

Mental Illness and Substance Abuse in Children and Adults of DuPage County



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DuPage Federation on Human Services Reform
146 W. Roosevelt Road
Villa Park, IL 60181

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Executive Summary

Basic Facts About Mental Illness

Anyone can have a mental illness, regardless of age, gender, race, or income. Mental illnesses are more common than cancer, diabetes, heart disease, or AIDS. One in five adults has a diagnosable mental disorder. One in four families will have a member with mental illness. Mental illness can occur at any age, but most often appears for the first time between the ages of 25 and 44. Low income persons are disproportionately affected by mental health problems but their access to treatment is severely restricted.

With proper treatment, as many as 8 in 10 people suffering from a mental illness can return to normal, productive lives, and almost everyone receives some benefit from treatment. Nearly two-thirds of all people with a diagnosable mental disorder do not seek treatment, because they cannot afford it, because of stigma and for other reasons.

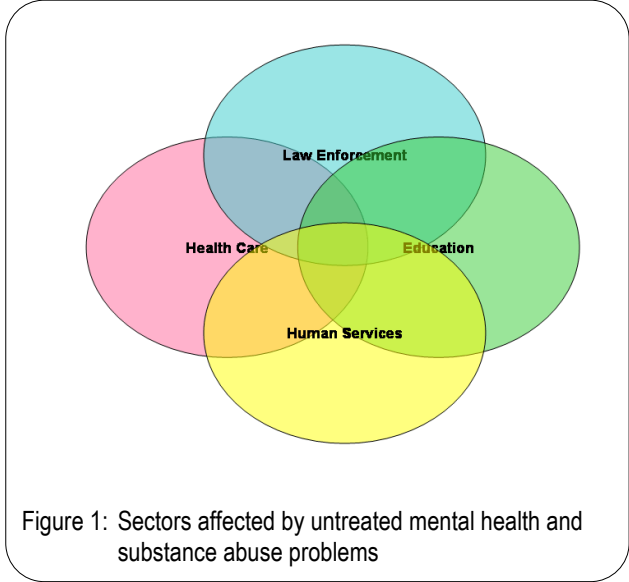


Figure 1: Sectors affected by untreated mental health and substance abuse problems

Untreated mental health and substance abuse problems affect all sectors of society, particularly health care, human services, education and law enforcement. Effective treatment modalities exist but are drastically underutilized. A major investment in treatment resources would benefit all the systems affected by the problem.

Incidence of Mental Illness and Substance Abuse in DuPage County:

Based on national and state incidence rates, we expect the following numbers of DuPage County residents to experience mental illness and substance abuse disorders.

Adults with a diagnosable mental disorder (22.1% of the adult population).	146,375
Adults with a serious mental illness (5.4% to 6.2% of the adult population, depending on the source of the estimate). The County Health Department uses an estimate of 50,000 persons.	35,800 to 62,700
Adults with severe or persistent mental illness (2.7% of adults).	17,900
Adults with disabling severe or persistent mental illness (0.7% of adults). The Health Department uses an estimate of 5,000 persons for their target population, which probably includes some persons from the category above.	4,500
Adults with serious mental illness who also have a substance abuse disorder (22% of adults). It is estimated that about 50% of substance abusers have some form of mental disorder.	14,432
DuPage County Residents admitted to DuPage community hospitals in 2001 with a diagnosis of Psychoses (Health Systems Research, 2004)	4,348

Cost of untreated mental illness and substance abuse in DuPage County

A very rough, yet consistent, estimate of the private and public costs of untreated mental illness can be obtained by applying national statistics and methods for calculating the cost of diseases to the DuPage County population, which yields an estimate of almost \$1 billion dollars per year¹ for untreated mental illness alone. The costs attributable to alcohol and drug abuse approach another billion. These costs include the following:

Productivity losses – These are costs associated with missed days of work, low productivity at work, and premature death. These costs are borne by workers and their employers, and the economy in general.

Health care costs – Included are 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 increased use of the criminal justice system, and of providing income supports for persons with severe mental illness who are unable to work.

Gaps in the mental health treatment system Many people with mental illness go untreated because ‘the system’ has large gaps in the availability of treatment. People fall through the cracks in ‘the system’ both because of the nature of their illness, and because of their inability to pay.

Mild to moderate symptoms – This is the largest group of the mentally ill, with an estimated 100,000 to 146,000 persons affected in DuPage. Diagnoses may include, for example, mild or moderate depression or anxiety disorder. Low-income persons in this group are probably not getting treatment, because they are uninsured or on Medicaid and few providers are available. If treatment is received, it would be from a primary care physician or through an overburdened community non-profit agency such as Metropolitan Family Services or Catholic Charities. Working persons with health insurance may receive treatment (probably from a primary care physician or a therapist), but most health care plans are very limited in providing mental health benefits.

Serious symptoms – This group includes an estimated 31,000 to 58,000 persons and would include persons with severe mental illness such as major depression or bipolar disorder. Many low-income persons are not receiving treatment, since the only Community Mental Health Center in the County, the DuPage County Health Department, focuses on the more severely mentally ill (described below). If and when the symptoms become life threatening, such patients may be admitted to private hospitals, perhaps receiving a Medicaid reimbursement, or perhaps incurring a major medical debt. Persons with private insurance may receive outpatient treatment or hospitalization to the limits of their insurance. They may also be treated by primary care physicians and community-based non-profits but these severe needs are often beyond the appropriate scope of these resources.

Severe and persistent symptoms – This group contains an estimated 4,500 to 5,000 persons, of whom approximately 3,000 are served at any one time by the DuPage County Health Department. They are generally severely disabled by diagnosed illnesses such as severe schizophrenia or bipolar disorder. The DuPage County Health Department and state hospitals provide treatment to a majority of this group regardless of income, although a large majority are low-income persons

¹A 1999 national study on this topic yielded a cost per person (nationally) for untreated mental illness of \$1060, which translates into a cost for DuPage County of \$964,447,360. A similar study on substance abuse done for the National Institutes of Health (Harwood) gave a per person cost in 1998 of \$965 per person. Using these older costs and current population figures $\$965 * 909,856 = \$878,011,040$. Given that these figures are 1998 and 1999 costs, adjustment for inflation puts DuPage County at or over the \$2 billion level.

because of their illness. Medicaid, SSI, and (to a much lesser extent) private insurance may provide support.

Issues on which professionals agree: Most professionals agree on the importance of addressing mental health issues and the far-reaching impact a solution would have on addressing many other health and human services needs. Mental illness is considered a “root cause” of many other problems, and the drain on other systems is outlined in the discussion of the cost of untreated mental illness and in more detail later in this report.

There is strong agreement that mental illness is treatable. Success rates of available, proven treatments for schizophrenia are 60%, 70% to 80% for depression, and 70% to 90% for panic disorder (National Institute of Mental Health, 2001). These success rates are higher than treatment for heart disease.

There is agreement that the stigma associated with seeking help for mental illness should be addressed. People who need treatment, in many cases, have to want to seek that treatment. However, we believe that this is a later stage effort, since the system falls far short of making affordable treatment available for the people who need it and want it.

Most professionals agree that a comprehensive community-wide effort is needed. Addressing the wide-ranging negative effects on society and the economy, means that the scope of the effort should not be directed solely toward the 50,000 DuPage residents considered seriously mentally ill. To achieve maximum benefit, all levels of mental illness that prevent persons from leading productive lives (including moderate and mild illnesses) should be included in the scope of the effort.

They would also agree that a comprehensive approach means involvement of all providers. No one agency can be responsible for meeting all mental health needs. Providers to include in the effort would be the Health Department, state hospitals, private hospitals, non-profit and for-profit service providers, primary care physicians, human services providers, court-related services (e.g., Psych Services and Probation), and insurers.

Introduction

About this document: In the past several years, a large number of studies and reports have been published at the national, state and local level providing excellent analysis about mental illness, substance abuse and the relationships between the two problems. Although it is beyond the scope of this document to summarize this extensive body of work, the reader is encouraged to consult many of the resources listed in the bibliography.

The purpose of this document is to

1. Provide a very brief summary of important facts about mental illness and substance abuse for the reader with little background on the subject.
2. Describe the problems and resources that are unique to DuPage County
3. Recommend improvements to the system of services for those with mental illness and substance abuse in DuPage County.

These recommendations are the product of an extensive interactive process of research, writing, consultation with experts, revision and review by the Federation Board. Although they reflect our recommendations at the present time, we expect they will undergo further development as new ideas and information emerge.

Thanks to our Expert Advisors – and to our 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 many content area experts whose guidance greatly improved and refined this document. If we've inadvertently omitted anyone we've consulted, a reminder would be appreciated.

This project is partially supported by the DuPage County Division of Human Services with Community Development Block Grant Funds, as well as by the Illinois Department of Human Services.

The opinions expressed are those of the DuPage Federation. We, of course, are responsible for any errors.

About the DuPage Federation on Human Services Reform:

The mission of the DuPage Federation on Human Services Reform is "to promote an efficient and effective human service system through leadership in collaboration, advocacy and planning." The Federation is the only organization in the western suburbs doing policy analysis and advocacy to improve services for vulnerable populations. The

Expert Advisors

Jill Adelman *National Alliance for the Mentally Ill*
Sue Berg *DuPage County Health Department*
Joyce Butler *DuPage County Health Department*
Jana Cronin *National Alliance for the Mentally Ill*
Janet Driscoll *Metropolitan Family Services*
Dave Christiansen *DuPage County Health Department*
Chuck Hoffman *Illinois Department of Human Services*
Roger Johnson *Metropolitan Family Services*
Pat Kelly *Metropolitan Family Services*
Marjorie Lewe-Brady *DuPage County Health Department*
Sue Miller *DuPage County Health Department*
Theresa Nihill *Metropolitan Family Services*
Sue Prentiss *National Alliance for the Mentally Ill*
Robin Partin *Eighteenth Judicial Circuit Drug Court*
Carol Perkins *Regional Office of Education*
Darlene Ruscitti *Regional Office of Education*
Tom Sayers *DuPage County Psychological Services*
Paul Teodo *Central DuPage Health*

Federation was formed in 1995 by a Governor’s office initiative as one of five ‘learning laboratories’ whose role was to support implementation of welfare reform through collaboration between government and community. Since that time, our role has evolved far beyond those origins. The focus has appropriately shifted to developing an integrated system of supports for vulnerable people and to improving the capacity of the human service system to meet their increasingly complex needs.

The Federation’s role includes leadership and management support of systems change efforts and planning for a more effective and efficient system of human services. Significantly, although the State, the County and other funders are integral partners in each of our efforts, they are often not in a position to be the conveners and collaboration managers of major change efforts. Instead, an organization that is independent yet closely linked to decision makers is most effective in this role.

Key community leaders have repeatedly told us that, if the Federation did not exist, it would need to be invented to focus on developing an efficient and effective system of human services. The fact that we are not providers of direct services permits us to look at the big picture, addressing systemic and cross-categorical problems in human services.

About our recommendations: We believe that the solution to most of the issues of mental illness and substance abuse will necessarily involve a ‘mosaic approach’, with a menu of available options from which an appropriate selection can be made. There is almost never a ‘one size fits all’ solution to any of these issues. Rather, an assortment of strategies should be considered and implemented in order to provide a continuum of supports for those with mental illness or substance abuse.

In researching this Profile, we found much about the current system of services that is positive. Often, the right array of services is in place; the system simply needs more capacity. In other cases, new structures or changed policies are needed to adequately serve the need. In most cases, the unmet need is so great that there is almost no wrong answer. An array of well designed, coordinated, integrated programs with increased capacity is needed.

