



Southwestern
Behavioral Healthcare, Inc.

Improving Lives Together

2024 Community Needs Assessment

Introduction

Executive Summary

Southwestern Behavioral Healthcare (Southwestern) celebrates 53 years of service in our community providing essential mental health and substance use treatment and fulfilling our mission of being the safety net provider for the most vulnerable in our four-county service area. Our mission of “Improving Lives Together” becomes more meaningful each year, as we discover our strengths, gaps, and challenges within our agency and community at large. Southwestern is a leader in the state in innovative, high-quality care to our community, as evidenced by becoming one of the 8 pilots for Indiana’s Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration, starting January 2025. The CCBHC model brings a standard of excellence of care for essential services for our community with a payment rate from Medicaid that supports our cost.

As a leader in the mental health and substance use treatment industry, we have responsibility to be transparent within our agency, community, and state leadership. We must evaluate not only our community needs and challenges, but also our own programs and processes to ensure we are providing the essential mental health and substance use services our community requires in a timely and evidence-based manner.

The 2024 Community Needs Assessment (CNA) stands as attestation of our efforts to discover our community needs, what we are doing well, and what we need to improve. Every three years, Southwestern will engage in a CNA which will share our successes and challenges from the prior 3 years, findings of the new CNA, and our strategic plan to address these new findings. Through this process, Southwestern is committed to Improving Lives Together with Community, Excellence, and Integrity.

Overview of the Community Needs Assessment Process

Through funding from a SAMHSA CCBHC IA Grant, Southwestern collaborated with an external consultant, Diehl Consulting, to lead this project and provide external collection and analysis of qualitative data. This data was gathered through surveys and focus groups with community representatives and Southwestern clients. Quantitative data was collected from external sources and Southwestern’s Electronic Health Record (EHR).

Key findings

Historically, depression has been the predominant problem in our community, however the 2024 CNA indicates that anxiety is now the top concern. For clients seeking treatment at Southwestern, the most prevalent diagnosis is Generalized Anxiety Disorder. One out of four Vanderburgh County residents (34.7% of clients) report having an anxiety disorder. Alcohol use in Vanderburgh County is the highest in the state, with 1 of 4 residents reporting excessive alcohol use. In 2023, our local hospitals reported 385 hospitalizations due to drug overdoses and 79 Emergency Department visits due to overdoses of children under the age of 14. In 2022, the data on opioid prescriptions per 1000 residents showed that Gibson County dispensed 780 prescriptions, Vanderburgh County dispensed 228 prescriptions, and Warrick County dispensed 176 prescriptions.

Behavioral Health Workforce shortages present challenges for access to care, specifically in our rural areas. Posey County’s ratio of residents per mental health professional is 8370:1. Gibson County’s ratio is 2740:1. Workforce shortages lead to challenges in providing accessible evidence-based practices for our community.

All counties in our region have a higher percentage of individuals over 65 than the state average. Over 90% of Southwestern’s clients are insured through Medicaid, earning less than 200% of the US Poverty Standard. Increasingly,

immigrants in our community are struggling with gaining access to care due to language barriers. Notably, Southwestern serves a low percentage of Veterans, which indicates a need for more capacity and outreach within our system.

Gaps

Individuals transitioning between levels of care and between providers are often given a cold hand off to the next provider or are moved to a dramatically different level of care, due to lack of “step down” services in our community. Southwestern will prioritize addressing the need for longer term residential programs and enhanced care coordination to accommodate varying individual care needs as clients transition between providers. The addition of Enhanced Care Coordination will ensure “hot” hand offs between providers with follow up to assure individuals are receiving the care they are referred to.

Southwestern’s Diversity, Equity, and Engagement Committee is in place to ensure that the LGBTQ+ community, Haitian community, Spanish Speaking community, and BIPOC community receive culturally competent and appropriate care. Data indicates that our communities lack Spanish speaking providers, as well as language services for those whose primary language is not English. Southwestern is committed to continue our efforts of becoming accessible to all, while remaining culturally humble.

Our community is unaware of the vast array of services Southwestern offers. Social stigma about mental health issues and lack of marketing are contributing factors. Part of our strategic plan includes stepping up our marketing and outreach efforts to help close this gap by providing the community with information about the care we provide.

Strengths

Southwestern’s work environment was identified as its top strength due to the culture of wellness, teamwork, growth mindset, and staff development. Southwestern employs almost 300 individuals that are committed to working as a team to meet the needs of those we serve. We have successfully piloted new programs to help clients access services, such as walk-in clinics and developing our Crisis Services team. None of this would be possible without our community partners and passionate treatment teams. Through strong communication and collaboration with our teams and partners, we have built a strong foundation for innovation and growth to meet the needs of our community.

Conclusion and Call to Action

We are pleased to provide our 3-year Strategic Map in the CNA document with key focus areas of: Workplace Wellness, CCBHC Capacity, Continuity of Care and Service Expansion, and Transparency of Outcomes.

The CCBHC Model is essential for our survival. Contact a local legislator to encourage support of our community’s mental health and substance use treatment through ongoing funding of the CCBHC model. Support community partners and local efforts to combat barriers related to Social Determinants of Health and outreach for homeless, those incarcerated, and our youth. Share this document to expand awareness of our community’s needs and the services Southwestern provides.

Thank you for your support of Southwestern Behavioral Healthcare, as we collaborate with our community to Improve Lives Together.



Katy Adams, LCSW, LCAC

President/CEO

Background

Purpose

Since 1971, Southwestern Behavioral Healthcare, Inc. has been a leader in providing a wide range of mental health and substance use disorder services as a Community Mental Health Center (CMHC). In 2023, Southwestern served 7,836 individuals across Vanderburgh, Warrick, Gibson, and Posey Counties in Southern Indiana. As part of our ongoing commitment to meeting community needs, we conduct a Community Needs Assessment (CNA) every three years to guide our planning and meet SAMHSA and DMHA requirements.

Southwestern began its transformation towards becoming a Certified Community Behavioral Health Clinic (CCBHC) in 2021 with the support of a SAMHSA CCBHC Expansion grant. This initiative led to the development of a community crisis services continuum and the integration of mental health primary care in Vanderburgh County. In 2024, Indiana was selected as a CCBHC demonstration state by SAMHSA and the Center for Medicare and Medicaid Services (CMS), and Southwestern was chosen as a pilot site. Southwestern has been approved for CCBHC certification and will begin operating as a fully certified CCBHC on January 1, 2025.

“The overarching purpose of the community needs assessment is to understand what needs exist in your community and what your CCBHC can do to address them.”

Source: National Council for Mental Wellbeing, 2024

A CNA, as defined by SAMHSA, involves collecting data and interviewing stakeholders to identify service gaps and community strengths, ensuring that services are tailored to the specific needs of the community. The findings from the CNA will guide Southwestern’s Continuous Quality Improvement (CQI) plan, Key Performance Indicator (KPI) outcome measures, clinical training plans, and outreach initiatives. Additionally, Southwestern will make the CNA findings available to help the community better understand and inform its needs.

Southwestern Service Area Description and CCBHC Sites

A. Geographic description of service area

This CNA encompasses Vanderburgh, Warrick, Gibson, and Posey counties, all part of the Evansville-IN-KY Metropolitan Statistical Area (MSA). This MSA, centered around Evansville, includes surrounding areas with strong economic and social connections, covering a 2,063 square mile region in Southern Indiana.

Vanderburgh County, the largest in the Southwestern service area, spans 236 square miles with a population of 179,900. It is bordered by Gibson, Posey, and Warrick Counties in Indiana, and Henderson County in Kentucky, all along the Ohio River. Evansville serves as the regional hub for commerce and services. Vanderburgh County is one of Indiana’s two designated Federal Promise Zones, aimed at addressing high-poverty areas. About 22,250 residents live within this zone, representing roughly one-eighth of the county’s population, with a poverty rate of 39%.

Location	Total Population
Vanderburgh	179,900
Warrick	64,065
Gibson	33,006
Posey	25,226
Area Total	302,197
Indiana	6,784,403

Source: 2022 ACS 5-Year Estimate: Table DP05

Southwestern 2024 Community Needs Assessment

In 2023, Deaconess Health System conducted 3,954 psychiatric evaluations, while Ascension Health System performed 1,631. The Evansville Police Department reported 4,054 mental health runs and 637 Crisis Intervention Team interventions. Southwestern's mobile crisis team coordinated 154 responses with the police. The county's overall poverty rate is 15.6%, higher than the state average. In 2022, 364 individuals were counted as homeless, with 75 chronically homeless. Mental health issues are prevalent, with 20% of residents reporting depressive disorders and 25% reporting anxiety disorders. Children face high rates of ADD/ADHD (18%), anxiety (15%), and other mental health issues. Vanderburgh County has the highest alcohol abuse rate in the state, with 25% of residents drinking to excess. Co-morbid depression and anxiety are common among binge drinkers. In 2023, there were 66 accidental overdose deaths, with 35 involving opioids and 27 from Fentanyl. The Indiana State Department of Health reported 385 drug overdose hospitalizations or emergency room visits in 2023, including 79 involving children under 14. The opioid prescription rate was 228 per 1,000 residents.

Warrick County, spanning 385 square miles with a population of 64,065, is one of Indiana's fastest-growing counties and boasts a higher median household income than most of the state. The county features a mix of high-density residential areas near Evansville's commercial and health services corridor and rural towns, agricultural land, and natural recreation areas. A recent needs assessment identified mental health and substance use treatment as top priorities, with barriers including access to services, knowledge of conditions, and stigma. In 2020, 25% of driving deaths in Warrick County involved alcohol impairment, a rate higher than the state average and neighboring counties. The poverty rate in Warrick County is 5.64%. In 2019, there were 26 hospital ER visits for opioid overdoses, and the county's age-adjusted overdose rate was 34% lower than the statewide rate. The opioid prescription rate was 176 per 1,000 residents. During the 2022-2023 school year, there were 162 suspensions or expulsions related to alcohol, tobacco, and drug use.

Gibson County, covering 499 square miles with a population of 33,006, is primarily agricultural and industrial. The county faces significant challenges in accessing mental health, substance use, and primary care services, with transportation being a major barrier. The 35-minute drive to services in Vanderburgh County is a significant obstacle, prompting Southwestern to offer primary care via telehealth due to the limited number of local providers. The poverty rate in Gibson County is 9%. In 2022, there were 3 unintentional overdose deaths. The resident-to-provider ratios are 3,080:1 for primary care and 2,740:1 for mental health. In 2023, there were 54 drug-related ER visits and 4 overdose deaths. During the 2022-2023 school year, 71 students were suspended or expelled for substance use. The opioid prescription rate was 711 per 1,000 residents.

Posey County, covering 409 square miles with a population of 25,226, faces significant challenges in substance use disorder and mental health treatment, with methamphetamine use being a major concern. In 2022, there were 7 unintentional overdose deaths. The county has the highest disparity ratio of residents to primary care providers in the region, with 3,160 residents per primary care provider, and 8,370 residents per mental health care provider. Southwestern is the sole provider of mental health services in the county. A 2023 community action plan highlighted the urgent need for better access to substance use disorder and mental health treatment. The plan specifically identified methamphetamine as a primary substance of concern.

