BEHAVIORAL HEALTH CAPACITY IN CHICAGO

A SURVEY-BASED ASSESSMENT OF MENTAL HEALTH, SUBSTANCE USE AND VIOLENCE PREVENTION PROVIDERS IN 2016

HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

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Recommended Citation: Rushovich T, Bocskay K, Weaver J, White M, Sayer J, Arwady A. *Behavioral Health Capacity in Chicago: A survey-based assessment of mental health, substance use and violence prevention providers in 2016.* Office of Epidemiology and Office of Violence Prevention and Behavioral Health, Chicago Department of Public Health.

Acknowledgements: Thank you to the following interns who worked hard to collect and analyze data for this assessment: Samantha Edwards, Josephina Frankovich, Lorena Lara, Cori Marr, Yolanda Martinez, Erin Scheffler. Finally, thank you to the staff of the behavioral health facilities that participated in the assessment and contributed quantitative and qualitative data.

BACKGROUND

This behavioral health capacity assessment provides an update to the profile of mental health services in Chicago published in 2006, *Profile of Chicago's Mental Health System – 2003,* by the Chicago Department of Public Health (CDPH). Like the 2006 profile, this updated assessment provides data on mental health services. However, it also includes data on substance use and violence prevention services in Chicago. This current assessment was also one of the strategies included in Healthy Chicago 2.0, Chicago's community health improvement plan, to help achieve the public health system's goal of Chicagoans having access to coordinated systems that effectively address behavioral health.

Objective of Assessment

To understand the geographic distribution, type of services provided, facility characteristics, and consumers served at behavioral health facilities, inclusive of mental health, substance use, and violence prevention/intervention services in Chicago.

Methods Overview

The Behavioral Health Capacity Assessment (BHCA) was designed by the Chicago Department of Public Health and involved both quantitative and qualitative data collection. Data collection occurred between May 2016 and January 2017. All data were reported directly by a designated staff member at each behavioral health facility. The assessment represents a static representation of the services available in Chicago in 2016. Interactive maps showing the facilities that answered the survey that formed the basis for this assessment are posted on the Chicago Department of Public Health website. For more detail on agency identification, inclusion criteria, data collection, survey follow-up, response rate, and focus groups, please see the Methods section (p. 42).

Limitations

- The BHCA only reflects one point in time (May 2016 – January 2017) and does not reflect the ongoing changes that may occur among behavioral health services.
- CDPH relied on each behavioral health agency to report correct and accurate information. No additional verification of submitted data was performed by CDPH.
- Only outpatient mental health services for adults in Chicago were included. Agencies that provide mental health services exclusively for children were not included.

HIGHLIGHTS

This report provides a profile of facilities that reported providing publicly available behavioral health services—including outpatient mental health, substance use, and violence prevention/intervention services—in Chicago in 2016. All data was self-reported by 368 responding agencies and facilities via a standardized survey administered by the Chicago Department of Public Health (CDPH). The majority of agencies across all three domains reported a consumer demand for a specific type of service that they were unable to provide adequately or at all.

In Chicago in 2016, 253 facilities reported providing specialized outpatient mental health services, including 66 Federally Qualified Health Centers (FQHCs) and 64 outpatient mental health clinics (inclusive of clinics operated directly by CDPH); 189 facilities reported providing substance use services; and 126 facilities reported providing violence prevention or intervention services (p. 7-9).

Unmet Needs

Mental Health

- Seventy-nine percent of behavioral health agencies self-identified at least one unmet mental health-related need. Psychiatric services topped the list of unmet needs, followed by psychiatric emergency walk-in services and housing services (p. 16).
- Mental health facilities reported wide variability in wait lists for needed services (p. 18). The map on p. 17 displays the geographic distribution of psychiatric services and self-reported wait list time.

Substance Use

- Sixty-one percent of behavioral health agencies self-identified at least one unmet substance use-related need. Housing services topped the list of unmet needs, followed by relapse prevention services and group counseling services (p. 25).
- More staff training is needed in opioid overdose reversal/naloxone administration. While more than three-quarters (76%) of outreach/referral mental health facilities reported trained staff, fewer than one-quarter of outpatient mental health facilities reported staff with this training. More concerning, only one-third (36%) of substance use facilities reported staff with this training.
- More Medication-Assisted Treatment (MAT) capacity is needed for opioid use disorder. Fewer than 10% of substance use facilities reported waitlists for either outpatient or residential substance use facilities. However, just 28% of substance use facilities reported offering MAT, the treatment for opioid use disorder with the strongest evidence base--and 15% of those facilities reported a waitlist, with an average waitlist time of 30 days (p. 28).

Violence Prevention/Intervention

- Fifty-six percent of behavioral health agencies self-identified at least one unmet violence prevention/intervention need. After-school program services topped the list, followed by crisis response team services and community engagement services (p. 31).
- Many extra-small (serving fewer than 10 unduplicated clients per month) and small (10-99 clients per month) facilities report providing behavioral health services in Chicago, particularly in the violence prevention/intervention domain. While these facilities may be deeply rooted in communities, their size can limit their ability to provide the range of services clients are likely to need, and a strong collaborative referral system is needed (p. 11).

Availability of after-hours and walk-in services

- Fifty-eight percent of mental health facilities offered evening services. Hospitals (72%) and outpatient mental health facilities (70%) were most likely to offer evening services, followed by FQHCs (59%). Only 19% of outreach or referral facilities offered evening services. Hospitals (62%) were also most likely to offer outpatient weekend mental health services, followed by FQHCs (50%).
- Facilities providing secondary* mental health services were most likely to take walk-in appointments for mental health services (45%), followed by hospitals (50%).
- Almost three-quarters of substance use facilities offered substance use services on one or more weekday evenings, 56% offered substance use services on the weekends, and 56% accepted walk-in consumers (p. 36).

Acceptance of diverse payer and insurance types

- Mental health facilities were more likely than substance use facilities to accept Medicaid. Violence prevention facilities were least likely (p. 37).

Availability of languages other than English

- Just over half of the facilities providing mental health services (136 of 253; 54%) reported providing services in a language other than English, as compared to just under half (94 of 189; 49%) of the substance use facilities and slightly over half (71 of 126; 56%) of the violence prevention facilities (p. 38-39).
- Very few facilities offer mental health or violence prevention services in languages other than English and Spanish, though 28% of substance use facilities with non-English services reported the provision of services in Polish (p. 38-39).

Availability of trauma-informed services

- Just over one-quarter (28%) of agencies reported being fully trauma-informed, while another quarter (27%) had begun training and were using a trauma-informed framework. Nearly a quarter (23%) had discussed using trauma-informed practices but needed additional resources; 11% reported not using trauma-informed practices; and 7% did not know what trauma-informed meant (p. 40).

Need for Improved Coordination

- Approximately half (46%) of facilities reported providing co-located services, e.g. coordinated mental health and substance use services, which is a best practice. Where services are not co-located, coordination and partnership are crucial.
- Dozens of agencies report working in the same community areas, potentially with limited knowledge of each others' services. Every agency self-reported its in-person outreach activities in each of Chicago's 77 community areas. Every community area had at least 40 agencies reporting outreach activities, and the most-served community area had 93 agencies reporting outreach work. These agencies may have limited knowledge of each others' services, leading to effort duplication and challenges with service coordination (p. 12).
- Chicago agencies and facilities vary widely in services offered and in number of clients served. Approximately two-thirds of Chicago's behavioral health facilities -- 42% of those offering mental health services, 63% of those offering substance use services, and 62% of those offering violence prevention services -- were extra small or small, meaning they saw fewer than 100 consumers in March 2016 (p. 11).

*Facilities primarily offering either substance use or violence prevention services, but also mental health services.

- Twenty-nine substance use facilities were extra-small (reported a mean of 3.2 clients per month). Sixty-one violence prevention facilities were extra-small (reported a mean of 2.6 clients per month). These extra-small facilities are particularly vulnerable to funding disruptions and may have difficulty scaling programming (p. 11).
- In contrast, 17 mental health facilities saw more than 500 consumers in March 2016, and eight of those saw more than 1000 consumers. Five substance use facilities saw more than 500 consumers (one of these saw more than 1000 consumers). Two violence prevention facilities saw more than 1000 consumers. These larger facilities are more likely to offer a wide range of services, may be well positioned to serve as referral sources, and may serve as natural coordination hubs (p. 11).

Next Steps

CDPH encourages all partners, providers, and advocates to use this information to inform mental health, substance use, and violence prevention efforts, including planning and advocacy efforts.

CDPH is using this data to:

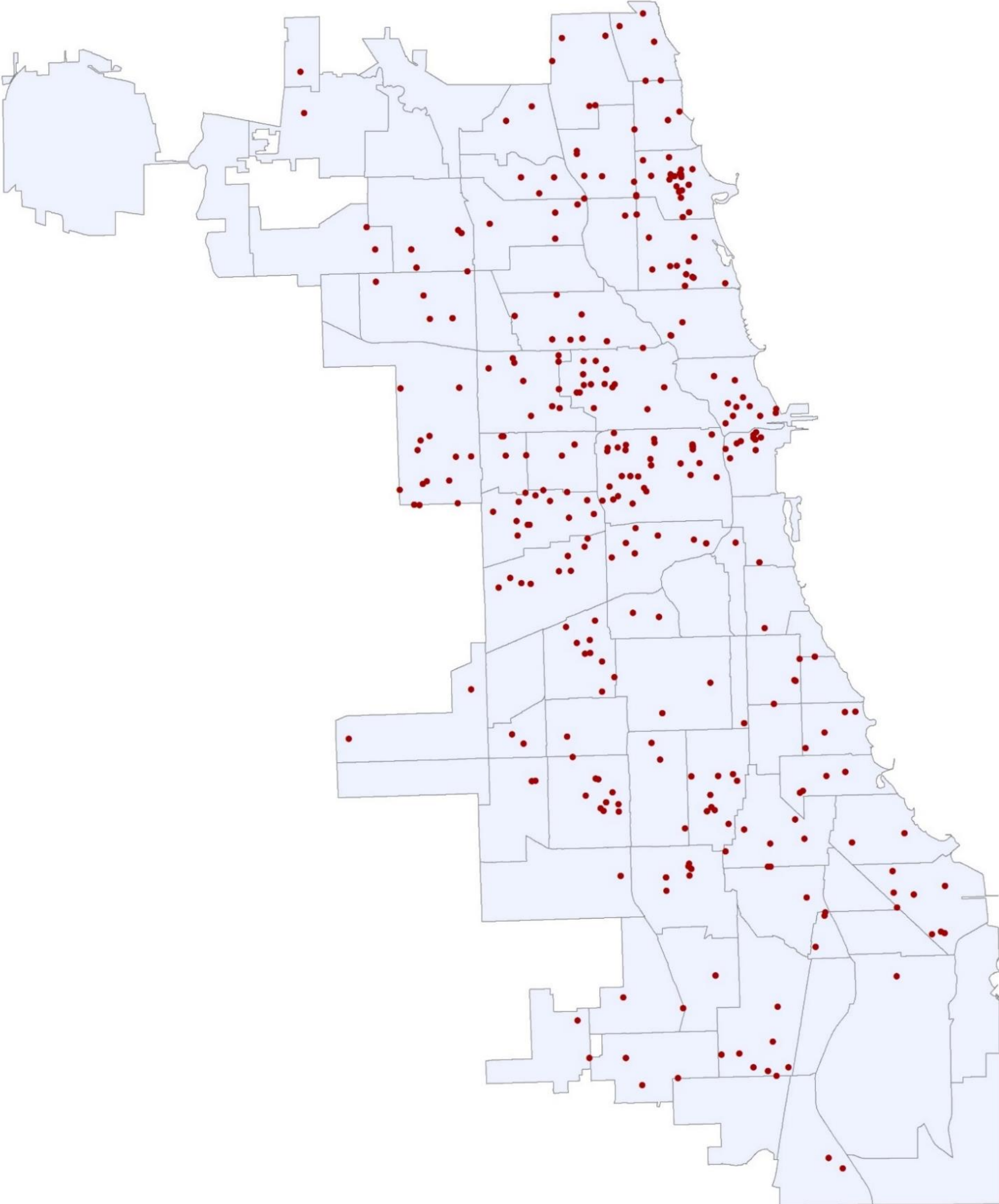
- Prioritize funding to support psychiatry and emergency walk-in mental health services in community-based clinics, and promote community-based settings that offer integrated services in high-need areas,
- Expand the hours of a local mental health hotline (and link it to the City's 311 general resource center) and develop an online resource finder,
- Develop training resources and fund overdose response/naloxone trainings, and support the expansion of medication-assisted treatment for opioid use disorder in Chicago outpatient clinics,
- Better recognize the needs of small agencies and facilities and continue to work on coordination, particularly between agencies with highly variable service offerings and wait list situations, and
- Develop trauma-informed training and practices that can be adapted to different settings.

