

An Assessment of Behavioral Health Needs, Service Capacities and Projected Trends in Northern Lake County

Presented to

The Lake County Health Department and Community Health Center
Behavioral Health Services

by

Rob Paral and Associates

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Executive Summary

This report describes behavioral health in terms of needs, service capacities and projections for the future in Northern Lake County, especially as they relate to lower-income populations. The information presented here is the culmination of a nine-month, in-depth process that sought to capture the complexities of needs, providers, services and other aspects of behavioral health. The tools used to gather data included a survey of 250 behavioral health specialists, nineteen individual interviews, four focus groups and analysis of quantitative data. Northern Lake County is defined as the portion of Lake County, Illinois that lies north of Route 137, extending from Lake Michigan on the east to McHenry County on the west.

Key findings of this process include the following:

Findings on Need

The Need Is Enormous. For example, almost 80,000 Northern Lake County residents likely engaged in binge drinking in the last month. Almost 4,000 residents had dependence on illicit drugs in the last year. Some 10,000 residents had serious thoughts of suicide in the last year, and 17,000 had one or more major depressive episodes. (page 7)

Large Numbers of Young Adults Are Using Alcohol and Tobacco. Almost half of young adults aged 18-25 have used a tobacco product in the last month. Two-thirds report binge drinking. One in eight 12-17 year olds has used a tobacco product in the past month and one in ten 12-17 year olds has engaged in binge drinking in the past month. (page 6)

Young Persons are overrepresented in hospital emergency departments for behavioral health. Persons 15-24 years old are 14 percent of the population but 30 percent of emergency department visits. Persons aged 25-34 years are also overrepresented in the emergency department data in numerous diagnostic categories. (page 10)

The Need Is Highly Concentrated In Some Areas. Local areas in the environs of Waukegan and North Chicago have deep need for behavioral health services. Some zip code areas have residents visiting the emergency room with behavioral health crises at ten times the rate of persons in zip codes just a few miles away. Other zip codes in the western portion of Northern Lake County also have notably high use of emergency department services for behavioral health. (page 8)

Specific Populations Are Underserved in Different Ways. Latinos, who are a fifth of the area's population, are dramatically underrepresented in data on hospital use. African Americans meanwhile are overrepresented among persons requiring emergency services. (page 9)

Critical Services Are Lacking. There is a serious need for more behavioral health professionals in Northern Lake County, especially when compared to the numbers of professionals in Southern Lake County. Far more psychiatrists are needed, but also key services such as general counseling, case management and housing. *(page 34)*

Findings on Capacity

There Is Limited Capacity. The numbers served by Lake County Health Department are small in comparison to the demand. The non-profit sector is essentially at capacity. The for-profit sector is not a major player because it cannot provide charity care and it largely does not accept Medicaid. *(Section III)*

More Medicaid Providers Are Needed. Medicaid is the only health insurance available to most persons of low income, yet few providers are available. Only about a dozen psychiatrists in Northern Lake County accept Medicaid, and some of them take on very few patients. *(page 26)*

The Lake County Health Department Has Experienced Shifts in Its Service Capacity, with Some Decline of Services in Recent Years. The County's behavioral health caseloads have fallen in some areas such as Outpatient Counseling, while Child and Adolescent Behavioral Services have risen. Overall, most programs have had their most recent service peaks three or four years ago due to declines in state funding. *(page 25)*

Projections

The Affordable Care Act Will Dramatically Improve Access, but Will Strain Already Limited Behavioral Health Capacity for Low-Income Persons. Some 39,000 Northern Lake County residents will gain access to health insurance via the ACA. If even a modest portion of these persons seek behavioral health services for the first time, it will strain a system that is already largely at capacity. *(page 38)*

12,000 Persons Newly Eligible for Medicaid Represent a Diverse Population. About 38 percent of the population newly eligible for Medicaid is White, Non-Latino, 37 percent is Latino, and 20 percent is African American. *(page 38)*

County Government Needs a Market Orientation Toward the Newly Insured. A large number of about 12,000 persons newly insured by the ACA will fall under the "Medicaid Expansion" category. Many have been getting treated at county facilities, yet they will have the ability to seek care elsewhere. The county will need to compete to retain these newly insured (i.e., paying) customers. *(page 38)*

A "Catch-Up" Strategy toward Growth and Diversity Is Insufficient. For the foreseeable future, population growth and diversification – and the particular requirements they imply for

behavioral health services -- will be the norm. In as much as the population growth may continue to be driven by immigration, good clinical interventions will require culturally informed and ethnically diverse clinicians attuned to the culture of the person in treatment. This will require investment in linguistically and culturally appropriate services. The community needs more behavioral health providers who speak languages other than English. *(page 41 and map on page 15).*

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I. Introduction

This report documents behavioral health needs in Northern Lake County, describes the availability of services to meet those needs and discusses future trends. This publication is the culmination of a nine-month process involving original data gathering via a survey, interviews and focus groups, and review of data from diverse sources such as the Illinois Department of Healthcare and Family Services and the federal Substance Abuse and Mental Health Services Administration. The process was guided by a Task Force of local leaders and experts from the field and by the Behavioral Health Service Area of the Lake County Health Department and Community Health Centers, directed by Dr. Ted Testa.

The Behavioral Health Service Area commissioned this report, and the investigation was made possible with generous support of the [Healthcare Foundation of Northern Lake County](#). Any errors or unintended omissions in this report are those of the author, Rob Paral of [Rob Paral and Associates](#).

We thank the individuals and institutions that made this work possible, including the members of the Project Task Force and those community leaders and experts who provided their time and insights:

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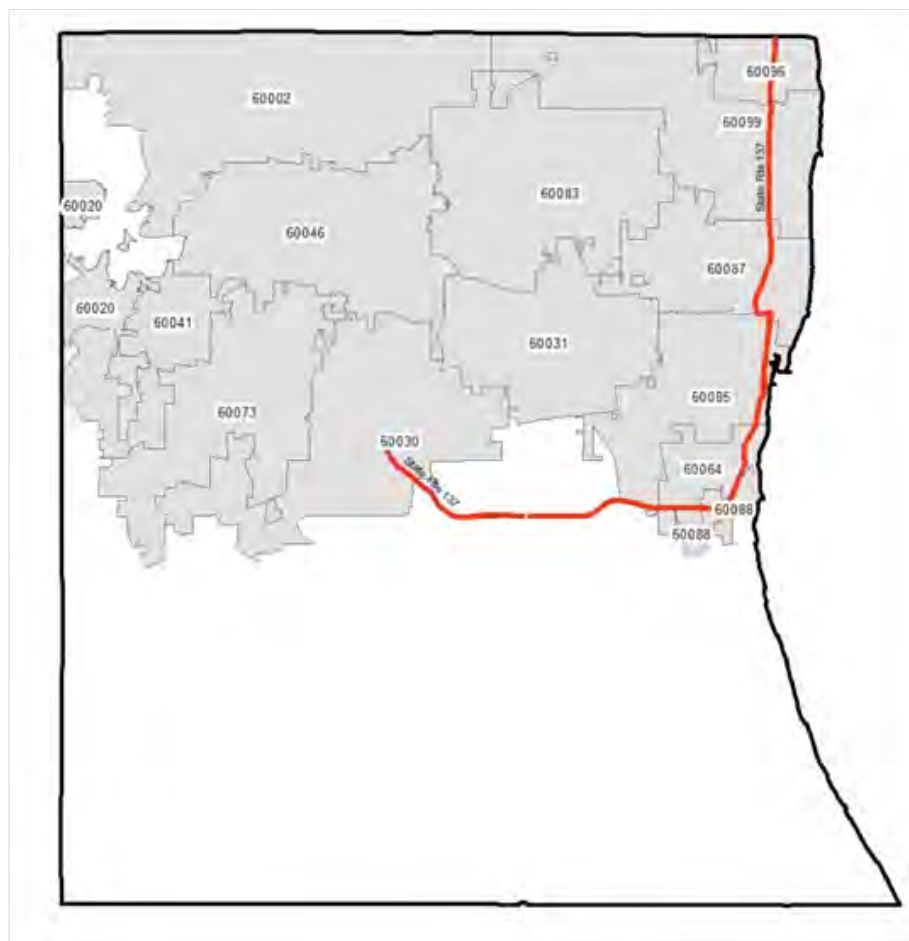
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Geographic Focus of this Report

This report focuses on Northern Lake County, which may be defined as the portion of Lake County, Illinois that lies north of Route 137. This is a diverse area including older cities to the east such as North Chicago, Waukegan and Zion, a wide variety of newer suburbs, and municipalities like Antioch and Grayslake that are close to open lands. The area has a population of about 377,000 persons as of 2010. The residents are 55 percent white non-Latino, 28 percent Latino and 10 percent African American. About 14 percent of residents lacked health insurance as of 2013.¹ Wherever possible, this report provides data specific to Northern Lake County, although some information is only available for the entire county of Lake.

Northern Lake County, by Zip Code



¹ These data are from the [American Community Survey](#) of the U.S. Census Bureau for years 2008-2012 ; the Projections section of this report provides numbers on the uninsured for a different time period and excluding undocumented immigrants, which leads to a slight difference in estimates.

II. The Need for Behavioral Health Services in Northern Lake County

In this section of the report we assess the data and information that are available on the need for behavioral health services in Northern Lake County. Although many needs go unreported, undiagnosed and/or untreated, and information on persons in treatment is largely confidential, there are sources on the scope and scale of behavioral health problems in the region.

Survey Data on Mental Health and Substance Abuse

The need for behavioral health services in Northern Lake County may be extrapolated from the [National Survey of Drug Use and Health \(NSDUH\)](#), which is a survey conducted under the sponsorship of the federal [Substance Abuse and Mental Health Services Administration](#). The NSDUH provides data for a set of northern Illinois counties including Lake County.^{2 3}

The NSDUH provides information for several age categories, as seen in the table below, but here we note findings for all adults and for 18-25 year olds, the latter because their characteristics differ noticeably from the larger population. The findings below on rates of substance abuse and mental health problems represent an entire set of northern Illinois counties and not just Lake County, but the data can be presumed to provide insight into Lake County specifically.

Illicit Drug Use

- More than 6 percent of all adults and 18.9 percent of 18-25 year olds report illicit drug use in the past month.⁴ Almost one in ten adults, 9.4 percent, and well over a quarter of 18-25 year olds, 28.7 percent, report marijuana use in the past year.
- More than a third of adults perceive great risk from smoking marijuana once a month, but less than one fifth of 18-25 year olds have this perception.

Alcohol Abuse

- About 27 percent of all adults and almost half, 48 percent, of 18-25 year olds report binge alcohol use in the past month.

² The NSDUH is widely cited as a source of data on substance abuse and mental health. For example, the federal Health Resources and Services Administration requires organizations applying for recognition as a Federally Qualified Health Center (FQHC) to use NSDUH data to establish levels of local need.

³ The data cover the following counties: Boone, Carroll, De Kalb, DuPage, Grundy, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will and Winnebago.

⁴ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Needing but Not Receiving Treatment for Drug or Alcohol Use

- Almost two percent of all adults and more than 6 percent of 18-25 year olds report needing but not receiving treatment for illicit drug use.
- More than 7 percent of all adults and more than 17 percent of 18-25 year olds say they need but are not receiving treatment for alcohol use.

Mental Illness

- More than 17 percent of adults report mental illness in the past year, while more than 4 percent report serious mental illness. Among adults aged 18-25 years, well over a quarter report mental illness in the past year, with more than 7 percent reporting serious mental illness.

Suicide and Depressive Episodes

- About 6 percent of adults and almost 8 percent of 18-25 year olds have had at least one major depressive episode in the past year.
- Serious thoughts of suicide in the past year were reported by almost 4 percent of all adults and more than 6 percent of 18-25 year olds.

The table below presents the detailed data on these and other related indicators. Cells highlighted in yellow represent key data items noted above.

National Survey on Drug Use and Health (NSDUH) Rates for Northern Illinois				
	12-17 Years	18-25 Years	26+ Years	18+ Years
Illicit Drug Use in the Past Month	9.4%	18.9%	4.3%	6.5%
Marijuana Use in the Past Year	12.5%	28.7%	6.0%	9.4%
Marijuana Use in the Past Month	7.0%	15.8%	3.4%	5.3%
First Use of Marijuana	5.2%	6.6%	0.1%	1.1%
Illicit Drug Use Other Than Marijuana in the Past Month	4.0%	7.2%	1.8%	2.6%
Cocaine Use in the Past Year	0.9%	4.3%	1.3%	1.7%
Nonmedical Use of Pain Relievers in the Past Year	4.9%	9.3%	2.4%	3.4%
Alcohol Use in the Past Month	14.4%	67.7%	61.3%	62.3%
Binge Alcohol Use in the Past Month	9.3%	48.4%	23.4%	27.2%
Tobacco Product Use in the Past Month	10.1%	46.1%	25.2%	28.4%
Cigarette Use in the Past Month	7.8%	38.3%	21.1%	23.7%
Alcohol Dependence or Abuse in the Past Year	4.1%	17.6%	5.8%	7.5%
Alcohol Dependence in the Past Year	1.4%	7.4%	2.7%	3.4%
Illicit Drug Dependence or Abuse in the Past Year	4.0%	6.7%	1.3%	2.1%
Illicit Drug Dependence in the Past Year	2.1%	4.5%	0.9%	1.4%
Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year	6.3%	20.4%	6.4%	8.5%
Needing But Not Receiving Treatment for Illicit Drug Use in the Past	3.7%	6.3%	1.0%	1.8%
Needing But Not Receiving Treatment for Alcohol Use in the Past	4.0%	17.1%	5.4%	7.2%
Serious Mental Illness in the Past Year	n/a	7.5%	3.9%	4.4%
Any Mental Illness in the Past Year	n/a	29.7%	15.3%	17.5%
Had Serious Thoughts of Suicide in the Past Year	n/a	6.2%	3.3%	3.8%
Had at Least One Major Depressive Episode in the Past Year	7.7%	7.6%	5.8%	6.1%
Based on results for northern Illinois from 2008-2010 National Survey on Drug Use and Health, downloaded 10-24-13 from http://www.samhsa.gov/data/NSDUH/substate2k10/AgeGroupTables/NSDUHsubstateAgeGroupTabs2010.htm				

Estimated Local Populations Affected by Alcohol, Drugs, Tobacco and Mental Health Issues

Applying the NSDUH rates to Northern Lake County populations allows an estimate of the number of persons who are involved with substance abuse or have mental health challenges.⁵

Northern Lake County Estimates

- In Northern Lake County, about 21,800 persons report illicit drug use in the past month.
- 6,500 report needing but not receiving treatment for illicit drug use in the past year.
- 79,500 meet the definition of binge alcohol use in the past month.
- 21,700 report needing but not receiving treatment for alcohol use in the past year.
- 12,400 adults report having experienced serious mental illness in the past year.
- 82,200 persons report having used a tobacco product in the past month.

Estimates of Alcohol/Substance Abuse and Mental Health Status				
Northern Lake County				
	12-17 Years	18-25 years	26+ Years	18+ Years
Illicit Drug Use in the Past Month	3,500	9,100	10,100	19,200
Marijuana Use in the Past Year	4,600	13,700	14,000	27,700
Marijuana Use in the Past Month	2,600	7,600	7,900	15,500
First Use of Marijuana	1,900	3,100	300	3,400
Illicit Drug Use Other Than Marijuana in the Past Month	1,500	3,400	4,100	7,500
Cocaine Use in the Past Year	300	2,100	2,900	5,000
Nonmedical Use of Pain Relievers in the Past Year	1,800	4,400	5,500	9,900
Alcohol Use in the Past Month	5,300	32,400	142,500	174,900
Binge Alcohol Use in the Past Month	3,400	23,200	54,400	77,600
Tobacco Product Use in the Past Month	3,700	22,100	58,700	80,800
Cigarette Use in the Past Month	2,900	18,300	49,100	67,400
Alcohol Dependence or Abuse in the Past Year	1,500	8,400	13,400	21,800
Alcohol Dependence in the Past Year	500	3,600	6,300	9,900
Illicit Drug Dependence or Abuse in the Past Year	1,500	3,200	2,900	6,100
Illicit Drug Dependence in the Past Year	800	2,200	2,000	4,200
Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year	2,300	9,800	14,900	24,700
Needing But Not Receiving Treatment for Illicit Drug Use in the Past	1,400	3,000	2,400	5,400
Needing But Not Receiving Treatment for Alcohol Use in the Past Year	1,500	8,200	12,600	20,800
Serious Mental Illness in the Past Year	n/a	3,600	9,000	12,600
Any Mental Illness in the Past Year	n/a	14,200	35,500	49,700
Had Serious Thoughts of Suicide in the Past Year	n/a	3,000	7,800	10,800
Had at Least One Major Depressive Episode in the Past Year	2,800	3,600	13,500	17,100

Based on results for northern Illinois from 2008-2010 National Survey on Drug Use and Health, downloaded 10-24-13 from <http://www.samhsa.gov/data/NSDUH/substate2k10/NSDUHsubstate51StateIL2010.pdf>

⁵ Age-specific rates were applied to corresponding populations, e.g., rates for 12-17 year olds were applied to census data on persons 12-17 years of age in Lake County in 2010. Estimates were rounded to nearest 1,000.