B. Description of Southwestern Sites and Programming

Southwestern Behavioral Healthcare provides a comprehensive range of services across multiple counties, including 24/7 crisis intervention, outpatient mental health and substance use care, and specialized services for veterans. Offering individualized treatment planning, peer and family support, targeted case management, primary care screening, psychiatric rehabilitation, and comprehensive assessments. Outpatient services are available in Evansville, Princeton, Mt. Vernon, and Boonville, with additional support for co-occurring mental health and primary care needs. Key services include the Neurodevelopmental Center, Supervised Group Living, Community Support Services, and collaboration with the Evansville Rescue Mission to support individuals experiencing homelessness.

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In Evansville, services encompass therapy for all ages, psychiatric assessments, medication management, care coordination, evidence-based therapy, parenting education, supported employment, substance use services, and tobacco cessation. The Gibson, Posey, and Warrick County Regional Services offer similar outpatient behavioral services, psychiatric care, parenting education, substance use services, telehealth primary care, and referrals to residential services.

Stepping Stone in Evansville specializes in residential and outpatient substance use services using evidence-based practices. Crisis Services include crisis lines, mobile crisis co-response, and a Crisis Stabilization Unit (CSU) for immediate support and stabilization.

Child and Family Services offer comprehensive mental health services for children and families, including assessments, therapy, skills training, case management, psychiatric services, high fidelity wraparound, and parent training. The Neurodevelopmental Center (NDC) provides integrated care for youth with intellectual and developmental disabilities (IDD) and mental health concerns.

Community Support Services for adults with serious mental illness and co-occurring conditions include clinical care, housing, health services, supported employment, and life skills training. The Supervised Group Living (SGL) program offers 24/7 residential support for individuals with severe and persistent mental illness.

C. Demographics of the Region

Race (% of Total Population)

Location	White	Black or African American	Asian	Some Other Race	Two or More Races	Total Population
Vanderburgh	83.3%	9.8%	1.4%	1.5%	4.0%	179,900
Warrick	91.5%	2.1%	2.4%	1.2%	2.9%	64,065
Gibson	91.5%	1.8%	0.5%	2.6%	3.7%	33,006
Posey	95.2%	1.3%	0.4%	1.3%	1.8%	25,226
Area Total	86.9%	6.5%	1.4%	1.6%	3.5%	302,197
Indiana	80.0%	9.4%	2.5%	3.0%	5.1%	6,784,403

Ethnicity (% of Total Population)

Location	Hispanic	Total Population
Vanderburgh	3.0%	179,900
Warrick	2.1%	64,065
Gibson	2.0%	33,006
Posey	1.3%	25,226
Area Total	2.6%	302,197
Indiana	7.5%	6,784,403

Sex (% of Total Population)

Location	Female	Male	Total Population
Vanderburgh	51.1%	48.9%	179,900
Warrick	50.8%	49.2%	64,065
Gibson	49.3%	50.7%	33,006
Posey	49.5%	50.5%	25,226
Area Total	50.7%	49.3%	302,197
Indiana	50.4%	49.6%	6,784,403

Age Groups (% of Total Population)				
Location	Under 18	18-64	65+	Total Population
Vanderburgh	21.5%	60.8%	17.6%	179,900
Warrick	23.4%	58.4%	18.2%	64,065
Gibson	23.9%	58.6%	17.4%	33,006
Posey	21.9%	58.4%	19.8%	25,226
Area Total	22.2%	59.9%	17.9%	302,197
Indiana	23.3%	60.6%	16.2%	6,784,403

Source: 2022 ACS 5-Year Estimate: Table DP05

Comparative Demographics				
	Southwestern Regional	Southwestern Clients	Southwestern Staff	Southwestern Board
Sex				
Male	47.9%	46.1%	16.1%	31.3%
Female	52.1%	52.7%	83.9%	68.8%
Race				
Asian	0.3%	0.3%	1.2%	6.3%
Black	10.1%	10.0%	7.9%	6.3%
White	79.1%	79.5%	86.4%	87.5%
Ethnicity				
Hispanic or Latino	3.0%	2.7%	2.5%	0.0%
Not Hispanic or Latino	97.0%	94.9%	93.0%	81.3%
Gender Identity				
Male/Cisgender	-	42.1%	14.1%	31.3%
Female/Cisgender	-	47.5%	79.3%	68.8%
Non-binary/Gender Fluid	-	1.8%	2.1%	0.0%
Transgender (Male to Female)	-	0.1%	0.0%	0.0%
Transgender (Female to Male)	-	0.5%	0.4%	0.0%
Sexual Orientation				
Heterosexual/Straight	-	70.7%	79.3%	93.8%
Not Sure/Questioning	-	2.4%	0.8%	0.0%
Not Heterosexual	-	12.9%	17.4%	0.0%

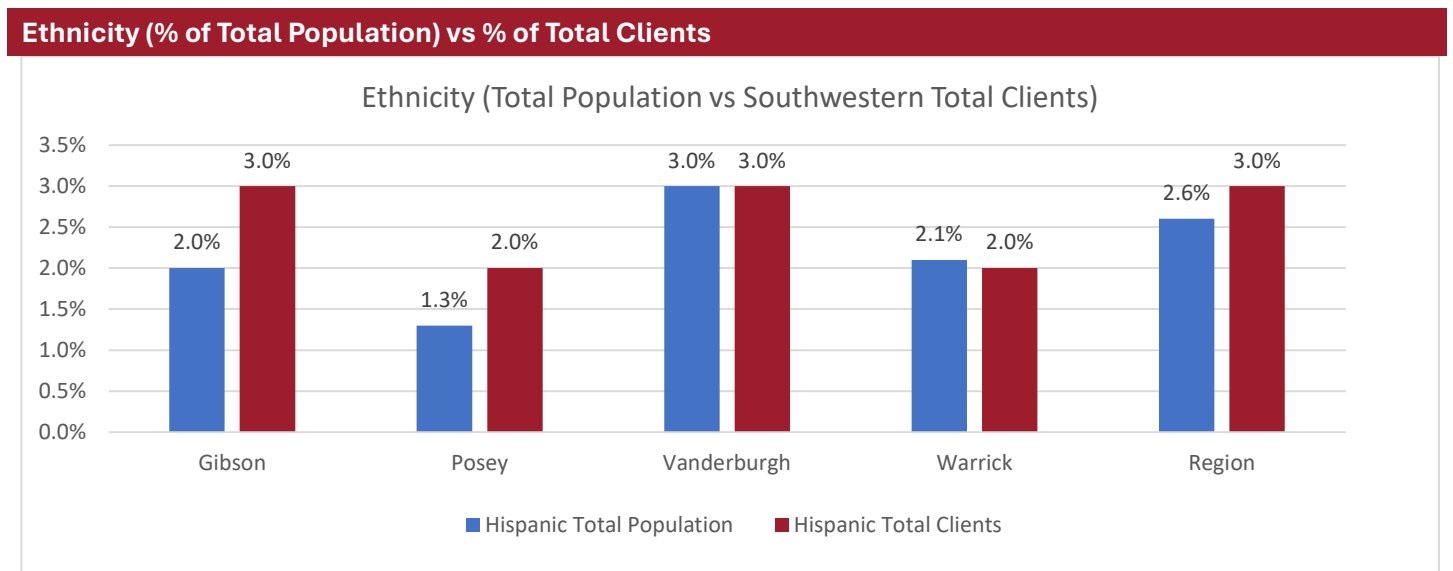
In 2022, Southwestern conducted a survey to assess how well its client demographics align with the regional population. The gender distribution among clients closely matches the region, although the staff and board are predominantly female. Racially, the clients reflect the regional demographics well, with a majority being White and similar percentages of Black and Asian individuals. Interestingly, the Southwestern board has a higher representation of Asian members. When it comes to ethnicity, Hispanic or Latino individuals are slightly underrepresented among clients and staff, with none on the board. The gender identity of clients is diverse, but the staff and board are mostly cisgender. Most clients and staff identify as heterosexual, but the board includes 6.2% members who identify as non-heterosexual.

The Southwestern service region, covering Vanderburgh, Warrick, Gibson, and Posey Counties, has a population of 302,197, with 179,900 in Vanderburgh County. The racial composition is 86.9% White, 6.5% Black or African American, 2.6% two or more races, 1.6% other races, and 1.4% Asian, with 3.5% identifying as Hispanic or Latinx.

Regional Demographic Comparison by County and Southwestern Client Race						
Location	White	Black or African American	Asian	Some Other Race	Two or More Races	Total Population / Client Population
Vanderburgh	83.3% / 74.1%	9.8% / 13.9%	1.4% / 0.4%	1.5% / 5.8%	4.0% / 5.8%	179,900 / 4,809
Warrick	91.5% / 90.0%	2.1% / 3.3%	2.4% / 0.4%	1.2% / 3.3%	2.9% / 3.0%	64,065 / 1,223
Gibson	91.5% / 89.4%	1.8% / 3.9%	0.5% / 0.0%	2.6% / 3.1%	3.7% / 3.7%	33,006 / 849
Posey	95.2% / 82.6%	1.3% / 2.6%	0.4% / 0.2%	1.3% / 11.5%	1.8% / 3.1%	25,226 / 608
Region	86.9% / 79.1%	6.5% / 10.1%	1.4% / 0.3%	1.6% / 5.6%	3.5% / 4.9%	302,197 / 7,489
Indiana	80.0%	9.4%	2.5%	3.0%	5.1%	6,784,403

*Clients in an active episode of service as of May 2024

Vanderburgh County is the most diverse, while Warrick, Gibson, and Posey Counties are 91% to 95% White, 1.3% to 2.1% Black or African American, and less than 1.4% Asian. Gibson County has a higher percentage of children under 18, and nearly 20% of Posey County residents are over 65. All counties have higher percentages of residents over 65 than the state average.



