshen Health
Mike Yoder – <i>Secretary</i>	Town Manager of Bristol

4 Addressing Specific Populations and Access – Reducing Barriers

This section describes Oaklawn's ability to provide culturally and linguistically appropriate services as well as its general accessibility in terms of location and hours. This section outlines local barriers to access and discusses Oaklawn's work to address these barriers, including cultural and linguistic needs.

Cultural and Linguistically Appropriate Services

Oaklawn completed a self-assessment of adherence to the national Culturally and Linguistically Appropriate Services (CLAS) standards as part of a Disparity Impact Statement (DIS) in 2021. Oaklawn updated it in 2022. Based on results of the DIS, the 2021 community needs assessment, and staff feedback, Oaklawn used grant funds to hire a DEI director and combined several existing committees to improve organizational responsiveness to the cultural and linguistic needs of the community. Oaklawn completed its goals related to the 2021 DIS, and the DEI committee continues regular strategic planning efforts and reports to the Board.

Oaklawn's phone system informs callers that language services are available, but in-person notification of interpretation services is dependent upon the individual asking for staff to connect them to interpretation services is depending on staff informing clients of available services. Staff follow protocol to involve bilingual staff for clients who require Spanish or Pennsylvania Dutch interpretation, and the language line, Propio[®], is available for on-demand interpretation services for other languages.¹² When possible, Oaklawn staff provide in-person services in Spanish or utilize an in-person Oaklawn interpreter, but this is not always possible due to staffing challenges.

Essential agency forms are available in Spanish. Oaklawn has a thorough process for ensuring that the forms have understandable translations and are updated as forms change. Once translated, Oaklawn has forms vetted by the Spanish Speaking Services Committee, either at one of its regularly scheduled meetings or via email for expedited review. Made up of staff from different nationalities who speak various Spanish dialects, the committee reviews forms for clarity, ensures that they are at an appropriate reading level, and eliminates jargon so that the forms are broadly understandable. Oaklawn's website lists all available service offerings in Spanish.

Oaklawn leadership created a Cultural and Linguistic Competency (CLC) group to monitor whether Oaklawn is providing culturally and linguistically appropriate services. Originally convened as part of a System of Care grant in Elkhart County, the group has been implementing a CLC Competency Plan since 2019. The plan includes action steps to require annual CLC training for all levels of staff and a process to ensure that materials and services are available in the languages commonly spoken in the community so that all residents can access them. Recently, Oaklawn's DEI Committee has taken over the work of the CLC committee and expanded the plan.

¹² <https://propio-ls.com/>

DEI committee members commended Oaklawn leadership for its commitment to improving diversity, pointing specifically to the creation and funding of a full-time DEI director position. Oaklawn launched a Staff Climate Assessment survey for staff in 2021 to capture a baseline picture of Oaklawn's environment related to DEI initiatives. This survey was repeated in 2023 with findings showing many improvements in staff experience of their work environment and feeling safe at work. The following are suggestions that emerged from the more recent survey and other work of the DEI committee.

- Continue to support an environment where staff feel comfortable discussing DEI-related matters, both with colleagues and with leadership. Although the most recent survey, in 2023 showed large improvements in the degree to which Black or African American staff feel comfortable discussing cultural issues, the committee recommended more cross-cultural communication training specifically addressing Hispanic, Latino and Latina cultures.
- Continue to develop leadership opportunities for Black, Indigenous, and other people of color (BIPOC) staff. Oaklawn has received grant funding to support BIPOC or LGBTQ staff interested in pursuing classes or another learning opportunities to attain additional licensure. The committee views this as a vital part of meeting community needs and attracting more staff from diverse backgrounds.
- Facilitate conversations about culture. Oaklawn has done a lot of work to make sure staff are feeling safe and creating opportunities for staff to build more community and understanding of different cultures. More education on cross-cultural awareness and communication was suggested by staff.
- Build more programming to support the LGBTQ+ population, particularly teens. Oaklawn has an adolescent group that addresses gender identity and sexual orientation. Recent state laws that require schools to report to parents when a youth wants to use different pronouns or go by a different name reduce the availability of safe places for these youth. Oaklawn may need to fill that gap.
- Increase training opportunities on immigration issues and their impact on people seeking services. According to the DEI committee, staff found previous trainings helpful. Oaklawn serves all individuals in need and typically connects individuals to Medicaid if they do not have a payer source. However, when an individual is undocumented, applying for benefits could make them vulnerable. More education can help staff navigate those issues.

"Under the director's [guidance], we have been a leader in this area. Oaklawn has been working intentionality to improve culture, and there is a willingness to have these discussions. We are at the forefront and think we have become a model in the state."