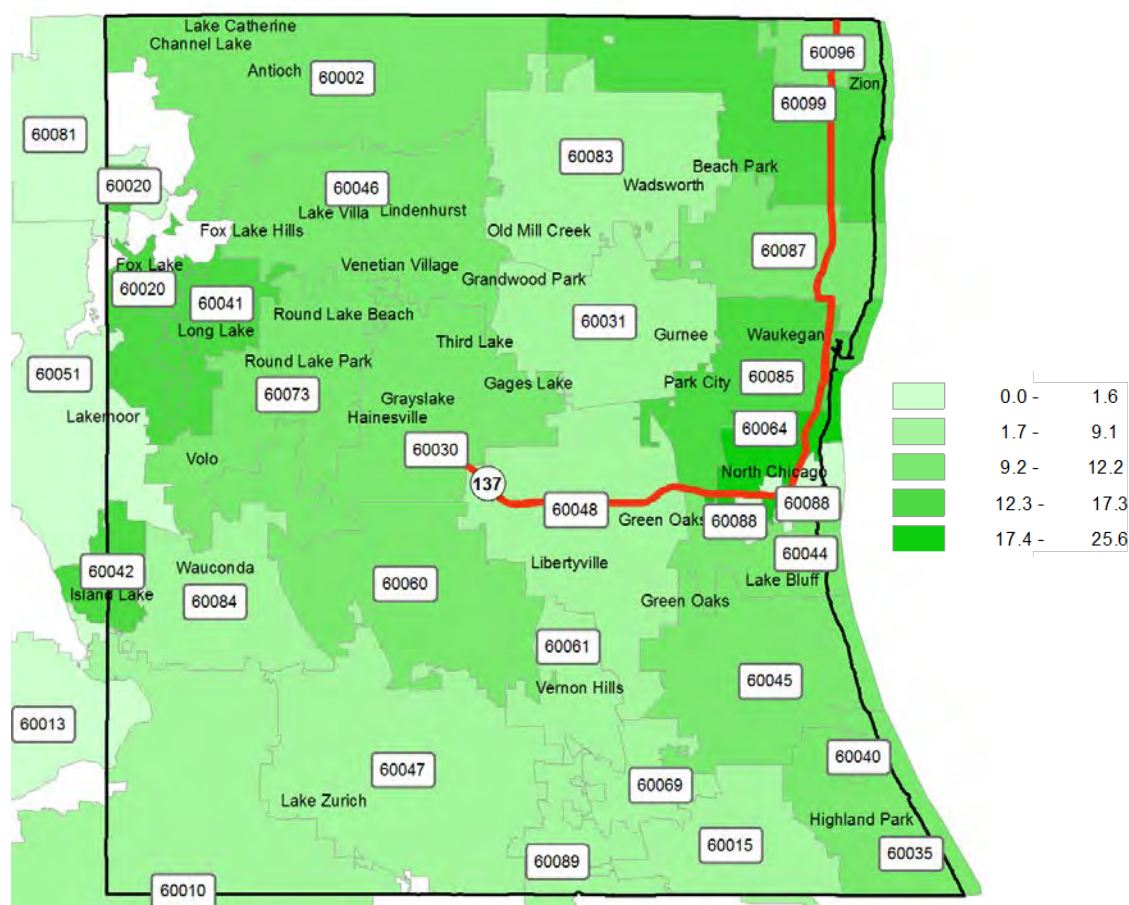
Emergency Department Admissions for Mental Health and Substance Abuse

Hospitals report information on the diagnoses of patients in inpatient and emergency department settings in Lake County. The data include mental health and substance abuse diagnoses.⁶

Emergency Department Visits by Zip Code

Use of hospital emergency departments for mental health and substance abuse problems varies considerably by geographic area in Lake County. Large sections of the county had less than 10 emergency behavioral health visits per 1,000 residents, while other portions of the county had twice the rate of emergency department visits (these data refer to year 2012). The highest rates of visits are in the central east and central west parts of the county.

Emergency Department Visits for Mental Health or Substance Abuse, per 1,000 Residents



⁶ The diagnoses included: Adjustment Disorder, Anxiety Disorder, Attention Deficit Disorder, Delirium, Dementia, Developmental Disorders, Disorders Diagnosed in Infancy, Mood Disorders, Personality Disorders, Schizophrenia, Other Psychotic Disorders, Alcohol Related Disorders, Substance Related Disorders, Suicide, Self Inflicted Injury, Screening & History of MD SA, and Misc Mental Disorders

Emergency Department Visits by Race/Ethnicity

Unfortunately, the race/ethnicity of a substantial portion of hospital emergency department users is not reported (12.4 percent). But the data suggest a very uneven use of the emergency room across groups. In general, the pattern is that White non-Latinos use the emergency department for mental health and substance abuse roughly in proportion to their share of the population. For example, White non-Latinos are 65.2 percent of the county population and they are 62.4 percent of visitors to the emergency department. In contrast, African Americans are overrepresented in use of emergency treatment compared to their population share (e.g., they are 6.7 percent of the population but 14.1 percent of persons in the emergency department). Conversely, compared to population share, there is underrepresentation of Latinos and Asians.⁷

Lake County Emergency Department Visits by Diagnosis and Race/Ethnicity							
	Total Number	Total Pct.	African American NL	Asian NL	Latino	White NL	Unknown or other NL
Total County Population	703,462	100.0%	6.7%	6.2%	19.9%	65.2%	2.0%
Total Visits	7,918	100.0%	14.1%	1.5%	9.7%	62.4%	12.4%
Adjustment Disorder	103	100.0%	17.5%	1.0%	9.7%	61.2%	10.7%
Anxiety Disorder	1,747	100.0%	13.9%	1.3%	11.6%	58.6%	14.7%
Attention Deficit Disorder	205	100.0%	16.1%	0.5%	9.8%	60.5%	13.2%
Delirium, Dementia	203	100.0%	4.9%	1.5%	8.9%	74.4%	10.3%
Developmental Disorders	46	100.0%	6.5%	0.0%	6.5%	76.1%	10.9%
Disorders Diagnosed in Infancy	28	100.0%	17.9%	3.6%	7.1%	71.4%	0.0%
Impulse Control Disorders	5	100.0%	20.0%	0.0%	20.0%	60.0%	0.0%
Mood Disorders	1,969	100.0%	14.1%	1.9%	8.8%	63.0%	12.2%
Personality Disorders	37	100.0%	18.9%	0.0%	16.2%	54.1%	10.8%
Schizophrenia, other Psychotic Disorders	409	100.0%	22.2%	3.2%	4.9%	57.5%	12.2%
Alcohol Related Disorders	1,765	100.0%	13.0%	1.2%	9.1%	65.9%	10.8%
Substance Related Disorders	665	100.0%	12.6%	0.9%	8.3%	65.9%	12.3%
Suicide, Self Inflicted Injury	248	100.0%	17.3%	1.2%	8.5%	60.9%	12.1%
Screening & History of MD SA	268	100.0%	11.9%	2.2%	17.5%	61.2%	7.1%
Misc Mental Disorders	220	100.0%	18.2%	1.8%	12.3%	47.7%	20.0%
Source: Illinois Hospital Discharge Survey: 2012; Note: "NL" means "Non-Latino"							

⁷ If the records for persons with unknown race/ethnicity were evenly distributed across the categories (i.e., if the non-reporting is randomly distributed), these patterns would hold true.

Emergency Department Visits by Age Group

Some age cohorts are overrepresented in the emergency department for behavioral health. Persons 15-24 years old are 14 percent of the population but 30 percent of emergency visits and 42 percent of suicide and self-inflicted injury. Persons aged 25-34 years are also overrepresented in the emergency department data for anxiety disorder and substance related disorders. Elderly persons are a high percentage of emergency visits for delirium and dementia.

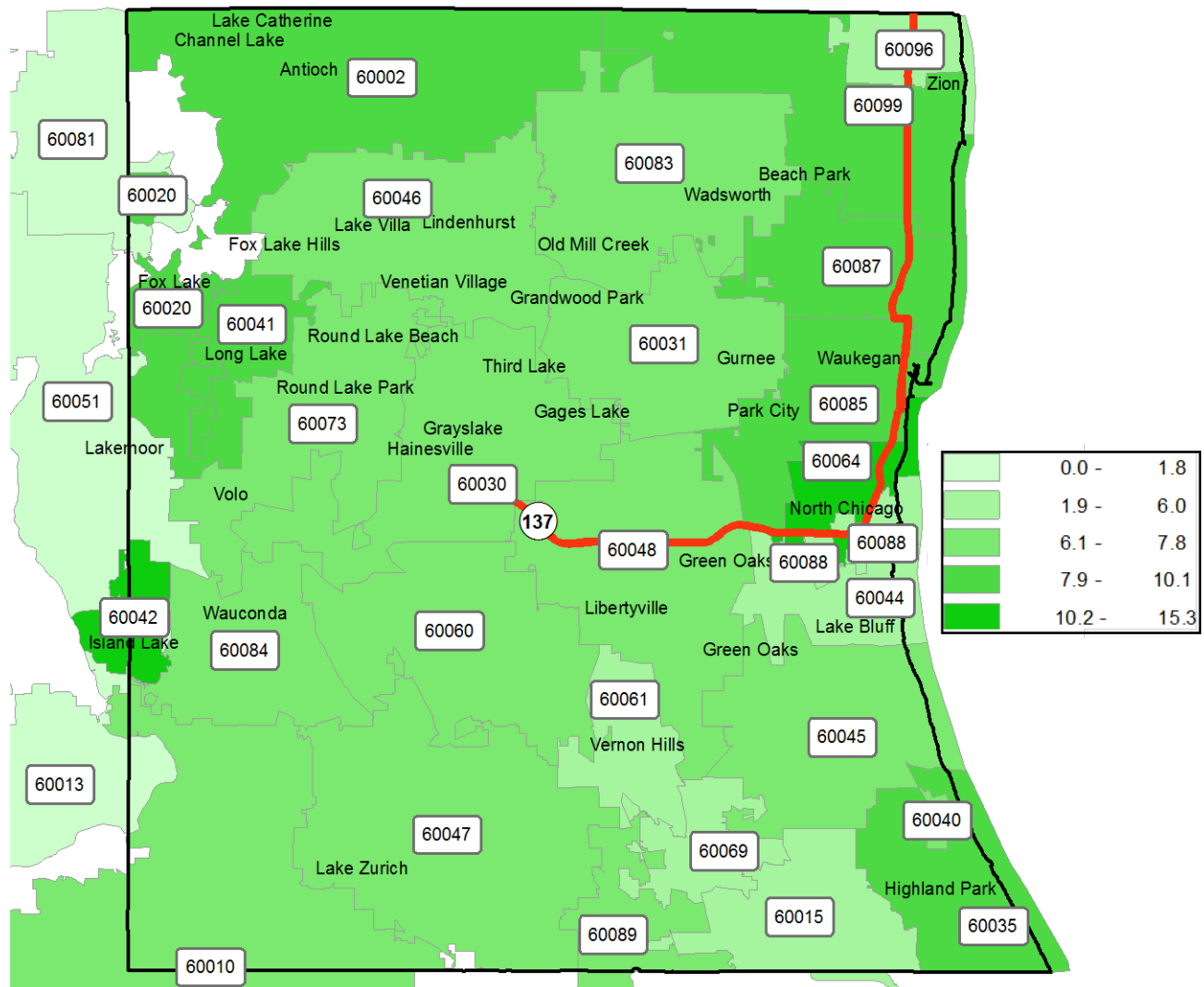
Lake County Emergency Department Visits by Diagnosis and Age												
	Total Number	Total Pct.	4 or Younger	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
Total County Population	703,462	100%	7%	16%	14%	12%	14%	16%	11%	6%	3%	1%
Total Visits	7,918	100%	0%	8%	30%	18%	14%	16%	8%	2%	2%	1%
Adjustment Disorder	103	100%	0%	17%	43%	11%	10%	13%	4%	1%	2%	0%
Anxiety Disorder	1,747	100%	0%	7%	27%	23%	17%	15%	6%	3%	1%	1%
Attention Deficit Disorder	205	100%	1%	46%	40%	8%	0%	0%	2%	0%	1%	0%
Delirium, Dementia	203	100%	0%	14%	17%	5%	5%	6%	7%	13%	15%	16%
Developmental Disorders	46	100%	0%	15%	11%	15%	13%	15%	4%	7%	2%	17%
Disorders Diagnosed in Infancy	28	100%	7%	43%	32%	18%	0%	0%	0%	0%	0%	0%
Impulse Control Disorders	5	100%	0%	0%	80%	0%	0%	0%	20%	0%	0%	0%
Mood Disorders	1,969	100%	0%	13%	38%	14%	14%	13%	6%	2%	1%	1%
Personality Disorders	37	100%	0%	35%	35%	3%	8%	11%	3%	0%	5%	0%
Schizophrenia, Other Psychotic Disorders	409	100%	0%	2%	23%	19%	14%	17%	12%	5%	5%	3%
Alcohol Related Disorders	1,765	100%	0%	1%	23%	19%	16%	26%	13%	2%	1%	0%
Substance Related Disorders	665	100%	0%	2%	38%	25%	15%	14%	5%	1%	0%	0%
Suicide, Self Inflicted Injury	248	100%	0%	9%	42%	15%	12%	11%	7%	2%	1%	0%
Screening & History of MD SA	268	100%	0%	14%	34%	15%	14%	13%	5%	2%	1%	1%
Misc Mental Disorders	220	100%	0%	10%	25%	25%	18%	9%	7%	3%	1%	2%
Source: Illinois Hospital Discharge Survey: 2012												

Hospital Inpatient Admissions for Mental Health and Substance Abuse

Inpatient Admissions by Zip Code

There is less geographic variation in inpatient treatment of behavioral health as compared to emergency department use. In other words, the use of inpatient services is not as concentrated in certain areas. Nevertheless, the highest rates of inpatient admissions are in the central east, central west and northern parts of the county.

Inpatient Admissions for Mental Health or Substance Abuse per 1,000 Residents



Inpatient Admissions by Race/Ethnicity

As with emergency visits, some inpatient records are not coded with the patient's race/ethnicity. Even adjusting for the missing information,⁸ however, the data suggest relative underutilization of inpatient treatment by the Latino population. Latinos are 19.9 percent of the population but 5.9 percent of all inpatient visits. African-Americans are 6.7 percent of the population but 11.5 percent of all inpatient visits.

Lake County Inpatient Admissions by Diagnosis and Race/Ethnicity							
	Total Number	Total Pct.	African American NL	Asian NL	Latino	White NL	Unknown or other NL
Total County Population	703,462	100.0%	6.7%	6.2%	19.9%	65.2%	2.0%
Total Discharges	5,666	100.0%	11.5%	1.1%	5.9%	66.9%	14.5%
Adjustment Disorder	117	100.0%	19.7%	1.7%	3.4%	52.1%	23.1%
Anxiety Disorder	86	100.0%	7.0%	2.3%	7.0%	66.3%	17.4%
Attention Deficit Disorder	66	100.0%	39.4%	1.5%	7.6%	40.9%	10.6%
Delirium, Dementia	170	100.0%	5.9%	0.0%	2.4%	84.1%	7.6%
Developmental Disorders	2	100.0%	50.0%	0.0%	0.0%	50.0%	0.0%
Disorders Diagnosed in Infancy	9	100.0%	0.0%	0.0%	22.2%	77.8%	0.0%
Impulse Control Disorders	36	100.0%	13.9%	2.8%	8.3%	66.7%	8.3%
Mood Disorders	2,971	100.0%	11.2%	1.1%	6.7%	66.0%	15.0%
Personality Disorders	2	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Schizophrenia, Other Psychotic Disorders	670	100.0%	21.5%	2.8%	4.9%	54.2%	16.6%
Alcohol Related Disorders	825	100.0%	5.0%	0.2%	4.8%	79.5%	10.4%
Substance Related Disorders	451	100.0%	10.6%	0.7%	3.1%	67.0%	18.6%
Suicide, Self Inflicted Injury	9	100.0%	22.2%	0.0%	11.1%	66.7%	0.0%
Screening & History of MD SA	160	100.0%	3.8%	0.6%	9.4%	79.4%	6.9%
Misc Mental Disorders	92	100.0%	9.8%	1.1%	8.7%	58.7%	21.7%
Source: Illinois Hospital Discharge Survey: 2012; Note: "NL" means "Non-Latino"							

⁸ I.e., by assuming the missing data is randomly distributed across race categories.

Inpatient Admissions by Age Group

Most age groups' representation in inpatient treatment is in line with their share of the overall population. Once again, though, young people 15-24 years old are overrepresented in the data; they are 14 percent of the population but 28 percent of persons getting inpatient treatment for mental health or substance abuse. This young age group is notably overrepresented in terms of admissions for adjustment disorders and mood disorders. Also notable is the large portion of suicides that take place among persons aged 45-64 years of age; also the overall number is low, the concentration of suicides among these age groups merits further attention.

Lake County Inpatient Admissions by Diagnosis and Age												
	Total Number	Total	4 or Younger	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+
Total County Population	703,462	100%	7%	16%	14%	12%	14%	16%	11%	6%	3%	1%
Total	5,666	100%	0%	9%	28%	13%	13%	17%	10%	4%	3%	2%
Adjustment Disorder	117	100%	0%	1%	51%	19%	15%	7%	5%	1%	0%	2%
Anxiety Disorder	86	100%	0%	13%	28%	15%	14%	16%	5%	5%	3%	1%
Attention Deficit Disorder	66	100%	2%	64%	33%	0%	0%	0%	0%	0%	0%	2%
Delirium, Dementia	170	100%	0%	0%	1%	1%	2%	1%	6%	15%	44%	30%
Developmental Disorders	2	100%	0%	0%	0%	0%	50%	0%	0%	0%	0%	50%
Disorders Diagnosed in Infancy	9	100%	0%	67%	0%	11%	11%	0%	11%	0%	0%	0%
Impulse Control Disorders	36	100%	0%	28%	47%	11%	6%	3%	6%	0%	0%	0%
Mood Disorders	2,971	100%	0%	15%	39%	10%	10%	13%	8%	3%	2%	1%
Personality Disorders	2	100%	0%	0%	50%	0%	0%	50%	0%	0%	0%	0%
Schizophrenia, Other Psychotic Disorders	670	100%	0%	1%	20%	18%	16%	20%	13%	5%	6%	3%
Alcohol Related Disorders	825	100%	0%	0%	5%	15%	22%	32%	18%	7%	2%	0%
Substance Related Disorders	451	100%	0%	0%	29%	25%	12%	20%	9%	4%	0%	1%
Suicide, Self Inflicted Injury	9	100%	0%	0%	0%	22%	0%	56%	22%	0%	0%	0%
Screening & History of MD SA	160	100%	0%	0%	0%	5%	18%	45%	22%	10%	1%	0%
Misc Mental Disorders	92	100%	0%	5%	33%	36%	11%	8%	4%	1%	1%	1%
Source: Illinois Hospital Discharge Survey: 2012												

Census Bureau Data on Disability and Socioeconomic Status

The American Community Survey conducted by the U.S. Census Bureau⁹ indicates high numbers and percentages of persons affected by socioeconomic need in Northern Lake County:

- About a fifth of the Northern Lake County population was born abroad,
- Nearly a third of persons speak a language other than English at home,
- More than 16 percent of persons lack a high school degree, and
- One in eight persons lives in poverty.

