

**UIC Academy for Policymakers
Certified Community Behavioral Health Clinics (CCBHC) Podcast Series
Transcript of Interview with Oaklawn CCBHC**

Announcer: Thank you for visiting the University of Illinois at Chicago's Health & Recovery Academy for Policymakers. The following recording comes to you from the UIC Center on Integrated Health Care and Self-Directed Recovery. Visit our online Academy to obtain free information and resources about policies that promote health, self-direction, and employment for the behavioral health field.

Sam Shore: Thank you for joining our CCBHC podcast series. My name is Sam Shore, and I co-direct the Policy Academy within the Center for Integrated Health Care and Self-Directed Recovery at the University of Illinois at Chicago. Today, we'll be talking with Kelli Liechty, Director of the Oaklawn Certified Community Behavioral Health program in Indiana. Welcome, Kelli.

Sam Shore: We're really excited to hear about the work you've been doing to become and operate as a CCBHC. So, Kelli, can you tell us some about the area that you serve in Indiana?

Kelli Liechty: Sure, we are situated in Northern Indiana, and we serve two counties in that area. One is St. Joseph County, and the second is Elkhart County. Total population of our area is around 476,000 individuals. And it is a unique mix of rural as well as urban population. One of the more unique features of our catchment areas that we have a significant Amish population, particularly in Elkhart County and do provide mental health and substance use services to the Amish population.

Sam Shore: Well thank you for describing the area that you serve, and some of about the population. Could you tell us some about the services that you're providing? You've talked about the Amish population but anything about other subpopulations within the communities that you serve?

Kelli Liechty: Sure. We serve around 16,000 unique individuals annually. We have a wide range of services. We have outpatient, your traditional outpatient therapy, group settings, as well as residential services. We have a child and adolescent unit on one of our four campuses. We have an adult intensive unit. We provide in-home care, community-based services. We do have partnerships with several of our local jails and emergency rooms, so we provide assessment and treatment within our jails, as well as risk assessment in our emergency room. So we have several partners within our community - if someone comes into the emergency room in crisis, we can dispatch one of our social workers who will go and provide a risk assessment at that emergency room.

Sam Shore: So it sounds like you're working at a long standing Community Mental Health Center there in your two county area and then more recently in the past year or so you've taken on the role of becoming a certified Community Behavioral Health Clinic. I would really like to have you talk some about what it's been like to make the transition to being a CCBHC from the days when that you were just operating as a Community Mental Health Center.

Kelli Liechty: Sure. This transition has been truly transformational for our organization, and I don't think I can stress that enough. We have experienced a significant paradigm shift in terms of how we think about ourselves as the Community Mental Health Center as well as the services that we're providing. I think there's great hope in that. I think there's great belief

in what we're doing and the changes that we're making, as well as the other side of difficulty in new services and new ways of operating.

I think if I were to articulate what that paradigm shift has been for us, it's around this role of ownership. Recognizing that as the Community Mental Health Center, we are the safety net. We are one of the safety nets for our community. And we have to continue to provide excellent, high-quality care for those within our services, and we need to think about those individuals at our door. And those who are in need of services, and recognize that we are the experts in our community in mental health and substance use, and we are well suited to play a critical role in crises in our community and a leadership role within our community. And I think that is the undertone of all that we do with CCBHC is that transition from using law enforcement or using the hospital systems for these crises to say, "No, that that's us, we are the experts, and we are going to lead in this way and we are going to play a key role in these services."

Sam Shore: So it sounds like you've really leaned into this area of putting mental health first on the front line when it comes to crisis. And also know that all CCBHCs have to have crisis services that operate 24-7. Can you talk about how that has evolved as you've become a CCBHC?

Kelli Liechty: Absolutely. Prior to us receiving the CCBHC grant and starting that transformational process we had several services that were designated towards crisis. We had already had a 24-7 phone line where individuals from the Community or our clients could call in any time of day and speak to an Oaklawn employee. We had already developed a mobile response team that was able to be deployed specific to opiate use. And we had already been dispatching therapists to our emergency departments to do risk assessments. So, in some ways, we were well situated to expand and enhance our crisis response and that's exactly what we did with the CCBHC grant. Related to our phone line, we enhanced that process. So the first thing we did was build in-house screening process with evidence based screeners. So when someone comes in or excuse me, when someone calls in to that phone line, whoever answers that call has the ability to go into our medical record and take them through evidence-based screeners and questions to help develop an appropriate disposition. So that was the first enhancement that we made. That has been key in terms of making good decisions using evidence-based screening to assess level of risk, as well as allowed us to track the data and look for trends that we're seeing in crises in our community.