-DEI committee member

Location

As noted previously, Oaklawn operates four campuses—in South Bend, Mishawaka, Elkhart, and Goshen—across Elkhart and St. Joseph counties in addition to a 24-hour crisis line. Oaklawn provides on-site substance use treatment services, inpatient care, outpatient services, psychiatric services, intensive case management, first episode psychosis care, crisis services, and housing and homeless outreach. Oaklawn also provides school-based services for children and youth. Oaklawn is opening two 24/7 crisis stabilization units in 2024.

Key informants and survey respondents commonly cited transportation as a barrier. Although public buses reach all campuses, with the exception of Goshen's, transit services are limited in their hours in some areas. Oaklawn has a Transportation Department that offers transportation services, when possible, in addition to paying for Uber rides and bus tickets.

Access

Oaklawn launched its Open Access model in May 2022 at the South Bend, Elkhart, and Goshen campuses. The goal of Open Access was to allow for same-day access and just-in-time prescribing. This model is relatively new to Oaklawn and is still being refined.

To begin treatment at Oaklawn, people seeking services come into the Open Access clinics operating at the South Bend, Elkhart, and Goshen campuses to complete paperwork and a clinical assessment and to create a plan for future treatment. According to the Oaklawn website, this process takes 1.5–3 hours.¹³ Table 6 lists the operating hours of the Open Access clinics.

Table 6.

Operating Hours at Open Access Clinics					
Clinic Name	Monday	Tuesday	Wednesday	Thursday	Friday
South Bend and Elkhart Campuses	8:00 AM–2:00 PM	8:00 AM–2:00 PM	12:00–6:00 PM	10:00 AM–4:00 PM	8:00 AM–2:00 PM
Goshen Campus	10:00 AM–2:00 PM	10:00 AM–2:00 PM	2:00–6:00 PM	12:00–4:00 PM	10:00 AM–2:00 PM

During key informant interviews, staff reported that individuals coming to Open Access clinics will sometimes wait longer than the advertised 1.5–3 hours, largely because of staffing shortages. This can be hard for clients who have a finite amount of time they are able to take off work, have limited access to childcare, etc. However, overall data shows an average to from

¹³ <https://oaklawn.org/our-services/>

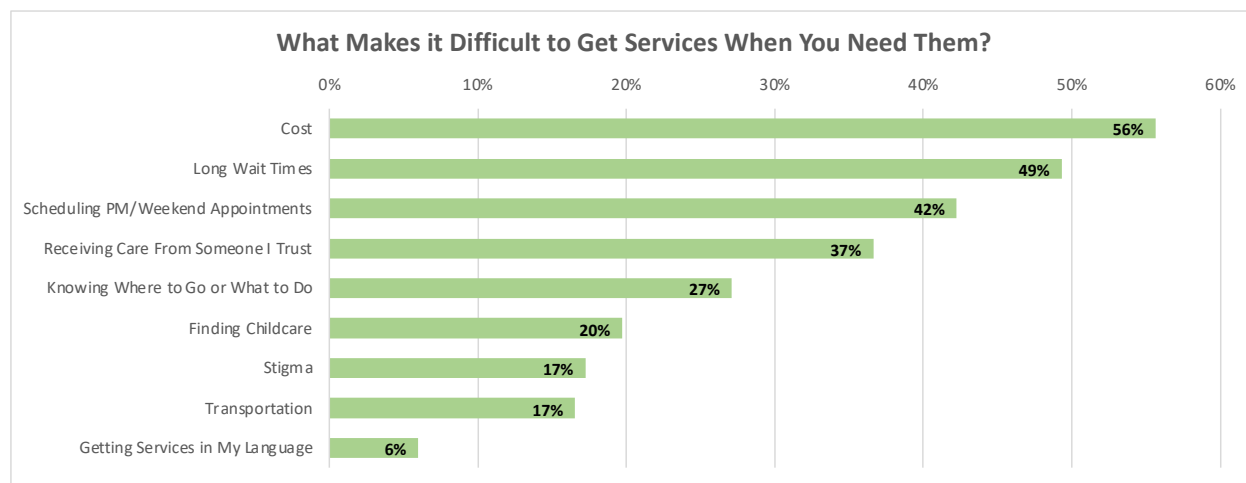
arrival to completion of the process of 155 minutes. To gain additional feedback from client, Oaklawn provides all clients coming in an opportunity to provide feedback. 95% of clients report “the staff explained the intake process to me, including time frames for completing everything. I was updated as needed throughout the process.” And 93% report in response to their experience, “I felt understood respected and heard.” The lowest response is 80% report knowing with their next steps are, pointing to an increased need for community messaging and navigation support.