The following recommendations reflect our understanding of best practices at the present time. They are the result of our research into the issues facing each vulnerable population, and are intended as advice to public officials and other decision makers responsible for the programs serving these people. We understand that not all will be implemented immediately or at the same time; nonetheless, we believe that, collectively, they offer a road map toward a better system of services for vulnerable people.

Pattern for recommendations

- **Goal:** The desired state when the problem is solved. When we have reached this point, we’ll no longer have a problem in this area.
- **Why is this important?** A brief narrative on why the selected topic is important, and why the indicator was selected.
- **Baseline:** Data on the present situation in DuPage County
- **Immediate Target:** A significant, yet attainable target that can be reached in the next few years. We’ll know we’re moving forward when we reach this point.

- **How is DuPage County Performing?** A more detailed description of the current level of performance and the challenges in DuPage County.
- **What do we need to do to reach the goal?** A series of recommendations that, taken as a whole, can reasonably be expected to reach the goal. In each section, we've asked our expert advisors and the Federation Board the same question: "If we really did all these things, would we reach the goal?" In each case, we knew weren't done until the answer was "Yes".

We have used the pattern below to organize our thinking about recommendations.

1. Existing Programs: As a first step, where there are existing efforts, government or private, to address the problem, those programs should be running optimally:
 - a. As many people as possible should be enrolled;
 - b. The program's capacity should meet the need;
 - c. An adequate number of providers should be available.

The existing programs, accordingly, are the focus of our first recommendations. Of course, the leadership of existing programs should continually ask themselves and their stakeholders: Is this the best way to address the issue? Is there a better use of human and financial resources? When existing programs no longer represent best practice, they should be transformed to reflect progress in the field.

2. Serving the Unserved: Once we have considered how to ensure that existing programs are doing what they are designed to do, our attention turns to those who are still unserved. We advocate for development of a 'mosaic' approach where an array of service models are available to serve the unserved, either in existing or newly developed programs. We would seek to develop local programs to fill gaps where local conditions differ significantly from state or national situations, or where local leaders have focused on the issue and are able to generate a will to address issues in a different manner than the state or national governments.

3. Coordination: Although we believe that an array of options should be available, it is essential that the system of services be seamless to the consumers and to the outside world. Coordination issues should be worked out behind the scenes.

4. Root Causes: While developing a logical system of services for vulnerable populations, we should lead or join broader efforts to address the root causes of the problems. However, if we focus only on the root causes, we would do a disservice to those struggling with gaps in the current system.

Criteria for Recommendations

1. We believe the recommended step is realistic and feasible.
2. We have some idea where the money might be obtained
3. We believe there is an existing or potential power base to partner with us.
4. The recommended step reflects the best use of existing and available assets including synergies from collaboration.
5. Is there a breakthrough strategy not currently being implemented?

Criteria for Developing Recommendations

In developing recommendations, we have done our best to follow five criteria:

1. We believe the recommended step is realistic and feasible.

We have a strong, almost visceral, distaste for 'pie in the sky' recommendations that have no chance of actually being implemented. In each case, we believe that our recommendations have a reasonable chance of being implemented and, if implemented, of actually moving the indicators toward the target. Accordingly, we have omitted many otherwise good ideas that, in the current environment, simply don't look realistic to us.

2. We must have some idea where the necessary money might be obtained.

Again, decision makers are often impatient with costly recommendations made with no ideas on how the money may be obtained. Sometimes, we'll suggest that money spent in a particular area may reduce other expenditures. Sometimes, we'll identify ways that efficiencies can occur through collaboration. Other times, we'll identify potential sources of funding.

3. We must believe there is an existing or potential power base that can be mobilized to partner with us.

Often, the first step toward addressing a problem is to develop the political will to solve it. In these instances, community organizing is an essential first step. Sometimes this is the step that changes a good idea from unrealistic to accomplished.

4. We must believe that the recommended step reflects the best use of existing and available assets including synergies from collaboration.

In general, the resources to address many of this community's problems already exist in our community and are often already being spent, albeit inefficiently. When existing assets are deployed in a new manner, radical and significant improvement in key indicators may be possible. Often, there are legal, policy or administrative barriers to effective collaboration, and we believe these can be overcome.

5. If 'breakthrough strategies' exist that are not currently in place, we'll identify them.

In some situations, infrastructure or programs that are available in other areas to address problems of low income workers simply do not exist in DuPage. Implementing these strategies can significantly increase the capacity of the service system.

About the Icons:



Low Hanging Fruit

Some of our recommendations can be readily implemented by local decision makers without much cost. We have identified these with a distinctive icon.



High Impact Ideas

Some recommendations would have dramatic impact, even though they might be more costly or complicated to implement. We believe these ideas should be the high priority focus of collaborative efforts. These are identified with a different distinctive icon.

Recommendations

Goal: People in DuPage County who need mental health and substance abuse treatment should be able to get them, at an affordable cost, without causing additional problems.

Why is this important? The estimated cost of untreated mental illness and substance abuse to DuPage County is almost \$2 billion per year. This includes: productivity losses associated with missed days of work, low productivity at work, premature death, health care treatment for physical ailments associated with, or worsened by, mental illness and substance abuse, and societal costs including increased use of the criminal justice system and providing income supports. In addition but no less important, there is an uncounted cost in human suffering.

How is DuPage County Performing? DuPage County has a major shortage of services for persons with mild and moderate mental illness, and its system of services for persons with the most severe mental illness is stressed.

Baseline:



2,954	persons with severe mental illness currently being treated by the DuPage County Health Department (February, 2005)
6,985	persons admitted to DuPage County hospitals for acute mental illness in 2002 (DuPage County Health Department; IDPH Illinois Center for Health Statistics)
Unknown	persons receiving outpatient treatment through nonprofit community agencies

Immediate Target: Within the next two years, the number of low income persons who receive mental health services should increase by 25%.

What do we need to do to reach the goal?

1. System Strategies: Assemble existing and potential new assets into a ‘virtual’ seamless, comprehensive system for those in need of mental health services.



This integrated system of mental health services should coordinate the services of existing agencies that provide counseling, case management, medications, primary and specialty care, and hospitalizations for uninsured persons who need treatment of mild or moderate mental illness, which are not currently treated by the public mental health system.

- a. The organizations concerned with health and mental health in the County should develop a broad-based, empowered, planning and direction-setting group to help accomplish the steps recommended here. It would make sense to use the existing Partnership for Behavioral Health and the Mental Health Task Force as foundations from which to grow. This entity should be integrated with the emerging broader health access coalition. 
- b. The planning body should convene a team whose task is to develop systems to improve the availability of low-cost medications to low-income populations, with emphasis on mental health drugs. This would involve the DuPage County Health 


Department, DuPage Convalescent Center, Access Community Health Network, Access DuPage, DuPage Community Clinic and possibly other organizations.

- i. This team should explore whether Access Community Health Network, operator of the County's network of Community Health Centers, should develop an agreement with one or more local pharmacies to implement the Section 340B drug program, which would permits patients of the Centers and certain other entities to purchase many prescription medications at roughly half the retail prices.
- c. The Planning Group, the Health Department and other entities should develop a single point of entry for families who need to access treatment for mental illness and substance abuse, and other support services for children in DuPage County. This should expand on the Health Department's existing services to this population.
- d. Similarly, the Health Department's Crisis and Access Center should expand its current role as the 'switchboard' for those in need of all types of mental health services. In this expanded role, it would receive requests for help, screen or assess to determine what type of services are needed, and refer to the most appropriate provider of services, whether inside the health department, in nonprofit community agencies or in private practices.
- e. This planning group should develop models for managing the transition of persons with mental illness from one program to another. Some examples:
 - i. Persons on stable medications who could transition out of DCHD programs and free up capacity to treat new patients,
 - ii. Wards of the court transitioning out of probation jurisdiction,
 - iii. Persons being discharged from hospital programs who need support to avoid becoming homeless,
 - iv. Young adults leaving foster care or otherwise having difficulty with the transition from adolescent to adult status,
 - v. Homeless mentally ill persons who are resistant to treatment.
- f. Explore voluntarism.
 - i. Access DuPage should consider recruiting private mental health practitioners into its pool of specialists to accept referrals of persons in need of counseling.
 - ii. The planning group should consider expanding the use of interns from various university programs training mental health professionals, and organize rotations through the proposed community mental health network.
- g. Integrate mental health with primary health care
 - i. Ensure that all low income people, particularly those with mental illness, have a medical home by enrolling those eligible into Medicaid, KidCare or Access DuPage and referring or assigning these individuals to a primary care physician, who can coordinate the rest of the medical care they need.
 - ii. Help primary care clinicians improve their skills and comfort level at treating common mental illnesses
 - iii. Organizations involved with continuing education should encourage primary care physicians to improve their effectiveness at treating depression, anxiety and other common mental illnesses, as they are the most frequent provider of treatment for these conditions.
 - iv. Ensure that primary care clinicians, particularly those treating low income persons, are linked to the new mental health network.


2. Micro Strategies: Optimize existing possibilities for utilization of Medicaid and other potential untapped resources

- a. The planning body should expand the scale of mental health services in the federally qualified community health centers (FQHC's) as much as possible as quickly as possible. (examples: psychiatric social workers, psychiatry, MH-focused primary care, psychiatric back-up, drug therapy at 340B pricing). This makes particular sense for Medicaid patients, since FQHCs receive higher Medicaid reimbursement than other providers.
 - i. The planning body should explore the feasibility of locating an FQHC satellite at selected community agencies on a pilot project basis. This would permit these 'outpost' clinics to manage primary care and some mental health issues.
 - ii. Consider hiring one or more "community health psychiatrists" who could be available to take referrals and provide back-up support across the community mental health network. This psychiatrist(s) should probably be employed by the FQHC, but out-stationed at the community agencies.
- b. Inmates of the DuPage County Jail and of the Juvenile Detention Center who take prescription drugs should be referred to a source of continuing health care prior to release. The County should consider making the jail physicians employees or contractors of the FQHC, so people leaving there are already FQHC patients. These individuals can be referred to the Martin T. Russo Family Health Center or another FQHC, which will get them enrolled into whichever source of funding is most feasible, including Medicaid, KidCare, Family Care or Access DuPage. 
- c. The planning group should ensure that schools are aware that they are able to provide mental health services and bill Medicaid/KidCare for them. The Federation should work with the Regional Office of Education to ensure that this possibility is maximized. Schools are a logical locus of services for children, and their ability to provide Medicaid funded mental health services should be optimized. 
- d. The Federation should ensure that programs working with young families are aware that the mental health needs of parents and families can be appropriately addressed in the Individual Family Service Plans of infants and toddlers participating in the early intervention program. (These services can be billed to Medicaid for eligible families.)
- e. Providers of mental health services should make use of Federal Medicaid requirements that mandate treatment of Medicaid eligible children whose needs for treatment of mental illness, substance abuse and/or other health conditions are documented through the EPSDT process.

3. Macro strategies: Explore new possibilities for expanding utilization of Medicaid.

- a. Local funds initiative: The County and the Health Department should explore the emerging Local Funds Initiative being developed by IDHS, IDPA and a number of other localities and use this mechanism to obtain federal match for the existing and new funds the County spends on mental health. 
- b. The planning group and County officials should explore possibilities presented by the


State's need to expand Medicaid managed care and to serve persons with disabilities outside institutional settings.

- c. The DuPage County Health Department should explore possibilities presented by the State's need to expand noninstitutional settings for persons with disabilities, and engage in discussions with IDPA about the DuPage County residents under age 65 who have mental illness and are in nursing homes for that reason only. The County and the state could work out ways to allow people to choose to move out of nursing homes into community residences, and split the very significant savings between the County and IDPA, so that more persons could be served with the same money now being spent to house mentally ill persons in nursing homes. 

