

Behavioral Health Community Profile

Mental Illness and Substance Use in DuPage County

June 2016



Introduction

The DuPage Federation published its first Profile on Mental Illness and Substance Abuse in 2005. In the decade since that first publication, the behavioral health field has seen significant changes. Changes in funding structure, implementation of the Affordable Care Act, innovations in treatment modalities, improvements in medications and other factors have led to an increased awareness of the need for behavioral health services. And yet, challenges and gaps in service remain. This report seeks to not only describe the current state of public health services, but also discuss innovation, identify gaps, and propose recommendations.

This report does not seek to duplicate or summarize any efforts being conducted on national and state levels. It seeks to work in concert with other local efforts examining this issue to provide an overview and scope, along with recommendations to improve the system.

Whenever possible, we have included actual data reflecting the scope of the issue in DuPage County. However, we are not aware of any strong surveillance system that tracks county level data of specific mental health problems. Therefore, we have occasionally been forced to present national and state incidence and prevalence data and to estimate the DuPage numbers from those rates.

The purpose of this document is to:

- Provide a status report of the recommendations we made in our earlier 2005 report.
- Provide a brief summary of important facts about mental illness and substance abuse for readers with little background in the subject.
- Describe the challenges, opportunities and resources that are unique to DuPage County and the surrounding region.
- Recommend improvements to the system of behavioral health services for those with mental illness and substance abuse issues in DuPage County and the surrounding region.

This document is the product of an extensive interactive process of research and consultation with experts, review by the Federation Board and comments by the readers. These recommendations are considered to be a work in progress, and may undergo further development as new ideas and information emerge.

Thanks to our Expert Advisors and Funders

In preparation of this report, we have interviewed a number of experts both to seek real world information and to receive feedback about possible recommendations. We greatly appreciate the time and careful thought devoted by the multiple content area experts whose guidance greatly improved and refined this document. Several other organizations were contacted to arrange interviews but were unable to participate within the necessary time frame. If we have inadvertently omitted anyone we have consulted, a reminder would be appreciated.

Special acknowledgment and thanks regarding data and research support are given to the following individuals who kindly shared their time and expertise:

- Amy Slott, MPH Intern, Benedictine University
- Rob Paral, Rob Paral & Associates
- Sarah Troll, DuPage County Health Department
- Elizabeth Alleman, DuPage County Health Department
- Elizabeth Murphy, Communicable Disease and Epidemiology Manager, DuPage County Health Department
- Theodora Binion, Illinois Department of Human Services
- Lori Carnahan, DuPage County Health Department
- Karen Considine, DuPage County Adult Probation
- Jordan Esser, DuPage County Health Department
- Dianna Feeney, Serenity House
- Allison Johnsen, Northwestern Medicine, Central DuPage Hospital
- Rose Karg, DuPage County Health Department
- Lon Kleisner, Healthcare Alternative Systems, Inc.
- Lisa Labiak, Serenity House
- Jeff Lata, DuPage County Health Department
- Jason Knorr, DuPage County Health Department
- Alicia Mandolini, Healthcare Alternative Systems, Inc.
- Ron Melka, Lyons Township Mental Health Commission
- Theresa Nihill, Metropolitan Family Services
- Ann Schreiner, Pillars
- Carol Simler, DuPage PADS
- Jean Solon, DuPage County Drug Court
- Lisa Snipes, Serenity House
- Amit Thaker, Linden Oaks Hospital
- Mila Tsagalis, DuPage County Health Department

This project is partially supported by a grant from the Community Memorial Foundation. The opinions expressed are those of the Federation.

About DuPage Federation on Human Services Reform

The mission of DuPage Federation on Human Services Reform is to improve the lives of vulnerable people in DuPage County by leveraging relationships and knowledge to build an effective and efficient health and human service system. The Federation was formed in 1995 by a governor's office initiative as one of five 'learning laboratories' whose role was to demonstrate a new approach to collaboration between government and community in the implementation of welfare reform. Since that time, our role has evolved far beyond those origins. The focus has appropriately shifted to developing a broad system of supports for the working poor, and to improving the capacity of the human services system to meet increasingly complex needs.

Today, the Federation is a non-profit planning and change management organization that has been intimately involved in the development of the health care safety net and has helped expand the health and human service system to better meet the needs of the area's changing population. The Federation's work has focused on development of an effective and efficient health and human service system. It is the convener, facilitator and collaboration manager of numerous important systems change initiatives.

Progress toward 2005 Recommendations

The Federation recommended a number of System Strategies under the goal of ***assembling existing and potential new assets into a ‘virtual’ seamless comprehensive system for those in need of mental health services.*** A number of efforts occurred since 2005 that illustrate progress:

- The DuPage County Health Department convened the Behavioral Health Collaborative in 2011. The collaborative currently has two subgroups, the Treatment Leadership Team and the Prevention Leadership Team. These teams are comprised of a variety of community partners and organizations concerned with health and mental health needs in the County.
- The availability of low-cost medications was identified as a system priority in 2005. Since that time, the Affordable Care Act (ACA) has increased access to health coverage and subsequently, prescription coverage. Additionally, many mental health medications have become available in generic form, thus increasing access to more affordable options.
- Integration of mental health and primary health care has been initiated to some degree in DuPage County and the surrounding region. There are several models operating among local partners.

Efforts have developed to address the issue of stigma and awareness of mental health problems.