To target Spanish speakers, Oaklawn has one day a week where the clinic is staffed with Spanish speaking therapists. All days have bilingual staff to help navigate the process. Oaklawn staffs more Spanish speaking therapists on the targeted days. Although there are cases where bilingual staff are out and there isn’t enough backup coverage, so individuals seeking services who do not speak English are often not seen on the day they come in. At all times, staff have access to iPads with translation services. Oaklawn has not publicized this new availability well and some clients prefer to wait for a Bilingual Therapist..

Open Access has helped Oaklawn to reduce barriers and eliminate wait lists for most programs. However, barriers remain. After cost (56%), community survey respondents cited long wait times (49%) and being able to schedule evening or weekend appointments (42%) as the most common barriers to accessing services. The community survey asked about general barriers and not about Oaklawn specifically, so these results may not capture the new changes Oaklawn has made recently. Additionally, the model is fairly new, and many may not yet be aware of Open Access. Oaklawn must increase marketing and work to change the historical perspective that wait times are long, as this is no longer the case.

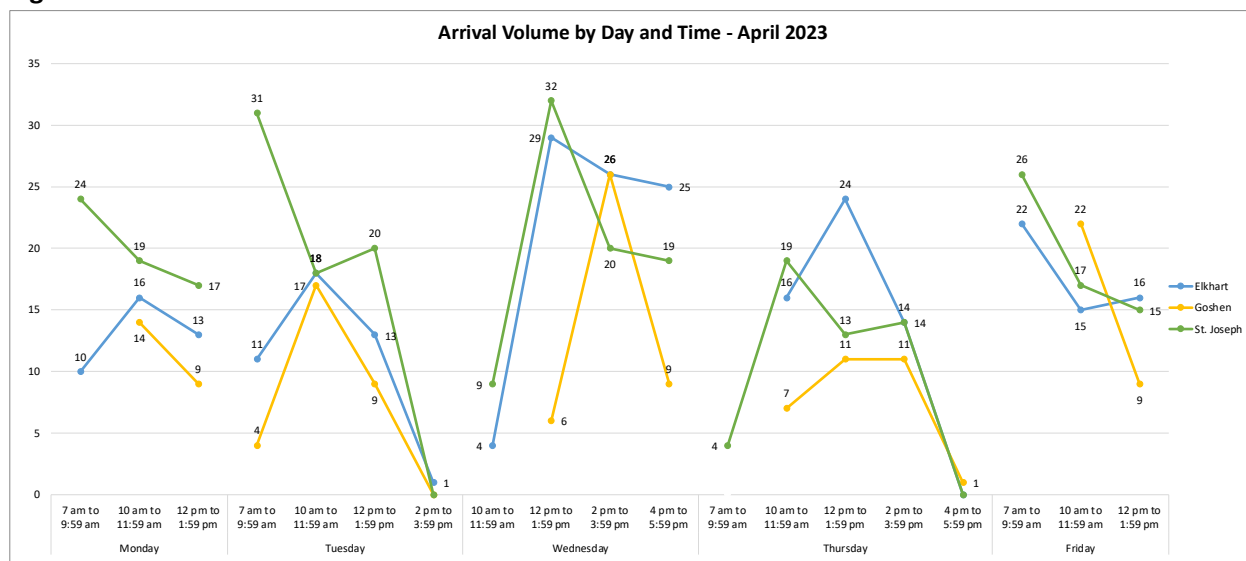
Other barriers reported included being able to receive care from a trusted provider (37%), knowing where to go or what to do (27%), finding childcare (20%) and others. Full survey results are shown in Figure 8.

Figure 8.



To better staff Open Access clinics during the busiest times of day, Oaklawn is collecting and regularly monitoring utilization. Figure 9 shows arrival times during Year 1.

Figure 9.



Oaklawn also monitors timing of “walk outs” – when people seeking services leave before completing the process.

Figure 10



Across all campuses, most walkouts occur between 12pm and 2pm. One possible explanation is that people may be using a typical lunch hour (or school lunch hour) to attempt to begin services but have to leave because they do not have enough time to stay for the complete process. Oaklawn has recently begun to offer later hours on Wednesday (until 8pm) to serve anyone who comes in by 6pm. All clinics are open until 8pm. However Oaklawn has prioritized later appointment hours for most days so that people can access services at more convenient times. Overall, 94% of individuals who walk in complete the full process, including a risk assessment and comprehensive assessment.