> ***"It's easier to forget that there are other people out there. How do we recognize what other agencies are doing and stay engaged with other agencies, as opposed to on an as-needed basis?"***
>
> **- Substance Use Provider**

QUANTITATIVE RESULTS: BEHAVIORAL HEALTH OVERVIEW

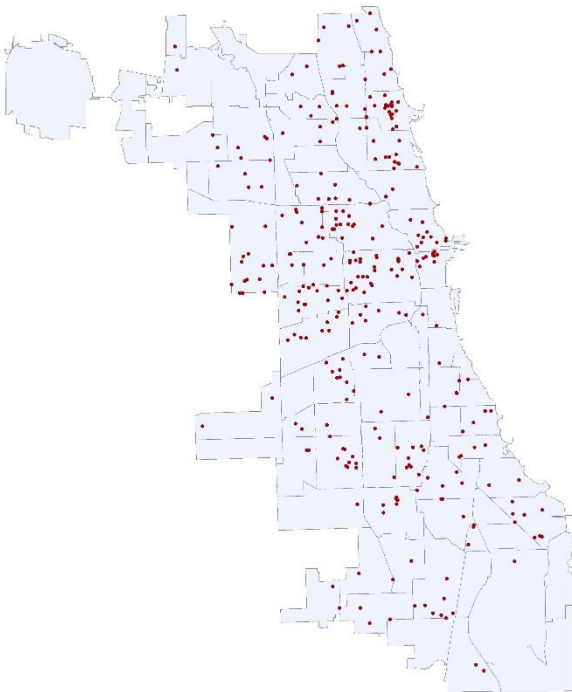
Geography of Behavioral Health Services in Chicago

Mental Health, Substance Use, and Violence Prevention and Intervention Facilities in Chicago (n = 368)

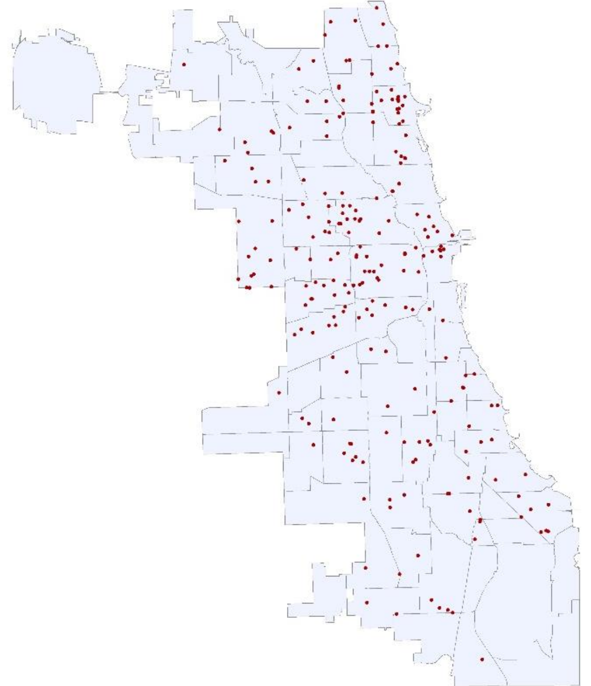


Geography of Behavioral Health Services in Chicago

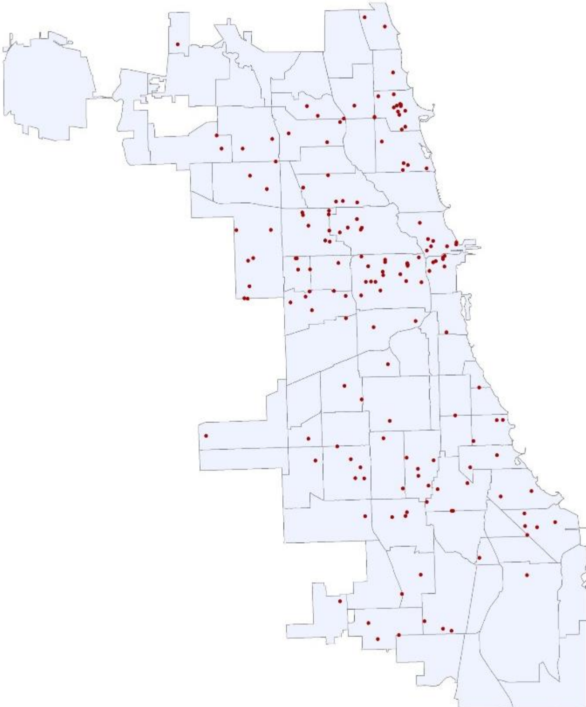
MH, SU, and VP Facilities in Chicago (N = 368)



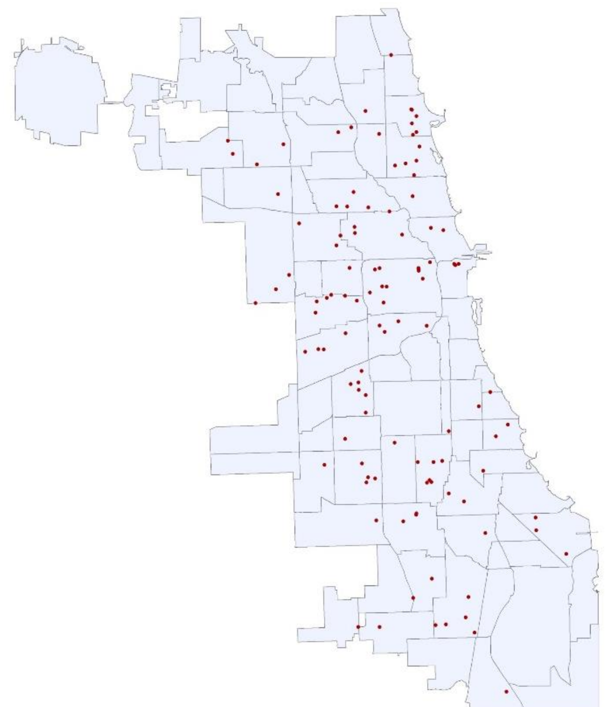
Mental Health Facilities in Chicago (N = 253)



Substance Use Facilities in Chicago (N = 189)



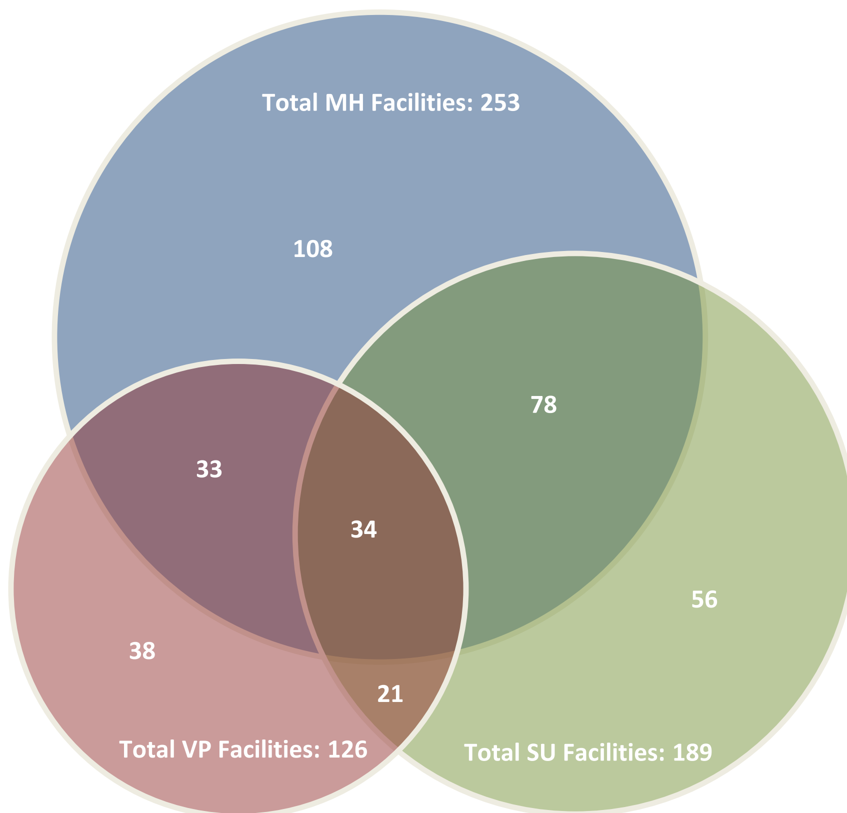
Violence Prevention Facilities in Chicago (N = 126)



Behavioral Health Services by Domain: Co-located Services

Type of Behavioral Health Facility	Number	Percentage
Mental Heath Only	108	29%
Substance Use Only	56	15%
Violence Prevention/Intervention Only	38	10%
Mental Health and Substance Use	78	21%
Mental Health and Violence Prevention/Intervention	33	9%
Substance Use and Violence Prevention/Intervention	21	6%
Mental Health, Substance Use, Violence Prevention/Intervention	34	9%

- Two hundred fifty-three behavioral health facilities provided mental health (MH) services, 189 provided substance use (SU) services and 126 provided violence prevention/intervention (VP) services.
- More than half (54%) of facilities only provided behavioral health services in one domain, while 46% of facilities provided services in more than one domain.
- Almost ten percent (9%) of facilities provided services in all three domains.



Number and Type of Staff Reported by Mental Health (MH), Substance Use (SU), and Violence Prevention and Intervention (VP) Agencies in Chicago

Assessment Question: *Please list the number of full-time and part-time staff employed by your organization.*

Type of Staff	Total FTE reported at BH facilities	Average per facility*	Min	Max	Number of facilities*	Number of facilities with 0 FTE
Psychiatrist (MD)	240.5	2.1	0	27	112	256
Physician (MD or DO, not including Psychiatrist)	535.4	5.1	0	100	104	264
Licensed Clinical Psychologist (PhD or PsyD)	195.3	2.7	0	28	73	295
Licensed Counselor or Social Worker (LPC, LCPC, LSW, or LCSW)	1139.5	4.3	0	40	266	102
Nurse (RN or LPN)	593.2	4.9	0	82	122	246
Advanced Practice Registered Nurse or Physician Assistant (CRNA, CNM, CNS, NP, or PA)	245.0	3.1	0	100	80	288
Certified Alcohol and Other Drug Abuse Counselor (CADC)	581.2	3.3	0	30	176	192
Certified Recovery Support Specialist (CRSS)	96.5	2.1	0	7	46	322
Registered Occupational Therapist	10.8	1.1	0	2	10	358
Lawyer (JD)	13.2	1.0	0	2	13	355
Certified Nursing Assistant (CNA)	87.2	4.0	0	23	22	346
Community Health Worker/Paraprofessional	1002.1	8.7	0	125	115	253

*Number of facilities refers to total number of facilities reporting >0 FTE. Average is total number of FTE out of the number of facilities.

Active Licenses in Chicago

License Type	Number of active licenses* in Chicago
Associate Licensed Marriage and Family Therapist	102
Licensed Clinical Professional Counselor	1306
Licensed Clinical Psychologist	1421
Licensed Clinical Social Worker	3247
Licensed Marriage and Family Therapist	127
Licensed Professional Counselor	1161
Licensed Social Worker	1388
Psychiatrist	499

*As of January 5, 2016, from the Illinois Department of Financial and Professional Regulation.

Size of Facilities and Clients Served per Month by Facility Type

Assessment Question: *How many unduplicated individual consumers received [mental health services/substance use services/violence prevention or intervention services] in March 2016 at your facility?*

MENTAL HEALTH

FACILITY SIZE	NUMBER OF MENTAL HEALTH FACILITIES	TOTAL NUMBER OF CONSUMERS
No Consumers	11	0
Extra Small *(<10 consumers)*	20	154
Small *(11-100 consumers)*	86	4,219
Medium *(101-500 consumers)*	66	16,360
Large *(501-1000 consumers)*	9	6,881
Extra Large *(1000+ consumers)*	8	18,610
All Mental Health Facilities*	**200***	**46,224**

SUBSTANCE USE

FACILITY SIZE	NUMBER OF SUBSTANCE USE FACILITIES	TOTAL NUMBER OF CONSUMERS
No Consumers	6	0
Extra Small *(<10 consumers)*	29	203
Small *(11-100 consumers)*	90	3,419
Medium *(101-500 consumers)*	29	7,129
Large *(501-1000 consumers)*	4	2,690
Extra Large *(1000+ consumers)*	1	6,500
All Substance Use Facilities*	**159***	**19,941**

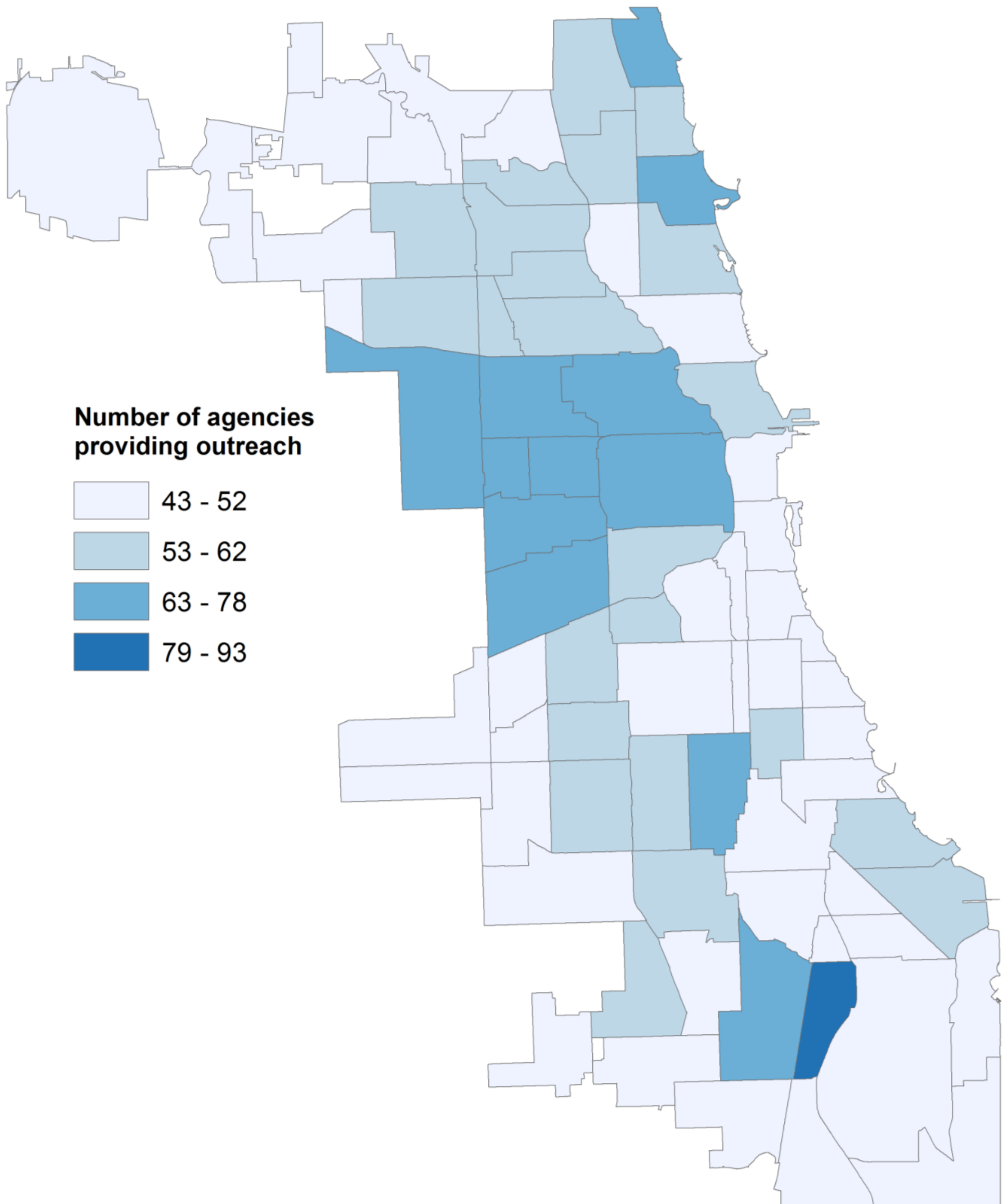
VIOLENCE PREVENTION/INTERVENTION

FACILITY SIZE	NUMBER OF VIOLENCE PREVENTION/INTERVENTION FACILITIES	TOTAL NUMBER OF CONSUMERS
No Consumers	7	0
Extra Small *(<10 consumers)*	24	153
Small *(11-100 consumers)*	54	2,544
Medium *(101-500 consumers)*	11	2,967
Large *(501-1000 consumers)*	0	0
Extra Large *(1000+ consumers)*	2	3,333
All Violence Prevention Facilities*	**98***	**8,997**

* 200/253 (79%) of mental health facilities, 159/189 (84%) of substance use facilities, and 98/126 (78%) of violence prevention facilities responded to the question. Non-respondents are not included in the tables above.