4. Local support: Explore the role that local dollars may play in making this expansion possible.

- a. Where local match would permit access to State or Federal funds, strategically targeted requests for funding should be considered by County officials.
- b. The County should consider whether it would be efficient to establish a special purpose board to manage local tax dollars targeted for mental health services. Several options exist for earmarked funding that may provide advantages over the current use of general revenue for this purpose.

5. Advocate for Steps that could make 'the System' run better:

- a. Because the process by which mentally ill persons are enrolled in Medicaid is slow, cumbersome, difficult and unpredictable, we feel strongly that the State of Illinois Department of Human Services urgently needs to examine the negative impact of current backlogs in its Client Assessment Unit on the ability of mental health providers to serve patients with mental illness. Simplification of this process would be cost effective and in the best interest of patients, providers and payers. Indeed, the current logjam is a major impediment to the successful implementation of the State's efforts to maximize Medicaid reimbursement, and an immense barrier to the receipt of treatment by people who badly need it. 
- b. The DuPage County Health Department should expand the scale, the intensity and the techniques of its street outreach efforts to engage homeless persons who are severely mentally ill but resistant to services.
- c. The Health Department and PADS should develop protocol for sheltering homeless mentally persons to ensure that no one who wants shelter goes unsheltered. The Federation is willing to assist with these discussions.
- d. The agencies providing mental health services should explore the feasibility of wider use of the universal release form developed by the DuPage Behavioral Health Partnership.
- e. We generally support implementation of the recommendations of the state Children's Mental Health Partnership, particularly as they relate to improving access to mental health services.

6. Address Prevention and Root Causes:

- a. It would make sense for the County, schools and municipalities to co-convene an interagency task force to consider the best ways to expand prevention services. This group should include municipalities, schools, law enforcement, mental health, and human services organizations, and they should be charged with developing a Plan for Prevention for the County.
- b. The first step toward developing comprehensive prevention services is development of a comprehensive program of positive parenting supports, such as those planned through the DuPage Positive Parenting Initiative. We strongly support implementation of this initiative, which will include targeted supports for parents, ranging from accurate information on good parenting to home visiting and case management for families with significant risk factors.
- c. Continue and expand the existing prevention network, including after school programs through the Neighborhood Resource Centers, Teen Reach and other programs.
- d. Establish a countywide mentor program, in coordination with the existing Big Brothers/Big Sisters program.
- e. Continue and expand current efforts that divert adults and youth whose primary needs are mental health and substance abuse treatment away from the court system and into treatment, through drug and mental health courts and other strategies.

About Mental Illness

KEY FINDINGS

- Although effective treatment exists for many mental illnesses, it is largely unavailable to uninsured and underinsured persons.
- Effective treatment generally includes counseling, psychiatric services and medications.
- The costs of untreated mental illness are borne by all sectors of society, including employers, families, law enforcement, government, etc.

Basic Facts

A mental illness is a psychiatric disorder that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others. Psychiatrists generally attribute mental illness to organic/neurochemical causes that can be treated with psychiatric medication, psychotherapy, lifestyle adjustments and other supportive measures. Mental illness is distinct from the legal concept of insanity. Advocacy organizations have been trying to change the common perception of psychiatric disorders as a sign of personal weakness and something to be ashamed of to an affliction akin to physical diseases (like diabetes or measles) (WordIQ.com).

Mental health problems affect about 22% of the general population (American Psychiatric Association, 1994) Although effective treatments are available for many mental illnesses, the consequences of untreated mental health problems are pervasive throughout society, affecting the education, law enforcement, health care and human services systems. They can cause or complicate nearly all social problems, including domestic violence, child abuse, juvenile delinquency, elder abuse, etc.

People with mental illness and or substance abuse disorders are found in the community, in hospitals, nursing homes, jails and other correctional facilities. This problem has negative effects on all these systems.

Subcategories:

Adults with serious mental illness are those persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV (Diagnostic and Statistical Manual for Mental Disorders), that has resulted in functional impairment which substantially interferes with or limits one or more major life activities (Kessler, 1996).

Some of the more commonly known psychiatric disorders are depression; manic depression (also known as bipolar disorder); anxiety disorders, including specific phobias (such as fear of heights), social phobia, panic disorder, agoraphobia, obsessive-compulsive disorder, and generalized anxiety

“The personal and social costs that result from untreated mental disorders are considerable--similar to those for heart disease and cancer.”

“According to estimates by the Substance Abuse and Mental Health Services Administration (SAMHSA), Institute of Medicine, the direct costs for support and medical treatment of mental illnesses total \$55.4 billion a year; the direct costs of substance abuse disorders come to \$11.4 billion a year; and indirect costs such as lost employment, reduced productivity, criminal activity, vehicular accidents and social welfare programs increase the total cost of mental and substance abuse disorders to more than \$273 billion a year.”

American Psychiatric Association

disorder; schizophrenia and other psychotic disorders, such as delusional disorder; substance abuse and disorders related to substance abuse; delirium; dementia, including Alzheimer's disease; eating disorders, such as bulimia and anorexia; sleep disorders; attention-deficit/hyperactivity disorder; learning disorders; sexual disorders; dissociative disorders, such as multiple personality disorder; and personality disorders, such as borderline personality disorder and antisocial personality disorder (APA, 1994).

Effectiveness Rates of Treatment for mental illness

Depression: Medication	65%
Medication + Psychotherapy	80%
Panic disorder	80%
Schizophrenia	60%
Obsessive Compulsive disorder	60%

Source: NIMH Advisory Council

Relationship between physical illness and mental illness: Physical symptoms associated with untreated mental health problems are at the root of a large percentage of all visits to primary care physicians. *“People suffering from mental illnesses often do not recognize them for what they are. About 27 percent of those who seek medical care for physical problems actually suffer from troubled emotions.”* (APA, 1994,) In fact, anxiety is thought to contribute to or cause 20 percent of all medical conditions among Americans seeking general health care (APA, 1994). Often, people with untreated anxiety, depression and other mental health problems will visit physicians complaining of pain, stomach problems, and/or insomnia.

There is also compelling evidence that untreated depression is associated with a wide array of physical illness, including stroke, heart disease, diabetes, Parkinson’s disease, HIV/AIDS, etc. *“Having a mental disorder predicts an elevated risk of death from cardiovascular disease, coronary heart disease, respiratory disease, and suicide.”* (2) The relationship between physical illness and depression is this: depression causes or worsens physical illness, and physical illness often causes or worsens depression.

Relationship between mental illness and substance abuse:

Co-occurring mental illness and substance abuse disorders are common; they affect from 7 to 10 million adults in the United States each year (U.S. DHHS, 1999; SAMHSA National Advisory Council, 1998). Substance abuse is often associated with untreated mental health problems. However, substance abuse can exist, at least initially, independently of mental health problems, and the mental health problems may develop subsequent to the substance abuse. There is growing evidence that they are two manifestations of what may be fundamentally the same disorder

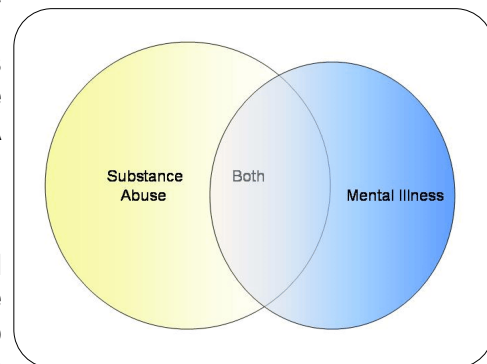


Figure 1: Relationship between mental illness and substance abuse

Best Practice

Effective, evidence based treatment modalities exist for a wide variety of mental illnesses. Generally, best practice suggests the use of psychotropic medications in appropriate cases, most often in conjunction with individual or group therapy. Primary care physicians very commonly treat less severe depression, anxiety disorders and attention deficit disorder, although they are often uncomfortable with doing so. Mild depression, for example, responds either to psychotherapy or to medication. However, evidence indicates that risk of future relapse is lessened by employing a combination of medication and therapy rather than either alone.

The most severe psychiatric disorders are most effectively treated by a newer strategy known as

Programs of Assertive Community Treatment (PACT), which employ a multi-disciplinary team available around the clock to ensure that people with severe and persistent mental illness can access the treatment needed to remain in the community with minimal time spent in the hospital.

DuPAGE DATA ABOUT MENTAL ILLNESS		
DuPage Demographics		
Total Population (U.S. Census Bureau, 2000)		904,161
Adults 65+		88,794
Adults 18-64		573,535
Adults over 18		662,329
Persons aged 12 or older		741,536
Children and Adolescents < 18		241,832
Estimates of DuPage Populations with Selected Mental Illness		
	<i>National Incidence</i>	<i>Estimated DuPage</i>
Adults with diagnosable DSM-III-R mental disorder (NIMH, APA)	22.1%	146,375
Adults with serious mental illness (Kessler et al., 1996)	5.4%	35,766
U.S. adults with serious mental illness (SAMHSA, 2002)	8.0%	52,986
Adults in Illinois with serious mental illness (SAMHSA, 2002)	6.94%	45,966
Adults with severe and persistent mental illness	2.7%	17,883
Adults <u>disabled</u> by severe and persistent mental illness	0.68%	4,504
Adults with depression (Surgeon General)	7.1%	47,025
Persons in DuPage reporting mental disabilities on Census 2000 (U.S. Census Bureau, 2000)		22,321
Adults 'seen' for mental health problems (RJ Rydman, 2000)	3.4%	22,519
Admissions for 'Acute Mental Illness' to DuPage County Hospitals (2002)		6,985
DuPage County residents discharged from DuPage County hospitals with 'psychoses' diagnosis (2001)		4,348
Hospital Discharges in DuPage area zip codes with a diagnosis of "mental diseases and disorders" (2003) (Note: zip code areas include some addresses that are not in DuPage but are in 'collar counties'.)		7,115

Barriers to Treatment:

Although effective treatment methods exist for many mental illnesses, 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.

Lack of funding, or more specifically, inability of some patients to pay for services

Health insurers have traditionally provided limited coverage for mental health care, although efforts at the state and national levels have resulted in steadily increasing coverage. Medicaid, which provides health coverage for almost 56,000 people in DuPage County, has an arcane system of policies which restricts its utility as a funding source for mental health services.

Lack of specialized resources for children and non-English speakers

Transitions from one system to another ('Falling between the cracks')

The complexity of the mental health system too often results in failure to meet the needs of people who are least able to advocate for themselves. People leave one service without being sure that the next service will be available when needed, and bad outcomes result. Examples:

People on psychotropic medications are discharged from jails, prisons and hospitals without having a way to obtain needed medications. As a result, they inappropriately discontinue the medications,

and may re-offend, become re-hospitalized, become homeless or have another negative result. This creates a repetitive downward spiral of treatment, decompensation, confinement, and release.

Children may receive special education at school without having the needed individual, group or family therapy. Or children may be receiving therapy outside school without having the necessary accommodations at school. As a result, they may fail in school, drop out, become delinquent etc.

Although our recommendations (above) may go a long way toward addressing these barriers, real progress is dependent upon a major reorganization of the mental health system.

DuPage Resources

DuPage County, like many areas, has separate mental health systems for the poor and for those with adequate insurance or personal wealth. However, DuPage County is unique in northern Illinois in that it also has separate mental health systems for those with severe mental illness and for those with less severe illness. The DuPage County Health Department operates a large program of services for those with the most severe mental illness. Persons with less severe mental illness are served by a loose network of nonprofit organizations using mostly private funding. The funded capacity of both systems is far short of the need, so people who want and could benefit from treatment find it unavailable.