Crisis Response

Oaklawn operates a 24-hour crisis phone line and is a 988 call center provider. Elkhart and St. Joseph County residents experiencing a mental health crisis can call to speak with a local trained specialist who will assess their situation and either provide supportive counseling or make a referral. Crisis line staff resolve the majority of crises over the phone. If not, they connect the caller to other crisis services for further help. In some cases, they dispatch

Oaklawn's St. Joseph County Mobile Crisis Response Team to meet with individuals in the community. This multidisciplinary team consists of therapists, recovery coaches, and case managers and operates from 8 AM to 8 PM Monday–Friday. Oaklawn recently extended the Mobile Crisis Response Team hours to 8PM on weekdays in response to the community's need for extended service hours. Oaklawn is attempting to secure funding to expand mobile crisis services to 24 hours, 7 days a week. As mentioned previously, Oaklawn is also opening a 24-hour crisis stabilization center in both St Joseph and Elkhart Counties in 2024, supported by county funds.

Children and Adolescents

In October 2023, Oaklawn began a SAMHSA-funded Early Diversion through Youth Crisis Care (EDYCC) project to expand services for youth ages 8–22 who are experiencing a behavioral health crisis that puts them at risk for law enforcement involvement. Through the EDYCC grant, Oaklawn will develop cross-system partnerships, develop system features (i.e., “someone to call, someone to respond, and a safe place to be”) to address the need, provide cross-system training, identify and share data across systems, and ensure the crisis response team will have direct access to care and that youth and families have access to follow-up care throughout their recovery.

Oaklawn continues to work to improve family services and enhance family members' capacity to meet the needs of their loved ones with behavioral health disorders.

Other Populations

As discussed in Section 2, Oaklawn is engaging with the local VA to identify the needs of veterans and prioritize their treatment. The VA prefers to make referrals for behavioral health services to agencies that demonstrate military cultural competence. Oaklawn is working with the VA to create a memorandum of understanding for care coordination. The memorandum of understanding would allow Oaklawn and the VA to share information and collaborate as a treatment team in cases where both organizations are serving the same person or individuals within the same family. Oaklawn is also working to better understand the new 2023 COMPACT Act that will reimburse for crisis services provided to veterans, including those who have previously not been eligible for VA benefits and works to ensure that staff are well trained to serve veterans.

Oaklawn recently opened a new campus in South Bend that is designed to ensure accessibility for people with physical disabilities. All Oaklawn locations comply with the requirements laid out in the Americans with Disabilities Act.

Oaklawn offers an ability to pay scale fee structure and accepts Medicaid and private insurance. Almost all other SUD providers in the community require self-payment.

5 Connecting People to Services

Oaklawn provides a comprehensive array of evidence-based and evidence-informed services across all ages and behavioral health needs. The agency uses periodic needs assessments to directly inform programs. Importantly, Oaklawn provides all nine core CCBHC services directly and does not rely on DCOs for any services. It does link people to primary healthcare services and has improved its capacity to provide comprehensive primary care screenings in the last 2 years. Oaklawn integrates and coordinates care by partnering with local FQHCs and primary care providers to link people receiving services to consistent primary care as described in Section 3. Table 7, below, shows the number of people served last year by program.

Oaklawn provides all nine of the required CCBHC services for people seeking care.

Table 7

Program	Total Clients
Adult Mental Health Therapy	5,023
Adult Mental Health Case Management	795
Adult Substance Use Treatment	3,258
Adult Medication Management	6,595
Adult Residential	159
Adult Inpatient	380
Child and Adolescent Mental Health Therapy	4,102
Child and Adolescent Mental Health Case Management	550
Child and Adolescent Medication Management	1,456
Child and Adolescent Residential	289
DCS Services	868
Grant-Funded Services	1,114

Adults With Serious Mental Health Needs

Prevalence data presented in Section 2 suggest that about 20,000 adults in the area need treatment for SMI. Oaklawn offers the following evidence-based practices (EBPs) to serve these individuals: motivational interviewing, illness management and recovery (IMR), clubhouse participation, peer support, supported housing & employment, cognitive behavioral therapy (CBT), coordinated specialty care (CSC) for first episode psychosis (FEP), medication-assisted

treatment (MAT), eye movement desensitization and reprocessing, acceptance and commitment therapy, and beyond trauma.

According to the 2021 needs assessment and this update, there is a need for increased assertive community treatment (ACT) programming. Currently, most case management and supported housing/employment services center on people transitioning from hospitals or another residential environment. People experiencing homelessness need the same services, but there are more challenges engaging this population. Developing an ACT program can bridge a treatment gap. Oaklawn currently has a PATH Program who provides outreach and engagement services to the unhoused and an Intensive Case Management Team, who work with the most vulnerable in the community.