Number of Agencies Providing Outreach to Specific Community Areas

Assessment Question: *Select the community areas for which your agency provides outreach services (e.g. staff go to that community to provide services outside of the agency office).*

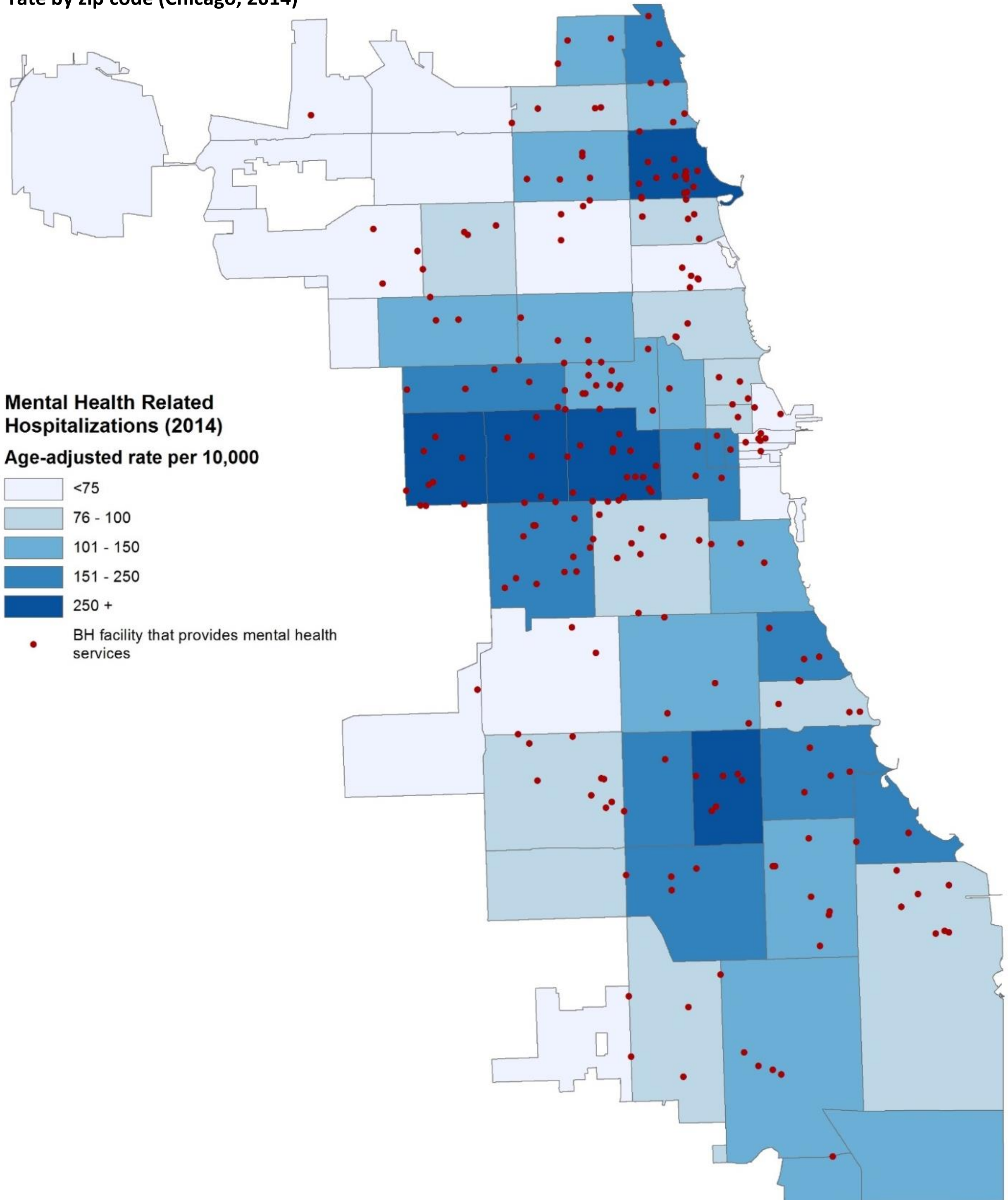


*79% response rate

QUANTITATIVE RESULTS: MENTAL HEALTH

Geographic Overview

Behavioral health facilities providing mental health services (2016) and mental health-related hospitalization rate by zip code (Chicago, 2014)

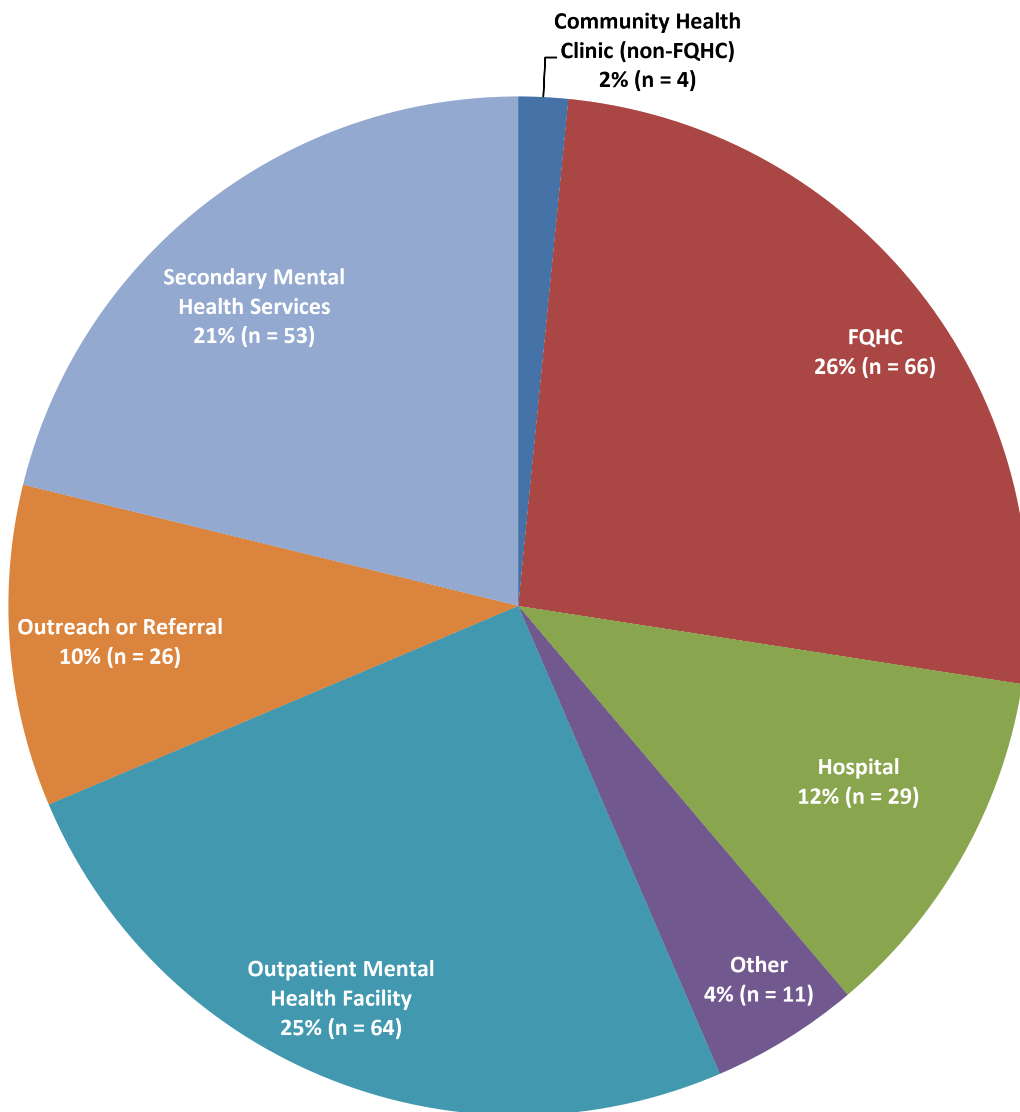


Data Source: Illinois Department of Public Health, Hospital Discharge; Analyzed by Chicago Department of Public Health Office of Epidemiology

Mental Health Facility Type

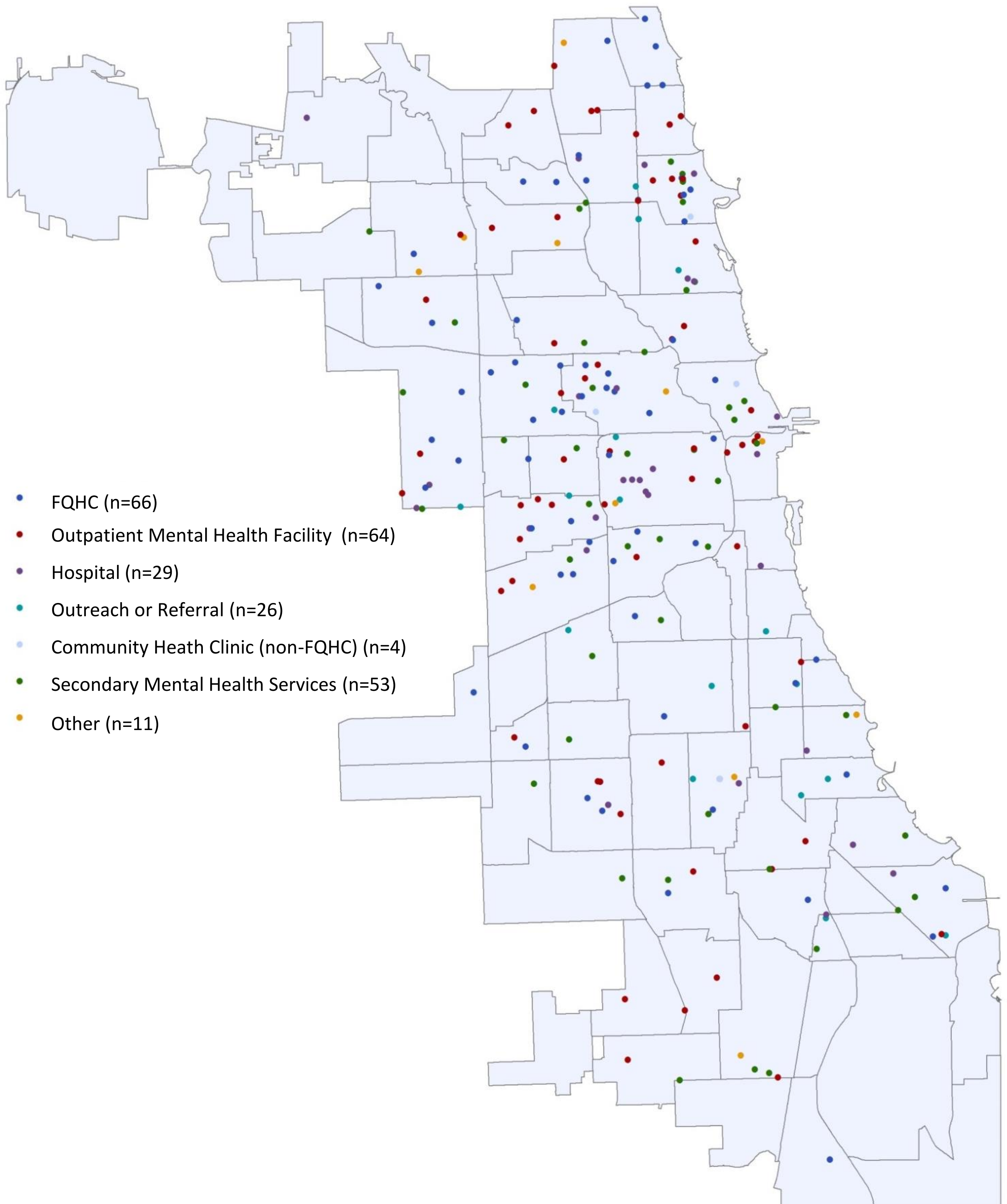
- In 2016, the largest percentage of mental health services were provided by Federally Qualified Health Centers (FQHC) and outpatient mental health facilities.
- Twenty-one percent of the facilities that provided mental health services provided secondary mental health services, which means that the primary service delivered at their facility was not mental health, but that they also provide mental health services to their clients.

Assessment Question: *Which one category best describes your facility?*



*Secondary MH services = Agencies that primarily provide VP or SU services, but also provide MH services
**Other = Other types of social service agencies that also provide mental health services.

Facilities providing mental health services by type and community area



Unmet Needs: Mental Health Services

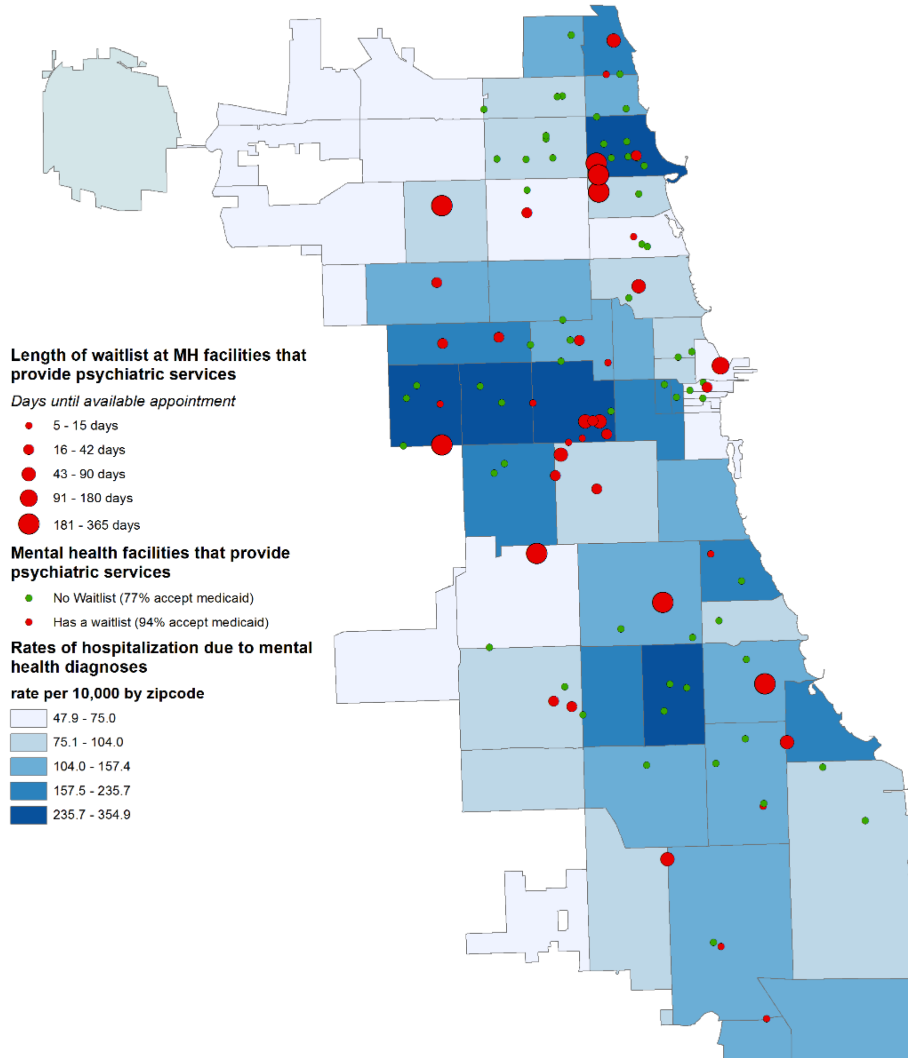
Assessment Question: *Are there any mental health services that your agency sees a consumer demand for but is unable to provide adequately or unable to provide at all?*