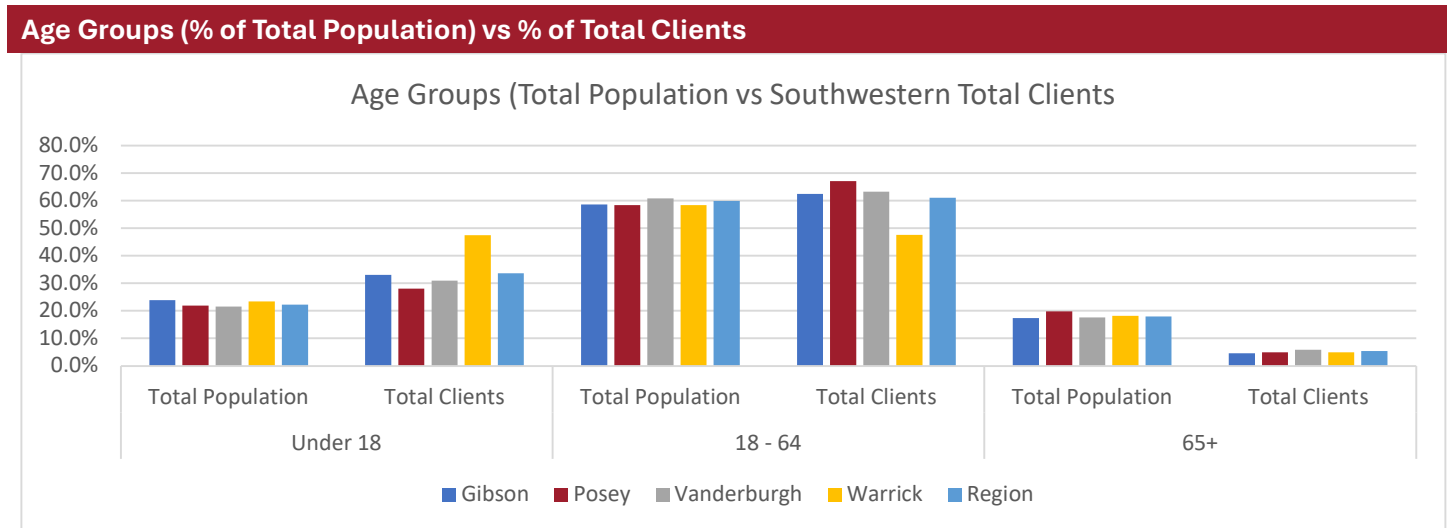
Source: 2022 ACS 5-Year Estimate: Table DP05

Location	Hispanic	Total Population / Client Population
Vanderburgh	3.0% / 3.0%	179,900 / 4,715
Warrick	2.1% / 2.0%	64,065 / 1,208
Gibson	2.0% / 3.0%	33,006 / 837
Posey	1.3% / 2.0%	25,226 / 576
Region	2.6% / 3.0%	302,197 / 7,336
Indiana	7.5%	6,784,403

Southwestern serves 4,809 clients in Vanderburgh County, 1,223 in Warrick County, 849 in Gibson County, and 608 in Posey County. The racial composition of clients is 79.1% White, 10.1% Black/African American, 4.9% two or more races, 5.6% other races, and 0.3% Asian, with 3% identifying as Hispanic or Latinx.

Sex (% of Total Population) vs % of Total Clients			
Location	Female	Male	Total Population
Vanderburgh	51.1% / 50.8%	48.9% / 49.2%	179,900 / 4,770
Warrick	50.8% / 54.7%	49.2% / 45.3%	64,065 / 1,218
Gibson	49.3% / 54.8%	50.7% / 45.2%	33,006 / 837
Posey	49.5% / 53.0%	50.5% / 47.0%	25,226 / 604
Region	50.7% / 52.1%	49.3% / 47.9%	302,197 / 7,429
Indiana	50.4%	49.6%	6,784,403

Source: 2022 ACS 5-Year Estimate: Table DP05



Source: 2022 ACS 5-Year Estimate: Table DP05

Location	Under 18	18-64	65+	Total Population
Vanderburgh	21.5% / 30.9%	60.8% / 63.3%	17.6% / 5.8%	179,900 / 4,807
Warrick	23.4% / 47.5%	58.4% / 47.6%	18.2% / 4.9%	64,065 / 1,222
Gibson	23.9% / 33.0%	58.6% / 62.5%	17.4% / 4.5%	33,006 / 849
Posey	21.9% / 28.0%	58.4% / 67.1%	19.8% / 4.9%	25,226 / 608
Region	22.2% / 33.6%	59.9% / 61.0%	17.9% / 5.4%	302,197 / 7,486
Indiana	23.3%	60.6%	16.2%	6,784,403

Southwestern Behavioral Healthcare serves a diverse client base across four counties: 4,809 clients in Vanderburgh, 1,223 in Warrick, 849 in Gibson, and 608 in Posey. The overall client demographics are 79.1% White, 10.1% Black/African American, and 10.5% other races, with 3% identifying as Hispanic. Vanderburgh County is the most diverse, while Southwestern is the sole provider in Posey County. The racial demographics of clients generally reflect the regional population, with a higher representation of Black/African American clients and a lower representation of Asians. Females constitute 52% of the client base, slightly above the regional average. The largest age group served is 18-64, except in Warrick County, where children under 18 are the largest group. Additionally, all counties have higher percentages of residents over 65 compared to the state average.

D. Regional Populations of Interest

The populations of interest in this CNA include people experiencing homelessness, individuals with co-occurring mental health and substance use conditions, individuals with co-occurring developmental and physical disabilities, LGBTQ+ youth, veterans, individuals with disabilities, and individuals with substance use concerns. The CDC defines health disparities as preventable differences in health outcomes experienced by socially disadvantaged populations, influenced

by factors like poverty, access to healthcare, and education. SAMHSA expects CCBHCs to focus on groups facing these disparities. While Southwestern serves a diverse clientele, outreach to unserved or underserved populations remains crucial. Based on guidance from the National Council for Mental Wellbeing, SAMHSA, and demographic data, these prioritized groups face significant barriers to accessing essential services, making targeted outreach and support vital.

Evansville is a key destination for individuals experiencing homelessness due to the lack of services in surrounding rural counties. Vanderburgh County has a strong network of agencies that collaborate to support those facing housing and food instability. Southwestern collects comprehensive demographic data, including housing stability, and compares it with the 2023 Indiana Housing and Community Development Authority Point-in-Time (PIT) Count Data.

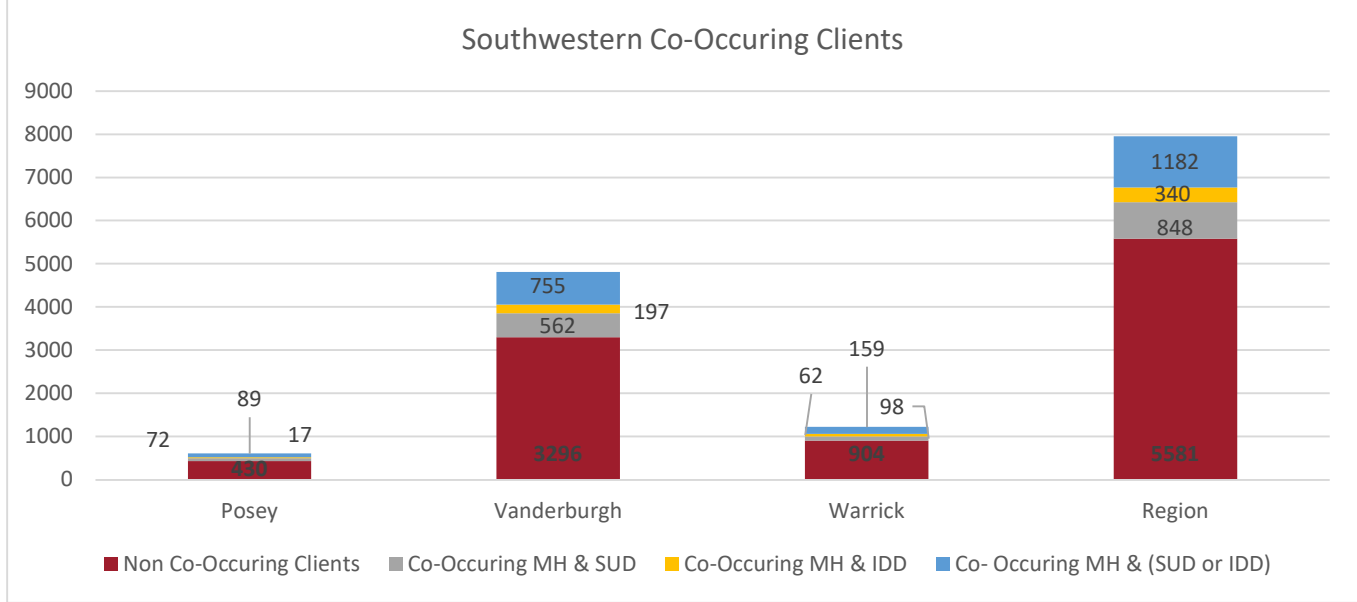
Point in Time Homeless Count			
Location	Number of Persons Experiencing Homelessness	Sheltered %	Unsheltered %
Gibson	7	0%	100%
Posey	0	--	--
Vanderburgh	509	79.6%	20.4%
Warrick	0	--	--
Area Total	516	78.5%	21.5%
Indiana	4,398	81.7%	18.3%

Source: 2023 Indiana Housing and Community Development Authority Point-in-Time (PIT) Count Data.

Homeless Clients		
Location	Homeless Clients	Total Clients with Known Living Arrangements
Vanderburgh	6.1%	4,272
Warrick	1.0%	1,110
Gibson	5.1%	781
Posey	2.8%	567
All Clients	4.9%	6,730

Nearly 15% of Southwestern clients have more than one diagnosis requiring concurrent treatment. Specifically, 10.7% have both mental health and substance use issues, and 4.3% have an intellectual or developmental disability along with a mental health and/or substance use diagnosis. Highlighting the complex needs of the population served and the importance of integrated care.

Individuals with Co-Occurring Disorders (Individuals in treatment with Southwestern)



Location	Rate of Co-Occurrence (MH and SUD)	Rate of Co-Occurrence (MH and IDD)	Rate of Co-Occurrence (MH and SUD or IDD)
Vanderburgh	11.7% (562/4810)	4.1% (197/4810)	15.7% (755/4810)
Warrick	8.0% (98/1223)	5.1% (62/1223)	13.0% (159/1223)
Gibson	11.0% (93/849)	5.3% (45/849)	16.1% (137/849)
Posey	11.8% (72/608)	2.8% (17/608)	14.6% (89/608)
All Clients	10.7% (848/7951)	4.3% (340/7951)	14.9% (1182/7951)

Additionally, the 2020 Census identified LGBTQ+ coupled households ranging from 2% in Vanderburgh County to 0.6% in Posey County. A 2021 Trevor Project survey found that 45% of LGBTQ+ youth seriously considered suicide, and 60% who sought mental health care couldn't access it. Southwestern's data shows that 14.7% of clients in Vanderburgh County identify as LGBTQ+, compared to 9.8% in Warrick, 6.4% in Gibson, and 10.4% in Posey.