First Episode Psychosis Program

Oaklawn has a coordinated specialty care (CSC) team for anyone diagnosed with psychosis in its early stages. Insight is a recovery-oriented treatment program that serves individuals at least 14 years of age who have experienced psychosis (excluding substance-induced psychosis) within the last five years. This programs provides specialized treatment including personalized medication management from our prescribers, family psychoeducation, weekly resilience-focused therapy, specialized skill training support and peer support.

Substance Use and Co-Occurring Treatment Needs

According to the prevalence data presented in Section 2, about 31,000 adolescents and adults in the area need treatment for SUD and about 26,000 need but are not receiving treatment. Oaklawn offers the following EBPs to serve these individuals: motivational interviewing, integrated dual disorder treatment, the Matrix model, MAT, harm reduction strategies, and brief marijuana treatment. Stakeholders unanimously identified a need for more substance use treatment services, particularly for children and adolescents and those who prefer to receive services in their native language (specifically, Spanish). Further, the VA does not currently have the capacity to provide certain face-to-face therapy modalities to veterans and expressed a need for a referral partner. Oaklawn should continue to research, consider, and implement EBPs and ensure access to these (including language/translation needs).

There are limited other providers of substance use treatment services in Spanish in the area. Oaklawn is working with Indiana State University to grow the workforce by encouraging more people to obtain LCAC credentials. There are FQHCs in our counties that can pay all staff higher and that is a very specific challenge in the community.

Children, Youth, and Families

Most stakeholders reported gaps in the continuum of care for children and youth and noted that there are few service options in the state for adolescent substance use treatment. While Oaklawn is one of the only providers of evidenced based treatment program for youth with substance use disorders the need is growing and requires Oaklawn to expand this program to all campuses. Oaklawn currently offers the following EBPs to serve children, youth, and families: child-parent psychotherapy (CPP), trauma focused cognitive behavior therapy (TF-CBT), dialectical behavior therapy (DBT), incredible years, transition to independence process (TIP), child mental health services, high-fidelity wraparound, triple p – positive parenting program.

Oaklawn provides a robust array of child and adolescent services in Goshen and Elkhart, including some school-based services. Oaklawn is limited in its ability to expand these services into South Bend by capacity issues. Further, a lack of a reliable funding source and Oaklawn's family-centered approach to treatment limit its ability to offer more school-based services. This is another area where state CCBHC reimbursement could support expanded services.

Peer Support Services

Oaklawn has a strong peer support program and sees itself as a leader in the state area. Peer specialists receive robust training and support. In addition, peers are supervised by other peers, which is recognized as best practice in the field. Peers are embedded in crisis response and outreach teams and help to run therapy groups. Peer support staff reported feeling respected and supported at Oaklawn and spoke to a strong training and support system. Peers meet weekly for information sharing and problem-solving. In addition, they utilize an email distribution list so that they can rapidly provide resources and communicate with one another on difficult circumstances.

Consumer Advisory Council

Oaklawn has an active Consumer Advisory Council that meets regularly to discuss programming and accessibility at Oaklawn. However, the group's membership does not reflect the diversity of the community or people receiving services and does not regularly interact with Oaklawn's Board, which may limit their ability to influence decisions.

6 Key Findings & Considerations for Strategic Use

This section highlights key findings and considerations for Oaklawn leadership as it works to improve CCBHC services. Findings are organized into the four areas included in this report.

- Population To Be Served and Community Behavioral Health Needs
- Staffing and Workforce
- Addressing Specific Populations and Access – Reducing Barriers
- Connecting People to Services

Population To Be Served and Community Behavioral Health Needs



Oaklawn used grant funds to hire a diversity, equity, and inclusion director and formed several committees to improve organizational responsiveness to community needs. Oaklawn completed its goals related to its 2021 DIS, and the folded previous committee work into a single DEI committee that continues regular strategic planning efforts and reports to the Board.

Oaklawn is one of few providers in the two counties that provides SUD treatment services for people on Medicaid. Due to staffing issues, it is unable to provide these services in Spanish. Despite its efforts to recruit and retain Spanish speaking staff, Oaklawn needs more Spanish-speaking therapists and interpreters of other languages; need across services but particularly SUD and Spanish.

“We want to continue to find ways to continue to develop our staff into leaders. We have done a lot of work to make sure our staff are feeling safe and have opportunities for staff to build more community and understanding” - DEI committee member.