Key Socioeconomic Indicators for Northern Lake County

Total Persons	364,225
Foreign Born	70,754
Pct. Foreign Born	19.4%
Total Persons Aged 5+ Years	336,501
Speak Language Other than English at Home	106,144
Pct. Speak Language Other than English at Home	31.5%
Total Persons Aged 25+ Years	227,042
Not a High School Grad	37,026
Pct. Not a High School Grad	16.3%
Poverty Status Determined	360,893
Persons Below Poverty	41,361
Pct. Below Poverty	11.5%
Total Persons*	360,034
Population Not Insured	52,126
Pct. Population Not Insured	14.5%

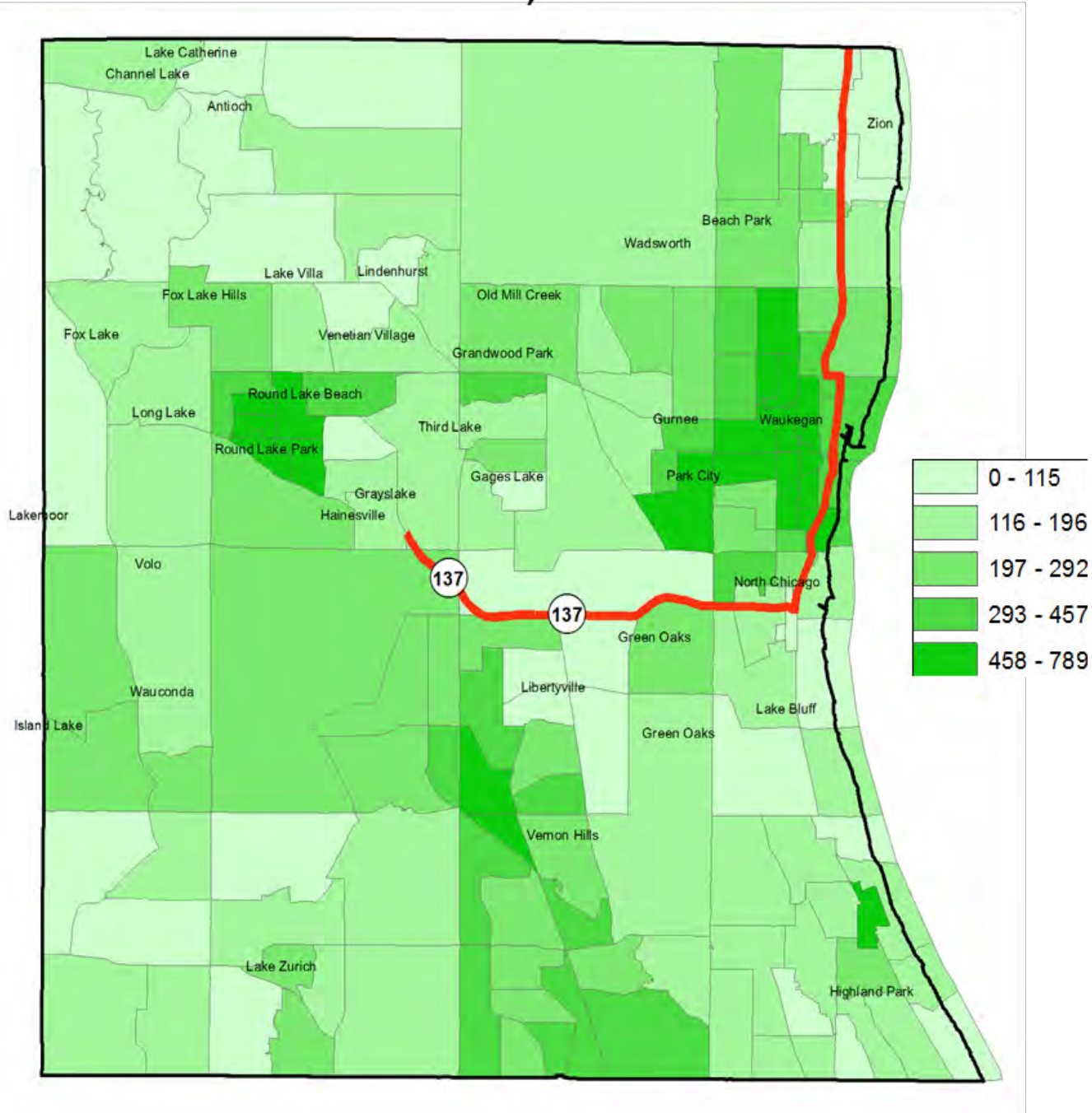
Source: American Community Survey, 2008-2012, for Northern Lake County census tracts.

*Health insurance data refer to the civilian, non-institutional population.

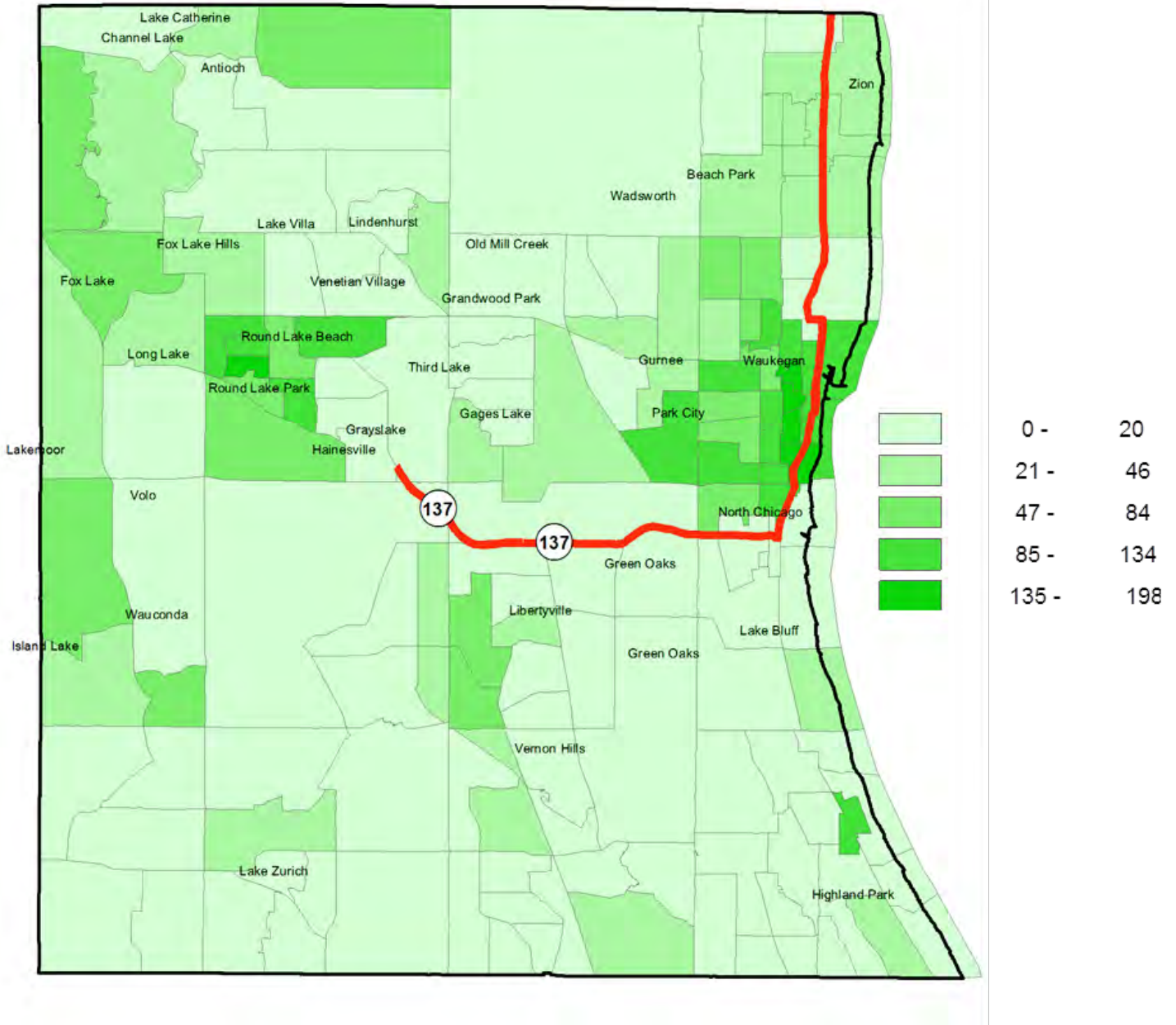
The maps below display two of the key American Community Survey measures broken down by census tract in Lake County. Concentrations of need and the number of persons involved may be seen.

⁹ <http://www.census.gov/acs/www/>

Persons Speaking Language Other than English Per 1,000 Residents



Uninsured Persons, Meet Income Requirements for Medicaid Expansion, per 1,000 Residents



Referrals Sought by Local Providers

We surveyed behavioral health providers for this report (see Methodology), asking what services they look for when making a referral. The answers indicate what kinds of needs are most sought after.¹⁰

Identified Needs

- “Inpatient psychiatric” and “psychiatry” are the services that respondents most often look for when referring a client. Large percentages also seek rehabilitation services for substance abuse and outpatient counseling for substance abuse.
 - For example, the table below may be read as follows: “62% of non-profit providers say that when they need to refer a client for a service, they typically seek inpatient psychiatric services for the client.”
- “Long-term shelter” is especially sought by non-profit providers (44 percent).
- Forty-four percent of residential services providers report looking for “case management” when they seek to make referrals.

When need to refer, what services do you typically look for?

	NP (39)	For-Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Case management	28%	22%	25%	26%	44%
Court diversion for MH	3%	7%	5%	8%	6%
Court diversion for SA	3%	7%	5%	8%	6%
Court diversion for veterans	3%	2%	2%	3%	0%
Crisis intervention	18%	16%	17%	17%	13%
Crisis intervention for youth	15%	7%	10%	8%	6%
Dept of Corrections re-entry	3%	1%	2%	2%	0%
Detoxification	39%	35%	37%	42%	38%
Employment	18%	19%	19%	9%	19%
Jail diversion for MH	3%	3%	3%	3%	0%
Jail diversion for SA	3%	3%	3%	3%	0%
Jail diversion for veterans	3%	3%	3%	3%	0%
Inpatient psychiatric	62%	62%	64%	65%	69%
Mobile assessment team	8%	5%	6%	6%	0%
Outpatient counseling MH	31%	22%	23%	25%	19%
Outpatient counseling SA	44%	32%	38%	26%	31%
Psychiatry	51%	49%	51%	51%	38%
Rehabilitation (substance abuse)	49%	40%	44%	48%	38%
Services to groups	10%	14%	13%	15%	13%
Shelter, short-term	44%	15%	24%	32%	38%
Shelter, long-term	26%	12%	17%	18%	31%
Suicide prevention	26%	9%	15%	8%	13%
Trauma treatment	18%	10%	12%	14%	25%

¹⁰ The table in this section includes providers who have at least some patients or clients in Northern Lake County.

Information from Surveys, Interviews and Focus Groups Conducted for this Project

To gather information from experts based in Northern Lake County this project conducted four focus groups (three in Waukegan and one in Round Lake Beach) and conducted 19 individual interviews in January, February and March of 2014. All of these discussions followed a standardized protocol and sought to get responses on a uniform set of queries. Respondents were also asked to provide their opinions on any topics that they deemed relevant.

Along with the interviews and focus groups this project also implemented a survey in January of 2014. A link to an electronic questionnaire was sent to about 1,900 behavioral health providers by post card and by email, using contact information obtained from the Illinois Department of Professional Regulation. The survey received 250 responses from persons working in non-profit, for-profit and government settings, and serving mental health and substance abuse needs of children, working-age adults and seniors in Northern Lake County. The survey responses included open-ended discussions by respondents in which they described their understanding of needs in the northern part of the county.

Many topics came up during our interviews and focus groups, and participants in the survey provided a wide range of comments. But a set of needs, issues and special populations were raised repeatedly in these interactions with local providers. The most commonly cited situations are described here:

Services for low-income persons. Probably the most common description we heard was that low-income persons in Lake County have many needs, yet have extremely few places to turn to for help. There simply aren't enough behavioral health providers who offer assistance on a free or reduced-cost basis. The Lake County Health Department and Community Health Centers serve patients who cannot pay, but the perception from our interviews is that it is hard to get into the county's system. There are nonprofit organizations such as the Josselyn Center (with an office in Zion), Nicasa Behavioral Health Services (headquartered in Round Lake) and Arden Shore Child and Family Services in Waukegan, but they are near capacity. The private sector is not designed to provide significant amounts of free or reduced-cost care. For persons with Medicaid insurance, the problem is that few providers in the private market accept Medicaid due to its low and delayed payments and the bureaucratic requirements. Only 9 percent of private-sector behavioral health providers that responded to our survey¹¹ report that they always accept Medicaid.

Psychiatric care. The experts said there was an extreme shortage of psychiatric care available, including outpatient, inpatient and on an emergency basis. Psychiatrists that are available usually do not accept Medicaid. Respondents said that there are very few psychiatric inpatient beds in northern Lake County.

Services for children. Mental health counselors who do accept Medicaid or who are available at a reasonable cost often do not specialize in services to children. Children need affordable care from practitioners who are qualified to treat young persons.

¹¹ See Methodology

Case management and coordination of care. Individuals with behavioral health issues often need help navigating through the existing system of care. Services are highly fragmented, separated by geography, eligibility rules, types of services, different waiting lists, type of insurance accepted, etc. Some providers such as PADS Lake County (a provider to services to the homeless) are using Service Point database to improve coordination of care, but the project is still in early stages.

Culturally appropriate services. This includes services in languages other than English and services that are sensitive to other cultures. Many persons with behavioral health problems do not speak English well or come from cultures where treatment is stigmatized. There are few behavioral health professionals who speak Spanish.

Residential services and low-income housing. There are insufficient residential facilities available, particularly those that provide supportive services. For children there are almost none that accept Medicaid. There is also a shortage of affordable housing in northern Lake County. Chronically mentally ill persons often cycle through a system of temporary shelters. A “housing first” strategy is needed to stabilize a person prior to linking him or her to services.

A referral guide. Many respondents said they had no database or guide for referring someone to a caregiver. Others had only an in-house guide. They may not be aware of www.findhelplakecounty.org or they may be looking for specialized services not included in the guide or services that unfortunately do not exist.

Services immediately available without wait. Anecdotally, multiple persons commented that there is a need for persons to be able to see a psychiatrist immediately without being subject to a waiting time. This same comment was also made with respect to detoxification services.

Lack of preventive services. There are insufficient services to prevent behavioral health problems from becoming critical. At times there are better crisis services available than preventive services.

Transportation. Various respondents noted the difficulty in reaching services for persons who do not own or cannot operate a vehicle. Much of Lake County is inaccessible by public transportation. Providers do not have the means to offer transportation.

Post-incarcerations services. Jail discharges are to a great extent on their own in finding mental health or substance abuse services. They may return to relationships and patterns of living that lead them back into contact with the justice system. Persons interviewed for this report said there is some coordination of services for outgoing prisoners but there is not enough.

Geographic disparities. Needs are particularly acute in certain parts of the county. This includes low-income areas in the Waukegan area but includes large portions of western Lake County that have almost no service providers.

Increased problems with illegal substances. Heroin and opioid abuse are on the rise. Emergency responses save lives of abusers but lack of long-term services mean that addicts and abusers return to their patterns of use.

Veterans. Veterans of the U.S. Armed Services potentially have substantial services available via the Veterans Administration, yet many vets do not get connected with VA services. There are roughly 4,000 at-risk veterans in the county who need mental health, employment and other assistance. Providing services to veterans requires sometimes complicated coordination of federal, state and county agencies.

Homeless persons. There were 497 homeless persons encountered in an official homeless count conducted in January 2013. Most of these persons are in Northern Lake County. The number included 129 children. Approximately 94 of the counted homeless were considered to be severely mentally ill, and 138 were chronic substance abusers.

Summary of Findings on the Need for Behavioral Health Services

Key observations that emerge from the data reviewed in this section include the following:

The Need for Behavioral Health Services in Northern Lake County Is Enormous

Findings. The extent of need for behavioral health services almost cannot be exaggerated in Northern Lake County. Almost 80,000 residents likely engaged in binge drinking¹² in the last month. Almost 10,000 residents have had alcohol dependence in the past year, and 4,000 had dependence on illicit drugs. More than 10,000 residents had serious thoughts of suicide in the last year, and 17,000 had at least one major depressive episode.

Large Numbers of Young Adults Are Using Alcohol and Tobacco

Findings. Almost half of young adults aged 18-25 have used a tobacco product in the last month. Two-thirds report binge drinking. One in eight 12-17 year olds has engaged in binge drinking in the past month and one in ten 12-17 year olds has used a tobacco product in the past month. Reaching these adolescents and teens may be key to reducing their alcohol and drug use as they age.

Young Persons are overrepresented in hospital emergency departments for behavioral health.

Findings. Persons 15-24 years old are 14 percent of the population but 30 percent of emergency visits. Persons aged 25-34 years are also overrepresented in the emergency department data in numerous diagnostic categories.

The Need for Behavioral Health Services Is Highly Concentrated In Some Areas of Northern Lake County

Findings. Local areas in the environs of Waukegan and North Chicago have deep need for behavioral health services, as evidenced by their extraordinary rate of emergency room use. Some zip code areas have residents visiting the emergency department at ten times the rate of persons in zip codes just a few miles away. Other zip codes in the western portion of Northern Lake County also have notably high use of emergency services for behavioral health.

¹² SAMHSA defines binge drinking as “drinking five or more drinks on the same occasion... on at least one day in the past thirty days” <http://www.samhsa.gov/data/NSDUH/2k12State/Tables/NSDUHsaeTables2012.pdf>

Specific Populations Are Underserved in Different Ways

Findings. The data on both emergency department and inpatient use of hospital-delivered behavioral health services tell important stories about major populations in Northern Lake County. Latinos, who are a fifth of the area's population, are dramatically underrepresented in the hospital-use data, as is the Asian population. African Americans meanwhile are overrepresented among persons requiring emergency services. Viewed from another angle, young persons aged 15-24 years of age have by far many of the highest rates of need for emergency services across many specific types of diagnoses.

Regardless of the Specific Location or Population, Critical Services are Lacking

Finding. There is a serious need for more behavioral health professionals accessible to the population. Far more psychiatrists are needed, but other key services such as general counseling, case management and housing are inadequate in Northern Lake County.

III. Capacity for Behavioral Health Services in Northern Lake County

Behavioral health providers in Northern Lake County include non-profit, government and for-profit entities, all of whom have different capacities in terms of numbers of persons they can serve, specialties and target audiences. In this section we examine available data to assess these capacities in the region.

Lake County Health Department and Community Health Center

The Lake County Health Department operates community clinics at a half-dozen sites in the county, and offers a large number of programs related to mental health. The county government is the largest provider of mental health and substance abuse care to low-income populations.

Program data from the Behavioral Health Services of the Lake County Health Department showed 4,744 unduplicated mental health patients served in a recent 12-month period.¹³ The data below shows that these people participated in thousands of different encounters (an encounter is an instance of direct provider interaction, and people with chronic mental illness may have several encounters per week or even per day).