Sexual Orientation (% of Total Clients)

Location	Heterosexual	LGBTQ+	Total Clients with Known Orientation
Vanderburgh	85.3%	14.7%	3,906
Warrick	89.4%	9.8%	988
Gibson	94.3%	6.4%	809
Posey	88.6%	10.4%	558
All Clients	87.3%	12.7%	6,261

Same-Sex Couples (Regional Population)		
Location	% of Coupled Households that are Same-Sex Couples (Married and Unmarried)	Total Number of Coupled Households
Vanderburgh	2.0%	37,179
Warrick	1.0%	15,936
Gibson	0.90%	7,707
Posey	0.60%	6,360
Region Total	1.5%	67,182
Indiana	1.4%	1,445,955

Source: 2020 Decennial Census: Table PCT15

LGBTQ+ Youth Mental Health Measures in Indiana (Data Reflects Youth Experience in 2021)						
	Vanderburgh	Warrick	Gibson	Posey	Region	Indiana
LGBTQ+ Youth Who Seriously Considered Suicide	470	182	96	67	815	19,350
LGBTQ+ Youth Who Attempted Suicide	157	61	32	22	272	6,450
LGBTQ+ Youth Who Experienced Symptoms of Anxiety	783	304	160	112	1,359	32,250
LGBTQ+ Youth Who Experienced Symptoms of Depression	606	235	124	87	1,051	24,940
LGBTQ+ Youth Who Wanted Mental Healthcare but were unable to get it	647	251	132	92	1,123	26,660

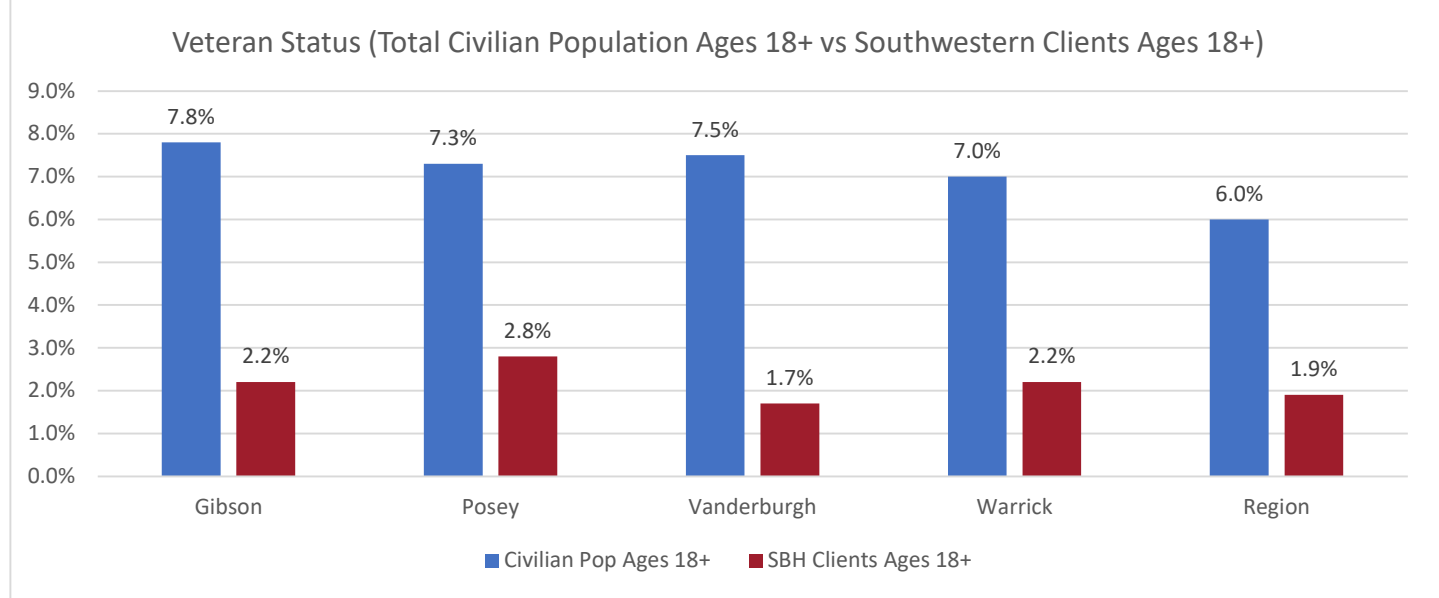
Sources: The Trevor Project: 2022 National Survey on LGBTQ+ Youth Mental Health Indiana Report

Top Identified Reasons Why LGBTQ+ Youth Who Wanted Mental Healthcare Were Unable to Receive Care						
	Vanderburgh	Warrick	Gibson	Posey	Region	Indiana
I was afraid to talk about my mental health concerns with someone else	501	194	102	72	869	20,640
I could not afford it	470	182	96	67	815	19,350
I was afraid I wouldn't be taken seriously	460	178	94	66	797	18,920
I did not want to have to get my parent's / caregiver's permission	439	170	89	63	761	18,060
I was afraid it wouldn't work	386	150	79	55	670	15,910

Sources: The Trevor Project: 2022 National Survey on LGBTQ+ Youth Mental Health Indiana Report and Williams Institute of the UCLA School of Law on LGBTQ Youth Population in the United States

Veterans represent 1 in 15 individuals in Southwestern’s service area and are underserved in Indiana’s mental health system. Given the disproportionately high suicide rates within the Veteran population, linking Veterans to VA care and benefits is part of our CCBHC mandate. Providing comprehensive treatment to Veterans and active-duty military personnel who choose not to utilize VA services, regardless of their reason, is also a CCBHC priority.

Veteran Status (% of Total Civilian Population Over 18 Years Old) vs Client Population Over Age 18



Location County	Veterans	Total Civilian Population Over 18
Vanderburgh	7.5% / 1.7%	177,361 / 3,322
Warrick	7.0% / 2.2%	63,237 / 642
Gibson	7.8% / 2.2%	25,113 / 569
Posey	7.3% / 2.8%	24,980 / 438
Region	6.0% / 1.9%	290,691 / 4,971
Indiana	6.8%	5,202,053

Source: 2022 ACS 5-Year Estimate: Table S2101

Representing 14% of Southwestern’s clients, individuals with disabilities require ongoing care coordination to effectively address various barriers they face. This group benefits significantly from tailored support and services to ensure their needs are met comprehensively.

Location	People with a Disability		Total Population with Disability Status Determined	Southwestern Clients
	Screened Population	Southwestern Clients		
Vanderburgh	15.4%	18.5%	177,361	2,373
Warrick	12.1%	9.2%	63,237	578
Gibson	15.7%	10.1%	32,448	397
Posey	12.1%	15.2%	24,980	315
Region	14.4%	15.8%	298,026	3,663
Indiana	13.7%		6,687,996	

Additionally, substance use disorders, particularly involving alcohol and methamphetamine, are prevalent among Southwestern’s clients and remain a priority concern. Addressing these issues requires a multifaceted approach, including prompt intervention, continuous support, and specialized programs.

Regional Substance Use Treatment Episodes							
Location	Alcohol Admissions	Marijuana Admissions	Cocaine Admissions	Heroin Admissions	Methamphetamine Admissions	Prescription Opioid Admissions	Total Number of Treatment Episodes
Vanderburgh	52.8% (n=603)	63.7% (n=727)	5.0% (n=57)	7.2% (n=82)	47.5% (n=542)	12.1% (n=138)	1,142
Warrick	51.7% (n=109)	63.5% (n=134)	--	5.7% (n=12)	49.8% (n=105)	11.8% (n=25)	211
Gibson	51.1% (n=89)	56.9% (n=99)	2.9% (n=5)	--	58.0% (n=101)	13.8% (n=24)	174
Posey	46.1% (n=47)	59.8% (n=61)	--	5.9% (n=6)	44.1% (n=45)	16.7% (n=17)	102
Total Area	52.1% (n=848)	62.7% (n=1,021)	3.8% (n=62)	6.1% (n=100)	48.7% (n=793)	12.5% (n=204)	1,692
Indiana	43.4% (n=10,228)	47.1% (n=11,102)	10.3% (n=5,402)	22.9% (n=5,402)	41.3% (n=9,746)	16.1% (n=3,788)	23,573

Source: Indiana Family and Social Services Administration, Division of Mental Health and Addiction, 2021. Accessed via IU Prevention Insights County Profiles:

In summary, the populations of interest in this CNA face higher risks due to limited access to essential services such as food, housing, transportation, and behavioral health care. Vanderburgh County is the primary provider of services for individuals experiencing homelessness, often receiving people from surrounding areas, with crisis services frequently connecting with local shelters. Mental health and substance use disorders require concurrent treatment, and individuals with intellectual or developmental disabilities have historically struggled to receive adequate care. LGBTQ+ youth face significant barriers to accessing mental health care, including fear, stigma, and lack of support. Many veterans are unaware of their benefits or choose not to use VA services, making CCBHC pathways essential. Representing 14% of Southwestern’s clients, individuals with disabilities need ongoing care coordination to address barriers. Substance use disorders, particularly involving alcohol and methamphetamine, are prevalent and a priority concern.

Methodology of the Community Needs Assessment

Southwestern began the CNA process with the CCBHC-E grant in 2021 and updated it in 2023 for the CCBHC-IA grant. For the 3-year CNA update, Diehl Consulting Group (DCG) was enlisted to assist with an in-depth update, proposing a Scope of Work (SOW) outlining data collection methods and roles. Southwestern's CNA follows the National Council for Mental Wellbeing's CCBHC Toolkit and SAMHSA's updated definitions from May 2024.

The assessment is guided by the following three key questions:

- 1 What are the community needs and barriers to mental health and substance use care?
- 2 To what extent are Southwestern's current staffing and services responsive to these community needs?
- 3 How can Southwestern strategically partner with other community providers to meet these community needs?

Preparation for the needs assessment began in fall 2023 and extended into August 2024, aligning SAMHSA and Indiana state requirements with internal goals. Key individuals involved included Melissa Duneghy, Continuous Improvement Manager; Shawn Edwards, Data Analyst; Aaron Scott, Grants Program Evaluator; Lisa Withrow, CCBHC-IA Project Director; and Doug Berry, Evaluation Consultant from Diehl Consulting Group.

Quantitative data was gathered on regional demographics and population characteristics from external sources, focusing on county-level data and state/national comparisons. Southwestern's internal data from the Electronic Health Record (EHR) provided meaningful comparisons. Qualitative data came from a survey of Southwestern leadership, a survey of Southwestern partners, and focus groups with community representatives and Southwestern clients.

To engage the community and partners, a leadership survey was conducted in February 2024, inviting supervisors and above to describe three strengths and three improvement opportunities, resulting in 126 comments on strengths and 122 on opportunities. The partner survey, conducted from March 10-31, 2024, saw participation from 26 partner organizations, with contacts identified through MOUs and additional outreach. The community-at-large focus group on February 20, 2024, included seven participants from various organizations, with participants receiving gift cards. The community leaders focus group on March 8, 2024, involved six leaders from organizations serving marginalized populations and was conducted virtually, with gift cards provided. The parents of youth clients focus group on March 5, 2024, included five parents/caregivers in a regular group meeting, with refreshments provided. The SUD clients focus group on March 6, 2024, involved about 20 residential clients at Stepping Stone, split into male and female groups, with refreshments provided.

Needs Assessment Findings

Behavioral Health in the Service Region

Behavioral Health has been identified as a significantly needed service within each county’s independent needs assessment reports. The regional community is known to have a high rate of substance use and mental health conditions such as depression and anxiety. Each county within the region is also designated by HRSA as a behavioral health provider shortage area. Additionally, the regional opioid overdose mortality rate is alarmingly high, particularly among younger individuals. The prevalence of mental health issues illustrates the significant impact on the population.