- DuPage County Health Department opened a new Community Center in October 2015. This new Community Center houses a number of DCHD Behavioral Health Services and is co-located with NAMI DuPage.
- The Community Memorial Foundation, Linden Oaks Hospital and Central DuPage Hospital each have networks of Mental Health First Aid instructors. Mental Health First Aid is an eight-hour course designed to teach laypersons how to respond to people experiencing mental health problems. These are three examples of increased attention to addressing and supporting recovery in the field.
- The *1 in 4 Mental Health* campaign utilizes marketing strategies to direct the general public to mental health information and resources. The *1 in 4* website (<http://1in4mentalhealth.com/>) is a resource repository that individuals and families may use to identify local providers and resources. This campaign is supported by a number of community partners: Community Memorial Foundation, DuPage County Health Department, DuPage Federation on Human Services Reform, and Rotary Club of LaGrange.

Important Findings

Treatment for Mental Illness and Substance Use has experienced profound change in the ten years since we last studied these issues.

Managed Care has had a significant impact on the availability of treatment for mental illness and substance use disorder. Legislation that included behavioral health treatment in mandated benefit arrays and required equivalent coverage for physical and behavioral health conditions has made

treatment easier to get, but rigid and convoluted utilization controls have restricted the availability of treatment.

Navigation systems that can help patients connect to treatment are essential, and largely unavailable.

Basic Facts about Mental Illness and Substance Use

Mental Illnesses are common in the United States. It is estimated that approximately 18.1% of U.S. adults experienced Any Mental Illness in 2014 (SAMHSA). This figure was similar to the estimate in 2013. Any Mental Illness (AMI) is defined as a diagnosable mental, behavioral, or emotional disorder that meets criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM). There is a spectrum of mental illness in terms of how disabling a condition may be on an individual's functioning. This spectrum ranges from no or mild impairment to a condition which may be significantly disabling. Serious Mental Illness (SMI) is defined as those diagnosable mental, behavioral, or emotional disorders that result in "serious functional impairment, which substantially interferes with or limits one or more major life activities" (NIMH), such as work, relationships or other activities of daily living.

With appropriate treatment and supports, people with mental disorders are able to recover and live fulfilling and productive lives. The concept of recovery has become more of a focus in the behavioral health system in recent years. Recovery is the "process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (SAMHSA).

Issues on Which Professionals Generally Agree

The importance of addressing Mental Illness has been recognized by most professionals. Mental Illness is complex and, and treatment of these disorders is an integral component to the health of a whole person.

As part of its county-wide health assessment completed in 2014, DuPage County Health Department identified mental illness and substance abuse as two of five strategic issues to be addressed. The questions currently being addressed by DuPage County partners are "how do we strengthen the mental health treatment system to respond to the complexity of mental health issues" and "how do we strengthen prevention and treatment of substance abuse issues for residents of DuPage County?"

- The Affordable Care Act mandated that every hospital complete a community health needs assessment. Each DuPage hospital identified mental health as a need in the community.
- There is agreement that a coordinated and comprehensive referral system is needed to connect patients to appropriate and available levels of care. The impact of health insurance status must also be noted. Health coverage dictates access to care.
- Despite increased awareness of mental health problems, stigma persists around the topic of mental health and substance use disorders.

Why is this issue important?

The estimated cost of untreated mental illness and substance use disorders to DuPage County is almost one billion dollars per year. This includes productivity losses associated with missed days of work, low productivity at work, premature death, health care treatment for physical conditions associated with, or worsened by mental illness and substance use disorders, and society costs including increased involvement with the criminal justice system and providing income supports. In addition, but no less important, there is an uncountable cost in the emotional toll and well-being of individuals and families impacted by these conditions.

How is DuPage County Performing?

DuPage County has worked to improve services for persons with mild and moderate mental illness, but the reality is that the system of services continues to prioritize persons with the most severe mental illness.

Language and Definitions

The US Department of Health and Human Services defines behavioral health as “a general term used to refer to both mental health and substance use.” For purposes of this report, we have separated the topics of mental illness and substance use disorders.

The terms substance abuse and substance dependence are no longer used. The term ‘Substance Use Disorders’ refers to a diagnosis based on specific criteria. These disorders may be further defined as mild, moderate or severe, and are seen “when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school, or home” (SAMHSA).

It is important to note that people with mental disorders are more likely to be dually diagnosed with substance use disorders, and vice versa. The very high number of persons who experience both is recognized and discussed in this report.

Rates of Mental Illness and Substance Abuse

Since 2005, definitions of mental illness and substance use disorders have changed. Due to these changing definitions, it is challenging to provide a direct comparison of numbers reported in our original profile. The numbers provided here represent the best estimates using the current measurement tools and current definitions.

Based on national and state incidence and prevalence rates, we estimate the following numbers of DuPage County residents to experience mental illness and substance use disorders:

Adults with Any Mental Illness (AMI) – (18.1% of the U.S. adults) <i>NSDUH, 2014</i>	168,820
Adults with a Serious Mental Illness (SMI) – (4.2% of U.S. adults) <i>NSDUH, 2014</i>	39,173
Adults with a Substance Use Disorder – (8.1% of U.S. adults) <i>NSDUH, 2014</i>	75,549
Adults with Co-Occurring Mental Illness and Substance Use Disorders – (3.3% of U.S. Adults) <i>NSDUH, 2014</i>	30,779
Use of Mental Health Services and Treatment - (13.4% of U.S. adults) <i>NSDUH, 2014</i>	124,983

DuPage County Residents discharged from DuPage County hospitals with a diagnosis of Psychoses, 2014, IDPH	6,089
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Cost of Untreated Mental Illness and Substance Use Disorders:

The cost of mental illness is high. The National Institute of Mental Health (NIMH) estimates that in 2006, there were \$57.5 billion in mental health care expenditures for all Americans. At that time, “the average expenditure per person was \$1,591.” Mental disorders have been identified as one of the top five most costly conditions on the Medical Expenditure Panel Survey administered by the Agency for Healthcare Research and Quality.