Second, we were able to build upon that opiate mobile response team that we had already had and expanded that team to be able to respond to any mental health crisis or any type of substance use in the community. Those dispatches occur from individuals when they call into that emergency crisis line.

Sam Shore: Well that's wonderful to hear about. What are some of the challenges that you've seen that you've had to overcome as you've developed out crisis services?

Kelli Liechty: I think the first challenge that comes to mind is truly understanding a full crisis continuum and even treatment continuum for mental health and substance use. All the way from prevention to your most intensive services of inpatient. And recognizing that when you try to influence that system, it at times it creates imbalances and you need all of those different services along the full continuum to be effective.

An example of this is in May, we opened our doors and are now offering open access to services. So we have blocks of time on our campuses each day, where individuals are able to walk in, open a chart and be seen for a substance use or mental health assessment to get started in our outpatient services.

That open access is designed for individuals with lower acuity who are able to participate in outpatient treatment. What we're realizing is, without a stabilization center or without crisis services at higher levels of intensity, that service is being over utilized and there's an imbalance there. And so I think, as we continue to move forward with CCBHC and develop that full array of crisis services, we will be well suited. And it's a challenge, right now, because we don't have services at all of the stops along the way that you experience with crises, and so that leads to over utilization of some of the other services.

Along with that, staffing is a significant challenge that we have we have shortages in staff, difficulty retaining staff, and then we are rolling out these new services so we're asking staff to work in new and different ways when they're already working on teams that are short staffed and when they're already stressed. And so that is a real challenge for us and something that we're continually working on.

The third challenge relates to community partnerships. We need strong relationships and partnerships with our emergency services in our community for us to be successful. And so those are relationships we're continually working, on working to understand where the boundaries are, and the new rules within that. To know that prior, we would have always called law enforcement for this. Now, this is something that we can do and we can respond to and that takes time. It takes clarity of role and clarity of vision and those are things we're still working on with our community partners.

Sam Shore: In relation to your community partners – how was that developed over time? Do you have new partners at the table, or are they the same partners you've had but you're thinking about things differently. Can you describe that just a little bit?

Kelli Liechty: Absolutely, I think we've had long-standing good relationships with law enforcement and sheriff in our community, and so we are very fortunate that way. I think what we're seeing more and more is that there is a focus and highlight on mental health and substance use crises right now. I know even last week in our community, we had an individual in the community, that was suicidal, and with a weapon and law enforcement were called to that scene and unfortunately it ended in that individual dying. And so, even from that, we are getting phone calls from police departments, from community advocacy groups who are bringing up this conversation over and over and over again. And so I think there's an opportunity in that there's a lot of focus on this right now, and a highlight on it. So it's on us to lean into that and lead in that way and respond to the need that's being highlighted.

Sam Shore: I also understand that you have incorporated the use of peer support specialists into your crisis services. Could you describe that and what how that's helped with the efforts you've got in the area of crisis?

Kelli Liechty: Absolutely. I think, in some ways, our recovery coaches are the heart of some of our crisis programs that we provide. There is such power in lived experience and being able to share that and sit with someone in crisis. And so we use peer recovery coaches in many of our different services. They staff, the phone lines and so would be some of the first

people that someone would talk to when they call in crisis. And there's power and being able to hear "I've been there, too, and we're going to get through this together."

They also would be dispatched in the Community with a therapist to be able to respond. We use our peers to do follow up and engagement. So anytime we interact with someone in a crisis in our community our peer recovery coaches are going to follow up with them the next day to check in and continually work to engage them with the goal of linking to ongoing treatment.

We have had some success with having an in-house trainer who's able to train and certify individuals in peer recovery, and we house many trainings throughout the year. And have found that has been a good pipeline for us to recruit and hire individuals into that role, so we provide trainings. And then, out of that cohort that attends and is certified, we're able to hire on to our teams. So that has worked really well for us.

Sam Shore: That's wonderful. Have you had to do any specialized training for crisis services for those recovery coaches that's different than you would do for other kinds of services that you might ask them to provide?

Kelli Liechty: One of the additional trainings that we have our crisis team go through is the ASSIST training for suicide prevention and response, and so that is an additional training that that team goes through. We have two individuals in-house who are trained facilitators to be able to offer that training and provide that, which has been great for our teams.

Sam Shore: So we're in an era, in fact last month in July the long awaited three digit crisis line was put out rolled out. That is, 988. And I'm wondering how that may have impacted you as a crisis provider and how you see things rolling out in the future in this new era where we have a focus on crisis and a new call in number for people to access the Suicide Prevention Lifeline.