MENTAL HEALTH SERVICES: UNMET NEED	NUMBER OF AGENCIES	PERCENT OF AGENCIES
Psychiatric services	96	62%
Psychiatric emergency walk-in services	72	46%
Housing	71	46%
Psychotropic medication	63	41%
Mental health crisis intervention/response team	61	39%
Supported employment	59	38%
Supported housing	55	35%
Individual psychotherapy	50	32%
Trauma therapy	45	29%
Case management	43	28%
Intensive case management	43	28%
Immigrant and/or refugee services	41	26%
Couples/family therapy	40	26%
Legal advocacy	40	26%
Vocational rehabilitation services	38	25%
Diet and exercise counseling	30	19%
Integrated dual disorders treatment	30	19%
Chronic disease/illness management	29	19%
Group therapy	29	19%
Consumer-run (peer support) services	28	18%
Assertive community treatment	27	17%
Education	27	17%
Psychosocial rehabilitation services	27	17%
Family psychoeducation	26	17%
Smoking cessation assistance or programs	25	16%
Integrated primary care services	24	15%
Court-ordered outpatient treatment	23	15%
Therapeutic foster care	21	14%
Telemedicine therapy	20	13%
Suicide prevention services	16	10%
Illness management and recovery	15	10%
Electroconvulsive therapy	11	7%

Deeper Dive -- Unmet Needs: Access to Psychiatry Services

- Mental health service providers identified psychiatric services (i.e. access to a psychiatrist—a physician with the ability to prescribe medications for mental health) as the greatest unmet need.
- We asked facilities that provided psychiatric services to report they kept a waitlist for their services, and if so, how long the waitlist was.
- On the map below, each dot represents a mental health facility offering psychiatric services. A green dot means the facility reported no waitlist, while a red dot means the facility reported a waitlist—and the larger the red dot, the longer the waitlist. Darker areas represent community areas with higher rates of residents hospitalized for mental health diagnoses, as a proxy for ongoing psychiatric need.
- Of note, some of the facilities in Chicago reporting the longest waitlists are in very close proximity to many facilities reporting no waitlist (77% of which reported accepting Medicaid). Increasing coordination and facility awareness of others with nearby capacity may allow high-need patients to access psychiatric care more quickly.

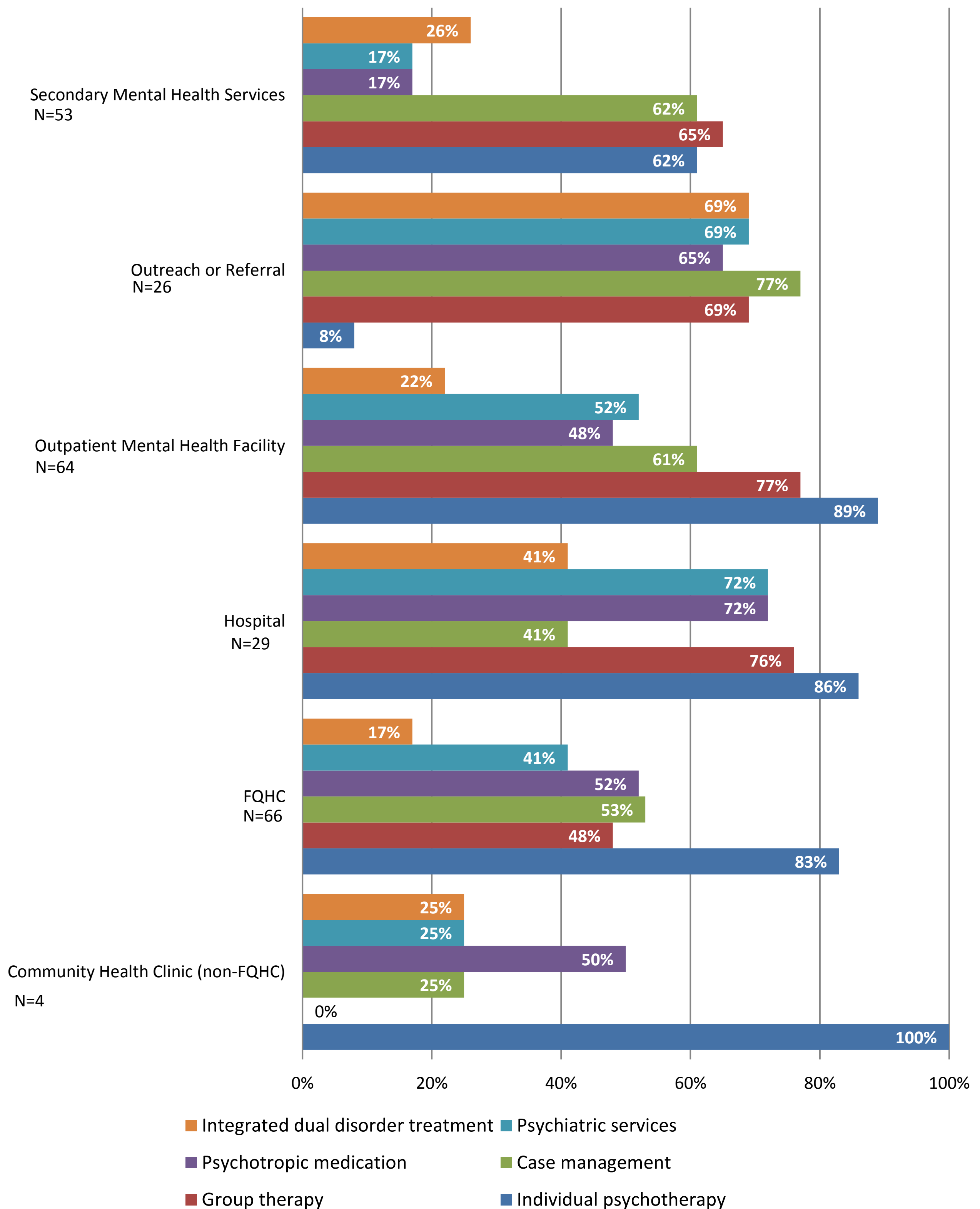
Facilities providing psychiatric services by waitlist time and hospitalization rates due to mental health diagnoses



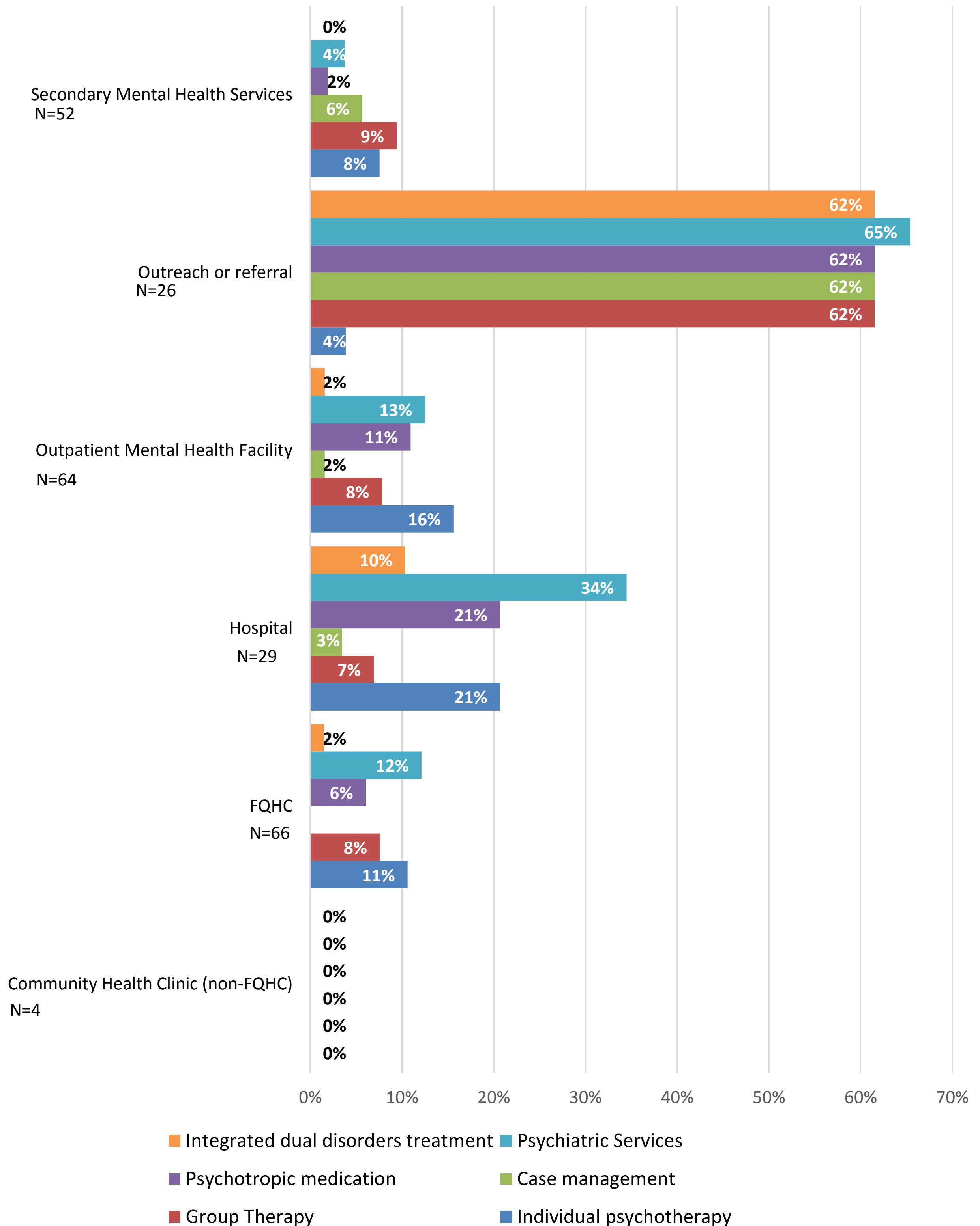
Mental Health Services Offered, Waitlisted Services and Length of Waitlist

MENTAL HEALTH SERVICE	FACILITIES OFFERING		FACILITIES WITH WAITLIST *(for facilities offering service)*		AVERAGE NUMBER OF DAYS FOR AN APPOINTMENT *(for services with a waitlist)*			
	N	%	N	%	N	MEAN	MIN	MAX
Individual psychotherapy	182	72%	30	16%	29	57	15	365
Group therapy	160	63%	35	22%	30	203	3	365
Case management	148	58%	23	16%	19	263	1	365
Psychotropic medication	116	46%	35	30%	29	210	1	365
Psychiatric Services	111	44%	47	42%	41	162	5	365
Integrated dual disorders treatment	74	29%	22	30%	18	280	7	365
Mental health crisis intervention/response team	49	19%	0	0%	0	--	--	--
Education services	48	19%	7	15%	5	79	1	365
Smoking cessation assistance/programs	46	18%	17	37%	13	365	365	365
Court-ordered outpatient treatment	41	16%	5	12%	5	42	3	180
Integrated primary care services	39	15%	3	8%	3	14	7	21
Intensive case management	42	17%	14	33%	13	269	7	365
Psychosocial rehabilitation services	39	15%	20	51%	16	314	7	365
Chronic disease/illness management	35	14%	1	3%	1	14	14	14
Housing support services	36	14%	18	50%	12	336	20	365
Illness management and recovery	28	11%	16	57%	12	365	365	365
Supported employment	28	11%	17	59%	13	337	7	365
Psychiatric emergency walk-in services	24	9%	0	0%	0	--	--	--
Suicide prevention services	18	7%	0	0%	0	--	--	--
Assertive community treatment	16	6%	6	38%	6	365	365	365
Consumer-run (peer support) services	15	6%	1	7%	1	365	365	365
Immigrant and/or refugee services	13	5%	2	15%	2	7	7	7
Permanent supportive housing	14	6%	7	50%	5	298	30	365
Vocational rehabilitation services	12	5%	2	17%	2	9	7	10
Legal advocacy	10	4%	2	20%	2	190	14	365
Telemedicine therapy	8	3%	1	13%	1	30	30	30
Therapeutic foster care	3	1%	1	33%	1	15	15	15