Costs include healthcare expenses, loss of earning, and disability benefits such as SSI or SSDI income. Nationally, the economic burden of serious mental illness is estimated at \$317.6 billion. Loss of earnings alone range upwards of \$193.2 billion (Insel, 2008). In our 2005 report, we cited a study that yielded a cost per person (nationally) of \$1060. A current review of the most recent information available yields a similar cost of about \$1,000 per person. A rough estimate by applying this figure to the DuPage County population yields a figure of over \$900 million in costs related to untreated mental disorders.

Costs include the following:

- *Productivity losses* – The costs associated with missed days of work, low productivity at work, and premature death.
- *Healthcare costs* – The costs of treating other physical ailments associated with, or made worse by, mental illness, as well as the direct cost of treating mental illness at a late stage.
- *Societal costs* – Society pays the cost of involvement with the criminal justice system, homelessness, and of providing income supports for persons with serious mental illness who are unable to work.

Gaps in the Behavioral Health Treatment System

There have been strides made in terms of health coverage for behavioral health needs. Recent legislation including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Affordable Care Act (ACA) addresses health coverage for behavioral health services. However, treatment gaps still exist and health coverage does not necessarily mean access to care. In addition, the number of psychiatrists and specialists in the behavioral health field is an issue that has been identified as a concern not only locally, but on a national level as well. There are also transition points (e.g., incarceration, shift in health plans, provider networks) that may lead to a disruption or interruption in behavioral health treatment.

Medicaid Care Coordination

As a result of state legislation, the Illinois Department of Healthcare and Family Services (HFS) was mandated to enroll at least 50% of Medicaid clients into care coordination in five mandatory managed care regions, including the greater Chicago area by early 2015 . As of January 2016, HFS reports that over 60% of their 3 million clients have enrolled in Health Plans. Care Coordination is a managed care model with the following goals:

- Provide a health plan and primary care provider (PCP) for every client
- Maintain continuity of care with that PCP
- Create comprehensive networks of care around the clients, including primary care, specialists, hospitals and behavioral health care
- Offer Care Coordination to help clients with complex needs navigate the healthcare system.

Community partners and advocates have reported challenges with finding providers that either accept the managed care plans or are accepting new patients with a Medicaid managed care plan. Access to specialists is reported to be even more challenging.

All Family Health Plans are required to cover behavioral health services, including mental health assessments and/or psychological evaluation, medication management, and therapy/counseling. A range of substance use treatment is available as well, including outpatient, inpatient, day treatment, detoxification, and psychiatric evaluation services. However, there is great variability in the adequacy of coverage and the ease with which enrollees can access treatment.

Plans also cover the service array provided at Community Mental Health Centers, though some plans require authorization. The HFS website has details at

<http://www.illinois.gov/hfs/MedicalProviders/behavioral/Pages/ManagedCareLearning.aspx>.

The Federation conducted a provider search of DuPage County through the Enroll HFS website, the enrollment site for Medicaid recipients. The search yielded no results for providers specializing in Addiction Medicine. The search found 18 psychiatrists accepting Medicaid Managed Care plans. Most providers accepted only one plan though one provider accepted multiple plans. There were seven providers of child psychiatry available accepting Medicaid Managed Care plans. Of those, most providers accepted only one of the Medicaid Managed Care plans. Stakeholders have expressed concern about a shortage of providers overall and wait lists for appointments ranging from 3-6 months out. Based on a cursory search, it appears that the Medicaid population has limited options for mental health services.

The list of Managed Care plans available in the DuPage and CMF region as well as the most recent version of the Care Coordination Expansion Map is available on the Illinois Department of Healthcare and Family Services website at <http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx>.

Impact of the State Budget

As of the end of May, 2016, the State of Illinois still lacks a budget. The impact on the behavioral health system cannot be understated. Agencies are being forced to reduce programs and staff. On January 22, 2016, Lutheran Social Services of Illinois announced the elimination of several programs serving this population. Other agencies have reported waiting lists and plans to reduce or eliminate services. As of March 2016, “an estimated 47,000 individuals have been denied services or received reduced service delivery” for substance use programs (Voices for Illinois Children).

The State budget impasse adds to the strain that already existed. Since 2009, Illinois has seen a 27% reduction in mental health grants and 22% reduction in addiction treatment services available through

the Department of Human Services. Illinois ranks the second lowest among neighboring states in spending on community based mental health programs (Voices for Illinois Children).

What Do We Know?

KEY FINDINGS

- Mental Illness and Substance Abuse have been identified as a priority issue for our region by multiple providers and stakeholders.
- The need for treatment has increased while resources have decreased.
- Since 2005, there has been a major increase in opioid abuse, including heroin and prescription pain medications.
- The funding landscape saw a 27% decrease in State funding for mental health programs since 2009.
- The Affordable Care Act mandates that qualified health plans offer mental health and substance use disorder coverage.
- However, coverage does not always mean that individuals who need treatment have easy access to services.

Basic Facts about Mental Illness

Mental illness is defined as diagnosable disorders that lead to changes in a person's thinking, mood, and behavior. It can disrupt a person's ability to work, carry out daily activities and engage in satisfying relationships (MHFA). Mental Illness is common in the United States. National estimates indicate that nearly 20% (or one in five) adults have a mental illness in any given year. Worldwide, it is estimated that one in four individuals will experience mental illness.

There are many different types of mental illness that occur along a spectrum of wellness, ranging from no or mild impairment to conditions which may be significantly disabling. Anxiety and depression are some of most commonly occurring mental illnesses. Other common disorders include substance use disorder, bipolar disorders, eating disorders, and schizophrenia (MHFA, 2013). Substance Use Disorders are defined separately using criteria from the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders).

Relationship between physical illness and mental illness:

Many people with mental illness also have physical health conditions that are in need of medical attention. In fact, these individuals may be at increased risk of chronic health conditions. There has been increasing attention given to integrating primary health care with behavioral health care. People with

serious mental illness are less likely to follow treatment for co-occurring medical conditions. (CDC, 2011).