The following chart summarizes the various gradations of severity of mental illness and the treatments that research has shown to be effective. It then shows generally the resources available in DuPage County to those at each step who are 'adequately' insured, compared to those who are uninsured. (Note: few insurance plans are adequate to meet the needs of people with mental illness, particularly those with severe illness.)

Who Does What in Mental Health and / or Substance Abuse:			
Organization	Prevention Role	Outpatient Role	Inpatient or Residential Role
Illinois Department of Human Services, <ul style="list-style-type: none"> ● Office of Mental Health ● Division of Alcoholism & Substance Abuse ● Office of Prevention, Division of Community Health and Prevention 	Provides community based programs, through grants to local agencies, that support prevention strategies to address domestic violence and reduce risk behaviors (substance abuse, violence, teen pregnancy, delinquency) and school failure among youth.	Regulates and provides funding for community mental health services Funds and regulates community substance abuse services	Operates State Hospitals Funds and is one of the regulator for residential substance abuse treatment.
DuPage County Department of Community Services	Coordination and Technical Assistance for county-wide network of Neighborhood Resource Centers; Oversee 3 NRCs that provide substance abuse prevention programming; Also funds several other centers providing prevention programming.	Intervention and treatment services to individuals involved in Court regarding DUI and domestic violence issues	Funds substance abuse treatment center that offers residential; Funds housing options for mentally ill and substance abusing homeless persons
DuPage County Health Department, Behavioral and Mental Health Services	Community Education: Parent classes Parents of Infants MH Consultation to child care	The only DHS funded Community Mental Health Center in DuPage County. Provides an array of community services for persons with severe and persistent mental illness and Mentally Ill / Substance Abuse Program.	Screens for admission to State Hospitals; Manages state funding for inpatient services in local hospital psychiatric units. Operates housing for MI.
Community hospitals	Community Education	Provide limited outpatient treatment.	Operate substance abuse and mental health units with limited OASA, OMH and Medicaid funding
Community not for profit agencies	Several local agencies provide services under contract with IDHS Prevention Division	Several agencies provide outpatient mental health and substance abuse treatment using a variety of funding, including United Way, OASA, private etc.	
Federally Qualified Health Centers & DuPage Community Clinic	Patient Education	Primary Care and limited outpatient mental health services.	

About Substance Abuse

KEY FINDINGS

- Substance abuse can exist separately from or together with mental illness.
- It is very difficult to treat underlying mental illness if a person is abusing substances, so typically substance abuse treatment must take place at the same time as the mental health treatment.
- Current best practice acknowledges the interrelationship of substance abuse and mental illness.

Basic Facts about Substance Abuse

Drug or alcohol addiction, or dependence, is defined as having at least three of the following signs: a tolerance for the drug or alcohol (needing increased amounts to achieve the same effect), withdrawal symptoms, taking the drug or alcohol in larger amounts than was intended or over a longer period of time than was intended, having a persistent desire to decrease or the inability to decrease the amount of the drug or alcohol consumed, spending a great deal of time attempting to acquire the drug or alcohol, and finally, continuing to use even though reoccurring physical or psychological problems are being caused by the drug or alcohol.

Often, people have both mental illness and substance abuse disorders. Treatment is similar in either case: participate in counseling, live a healthy life, find productive activities, stop using substances and take medication if indicated.

-Paul Teodo, Central DuPage Health

DuPage Data about Substance Abuse		
DuPage Demographics		
Total Population (U.S. Census Bureau, 2000)		904,161
Adults 65+		88,794
Adults 18-64		573,535
Adults over 18		662,329
Persons aged 12 or older		741,536
Estimates of DuPage Populations with Substance Abuse Disorders		
	<i>National Incidence</i>	<i>Estimated DuPage</i>
Adults over 18 with co-occurring <i>serious</i> mental health and substance abuse disorder	1.1%	7,286
Adults with substance use disorders	8%	52,986
Estimated persons in DuPage County needing but not receiving treatment for an illicit drug problem in the past year among persons aged 12 or older	2.70%	20,021
Estimated persons aged 12+ needing but not receiving treatment for an alcohol problem	7.30%	54,132
DuPage County residents discharged from community hospitals with substance abuse diagnosis (2001)		881
DuPage County residents discharged from State Hospitals with substance abuse diagnosis (2001)		16

Best Practice

Depending on the severity of the problem, substance abuse is treated with inpatient and/or outpatient services, often with a combination of services.

Is Substance Abuse Treatment Effective?

A nationwide study of drug abuse treatment outcomes, sponsored by the National Institute of Drug Abuse found that the four most common forms of drug abuse treatment are all effective in reducing drug use. The Drug Abuse Treatment Outcome Study (DATOS) tracked 10,010 drug abusers in nearly 100 treatment programs in 11 cities who entered treatment between 1991 and 1993. The researchers compared patients' weekly and daily drug use for the 12 months before they entered treatment with their weekly and daily drug use 12 months after they stopped treatment. Patients in outpatient methadone treatment who were still in treatment were interviewed approximately 24 months after admission. Other outcomes that the researchers measured included:

- whether patients reported fewer illegal acts, including assault, robbery, burglary, larceny, forgery, and fencing stolen property;
- whether patients were working full time, defined as at least 35 hours per week; and
- whether patients reported fewer attempts or thoughts of suicide, which was used as a marker for depression. The researchers chose that marker because several previous studies had established its validity as an indicator of depression.

DuPage Resources

Illinois Department of Human Services / Division of Alcoholism and Substance Abuse

The Illinois Department of Human Services is charged with designing, coordinating and funding a comprehensive and coordinated community-based and culturally and gender-appropriate array of services throughout the state for the prevention, intervention, treatment and rehabilitation of alcohol and other drug abuse and dependency. Publicly funded services are available through the alcohol and other drug abuse (AODA) treatment system, operated by the Illinois Department of Human Services, which provides evaluation, diagnosis, treatment and rehabilitation to alcohol- and other drug-abusing persons and their families. Treatment services are delivered under contract to the State by community-based agencies through a continuum approach, with clients moving from one level of care to another based upon their assessed needs. Services are provided statewide, either directly within a county or by a multi-county service provider. Residential and other more specialized treatment services may not be available locally in every area of the state. Individuals can be referred by the outpatient program in their area to the closest regional residential center.

Local Providers

A network of providers licensed and funded by the DASA (See Appendix 1) provides direct care services in DuPage County.

Four Common Types of Drug Abuse Treatment

Outpatient methadone programs administer the medication methadone to reduce cravings for heroin and block its effects. Counseling, vocational skills development, and case management to help patients access support services used to gradually stabilize the patient's functioning. Some patients stay on methadone for long periods, while others move from methadone to abstinence. (Note: A similar drug, buprenorphine, can be administered by specially authorized physicians in their offices.)

Long-term residential programs offer around-the-clock, drug-free treatment in a residential community of counselors and fellow recovering addicts. Patients generally stay in these programs several months or up to a year or more. Some of these are referred to as therapeutic communities.

Outpatient drug-free programs use a wide range of approaches including problem-solving groups, specialized therapies such as insight-oriented psychotherapy, cognitive-behavioral therapy, and 12-step programs. Patients may stay in these programs for months or longer.

Short-term inpatient programs keep patients up to 30 days, focus on medical stabilization, abstinence, and lifestyle changes. Staff are primarily medical professionals and trained counselors.

About Mental Illness and Substance Abuse among Children

KEY FINDINGS

- Children's mental health and substance abuse services are fragmented and difficult to navigate for families
- Children who are covered by SCHIP (Kidcare) are more likely to receive mental health and substance abuse treatment than children with private insurance
- Children in need of mental health and substance abuse services encounter the same access barriers as adults plus additional barriers unique to their status as children.

Basic Facts

Children experience a wide array of mental disorders, but diagnosis and treatment of mental illness in children is particularly difficult due to their growth, behavioral development and difficulty in communicating their symptoms. The Surgeon General reports: "Mental disorders and mental health problems appear in families of all social classes and of all backgrounds. No one is immune. Yet there are children who are at greatest risk by virtue of a broad array of factors. These include physical problems, intellectual disabilities (retardation); low birth weight; family history of mental and addictive disorders; multi-generational poverty; and caregiver separation or abuse and neglect" (Surgeon General, 1999). The number of children identified with mental illness has significantly increased, compared to prior eras.

The National Institute of Mental Health (NIMH), reports:

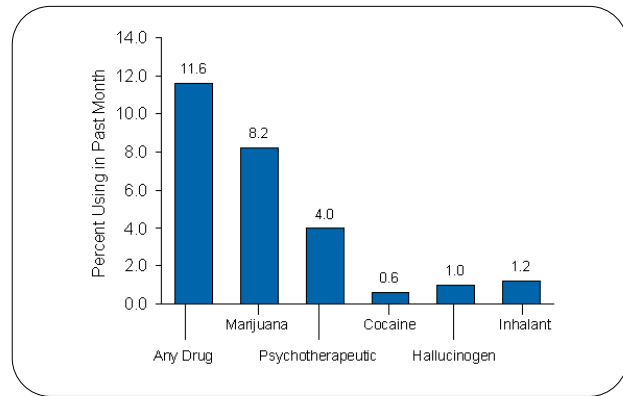
- Up to 3 percent of children and 8 percent of adolescents in the US suffer from depression.
- Anxiety disorders are the most common mental health problems that occur in children and adolescents.
- Three to 5 percent of school-aged children are diagnosed with attention deficit hyperactivity disorder (ADHD).
- Eating disorders, including anorexia nervosa and bulimia nervosa, are common among adolescent and young women in the US.

CHILDREN'S MENTAL HEALTH FAST FACTS

- Mental health problems affect one in every five young people.
- One in every 10 young people age 9 or older, or about 4 million, has a serious emotional disturbance that severely disrupts daily life.
- Among children, boys and girls are at equal risk for developing depression.
- Children who develop depression often have a family history of the illness, many times a parent who had depression at an early age.
- Once a young person experiences a major depression, he or she has a greater risk of developing another depression or mental health problem within the next 5 years.
- Untreated mental health problems can lead to suicide, which is the sixth leading cause of death for 5- to 14-year olds.
- An estimated two-thirds of all young people with mental health problems are not getting the help they need.
- Mental health problems can - and should - be treated.

Both children and adults often simultaneously experience substance abuse and mental illness. Studies indicate that substance abuse "often accompanies other mental health problems in adolescents" and estimates are that "15 percent of adolescents with SED (severe emotional disturbances) are in need of substance abuse treatment in addition to other mental health services" (DHHS, 2000, pp. 21-22). Alcohol usage is much higher, with the numbers using increasing with

age. In 2002 it was reported that alcohol usage was 2.0% at age 12 increasing to 6.5% at age 13, 13.4% at age 14, 19.9% at age 15, 29.0% at age 16, and 36.2% at age 17 and peaking at 70.9% for persons 21 years old (SAMHSA, 1996). The younger a person is when he first uses drugs or alcohol the more likely it is that he will become dependent on those substances later in life. Among adults aged 18 or older who first tried alcohol at age 14 or younger, 17.9% were classified with alcohol dependence or abuse compared with only 3.7% of adults who had first used alcohol at age 18 or older (SAMHSA, 1996).



Past Month Use of Selected Illicit Drugs among Youths Aged 12 to 17: 2002
Source: SAMHSA

Barriers to Treatment: Children face many of the same access problems as adults, including lack of system capacity, lack of health insurance or funding for treatment, restrictions on mental health treatment by an insurance company, insufficient community resources to meet the need for services and being unable to navigate the “system”. In instances where a family does not have health insurance covering mental health services, they often turn to services which are available through the community.

In addition, children face access barriers unique to their status as children. For a child to obtain mental health treatment, the parent or guardian must usually arrange for treatment and for payment. Sometimes the parent does not obtain the needed treatment for many different reasons: denial of a problem, stigma associated with mental illness, religious beliefs, the parent’s own personal mental health, or lack of skills to navigate the system. Any treatment provided to children needs to be sensitive to the unique needs of their families.