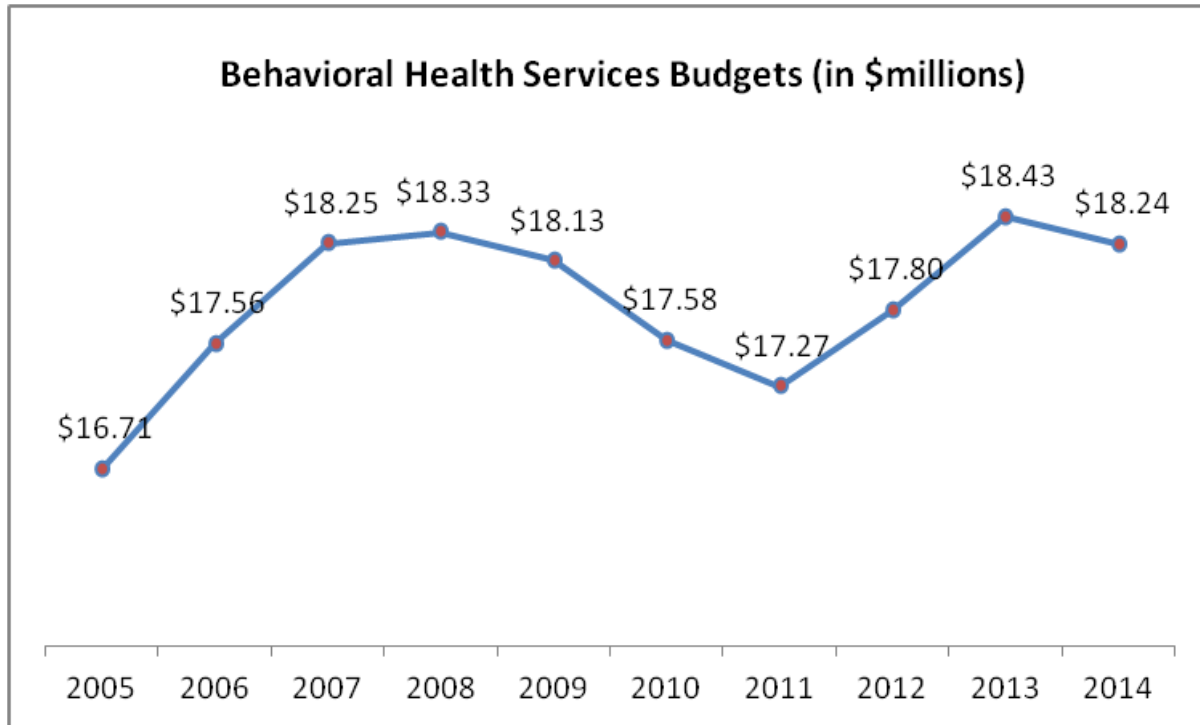
Mental Health Services (Encounters) by the Health Department Behavioral Health Services; Unduplicated Patients = 4,744

Program	Encounters
Assertive Community Treatment	7,111
Child and Adolescent Behavioral Services	20,470
Community Support Services	31,474
Crisis Care Program	9,984
Group Home	5,951
Outpatient Mental Health	15,279
Williams Consent Decree	5,925
Total	96,202

Table includes patients receiving services 12/01/2012 through 11/30/2013

¹³ The Behavioral Health Services data cited earlier refers only to outpatient counseling, and covers a different time period than the data cited here. While it refers to a more narrow service range, it has the value of providing information over a ten-year period.

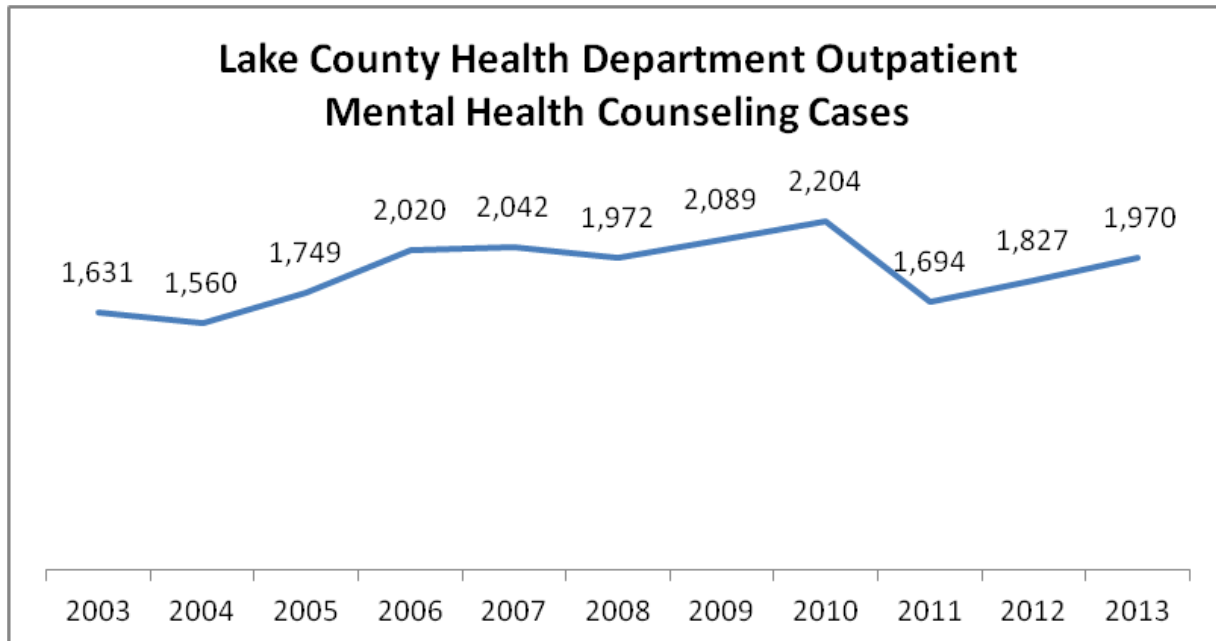
The service capacity of the Behavioral Health Services Division has shifted in recent years. The budget of the Division has differed by as much as \$1 million in the last decade, from a high of \$18.3 million in 2008 to a low of \$17.3 million in 2011. The latter year saw the effect of funding cuts from the State of Illinois that led to approximately 20 staff positions being eliminated. Since 2011, the budget of Behavioral Health Services has risen again to levels approximating those of six or seven years ago by adding new federal, state and local grants. The state has not funded or reinstated the previously cut funding streams.



In recent years, county services have shifted, with the caseload of some programs declining markedly while others have grown. The number of Counseling cases, for example, (1,970 in the year 2013) was about 11 percent lower than three years earlier in 2010. On the other hand, the caseload of Children and Adolescent Behavioral Services has risen by 121 percent between 2010 and 2013. In the table below, the yellow highlighting indicates the peak caseload year; it may be seen that most programs had their peaks in 2010 or 2011 rather than 2012 or 2013.

Behavioral Health Caseload Trends at Lake County Health Department (Yellow highlighting signifies peak year)				
	2010	2011	2012	2013
Mental Health Services				
Community Support Services				
Assertive Community Treatment (ACT)	61	55	54	59
Community Case Management	779	254	139	192
Therapeutic Intensive Monitoring (TIM)	64	49	41	45
Outpatient Services				
Children and Adolescents Behavioral Services (CABS)	1,433	3,004	3,444	3,116
Counseling (adult)	2,204	1,694	1,827	1,970
Crisis Contacts (adult, face to face)	827	1,809	1,015	956
Psychiatric (including Grand Ave FQHC)	3,617	3,568	3,506	3,918
Psychosocial Rehabilitation Program	196	83	n/a	n/a
Substance Abuse Services				
Addictions Treatment Program (ATP)				
Detox	549	568	569	573
Rehab	556	420	382	378
Substance Abuse Program (SAP)				
Outpatient Services	305	315	291	288
Project SAFE	49	79	32	n/a
Methadone Counseling	135	122	105	112
Intensive Outpatient Program	543	316	293	248
Women's Residential Services (WRS)				
Women	98	112	104	105
Children	30	29	32	28
Youth Services	208	170	129	73
TOTAL CASES*	11,654	12,647	11,963	12,061
* Note that cases may include individuals counted multiple times, e.g., if they are in different programs				
Note: Data begin with 2010 due to change in information systems that became fully implemented in that year.				

Changes that took place in management information systems make it impossible to track all service areas prior to the year 2010. Outpatient Counseling cases, however, can be tracked over a decade. The table below shows that this service has risen in the last few years but most of its peak years of service were in the 2006-2010 period, prior to the significant loss of state funding; in the past several years, Counseling cases have risen annually.



Medicaid Providers

There are few behavioral health providers in Northern Lake County who participate in the Medicaid program. Part of the problem is that mental health professionals who are not physicians cannot bill Medicaid unless they are working in a Medicaid-certified agency or for a psychiatrist. Furthermore, the state of Illinois has issued few Medicaid licenses to organizations in Lake County, and groups that might pursue Medicaid certification face a complicated and bureaucratic process in doing so.

The State of Illinois is a notoriously late payer of Medicaid bills, and this presents a serious cash-flow problem for Medicaid providers. The payment amount is also low; few psychiatrists participate in Medicaid for this reason, and even for non-profit organizations the Medicaid payments make it hard to remain financially viable.¹⁴

Approximately 8,693 persons in Northern Lake County received behavioral health services supported by Medicaid in 2012. As seen in the table below, the Lake County Health Department is the major provider of Medicaid-funded services as a community mental health provider, with 3,900 of 5,200 total persons served. In other categories, the non-profit and private sectors are the major providers. Most persons served for Alcohol and Substance Abuse were treated by non-profit or perhaps some for-profit providers. Some 2,400 persons were

¹⁴ Delayed state payments for psychiatric and substance abuse treatment were a cause of the demise of the Family Service & Community Mental Health Center in McHenry in 2012. (See "McHenry center latest domino to fall in mental health services" *Chicago Tribune* 06-27-12 Robert McCoppin)

served by physicians not with the county health department, and 178 persons were in supportive living facilities.¹⁵

**Number of People for Whom Behavioral Health Services Were Billed to Medicaid in 2012:
Northern Lake County**

	Total	LCHD	Other Providers
Community mental health provider	5,163	3,907	1,256
Department of Alcohol and Substance Abuse Provider	1,005	219	786
Physicians	2,347	-	2,347
Waiver service provider--Supportive living facility (HFS)	178	-	178
Total	8,693	4,126	4,567

Source: Illinois Healthcare and Family Services (IHFS)

To illustrate the few organizations that participate in Medicaid in Northern Lake County, below is a list of institutions that billed Medicaid at least \$5,000 in 2012.

**Behavioral Health Providers Billing Medicaid in Northern
Lake County: 2012**

Community mental health provider

Allendale Association
Arden Shore Child And Family
Independence Center
Lake County Health Department
NorthPointe Resources Inc
One Hope United

Department of Alcohol and Substance Abuse Provider

Crew Inc
Lake County Health Department
Lake Villa Gateway Foundation
Nicasa

Waiver service provider--Supportive living facility (HFS)

Barton Senior Residences Zion
Heritage Woods Of Gurnee
Oak Hill Supportive Living Com

Note: Includes providers with billing amounts of at least \$5,000

Source: Illinois Healthcare and Family Services

Non-Profit Providers

Who Are the Non-Profit Providers in Northern Lake County?

There are 189 non-profit, 501(c)3 organizations incorporated in Northern Lake County, according to the Internal Revenue Service.¹⁶ Identifying which of these organizations provide

¹⁵ The LCHD employs physicians, and it is likely that their services are included in the Community Mental Health Provider category.

mental health or substance abuse services is challenging because their mission is not always identifiable from the IRS data. But a reasonable approximation may be made that there are approximately a dozen organizations located in Northern Lake County treating mental health or substance abuse, or dedicated to serving the homeless.¹⁷

Selected Northern Lake County 501(c)3 Mental Health, Substance Abuse and Homeless Providers

Allendale Association Inc
Arden Shore Child And Family Service
Independence Center Inc
Lake County Crisis Center For The Prev & Trmt Of Dom Violence
Nicasa
NorthPointe Resources Inc
One Hope United
Open Arms Mission
Pads Lake County Inc
Rosalind Franklin University Health System
Zacharias Sexual Abuse Center

Source: Internal Revenue Service Form 990 data

Added to this list could be organizations based outside of the area, but who serve Northern Lake County residents, such as Catholic Charities, which is based in Chicago but which has a Waukegan office.

With the exception of one organization (Allendale Association) the organizations based in Northern Lake County are mostly small to medium in size. Their median revenue amount in 2010 was about \$1.8 million and ranged from about \$400,000 to \$7 million.

The organizations are diverse in terms of the services they provide. Nicasa Behavioral Services has focused on substance abuse treatment (although it is expanding its mental health services), Arden Shore is dedicated to services that keep families together, and the Zacharias Center works specifically with victims of sexual violence. In some of the organizations, mental health or substance abuse may be only a part of what they do. All of this adds up to a service system that is diverse, but specialized and made up of autonomous, discrete units. No single agency provides a complete range of services. There is quality coverage but it is thin and the lack of depth is due to lack of resources.

¹⁶ These data are from the form 990 files filed with the IRS for tax year 2010.

¹⁷ This list is not intended to be complete. Any omissions to this list are the responsibility of the author.

Our survey of behavioral health providers in Northern Lake County found that these providers, in contrast to the private sector, provide services that tend to be more accessible to the poor, because, compared to the for-profit sector, non-profits are more likely to offer services for free or reduced cost and they are more likely to accept Medicaid. The non-profit sector respondents were more likely to offer crisis intervention services, including for youth. They are more likely to treat trauma and to help the homeless. One notable exception is Vista Medical Services, which is for-profit and provides many services to poor and uninsured patients.

Other Characteristics of the Non-Profits

A fifth of the non-profit respondents in our survey reported being contractors with the Illinois Department of Human Services to provide alcohol and substance abuse counseling. More than a quarter of the non-profits reported contracts with IDHS to provide mental health services. This is topical information given the fiscal crisis in state government.

Our survey of behavioral health providers asked the non-profit organizations about the effects of the Affordable Care Act on their services. A slight majority expected no change in their services, although 61 percent did expect to see more patients. Only 18 percent expected to begin billing Medicaid for the first time.

How Do Non-Profits Serving Northern Lake County Expect the Affordable Care Act to Affect Their Services?

No change in services	51%
Expect to see more patients	61%
Expect to provide more types of services	33%
Expect to bill Medicaid for the first time	18%

Hospitals

Only two hospitals in Lake County, Highland Park Hospital and Vista Medical Center West, have psychiatric beds. Vista West has the larger capacity at 46 mental illness beds (42 in use: 16 for children and adolescent and 26 for adult) versus 13 at Highland Park (children and adolescents ages 12-24). Vista provided more than 9,000 patient days of service for acute mental illness in 2012. Of note is the high percentage of Vista West patients whose care is paid by Medicaid: the percentage, 36%, is much higher than any other of the Lake County hospitals.¹⁸

It is hard to assess whether Northern Lake County has sufficient hospital-based behavioral health services because residents may get care at providers in locations outside of the northern part of the county (such as Alexian Brothers Behavioral Health Hospital in Hoffman Estates in Cook County). But a simple exercise suggests the County of Lake may be underserved. The county has 5.5 percent of the state's population, yet the county's hospitals (specifically, Highland Park Hospital and Vista Medical Center West) have 1.6 percent of authorized mental illness beds, 1.8 percent of acute mental illness admissions, and 1.4 percent of acute mental illness patient days in 2013.¹⁹

Lake County Hospitals: Total Beds and Mental Illness Beds, 2012			
Hospital	Hospital Classification	Total Authorized Beds	Authorized Beds: Mental Illness
Advocate - Good Shepherd Hospital	General Hospital	169	-
Advocate Condell Medical Center	General Hospital	273	-
Highland Park Hospital	General Hospital	149	13
Midwestern Regional Medical Center	General Hospital	73	-
Northwestern Lake Forest Hospital	General Hospital	201	-
Vista Medical Center East	General Hospital	336	-
Vista Medical Center West	Psychiatric Hospital	71	46
Source: Illinois Health Facilities and Services Review Board			

¹⁸ Medicaid payment levels are usually lower than the amounts paid by, for example, private insurers, and payments are often delayed by the state of Illinois.

¹⁹ These are author's calculations based on Census Bureau data and information from the AHQ Data File found at the website of the Illinois Health Facilities and Services Review Board.

Lake County Hospitals: Acute Mental Illness Treatment, 2012						
Hospital	Acute Mental Illness Admissions	Acute Mental Illness Patient Days	Acute Mental Illness Observation Days	Peak Acute Mental Illness Beds Set Up for Use	Acute Mental Illness Peak Census	Acute Mental Illness Beds Set Up on October 1, 2012
Advocate - Good Shepherd Hospital	-	-	-	-	-	-
Advocate Condell Medical Center	-	-	-	-	-	-
Highland Park Hospital	644	3,634	-	13	13	12
Midwestern Regional Medical Center	-	-	-	-	-	-
Northwestern Lake Forest Hospital	-	-	-	-	-	-
Vista Medical Center East	-	-	-	-	-	-
Vista Medical Center West	1,495	9,339	-	42	38	42
Source: Illinois Health Facilities and Services Review Board						

Lake County Hospitals: Inpatients by Primary Source of Payment, 2012								
Hospital	Total Inpatients	Total	Medicare	Medicaid	Other Public Payment	Private Insurance	Private Payment	Charity Care
Advocate - Good Shepherd Hospital	9,682	100%	41%	4%	0%	49%	2%	3%
Advocate Condell Medical Center	17,810	100%	43%	16%	1%	34%	1%	4%
Highland Park Hospital	8,070	100%	37%	8%	0%	44%	3%	7%
Midwestern Regional Medical Center	1,862	100%	10%	0%	0%	76%	0%	13%
Northwestern Lake Forest Hospital	9,192	100%	38%	5%	3%	49%	1%	4%
Vista Medical Center East	11,133	100%	42%	24%	2%	20%	8%	4%
Vista Medical Center West	1,833	100%	28%	36%	4%	25%	4%	3%
Source: Illinois Health Facilities and Services Review Board								

Hospitals in both Lake County and outside of the county receive emergency room and inpatient admissions of persons with behavioral health needs. The following tables display the major receiving locations of these patients. The Vista health system (based in Northern Lake County) received a total of 32.4 percent of all psychiatric emergency admissions, and a quarter of psychiatric inpatient admissions. Vista West and Alexian Brothers Behavioral Health Hospital in Hoffman Estates receive 24.2 and 13.4 percent, respectively, of inpatient admissions; the large number at Alexian Brothers may reflect the fact that this institution has services for children. As entry points into behavioral health, these hospitals could perhaps be linked with nonprofit or other providers to support a continuum of care.