Relationship between mental illness and substance abuse:

People with mental illness are more likely to have a co-occurring substance use disorder. The reverse is also true. "According to the National Survey of Substance Abuse Treatment Services (N-SSATS), about 45% of Americans seeking substance use disorder treatment have been diagnosed with a co-occurring mental disorder" (SAMHSA). SAMHSA estimates that "approximately 7.9 million adults had co-occurring disorders in 2014". Illinois utilization data indicates that 6% of adults receiving State mental health services have co-occurring mental health/substance abuse disorders (*SAMHSA Uniform Reporting System, 2014*).

Substance Use Disorder

SAMHSA¹ estimates that "in 2014, about 21.5 million Americans age twelve and older (8.1%) were classified with a substance use disorder in the past year." Addiction is considered to be a complex brain disease. Symptoms of dependence on alcohol and other drugs include the following:

- Tolerance (needing more of the substance to elicit the high)
- Withdrawal symptoms (problems when the person stops or reduces the amount)
- Continued use despite being aware of negative results

Increase in heroin and opioid use

Nearly every provider we spoke with identified the increase in heroin use as a significant issue. There has been a significant increase in the misuse of prescription medications, particularly opioids or painkillers, in recent years. A majority of the stakeholders with whom we spoke shared concern about the shift from prescription misuse to subsequent dependence on heroin.

In August 2015, Roosevelt University released a report addressing this very topic. The report, *Diminishing Capacity: the Heroin Crisis and Illinois Treatment in National Perspective*, includes a number of data points that describe the scope of the problem as well as the capacity of the current system to address it. The outlook is not good. The authors note that "while heroin treatment episodes are reaching historic highs nationally, in Illinois treatment admissions for heroin are significantly higher than the nation as a whole" (Kane-Willis, 2015). And, "while heroin use is increasing in every area of the state, there has been an alarming and dramatic decrease in treatment from 2007 to 2012" (Kane-Willis, 2015). Illinois ranks 3rd worst in the nation for state funded treatment for substance use. The Roosevelt University report details the specific and significant (upwards of 30%) decreases in state funding for substance use disorder treatment.

¹ The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) takes the previously used terms "substance abuse" and "substance dependence" and has created the term "substance use disorder". This disorder is measured on a continuum from mild to severe (American Psychiatric Association).

The increase in heroin use and overdose deaths related to heroin was the impetus for the creation of the DuPage County Narcan Program. In 2013, the county established this program to train and equip first responders, such as police and EMS, to administer Narcan to individuals experiencing heroin overdose. Narcan™ (naloxone) is a prescription medicine that blocks the effects of opioids, reverses an overdose and thereby saves the life of the user. This program is an excellent example of collaboration at work, with partners including the DuPage County Coroner, Sheriff, State's Attorney, Chiefs of Police, and Health Department.

Impact of Mental Illness

The World Health Organization (WHO) has examined the burden of disease for a number of health problems. WHO defines burden of disease as “the loss of health from all causes of illness and deaths worldwide”. Their most recent report was published in 2004 and looks at data for the years 2000-2002. While these data are over ten years old, the report clearly demonstrates the impact of mental illness on the health of the population. WHO estimates disease burden by utilizing the DALY (Disability Adjusted Life Year) measure. “One DALY represents the loss of the equivalent of one year of full health.” The report shows that depression is ranked as the third leading cause of disease burden globally. The report also indicates that depression is the leading cause of disease burden for middle- and high-income countries. The significance of such a high rank for a mental disorder, compared to other diseases and injury, demonstrates the frequency with which mental disorders occur. Of additional note, the 2012 estimates indicate that mental and behavioral disorders represent 7.3% of DALYs globally (WHO).

The Agency for Healthcare Research and Quality identified mental disorders as one of the top five most costly conditions among adults 18 and older in 2012, along with trauma-related disorders, cancer, heart conditions, and arthritis and non-traumatic joint disorders. Mental disorders accounted for \$51.1 billion in expenditures. “The largest number of persons ages 18-64 incurring expenses was treatment for mental disorders (29.6 million)” which was more than double the number of people incurring costs for heart conditions and more than three times the number of people for cancer (AHRQ, 2015).

Based on utilization data obtained from the 2014 SAMHSA Uniform Reporting System, 135,197 persons were served by State Mental Health Agencies (SMHA) in 2014, a utilization rate of 10.5 per 1,000 population. More than half (52.7%) were female. Persons ages 25-44 represent 31.8% of this population, followed by those ages 45-64 (26.8%). The majority (68.5%) of these consumers had Medicaid as their sole source of health coverage, while 23.6% were non-Medicaid, and 8% had both Medicaid and another payer. The percentage of Medicaid-only consumers served by SMHA is significantly higher than the US average, which saw 43% of consumers served having Medicaid alone.

DuPage Data Estimates

Since our 2005 profile, the definitions of the categories of measurement have changed. Therefore, we are unable to offer meaningful comparisons of data included in our previous profile on this topic.