Like most adults, children who have private insurance face limitations and restrictions on treatment that often result in inadequate treatment. However, most private insurances have a more extensive network of treatment providers.

In contrast, KidCare provides full coverage for mental health and substance abuse services to enrolled children. A wide array of services, including inpatient hospital, residential treatment, blended in-patient and day treatment, outpatient visits, case management, school health, and medical detox can be billed to Kidcare, and paid at the state’s (usual, inadequate) rates.

This results in two different health systems for children in Illinois. Those with KidCare who need mental health or substance abuse services have broader coverage than many children who have private insurance, however in DuPage County and some other areas of the state, it is difficult to find providers who will accept KidCare for treatment, due to the low reimbursement rates and slow payment by the State for services.

The publicly funded mental health system focuses on funding and delivering services to the most severely and persistently mentally ill, leaving many children untreated until they deteriorate to a crisis, rather than providing treatment early in the illness. Often a child is not treated until another agency identifies a problem exists (school, police, etc.) and by that time valuable time has been lost. Because of lack of access, some children are inappropriately placed in the child welfare, juvenile justice or special education systems in order to obtain mental health treatment. A recent report from the General Accounting Office reported that 35 children in DuPage County were placed

in the juvenile justice system to obtain mental health services in Fiscal Year 2001. (GAO, 2003) However, State and DuPage County officials consider this inaccurate, reporting that Illinois' system of Individual Care Grants, which can pay for residential treatment and some community-based treatment, only is given to parents who retain custody. They believe that when custody is given to the State, it is because parents do not wish to engage in the treatment recommended for their child and family.

Children also face an additional access barrier, lack of trained professionals who specialize in treating children. The Academy of Child and Adolescent Psychiatry reports that in 2002 there were 6,300 specialists available nationally to provide treatment to over 15 million children (Lehmann, 2002).

Another significant gap in services exists for younger children under seven years of age. The DuPage County Health Department reports that there are an increasing number of children in this age group who need mental health services. Although they are potentially eligible for early intervention services and preschool special education, they are often not diagnosed until they reach traditional school age.

In April, 2003 the Illinois Children's Mental Health Task Force published its report, Children's Mental Health: An Urgent Priority for Illinois, which documents the findings and recommendations of the Task Force. This study agrees with the earlier findings of the federal government:

"The children's mental health system in Illinois can barely be called a system. There is little or no emphasis on prevention or early intervention, and only a small percentage of Illinois children who need mental health treatment receive it. A significant number of Illinois children experience serious mental health problems."

Best Practice

According to the 1999 Surgeon General's report:

"Children must be seen in the context of their social environments—that is, family and peer group, as well as that of their larger physical and cultural surroundings....with the aim of understanding and predicting the forces that will keep children and adolescents mentally healthy and maintain them on course to become mentally healthy adults...Childhood is characterized by periods of transition and reorganization, making it critical to assess the mental health of children and adolescents in the context of familial, social, and cultural expectations about age-appropriate thoughts, emotions, and behavior. "

Children's mental health professionals indicate it is best to address the mental health needs of children in school, at home and within the community environment. To achieve this goal, outpatient programs usually are effective at meeting children's needs, with inpatient services needed less frequently. These programs are often loosely connected and coordinated and it is often up to the parent to find out how to navigate the programs.

Not only is it important to distinguish the mental health needs of children from those of adults, but research indicates that it is best to begin the focusing on this issue as early – and as quickly – as possible. "It now is recognized that factors that influence brain development prenatally may set the stage for a vulnerability to illness that may lie dormant throughout childhood and adolescence" (Surgeon General, 2000).

DuPAGE DATA ABOUT MENTAL ILLNESS AND SUBSTANCE ABUSE AMONG CHILDREN		
DuPage Demographics		
Total Population (American Community Survey, 2003)		909,856
Persons aged 12 or older		741,536
Adolescents aged 12 to 17		79,207
Children and Adolescents < 18		241,832
Children with serious mental illness (<i>Source: Surgeon General</i>)	10.0%	24,183
Children and Youth with depression (<i>Source: NIMH</i>)	11.0%	26,602
Hospital Discharges of children under 14 from DuPage County Hospitals in DuPage area zip codes with a diagnosis of "mental diseases and disorders" (2003) (IDPH Hospital Discharge Database, 2003) (<i>Note: zip code areas include some addresses that are not in DuPage but are in 'collar counties'.</i>)		1,089
Persons age 12-17 used an illicit drug (SAMHSA, 2000).	10.8%	8,554
Persons needing but not receiving substance abuse treatment between the ages of 12-17 (SAMHSA, 2000)	8.0%	6,337

DuPage Resources

The DuPage County Health Department operates an extensive program of services for children with mental illness.

Several DuPage County hospitals have special programs for children and adolescents with mental illness and/or substance abuse.

Public and private schools provide special education for students with severe emotional disturbances.

Many of the same resources available to adults in DuPage County are available to children, particularly the organizations that serve families.

DuPage County Juvenile Probation operates an extensive program of behavioral health services for youth who are on probation.

About Prevention

KEY FINDINGS

- There are a number of well researched prevention strategies that are effective at preventing mental illness, substance abuse, violent crime, juvenile delinquency, teen pregnancy and a host of other social ills.
- Prevention costs less than treatment, and it's an important part of any community effort to deal with mental illness and substance abuse.
- Current work in prevention focuses on reducing risk factors and increasing protective factors.

Basic Facts:

Any discussion of mental illness or substance abuse must include consideration of the question “What can we do to prevent these conditions from developing in the first place?” Prevention efforts most often focus on preventing the development of mental illness and substance abuse in children and adolescents. Three major approaches are frequently used to prevent adolescent substance use and abuse:

- School-based prevention programs: School-based prevention programs usually provide drug and alcohol education and interpersonal and behavior skills training.
- Community-based prevention programs: Community-based prevention programs usually involve the media and are aimed for parents and community groups. Included in this area are programs such as Mothers Against Drunk Driving (MADD) and Students Against Drunk Driving (SADD).
- Family-focused prevention programs: These programs involve parent training, family skills training, children's social skills training, and family self-help groups. Research literature available suggests that components of family-focused prevention programs have decreased the use of alcohol and drugs in older children and improved effectiveness of parenting skills that favorably affected their children's risk factors.

Risk and protective factors provide a useful and important framework for developing prevention programs and approaches. Prevention activities targeting clusters of risk and protective factors have proven to be effective deterrents to alcohol, tobacco and other drug use by youths. They also have proven to be effective deterrents to other problem behaviors, especially teenage pregnancy and juvenile delinquency. (NIDA, 1997, SAMHSA, 2001)

Risk and protective factors fall into five categories: individual, peer, family, schools, community, and environmental. Research has revealed that there are many risk factors for mental illness and substance abuse. Each risk factor represents a challenge to the psychological and social development of an individual and each has a different impact depending on the phase of development of the individual. Those factors that affect early development in the family are probably the most crucial, such as:

- chaotic home environments, particularly in which parents are substance abusers or suffer from mental illnesses;
- ineffective parenting, especially with children with difficult temperaments and conduct disorders; and lack of mutual attachments and nurturing.

Other risk factors relate to the interactions of children with other social agents outside of the family, specifically the school, peers, and the community. Some of these factors are:

- inappropriate shy and aggressive behavior in the classroom;
- failure in school performance;
- poor social coping skills;
- affiliations with peers who exhibit deviant behaviors;
- indications of approval of drug-using behaviors in the school, peer, and community environments

Certain protective factors have also been identified. These factors are not always the opposite of risk factors. Their impact also varies along the developmental process. The most prominent protective factors include:

- strong bonds with the family;
- experience of parental monitoring with clear rules of conduct within the family unit and involvement of parents in the lives of their children;
- successful school performance;
- strong bonds with prosocial institutions such as the family, school, and religious organizations;
- belief and adoption of conventional norms about drug use.

DuPage Resources:

DuPage County has an extensive network of prevention resources, both privately and publicly supported. Logically, these are mostly focused on youth, and on providing constructive activities to occupy youth after school. These include neighborhood resource centers, youth organizations such as Scouts, Park District activities, school and park sports, other school activities, etc.

Often, these activities are effectively unavailable to the youth who need them the most, those who have the most risk factors for mental illness and substance abuse. Park District and library activities are limited to their own residents, and non residents are charged high fees, thus excluding children living in unincorporated areas of the County, where much of the County's affordable housing stock is located. After-school activities often require parents to provide transportation, again excluding students whose parents work long hours and who live long distances from school.

Best Practice:

A wide array of well evaluated programs has been demonstrated to be effective at prevention of substance abuse and some mental illness. Best practice suggests that replication of these well researched models is preferable to trial and error development of new program designs. See www.promoteprevent.org. The National Prevention Coalition, led and staffed by NMHA, brings together 26 organizations concerned about the mental health of children and adults. The Coalition focuses on issues such as advocating for greater prevention funding at the federal level, joining prevention advocates and researchers, and bridging the gap between prevention research and service delivery. For more information on prevention, contact NMHA's Information Center at (800) 969-6642 or visit NMHA's website at <http://www.nmha.org>.

Is prevention effective?

One proven strategy is to provide accessible, community-based prevention programs. Such programs come in many different forms, from social skills training to anger management. Following an extensive review process, the National Mental Health Association (www.nmha.org) has identified five core components common to the most effective prevention programs.

- Effective programs are theory driven and backed with a scientifically valid rationale.
- Effective programs are tested and proven, having been evaluated to determine that the programs achieve their goals.

- Effective programs do more than impart information, requiring a significant time investment-from several weeks to several years-to significantly influence behaviors and skills.
- Effective programs are holistic, and focus on reducing risk factors and supporting healthy development by addressing multiple aspects of a child's life and environment.
- Effective programs are replicable in a variety of settings, which are accessible, community-friendly and culturally sensitive.

The National Prevention Coalition, led and staffed by NMHA, brings together 26 organizations concerned about the mental health of children and adults. The Coalition focuses on issues such as advocating for greater prevention funding at the federal level, joining prevention advocates and researchers, and bridging the gap between prevention research and service delivery. For more information on prevention, contact NMHA's Information Center at (800) 969-6642 or visit NMHA's website at <http://www.nmha.org>.