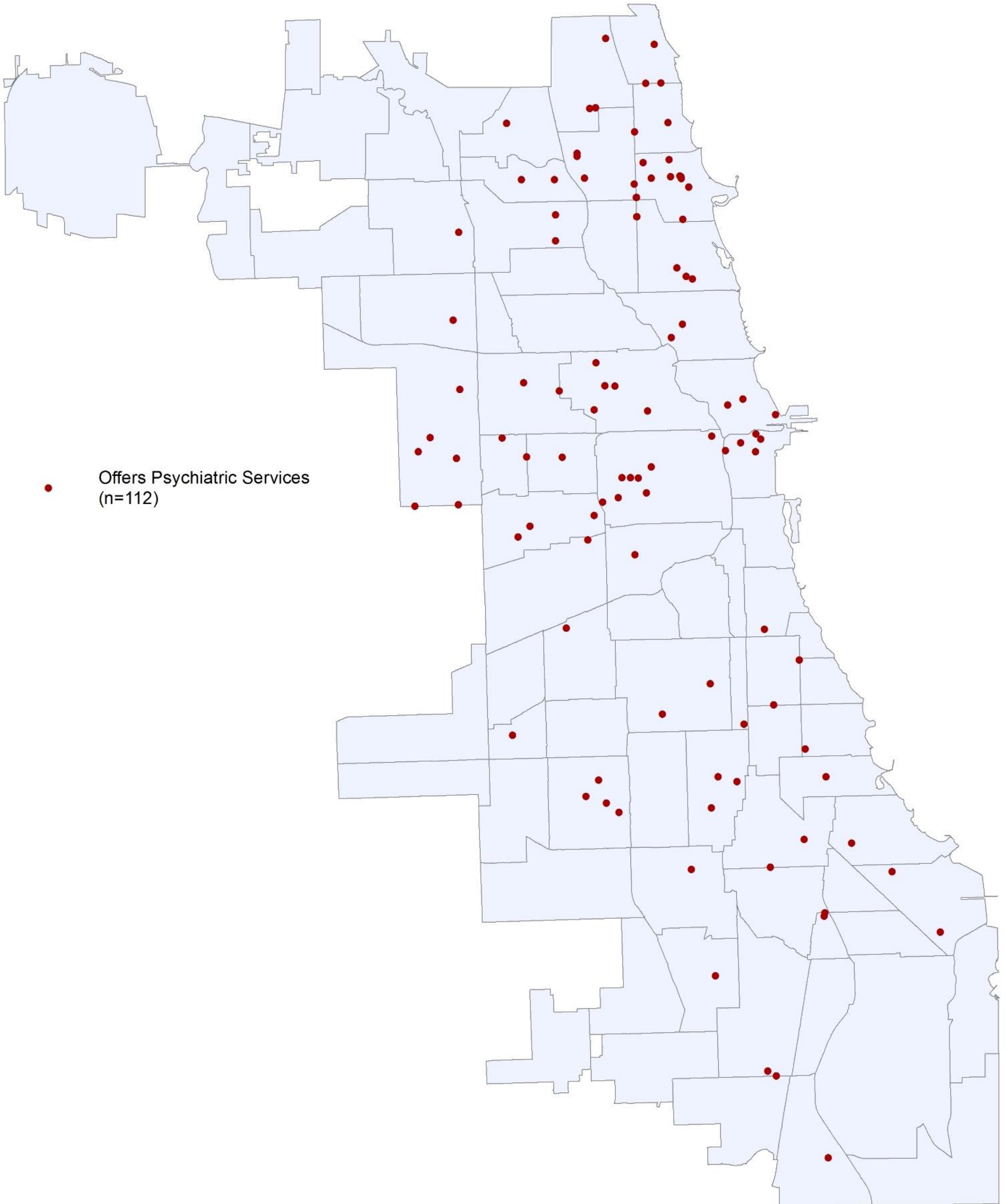
Percent of Mental Health Facilities Offering a Specific Service by Facility Type



Percent of Mental Health Facilities Offering a Specific Service with a Waitlist by Facility Type



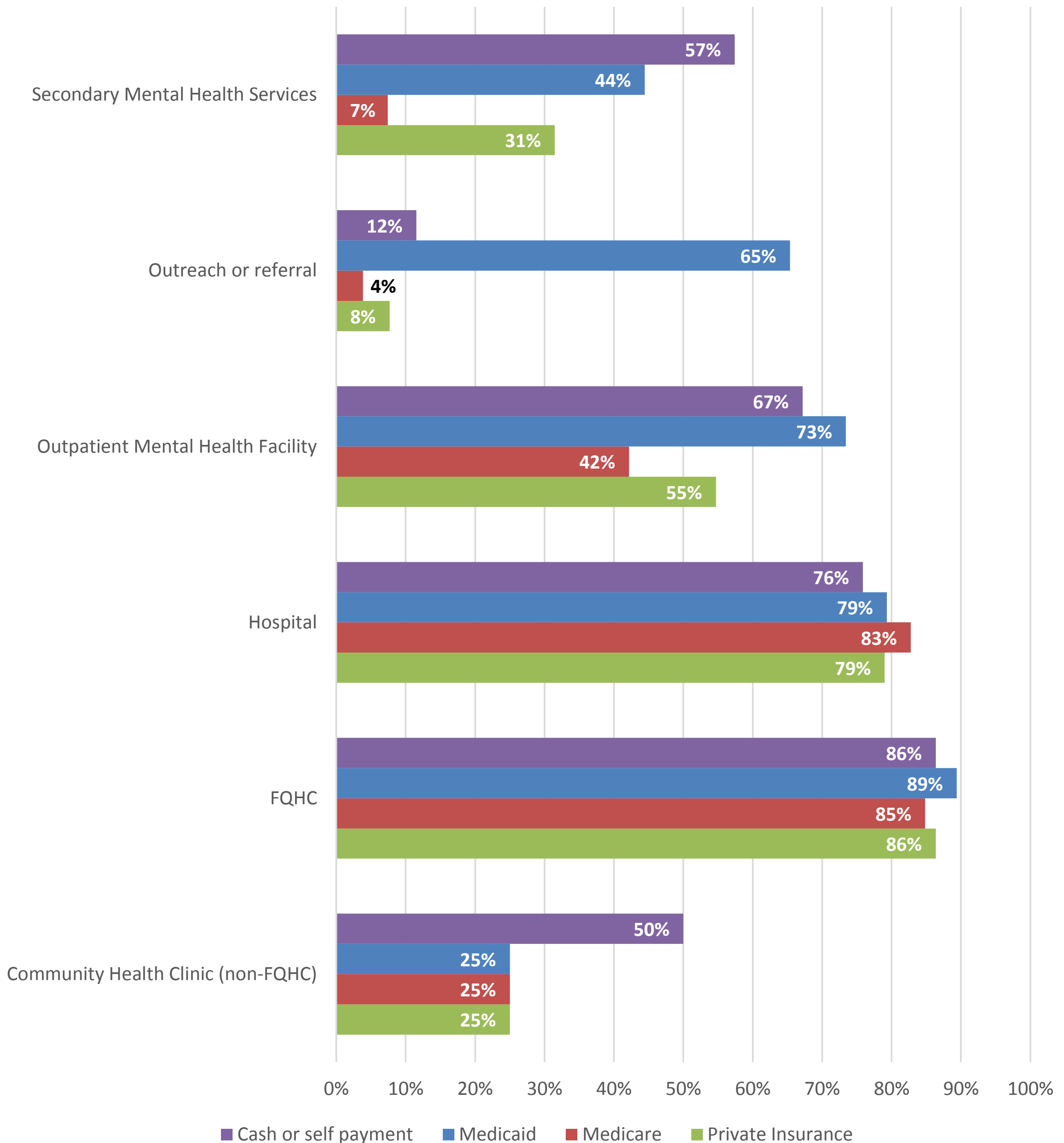
Mental health facilities offering psychiatric services by community area



Insurance and Payments Accepted by Mental Health Facilities

- All facilities offering mental health services were asked which forms of consumer payments (e.g. cash or self payment) or insurance (private, Medicare, Medicaid) were accepted at their facility.
- Federally Qualified Health Centers (FQHCs) were most likely to take all forms of insurance.
- Medicaid was accepted by 89% of FQHCs, 79% of hospitals, 73% of outpatient mental health facilities, 65% of outreach or referral clinics, and no non-FQHC community health clinics.

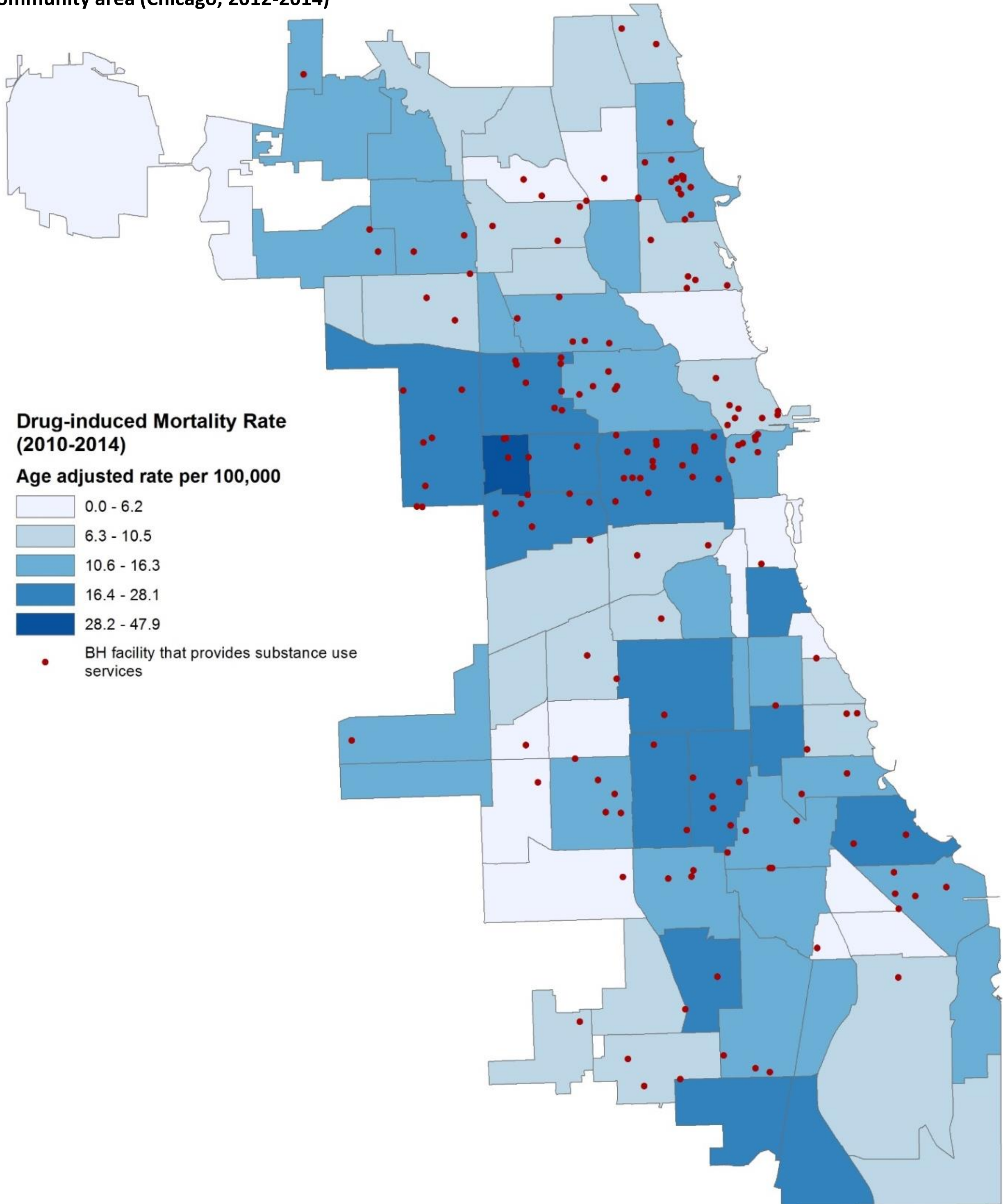
Percent of Mental Health Facilities Accepting Insurance and Payments by Type of Facility



QUANTITATIVE RESULTS: SUBSTANCE USE

Geographic overview

Behavioral health facilities providing substance use treatment services (2016) and drug-induced mortality by community area (Chicago, 2012-2014)



Data Source: Illinois Department of Public Health, Vital Records; Analyzed by the Chicago Department of Public Health Office of Epidemiology

Substance Use Disorder Treatment Service Levels Provided

- The American Society of Addiction Medicine has established five main levels in a continuum of care for substance use disorders:
  - Early intervention (level 0.5)
  - Outpatient care (level 1)
  - Intensive outpatient/partial hospitalization care (level 2)
  - Residential/inpatient services (level 3)
  - Medically managed inpatient services (level 4)
- Facilities reported which levels they offered, as shown in the chart below.
- Of 190 reporting facilities, 104 (55%) offered basic outpatient substance use services, 48 (25%) offered early intervention services, and 10 (5%) offered detoxification services.
- A total of 54 (29%) facilities primarily offered another type of service—most commonly, mental health services—and concurrently offered substance use treatment as a secondary service.

Assessment Question: *Which levels of substance use disorder treatment are provided at your facility?*

TREATMENT LEVEL	NUMBER OF FACILITIES	PERCENT OF FACILITIES
Level 0.5 Early Intervention	48	25%
Level 1 Basic Outpatient	104	55%
Level 2 Intensive Outpatient/ Partial Hospitalization	32	17%
Level 2.1 Intensive Outpatient	45	24%
Level 2.5 Partial Hospitalization	6	3%
Level 3.1 Clinically Managed Low Intensity Residential	4	2%
Level 3.3 Clinically Managed Population Specific High Intensity Residential	0	0%
Level 3.5 Clinically Managed High Intensity Residential	19	10%
Level 3.2 Clinically Monitored Detoxification Inpatient Detoxification	3	2%
Level 3.7 Medically Monitored Intensive Inpatient Detoxification	6	3%
Level 4-D Medically Managed Intensive Inpatient Detoxification	1	1%
Primarily mental health services, but some substance use services	46	24%
Primarily violence prevention or intervention services, but some substance use services	8	4%

Unmet Needs: Substance Use Agency Survey

Assessment Question: *Are there substance use services that your agency sees a consumer demand for but is unable provide adequately or unable to provide at all?*

SUBSTANCE USE SERVICES: UNMET NEED	NUMBER OF AGENCIES	PERCENT OF AGENCIES
Housing services	61	51%
Relapse prevention	48	40%
Group counseling	45	38%
Individual counseling	44	37%
Case management	39	33%
Recovery coaching	39	33%
Vocational rehabilitation services	39	33%
Family counseling	38	32%
Intensive case management	38	32%
S.M.A.R.T recovery self-help groups	37	31%
Legal advocacy	36	30%
Trauma-informed therapy	35	29%
12-step self-help groups	34	28%
Peer support	30	25%
Cognitive behavioral therapy	27	23%
Motivational Interviewing	26	22%
Marital/couples counseling	24	20%
R.O.S.C recovery	22	18%
Education services	17	14%

Specific Substance Use by Consumers

- We asked the 189 responding substance use treatment facilities to report which drugs their consumers sought services for.
- The most common substances reported by facilities were alcohol, heroin, cocaine, marijuana and prescription opioids; more than half of all facilities reported these substances.
- In contrast, persons seeking treatment for methamphetamine, prescription sedatives, PCP, ecstasy, hallucinogens, inhalants, and prescription cannabinoids were reported by fewer than half of facilities.

Assessment Question: *Which are the common drugs that consumers seek services for at your facility?*

SUBSTANCE	NUMBER OF FACILITIES	PERCENT OF FACILITIES
Alcohol	158	84%
Heroin	137	72%
Cocaine	132	70%
Marijuana	130	69%
Prescription Opioids	105	56%
Methamphetamine	55	29%
Prescription Sedatives	41	22%
PCP	23	12%
Ecstasy	21	11%
Hallucinogens	18	10%
Inhalants	15	8%
Prescription Cannabinoids	8	4%

Characteristics of Substance Use Treatment Facilities

CHARACTERISTIC	NUMBER OF FACILITIES	PERCENT OF FACILITIES
Licensed by the Division of Alcoholism and Substance Abuse (DASA)	113	60%
Acts as Recovery Home	26	14%

Substance Use Treatment Services Offered

- The majority of facilities provide individual and group counseling. Only 16% reported that they offer housing services.