DUPAGE DATA ABOUT MENTAL DISORDERS			
DuPage Demographics			
Total Population (U.S. Census Bureau, 2014)			932,708
Adults 65+			108,194
Adults 18-64			606,260
Adults over 18			714,454
Children and Adolescents < 18			218,254
Estimates of DuPage Populations with Selected Mental Illness			
	<i>National & State Estimates</i>		<i>DuPage Estimates</i>
Serious Mental Illness (SMI) Among U.S. Adults (NIMH, 2014)	4.2%		39,173
Adults in Illinois with SMI (SAMHSA, 2009-2013)	3.4%		
Adults with depression (NSDUH, 2014)	6.6%		61,559
Adults with anxiety (NSDUH, 2014)	18%		167,887
Days Mental Health Not Good, 1-7 days (IL BRFS, 2010-2014)	24.4%		22.5% (n=153,551)
Estimates of DuPage Populations with Substance Use Disorders			
U.S. Adults with substance use disorders	8.1%		75,549
Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in Illinois (SAMHSA, 2009-2013)	6.8%		63,424
Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older in Illinois (SAMHSA, 2009-2013)	2.3%		21,452
Adults at risk for acute/binge drinking (Illinois BRFS, 2010-2014)	5.4%		5.1%
Adults at risk for chronic drinking (Illinois BRFS, 2010-2014)	20.3%		18.5%
Past-Year Alcohol Use Treatment among Individuals Aged 12 or older with Alcohol Dependence or Abuse in Illinois (SAMHSA, 2009-2013)	5.4%		50,366
Past-Year illicit Drug Use Treatment Among Individuals Aged 12 or Older w/ Illicit Drug Dependence or Abuse in IL (SAMHSA, 2009-2013)	12.7%		118,453
DuPage County residents discharged from DuPage County hospitals in 2014 with following diagnoses (IDPH):			
	<i>Inpatient</i>	<i>Outpatient</i>	<i>Total</i>
Any "Mental Disorders"	8,424 (8.8% of visits)	9,849 (1.5% of visits)	18,273
Psychoses*	5,020	1,609	6,629
Anxiety	120	1,818	1,938
Depressive Disorder	516	1,187	1,703
Alcohol dependence syndrome	439	634	1,073
Drug dependence	216	167	383
Nondependent abuse of drugs	83	2,378	2,461
Alcohol induced mental disorders**	987	291	1,278
Drug-induced mental disorders**	484	229	713
Community Memorial Foundation geographic area residents discharged from area hospitals in 2014 with the following diagnoses (IDPH):			
	<i>Inpatient</i>	<i>Outpatient</i>	<i>Total</i>
Any "Mental Disorders"	4,307 (9% of visits)	5,329 (1.5% of visits)	9,636
Psychoses*	2,553	806	3,359
Anxiety	80	1,075	1,155
Depressive Disorder	207	507	714
Alcohol dependence syndrome	203	89	292
Drug dependence	66	120	186
Nondependent abuse of drugs	63	1,501	1,564
Alcohol induced mental disorders**	520	85	605
Drug-induced mental disorders**	296	115	411

*The data included in the psychoses information includes discharge codes relating to conditions in which psychosis may occur. These conditions include schizophrenia, episodic mood disorders (e.g., bipolar, major depressive affective disorder, manic affective disorders), delusional disorders and other non-organic psychoses.

** The diagnosis of alcohol-induced mental disorders and drug-induced mental disorders refer to psychotic conditions that result from consumption or withdrawal of a particular substance. These figures were not included in the psychoses figures listed in the previous chapter.

Treatment of Mental Illness and Substance Use Disorders

There is a spectrum of treatment interventions that range from prevention and early intervention (e.g., engaging a person early in their illness or when first becoming unwell) to intensive treatment and recovery. For most persons experiencing mental disorders, a combination of treatment methods is the most effective approach. Individual and/or group counseling as well as prescription medications are avenues to treatment for many individuals. There has been increased recognition of the importance of peer support and other support strategies to complement treatment methods. A variety of professionals play a role in the treatment process. Many individuals begin with their primary care physicians, especially if health insurance dictates referrals are needed for behavioral health services. Often, the primary care physician will prescribe medication and/or make a referral to a mental health professional. These include licensed clinical social workers, psychologists, licensed counselors, addictions specialists and others who are trained to provide therapy and counseling. Psychiatrists are medical doctors who specialize in the treatment of mental illness and are experts with medication.

Best Practice in Substance Used Disorder Treatment

The National Institute on Drug Abuse (NIDA) identified thirteen principles of effective substance use disorder treatment, listed here with perspective added from our key informant interviews with DuPage and Illinois providers:

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available at the time an individual is ready for it.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. Local providers and state administrators recognize that the needs of the whole person must be addressed for substance use disorder treatment to be most effective. Yet as was so eloquently stated by an administrator, the funding structure does not allow for innovation in treatment.
5. Remaining in treatment for an adequate period time is critical. Achieving this principle can be challenging due to the payer or coverage status of the individual in treatment. Multiple providers report that authorized length of stay has shortened in the past few years, and is payer driven. They report that it is harder to get inpatient treatment covered and in many instances, payers are directing patients to intensive outpatient (IOP) services and will not approve partial hospitalization until the person fails in the IOP plan.
6. Behavioral therapies – including individual, family, or group counseling – are the most commonly used forms of drug abuse treatment.

7. Medications are an important element of treatment for patients, especially when combined with counseling and other behavioral therapies, but too often the most effective medications are not covered by some insurance.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other mental disorders. The topic of co-occurrence has been addressed previously in this report. One substance use disorder treatment provider acknowledged that the agency's biggest challenge was access to psychiatry services.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment often occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, Hepatitis B and C, Tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

Medication Assisted Treatment (MAT): A number of medications are available to combat dependency on opioids and alcohol, including buprenorphine, methadone, naltrexone and naloxone (for opioid overdose). These medications work by decreasing cravings and withdrawal symptoms, and by blocking the high the person gets if they use while taking the medication. “The number of individuals in Illinois who received buprenorphine as part of their substance abuse treatment increased from 2009 to 2013” (SAMHSA, 2009-2013). Access to these types of treatments is dependent on insurance coverage, and there is little consistency across plans. Further, the newest and arguably most effective medications are very expensive and often not covered. Additionally, physicians are limited on the number of patients that they may treat with buprenorphine. In March, 2016, the U.S. Department of Health and Human Services proposed to increase the number of patients that physicians may prescribe buprenorphine from 100 to 200 (HHS, 2016). One provider noted that there is an acute shortage of physicians accepting state Medicaid and Medicaid managed care plans who prescribe buprenorphine. The impact of this shortage combined with wait-lists is delayed treatment, which contributes to the likelihood of relapse. When an affected person relapses and uses heroin again, the likelihood of accidental overdose is increased.