Mental Health in the Region:

Mental Health	Vanderburgh	Warrick	Gibson	Posey	Indiana
Average Number of Mentally Unhealthy Days in the Past Month ¹	5.3	4.5	4.8	4.9	4.9
% Experiencing Frequent Mental Distress (14+ Mentally Unhealthy Days in the Past Month) ²	17.0%	14.6%	16.20%	15.90%	15.8%
Mental Health Provider Ratio ³	417:1	1402:1	2744:1	8372:1	529:1
Suicide Rate per 100,000 ⁴	19.7	14.4	20	18.5	15.4

Source: ¹BRFSS, 2020; ²BRFSS, 2020 Defined as: The percentage of adults who reported that their mental health was not good for 14 or more days in the past 30 days.

Across the service area, 77.8% of Southwestern clients have at least one mental health diagnosis, 31.3% have a substance use disorder, and 11.0% have co-occurring mental health and substance use disorders. While the order of diagnoses varies, the same ten diagnoses are present in almost all counties, with a higher rate of borderline personality disorder in Warrick County. Primary diagnoses highlight the most urgent needs, with borderline personality disorder and opioid dependence being common primary diagnoses not in the top ten total diagnoses.

Diagnoses	Vanderburgh (4,810 Clients)	Warrick (1,223 Clients)	Gibson (849 Clients)	Posey (608 Clients)	Area Total (7,490 Clients)
Generalized anxiety disorder	33.6%	37.3%	33.6%	36.5%	34.7%
Post-traumatic stress disorder	27.4%	21.4%	36.2%	26.5%	26.4%
Nicotine dependence	25.2%	26.7%	27.7%	23.5%	25.2%
Cannabis dependence	20.2%	19.7%	23.9%	18.4%	20.1%
Attention-deficit hyperactivity disorder	19.0%	15.7%	21.3%	16.8%	18.2%
Other stimulant dependence, uncomplicated	16.1%	14.9%	18.4%	17.6%	16.2%
Major depressive disorder, recurrent	17.0%	12.3%	17.4%	16.6%	16.0%
Alcohol dependence, uncomplicated	13.7%	14.9%	15.3%	13.8%	14.1%
Oppositional defiant disorder	13.7%	12.8%	15.5%	15.6%	13.8%
Personal history of physical and sexual abuse in childhood	12.7%	12.4%	14.3%	14.0%	12.8%

The order of diagnoses varies across the region, but the same ten diagnoses are present in almost all counties. An exception is Warrick County, where borderline personality disorder diagnoses account for 12.7% of all clients.

Focusing on primary diagnoses reveals the most pressing needs in the community. While co-occurring diagnoses are important, examining primary diagnoses highlights the main reasons clients seek services. The ten most common primary diagnoses largely overlap with the ten most common total diagnoses, though not always in the same order.

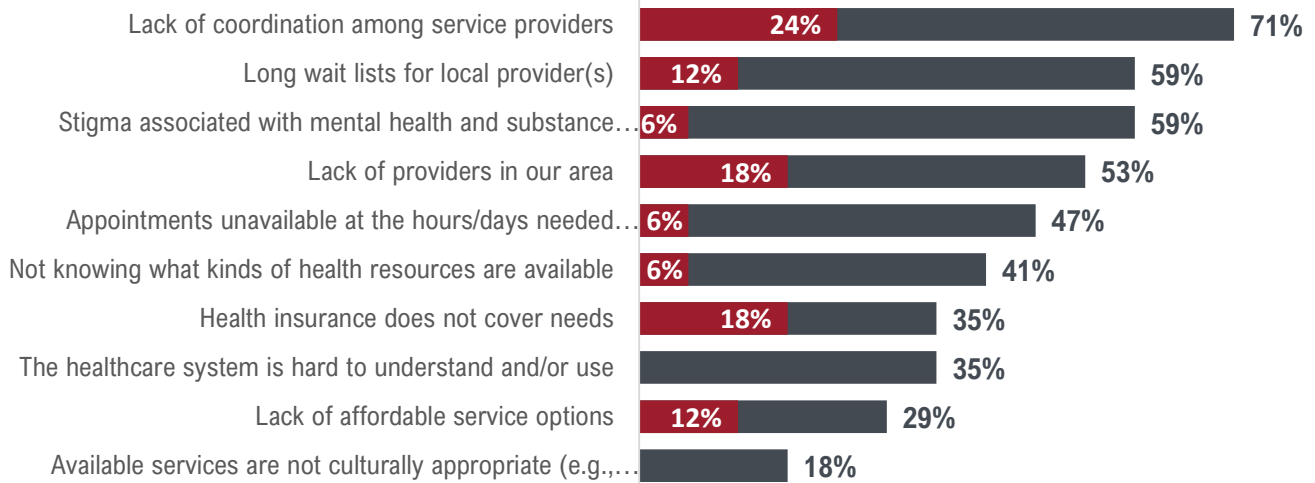
Top Ten Southwestern Client PRIMARY Diagnoses Prevalence per County					
Diagnoses	Vanderburgh (4,697 Clients)	Warrick (1,211 Clients)	Gibson (838 Clients)	Posey (603 Clients)	Area Total (7,349 Clients)
Generalized anxiety disorder	10.6%	14.9%	14.3%	8.1%	11.5%
Post-traumatic stress disorder	7.8%	10.0%	8.4%	15.8%	8.9%
Other stimulant dependence, uncomplicated	9.6%	3.9%	6.8%	9.0%	8.3%
Major depressive disorder, recurrent	6.5%	7.3%	12.3%	9.0%	7.5%
Alcohol dependence, uncomplicated	7.7%	4.5%	3.6%	5.8%	6.6%
Attention-deficit hyperactivity disorder	6.0%	7.7%	3.6%	2.8%	5.8%
Oppositional defiant disorder	2.7%	4.7%	6.1%	1.7%	3.3%
Cannabis dependence, uncomplicated	3.8%	2.0%	1.6%	4.6%	3.3%
Borderline personality disorder	2.9%	2.3%	3.0%	3.6%	2.9%
Opioid dependence, uncomplicated	3.1%	2.1%	0.8%	1.2%	2.5%

Southwestern faces several critical challenges in providing mental health services to the community. One major issue is the lack of access to care and resources, particularly for children and families. Long wait times for psychological assessments and cognitive disorder evaluations exacerbate this problem. To address these issues, it is suggested to increase government funding and educational incentives to bring in more providers and expand wrap-around services for families and individuals.

Housing and homelessness are also significant concerns. Many chronically homeless individuals do not receive consistent mental health and substance abuse care, and there are insufficient housing options for those with chronic mental health or substance use issues. To combat this, it is recommended to focus on outreach efforts for the unhoused population, develop partnerships with organizations like Aurora and ECHO Housing, and prioritize attendance at health appointments.

Youth mental health is another critical area. To support this group, it is recommended to continue the Neurodevelopmental Clinic and implement Intensive Outpatient Programs (IOP) for adolescents. Mental health and addiction are closely linked, with mental health struggles often leading to substance-related offenses. Children facing Adverse Childhood Experiences (ACEs) are particularly vulnerable, and the COVID-19 pandemic has exacerbated these issues. Older adults also struggle with social isolation and the stress of caring for grandchildren.

Percentage of respondents identifying the following as a **top 5 most common and most common barrier**



Respondents to the Southwestern Partner Survey also highlighted that mental health and substance use issues are prevalent in the community, emphasizing the need for better access to services, increased awareness and education, and enhanced support for underserved populations. These insights are crucial for informing service improvements and addressing community needs effectively.

Community leaders emphasize the need to expand harm reduction strategies, such as needle exchange programs, as not everyone is ready to stop using substances. Concerns about youth vaping and societal approval of marijuana use highlight the need for more parental involvement in drug prevention. Parents face numerous challenges, including substance use among youth linked to mental health issues like anxiety and co-occurring disorders such as ADHD or autism. High medication costs and limited crisis and long-term treatment options add to the difficulties. There is also concern about overprescription of medications and its potential to lead to substance misuse in adulthood.

Substance Use Disorder (SUD) clients express a need for better coordination with mental health providers, the court system, and assistance programs. Many feel unprepared for life after treatment, describing their time in treatment as merely “pausing their life.” Effective care coordination is crucial, especially for those who struggle to navigate the system, such as the elderly. Some services paused during the COVID-19 pandemic have not resumed, leaving gaps in care. There is also a perception among providers that clients are attempting to abuse the system, which can delay necessary care. The lack of oral surgeons accepting Medicaid further complicates access to essential services. More training in trauma-informed care and social-emotional learning is needed, particularly for those working with youth. Underserved populations, including incarcerated individuals, those with co-occurring disorders, aging populations, and LGBTQ+ youth, face significant barriers to accessing care.

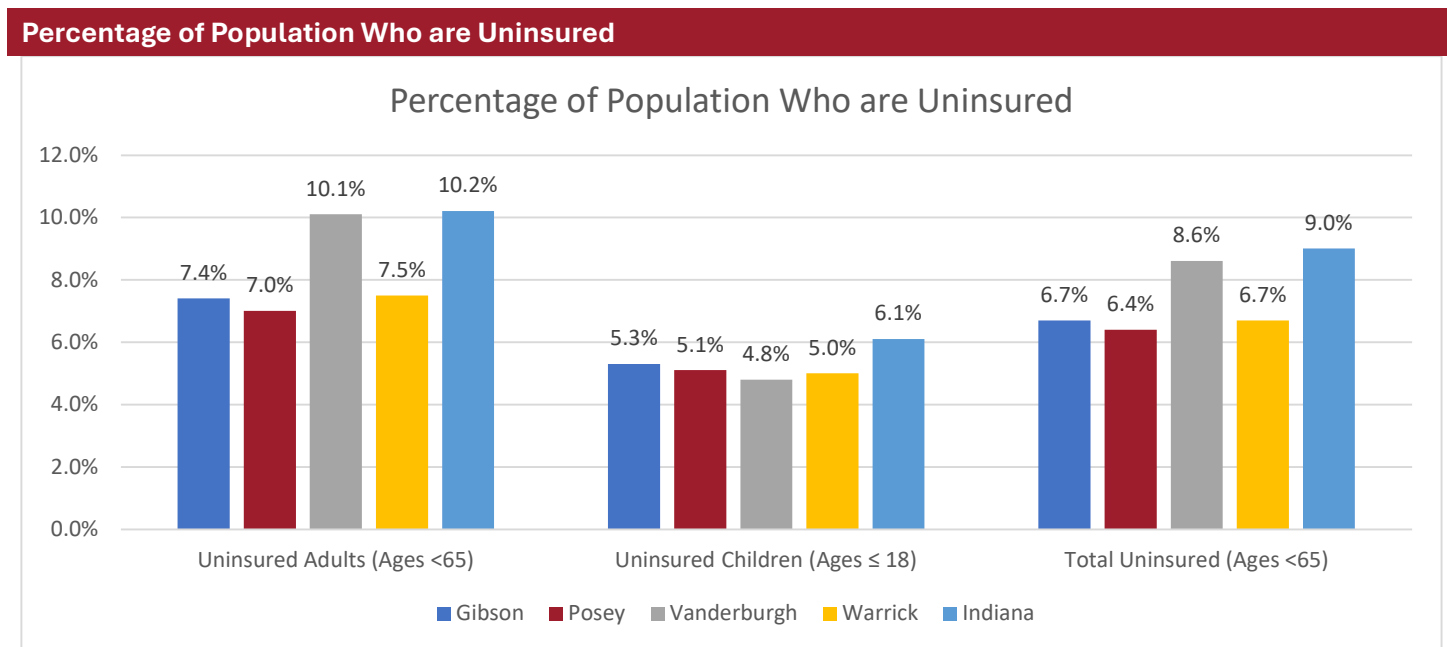
Community leaders note that the African American community often shows reluctance to seek mental health help, though community education efforts are improving this. The Haitian community faces unique challenges due to a lack of mental health services in Haiti. Immigrant populations struggle with language barriers that hinder access to services. Parents of youth clients encounter barriers that make services less accessible. Families earning too much to qualify for assistance but still struggling with costs find themselves in a difficult position. SUD clients face challenges such as difficulty booking therapy appointments during residential treatment and the desire to attend court dates and other important appointments while in treatment. There is also a lack of family-inclusive treatment plans, which often isolates the client from their support system.