In a 2022 Indiana consumer perception of care survey, the percentage of people receiving services from Oaklawn who agreed that “Staff was sensitive to my cultural background” was lower than the state average. Oaklawn’s service area is more diverse than the rest of the state, so there are likely more people of different cultures in Oaklawn’s sample than in those of other mental health centers. Nonetheless, this represents an opportunity for improvement.

Recently, Oaklawn leaders have begun to strengthen the relationship with local VA services. Continue to build on veterans’ services and ongoing meetings with local VA staff.

Overall, rising death rates related to drug and alcohol use, particularly in St. Joseph County, indicate that the community needs more resources to address SUD treatment and to engage more people in treatment. In addition, 44% of people in the area are on Medicaid or uninsured. For these individuals, Oaklawn may be one of the few places where services are accessible.

Considerations

- Continue the support of the efforts of the DEI committee. Oaklawn's efforts to ensure that diverse staff feel respected and safe and to provide mentorship and opportunities for BIPOC staff to join management and leadership will improve Oaklawn's ability to recruit a diverse workforce.
- Explore mechanisms to create incentives to encourage staff to be actively involved in DEI work (such as looking at including work in this area in staff productivity metrics).
- Ensure that there are leadership and mentoring opportunities for BIPOC staff. Continue to encourage staff to increase skills and gain additional credentials and licensure to grow your workforce from within and to promote diversity.
- The increasing need for translation services, combined with staff reporting struggles with access to translators, points to a need to increase communication and comfort levels with staff to use new translation technology.

Staffing and Workforce



Oaklawn is not immune from workforce challenges happening across the country. Current behavioral health mechanisms are insufficient to adequately reimburse for the comprehensive services CCBHCs are expected to provide. As a result, their pay scales for staff are lower than for hospitals, private providers, and even FQHCs can pay higher wages, which means Oaklawn is at a disadvantage when recruiting staff in competition with these agencies.

While Oaklawn has made improvements through Open Access that have eliminated wait lists, messaging in the community has lagged, with many still reporting there are barriers to accessing care.

Considerations

- Explore approaches for systematically assessing staff wellness needs and establishing wellness strategies (beyond compensation) based on assessment results to maintain or improve retention.
- Increase community education around the Open Access model and crisis services to increase awareness of how to access services most effectively and appropriately.
- Continue advocacy efforts to support Indiana's CCBHC legislation. Communicate with policymakers and payers—both public and private—to create a rate structure that can support recruiting and retaining a high-quality workforce.

Addressing Specific Populations and Access – Reducing Barriers



Oaklawn's service area has the highest vulnerability in the state. Existing enrollment in intensive services focus on people leaving hospital settings. The need to serve people experiencing homelessness who may be unseen by the health system indicate that enhancing existing outreach and community-based programs is needed.

St. Joseph and Elkhart Counties are the most diverse in the state. Oaklawn clinic locations are centered in the highest areas of social vulnerability in both counties.

Because there are limitations on when Spanish-speaking staff can be available, Oaklawn has begun setting aside specific days when those staff are guaranteed to be there for each clinic. As discussed above increased communication and marketing, particularly around when Spanish-speaking staff are available.

Open Access has helped Oaklawn to reduce barriers and eliminate wait lists for most programs. However, barriers remain. After cost (56%), community survey respondents cited long wait times (49%) and being able to schedule evening or weekend appointments (42%) as the most common barriers to accessing services. This indicates that the community may not yet be fully aware of Open Access.

Other top barriers reported included being able to receive care from a trusted provider (37%), knowing where to go or what to do (27%), and finding childcare (20%).

Oaklawn has begun to work with the local VA clinic to ensure access to services for veterans. Understanding current needs and new legislative changes that will improve reimbursement for the provision of crisis care has the potential to improve access and reduce barriers for this group.

Considerations

- Continue to explore ways to enhance capacity to provide substance use treatment services and services for children and youth.
- Enhance communications around Open Access and continue to educate the community about how the Open Access model works and how to access services. Include a specific campaign targeting Spanish-speakers regarding which days there are services available in their language in each clinic.

- Explore using group therapy not only on the “front end” to get people into services sooner, but to also help move individuals from intensive, time-limited treatments grounded in EPBs and move them into long term recover.
- Consider adding Assertive Community Treatment (ACT) to enhance existing outreach and community-based services. This may require advocacy at the state level to ensure an adequate rate structure for this program.

Connecting People to Services



Oaklawn provides a comprehensive array of evidence-based and evidence-informed services across all ages and behavioral health needs.