Barriers to Treatment

As stated in our original report, although effective treatment methods exist for behavioral health needs, many people who need treatment, want it and would benefit from it often cannot get it due to the fragmentation of the mental health system. Barriers include the complexity of the system, insurance challenges, stigma, and the nature of mental illness itself.

Providers reported a number of challenges in accessing appropriate levels of treatment services. In most cases it is up to the patient or family to navigate the complex system of authorizations and payer regulations in order to access treatment. This implies that patients are aware of the need for treatment, they are ready and willing to seek treatment, and that there is a place for them to go. Too often, when

patients are prepared to access treatment, they may be restricted in their choices based on availability of providers in their area and the patient's health coverage. Patients and providers have both expressed interest in a seamless referral system and up-to-date resource guide that links consumers to providers.

It is incumbent upon the recipient to make phone calls and engage in services. Our intake staff would love to "walk" clients to where they need to be.

--Ann Schreiner, President and CEO, Pillars

It is often challenging for providers and patients to know what type of behavioral health services are available in their region, and which providers have openings and accept the patient's health insurance.

Providers and community advocates have also expressed the desire to have a more active referral process. Rather than provide

information to the patient and let the patient struggle to make a connection to a treating provider, there is widespread agreement that the referral process must be more dynamic, similar to an "air traffic control center". This was a recommendation in 2005 and the Behavioral Health Collaborative recently identified it as a continuing need during its strategic planning process in 2015. The Collaborative has a committee working on developing such a system.

Lack of specialists

We consistently heard concerns from stakeholders about the lack of psychiatrists, particularly child psychiatrists or providers fluent in other languages. Another factor influencing the availability of providers is the patient's health coverage status. The number of providers accepting traditional Medicaid has historically been low. With the shift to Medicaid Managed Care, there has been widespread confusion about the true number of providers accepting these plans.

Influence of Health Coverage Status

Managed Care, both with private insurance and Medicaid, has long influenced access to behavioral health care. Two recently enacted laws were intended to expand the availability of coverage for behavioral health treatment.

"Denial management is an industry"

--Local Behavioral Health Administrator

The Affordable Care Act took an important step toward increased access to treatment for mental illness and substance use disorders by mandating that this category of coverage be considered one of the Essential Health Benefits that qualified health plans must offer. Both treatment services and preventive services such as depression screenings are to be covered by health insurance plans, with the prevention services available at no cost-sharing to the consumer. However, the extent to which these services are covered is inconsistent. Providers consistently report challenges with billing and reimbursement of services that are to be covered. Providers also report reduced lengths of stay and challenges with prior authorization, including timely response from payers. This has been seen much more with the substance use component of behavioral

health services. The Mental Health Parity and Addiction Equity Act's (MHPAEA) requires that insurance plans make the benefits for mental and substance use disorders on par with those provided for medical and surgical coverage. The ACA further enhanced provisions of the MHPAEA.

Even with these protections, actual access to treatment is based on payer type and provider contracts with the payers. While behavioral health services, including substance use disorder treatment, must be covered by Qualified Health Plans and Medicaid, many services require prior authorization. The number of providers contracted with plans is also a factor that determines patient access to behavioral health care.

Smaller, community-based mental health agencies that have historically relied on state funding now find themselves navigating the insurance world. Some of these organizations need technical assistance on billing and insurance coding. SAMHSA offers free technical assistance on developing business models to implement such practices.

Transitions from one system to another

Transitions continue to impact a person's ability to access treatment. This is especially true with patients involved in the legal system. Justice involved populations have unique challenges. In some cases, both the law enforcement community and the general public incorrectly believes that an arrest is the quickest way to access treatment for a person. In fact, involvement with the criminal justice system is likely to worsen a bad situation.

Such arrests can be a particular concern for individuals who are prescribed medication to treat mental illness. Our experts informed us that the prescription formulary utilized at the DuPage County Jail contains older, less expensive – and often less effective --medications. When someone is detained, there is sometimes interruption in medication management and decompensation if their "community based" medication was working well. Further, inmates are released from jail with only a few days' supply of medication and no provision for continuation of their medications.

Another example of transition problems affects persons receiving behavioral health services as part of their probation. Our experts shared instances when persons who are on probation may be hospitalized for a behavioral health crisis and discharged to community based settings. Yet communication between probation and behavioral health professionals does not always occur, making it challenging to case manage those individuals and assure successful completion of probation and behavioral health services.

The 18th Judicial Circuit Court, in conjunction with the DuPage County Adult Probation Services, convenes a Drug Court. Drug Court is a diversion program or sentencing alternative for eligible drug dependent, non-violent offenders. Drug Court provides a focus on substance use treatment rather than incarceration. While the program is highly structured and involves monitoring and support of the offender's treatment, challenges persist, including lack of access to treatment facilities. In many instances, drug court participants must access treatment outside of the county.

Additional barriers to recovery for justice involved populations include the difficulty of gaining employment or housing for persons with a criminal record. Jobs and stable housing are two important contributing factors that support recovery.

2016 Recommendations

Goal: People in DuPage County (and the surrounding region) who need mental health and substance use disorder treatment should be able to get it, at an affordable cost, without delay in treatment, and without causing additional problems.

What do we need to do to reach the goal?