Behavioral Health Integration with Primary Care:

Integrating primary care with behavioral health is essential for promoting whole-person health. Individuals needing mental health treatment often have negative primary health outcomes. Those with high Adverse Childhood Experiences (ACE) scores or severe mental illnesses are significantly more likely to experience negative health consequences. Therefore, it is crucial to ensure that individuals have their physical health conditions under control or managed alongside their mental health needs. Co-occurring primary health diagnoses are common, making care coordination and primary health screening within the behavioral health space vital.

Integrating primary care with behavioral health is vital to address both mental and physical health needs, especially given the high rates of co-occurring conditions and healthcare provider shortages. This comprehensive approach can improve overall health outcomes and provide better support for individuals in need.

The regional public health data highlights several key issues. Uninsured and underinsured adult and child rates are consistently at or below state average. Providing insurance navigation and utilizing presumptive eligibility connects individuals with needed access to care. Over 90% of Southwestern clients are insured through Medicaid, earning 200% or less of the U.S. poverty standard.



	Gibson	Posey	Vanderburgh	Warrick	Indiana
Uninsured Adults (<65 Years Old) ¹	7.4%	7.0%	10.1%	7.5%	10.2%
Uninsured Children (18 and Under) ¹	5.3%	5.1%	4.8%	5.0%	6.1%
Total Uninsured (<65 Years Old) ¹	6.7%	6.4%	8.6%	6.7%	9.0%

Primary care physician ratios range from 633:1 in Warrick to 3159:1 in Posey. Other healthcare provider shortages are significant, especially in Posey (5023:1). Dentist-to-resident ratios range from 1385:1 in Vanderburgh to 4186:1 in Posey. Among adults under 65, the uninsured rate is 7.0% in Posey to 10.1% in Vanderburgh. For children 18 and under, rates are 4.8% in Vanderburgh to 5.3% in Gibson.

Poor or fair health is reported by 11.7% of residents in Warrick County to 15.7% in Vanderburgh County. Residents experience 2.9 to 3.6 physically unhealthy days per month. Life expectancy ranges from 75.5 years in Vanderburgh to 79 years in Posey. Over 25% of residents report no physical activity in the past month.

Access to exercise opportunities varies significantly, from 27.1% in Posey to 82.6% in Vanderburgh. Heart disease and cancer are the top causes of death, with suicide ranking between 7th and 9th. Heart disease death rates are highest in Gibson (199.8 per 100,000) and lowest in Posey (153). Cancer death rates range from 151.4 in Warrick to 171.6 in Vanderburgh. Suicide rates vary from 14.3 in Warrick to 19.8 in Gibson.

In summary, the community faces significant challenges in accessing behavioral health services due to a shortage of medical and behavioral health workers. This shortage limits access to dentists, primary care specialists, mental health therapists, psychiatrists, and other specialists. To address these issues, Southwestern coordinates with various community partners.

Mental Health and Substance Use Service Needs:

Additionally, barriers to care include poor coordination among providers, long wait times, provider shortages, and inadequate crisis and long-term treatment options. Stigma, cost of care, medication expenses, and insurance issues further hinder access. The region struggles with high rates of depression, anxiety, and substance use disorders, particularly Generalized Anxiety Disorder (GAD) and Post-Traumatic Stress Disorder (PTSD). Adolescent mental health and the impact of Adverse Childhood Experiences are major concerns. Suicide rates are high, and opioid overdose mortality is significant, especially among younger people.

Moreover, integrating physical and mental health care is essential, as many individuals have co-occurring conditions. The CCBHC model focuses on care coordination and treating co-occurring disorders simultaneously. To improve the situation, it is suggested to strengthen the behavioral health workforce pipeline, increase access to services, and strengthen partnerships with local organizations for better outreach and care coordination.

Economic and Social Drivers of Health in the Region

Social Drivers of Health (SDOH) are risk factors related to socioeconomic status that significantly impact health and mental health outcomes. These factors include stable income, secure housing, access to quality education, employment opportunities, freedom from abuse and neglect, strong social support, and good living conditions and neighborhood stability. They influence chronic health conditions, longevity, and quality of life, often affecting future generations. Addressing SDOH is crucial for achieving positive treatment outcomes and ensuring equity in service delivery. Understanding these factors is essential for effectively helping individuals in our region.

Accessing resources to overcome poverty can be challenging, often requiring assistance to navigate various relief programs. As a CCBHC, Southwestern is dedicated to addressing health disparities and helping individuals lead full, engaged lives. By promoting approaches that improve overall health and wellness, Southwestern can boost economic productivity and reduce healthcare costs, significantly impacting regional health and wellbeing. Regional poverty rates are like state levels at 10.1%. In Vanderburgh County, over 20% of children live in poverty. In rural Posey and Gibson Counties, about 11% of children are in poverty, while in Warrick County, nearly 7% of children live below the national poverty line. Key factors influencing health and mental health outcomes include stable income, secure housing, access to quality education, employment opportunities, freedom from abuse and neglect, strong social support, and good living conditions and neighborhood stability. Addressing these SDOH is

crucial for positive treatment outcomes and equity in service delivery.

Educational Attainment (% of Total Population 25+)			
Location	High School Graduate or Higher	Bachelor’s Degree or Higher	Total Population 25+
Vanderburgh	91.2% (n=112,656)	27.1% (n=33,416)	123,502
Warrick	94.9% (n=42,012)	34.5% (n=15,264)	44,259
Gibson	90.6% (n=20,313)	18.0% (n=4,027)	22,417
Posey	93.7% (n=16,805)	25.5% (n=4,568)	17,929
Area Total	92.2% (n=191,786)	27.5% (n=57,275)	208,107
Indiana	90.0% (n=4,078,837)	28.2% (n=1,279,648)	4,532,091

Source: 2022 ACS 5-Year Estimate: Table S1501

Educational attainment is relatively high, with 92.2% of the population being high school graduates. Warrick County leads with 34.5% of residents holding a bachelor’s degree or higher, compared to the regional average of 27.5%. Income levels vary across the region, with median household incomes ranging from \$58,839 in Vanderburgh to \$91,105 in Warrick.

Income and Unemployment Measures					
	Vanderburgh	Warrick	Gibson	Posey	Indiana
Median Household Income ¹	\$58,839	\$91,105	\$64,153	\$75,594	\$67,173
Unemployment Rate ²	3.0%	2.6%	2.2%	2.4%	3.0%

Sources: ¹2022 ACS 5-Year Estimate: Table S1901; ²Bureau of Labor Statistics Local Area Unemployment Statistics Annual Unemployment Rate, 2022.

Unemployment rates are relatively low, ranging from 2.2% in Gibson to 3.0% in Vanderburgh and Indiana overall. Poverty status varies significantly, with overall poverty rates at 14.3% in Vanderburgh, 6.1% in Warrick, and 10% in Gibson and Posey. Child poverty rates are particularly concerning, with 20.3% in Vanderburgh, 6.7% in Warrick, 10.8% in Gibson, and 11.6% in Posey. Racial disparities in poverty are evident, with the highest rates among Black or African Americans in Vanderburgh at 28.5%, followed by individuals identified as “Some Other Race” and “Two or More Races.”

Poverty Status by Race (% of Total Race Population for Who Poverty Status is Determined)					
Location	White	Black or African American	Asian	Some Other Race	Two or More Races
Vanderburgh	12.0% (n=17,299)	28.5% (n=4,850)	6.8% (n=158)	25.7% (n=707)	25.1% (n=1,749)
Warrick	6.0% (n=3,433)	0.6% (n=7)	0.3% (n=4)	49.5% (n=365)	0.3% (n=6)
Gibson	10.0% (n=2,952)	12.8% (n=70)	--	3.2% (n=27)	13.5% (n=161)
Posey	9.3% (n=2,197)	50.7% (n=147)	--	42.0% (n=132)	3.2% (n=14)
Area Total	10.1% (n=25,881)	26.6% (n=5,074)	3.9% (n=162)	26.4% (n=1,231)	18.5% (n=1,930)
Indiana	10.1% (n=535,650)	25.1% (n=153,913)	14.8% (n=23,795)	19.6% (n=39,081)	17.3% (n=58,263)

The region faces significant economic and social challenges, particularly in terms of poverty and educational attainment. Overall poverty stands at 10.1%, with child poverty rates exceeding 20% in Vanderburgh County. In rural Posey and Gibson Counties, about 11% of children live in poverty, while Warrick County has a lower rate of nearly 7%.

Focus group feedback highlighted several economic factors and social drivers of health impacting the community. Participants noted that treatment costs, particularly for alcohol programs, are often unaffordable even with sliding scale fees. Transportation limitations were identified as a significant barrier to accessing care, especially for aging adults and those with mobility issues. Navigating supplemental insurance programs remains challenging, despite assistance from organizations like SWIRCA and Carver.

Community leaders emphasize the link between homelessness and mental health, or substance use issues, stressing the need for organizations to address or refer these concerns. Parents of youth clients pointed out that medications and treatments are often unaffordable for those earning too much to qualify for assistance, and private insurance coverage is frequently limited due to prior diagnoses. SUD clients expressed difficulties with insurance navigation and a need for financial and job placement assistance post-treatment, as well as support in obtaining public assistance like SNAP and housing.

Addressing economic and social drivers is crucial for improving overall health outcomes and reducing healthcare costs. Key issues include the affordability of treatment, transportation barriers, insurance navigation, the impact of neighborhood changes, and the need for post-treatment support. By tackling these challenges, the community can enhance health equity and support individuals in leading healthier, more engaged lives.

Culture and Language in the Region

Limited English Proficiency (LEP) refers to individuals who have difficulty reading, writing, speaking, or understanding English, often because it is not their primary language. These individuals may need interpreters and translated documents to access services. Ensuring access for LEP individuals aligns with Title VI of the Civil Rights Act of 1964, which requires federally funded programs to be accessible to people with LEP. Some LEP needs are not easily identified through Census data alone. For example, Southwestern’s staff identified a need for resources for Haitian Creole and Marshallese speakers, which was not captured in the Electronic Health Record (EHR) or the 2020 Census. Although over 96% of the region’s population speaks English, there is still a significant need for culturally and linguistically informed services.