Assessment Question: *What types of substance use services are offered at your facility?*

TYPE OF SERVICE	NUMBER OF FACILITIES	PERCENT OF FACILITIES
Individual counseling	166	88%
Group counseling	146	77%
Relapse Prevention	127	67%
Motivational Interviewing	121	64%
Case Management	119	63%
Cognitive Behavioral Therapy	110	58%
12-step self-help groups	76	40%
Trauma informed therapy	70	37%
Family counseling	64	34%
Recovery Coaching	49	26%
Education services	47	25%
Peer Support	45	24%
Insurance Assistance	36	19%
Marital/couples counseling	34	18%
Religious or spiritual advisers	33	17%
Housing services	30	16%
Parenting Education	27	14%
Intensive case management	22	12%
Transportation Support	22	12%
S.M.A.R.T Recovery self-help groups	14	7%
R.O.S.C Recovery	11	6%
Legal advocacy	6	3%
Other	6	3%
Vocational rehabilitation services	4	2%

Substance Use Facilities Offering DUI Evaluations, Medication Assisted Treatment, and Waitlists

- In Illinois, individuals arrested for Driving Under the Influence (DUI) require a court-ordered DUI evaluation, followed by DUI education (with the number of hours based on evaluated risk level). While less than one-quarter of substance use facilities reported offering these services, the waitlist was minimal, suggesting adequate services are likely available.
- Overall, waitlists were less of a problem than for mental health services. Fewer than 10% of facilities reported waitlists for either outpatient or residential substance use facilities.
- Medication Assisted Treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. MAT has been proven to be clinically effective in improving patient survival, retention in treatment, ability to gain and maintain employment, and birth outcomes among women with substance use disorders. MAT has been shown to decrease illicit opioid use, other criminal activity, and patients' risk of contracting HIV or hepatitis C.
- In Chicago, just 28% of facilities reported offering MAT, and 15% of those facilities reported a waitlist, with an average waitlist time of 30 days. A map of locations offering medication-assisted treatment is available on the next page.

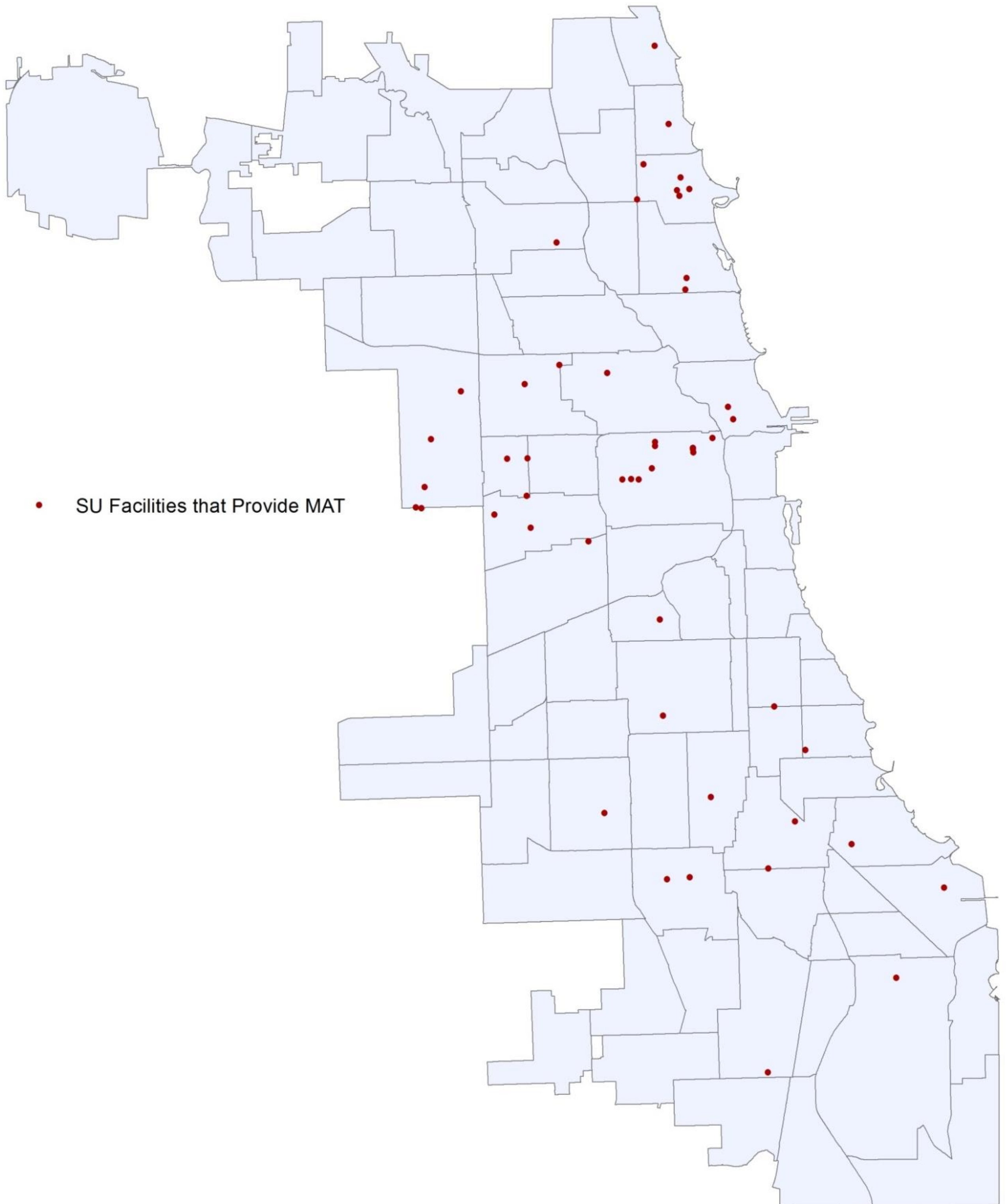
***Assessment Question**: Does your facility provide this service?*

MENTAL HEALTH SERVICE	FACILITIES OFFERING		FACILITIES WITH WAITLIST *(for facilities offering service)*		AVERAGE LENGTH OF WAITLIST *(days until appointment)*
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
DUI education	41	22%	3	7%	3
DUI evaluations	36	19%	2	6%	0.4
Medication Assisted Treatment	53	28%	8	15%	30.3
Outpatient substance use services	125	66%	13	10%	19.4
Residential substance use services	37	20%	3	8%	4.4

"I think one [of the barriers to MAT] is not enough prescribers, and of the prescribers that we have, we have limits on their ability to prescribe--that's not state, that's federal, but that is a huge barrier to MAT. When we look just at our population alone, 3% of our 50,000 have opioid use disorder and a prescriber in their first year can only prescribe to 30 patients. There's no way that we can meet the need internally."

– Substance Use Treatment Provider

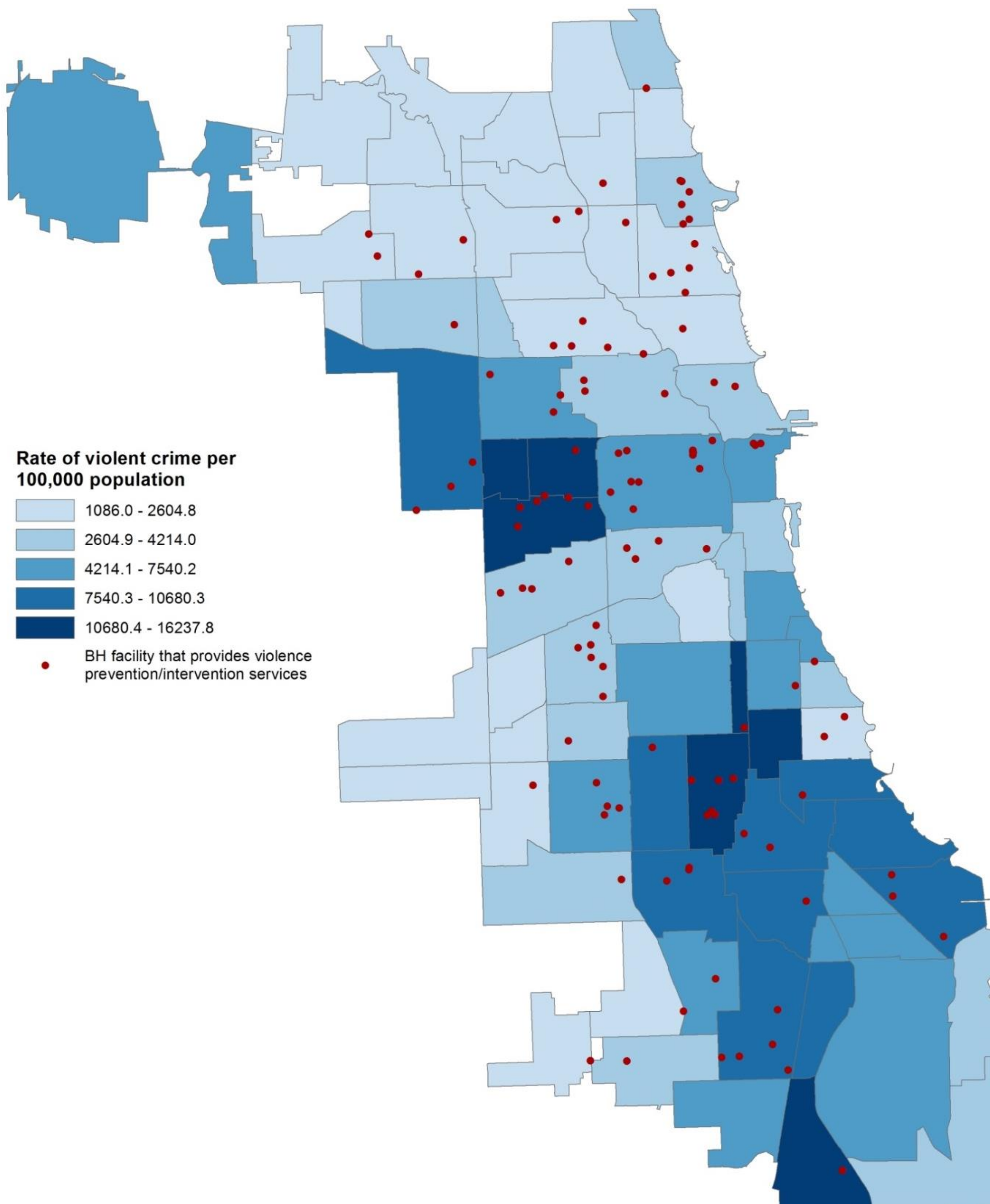
Substance Use Facilities Providing Medication Assisted Treatment



QUANTITATIVE RESULTS: VIOLENCE PREVENTION/INTERVENTION

Geographic Overview

Behavioral health facilities providing violence prevention/intervention services (2016) and violent crime by community area (Chicago, 2016)



Data Source: Chicago Police Department; Analyzed by the Chicago Department of Public Health Office of Epidemiology

Unmet Needs: Violence Prevention Agency Survey

Assessment Question: *Are there violence prevention or intervention services that your agency sees a consumer demand for but is unable to provide adequately or unable to provide at all?*

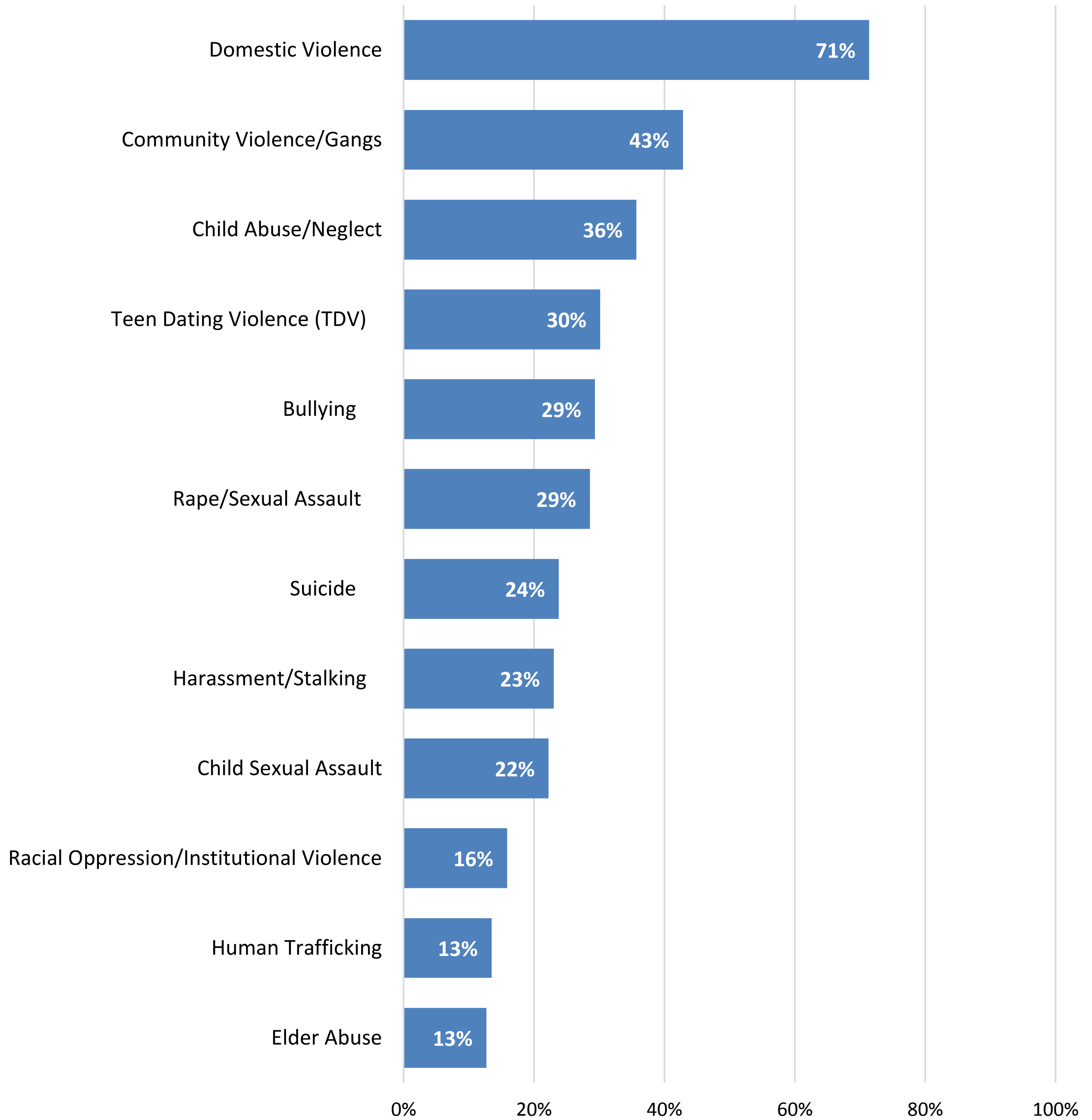
VIOLENCE PREVENTION SERVICES: UNMET NEED	NUMBER OF AGENCIES	PERCENT OF AGENCIES
After-school program	52	48%
Crisis response team	51	47%
Community engagement	47	43%
Legal assistance	47	43%
Public awareness/advocacy campaigns	47	43%
Parenting education/support	45	41%
Services for abusers	44	40%
Counseling/mental health services	41	38%
In-school program	36	33%
Research	33	30%
Trainings	31	28%
Faith-based programming	23	21%

"Thinking about the other systems--particularly the justice system--that perpetrate violence within the communities and create cultures of violence and cycles of violence, is huge. That's just not something that community agencies and social service agencies can solve alone."