Emergency Service Facilities Accounting for at least 1% of Lake County Behavioral Health Emergency Visits

Emergency Service Facility	Frequency	Percent
ADVOCATE CONDELL MEDICAL CENTER	1,518	19.2
VISTA MEDICAL CENTER WEST	1,400	17.7
VISTA MEDICAL CENTER EAST	1,160	14.7
NORTHSHORE UNIV HS HIGHLAND PARK HOSPITAL	764	9.6
ADVOCATE GOOD SHEPHERD HOSPITAL	491	6.2
NORTHWESTERN LAKE FOREST HOSPITAL	453	5.7
CENTEGRA HOSPITAL	345	4.4
NORTHWEST COMMUNITY HOSPITAL	288	3.6
VISTA FREESTANDING EMERGENCY CENTER-SURGERY CENTER	286	3.6
GRAYSLAKE FREESTANDING EMERGENCY CENTER	210	2.7
ST. ALEXIUS MEDICAL CENTER	173	2.2
ADVOCATE LUTHERAN GENERAL HOSPITAL	80	1.0
Other Facilities*	750	9.5

Includes facilities outside of Lake County

Inpatient Service Facilities Accounting for at least 1% of Lake County Behavioral Health

Inpatient Admissions

Inpatient Facility	Frequency	Percent
VISTA MEDICAL CENTER WEST	1371	24.2
ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL	761	13.4
NORTHSHORE UNIV HS HIGHLAND PARK HOSPITAL	375	6.6
NORTHWEST COMMUNITY HOSPITAL	285	5.0
VISTA MEDICAL CENTER EAST	273	4.8
ADVOCATE CONDELL MEDICAL CENTER	266	4.7
CENTEGRA HOSPITAL	218	3.8
NORTHSHORE UNIV HS EVANSTON HOSPITAL	192	3.4
ADVOCATE LUTHERAN GENERAL HOSPITAL	171	3.0
ADVOCATE GOOD SHEPHERD HOSPITAL	165	2.9
STREAMWOOD BEHAVIORAL HEALTH CENTER	161	2.8
PRESENCE HOLY FAMILY MEDICAL CENTER	151	2.7
NORTHWESTERN LAKE FOREST HOSPITAL	124	2.2
MARYVILLE SCOTT NOLAN CENTER	118	2.1
CHICAGO LAKESHORE HOSPITAL	102	1.8
ADVENTIST GLENOAKS HOSPITAL	93	1.6
NORWEGIAN-AMERICAN HOSPITAL	66	1.2
RUSH UNIVERSITY MEDICAL CENTER	61	1.1
PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER	60	1.1
Other Facilities*	653	11.5

Includes facilities outside of Lake County

For profit providers

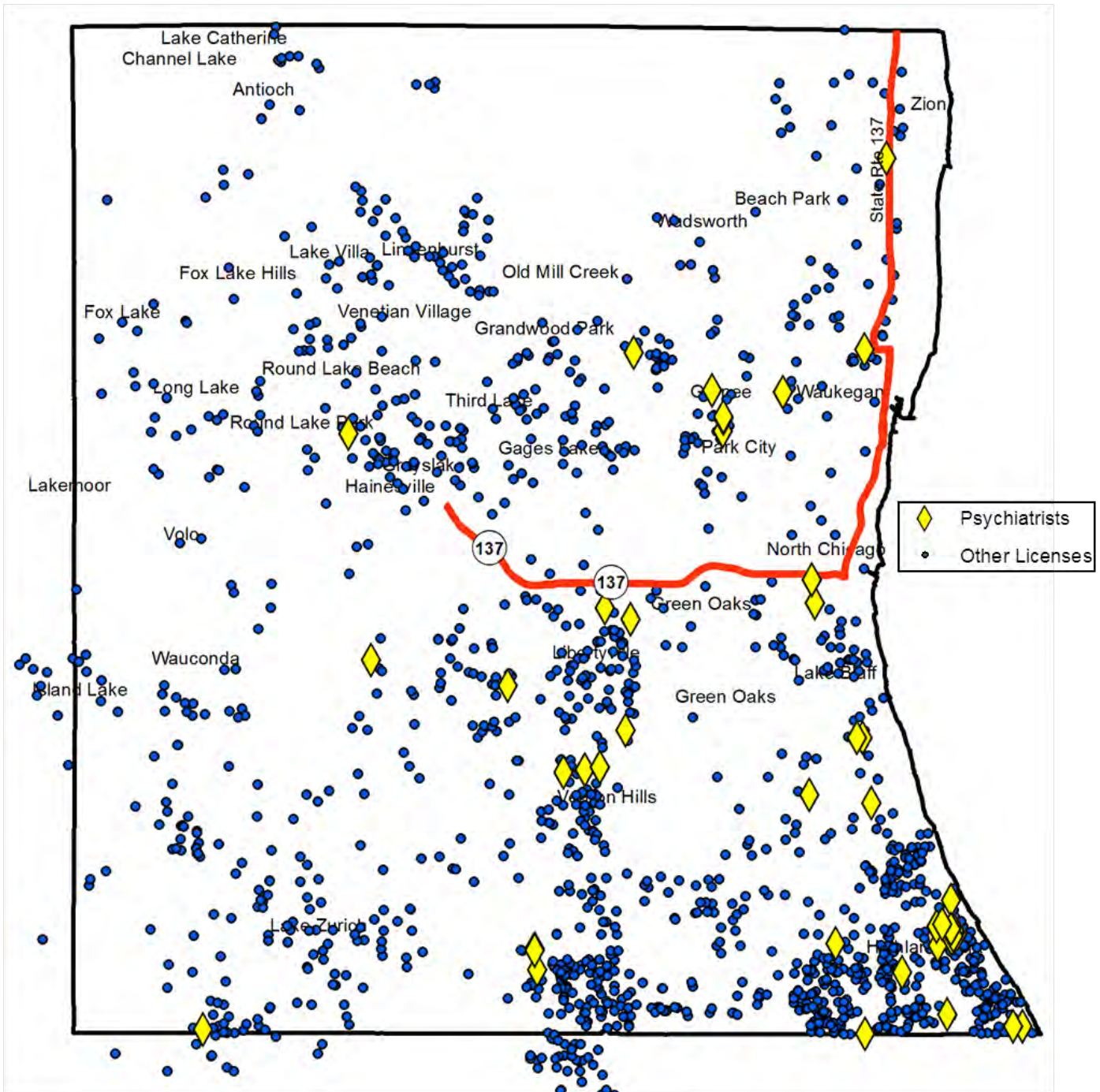
There are many for-profit behavioral health providers in Northern Lake County and in the county overall. A motorist on almost any major thoroughfare, for example, frequently notes

counseling centers. But there is not an easy way to get a complete list of for-profit behavioral health providers.

To estimate for-profit providers in the county we reviewed the locations associated with individual professional licenses managed by the Illinois Department of Professional Regulation (IDPR). These licenses include persons who work in the for-profit, non-profit and government sectors. For professionals who are not psychiatrists, it is not possible to determine from the IDPR data whether they are currently working in Lake County. For psychiatrists, however, IDPR data do appear to be based only on business addresses, suggesting the psychiatrist information is for persons who work in the county.²⁰

We find a total of 1,812 professional licenses associated with Lake County addresses. A minority of these, 490, are in Northern Lake County, as seen in the map below. The total psychiatrist number countywide is 74; there are 29 in Northern Lake County, of whom the majority, 16, appear to be affiliated with Rosalind Franklin University. The most common behavioral health license reported was that of Licensed Clinical Social Worker. The numbers highlight the relatively small number of psychiatrists in the county, but suggest there may be substantial capacity among persons capable of providing counseling, if even in the south central and southeastern portions of the county (as opposed to Northern Lake County, which evidences fewer providers).

²⁰ IDPR rosters of physicians do not identify medical specialty, e.g., psychiatrist. A physician profile search tool had to be employed for psychiatrists only, at <https://www.idfpr.com/applications/professionprofile/>.



Our survey of behavioral health providers (see Methodology section) found that the for-profit sector serving Northern Lake County, in contrast to the non-profit sector, consists of smaller organizations with relatively few employees. We also found that almost none of the for-profit respondents accept Medicaid. The survey captured almost no for-profit providers who identified as offering residential services. The for-profit respondents were less likely than the non-profits to offer outpatient counseling.²¹

Types of Professional Licenses in Lake County, by North and South

	Total	Northern	Southern	Pct. in North
Total	1,812	490	1,322	27%
Clinical Psychologist	400	83	317	21%
LCSW	747	186	561	25%
Licensed Clinical Professional	370	113	257	31%
Licensed Professional Counselor	221	83	138	38%
Psychiatrist	74	25	49	34%

Source: Illinois Dept. of Professional Regulation

For psychiatrists, their location appears to be based on place of work. For others, their location appears to be based on place of residence; for these persons, their place of work is not known.

When we asked the for-profit respondents to our survey about the effects of the Affordable Care Act, a majority (57 percent) did not expect to see any changes in their services, though most (59 percent) thought they would see more patients. Only a small percentage (13 percent) reported that they expected to begin billing Medicaid for the first time.

How Do For-Profits Serving Northern Lake County Expect the Affordable Care Act to Affect Their Services?

No change in services	57%
Expect to see more patients	59%
Expect to provide more types of services	31%
Expect to bill Medicaid for the first time	13%

²¹ 36 percent of non-profit respondents reported offering “psychiatry” compared to 15 percent of for-profit respondents.

Summary of Findings on Behavioral Health Capacity

Key observations that emerge from the data reviewed in this section include the following:

There Is Insufficient Capacity to Serve the Needy

Findings. Northern Lake County has many behavioral health service providers, but capacity is insufficient. The Lake County Health Department operates extensive programs, yet shifts within programs mean that some services have increased (i.e. Child and Adolescent Behavioral Services) while others have declined (i.e. Outpatient Counseling). The non-profit sector is likely at capacity already; there is no reason to think that the non-profits would not expand services if they had the means. The for-profit sector is not a major player because it provides relatively little charity care and it largely does not accept Medicaid.

Our survey of non-profit and for-profit behavioral health providers found that majorities of both these groups said that they have capacity to see new clients almost immediately. This finding is tempered, however, by the fact that these providers may not be able to offer the specific services needed by a patient (e.g., psychiatric) and in the case of for-profit providers there may be cost barriers for patients.

More Medicaid Providers Are Needed

Finding. Medicaid is the only health insurance available to most persons of low income, including thousands of persons newly covered under the Affordable Care Act, yet few providers participate in billing the Medicaid program for behavioral health services.

The Lake County Health Department Has Experienced Shifts in Its Service Capacity, with Some Decline of Services in Recent Years.

Finding. The County's behavioral health caseloads have fallen in some areas such as Outpatient Counseling, while Child and Adolescent Behavioral Services have risen. Overall, most programs have had their most recent service peaks three or four years ago due to declines in state funding.

IV. Projections

The Affordable Care Act Will Dramatically Expand the Insured Population

Before the Affordable Care Act made insurance more available, there were more than 55,000 Northern Lake County residents without health insurance, according to the U.S. Census Bureau.²² Many of these persons are expected to obtain health insurance coverage via the Affordable Care Act (ACA). Some portion of the eligible population will decline to sign up for the coverage and another portion, primarily undocumented immigrants, will be ineligible for ACA-related insurance. (Estimates that Rob Paral and Associates have prepared for Health and Disability Advocates and the Lake County Health Department suggest there are approximately 21,000 undocumented immigrants without health insurance in Lake County.) Some eligible persons will enroll and later discontinue their enrollment, while others may not be able to afford co-pays and premiums.

There are three income levels that play a key role in the ACA, because they delineate the number of currently uninsured persons who will join the Medicaid program, compared to how many will purchase subsidized insurance via insurance exchanges. Of persons purchasing insurance, some will get a subsidy to be able to afford that coverage. The income categories are:

- Persons below 138 percent of the poverty level: eligible for Medicaid
- Persons between 100 and 399 percent of poverty: eligible for subsidized private insurance
- Persons at 400 percent of the poverty level: able to purchase coverage but without subsidy.

Based on previous work that Rob Paral and Associates have completed for other clients,²³ we are able to employ a methodology to factor out undocumented immigrants from the uninsured population. This permits us to estimate that 38,752 persons in Northern Lake County will be eligible for health insurance via the ACA.²⁴ The table below shows what their income categories will be, and whether they will be in the Medicaid expansion population, whether they will receive subsidies for private insurance, or whether their income is too high for Medicaid or subsidies.

²² See, for example, the American Community survey for 2008-2012, table B27001 "Health insurance coverage status by age for the civilian noninstitutionalized population."

²³ E.g., The Illinois Department of Human Services and other clients; see http://robparal.com/IL_Undoc.html

²⁴ The Medicaid expansion estimate changes slightly in the following tables due to rounding of sample weights.

Persons Newly Eligible for Health Insurance under ACA in Northern Lake County	
Total	38,752
"Medicaid Expansion," under 138% of poverty level	12,370
Eligible for subsidy, 139-399% of poverty level	19,415
Ineligible for subsidy, 400%+ of poverty level	6,719
Not determined	248
Source: 2010-2011 American Community Survey	
Note: Estimates exclude undocumented immigrants	

The "Medicaid Expansion" population is of particular interest, as this population has been most likely to use the community clinics of the Lake County Health Department, and may be somewhat more likely to continue to get healthcare at those clinics. The number is large, at about 12,000 persons.

In terms of demographics, Medicaid expansion population in Northern Lake County is about 38 percent White not Latino, 37 percent Latino, and 20 percent African American. In terms of age groups, practically none of the persons newly eligible for Medicaid are children or seniors due to the existing, almost universal health coverage for those age categories. About 39 percent are 35 to 54 years of age, and 37 percent are aged 15 to 34 years.

Race/Ethnicity of Persons Newly Eligible for Medicaid under ACA in Northern Lake County		
	# Persons	Pct. of Total
Total	12,371	100%
White not Latino	4,715	38%
Latino	4,620	37%
Black not Latino	2,491	20%
Asian not Latino	194	2%
All other not Latino	351	3%
Source: 2010-2011 American Community Survey		
Note: Estimates exclude undocumented immigrants		

Age Profile of Persons Newly Eligible for Medicaid under ACA in Northern Lake County		
	# Persons	Pct of Total
Total	12,372	100%
Under 5	52	0%
5 to 14	732	6%
15 to 34	4,526	37%
35 to 54	4,824	39%
55 to 64	1,990	16%
65 to 74	219	2%
75 and older	29	0%
Source: 2010-2011 American Community Survey		
Note: Estimates exclude undocumented immigrants		

In considering the impact of the new Medicaid population on existing services, it is useful to note that many of the newly eligible for Medicaid have characteristics associated with a relatively healthy status. Of the Medicaid population aged 16 or more years in Northern Lake County, about 11 percent work full-time, full-year. In contrast, of uninsured persons below 139 percent of the poverty level (again, the population about to gain coverage), about 20 percent work full-time, full-year. About 10 percent of uninsured persons below 139 percent of poverty report having a disability; in contrast, 13 percent of Medicaid recipients report a disability. In other words, the expansion of Medicaid will bring in persons who may use relatively fewer resources than the existing Medicaid population.

New Medicaid Recipients Appear Healthier than Existing Medicaid Recipients in Northern Lake County		
	Newly Eligible for Medicaid Due to ACA	Existing Medicaid Recipient
Full-Time, Full-Year Worker	15%	11%
Have Disability	11%	23%
Have Self-Care Disability	4%	8%
Have Independent Living Disability	8%	14%
Have Ambulatory Disability	7%	13%
Have Cognitive Disability	10%	15%
Source: 2010-2011 American Community Survey		
Note: "Newly Eligible" excludes undocumented immigrants		

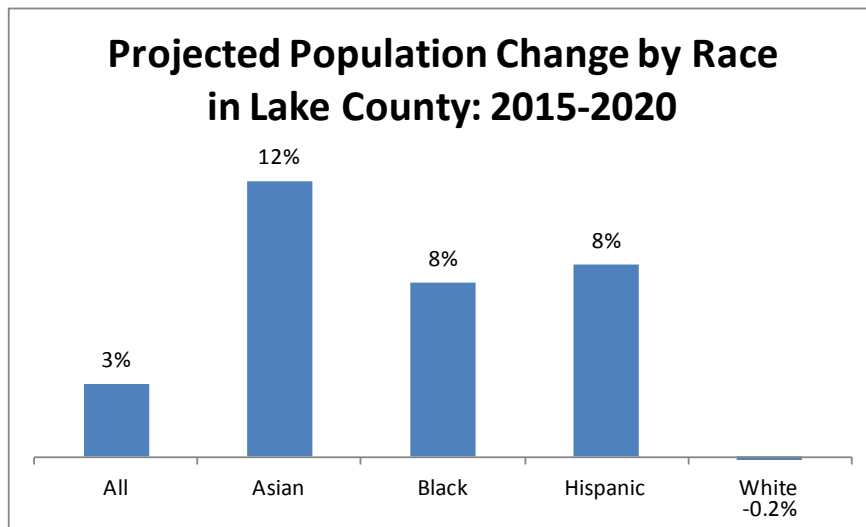
The Region Can Expect Continued Population Growth with Diversification

Lake County continues to be in a growth phase. The county is projected to increase in size by about 3 percent between 2015 and 2020, adding more than 25,000 new persons, according to estimates from the Illinois Department of Commerce and Economic Opportunity. Latinos will constitute about 11,000 persons or more than 40 percent of the new residents, while the white, non-Latino population will decline in size.²⁵ Percentage growth among the Asian population will exceed that of African Americans and Latinos, although it is important to note that the Asian increase comes off of a relatively small population base.

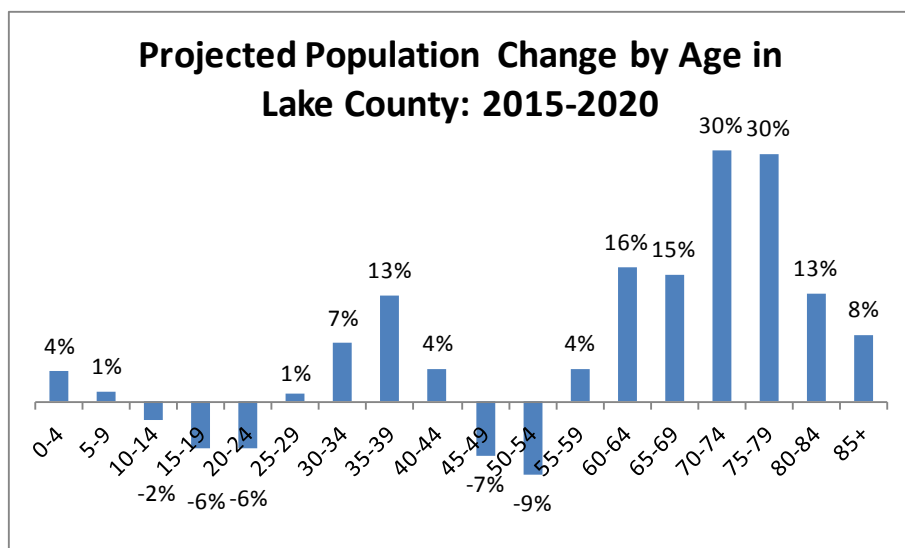
²⁵ "White" in the Dept. of Commerce and Economic Opportunity estimates includes Latinos; the decline of non-Latino Whites would be undoubtedly greater. Note that population projections specifically for Northern Lake County are not available.

Projected Population Change by Race in Lake County: 2015-2020				
	2015	2020	# Change	% Change
All	794,851	820,250	25,399	3.2%
Asian	48,113	53,932	5,819	12.1%
Black	63,423	68,260	4,837	7.6%
Hispanic	124,529	135,048	10,519	8.4%
Other	106,913	122,521	15,608	14.6%
White	576,402	575,537	(865)	-0.2%

Source: Illinois Department of Commerce and Economic Opportunity
Note that Asian, Black and White categories include Hispanics.