English and Non-English Speaking (% of Total Population Ages 5+)			
Location	Speak Only English	Speak a Language Other than English	Total Population ages 5+
Vanderburgh	96.1% (n=162,747)	3.9% (n=6,683)	169,430
Warrick	96.2% (n=58,086)	3.8% (n=2,311)	60,397
Gibson	97.6% (n=30,249)	2.4% (n=753)	31,002
Posey	98.5% (n=23,564)	1.5% (n=356)	23,920
Area Total	96.5% (274,646)	3.5% (n=10,103)	284,749
Indiana	90.8% (n=5,786,596)	9.2% (n=588,234)	6,374,830

Source: 2022 ACS 5-Year Estimate: Table S1601

Language Spoken at Home (% of Total Population Ages 5+)						
Location	English	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages	Total Population Ages 5+
Vanderburgh	96.1% (n=162,747)	1.7% (n=2,921)	0.8% (n=1,345)	1.1% (n=1,781)	0.4% (n=636)	169,430
Warrick	96.2% (n=58,086)	1.3% (n=763)	1.2% (n=744)	1.3% (n=769)	0.1% (n=35)	60,397
Gibson	97.6% (n=30,249)	1.7% (n=518)	0.5% (n=146)	0.3% (n=86)	<0.1% (n=3)	31,002
Posey	98.5% (n=23,564)	0.8% (n=197)	0.2% (n=41)	0.5% (n=118)	0.0% (n=0)	23,920
Area Total	96.5% (274,646)	1.5% (n=4,399)	0.8% (n=2,276)	1.0% (n=2,754)	0.2% (n=674)	284,749
Indiana	90.8% (n=5,786,596)	4.8% (n=305,104)	2.3% (n=149,800)	1.5% (n=96,148)	0.6% (n=37,182)	6,374,830

Source: 2022 ACS 5-Year Estimate: Table S1601

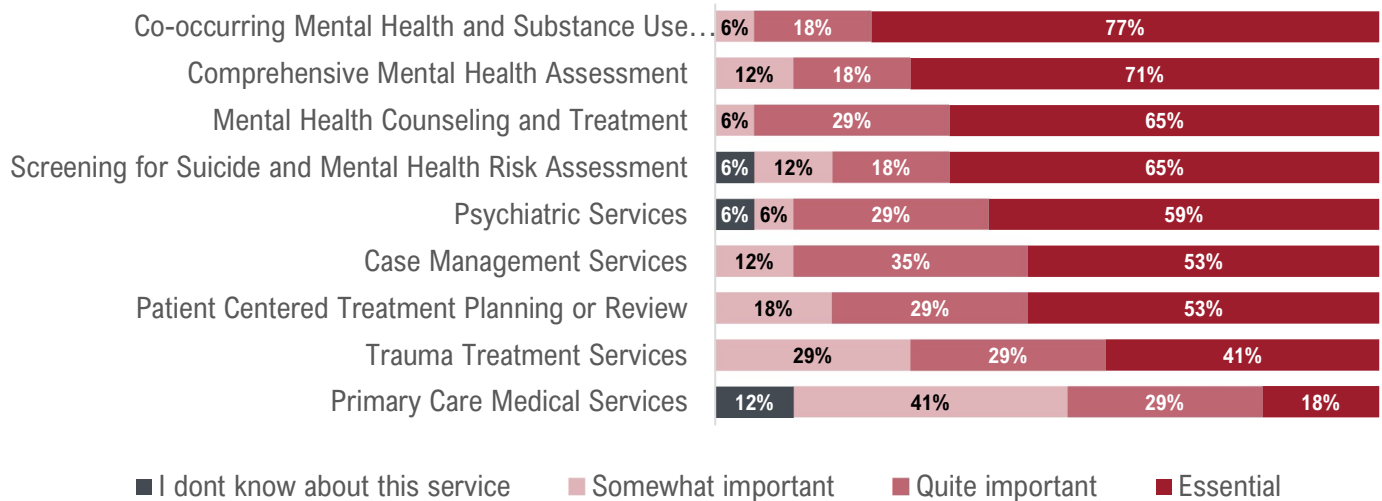
The focus group discussed cultural and language barriers affecting access to mental health services, highlighting several key points. The African American community shows reluctance to seek mental health help despite efforts by sororities, churches, and other groups. The Haitian community, unaccustomed to mental health services in Haiti, faces additional challenges. Immigrant populations often struggle with limited English proficiency, with specific needs for Haitian Creole and Marshallese speakers not always captured in official data. The group emphasized the necessity of culturally and linguistically informed services to ensure everyone can access the care they need. Outreach and education are crucial to overcoming these barriers and building trust within these communities. Overall, the feedback underscored the importance of accommodating individuals with limited English proficiency and addressing cultural barriers to improve access to mental health services, thereby achieving greater health equity and support for all community members.

To ensure everyone can access services, healthcare providers must accommodate individuals with limited English proficiency (LEP), as required by Title VI of the Civil Rights Act of 1964. While most people in our region speak English, there is a notable LEP population. Spanish is the most common non-English language spoken, followed by other Indo-European, Asian, and Pacific Island languages. Community feedback highlighted that African American and Haitian communities face cultural barriers to accessing mental health services, in addition to LEP issues. Immigrant populations also encounter language barriers. Providing LEP services is complicated by some communities' reluctance to seek mental health services. Outreach and education can help overcome these barriers.

Strengths and Challenges

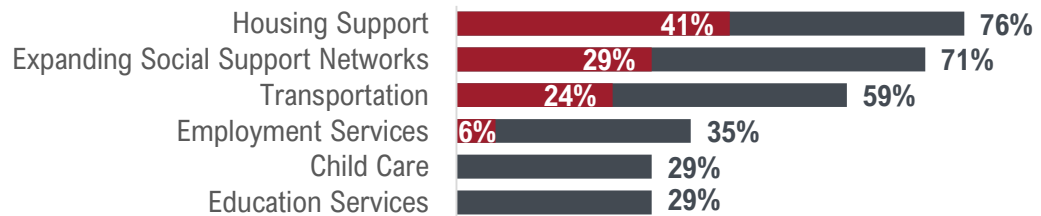
Southwestern partners have identified and ranked the core services provided by the organization, emphasizing their importance to the community. When asked the importance of services offered the responses were as follows:

How important are the following services to the people your organization serves?



In addition, several support services were identified as particularly important.

Percentage of respondents identifying the following as one the **three most important services** and **most important service** provided by Southwestern for the clients their organization serves.



Feedback from various focus groups highlighted both strengths and areas for improvement in Southwestern’s community-responsive staffing and services. The community-at-large group revealed a general lack of awareness about Southwestern’s services, though they recognized the importance of Assertive Community Treatment (ACT). Community leaders praised the crisis response and residential services, preferring crisis intervention teams over police as first responders, and commended the coordination of care. Parents of youth clients valued the continuum of youth therapy groups, which transition clients from anger management to social skills development, as well as the comprehensive wrap-around services (WRAP) for families. They also appreciated the supportive staff and the welcoming atmosphere at the Moran Center’s front desk.


Substance Use Disorder (SUD) clients highlighted the matrix program, individual support from case workers, cognitive strategies, and one-on-one therapy as essential services. They also appreciated the promptness of Southwestern’s services following legal incidents and the attentive primary medical care. Overall, ACT emerged as a crucial service, highly valued by the community. Crisis response was also highlighted as critical, with a strong preference for crisis intervention teams. Residential treatment at Stepping Stone and the coordination of care between Southwestern and primary care providers were also commended. The feedback underscored the importance of youth services and the matrix program for SUD clients, emphasizing the need for prompt and attentive care.

Southwestern leaders reflected on the organization’s strengths, identifying key themes. They highlighted the positive work environment, characterized by teamwork and trust within departments. Access to care and services was another strength, with leaders noting the organization’s ability to provide timely treatment and adapt to the changing needs of clients. Finally, community partnerships and engagement were praised, with leaders recognizing efforts to build partnerships that reduce barriers to treatment and improve coordination with community partners.

Community leaders, parents of youth clients, and SUD clients have provided valuable feedback on the strengths of Southwestern’s partnerships and care coordination. Community leaders emphasized the importance of forming partnerships with other service providers and organizations to increase awareness about available services. While some of these partnerships already exist, there is a clear need for further collaboration to address service gaps. Parents of youth clients praised the partnership between the Neurodevelopmental Clinic and Easterseals Rehabilitation Center, noting that it effectively addresses a significant need in the community. They also highlighted Southwestern’s active role in making and receiving referrals to various providers, including Circle City, Hope Bridge, Adapt for Life, Evansville Children’s Psychiatric Center, Deaconess Crosspoint, Bloomington Meadows, Hillcrest Youth Home, Youth First, and private practices. This network of referrals ensures that clients receive comprehensive care tailored to their specific needs. SUD clients suggested additional service providers for potential collaboration, such as Now Counseling, Always Hope Counseling, Brentwood Meadows, and Fresh Start. They also appreciated the willingness of Southwestern staff to provide services in county jails, demonstrating a commitment to comprehensive care.

Mental health or substance use services that are lacking in the community			
	Transitional Services		Long-term Treatment Facilities
	Spanish Speaking Providers		Care Coordination

The community-at-large group noted a significant lack of awareness about Southwestern’s services, suggesting a need for a robust awareness campaign. Community leaders pointed out that African Americans, immigrant groups (Haitian, Marshallese, Spanish), gender-diverse individuals, youth, people experiencing homelessness, and those with co-occurring mental health and developmental needs are underserved, often due to language barriers or lack of awareness. Parents of youth clients suggested promoting available services more and addressing mental health stigma. They emphasized the need for shorter wait lists and more community education, particularly about medication. SUD clients in residential identified issues like medication concerns, insufficient downtime between classes, limited visitation for children under 14, delays in onsite medical care, and limited and monitored phone calls..

Community groups not being served or are underserved by Southwestern			
	LGBTQ+		Spanish Speaking Population
	Haitian Community		BIPOC

Southwestern leaders identified several opportunities for improvement, including better pay for entry-level staff, intentional recruitment of diverse staff, improved collaboration among departments, and improving communication between departments. They also emphasized the importance of consistent communication regarding process changes and continued efforts to improve overall communication. In terms of partnerships and care coordination, community

leaders noted that potential partners might not be fully aware of Southwestern's services. Partnering with local cultural organizations could help spread awareness of available services to underserved populations. SUD clients mentioned that many providers associate Southwestern primarily with mental health services and not substance-related needs, indicating a need for more promotion of Southwestern's substance use services to local providers.

The Southwestern Partner Survey revealed that nearly all partners had referred individuals to Southwestern, with almost 90% describing the referral process as mostly smooth and effective. However, obstacles such as long wait times for appointments and access issues due to client capacity and provider turnover were noted. Suggestions for improvement included expanding the mobile crisis team beyond Vanderburgh County, increasing the number of culturally competent professionals, and enhancing outreach and marketing efforts to inform the community about available services. To improve partnerships, Southwestern could coordinate cultural awareness sessions and promote openings for bilingual professionals. Providing scholarships for Latino bilingual students to serve the community was also suggested. Expanding partnerships with home visiting, education outreach, and community development groups could further strengthen efforts to support unhoused individuals and families.