1. Increase the capacity of the behavioral health system.
 - a. Federal and state officials and the medical education system should address the perennial shortage of qualified providers, particularly psychiatrists, and professionals of all types who are trained in child and adolescent services. Some strategies to address this include expansion of existing programs that help with paying student loans, and increased pay for these professionals.
 - b. The human services system needs a larger, readily accessible substance use disorder treatment system that uses evidence based treatment modalities that are rigorously followed up and evaluated.

"The need for continuing care for Medication Assisted Treatment patients is crucial to recovery. Receiving Medication Assisted Detoxification in a hospital must be followed by the ability to get appointments and prescriptions at the outpatient level of care, in order to prevent relapse."

---Allison Johnsen, LCPC,
Manager, Business & Program Development
Behavioral Health, Northwestern Medicine, Central DuPage Hospital

2. Primary care physicians need to embrace their role as ‘first responders’ who can and should identify and effectively treat behavioral health disorders.
 - a. Professional societies and other administrative bodies should develop and promulgate protocols to assist PCPs in determining what disorders they should treat and what should be referred.
 - b. Nursing and medical assistant staff should be trained to respond to patients and patient family members expressing a need for behavioral health services.
 - c. PCPs and support staff should be able to provide accurate referrals to affordable, accessible and effective community behavioral health services. To do this, systems to identify such resources, such as the navigation systems described below, are needed.
3. Both health care and human service organizations should continue to promote integrated care models so that consumers have a “one-stop shop” – a place to access social services, wellness, primary care, behavioral health care and more. This moves the model beyond simple co-location. Services should be holistic and look at the whole person, including the environment in which they live, learn, work and receive care.
 - a. This will require that professionals move out of their traditional roles but has the potential to result in much more efficient and effective care.

4. The adequacy and accuracy of behavioral health provider networks should be continually monitored by insurance companies and regulators.
5. The ability of consumers to access appropriate care and to effectively manage their care should be increased by:
 - a. Developing a seamless navigation system akin to an “Air Traffic Control” center.
 - b. Creating a universal screening or referral tool.
6. Small, safety net nonprofit providers should carefully examine their business models and long-term viability in the current funding climate. Funders can offer assistance in organizing to participate in health insurance programs, and facilitate mergers and other restructuring.
7. Justice-involved populations have unique barriers and challenges. Addressing such barriers would go a long way toward mitigating the harm and cost associated with inadequately serving this high-risk population.
 - a. The Cook County Sheriff’s office is doing some important work toward assuring continuity of care. Local officials should study and emulate this work where appropriate.
 - b. DuPage County officials including the Sheriff’s office, the Health Department and other organizations should expand their current programs to ensure that the transition from jail to community is seamless for this very high-risk population.
 - c. Barriers to obtaining employment and housing must be addressed to avoid recidivism. This will require policy change at state and federal levels.

*An ideal behavioral health system would be “one
that addressed the needs of the whole person
and their families.”*

*Theodora Binion, (Former) Director, Illinois Department of
Human Services, Division of Alcohol and Substance Abuse*

REFERENCES

- Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (2015) *Statistical Brief #471: Top Five Most Costly Conditions among Adults Age 18 and older 2012: Estimates for the U.S. Civilian Noninstitutionalized Population.*
- Illinois Department of Public Health (2015) *Inpatient and Outpatient Discharge Data, January 1, 2013 – June 30, 2015, DuPage, Illinois.*
- Insel, Thomas (2008). *Assessing the Economic Costs of Serious Mental Illness*, American Journal of Psychiatry, Volume 165 Issue 6, June, 2008, pp. 663-665.
- Kane-Willis, K. (2015) *Diminishing Capacity: The Heroin Crisis and Illinois Treatment in National Perspective*, Illinois Consortium on Drug Policy at Roosevelt University.
- Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013) *Mental Health First Aid USA, Revised First Edition*.
- NIH, National Institute of Mental Health: Transforming the understanding and treatment of mental illnesses, *Brain Basics*, Accessed online 12/18/15: <http://www.nimh.nih.gov/health/educational-resources/brain-basics/brain-basics.shtml>
- SAMHSA, *Illinois 2014 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System Output Tables*
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2015), *Behavioral Health Barometer, Illinois, 2014*.
- U.S. Department of Health and Human Services, Press Release: *HHS takes steps to increase access to the opioid use disorder treatment medication buprenorphine.*
- Voices for Illinois Children (2016). *Issue Brief: Budget Impasse Continues to Devastate Illinois Families and Communities*, Accessed online 3/31/2016 <http://www.voices4kids.org/wp-content/uploads/2016/03/Budget-Impasse-Continues-to-Devastate-Illinois-Families-and-Communities-FINAL.pdf>
- World Health Organization, DALY estimates, 2000-2012, Global summary estimates
- World Health Organization, *The global burden of disease: 2004 update*, Available online: http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/

Appendix 1: Mental Health Provider Resources in & near DuPage County

Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515 630-275-5900 advocatehealth.com/sam-behavioralhealth	www.dupagehealth.org
AMITA Adventist Glen Oaks Hospital 701 Winthrop Avenue Glendale Heights, IL 630-545-8000 Keepingyouwell.com/careservices/behavioralhealth	Ecker Center for Mental Health 1845 Grandstand Place Elgin, IL 60123 847-695-0484 www.eckercenter.org
AMITA Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL 630-856-9000	Elgin Mental Health Center 750 S. State Street Elgin, IL 847-742-1040 Hamdard Center 228 E. Lake Street Addison, IL 60101 630-835-1430 www.hamdardcenter.org
AMITA Alexian Brothers Behavioral Health 1650 Moon Lake Boulevard Hoffman Estates, IL 800-432-5005 www.alexianbrothershealth.org/abbhh	Family Counseling Service of Aurora 70 S. River Street Aurora, IL 60506 630-844-2662 www.aurorafcs.org
The Community House 215 W. Eighth Street Hinsdale, IL 60521 630-323-7500 www.thecommunityhouse.org	Leyden Family Services 10001 Grand Avenue, Suite 1 Franklin Park, IL 60131 847-451-0330 www.leydenfamilyservice.org
DuPage County Health Department Behavioral Health Services 111 N. County Farm Road Wheaton, IL 60187 630-682-7400 www.dupagehealth.org	Linden Oaks Behavioral Health – Main Campus 852 South West Street Naperville, IL 60540 630-305-5027 www.eehealth.org/services/behavioral-health
DuPage County Health Department Community Center and Crisis Services 115 N. County Farm Road Wheaton, IL 60187 630-627-1700	Loyola University Medical Center 2160 S. First Ave. Maywood, IL 888-584-7888 www.loyolamedicine.org