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- United States Public Service Office of the Surgeon General (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington DC: Department of Health and Human Services.
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Appendix 1: Substance Abuse Treatment Resources in DuPage County

Serenity House, Inc. 891 S. Route 53 Addison, IL 60101 630-620-6616	CAP of Downers Grove 4954 Main Street Downers Grove, IL 60515 630-810-0186	Woodridge, IL 60517-2180 630-968-6477
Serenity House, Inc. Recovery Home 871 S. Addison Road Addison, IL 60101 630-620-6616	New Visions Counseling Services 6912 Main St. #201 Downers Grove, IL 60516 630-493-1100	Challenge Healthcare Corporation 15 Spinning Wheel Rd. #124 Hinsdale, IL 60521 630-236-0942
Serenity House, Inc. Recovery Home 1045 Adler Lane Naperville, IL 60540-7201 630-620-6616	Rush Behavioral Health 2001 Butterfield Rd. #320 Downers Grove, IL 60515 630-969-7300	Catholic Charities, Diocese of Joliet 26 W. St. Charles Rd., 2nd Fl. Lombard, IL 60148 630-495-9850
Lifelink - Bensenville Home Society 331 S. York Road #329 Bensenville, IL 60106 630-521-8071	The Way Back Inn 6240 Chase Avenue Downers Grove, IL 60516 630-963-2217	Wendy Stebbins Counseling Centers 305 S. Main Street Lombard, IL 60148-2631 630-694-1770
Ariza Resource Center 201 E. Army Trail Rd. #306 Bloomington, IL 60108 630-539-2620	Elmhurst Memorial Hospital Guidance Services 183 N. York Road Elmhurst, IL 60126 630-941-4577	Breaking Free 800 W. 5th Avenue, #102B Naperville, IL 60563 630-355-2585
Wendy Stebbins Counseling Centers 1 Tiffany Point, #G3 Bloomington, IL 60108 630-694-1770	MCM Substance Abuse Center 135 Robert Palmer Dr. #209 Elmhurst, IL 60126 630-941-7290	Care Clinics, Inc. 121 N. Washington St., #100 Naperville, IL 60540 630-357-2012
Csto Counseling Services 350 S. Schmale Road #180 Carol Stream, IL 60188 630-510-7333	Healthcare Alternative Systems 799 Roosevelt Rd. 6-2 Glen Ellyn, IL 60137 630-858-7400	Linden Oaks Hospital 801 S. Washington Naperville, IL 60540 630-305-5500
Amanecer, Inc. 133 Easy Street Carol Stream, IL 60188 630-480-0058	Cornell Interventions 11 S. 250, Rt. 83, Rm. 114 Hinsdale, IL 60521 630-325-5050	The Family Connection 1548 Bond Street, #110 Naperville, IL 60563 630-548-2435
Tricon Counseling Centers 380 S. Schmale Rd. #140B Carol Stream, IL 60188 630-933-9556	Cornell Interventions Woodridge 2221 W. 64th Street Woodridge, IL 60517-2180 630-968-6477	Ely, Patricia & Associates 2625 Butterfield, #103W Oak Brook, IL 60523 630-574-9000
	Cornell Interventions Woodridge Recovery Home 2221 W. 64th Street,	Alexander Zubenko & Associates 17w620 14th Street, #202 Oak Brook, IL 60181 630-953-0220

The Wells Center -Warrenville
30W200 Ferry Road
P.O. Box 828
Warrenville, IL 60555
630-985-3589

Latin American Counseling
Services
245 W. Roosevelt Rd., 5-125
West Chicago, IL 60185
630-293-9707

Associates in Alcohol and
Drug Counseling, Inc.
2100 Manchester Rd., A-601
Wheaton, IL 60187

DuPage County Department
of Community Services,
Psychological Services
421 N. County Farm, 3rd Fl.
Wheaton, IL 60187
630-682-7324

Eighteenth Judicial Circuit
Court / Probation Dept.
300 S. County Farm Road
Wheaton, IL 60187
630-784-3865

Pape & Associates
515 S. Wheaton Avenue
Wheaton, IL 60187
630-668-8710

Pape & Associates
618 South West Street
Wheaton, IL 60187
630-668-8710

Behavioral Health Services of
Central DuPage Hospital
27w350 High Lake Road
Winfield, IL 60190
630-653-4000

Magnolia House Counseling
Center
421 E. Irving Park Road
Wood Dale, IL 60191-1639
630-860-0044

Corporate Health Resource
Center
3550 Hobson Road, #404
Woodridge, IL 60517
630-719-9292

Note: This is a list of licensed substance abuse providers. No statement is made about the quality of services provided. The specific services offered and fees charged may vary widely. Please consult <http://www.dhs.state.il.us/oasa/> for current list of providers and services offered.

Appendix 2: Selected Resources for Lower Cost and Sliding Scale Counseling, Mental Health and Substance Abuse Services

Addison Township Family and Youth Services 131 W. Lake Addison, IL 60101 630-543-3080	Family Shelter Services, Inc. 605 E. Roosevelt Road Wheaton, IL 60187 630-221-8290 / 630-469-5650	NCO Youth & Family Services 1305 W. Oswego Road Naperville, IL 60540 630-961-2992
Breaking Free 800 W. 5th Avenue, Suite 102B Naperville, IL 60563 630-355-2585	Glen Ellyn Youth and Family Counseling Service 535 Forest Avenue Glen Ellyn, IL 60137 630-469-3040	Outreach Community Center 345 S. President Street Carol Stream, IL 60188 630-260-7600
Catholic Charities, Diocese of Joliet Lombard office 26 W. St. Charles Rd. Lombard, IL 60148 630-495-9850 / 630-495-8008	Hamdard Center for Health and Human Services 355 N. Wood Dale Road Wood Dale, IL 60191 630-860-9122	Serenity House 891 S. Route 53 Addison, IL 60101 630-620-6616
Cornell Interventions 2221 W. 64th Street Woodridge, IL 60517-2180 630-968-6477	Lifelink - Bensenville Home Society 331 S. York Road Bensenville, IL 60106-2673 630-766-3570 / 630-766-5800	The Share Program 1776 Moon Lake Blvd. Hoffman Estates, IL 60194 847-882-4181
Downers Grove Township Human Services 4340 Prince Street Downers Grove, IL 60515 630-968-6408	Lutheran Child & Family Services of Illinois Seegers Lutheran Center 333 W. Lake Street Addison, IL 60101 630-628-6448	Warrenville Youth & Family Services 3 S 240 Warren Avenue Warrenville, IL 60555 630-393-7027
DuPage County Psychological Services 421 N. County Farm Road Wheaton, IL 60187 630-407-6400	Lutheran Social Services of Illinois Behavioral Health Services 544 S. Cornell Villa Park, IL 60181 630-993-0100	Wayne / Winfield Area Youth / Family Services (WAYS) 27 W 031 North Avenue West Chicago, IL 60185 630-231-7166
DuPage County Human Services 421 N. County Farm Road Wheaton, IL 60187 630-407-6500 or 800-942-9412	Metropolitan Family Services 222 E. Willow Avenue Wheaton, IL 60187 630-682-1802	Wheaton Youth Outreach 122 W. Liberty Wheaton, IL 60187 630-682-1910
Evangelical Child and Family Agency (ECFA) 1530 N. Main Street Wheaton, IL 60187 630-653-6400	The Community House 415 W. Eighth St. Hinsdale, IL 60521 630-323-7500, x230 630-323-7510 (Fax)	YWCA of Metropolitan Chicago, DuPage District 739 Roosevelt Road, 8-210 Glen Ellyn, IL 60137 630-790-6600

**Appendix 3: Northern Illinois Hospitals Enrolled with
the Illinois Department of Public Aid
To Provide Outpatient Psychiatric Clinic Services,
January 1, 2005**

ID #	Name	City	State	County	Type A	Type B
1011	Northwest Community	Arlington Hts	IL	Cook	Yes	Yes
16017	Lutheran General	Park Ridge	IL	Cook	Yes	Yes
19005	Alexian Brothers Behavioral Health	Schaumburg	IL	Cook	Yes	Yes
19404	BHC Streamwood	Streamwood	IL	Cook	Yes	Yes
2006	Macneal Memorial	Berwyn	IL	Cook	Yes	Yes
3020	Methodist-Chicago	Chicago	IL	Cook	Yes	Yes
3023	University of Chicago	Chicago	IL	Cook	Yes	Yes
3025	Childrens Memorial	Chicago	IL	Cook	Yes	Yes
3031	Lincoln Park Hospital	Chicago	IL	Cook	Yes	Yes
3038	Loretto Hospital	Chicago	IL	Cook	Yes	Yes
3042	Mercy-Chicago	Chicago	IL	Cook	Yes	Yes
3043	Michael Reese Hosp & Med Center	Chicago	IL	Cook	Yes	Yes
3045	Mt Sinai	Chicago	IL	Cook	Yes	Yes
3048	Rush University Medical Center	Chicago	IL	Cook	Yes	Yes
3050	St Bernards-Chicago	Chicago	IL	Cook	Yes	Yes
3051	Saints Mary & Elizabeth Med Ctr North	Chicago	IL	Cook	Yes	Yes
3052	St Joseph-Chicago	Chicago	IL	Cook	Yes	Yes
3054	St Mary of Nazareth	Chicago	IL	Cook	Yes	Yes
3056	Swedish Covenant	Chicago	IL	Cook	Yes	Yes
3071	Jackson Park	Chicago	IL	Cook	Yes	Yes
3073	Advocate Northside	Chicago	IL	Cook	Yes	Yes
3075	St Anthony-Chicago	Chicago	IL	Cook	Yes	Yes
3098	University of Illinois	Chicago	IL	Cook	Yes	Yes
31000	St James Hosp and Hlth Ctrs	Olympia Fields	IL	Cook	Yes	Yes
3108	Aurora Chicago Lakeshore Hospital	Chicago	IL	Cook	Yes	Yes
3122	Northwestern Memorial	Chicago	IL	Cook	Yes	Yes
3138	Bethany Hospital	Chicago	IL	Cook	Yes	Yes
3452	Hartgrove Hospital	Chicago	IL	Cook	Yes	Yes
4200	Maryville Scott Nolan	Des Plaines	IL	Cook	Yes	Yes
5011	Evanston Hospital	Evanston	IL	Cook	Yes	Yes
6036	Riveredge Hospital	Forest Park	IL	Cook	Yes	Yes
8006	Ingalls Memorial	Harvey	IL	Cook	Yes	Yes
13004	Westlake Community	Melrose Park	IL	Cook	Yes	Yes
14004	Naperville Psych Ventures	Naperville	IL	DuPage	Yes	Yes
23008	Central DuPage	Winfield	IL	DuPage	Yes	Yes
4025	Good Samaritan	Downers Grove	IL	DuPage	Yes	Yes
5008	Elmhurst Memorial	Elmhurst	IL	DuPage	Yes	Yes
7074	Glenoaks	Glendale Hts	IL	DuPage	Yes	Yes
8012	Hinsdale Hospital	Hinsdale	IL	DuPage	No	Yes
1012	Provena Mercy Center	Aurora	IL	Kane	Yes	Yes
5007	Provena St Joseph Med Ctr	Elgin	IL	Kane	Yes	Yes

ID #	Name	City	State	County	Type A	Type B
10003	Provena St Joseph-Joliet	Joliet	IL	Will	Yes	Yes
10004	Silver Cross	Joliet	IL	Will	Yes	Yes
* Hospital-based Psychiatric Clinic Services (Taken from 89 Ill. Admin Code 148.40)						
Type 'A' Services Are Clinic Services Consisting of Diagnostic Evaluation; Individual, Group and Family Therapy; Medical Control; Optional Electroconvulsive Therapy (ECT); and Counseling, Provided in the Hospital Clinic Setting. Most of These Services Are Similar to the Community Mental Health Services Funded Through the Illinois Department of Human Services, Division of Mental Health. They Are Reimbursed on a per Visit Basis--limited to One Visit per Day.						
Type "B" Services Are Active Treatment Programs in Which the Individual Patient Is Participating in No less than Social, Recreational, and Task-oriented Activities at Least Four Hours per Day and at a Minimum of Three Half-days of Active Treatment per Week. The Duration of an Individual Patient's Participation in this Treatment Program Is Limited to Six Months in Any 12-month Period. They Are Reimbursed on a per Diem Basis						

Appendix 4: Children's Mental Health Treatment Sources

Amanecer, Inc
133 Easy Street
Carol Stream, IL 60188
630-480-0058
SA / TX / OP / AD CO DU CJ /
SF PI / SS / SP

New Visions Counseling
Services Inc
6912 Main Street Suite 201
Downers Grove, IL 60516

630-493-1100
SA / TX / OP / AD CO WN MN
DU CJ / SF / SP

Kevin and Associates Inc
110 Cottage Hill Street Suite 305
Elmhurst, IL 60126
630-941-8270
MH-SA / TX / OP PH / AD CO
HV GL SE PW WN MN DU CJ
/ SF MC PI MI / SP, Chinese