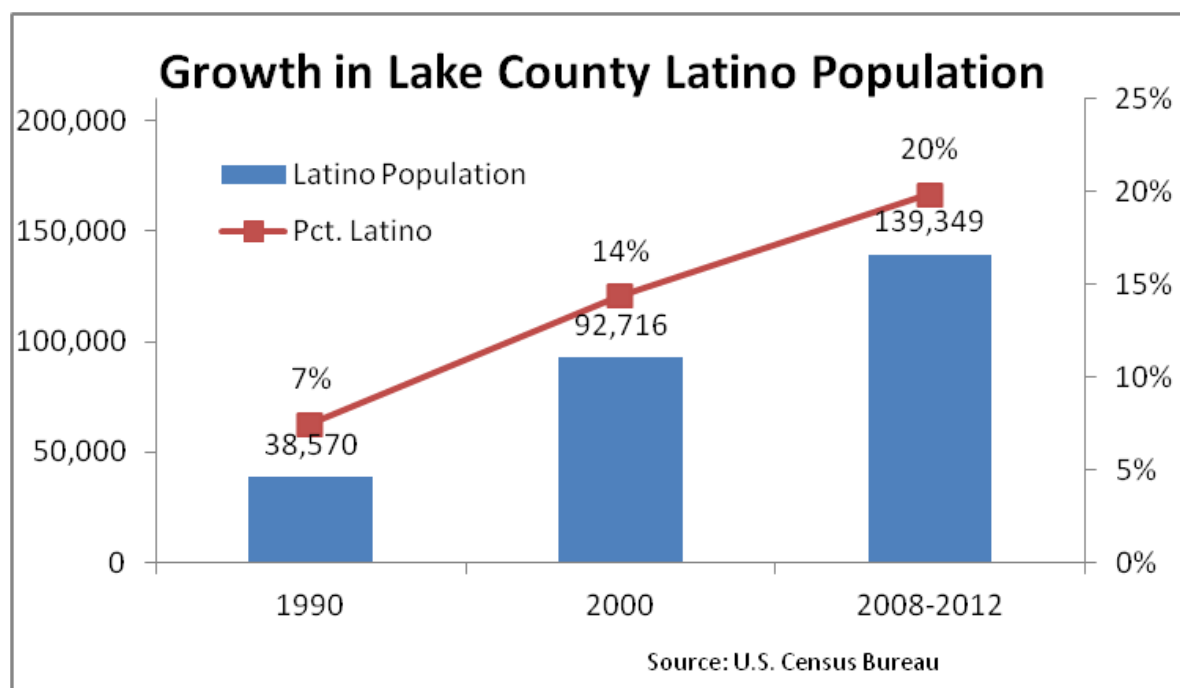


Between 2015 and 2020 the county will share in one of the major demographic shifts affecting communities across the nation. The baby boomers will continue their entry into retirement years, and the populations of persons in their sixties and seventies will rise markedly, by 30 percent in the case of the population in their seventies. As the baby boomers age out of their forties and fifties, these same age categories will become filled with the less-numerous, post-boomer “Generation X” population, and the age categories of persons in their forties and fifties will have smaller numbers of persons. That same, post-baby boom cohort – relatively small in size compared to the baby boomers – in turn had fewer children; these are the children entering the age categories of roughly 10 to 30 years, categories that will all see declines in persons because they are the offspring of the small-in-number, post-baby boomers.



Latino Community Growth and Change

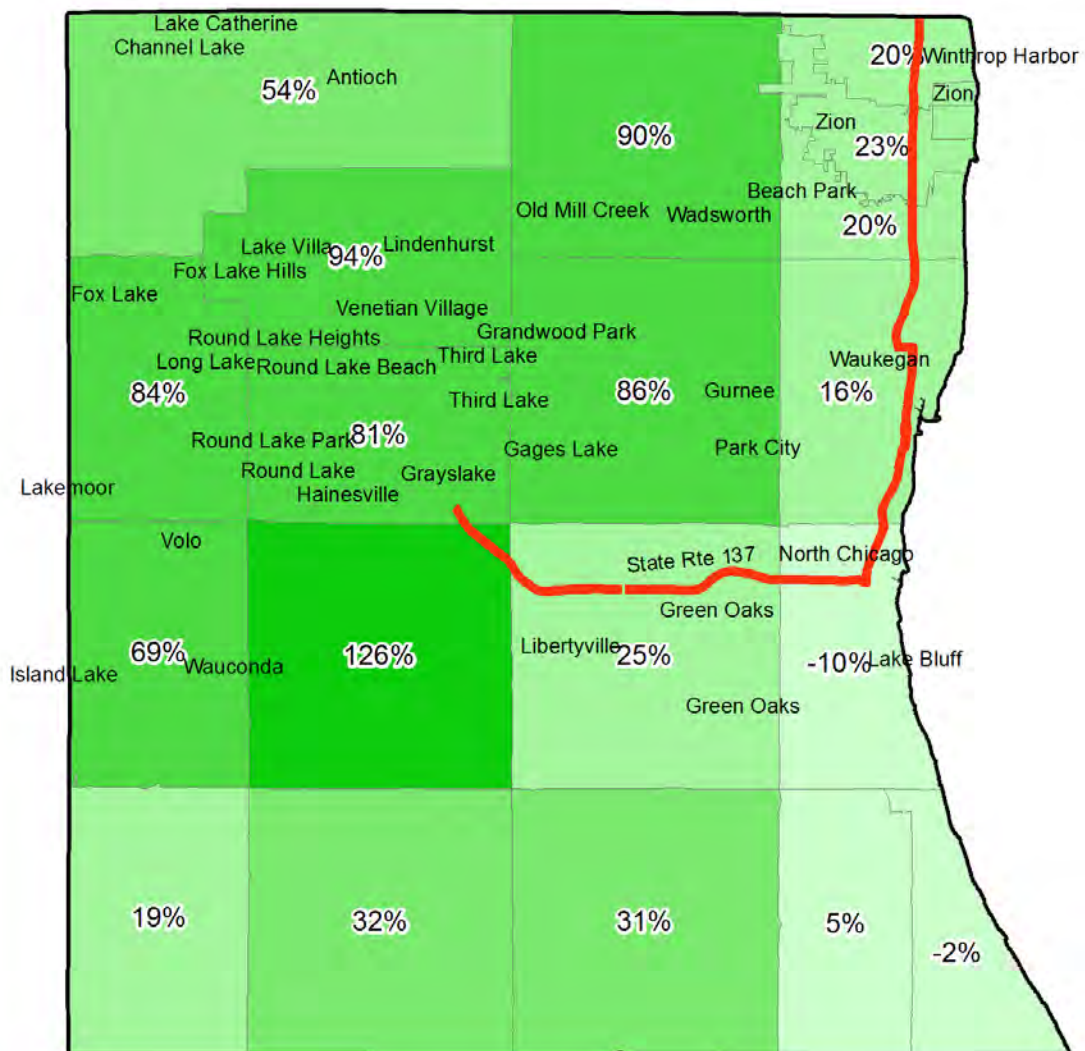
The Latino population has grown rapidly in Lake County, and its growth trajectory is likely to continue. If the resultant growth is related to immigration, then the community will likely need more providers who speak Spanish. As the community matures demographically, and if immigration slows in the United States, the Latino population in Lake County will increasingly be composed of native-born, U.S. citizens, some of whom may be eligible for assistance programs (depending on their income) such as Medicaid. In either case, culturally informed interventions will be required.



The Central Portion of Northern Lake County Will Be the Nexus of Growth

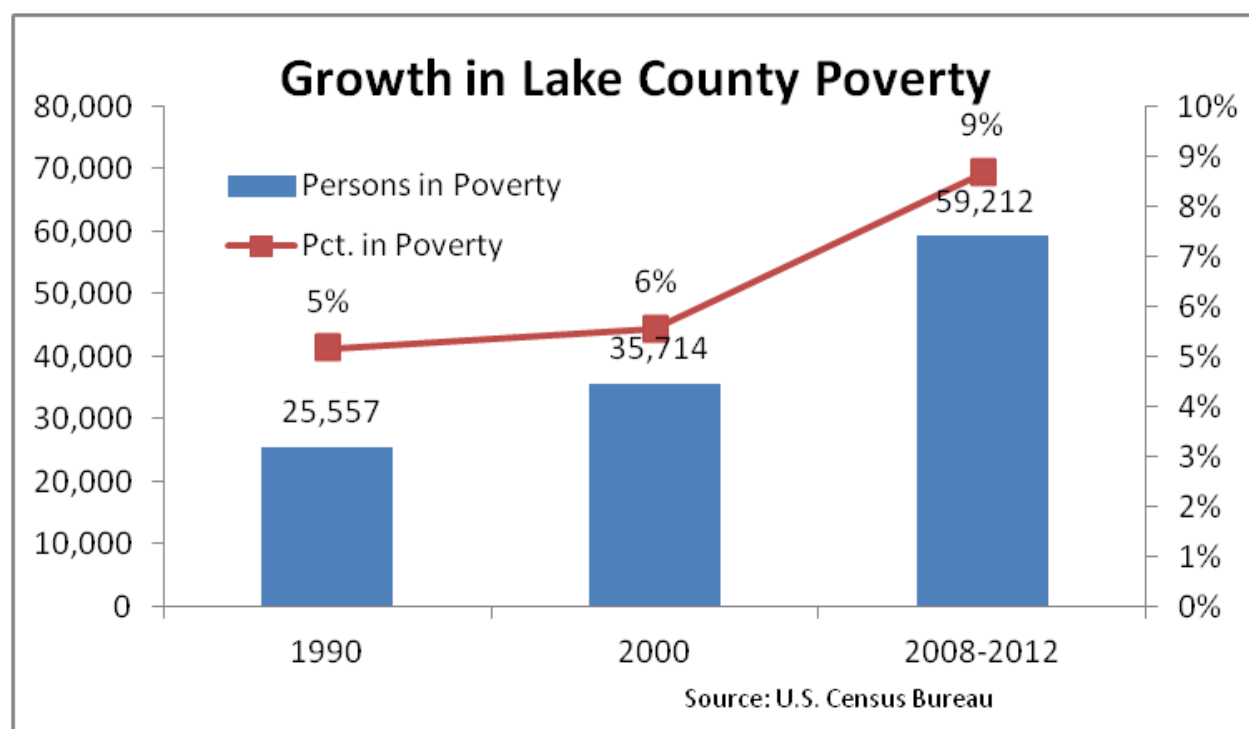
The central sections of Northern Lake County have boomed in population over that last twenty years. There is little reason to expect that this will not continue at the same time that growth increases in Antioch and locations northwest. As this happens it will be important for the county government, for philanthropy and for the non-profit sector to find ways to expand services in this area.

Percent Population Growth Since 1990



Percent Population Growth since 1990

Population in Poverty Likely to Grow. The population of persons living below the poverty line in Lake County has expanded steady over recent decades, both in raw numbers and as a percentage of the entire county population. One in ten county residents lives in poverty currently. Projecting poverty trends is difficult because they directly reflect macroeconomic factors. But as Lake County continues to grow there will likely be growing numbers of persons in poverty even if the poverty rate stays level. This of course translates into greater need for services by the indigent, and mostly affects the county's health centers and non-profit providers who offer charity care.



Summary of Projections

Key observations that emerge from the data reviewed in this section include the following:

The Affordable Care Act Will Strain Already Limited Behavioral Health Capacity for Low-Income Persons

Findings. 39,000 low-income Northern Lake County residents will gain access to health insurance via the ACA. If even a modest portion of these persons seek behavioral health

services for the first time, it will strain a system that is already largely at capacity or even shrinking.

12,000 Persons Newly Eligible for Medicaid Represent a Diverse Population

Findings. About 38 percent of the population newly eligible for Medicaid is White, Non-Latino, 37 percent is Latino, and 20 percent is African American.

County Government Needs a Market Orientation toward the Newly Insured

Findings. A large number of about 12,000 persons newly insured by the ACA will fall under the “Medicaid Expansion” category. Many have been getting treated at county facilities, yet they will have the ability to seek care elsewhere.

A “Catch-Up” Strategy toward Growth and Diversity Is Insufficient.

Findings. For the foreseeable future, population growth and diversification in Northern Lake County will be the norm. This will require investment in linguistically and culturally appropriate services. The community will need more behavioral health providers who speak Spanish.

V. Methodology

There is little if any existing information available on the state of behavioral health needs and services in Northern Lake County. To begin to capture the complexities of needs, providers, projections, services and other aspects of behavioral health we used multiple methods to gather data from as many sources as possible.

Interviews

We completed nineteen in-depth, one-on-one interviews with behavioral health experts. These persons were drawn from a list that attempted to include representative voices and perspectives in the all major areas of behavioral health services in Northern Lake County.

Focus Groups

Focus groups were arranged to provide multiple persons to contribute their perspectives and experience. We held two focus groups of local practitioners and one of Health Department staff at the main Lake County Health Department on Grand Avenue in Waukegan. Another focus group of practitioners took place at the Health Department offices in Round Lake Beach to facilitate attendance by persons who live or work in the western portion of the county.

Review of Data from Diverse Sources

We collected, processed and reviewed data of multiple types. These include

- Emergency department and inpatient hospital discharge records provided by the county health department. The records pertained to persons admitted with a primary diagnoses in the behavioral health range of the [International Classification of Disease, Ninth Edition](#).
- Data on prevalence of substance abuse and mental health problems from the federal [Substance Abuse and Mental Health Services Administration](#)
- Census Bureau estimates, counts and raw survey records on a variety of topics for various geographies in the county, principally from the [American Community Survey, 2008-2012](#).
- Medicaid billing information from the Illinois Department of Healthcare and Family Services, via the [Illinois State Data Portal](#).
- Lists of registered behavioral health professionals from the [Illinois Department of Professional Regulation](#)
- Hospital mental health capacity data from the Illinois Health Facilities and Services Review Board

- Data on non-profit organizations from publicly available data sourced originally to the Internal Revenue Service but provided by the [National Center for Charitable Statistics](#)
- Population growth projections from the Illinois Department of Commerce and Economic Opportunity, available at the [State of Illinois Data Portal](#).

Project Task Force

The Project Task Force members are listed at the beginning of this report. These individuals reviewed proposed methodology, materials and project plans, and commented on draft report contents.

Electronic Survey

Using lists of behavioral health professionals, an electronic survey was sent to more than 1,900 behavioral health providers throughout Lake County in early 2014. The survey logged 250 completed responses for a return rate of approximately 13 percent. Survey results were tabulated to develop findings by type of provider (i.e. non-profit or for-profit and by service area, i.e., mental health, substance abuse and residential).

VI. About Rob Paral and Associates

Rob Paral and Associates (RPA) is a consulting firm specializing in assessing human service needs and helping human service organizations deepen relationships with their community. RPA achieves these goals by providing new demographic, social and economic information, and by determining attitudes, experiences and program usage among the populations served by our clients. Examples of RPA work may be seen at www.robparal.com

VII. Appendix One

Appendix One includes a summary of findings from a survey of Lake County behavioral health professionals, and a sample of the questions from the online survey.

VIII. Appendix Two

Appendix Two includes one reviewer's set of initial comments on the draft report.

Appendix One

Key Findings from the Lake County Behavioral Health Survey

Presented to

The Lake County Health Department and Community Health Center
Behavioral Health Services

by

Rob Paral and Associates

This report is made possible through a grant from
The Healthcare Foundation of Northern Lake County

July, 2014

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Introduction

The Lake County Behavioral Health Survey was fielded between approximately January 1, 2014 and February 14, 2014. About 1,900 individuals and organizations were contacted for the survey by postcard mailer and email. Mailing lists were obtained of licensed behavioral health professionals from the Illinois Department of Professional Regulation, and additional contacts were provided by the Lake County Health Department and Community Health Centers.

Participants were given a link to an on-line survey. More than 250 responses were received from organizations reporting that they provide behavioral health services to persons living in Lake County.

Funding for the survey was provided by the Healthcare Foundation of Northern Lake County, and so this report focuses on the respondents who are providers in the northern portion of the county. The providers included 27 respondents working for government agencies, 39 for non-profit organizations and 92 for for-profit organizations.¹

Service Capabilities

Types of Services Provided

Non-Profits Compared to For-Profits

- The great majority of both non-profit and for-profit providers offer mental health services while many fewer, only about half, provide substance abuse services.
- The non-profit groups, 31 percent, are more likely than for-profit groups, 4 percent, to provide residential services. The non-profits were also more likely than for-profits, 79 to 67 percent, to give services to children.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Only about half, 48 percent, of mental health providers offer substance abuse services, but most substance abuse providers, 89 percent, offer mental health services. Residential service providers are also much more likely to offer mental health than substance abuse services.

¹ Survey respondents were granted anonymity, and so it is not possible to determine the extent to which multiple respondents might be employed by the same organization.

Percent of Respondents Providing Key Types of Services

	Non-Profit (39)	For-Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Providing mental health services	95%	92%	100%	89%	88%
Providing substance abuse services	54%	48%	48%	100%	56%
Providing residential services	31%	4%	11%	14%	100%
Serving children and adolescents	79%	67%	76%	74%	56%
Serving adults aged 18-64	90%	97%	95%	97%	100%
Serving seniors 65 years and older	79%	75%	77%	82%	88%

Specialized Services

Non-Profits Compared to For-Profits

- Non-profit respondents were more likely to serve homeless persons, 31 percent, compared to almost none, 2 percent, of the for-profit providers.
- For-profit providers were more likely than non-profit respondents (30 vs. 21 percent) to report giving specialized services to veterans.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Relatively few, 10 percent, of mental health providers give specialized services to homeless persons.
- Less than 10 percent of substance abuse providers offer specialized services to domestic violence victims, yet a large portion of that same provider category, 46 percent, serves sexual abuse victims.

Populations to Whom Specialized Services Are Offered

	Non-Profit (39)	For-Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Domestic violence victims	33%	29%	33%	9%	31%
Homeless persons	31%	2%	10%	15%	38%
Sexual abuse victims	36%	37%	39%	46%	38%
Veterans	21%	30%	28%	34%	19%

Persons served in past twelve months

Non-Profits Compared to For-Profits

- Non-profit organizations were more likely to serve large numbers of persons. More than half serve at least 300 persons per year. More than a quarter of for-profits, in contrast, serve less than 50 persons per year.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- A strong pattern is not apparent in terms of how many clients the agencies serve. For example, about 29 percent of mental health providers serve 75 or less persons, but 30 percent serve more than 300 persons.
- The survey received responses from 16 residential service providers: a relatively small sample.