Oaklawn directly provides all nine required CCBHC core services, informed by community needs assessments conducted every three years.

The agency uses periodic needs assessments to directly inform programs. Importantly, Oaklawn provides all nine core CCBHC services directly and does not rely on DCOs for any services. It does link people to primary healthcare services and has improved its capacity to provide comprehensive primary care screenings in the last 2 years.

Oaklawn has an active Consumer Advisory Council that meets regularly to discuss programming and accessibility at Oaklawn. However, the group’s membership does not reflect the diversity of the community or people receiving services and does not regularly interact with Oaklawn’s Board, which may limit their ability to influence decisions.

Considerations

- There is an opportunity to implement Assertive Community Treatment (ACT) programming.
- Stakeholders were unanimous in identifying a need for more substance use treatment services in both counties, particularly for children and adolescents and those who need language support (specifically, Spanish). Further, the VA expressed a need to refer people who need a face-to-face therapy model for some veterans that they do not currently have the capacity to provide. Oaklawn should continue to research, consider and implement EBPs and assure access to these (including language/translation needs).
- Continue regular meetings with the VA to discuss needs and opportunities to collaborate and work to secure a care coordination MOU.
- Continue to develop the Consumer Advisory Council and invite meaningful engagement with agency governance.

Appendix A: Key Informant Interviews

]We gathered Information through individual key informant interviews and focus groups.

List of Key Informants

Key Informants
Organization Staff
Kimberly Green Reeves (Board Member-Executive Director of Beacon Health System Community Impact)
Chris Karam (Board Member-President/Chief Operating Officer at St. Joseph Health System)
Bonita Schrock (Chief Clinical Officer)
Kelli Liechty (Vice President-Access and Crisis Services)
Kristin Tawadros (Vice President-Child and Adolescent Outpatient Services)
Cindy Schulz (Vice President-Adult Case Management and Housing Services)
Darial Sterling (Director of Diversity, Equity, and Inclusion)
Matthew Halfpenny (Certified Addictions Peer Recovery Coach at Oaklawn)
Francisco Huizar (Coordinator of Language Services)
Management Team
Other Community Contacts and Focus Groups
Judge Teresa Cataldo (Elkhart County Superior Court)
Steve Spurrier (Director of Epworth Memorial)
Lee Herschberger (Director of Patient Care Services Critical Care, Dialysis, Emergency Department at Elkhart General)
Officer James Ballard (Goshen City Police-Behavioral Health Response Coordinator)
Andre Stoner (Faith in Indiana)
Jose Elizadle (Goshen School Board)
Focus Groups/Other Interviews
Providers from the VA, including Veteran's Court liaison
Oaklawn People Receiving Services
Oaklawn Consumer Advisory Committee
Undocumented Immigrants

Desk Review – Other Community Needs Assessments

Document Title

- St Joseph Health System CHNA 2021
- St Joseph Health System CHNA Implementaton Strategy 2022
- Beacon Health System CHNA 2021
- Beacon Health System CHNA 2022-24 Implementation Strategy

- Goshen Health CHNA 2022 Report
- Goshen Health CHNA Action Plan 2022-24

- Elkhart County Department of Health
- St. Joseph County Department of Health Data and Reports

- REAL Services CHNA 2020

Appendix B: Community Partners

FQHC's		
FQHC	Agreement Type	Notes
Health Linc	MOU	*In process, will be finalized before 7/1/2024
Indiana Health Center (IHC)	MOU	*In process, will be finalized before 7/1/2024
Heart City	MOU	*In process, will be finalized before 7/1/2024
Maple City	MOU	*In process, will be finalized before 7/1/2024
Inpatient Psychiatric Treatment (adult & youth)		
Inpatient Facility	Agreement Type	Notes
Epworth (St. Joseph County)	HAP Contract (Coordination of Serious Emotional Disturbance (SED) psychiatric inpatient services)	Active
Michiana Behavioral Health (Marshall County)	Referral Agreement	*In process, will be finalized before 7/1/2024
Neuropsychiatric Hospital: Medical Behavioral Hospital of Mishawaka Doctors Neuropsychiatric Hospital	Referral Agreement	*In process, will be finalized before 7/1/2024
Opioid Treatment Programs, Medical & Ambulatory Withdrawal Facilities		
Program/Facility	Agreement Type	Notes
Victory Clinic (St. Joseph County)	MOU	Active care coordination for OTP (methadone, buprenorphine, & naltrexone)
Clean Slate (Elkhart County)	MOU	Care coordination for OTP (Buprenorphine & naltrexone) *In process, will be finalized before 7/1/2024