Overall, enhancing service delivery and community partnerships are key to better serving individuals in the community. Addressing obstacles like wait times and provider turnover, expanding mobile crisis teams, and improving outreach are also important.

Action Plan to Address Findings

Strategic Plan to Address CNA

Southwestern held two strategic planning meetings with key stakeholders, including the Board of Directors, agency leadership, and community members. They identified primary needs and barriers, setting priorities for an action plan. The process resulted in a strategic map focusing on three main priorities: improving access to care, building care coordination capacity, and ensuring seamless communication. A secondary priority was the renovation of Mulberry Plaza for service expansion.

To improve access to care, Southwestern has reduced the wait time for initial assessments from 21 to 12 days, with a goal of reaching 10 days. Follow-up appointment scheduling is also being improved. Success will be tracked through SMART goals, aiming to reduce the time between service requests and first appointments to 10 days or less, ensure follow-up appointments within 14 days, and improve staff retention rates.

Building care coordination capacity involves addressing Social Drivers of Health such as transportation, housing, food, employment, and education. Care coordination will be both a position and an activity, monitored through SMART goals for data-driven decision-making and improving client access to health screenings.

Improving communication within Southwestern and with community partners is crucial for CCBHC certification. Crisis Services has expanded into Warrick and Posey Counties through effective outreach and partnerships. Communication and outreach are key to growing awareness and success of CCBHC services.

Focus groups identified a lack of awareness of Southwestern's services, particularly among BIPOC and LGBTQ+ communities. Targeted outreach to these and other populations, including veterans, seniors, and children, is needed. SMART goals include expanding community awareness and increasing involvement with local social service associations.

Southwestern also identified a gap in transitional care for individuals stepping down from inpatient hospitalization or needing longer crisis intervention without hospitalization. A 20-bed transitional program for men and women is planned, using the peer respite model. Funding for necessary renovations has been secured.

Staffing Plan

Southwestern is integrating needs assessment results into its staffing plan. Historically, staffing has been reactive to sudden program growth, but now a data-driven model is being developed to project and manage growth. This model will help answer questions about staffing needs, client/staff ratios, and program growth.

Currently, Southwestern has 372 full-time employees and 52 vacancies, resulting in a 13% vacancy rate, which is lower than the state average of 16.8%. The staff turnover rate in FY24 was 35.2%, slightly higher than the state average of 34.3%. Services increased by about 15% between FY22 and FY24, providing a baseline for future growth. Additional positions needed include care coordinators, peer support specialists, licensed therapists, and medical staff.

The main staffing barrier is the HRSA-designated behavioral healthcare workforce shortage in all four service counties. Southwestern is actively recruiting therapists, care coordinators, and peer support specialists, utilizing interns, offering loan forgiveness, and recruiting at community events. CCBHC certification and pilot site status have allowed for market adjustments to staff salaries, aiding retention.

Primary Implementation Plan FY25 - FY27

A. Community Needs and Barriers to Care

Southwestern's implementation plan aims to improve access to care, expand crisis services, increase healthcare screenings and care coordination, enhance staff retention, and raise awareness in underserved communities. The plan includes SMART goals integrated into the FY25 Continuous Quality Improvement (CQI) plan, supported by Plan-Do-Study-Act (PDSA) plans for successful implementation.

To improve access to services for new and existing clients, Southwestern aims to reduce the time to the first appointment. The goal is to ensure that routine initial evaluation appointments are available within 10 days by the end of FY25, 5 days by FY26, and same-day access by FY27. This goal will be measured by tracking appointment wait times using EHR systems and Power Bi dashboards. The action plan includes expanding the open access model to reduce wait times, which is relevant to meeting community priorities and certification requirements. Progress will be monitored monthly and reported annually.

For follow-up appointments, Southwestern plans to maintain an average of 14 days for active clients over three consecutive months in FY24, extending to six months by FY26, and consistently throughout FY27. This goal will be measured using data analytics to track and report follow-up appointment times. The action plan involves establishing system capacity baselines and monitoring staffing impacts to ensure consistent access to follow-up care. Progress will be monitored monthly and reported annually.

B. Community Responsive Staffing and Services

Southwestern plans to continue expansion of crisis services to Posey, Gibson, and Warrick counties, with a baseline of encounters in FY25, 20% growth in FY26, and 10% in FY27. This goal will be measured using a crisis services reporting dashboard to track data. The action plan includes implementing EHR notes and data extraction plans to support this

expansion, which aligns with CCBHC requirements and addresses community needs. Progress will be monitored monthly and reported annually.

To improve client access to health screenings, Southwestern aims to collect health screening data for 80% of active clients for three consecutive months in FY25, increasing to 85% in FY26, and 95% by FY27. This goal will be measured by tracking health screenings using the Healthcare Measures Flow Sheet and Power Bi automation. The action plan includes completing data transfer protocols and staff training to support this goal, which is essential for comprehensive care. Progress will be monitored monthly and reported annually.

Additionally, Southwestern aims to reduce the staff turnover rate from 35.2% in FY24 by 2.5% each year through FY27. This goal will be measured by tracking staffing levels using HR data, with retention and turnover rates calculated quarterly and annually. The action plan includes implementing recruitment and retention strategies to address the challenges of operating in a behavioral health shortage area. Reducing turnover is critical for maintaining quality care and services. Progress will be reviewed biannually and reported annually.

C. Effective Partnerships and Care Coordination

Southwestern plans to expand care coordination by establishing baseline reporting capacity in FY25, identifying staffing needs, and forecasting for FY26 and FY27. This goal will be measured using Care Coordination documents in the EHR to track and report data. The action plan includes launching baseline data collection and reengineering the care coordination model to address health disparities and ensure seamless care transitions. Baseline reporting and staffing needs projection will be completed by June 30, 2025, with reevaluation and realignment by June 30, 2026, and June 30, 2027.

To increase awareness of CCBHC services, Southwestern will conduct ongoing community marketing and targeted outreach with at least 15 quarterly contacts and one outreach event per quarter, focusing 15% of activities on underserved communities. The action plan includes merging existing tracking mechanisms into a standardized reporting process to ensure effective outreach. Increasing awareness of Southwestern services is crucial for reaching underserved populations. Monthly reports will be monitored in CCBHC CQI meetings during FY25 and quarterly in FY26 and FY27.

Secondary Implementation Plan FY25 - FY27

A. Establish Transitional Mental Health Services with Peer Respite Model

Southwestern plans to create a transitional program using the Peer Respite Model to help individuals move from higher levels of care back into the community. The goal is to have this program operational by December 31, 2026. The CEO will lead the project, with support from Crisis and Outreach and Community Support Services. The IPT and EHR departments will handle the necessary documentation and data tracking.

The Needs Assessment Cycle and Updates

A. Plan to Update Needs Assessment

The CNA will be updated at least every three years per the expectation of both the Indiana DMHA and SAMHSA. The results will be shared in multiple formats to ensure transparency and stakeholder engagement.

B. Southwestern Communications Plan

The CNA results will be shared in multiple formats to ensure transparency and stakeholder engagement. External stakeholders, including focus group members, will receive the completed CNA, and it will be available on the Southwestern website. Additionally, the CNA will be discussed at community events, shared on social media, and reviewed in internal meetings to ensure all stakeholders are informed and engaged.

C. Integration of Needs Assessment Action Plan with CQI Process

The FY25 Southwestern CQI Plan aims to achieve Indiana CCBHC certification, based on the Comprehensive Needs Assessment (CNA). Key goals include improving access to services, achieving depression remission after six months, completing suicide risk assessments, screening for problematic alcohol use, and identifying social drivers of health. These measures are essential for reporting to DMHA as part of the CCBHC pilot site requirements.

At the start of each fiscal year, committee leadership reviews and selects key processes and measures to track and improve over the next 12 months, influenced by their impact on populations identified in the CNA. The FY25 CQI plan includes six main goals: reducing the time between service requests and first appointments, increasing health screening data collection, tracking inpatient psychiatric discharges and follow-up services, improving client access to treatment, establishing baseline reporting capacity for care coordination, and ensuring timely follow-up appointments for active clients.

Summary

The 2024 CNA provides an overview of Vanderburgh, Warrick, Gibson, and Posey Counties, highlighting behavioral health issues, Southwestern Behavioral Healthcare service sites, and programs. It examines underserved communities and presents survey and focus group outcomes from service recipients, community members, and leaders. This is followed by an action plan and a continuous quality improvement (CQI) plan for the next three years.

At the time of writing, Southwestern has completed SAMHSA CCBHC attestation, DMHA CCBHC certification, and CNA simultaneously. As a SAMHSA CCBHC-IA grantee and Indiana DMHA CCBHC pilot-site, Southwestern is integrating findings from each into its strategic plan, involving all departmental leaders. The CNA identified gaps, and leadership designed goals with specific objectives to address them. CQI workgroups are currently addressing these goals through policy change and committee work designed to address identified service needs.

Over the next three years, Southwestern plans to enhance care coordination, Veteran services, and healthcare integration. Outreach efforts will focus on developing community-based partnerships to better serve underserved populations. The new Crisis Services and Outreach Department will collaborate with the Marketing Department to raise awareness of crisis services and all Southwestern offerings. Southwestern will continue to expand services for military service members and their families, connecting them with licensed behavioral health professionals trained in military culture. As a member of the VA Community Care Network, Southwestern provides local healthcare for Veterans. A dedicated Veterans therapist, who is also a Veteran, will work to increase Veteran utilization of crisis services and improve care coordination.

Additionally, the CQI Committee, Diversity, Equity and Engagement Committee, and CLAS Steering Committee will continue to reach out to diverse communities, recruit diverse staff, ensure interpreter access, and provide diversity training. Community outreach efforts will be centrally tracked, and best practices in marketing crisis services will be

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replicated to improve awareness and partnerships. Stepping Stone offers same-day access to assessment and treatment for co-occurring disorders, partnering with the University of Southern Indiana and Community Health Network Behavioral Health Academy to provide dual licensure qualifications of graduating therapists. The region benefits from strong mutual self-help groups, with over 200 combined meetings per week, supported by Stepping Stone alumni.

Southwestern faces space constraints for full CCBHC implementation but is addressing this with a \$10 million renovation project funded by ARPA. This project includes a 20-bed transitional program and a multidisciplinary clinic for children and families, scheduled for completion by December 2026.

Evansville has strong interagency coalitions for homelessness services, with Crisis Services and the Evansville Police Department actively engaged. Continued collaboration between Southwestern Crisis Services, hospitals, jails, first responders, and the community will persist. As Southwestern builds CCBHC infrastructure, it acknowledges the collaborative efforts of various practices, agencies, faith-based communities, and programs in providing regional behavioral healthcare. Southwestern looks forward to continuing to establish coordinated care networks across the region.