Cornell Interventions/DuPage
11 South 250 Route 83
Hinsdale, IL 60521
630-325-5050
SA / TX / RL / AD CJ / SF MD
PI MI / SS PA

Breaking Free Inc
Comprehensive Prev and Counseling
800 West 5th Avenue Suite
102-B
Naperville, IL 60563
630-355-2585 Intake: 630-897-
1003
www.breakingfreeinc.org
SA / TX / OP / AD CO DU / SF
PI MI / SS

Linden Oaks Hospital at
Edward
852 West Street
Naperville, IL 60540
630-305-5500 Intake: 630-305-
5027
Hotlines: 630-305-5027 630-
305-5500
www.edward.org
MH-SA / TX DT / HI OP PH /
AD CO DU / SF MC PI MI / AH

Associates in Alcohol and
Drug Counseling Inc
2100 Manchester Road
Building A Suite 601
Wheaton, IL 60187
630-690-7800
SA / TX / OP / AD DU / SF PI

DuPage County Psychological
Services
421 North County Farm Road
Wheaton, IL 60187
630-682-7324
www.co.dupage.il.us
SA / TX / OP / AD DU CJ / SF
/ SP AH

Behavioral Health Services of
Central DuPage Hospital
27 West 350 High Lake Road
Winfield, IL 60190
630-653-4000 Hotline: 630-
653-4000
www.cdh.org
MH-SA / TX DT / HI OP PH /
AD WN MN DU / SF MD MC
PI MI / AH

Cornell Interventions Inc
2221 West 64th Street
Woodridge, IL 60517
630-968-6477
www.cornellcompanies.com
SA / TX HH / RS RL OP / AD
CO HV GL MN CJ SF MD PI

Corporate Health Resource
Center
3550 Hobson Road Suite 404
Woodridge, IL 60517
630-719-9292x110
MH-SA / TX DT / OP / AD CO
WN MN DU / SF MD MC PI MI
/ SP, Polish

KEY TO FACILITY CODES*

Primary Focus of Provider

SA Substance abuse treatment
services
MH Mental health services
MH-SA Mix of mental health and
substance abuse services

GH General health service

Services Provided

TX Substance abuse treatment
DT Detoxification
MM Methadone maintenance
DM Methadone detoxification
HH Halfway house

Type of Care

OP Outpatient
PH Partial hospitalization/day
treatment
RS Residential short-term treatment
(30 days or less)
RL Residential long-term treatment
(more than 30 days)

HI Hospital inpatient

Payment Assistance Available

SS Sliding Scale
PA Payment Assistance,

Forms of Payment Accepted

MD Medicaid
MC Medicare
PI Private health insurance
MI Military insurance (e.g., VA,
TRICARE)
SF Self payment

Special Language Services

AH ASL or other assistance for
hearing impaired
SP Spanish

Special Programs/Groups Offered

AD Adolescents
CO Persons with co-occurring mental
and substance abuse disorders
HV Persons with HIV/AIDS
GL Gay and Lesbian
SE Seniors/older adults
PW Pregnant/postpartum women
WN Women
BC Residential beds for clients'
children
MN Men
DU DUI/DWI offenders
CJ Criminal justice clients

(Source: SAMHSA)

Appendix 5: Neighborhood and School-Based Resource Centers

Addison:

Michael Lane Resource Center
163C Michael Lane
Addison, IL 60101
543-2317

Student Participation Center
Indian Trail Junior High
222 N. Kennedy Drive
Addison, IL 60101
458-2616

Bensenville:

Bensenville Resource Center
Officer Karolee Matrisciano
125 Hamilton
Bensenville, IL 60106
350-3455 (police dept)

Bloomingtondale:

Stratford Middle School -
Hangout
Rosemary Swierk
251 Butterfield
Bloomingtondale, IL 60108
980-9898

Carol Stream:

Jay Stream Middle School –
Jay Zone
Laura Gallagher
283 El Paso Lane
Carol Stream, IL 60188
462-8940

Outreach Community Center
Vanessa Roth
345 S. President
Carol Stream, IL 60188
260-7600

St. Andrews NRC
Pastor Brett Todd
250 N. Gary Ave
Carol Stream, IL 60188
630-653-7362

Downers Grove:

Autumn Grove Resource
Center
Jenifer Gornik
2048 Prentiss Drive
Downers Grove, IL 60516
Mailing Address:
842 Curtiss
Downers Grove, IL 60515
964-2357

Glen Ellyn:

Hadley Junior High – Hadley
University
Emmah Welsh
240 Hawthorne Blvd.
Glen Ellyn, IL 60137
790-6450

Glen Ellyn Community
Resource Center
Joel Jara
41 N. Park Blvd
Glen Ellyn, IL 60137
790-2455

Lisle:

J.H.A.S.A., St. Joan of Arc
Parish School
Louise Collins
4913 Columbia Ave
Lisle, IL 60532
969-1732

Lombard:

Willow Lake Resource Center
Kristina Blomsness
21 W 551 North Ave, #128
Lombard, IL 60148
407-6325

Naperville:

Naper Trails NRC
C/O Heritage YMCA
Priscilla Spencer
1971 Gowdey Road
Naperville, IL 60563

Oakbrook Terrace:

Oakbrook Terrace Park District
1 S 325 Ardmore Ave
Oakbrook Terrace, IL 60181
Mailing Address:
Mariela Soejarto
421 N. County Farm Road
Wheaton, IL 60187
407-6339

Warrenville:

Warrenville Youth Outreach
After-School Program
3 S 240 Warren Avenue
Warrenville, IL 60555
393-7027

West Chicago:

Main Park NRC
Lulu Holguin
325 Spencer
West Chicago, IL 60185
231-3304

Westwood NRC
Lulu Holguin
325 Spencer
West Chicago, IL 60185
231-3184

Riverwoods NRC
Maria Garcia
801 Lorlyn Dr
West Chicago, IL 60185

Wheaton:

Marian Park Resource Center
Sister Lynn Schafer
2126 W. Roosevelt Road
Wheaton, IL 60187
665-9100

Willowbrook:

Willowbrook Corner NRC
16W610 Honeysuckle Rose
Lane
Willowbrook, IL 60527
325-1389

Woodridge:

Woodridge Community
Resource Center
Woodridge Police Department
8274 Janes Avenue
Woodridge, IL 60517
910-7027

Appendix 6: Definitions

Substance Abuse Definition

There are three different terms used to define substance-related disorders, including the following:

Substance abuse

Substance abuse is used to describe a pattern of substance (drug) use leading to significant problems or distress such as failure to attend work/school, substance use in dangerous situations (driving a car), substance-related legal problems, or continued substance use that interferes with friendships and or family relationships. Substance abuse, as a disorder, refers to the abuse of illegal substances or the abusive use of legal substances. Alcohol is the most common legal drug of abuse.

Substance dependence

Substance dependence is used to describe continued use of drugs or alcohol, even when significant problems related to their use have developed. Signs include an increased tolerance or need for increased amounts of substance to attain the desired effect, withdrawal symptoms with decreased use, unsuccessful efforts to decrease use, increased time spent in activities to obtain substances, withdrawal from social and recreational activities, and continued use of substance even with awareness of physical or psychological problems encountered by extent of substance use.

Chemical dependence

Chemical dependence is also used to describe the compulsive use of chemicals (drugs or alcohol) and the inability to stop using them despite all the problems caused by their use.

MISA Definition: Also referred to as “Dual Diagnosis”, the term usually refers to co-occurring Mental Illness, Drug Addiction and/or Alcoholism in various combinations. Typically, the substance abuse cannot be successfully treated without also addressing the mental illness, and the mental illness cannot be successfully treated until the person is no longer abusing substances. Dual diagnosis refers to the co-occurrence of mental health disorders and substance abuse disorders (alcohol and/or drug dependence or abuse). Dual Diagnosis, and Dual/Multiple disorders profiles may include the following:

Severe/major mental illness and a substance disorder(s)

Substance disorder(s) and a personality disorder(s)

Substance disorder(s), personality disorder(s) and substance induced acute symptoms that may require psychiatric care, i.e., hallucinations, depression, and other symptoms resulting from substance abuse or withdrawal.

Substance abuse, mental illness, and organic syndromes in various combinations. Organic syndromes may be a result of substance abuse, or independent of substance abuse.

Persons are found across the mental health and substance abuse systems who have various combinations of these dual/multiple disorders. They are also found outside of these systems of care, often among the homeless, and within the criminal justice system. (*Reference: Sciacca, K. "An Integrated Treatment Approach for Severely Mentally Ill Individuals with Substance Disorders" New Directions for Mental Health Services, Jossey Bass Publ. Summer 1991,#50*)

Serious Emotional Disturbance : A serious emotional disturbance is defined as a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM-III-R that results in functional impairment that substantially interferes with or limits one or more major life activities in an individual up to 18 years of age. Examples of functional impairment that adversely affect educational performance include an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. (*Source: Individuals with Disabilities Education Act (IDEA), Pub. L. No. 105-17. (1997).*)

Appendix 7: Major Federal Programs Supporting and Financing Mental Health Care

SAMHSA, DHHS

PATH

- ✓ CMHS Block Grant
- ✓ PAIMI
- Disaster Assistance
- ✓ Child MH Services

Administration for Children and Families, DHHS

Title IV-B Subpart I

Title IV-B Subpart II

- ✓ Title IV-E Child Foster Care
- ✓ Head Start/Early Head Start
- ✓ TANF
- ✓ Social Services Block Grant, Title XX

Dept. of Agriculture

- ✓ Food Stamps
- NA Rural Housing Programs

HUD

- ✓ Section 8/HCVP
- Section 8/SRO
- ✓ HOME
- ✓ CDBG
- ✓ Emergency Shelter Grants
- ✓ Shelter Plus Care (Pending)
- ✓ Section 811
- ✓ Supportive Housing
- ? 232 Mortgage Insurance

OJJDP, DOJ

- Challenge Grants
- Community Prevention Grants
- State Formula Grants

CMS, DHHS

- ✓ Medicaid
- ✓ Medicare
- ✓ SCHIP

Other Agency Programs

- ✓ Community Health Centers (HRSA, DHHS)
- ✓ Veteran's Health Benefits (DVA)
- ✓ Workforce Investment Act (DOL)
- ✓ ? Low-income Housing Tax Credits (IRS)
- Indian Health Service (DHHS)
- ✓ Administration on Aging

Social Security Administration

- ✓ SSI
- ✓ SSDI

Department of Education

- ✓ IDEA
- ✓ Vocational Rehabilitation
- ✓ Safe Schools/Healthy Students

✓ indicates programs known to be in use in DuPage County

The table below is a combined effort that attempts to portray the resources actually and potentially available for services to persons with mental illness and substance abuse disorders in DuPage County. It combines information from three sources:

- Consolidated Federal Funds Report Fiscal Year 2003; www.census.gov, which is intended to be a comprehensive list of federal funds expended in localities down to the county level.
- Illinois Department of Human Serv FY04 Du Page County Awards As of 5/3/04
- President's New Freedom Commission

Although mentally ill persons are among those eligible for each of these programs, not all the persons using the programs described below are mentally ill. For example, although some of those using Medicaid are mentally ill, the figures reported below include all the Medicaid funds used in DuPage County in 2003. Some of the programs listed below do not show amounts spent at the local level because the source document omits them, so some of the figures cited here are clear underestimates.