Persons Receiving Direct Mental Health or Substance Abuse Services in the Past 12 Months

	Non-Profit (37)	For-Profit (90)	Mental Health (118)	Substance Abuse (62)	Residential Services (16)
1-10	0%	2%	2%	0%	0%
11-25	3%	9%	6%	3%	13%
26-50	5%	16%	13%	15%	6%
51-75	0%	12%	8%	5%	0%
76-100	14%	9%	11%	11%	25%
101-200	14%	14%	14%	18%	6%
201-300	14%	10%	8%	8%	13%
301-500	5%	7%	7%	11%	6%
501-1000	24%	9%	14%	13%	13%
1,001-2,500	8%	4%	6%	6%	13%
More than 2,500	14%	8%	10%	10%	6%

Current Services

Non-Profits Compared to For-Profits

- Ten services involve at least 25 percent of non-profit providers, e.g., as case management, education & training, outpatient counseling, psychiatry, services to groups, trauma treatment and tobacco cessation.
- In contrast, only four services involve at least 25 percent of for-profit providers: crisis intervention, outpatient counseling (for mental health and substance abuse), and trauma treatment.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Five categories of service are offered by at least 25 percent of mental health providers. Seven categories are offered by at least 25 percent of substance abuse providers. In the case of RS providers, however, eleven service categories are offered by at least 25 percent of all providers.

Describe Your Organization's Current Services

	Non-Profit (39)	For-Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Case management	56%	17%	28%	40%	75%
Court diversion for MH	5%	12%	11%	14%	6%
Court diversion for SA	8%	9%	7%	15%	13%
Court diversion for veterans	5%	1%	2%	3%	6%
Crisis intervention	54%	26%	36%	43%	63%
Crisis intervention for youth	33%	9%	17%	15%	19%
Dept of Corrections re-entry	8%	0%	2%	5%	6%
Detoxification	13%	3%	6%	11%	13%
Education or training of MH or SA professionals	33%	15%	20%	18%	38%
Employment	18%	2%	7%	8%	19%
Jail diversion for MH	3%	1%	2%	3%	6%
Jail diversion for SA	7%	2%	3%	8%	6%
Jail diversion for veterans	1%	0%	1%	2%	0%
Inpatient psychiatric	10%	4%	6%	8%	19%
Mobile assessment team	3%	2%	2%	3%	6%
Outpatient counseling MH	72%	79%	83%	74%	63%
Outpatient counseling SA	36%	42%	39%	78%	31%
Psychiatry	36%	15%	22%	25%	31%
Rehabilitation (substance abuse)	10%	4%	5%	11%	13%
Services to groups	36%	14%	21%	22%	44%
Shelter, short-term	7%	1%	3%	3%	25%
Shelter, long-term	13%	1%	4%	15%	38%
Suicide prevention	23%	12%	16%	17%	25%
Trauma treatment	51%	26%	36%	38%	63%
Diabetes treatment	18%	5%	10%	12%	13%
Hypertension intervention	15%	8%	11%	14%	13%
Obesity reduction	18%	19%	20%	22%	13%
Tobacco cessation	26%	19%	22%	31%	25%

Waiting Time for New Clients

Non-Profits Compared to For-Profits

- The great majority of both non-profit and for-profit providers say that they can see a new patient either almost immediately or within less than a week. Very few organizations said that they had a waiting time of more than month.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Over three-quarters of providers report that new clients can see them within a week.

How Long Do Clients Have to Wait for Initial Appointment or Services?

	Non- Profit (35)	For- Profit (89)	Mental Health (115)	Substance Abuse (62)	Residential Services (14)
We are able to see clients almost immediately	43%	36%	37%	47%	36%
Less than one week	34%	52%	46%	39%	43%
Between one and two weeks	17%	10%	13%	13%	14%
Between two weeks and a month	3%	2%	3%	0%	0%
More than a month	3%	0%	1%	2%	7%

Referrals Sought

Non-Profits Compared to For-Profits

- Inpatient psychiatric services and psychiatry are the services that respondents most often look for when referring a client. Large percentages also seek rehabilitation services for substance abuse and outpatient counseling for substance abuse.
- “Long-term shelter” is especially sought by non-profit providers (44 percent).

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Patterns are similar to non-profit and for-profit providers. The greatest demand for referrals is for “Inpatient psychiatric” and “psychiatry.” Forty-four percent of residential services providers seek to refer to “case management.”

When need to refer, what services do you typically look for?

	NP (39)	For- Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Case management	28%	22%	25%	26%	44%
Court diversion for MH	3%	7%	5%	8%	6%
Court diversion for SA	3%	7%	5%	8%	6%
Court diversion for veterans	3%	2%	2%	3%	0%
Crisis intervention	18%	16%	17%	17%	13%
Crisis intervention for youth	15%	7%	10%	8%	6%
Dept of Corrections re-entry	3%	1%	2%	2%	0%
Detoxification	39%	35%	37%	42%	38%
Employment	18%	19%	19%	9%	19%
Jail diversion for MH	3%	3%	3%	3%	0%
Jail diversion for SA	3%	3%	3%	3%	0%
Jail diversion for veterans	3%	3%	3%	3%	0%
Inpatient psychiatric	62%	62%	64%	65%	69%
Mobile assessment team	8%	5%	6%	6%	0%
Outpatient counseling MH	31%	22%	23%	25%	19%
Outpatient counseling SA	44%	32%	38%	26%	31%
Psychiatry	51%	49%	51%	51%	38%
Rehabilitation (substance abuse)	49%	40%	44%	48%	38%
Services to groups	10%	14%	13%	15%	13%
Shelter, short-term	44%	15%	24%	32%	38%
Shelter, long-term	26%	12%	17%	18%	31%
Suicide prevention	26%	9%	15%	8%	13%
Trauma treatment	18%	10%	12%	14%	25%

Service Capacity

Insurance Accepted

Non-Profits Compared to For-Profits

- A majority of non-profit providers accept Medicaid always, while a majority of for-profit providers never accept Medicaid.
- Most non-profits accept Medicare always while equal portions of for-profits accept Medicare always or never accept it.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Two-thirds of residential services providers accept Medicaid while two-thirds of mental health and substance abuse providers do not.
- Substantial percentages of mental health, substance abuse and residential services providers always accept Medicare, but substantial percentages never accept Medicare.

Indicate the Type of Insurance, If Any, that You Accept

MEDICAID

	Non-profit (32)	For-Profit (57)	Mental Health (81)	Substance Abuse (51)	Residential Services (12)
Accept Medicaid always	53%	9%	25%	24%	66%
Accept Medicaid sometimes	16%	5%	10%	10%	8%
Accept Medicaid never	31%	86%	65%	66%	25%

MEDICARE

	Non-Profit (28)	For-Profit (69)	Mental Health (90)	Substance Abuse (50)	Residential Services (11)
Accept Medicare always	68%	43%	54%	38%	45%
Accept Medicare sometimes	14%	12%	13%	16%	10%
Accept Medicare never	18%	45%	32%	46%	45%

PRIVATE INSURANCE

	Non-Profit (29)	For-Profit (88)	Mental Health (110)	Substance Abuse (59)	Residential Services (11)
Accept private ins. always	62%	73%	74%	61%	36%
Accept private ins. sometimes	17%	18%	17%	20%	27%
Accept private ins. never	21%	9%	9%	19%	36%

Costs to Clients

Non-Profits Compared to For-Profits

Comparing Mental Health, Substance Abuse and Residential Services Providers

Offer sliding scale or financial hardship plan?

		Mental Health	Substance Abuse	Residential Services
Non-profit (35)	For-Profit (86)	(112)	(60)	(16)
77%	65%	71%	70%	69%

Services limited to persons below certain income limits?

		Mental Health	Substance Abuse	Residential Services
Non-Profit (39)	For-Profit (90)	(120)	(64)	(15)
10%	3%	5%	11%	13%

Routinely provide services at no cost to the patient?

		Mental Health	Substance Abuse	Residential Services
Non-Profit (39)	For-Profit (89)	(119)	(63)	(15)
64%	15%	30%	37%	67%

Please indicate what percentage, if any, of you or your organization's patients or clients are served free of charge?

	Non-profit (38)	For-Profit (89)	Mental Health (118)	Substance Abuse (63)	Residential Services (15)
None are served free of charge	16%	69%	51%	48%	20%
1-10%	29%	26%	29%	29%	20%
11-20%	13%	1%	5%	6%	7%
21-30%	3%	1%	1%	2%	13%
31-40%	0%	0%	1%	0%	0%
41-50%	3%	0%	0%	0%	0%
More than 50%	37%	3%	14%	16%	40%

Professional Accreditation

Non-Profits Compared to For-Profits

- The great majority of non-profit and for-profit providers have licensed clinical social workers or licensed clinical professionals on staff.
- Fifty-nine percent of non-profit providers have licensed social workers on staff, compared to 29 percent of for-profit providers.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- The great majority of non-profit and for-profit providers have licensed clinical social workers or licensed clinical professionals on staff.
- At least half of both substance abuse and residential service providers have addiction counselors.
- Half of residential service providers have unlicensed counselors.

Types of Professional Licenses Held by Staff

	Non-Profit(39)	For-Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Licensed Clinical Social Worker/ Licensed Clinical Professional	82%	73%	77%	75%	75%
LCP/Licensed Social Worker	59%	29%	38%	46%	56%
Marriage and Family Therapist	21%	24%	24%	26%	19%
M.D.	39%	20%	23%	32%	50%
Psychologist	46%	47%	48%	46%	44%
Certified addiction counselor	44%	26%	28%	51%	50%
Unlicensed, uncertified counselors	31%	4%	12%	12%	50%

Government Contracting

Non-Profits Compared to For-Profits

- Substantial portions of non-profit providers, though still a minority, are contractors with either the Illinois Department of Human Services, Division of Alcohol and Substance Abuse, or the Illinois Department of Human Services, Division of Mental Health. About a fifth of non-profits are DASA contractors and almost a third of non-profits are DMH contractors.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- A slight majority of residential services providers are DMH contractors.

Are you or your organization a contractor with the Division of Alcohol and Substance Abuse of IDHS?

		Mental Health	Substance Abuse	Residential Services
Non-Profit (39)	For-Profit (90)	(121)	(64)	(16)
21%	4%	8%	16%	12%

Are you or your organization a contractor with the Division of Mental Health of IDHS?

		Mental Health	Substance Abuse	Residential Services
Non-Profit (39)	For-Profit (91)	(119)	(62)	(15)
31%	4%	12%	10%	53%

Number of employees

Non-Profits Compared to For-Profits

- 59 percent of non-profits are relatively large organizations with at least 25 employees, while two-thirds (65 percent) of for-profit providers have five or fewer providers.

Comparing Mental Health, Substance Abuse and Residential Services Providers

- Residential service providers are the largest organizations in terms of number of employees; 63 percent of residential service providers have more than 25 employees.
- Most of the for-profits that the survey reached had five or fewer employees; this indicates that the survey successfully reached out to small providers.

Employees by Provider Type					
	Non-Profit (39)	For-Profit (91)	Mental Health (121)	Substance Abuse (64)	Residential Services (16)
1-5	3%	65%	48%	38%	13%
6-10	10%	10%	7%	16%	6%
11-15	13%	7%	8%	11%	6%
16-20	15%	2%	7%	6%	13%
21-25	0%	2%	2%	0%	0%
More than 25	59%	14%	29%	30%	63%

Looking Ahead

Impact of Affordable Care Act

- A majority of all types of organizations do not expect any change as a result of the Affordable Care Act. Nearly all of the residential services providers expected no change, suggesting they are highly resilient to the changes implied by the Affordable Care Act.
- Majorities of all organizations do expect to see more patients.
- Substantial minorities of all organizations expect to provide more types of services.
- Relatively small percentages of respondents foresee billing the Medicaid program for the first time.

How Do You Expect the Affordable Care Act to Affect Your Services?

	Non-Profit (37)	For-Profit (75)	Mental Health (105)	Substance Abuse (55)	Residential Services (15)
No change in services	51%	57%	53%	53%	94%

	Non-Profit (31)	For-Profit (64)	Mental Health (92)	Substance Abuse (47)	Residential Services (15)
Expect to see more patients	61%	59%	61%	55%	53%

	Non-Profit (30)	For-Profit (61)	Mental Health (85)	Substance Abuse (48)	Residential Services (14)
Expect to provide more types of services	33%	31%	33%	42%	43%

	Non-Profit (32)	For-Profit (60)	Mental Health (85)	Substance Abuse (48)	Residential Services (15)
Expect to bill Medicaid for the first time	18%	13%	15%	15%	20%

Services Being Increased

- The service area that is most likely to be expanded by all organizations is “outpatient counseling for mental health.”
- Eleven to 25 percent of all organizations expect to increase “services to groups.”
- Half of surveyed residential service providers report that they will increase “case management.”

Expect to significantly increase services over the next three years

	Non-Profit (39)	For-Profit (92)	Mental Health (122)	Substance Abuse (65)	Residential Services (16)
Case management	26%	5%	11%	17%	50%
Court diversion services for persons with mental health problems	3%	3%	17%	6%	0%
Court diversion services for persons with substance abuse problems	5%	2%	3%	6%	0%
Court diversion services for veterans	3%	1%	2%	3%	0%
Crisis intervention	15%	13%	13%	14%	19%
Crisis intervention, specifically for youth	8%	5%	7%	5%	16%
Detoxification	3%	1%	1%	3%	6%
Department of Corrections re-entry	3%	0%	1%	2%	0%
Education or training of MH or substance abuse professionals	13%	3%	7%	6%	6%
Employment services	10%	4%	6%	6%	19%
Jail diversion services for persons with mental health problems	3%	2%	2%	5%	0%
Jail diversion services for persons with substance problems	3%	2%	2%	5%	0%
Jail diversion services for veterans	3%	0%	1%	2%	0%
Inpatient psychiatric	0%	3%	2%	2%	6%
Mobile assessment teams	0%	2%	2%	0%	6%
Outpatient counseling (mental health)	33%	50%	48%	45%	44%
Outpatient counseling (substance abuse)	10%	24%	20%	35%	0%
Psychiatry	13%	11%	11%	9%	13%
Rehabilitation (substance abuse)	5%	2%	3%	5%	6%
Services to groups	20%	11%	15%	11%	25%
Shelter, short-term	3%	1%	2%	0%	13%
Shelter, long-term	3%	1%	1%	2%	13%
Suicide prevention	3%	7%	6%	6%	0%
Trauma treatment	10%	9%	10%	9%	13%

Discussion

The Lake County Behavioral Health Survey is neither a complete census of behavioral health providers nor is it a stratified, representative sample of providers. Nevertheless, the survey offers key insights into the types of services provided by different types of providers in the county.

As charitable organizations, the non-profit providers, in contrast with the private sector, serve relatively large numbers of persons without charging any fee. The non-profits are also more likely to accept Medicaid payments in exchange for their services. But the non-profits appear to be different in other ways as well. They are larger institutions, with 59 percent having more than 25 employees. They report having more types of professional behavioral-health licenses. And they are more likely to report that they have specialized services in areas such as homelessness or domestic violence. The portrait that arises is of a sector consisting of larger institutions providing a broad array of treatments. Given their orientation to serving low-income persons, they are likely to penetrate their services into neighborhoods and places of high need in the county.

In contrast, the survey data on private providers shows them to be smaller operations, with a majority having five or less employees. They largely do not accept Medicaid payments, which are notoriously low. The survey did not find them to specialize in domestic violence or homelessness like the non-profits, yet the fact that they are more reliant on private insurance means they may give more in-depth services, for example, with more visits per person.

The survey captured more than twice as many private providers as it did non-profits. In preparing the survey we reviewed lists of behavioral health professionals in Lake County who are registered with the Illinois Department of Professional Regulation. There were nearly 2,000 such persons, and this suggests that while the private sector has smaller, more specialized operations, it may cover more ground, so to speak. There are far fewer persons employed in behavioral health in the non-profit sector. The private sector does not offer much charitable care, but it may serve more persons in more geographic corners of the county. These facts are important because they suggest that the private sector (like the non-profit sector) should be viewed as a key partner, and anything that can be done to enhance private sector capabilities will have important ripple effects.

The survey found that not-inconsequential percentages of non-profit groups are contractors with the Illinois Department of Human Services' Divisions of Mental Health and Alcohol and Substance Abuse. Although the state's financial distress is well known, it seems important to investigate whether as many of the county's providers as possible are contractors with the state, which could perhaps increase financial inflows for services. This is especially relevant for

Lake County which, unlike neighboring Cook County, experienced population growth from 2000 to 2010 and thus expansion of need.

The survey allowed us to compare providers who describe themselves as mental health providers compared to substance abuse providers or residential treatment providers. (There is overlap among these categories because a provider might self-define as being in more than one category.)

We received many more responses from mental health organizations (122) than we did from substance abuse providers (65). Federal data surveys reviewed for this report suggest large scale problems with alcohol and drug abuse in Lake County, so the question is why there are not more substance abuse providers. We also find from our survey that substance abuse providers are more likely to consider themselves as mental health providers as well, than is the case with mental health providers, who are less likely to say they give substance abuse services. If service silos between mental health and substance abuse exist, it may be desirable to reduce them.

The survey identified only 16 residential treatment providers. Given the cost of providing residential treatment, it may be no surprise that there are few such organizations. This suggests that residential providers have unique characteristics and deserve their own focus. They appear to be in high demand, because the type of service most sought by non-profits and private providers trying to make a referral is “in-patient psychiatric.”

The survey findings on the Affordable Care Act are surprising for both non-profit and for-profit providers and for mental health, substance abuse and residential providers. Across the board a majority of the groups report that they expect no change in their practice as a result of the ACA. This is surprising because the ACA will dramatically increase the marketplace of paying customers with coverage that includes behavioral health care (most respondents do foresee an increase in patients). Medicaid rates are scheduled to increase, which would be expected to be a boon to organizations that accept Medicaid, and which should entice at least some others to begin accepting Medicaid. It is also of interest that minorities of respondents expect to provide more types of services as a result of the ACA; this raises the question of whether the act will lead to greater diversity of medical treatment, and how such diversification can be stimulated. These findings all suggest that there is a need for organizing, educating and debating the meaning of the ACA among Lake County’s providers.

Lake County Behavioral Services Assessment

Introduction

Welcome! You have been selected to complete this survey because you or your organization provide services to or encounter Lake County residents with behavioral health or substance abuse needs. The purpose of this survey is to help us better understand the challenges faced by those residents, and to identify opportunities to improve our services.

Please be assured that your individual survey responses will not be made public.

This survey will require about 15 minutes of your time.

We are grateful for your assistance in improving our services and the quality of life of all county residents.

Sincerely,

Dr. Ted Testa
Director, Behavioral Health Services
Lake County Health Department and Community Health Centers

Type of Organization

***1. Do you or the organization you work for provide mental health or substance abuse services?**

- ☐ Yes
☐ No

Location of Mental Health or Substance Abuse Services

***2. Do you or your organization serve any patients or clients for mental health or substance abuse problems who live in Lake County, Illinois?**

- ☐ Yes
☐ No

Location of Contact with Persons Who Have Mental Health or Substance Abuse ...