- Violence Prevention Provider

Forms of Violence Addressed

Assessment Question: *What forms of violence does your facility aim to address?*

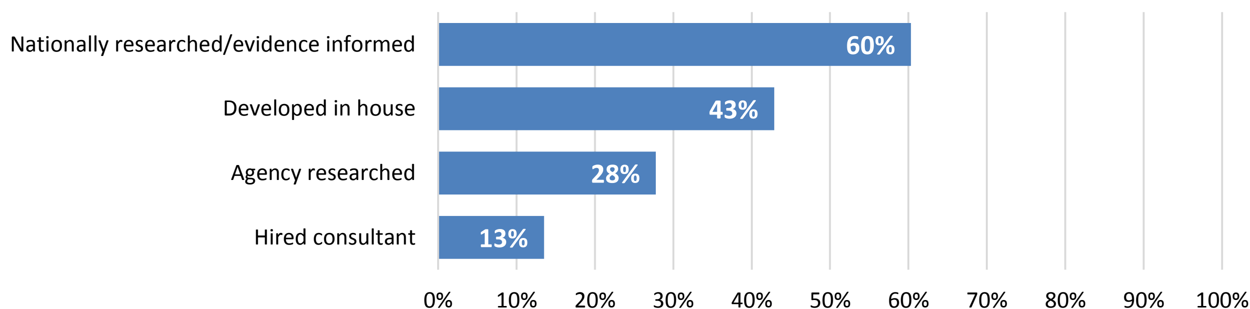


Violence Prevention and Intervention Programs Offered *(any age group and any form of violence)*

TYPE OF PROGRAM	NUMBER OF FACILITIES	PERCENT OF FACILITIES
Counseling/Mental Health	80	63%
Training	61	48%
Community Engagement	57	45%
Awareness/Advocacy	49	39%
Crisis Services	48	38%
Parenting/Education Assistance	47	37%
In School	39	31%
After School	31	25%
Services for Abusers	26	21%
Other	23	18%
Crisis Line	20	16%
Shelter/housing	18	14%
Legal Services	16	13%
College/University Program	7	6%

Curriculum Content Development

Assessment Question: *How do you determine your program's curriculum content at your facility?*



Nationally researched/Evidence Informed: Curriculum was developed nationally and evaluated for effectiveness
Agency Researched: Agency developed curriculum and evaluated it for effectiveness
Hired Consultant: Agency hired consultant to develop curriculum
Developed in House: Agency developed curriculum without any evaluation

Violence Prevention and Intervention Programs Offered by Type of Violence *(any age group)*

TYPE OF PROGRAM	DOMESTIC VIOLENCE		CHILD ABUSE/ NEGLECT		CHILD SEXUAL ASSAULT		COMMUNITY VIOLENCE/ GANGS		ELDER ABUSE		TEEN DATING VIOLENCE	
	N	%	N	%	N	%	N	%	N	%	N	%
After School	13	14%	8	18%	6	21%	22	41%	1	6%	14	37%
Community Engagement	37	41%	15	33%	11	39%	27	50%	7	44%	20	53%
Counseling/ Mental Health	57	63%	26	58%	21	75%	37	69%	11	69%	25	66%
Crisis Line	10	11%	4	9%	6	21%	4	7%	4	25%	7	18%
Crisis Services	24	26%	17	38%	14	50%	19	35%	4	25%	16	42%
In College/ University	2	2%	1	2%	3	11%	2	4%	1	6%	5	13%
In School	22	24%	12	27%	12	43%	23	43%	1	6%	19	50%
Legal Assistance	12	13%	2	4%	1	4%	4	7%	2	13%	3	8%
Parenting Education/ Support	36	40%	24	53%	13	46%	18	33%	3	19%	20	53%
Public Awareness/ Advocacy	31	34%	9	20%	9	32%	16	30%	6	38%	17	45%
Services for Abusers	21	23%	9	20%	6	21%	9	17%	4	25%	7	18%
Shelter/Housing	15	16%	3	7%	2	7%	3	6%	3	19%	2	5%
Training	36	40%	14	31%	13	46%	19	35%	2	13%	20	53%

Violence Prevention and Intervention Programs Offered by Type of Violence *(any age group)*

TYPE OF PROGRAM	RACIAL OPPRESSION/ INSTITUTIONAL VIOLENCE		BULLYING		HARASSMENT /STALKING		RAPE/SEXUAL ASSAULT		SUICIDE		HUMAN TRAFFICKING	
	N	%	N	%	N	%	N	%	N	%	N	%
After School	1	5%	14	38%	3	10%	4	11%	3	10%	1	6%
Community Engagement	8	40%	15	41%	9	31%	15	42%	10	33%	6	35%
Counseling/ Mental Health	12	60%	21	57%	21	72%	26	72%	26	87%	7	41%
Crisis Line	2	10%	4	11%	6	21%	8	22%	7	23%	3	18%
Crisis Services	2	10%	13	35%	8	28%	15	42%	17	57%	7	41%
In College/ University	1	5%	1	3%	2	7%	6	17%	1	3%	1	6%
In School	5	25%	20	54%	7	24%	11	31%	9	30%	2	12%
Legal Assistance	1	5%	1	3%	4	14%	4	11%	1	3%	3	18%
Parenting Education/ Support	5	25%	12	32%	7	24%	10	28%	10	33%	1	6%
Public Awareness/ Advocacy	6	30%	10	27%	9	31%	15	42%	8	27%	5	29%
Services for Abusers	4	20%	9	24%	6	21%	6	17%	3	10%	1	6%
Shelter/Housing	1	5%	3	8%	5	17%	3	8%	3	10%	4	24%
Training	8	40%	19	51%	10	34%	17	47%	10	33%	5	29%

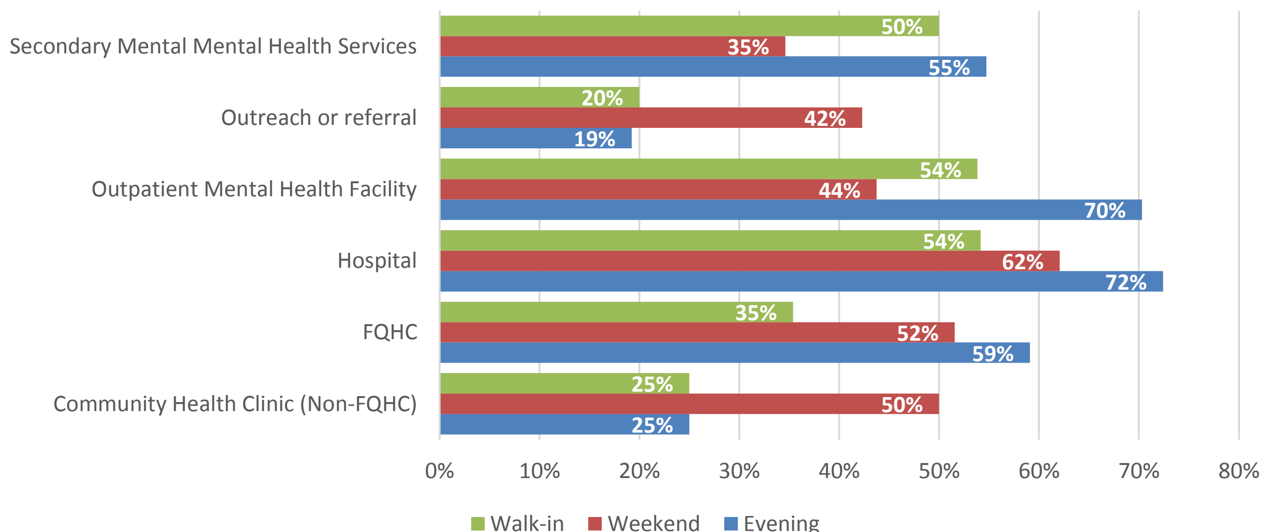
QUANTITATIVE RESULTS: BEHAVIORAL HEALTH UNMET NEEDS

Availability Of After-hours And Walk-in Services

- Mental health and substance use facilities reported on the availability of evening, weekend and walk-in services.
- While 58% of mental health facilities offered evening services, this ranged widely across facility types. Hospitals (72%) and outpatient mental health facilities (70%) were most likely to offer evening services, followed by FQHCs (59%). Only 19% of outreach or referral facilities did.
- Similarly, hospitals (62%) were most likely to offer weekend mental health services, followed by FQHCs (50%).
- Hospitals and outpatient mental health facilities were most likely to take walk-in appointments for mental health services (54% for both), followed by facilities providing secondary mental health services (primarily offering either substance use or violence prevention services) (50%).
- Almost three-quarters of facilities offered substance use services on one or more weekday evenings, 56% offered substance use services on the weekends, and 56% accepted walk-in consumers.

MENTAL HEALTH FACILITIES	NUMBER	PERCENT
Services offered after 5:00pm on one or more weekdays	146	58%
Services on the weekend	112	44%
Accept walk-in consumers	103	41%
SUBSTANCE USE FACILITIES		
Services offered after 5:00pm on one or more weekdays	136	72%
Services on the weekend	106	56%
Accept walk-in consumers	106	56%

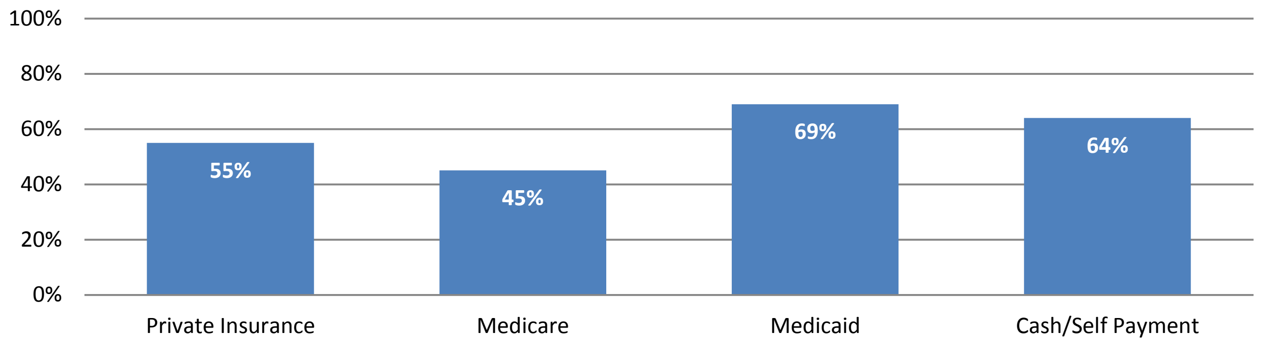
Percentage of Mental Health Facilities Offering Evening, Weekend and Walk-In Services by Type



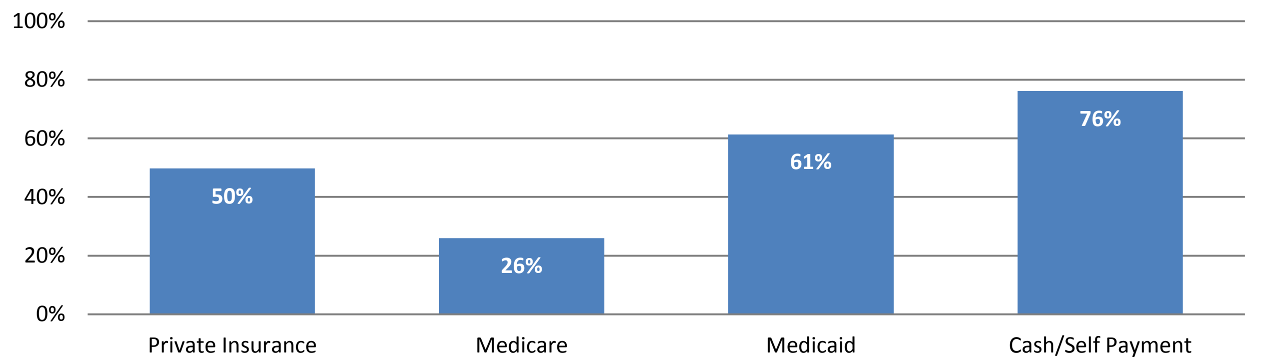
Acceptance of Diverse Payer and Insurance Types

Assessment Question: *Which of the following types of consumer payments or insurance are accepted at your facility for [mental health/substance use/violence prevention or intervention] services?*

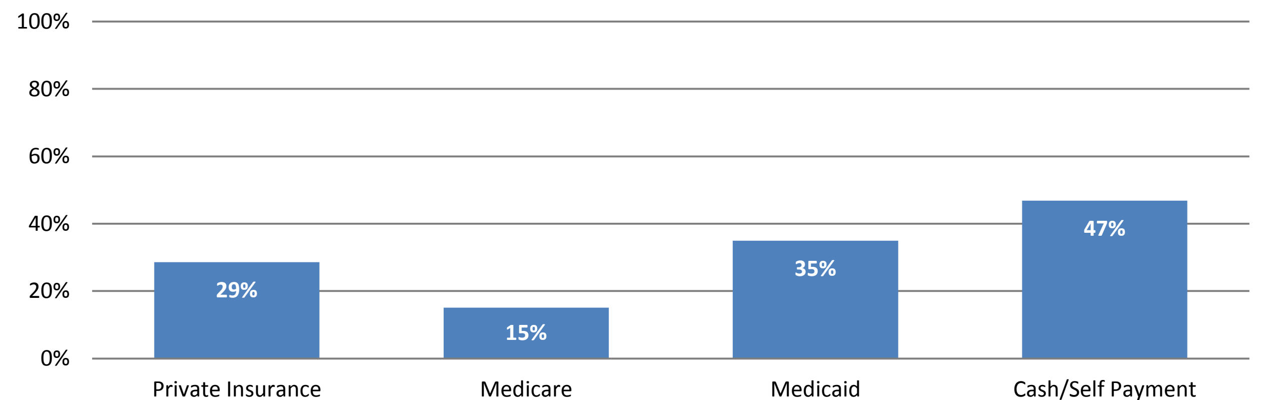
MENTAL HEALTH



SUBSTANCE USE



VIOLENCE PREVENTION/INTERVENTION



Availability of Languages Other Than English

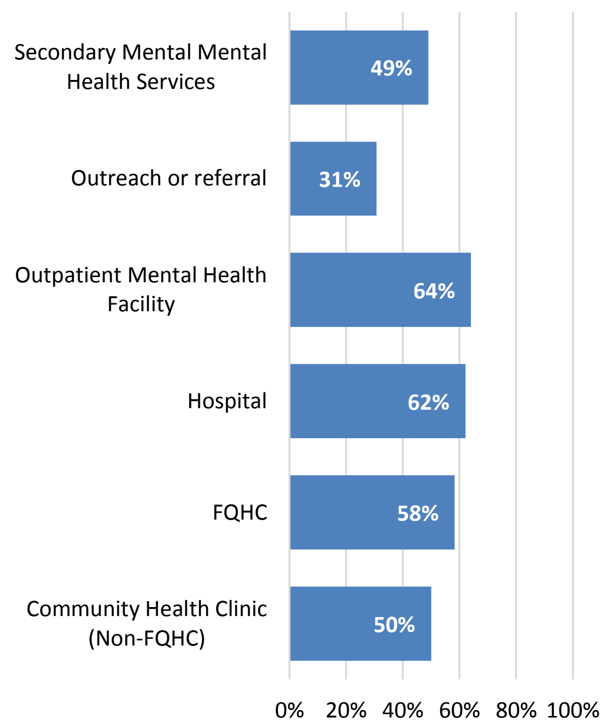
Mental Health

- Among the 253 facilities providing mental health services, approximately half (136; 54%) reported providing services in a language other than English.
- Outpatient facilities were most likely to offer these services; outreach or referral facilities facilities were least likely.
- Of those offering services in languages other than English, 61% had staff who spoke the language, 3% had an on-call interpreter (in person or by phone) as needed; and 36% had both staff and an on-call interpreter.
- Spanish was well represented (91% of those offering services in other languages); all other languages were poorly represented.