Schools and Local Education Agencies		
**Oaklawn has agreements with all public schools in St. Joseph and Elkhart County.		
School	Agreement Type	Notes
Baugo Community Schools	MOU	Active
Concord Schools	MOU	Active
Elkhart Community Schools	MOU	Active
Elkhart County & St. Joseph County Head Start Consortium	MOU	Active
Goshen Community Schools	MOU	Active
Penn-Harris-Madison Schools	MOU	Active
Purdue Polytech High School- South Bend Agreement	Referral Agreement	Active
Mishawaka Schools	MOU	Active
South Bend Community Schools	MOU	Active
Child Welfare Agencies		
Agency	Agreement Type	Notes
The CASIE Center	Linkage Agreement	Active *Child Abuse Services Investigation & Education
Department of Child Services	Elkhart County: <ul style="list-style-type: none"> • Referral agreement • Master contract St. Joseph County: <ul style="list-style-type: none"> • Referral Agreement • Master contract 	Active
Juvenile & Criminal Justice Agencies		

Agency	Agreement Type	Notes
St. Joseph County Crisis Intervention Team (CIT) * Community Partners: South Bend Police Department, St. Joseph County Police Department, NAMI Indiana, NAMI St. Joseph County, Logan, Beacon Health Systems, and Oaklawn	MOU	Active International Certification Oaklawn Leads this team
Elkhart County Crisis Intervention Team (CIT) * Community Partners: Elkhart County Court Services, Goshen City Police Depart., Elkhart City Police Depart., Allendale Treatment Center, Elkhart County Community Corrections, Goshen Health, Faith Mission, Lexington House, Oaklawn, Wellpath Healthcare Elkhart County Sheriff's Office, Elkhart County Dispatch Cora Dale House, Beacon Health System, First Light Mission, Elkhart County Health Department, NAMI, Purdue University Elkhart County Emergency Management Guidance Ministries)	MOU	Active *In process, will be formalized by 7/1/2024
Elkhart County Community Corrections	Referral Agreement	Active
Elkhart County Drug Court	MOU	Active
Elkhart County Juvenile Justice	MOU	Active
Elkhart County Probation	Referral Agreement	Active
St. Joseph County Drug Court	MOU	Active
Indian Health Service- Youth Regional Treatment Centers *where applicable		
Not Applicable		*We have care coordination with the Pokagon Band
State Licensed & Nationally Accredited Child Placing Agencies for Therapeutic Foster Care Services		
Agency	Formal Agreement Type	Notes
Department of Child Services	Contracts for multiple services <ul style="list-style-type: none"> Referral Agreement Master Contract 	Active Residential Child Care License from Indiana DCS: <ul style="list-style-type: none"> Child Caring Institution Group Home

		<ul style="list-style-type: none"> Private Secure Facility
Local Outreach to Suicide Survivors Team (LOSS)		
County	Coordination	Notes
Elkhart County *Non-scene response in place	Oaklawn is in planning group	*In process, will be finalized before 7/1/2024
St. Joseph County *In process		*In process, will be finalized before 7/1/2024
Ryans Place *Crisis Support	Care Coordination Agreement	*In process, will formalize before 7/1/2024
Social/Human Services & Other Community Partners		
<i>*Not an exhaustive list</i>		
Agency/Organization	Agreement/Referral Type	Notes
Goshen Hospital	MOU	Active ED Consultation, provide onsite crisis response
Beacon Memorial Hospital	Grants: MIRS grant	Active Provide onsite crisis response
St. Joseph Regional Medical Hospital	MOU	Active ED Consultation, provide onsite crisis response
Trinity-Beacon-Goshen Physician Group	MOU	Active ED Consultation
Child and Parent Services (CAPS)	MOU	Active Healthy Family Consultation
Bashor's Children Home	MOU	Active Services
Association for the Disabled of Elkhart County (ADEC)	Services Agreement	Active
Logan * Part of CIT	MOU	Active *Serves adults and children with intellectual and developmental disabilities. *In process, finalizing before 7/1/2024
Elkhart County Clubhouses (Goshen and Elkhart)	Contracts	Active
St. Joseph County Clubhouse	Contract	Active
South Bend Heritage Foundation	MOU	Active

Indiana Housing and Community Development Authority (ICHDA)	MOU	Active
La Casa	MOU	Active
Motels 4 Now	Service Agreement	Active
Mosaic Health and Healing Arts	MOU	Active Family Medicine practice that is inclusive to people who identify as LGBTQ2IA+.
Veteran Affairs and local clinics	Care Coordination Agreement	*In process, finalizing before 7/1/2024