Disclaimer: This list is not all-inclusive. Primary resource for this list was the SAMHSA Treatment Locator function available online at <https://findtreatment.samhsa.gov/>. Additions and edits are welcomed.

Appendix 1: Mental Health Provider Resources in & near DuPage County

Madden Mental Health Center 1200 S. First Ave. Hines, IL 708-338-7400	708-745-5277 www.pillarscommunity.org
Metropolitan Family Services 222 East Willow Ave. Wheaton, IL 60187 630-784-4800 www.metrofamily.org <i>Multiple locations</i>	Presence Behavioral Health 2001 Butterfield Road, Suite 320 Downers Grove IL 847-493-3600 www.presencehealth.org/behavioralhealth
NAMI DuPage 115 N. County Farm Road Wheaton IL 60187 630-752-0066 www.namidupage.org	Presence Behavioral Health ProCare 9845 West Roosevelt Road Westchester, IL 708-681-2335 x 5454 www.presencehealth.org/behavioralhealth
NAMI Metro Suburban 818 W. Harrison Street Oak Park, IL 708-524-2582 www.namimetsub.org	Samaritan Interfaith Counseling 1819 Bay Scott Circle, Suite 109 Naperville, IL 630-357-2456 www.samaritancenter.org
Northwestern Medicine Central DuPage Hospital Behavioral Health 27W350 High Lake Road Winfield, IL 60190 630-933-4000 www.cadencehealth.org	Way Back Inn 104 Oak St. Maywood, IL 708-345-8422 www.thewaybackinn.org
Outreach Community Ministries 122 West Liberty Drive Wheaton, IL 60187 630-682-1910 www.outreachcommunityministries.org	
Pillars 333 N. LaGrange Road, Suite One LaGrange Park, IL	

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Appendix 2: Substance Use Treatment Resources in & near DuPage County

Abraxas Youth and Family Services
Woodridge Interventions
2221 64th Street
Woodridge IL 60517
630-968-6477
www.abraxasyfs.com

www.capqualitycare.com
DuPage County Health Department
Behavioral Health Services
111 N. County Farm Road
Wheaton, IL 60187
630-682-7400
www.dupagehealth.org

Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515
630-275-5900
advocatehealth.com/sam-behavioralhealth

DuPage County Health Department
Community Center and Crisis Services
115 N. County Farm Road
Wheaton, IL 60187
630-627-1700
www.dupagehealth.org

AMITA Adventist Glen Oaks Hospital
701 Winthrop Avenue
Glendale Heights, IL
630-545-8000
Keepingyouwell.com/careservices/behavioralhealth

Family Counseling Service of Aurora
70 S. River Street
Aurora, IL 60506
630-844-2662
www.aurorafcs.org

AMITA Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL
630-856-9000

Gateway Foundation Inc.
400 Mercy Lane
Aurora IL 60506
630-966-7400
www.recovergateway.org

AMITA Alexian Brothers Behavioral Health
1650 Moon Lake Boulevard
Hoffman Estates, IL
800-432-5005
www.alexianbrothershealth.org/abhhh

Healthcare Alternative Systems Inc.
373 S. County Farm Road
Wheaton IL 60187
630-344-0001
www.hascares.org
Multiple locations

Breaking Free Inc.
120 Gale Street
Aurora IL 60506
630-897-1003
www.breakingfreeinc.org

Leyden Family Services
10001 Grand Avenue, Suite 1
Franklin Park, IL 60131
847-451-0330
www.leydenfamilyservice.org

CAP of Downers Grove
4954 South Main Street
Downers Grove, IL 60515
630-810-0186

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Appendix 2: Substance Use Treatment Resources in & near DuPage County

Linden Oaks Behavioral Health – Main Campus
852 South West Street
Naperville, IL 60540
630-305-5027
www.eehealth.org/services/behavioral-health

708-681-2335 x 5454
www.presencehealth.org/behavioralhealth

Loyola University Medical Center
2160 S. First Ave.
Maywood, IL
888-584-7888
www.loyolamedicine.org

Renz Addiction Counseling Center
Administrative Offices
One American Way
Elgin IL 60120
847-742-3545
www.renzcenter.org
Multiple locations

Madden Mental Health Center
1200 S. First Ave.
Hines, IL
708-338-7400

Serenity House Counseling Services
891 S. Rohlwing Road
Addison IL 60101
630-620-6616
www.serenityhouse.com

Northwestern Medicine
Central DuPage Hospital
Behavioral Health
27W350 High Lake Road
Winfield, IL 60190
630-933-4000
www.cadencehealth.org

Way Back Inn
104 Oak St.
Maywood, IL
708-345-8422
www.thewaybackinn.org

Pillars
333 N. LaGrange Road, Suite One
LaGrange Park, IL
708-745-5277
www.pillarscommunity.org
Multiple locations

Presence Behavioral Health
2001 Butterfield Road, Suite 320
Downers Grove IL
847-493-3600
www.presencehealth.org/behavioralhealth

Presence Behavioral Health ProCare
9845 West Roosevelt Road
Westchester, IL

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