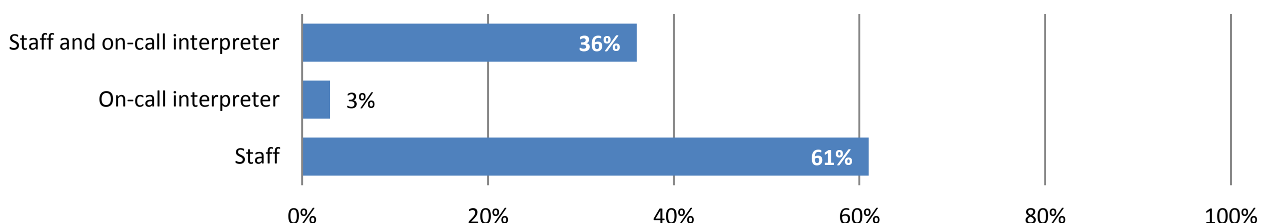
LANGUAGES	NUMBER OF FACILITIES*	PERCENT OF FACILITIES*
Spanish	120	91%
Polish	8	6%
American Sign Language	7	5%
Chinese	5	4%
Urdu	5	4%
Arabic	4	3%
French	4	3%
Korean	4	3%
Russian	2	2%
Serbo-Croatian	2	2%
Vietnamese	2	2%
Tagalog	1	1%
Other	12	9%

*Of those providing services in another languages (n = 132)

Percent of mental health facilities providing services in a language other than English by type



Assessment Question*: At your facility, who provides mental health services in a language other than English?*



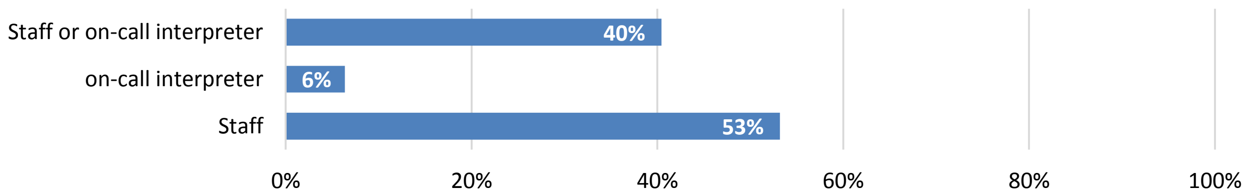
Substance Use

- Among the 189 facilities providing substance use services, approximately half (94; 49%) reported providing services in a language other than English.
- Most of these reported having staff who spoke other languages.
- Spanish was well represented (96% of those offering services in other languages); Polish was also reasonably represented (28%); all other languages were poorly represented.

LANGUAGES	NUMBER OF FACILITIES*	PERCENT OF FACILITIES*
Spanish	84	96%
Polish	25	28%
American Sign Language	2	2%
French	2	2%
Russian	2	2%
Serbo-Croatian	2	2%
Arabic	1	1%
Korean	1	1%
Other	6	7%

*Of those providing services in another language (n = 94)

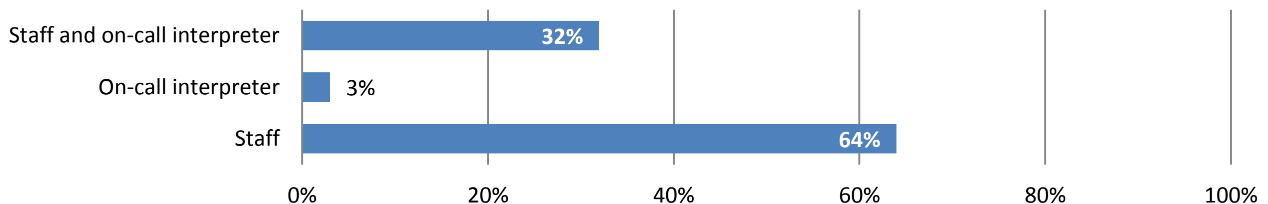
Assessment Question: *At your facility, who provides substance use services in a language other than English?*



Violence Prevention

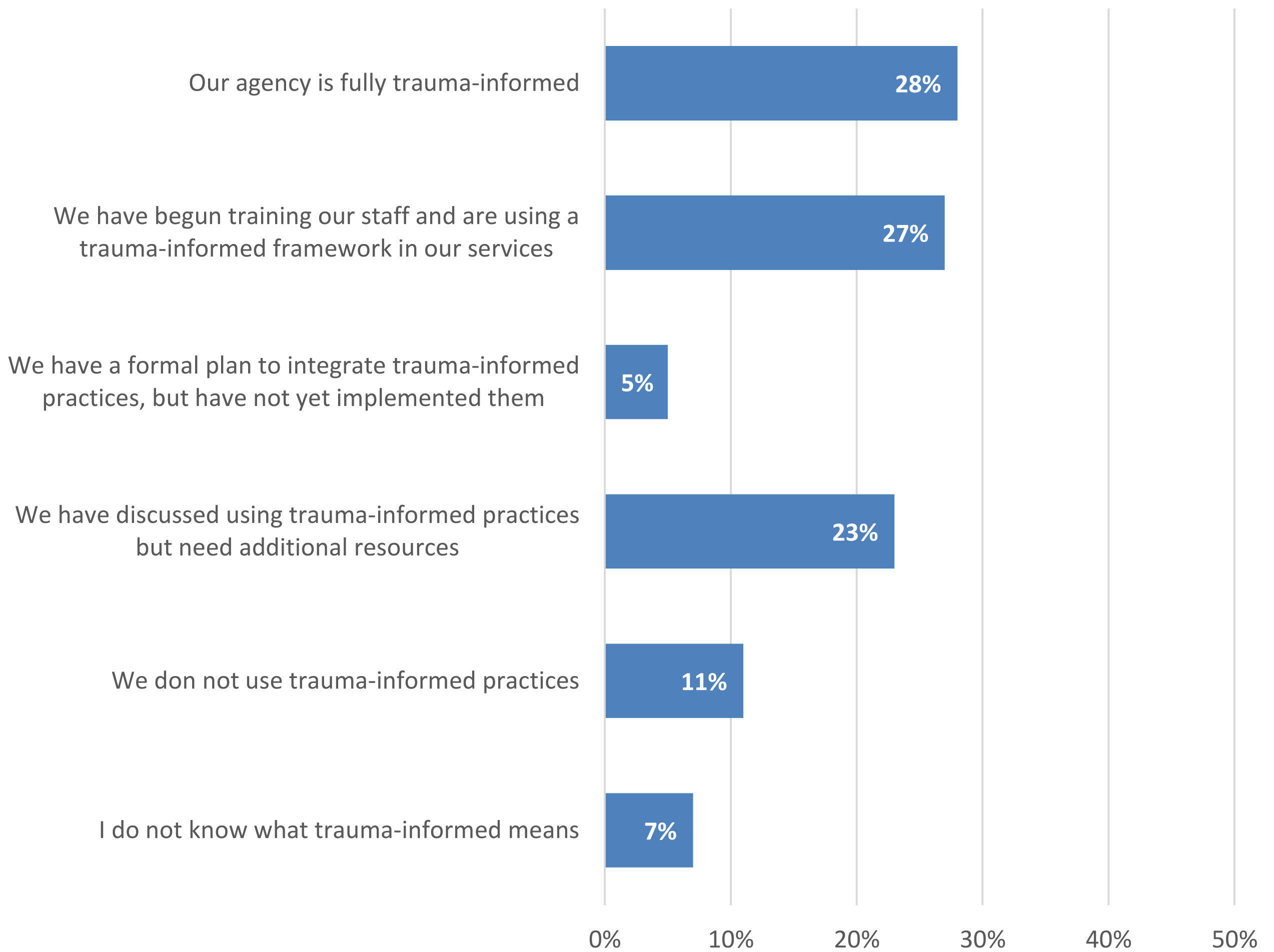
- Among the 126 facilities providing violence prevention or intervention services, slightly over one-half (71; 56%) reported providing services in a language other than English.
- Most of these reported having staff who spoke other languages.
- Nearly all facilities (67; 94%) provided violence prevention or intervention services in Spanish. But services in other languages were remarkably sparse—the next most common language was Polish, which only 4 (6%) of facilities could offer.

Assessment Question: *At your facility, who provides substance use services in a language other than English?*



Availability of Trauma-informed Services

Assessment Question: *To what extent have you integrated trauma-informed practices in your agency?*



QUALITATIVE RESULTS: THEMES CAPTURED FROM FOCUS GROUPS

CDPH conducted three, separate focus groups with mental health, substance use, and violence prevention/intervention providers. The purpose of the focus groups was to collect qualitative data on the behavioral health capacity in Chicago, priority areas in behavioral health, and strengths and weaknesses of the behavioral health system. Below is a summary of the major themes that emerged during the focus groups.

Focus Group with Mental Health Service Providers

1. General lack of mental health services
2. Importance of partnerships and integration of behavioral health and primary care
3. Difficulty with managed care organization reimbursement and administrative burden
4. Clients' lack of housing and transportation
5. Negative impact of lack of funding (and state budget)
6. Affordable Care Act has led to increase in access and system change
7. Changing insurance landscape leads to instability and difficulty in providing services
8. Lack of psychiatry services
9. Difficulty hiring and retaining staff
10. Stigma and lack of cultural competency affect care

Focus Group with Substance Use Service Providers

1. Need for coordinated and integrated care
2. Funding is complicated and influences care
3. Good diversity and quality of substance use services
4. Patients have complex needs
5. General lack of services for substance use
6. Barriers to prescribing and accessing medication-assisted treatment (MAT)
7. Administrative burden of insurance and inadequacy of reimbursement rates
8. Young adults are difficult to treat
9. Benzodiazepine use and treatment for benzodiazepine misuse needs attention
10. Affordable care act has led to an increase in access

Focus Group with Violence Prevention and Intervention Service Providers

1. Funding must go to prevention/education not just counseling and treatment
2. Need to think about violence from a macro/system level
3. Programs don't use evidence-based treatments because they cost money and/or don't fit population
4. Violence prevention agencies are newly having to bill for services
5. Lack of funding and grants is a barrier to providing services
6. Violence prevention services need to be integrated in schools and other systems
7. Increased demand for services
8. Overworked staff
9. Need to work with younger clients
10. State budget impasse has led to agency closures

METHODS

Identifying Agencies

Agencies providing behavioral health services in three domains – mental health, substance use, and violence prevention or intervention – were identified for potential inclusion from the following sources. Contact information for the director or CEO was gathered online or over the phone for each agency included in the assessment.

- https://findtreatment.samhsa.gov/locator
- Community Behavioral Healthcare Association (CBHA) members
- National Alliance for Mental Illness (NAMI) referral hotline
- Rule 132 service providers
- Illinois Department of Human Services service locator tool
- University of Illinois at Chicago Social Work student internship database
- Federally Qualified Health Centers (FQHC) in Chicago
- National Council for Behavioral Health members
- DASA Licensed Directory
- CDPH Office of Violence Prevention and Behavioral Health partners and collaborators
- Referrals from partner agencies

Inclusion Criteria

Agencies were included in the analysis according to domain-specific inclusion criteria.

Mental Health

The assessment included all agencies located in Chicago that provide publicly available outpatient mental health services to adults (18+). This includes community mental health centers, Federally Qualified Health Centers, outreach and referral programs, outpatient hospital based services, and agencies that specialize in violence prevention or substance use, but also provide mental health services secondarily. This excludes inpatient mental health service providers (both hospital and non-hospital based), Veteran Administration mental health services (both inpatient and outpatient), university based mental health services (unless they serve the general population), and private practices (group and individual).

Substance Use

Included all inpatient and outpatient substance abuse services in Chicago for children and adults.

Violence Prevention or Intervention

Included intervention and prevention programs in Chicago for all forms of violence for adults and youth.

Data Collection

Survey

After an agency was identified, the contact information for the director or CEO was gathered online or over the phone. An electronic survey was sent using Qualtrics to all agencies in Chicago that fit the inclusion criteria. Each agency received an email introducing the survey with instructions for completion. All surveys were completed by the CEO, Director, or another individual designated by them. The survey opened on May 16, 2016 and closed on January 25, 2017.

Follow-up included:

- Weekly emails to agencies that had not started the survey.
- Weekly emails to agencies that had started the survey, but not completed it.
- As needed phone calls to agencies that had not responded to emails.
- Hard copy sent in the mail to agencies that had not completed the survey.

Focus Groups

Three focus groups were conducted. Separate focus groups were held with mental health providers, substance use providers, and violence prevention/intervention providers. The purpose of the focus groups was to collect qualitative data on the behavioral health capacity, priority areas in behavioral health, and strengths and weaknesses of the behavioral health system.

Participants for the focus groups were selected from those who answered “yes” to the survey question, “Are you, or someone in a similar position at your agency, willing to participate in a focus group aimed at better understanding the challenges and barriers facing providers of behavioral health services?” All survey respondents who answered “yes” were contacted and invited to participate. In total, 27 respondents participated. Focus group data was recorded during the sessions and transcribed and comments were coded for themes.