***3. Do you or your organization come into contact with persons who have either mental health or substance abuse problems and who also live in Lake County, Illinois?**

- ☐ Yes
☐ No

Do not serve persons from Lake County

Lake County Behavioral Services Assessment

***4. If you or your organization do not serve patients or clients for mental health or substance abuse problems who reside in Lake County, Illinois, our survey is complete.**

Thank you for responding. Please click "finish" below to exit the survey.

☐ Finish

Do not come into contact with persons from Lake County

5. If you and your organization do not come into contact with persons who have mental health or substance abuse problems and who reside in Lake County, Illinois, our survey is complete.

Thank you for responding. Please click "finish" below to exit the survey.

☐ Finish

Contact Is in Lake County, Illinois

***6. Of the persons that you or your organization come into contact with who have mental health or substance abuse problems, do any of these persons live in Lake County, Illinois?**

☐ Yes

☐ No

***7. If neither you nor your organization come into contact with persons who have mental health or substance abuse problems and who reside in Lake County, Illinois, our survey is complete.**

Thank you for responding. Please click "finish" below to exit the survey.

☐ Finish

For Persons and Organizations Who Do Not Provide Direct Services

These questions are for individuals and groups who do not provide direct services to persons with mental health or

Lake County Behavioral Services Assessment

substance abuse problems, but who come in contact with these individuals and attempt to refer them to appropriate services.

8. When you or your organization encounter someone with mental health or substance abuse problems, and need to refer that person elsewhere for help, what services do you typically look for?

(check all that apply)

- ☐ Case management
- ☐ Court diversion services for persons with mental health problems
- ☐ Court diversion services for persons with substance abuse problems
- ☐ Court diversion services for veterans
- ☐ Crisis intervention
- ☐ Crisis intervention, specifically for youth
- ☐ Detoxification
- ☐ Department of Corrections re-entry
- ☐ Education or training of mental health or substance abuse professionals
- ☐ Employment services
- ☐ Jail diversion services for persons with mental health problems
- ☐ Jail diversion services for persons with substance abuse problems
- ☐ Jail diversion services for veterans
- ☐ Inpatient psychiatric
- ☐ Mobile assessment team
- ☐ Outpatient counseling (mental health)
- ☐ Outpatient counseling (substance abuse)
- ☐ Psychiatry
- ☐ Rehabilitation (substance abuse)
- ☐ Services to groups
- ☐ Shelter, short-term
- ☐ Shelter, long-term
- ☐ Suicide prevention
- ☐ Trauma treatment

Other (please specify)

Lake County Behavioral Services Assessment

9. What types of services do you find hardest to obtain for persons that you and your organization encounter?

10. What kind of services do you most wish that you and your organization had access to?

11. About how many employees work at your organization (full- or part-time)?

- ☐ 1-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ More than 25

12. Please provide your contact information if you would like to receive a copy of our final report on behavioral health needs in Lake County. Your contact information will not be shared or used by other parties.

Respondent Name	<input type="text"/>
Title	<input type="text"/>
Organization Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Lake County Behavioral Services Assessment

13. Would you or someone from your organization be interested in taking part in a focus group on behavioral health needs in Lake County, to be convened by the Lake County Health Department? Your participation will assist us in informing the community and in helping to shape the direction of social services in the county.

Focus group participants will receive a stipend.

(If interested, please be sure to provide your contact information in the previous question.)

☐ Yes

☐ No

***14. Thank you for responding to our survey. Please click "finish" below to exit the survey.**

☐ Finish

Service Capabilities

15. Please check each box that describes the combination of populations you or your organization service and the services you provide

	Mental Health	Substance Abuse	Residential Services
Children and Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults 18-64 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors 65 and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please indicate any populations to whom you or your organization provide specialized services:

☐ Domestic violence victims

☐ Homeless persons

☐ Sexual abuse victims

☐ Veterans

If others, please specify

Lake County Behavioral Services Assessment

17. If your services or your organization's services are restricted to specific populations, please specify:

- ☐ Domestic violence victims
- ☐ Homeless persons
- ☐ Sexual abuse victims
- ☐ Veterans

If others, please specify

18. Approximately how many individuals did you and your organization provide direct mental health or substance abuse services to in the past 12 months?

- ☐ 1-10
- ☐ 11-25
- ☐ 26-50
- ☐ 51-75
- ☐ 76-100
- ☐ 101-200
- ☐ 201-300
- ☐ 301-500
- ☐ 501-1000
- ☐ 1,001-2,500
- ☐ More than 2,500
- ☐ Neither I nor my organization provided any direct services in the past year.

Feel free to comment

Lake County Behavioral Services Assessment

19. Of all persons that you or your organization provide services to, approximately what percent reside in Lake County, Illinois?

- ☐ 0%, I/we do not serve anyone who lives in Lake County
- ☐ 1-10%
- ☐ 11-25%
- ☐ 26-50%
- ☐ 51-100%

Comments

20. Of all persons that you or your organization provide services to, approximately what percent reside in the northern portion of Lake County, Illinois?

Please note: this question is extremely important for our data collection purposes. Please make every effort to estimate your services in northern Lake County.

(Northern Lake County includes suburbs north of Route 137 such as Antioch, Beach Park, Fox Lake, Grayslake, Gurnee, Libertyville, Lindenhurst, North Chicago, Round Lake, Wauconda, Waukegan, Zion and others.)

- ☐ 0%, I/we do not serve anyone who lives in Northern Lake County
- ☐ 1-10%
- ☐ 11-25%
- ☐ 26-50%
- ☐ 51-100%

Comment

21. Do you know the specific number of persons that you or your organization served in Northern Lake County over the past 12 months? If so, please provide:

Lake County Behavioral Services Assessment

22. Please check each item that describes your or your organization's current services

- ☐ Case management
- ☐ Court diversion services for persons with mental health problems
- ☐ Court diversion services for persons with substance abuse problems
- ☐ Court diversion services for veterans
- ☐ Crisis intervention
- ☐ Crisis intervention, specifically for youth
- ☐ Department of Corrections re-entry
- ☐ Detoxification
- ☐ Education or training of mental health or substance abuse professionals
- ☐ Employment services
- ☐ Jail diversion services for persons with mental health problems
- ☐ Jail diversion services for persons with substance abuse problems
- ☐ Jail diversion services for veterans
- ☐ Inpatient psychiatric
- ☐ Mobile assessment team
- ☐ Outpatient counseling (mental health)
- ☐ Outpatient counseling (substance abuse)
- ☐ Psychiatry
- ☐ Rehabilitation (substance abuse)
- ☐ Services to groups
- ☐ Shelter, short-term
- ☐ Shelter, long-term
- ☐ Suicide prevention
- ☐ Trauma treatment

Other services (please specify)

Lake County Behavioral Services Assessment

23. How do you or your organization respond to patients or clients who have both mental health and substance abuse problems? Do you usually treat both problems, or do you usually need to refer the person elsewhere for treatment of one of the co-occurring problems?

(check all that apply)

- ☐ We usually treat both the mental health and the substance abuse problem.
- ☐ We usually refer individuals to other caregivers for treatment of one of the co-occurring problems.

Which organizations do you typically refer to for co-occurring problems?

24. Do you or your organization provide any of the following services?

- ☐ Diabetes treatment
- ☐ Hypertension intervention
- ☐ Obesity reduction
- ☐ Tobacco cessation

Please feel free to comment

25. Please briefly describe, as you see them, the major gaps in the continuum of mental health and substance services in Lake County

26. Please describe any challenges you or your organization face in coordinating client discharge with other providers, families or friends of the client

Lake County Behavioral Services Assessment

27. On average, how long do clients have to wait to see you or your organization for their initial appointment or services?

- ☐ We are able to see clients almost immediately
- ☐ Less than one week
- ☐ Between one and two weeks
- ☐ Between two weeks and a month
- ☐ More than a month

Feel free to comment

28. If you or your organization provide services in languages other than English, please indicate which language(s)

- ☐ Spanish
- ☐ Russian
- ☐ Polish
- ☐ Tagalog
- ☐ Chinese

Other (please specify)

Lake County Behavioral Services Assessment

29. When you or your organization encounter someone with mental health or substance abuse problems who you cannot help, and who you need to refer elsewhere for help, what services do you typically look for?

(check all that apply)

- ☐ Case management
- ☐ Court diversion services for persons with mental health problems
- ☐ Court diversion services for persons with substance abuse problems
- ☐ Court diversion services for veterans
- ☐ Crisis intervention
- ☐ Crisis intervention, specifically for youth
- ☐ Detoxification
- ☐ Department of Corrections re-entry
- ☐ Employment services
- ☐ Jail diversion services for persons with mental health problems
- ☐ Jail diversion services for persons with substance abuse problems
- ☐ Jail diversion services for veterans
- ☐ Inpatient psychiatric
- ☐ Mobile assessment team
- ☐ Outpatient counseling (mental health)
- ☐ Outpatient counseling (substance abuse)
- ☐ Psychiatry
- ☐ Rehabilitation (substance abuse)
- ☐ Services to groups
- ☐ Shelter, short-term
- ☐ Shelter, long-term
- ☐ Suicide prevention
- ☐ Trauma treatment

Other (please specify)

Service Capacity

Lake County Behavioral Services Assessment

30. Are you or your organization accepting new patients or clients?

- ☐ Yes ☐ No

If yes, how would you quantify the additional number of patients you could accept, e.g., how many more clients could you see in a year?

31. Over the last 12 months, did persons seeking you or your organization's services need to be placed on a waiting list? If so, what was the average waiting time?

- ☐ 1-2 weeks
☐ 3-4 weeks
☐ 5-6 weeks
☐ 7-8 weeks
☐ 2 months or more

32. Please indicate the type of insurance, if any, that you or your organization accept:

	Always	In some cases	Never
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feel free to comment

33. Do you or your organization offer a sliding scale or financial hardship plan when charging for services, based on the patient's ability to pay?

- ☐ Yes
☐ No

Comment

34. Are your or your organization's services limited to persons below certain income limits?

- ☐ Yes
☐ No

If yes, please describe those income limits

Lake County Behavioral Services Assessment

35. Do you or your organization routinely provide services at no cost to the patient?

☐ Yes

☐ No

Feel free to comment

36. Please indicate what percentage, if any, of you or your organization's patients or clients are served free of charge:

☐ 0% are served free of charge

☐ 1-10%

☐ 11-20%

☐ 21-30%

☐ 31-40%

☐ 41-50%

☐ More than 50 percent are served free of charge

37. Please indicate the types of professional licenses held by you and colleagues/staff of your organization

☐ Licensed Clinical Social Worker/Licensed Clinical Professional Counselor

☐ LCP/Licensed Social Worker

☐ Marriage and Family Therapist

☐ M.D.

☐ Psychologist

☐ Certified addictions counselors

☐ Unlicensed, uncertified counselors

Other (please specify)

38. How would you describe your business or organization?

☐ Government agency

☐ Non-profit organization

☐ For-profit organization

Lake County Behavioral Services Assessment

39. Are you or your organization a contractor with the Division of Alcohol and Substance Abuse of the Illinois Department of Human Services?

☐ Yes

☐ No

Feel free to comment

40. Are you or your organization a contractor with the Division of Mental Health of the Illinois Department of Human Services?

☐ Yes

☐ No

Feel free to comment

41. About how many employees work at your organization (full- or part-time)?

☐ 1-5

☐ 6-10

☐ 11-15

☐ 16-20

☐ 21-25

☐ More than 25

Looking Ahead

Lake County Behavioral Services Assessment

42. How do you expect the Affordable Care Act (ACA) to affect your or your organization's services?

	Agree	Disagree
No Change expected	<input type="radio"/>	<input type="radio"/>
Expect to see fewer patients	<input type="radio"/>	<input type="radio"/>
Expect to see more patients/clients	<input type="radio"/>	<input type="radio"/>
Expect to be able to provide more types of services	<input type="radio"/>	<input type="radio"/>
Expect to begin billing Medicaid for the first time	<input type="radio"/>	<input type="radio"/>

Please feel free to comment on how the ACA may affect your services or your organization's services

Lake County Behavioral Services Assessment

43. Please indicate whether you expect to significantly increase your or your organization's services over the next three years

(check all that apply)

- ☐ Case management
- ☐ Court diversion services for persons with mental health problems
- ☐ Court diversion services for persons with substance abuse problems
- ☐ Court diversion services for veterans
- ☐ Crisis intervention
- ☐ Crisis intervention, specifically for youth
- ☐ Detoxification
- ☐ Department of Corrections re-entry
- ☐ Education or training of mental health or substance abuse professionals
- ☐ Employment services
- ☐ Jail diversion services for persons with mental health problems
- ☐ Jail diversion services for persons with substance abuse problems
- ☐ Jail diversion services for veterans
- ☐ Inpatient psychiatric
- ☐ Mobile assessment team
- ☐ Outpatient counseling (mental health)
- ☐ Outpatient counseling (substance abuse)
- ☐ Psychiatry
- ☐ Rehabilitation (substance abuse)
- ☐ Services to groups
- ☐ Shelter, short-term
- ☐ Shelter, long-term
- ☐ Suicide prevention
- ☐ Trauma treatment

Other services (please specify)

Other

Lake County Behavioral Services Assessment

44. Do you have comments on any of these major areas of concern?

Elderly persons' behavioral health needs	<input type="text"/>
Health-related services (i.e., hypertension, obesity, diabetes and tobacco)	<input type="text"/>
Hispanic and Asian needs	<input type="text"/>
Persons at high risk of suicide or self-harm	<input type="text"/>
Prevention (including education and early assessment)	<input type="text"/>
Reducing unnecessary visits to hospitals and emergency rooms	<input type="text"/>
Transportation challenges	<input type="text"/>
Uninsured or under-insured consumer needs	<input type="text"/>

Contact Information

45. Please provide your contact information if you would like to receive a copy of our final report on behavioral health needs in Lake County. Your contact information will not be shared or used by other parties.

Respondent Name	<input type="text"/>
Title	<input type="text"/>
Organization Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Lake County Behavioral Services Assessment

46. Would you or someone in your organization be interested in taking part in a focus group on behavioral health needs in Lake County, to be convened by the Lake County Health Department? Your participation will assist us in informing the community and in helping to shape the direction of social services in the county.

Focus group participants will receive a stipend.

(if interested, please be sure to provide your contact information in the previous question)

☐ Yes

☐ No

Appendix Two

SURVEY FINDINGS

Note: the numbers at the end of each finding indicate the document and page number supporting the finding. Numbers preceded by an “M” denote main report; those without, denote statistical report.

Emergent Attention

- 1) The north and west of Northern Lake County (including Waukegan, North Chicago, Antioch, and the Round lake area) have severely diminished outpatient service capability (plot on M34). As a result, people from this geography are the most frequent users of hospital visits (M11).
- 2) The growth of county population in poverty over the past 20 years is faster than the growth of county population (M43).
- 3) The Latino population continues to grow without a concomitant growth in services that are already in a demand exceeding supply situation. Services are often not administered in the client’s language without an interpreter (interviews). Over the past 20 years the county’s Latino population has reached 20% - from 7% in 1990 (M41).
- 4) Little is being done across the system to address the diabetes, hypertension, obesity, or tobacco issues of the system’s clients (5).
- 5) The most common referrals are for inpatient psychiatric services (62% for both profit and non-profit) and outpatient psychiatric services (49%-51%) (7). Provider/agent referral request services are for the following top six categories in order of frequency: inpatient psychiatry (62%), outpatient psychiatry (49-51%), substance abuse rehabilitation (40-49%), detoxification (35-39%), outpatient substance abuse counseling (32-44%) and short-term shelter (15-44%) (M17).
- 6) Lake County composes 5.5% of the state’s population, but only has 1.6% of the state’s psychiatric beds. With 59 hospital beds across the county, inpatient psychiatry is insufficient for the county needs. This is especially true when it comes to meeting the needs of children and adolescent inpatient demand; this. Data indicates over 13% of all children and adolescent admissions are admitted to Alexian Brothers in Chicago’s northwestern suburbs (M32).
- 7) There are insufficient residential facilities across northern Lake County (M19), and residential referrals are overwhelmingly for inpatient psychiatric care (M17).
- 8) Half of residential services providers utilize unlicensed clinicians (10).
- 9) Northern Lake County has significant issues with alcohol and tobacco for those 18 and over. Persons in the 18-25 age group are far and away the ones with the most behavioral health issues (M6). Those aged 12-17 face issues not only with alcohol and tobacco, but also with marijuana, heroin, and other drugs (M6).
- 10) African American persons are very disproportionate users of hospital emergency departments (EDs) and hospital admissions, far in excess of their percentage of population (M9, M12). The 15-24 year age group is overwhelming users of ED services, far exceeding their percentage of the population. The 25-34 group is second in terms of percentage of use based on population (M10).

Urgent Attention

- 1) Mental health providers are much more likely to provide adjunct chemical dependency services (92-95%) than chemical dependency providers are to provide mental health services (48-54%). This is true for both profit and non-profit agents (2).
- 2) For profit agents are not in the residential services business (4%) (2).
- 3) For profit agents do not treat homeless persons (2%); non-profit agents do not address the mental health issues of homeless persons (10%) or for their addictions (15%)(2).
- 4) For profit agents are more likely to be treating veterans (2).
- 5) Psychiatric services are lagging in both outpatient (15-36%) and inpatient (4-10%) (5). There are only 25 licensed psychiatrists in Northern Lake County (M35).
- 6) Short-term shelter is in high demand, especially in the non-profit sector (7).
- 7) The county's geriatric population (ages 70-79) is projected to grow at a 30% rate, far exceeding any other age sub-group (M41).
- 8) Employment services are generally not addressed (18% non-profit, 2% profit) (5).
- 9) Transportation access is inadequate to facilitate public transport usage to get to appointments (interviews).

Routine Attention

- 1) The top services across both profit and non-profit is "outpatient mental health counseling" (72%-79%), followed by "crisis intervention," "trauma treatment," and case management (non-profit only (56% to 17% for profit) (5).
- 2) Only 9% of for profit agents always accept Medicaid, while 86% indicated they never do (8).
- 3) Private insurance is where for profits draw their clients (8).
- 4) Charity services are with non-profits, and they are near or at capacity (9; M18).
- 5) The most common license is an LCSW (10).
- 6) Survey respondents felt the Affordable Care Act would create more demand (an expectation that more clients will seek services) for therapeutic interventions, especially for crisis intervention, psychiatry and mental health counseling (14; M29).
- 7) The Latino community underutilizes ED services when factored in their percentage of the population. Caucasian citizens are disproportionate users for dementia, developmental disorders and disorders of infancy (M9).
- 8) Suicide returns (from age-group 25-34 (22%)) as a factor in the age groups 45-54 (56%) and 55-64 (22%) (M13).
- 9) The Asian population, though relatively small, is projected to have the fastest rate of growth in number of county residents (M40).
- 10) As a member of a five hospital county offering, Vista West and East were responsible for over 32% of all ED visits and over 37% of admissions (M32).