Kelli Liechty: Sure. We have certainly been at the table in those conversations and been a part of some of the planning for the rollout of that in our community. You know, honestly, I think it's going to take years to develop, for it to be a comprehensive community-based response to crisis. And so I think we have key roles and that. One is to be involved at the state level and ensure that we are working to standardize some of our practices and protocols. You think about 911 and someone calls in crisis – they have the disposal of law enforcement, emergency services to be able to dispatch to those. And some of that is individuals know what to expect. When you call on law enforcement, you know what you're going to expect when they show. It's going to be the same pretty much from community to community. When we are building these crisis response and mobile teams, we have to be mindful of that in our state, and make sure that there are standardized practices, and things that we're doing so that when, down the road, 988 is able to dispatch a mobile unit, there's consistency in what services would be provided, how that response would go, and what the outcome might be of that.

So I think being involved at the state level is going to be key for us as we keep the goal of that comprehensive crisis system in mind and even now we're making decisions and building with that in mind.

We are working closely with our 911 departments in terms of deciding how those calls should be handled. So if a call comes into 911 or excuse me, 988, gets sent to 911, when

would it be appropriate for them to call us and dispatch our mobile team? And when would it be appropriate to call law enforcement, when would that be a joint dispatch? And luckily, we have good relationships with our 911 office and are collaborating with them to make some of those decisions and talk through some of those processes.

I'm hopeful. I think this is a great first step and I think we are truly building a comprehensive system for a response to mental health and substance use crises that is needed and is better able to meet those needs in our community.

Sam Shore: Well, it sounds like with your own call center you've done your own standardization and development of some protocols. It also sounds like you were beginning to, or have been coordinating with 911 and the way things are handled there so that you have a coordinated co-response when indicated. Which sound like really useful things and in your community and in all communities to do so I applaud you for doing that.

Earlier, you talked about you had moved to open access and have slots for people to come in. It seems like that would serve as a prevention mechanism, so people could avoid having to call the crisis line. Is that how that works, or how has open access impacted your operations there at Oaklawn?

Kelli Liechty: Absolutely. It has truly changed the way that we see access to services and the way that we're engaging new clients at Oaklawn.

Prior to open access we were scheduling around 800 intake assessments a month. So 800 appointments for someone to be assessed and start services, outpatient services, at Oaklawn. What we were finding, what is happening across the state and nationwide is that only about 50% of those individuals show up to that appointment. And so we were at times blocking off two hours of clinician time for that intake and you do the math. And it wasn't that we weren't working hard to meet the need and get new individuals in. It's that we weren't working in the right way and we are setting all aside all this time for people that didn't come, and so we are getting further behind, and we were having waitlists. You know, at times, five months for individuals to be seen for an appointment. And so, we have totally got rid of that model and are now no longer scheduling any assessments.

We rolled this out in May, and since that time we've completed 1,900 assessments for individuals seeking services, which is a 65% increase in the completed number of assessments that we've seen. And I can tell you from having done some of those assessments it's a different conversation when you're at the beginning point of someone experiencing mental health symptoms, as opposed to someone who is six months in and who's been on a waitlist. I think there's also been some pent-up demand in our community so we're still seeing some of that. And I think people also know our doors are open and so we're still seeing individuals coming in at a higher level of need than an outpatient therapy would be appropriate for. And so we'll continue to monitor that and work with this, and this is a significant step forward for us in terms of being able to prevent and treat individuals who are at a lower intensity level in terms of symptoms, impairment, and that that's absolutely outstanding.

Sam Shore: It sounds like some really exciting changes have happened there at Oaklawn as you've moved into becoming a CCBHC. I really appreciate you taking the time to share some of that and look forward to following up with you on this as this progresses. Is there anything else about this transition that you'd like to share that we haven't touched on yet?

Kelli Liechty: I think I've already touched on this somewhat, I think, just to say we have a unique opportunity, right now, in mental health. That the spotlight is on the issues and there is an opportunity for us to lead in a new way and to respond in a new way and that's exciting. And I'm so thankful and humbled to be a part of this and to be a part of the great work that Oaklawn and our staff are doing here.

Sam Shore: Thank you so much Kelli, for taking the time out to talk to us today, and good luck with your work in the future.

Kelli Liechty: Thank you, Sam it's been my pleasure.

Announcer: Thank you for listening. You can obtain additional recordings, or download a transcript, by visiting the Academy for Policymakers on the Center's web site.