Appendix 8: PARTIAL LIST OF FEDERAL PROGRAMS POTENTIALLY SUPPORTING AND FINANCING MENTAL HEALTH CARE FOR ELIGIBLE PERSONS AND COMMUNITIES				
CFDA #	PROGRAM	RESPONSIBLE AGENCY	AMOUNT SPENT IN DUPAGE 2003*	
			Support for individuals	Programs or Treatment
	Administration on Aging: State and Community Programs	Administration on Aging (AoA), DHHS		\$748,273
	CHILD WELFARE: Subpart 1 (Title IV-B)	Administration for Children and Families (ACF), DHHS		na
	CHILDWELFARE:Promoting Safe and Stable Families (Title IV-B)	Administration for Children and Families (ACF), DHHS		na
	Child Welfare: Foster Care Services	Administration for Children and Families (ACF), DHHS		na
	Community Health Centers(CHCs)	Health Resources and Services Administration (HRSA), DHHS		\$804,962
	COMMUNITY MENTAL HEALTHBLOCK GRANT	Center for Mental Health Services (CMHS), SAMHSA, DHHS		na
	COMPREHENSIVE CMH SERVICES for CHILDREN	Center for Mental Health Services (CMHS), SAMHSA, DHHS		na
	FEMA: Emergency Services and Disaster Relief Program	Center for Mental Health Services (CMHS), SAMHSA, DHHS	\$100,000	
	FOODSTAMPS	Food and Nutrition Service (FNS), Dept. of Agriculture	\$11,947,751	
	HEAD START/ Early Head Start	Administration for Children and Families (ACF), DHHS		\$3,685,876
	HUD Community Development	Office of Community Planning and Development		\$5,608,975

CFDA #	PROGRAM	RESPONSIBLE AGENCY	AMOUNT SPENT IN DUPAGE 2003*	
			Support for individuals	Programs or Treatment
	Block Grant (CDBG)	(CPD), HUD		
	HUD Emergency Shelter Grants	Office of Community Planning and Development (CPD), HUD		\$816,443
	HUD HOME Investment Partnerships Program	Office of Community Planning and Development (CPD), HUD		\$3,044,983
	HUD Section 232: Mortgage Insurance for Board & Care, Assisted-living and Other Facilities	Office of Multifamily Housing Development (OMHD), HUD		\$698,700
	HUD SECTION8: HCV(Housing and Community Voucher Program)	Office of Public and Indian Housing (OPIH), HUD	\$38,215,987	
	HUD Section 8: Moderate Rehabilitation Single Room Occupancy Program	Office of Community Planning and Development (CPD), HUD	\$0	
	HUD Section 811:Supportive Housing for Persons with Disabilities	Office of Multifamily Housing Programs (OMHP), HUD		\$2,926,916
	HUDShelter Plus Care	Office of Community Planning and Development (CPD), HUD	\$0	
	HUD Supportive Housing Program	Office of Community Planning and Development (CPD), HUD		
	IDEA(Individuals with Disabilities Education Act)	Office of Special Education Programs (OSEP), Dept. of Education		
	Indian Health Service	Indian Health Service (IHS), DHHS	\$0	
	JUVENILE JUSTICE: Challenge Grants Program	Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, DOJ		
	JUVENILE JUSTICE: Community Prevention Grants	Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, DOJ		
	JUVENILE JUSTICE: Formula Grants	Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, DOJ		
	Low-Income Housing Tax Credits	Internal Revenue Service (IRS)		
	MEDICAID(Title XIX)	Centers for Medicare and Medicaid Services	\$77,128,659	

CFDA #	PROGRAM	RESPONSIBLE AGENCY	AMOUNT SPENT IN DUPAGE 2003*	
			Support for individuals	Programs or Treatment
		(CMS), DHHS		
	MEDICARE(Title XVIII)	Centers for Medicare and Medicaid Services (CMS), DHHS	\$336,717,308	
			\$270,486,050	
	PATH(Projects for Assistance in Transition from Homelessness)	Center for Mental Health Services (CMHS), SAMHSA, DHHS		
	PAIMI (Protection and Advocacy for Individuals with Mental Illness)	Center for Mental Health Services (CMHS), SAMHSA, DHHS		
	Rural Housing Programs	Rural Housing Service (RHS), Department of Agriculture	\$0	
	Safe Schools/ Healthy Students	The Safe and Drug-Free Schools Office, Department of Education		NA
	SCHIP(State Children's Health Insurance Program, Title XXI)	Centers for Medicare and Medicaid Services (CMS), DHHS	\$2,793,028	
	SOCIALSERVICESBLOCKGRANT (TITLE XX)	Administration for Children and Families (ACF), DHHS		NA
	SSDI(Social Security Disability Insurance, Title II)	Social Security Administration (SSA)	\$119,039,640	
	SSI(Supplemental Security Income, Title XVI)	Social Security Administration (SSA)	\$27,669,388	
	TANF(Temporary Assistance for Needy Families)	Administration for Children and Families (ACF), DHHS	\$3,703,411	
	Transitional Living Program for Older Homeless Youth	Administration for Children and Families (ACF), DHHS		NA
	VETERAN'S BENEFITS	Veterans Health Administration (VHA), Department of Veterans Affairs	\$1,081,985	
			\$258,081	
			\$15,825,211	
			\$2,737,999	
	VOCATIONAL REHABILITATION	Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitative Services (OSERS), Dept. of Education		\$84,542
	Workforce Investment Act	Employment and Training Administration, Department of Labor		\$32,532,636
				\$5,123,400
				\$2,818,795

CFDA #	PROGRAM	RESPONSIBLE AGENCY	AMOUNT SPENT IN DUPAGE 2003*	
			Support for individuals	Programs or Treatment
	Block Grants for Prevention and Treatment of Substance Abuse	Center for Substance Abuse Treatment, SAMHSA		\$2,763,369
	TOTAL		\$907,704,498	\$58,894,501

Sources: Consolidated Federal Funds Report Fiscal Year 2003; www.census.gov;
 Illinois Department of Human Serv FY04 Du Page County Awards As of 5/3/04

Appendix 9: Characteristics of Key Agencies with Responsibilities for Mentally Ill Children

Department and agency	Key activities related to children’s mental health	Statute	Population targeted and definition of mental illness
HHS (CMS)	Administers the Medicaid and SCHIP (Kidcare) programs that provide health insurance to certain low income individuals and disabled children, including children with severe mental illness. Awards research grants Provides technical assistance to state agencies	Title XIX of the Social Security Act	Certain low income individuals and certain disabled individuals; varies by state. Uses a clinical classification of diseases to identify children with a mental illness
HHS (ACF)	Oversees Adoption and Safe Families Act of 1997. Administers Title IV-B of the Social Security Act that provides funds to states for services that protect the welfare of children. The funds may also be used to provide services to families of children with a mental illness. Administers the Title IV-E foster care funds program that provides funds to states to partially cover the costs of room and board for eligible low income families who are placed in approved out of home living arrangements. Maintains the Adoption and Foster Care Analysis and Reporting System to which states report demographic data on children in foster care, including diagnoses of mental illness. Awards development, training, research, and demonstration grants. Disseminates research. Provides technical assistance.	Title IV, Part B and Part E of the Social Security Act ASFA	Children and families. Uses a clinical classification to identify children with a mental illness and accepts classifications used by individuals states in identifying children with mental health needs.
Educations (OSERS)	Monitors implementation of Individuals with Disabilities Education Act. IDEA established the right of disabled children - including children with mental illness - to receive special education and related services, such as mental health services, designed to meet their unique needs and prepare them for employment and independent living when such services are needed for children to make adequate progress in school. IDEA requires schools to evaluate children who are referred for special education services and if services are required, develop an IEP that documents the type and intensity of services that will be provided. Funds formula and discretionary grants. Provides technical assistance. Disseminates research.	IDEA	Promotes improvement in educational results for infants, toddlers, and children with disabilities. Under IDEA, the term ‘child with a disability’ means a child who by reason of a physical or mental disability, needs special education and related services.

Appendix 9: Characteristics of Key Agencies with Responsibilities for Mentally Ill Children

Department and agency	Key activities related to children’s mental health	Statute	Population targeted and definition of mental illness
HHS (SAMHSA)	<p>Provides funds to states and local entities to help them administer, support, or establish programs that specifically target the mental health needs of children and block grant funding that enables states to maintain and enhance mental health services. Sponsors the Systems of Care Initiative to help children and adolescents with serious mental illnesses and their families receive a variety of services from schools, community mental health centers, and social services organizations and facilitate coordination among these providers.</p> <p>Awards formula and discretionary development and demonstration grants</p> <p>Disseminates research.</p> <p>Provides technical assistance.</p>	Public Health Service Act	<p>Individuals with substance abuse problems, mental illness, or at risk of substance abuse and mental illness.</p> <p>Children served meet the following criteria: age 0 to 18 and have a diagnosed mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that results in impairment that substantially interferes with or limits the child’s functioning in family, school or community activities.</p>
DOJ (OJJDP)	<p>Helps oversee juvenile justice programs across the nation and supports states and local communities in their efforts to develop and implement effective and coordinated prevention and intervention programs. Helps improve the juvenile justice system’s ability to protect public safety, hold offenders accountable, and provide mental health treatment and rehabilitative services.</p> <p>Funds formula and discretionary grants.</p> <p>Provides technical assistance.</p> <p>Disseminates research</p>	Juvenile Justice and Delinquency Prevention Act	<p>Children who commit crimes or are delinquent and children at risk for delinquency.</p> <p>Accepts mental illness classifications used by states to identify children with mental health needs.</p>

Source: GAO report: Child Welfare and Juvenile Justice

Appendix 10: Needs vs. Resources for Persons with Mental Illness in DuPage County

	Type and Severity of Mental Illness		Treatment that Research Indicates is Needed	Mental Health Treatment Resources Available in DuPage				GAPS
	Global Assessment of Functioning Score	Example		'Adequately' Insured	Low income uninsured	Medicaid	Special Programs*	
0	> 70 No disorder	Normal problems of life	No treatment needed	Friends, Family				NA
1	61-70 Mild symptoms generally functioning well	Diagnosable MH problem e.g. mild depression, mild anxiety	Individual, family or group therapy, medication or preferably both; self help groups	Private outpatient therapy and/or Medication from Primary Care physicians or psychiatrists	Usually no treatment or waitlist at community agencies	Medication through Primary Care physicians or very limited psychiatry services or no treatment	Medication through Primary Care physicians or specialists	Limited capacity of non-profit community agencies Except for FQHC's, no providers of Medicaid funded mental health services for less severe population. Limited use of Medicaid to fund mental health services in general Confusing system makes it easy for people to fall between the cracks Limited success at enrolling severely MI patients in Medicaid; Low Medicaid rates.
2	51-60 Moderate symptoms	Not danger to self or others, e.g. moderate anxiety disorder, moderate depression		Medications PLUS therapy from physicians, therapists and hospitals to insurance limits		Except for FQHC's, no therapy available through Medicaid for this population in DuPage County.	and/or Therapy through community agencies	
3	55-60 Serious symptoms	Severe mental illness e.g. major depression, bipolar disorder		Medications PLUS individual, family or group therapy		Maybe DCHD; hospitals; or waitlist at community agencies; maybe no treatment	Sometimes hospitals; maybe no treatment	
4	< 55 Serious symptoms to persistent danger of hurting self or others.	Disabled by e.g. severe schizophrenia, severe bipolar, major depression	Assertive community treatment PLUS medications	Medications PLUS therapy from therapists and hospitals to insurance limits then DCHD and/or State hospital	DuPage County Health Department, certain community hospitals with state funding, state hospital; maybe Medicaid, SSI			

* Access DuPage, DuPage Community Clinic, DuPage Behavioral Health Partnership

Appendix 11: Types of Mental Health and Substance Abuse Professionals

Profession/ Licensing	Qualifications	What they typically do	Reimbursable under Medicaid/ Kidcare?
Psychiatrist (Physician)	Psychiatrists have a state medical license and should be board eligible or certified by the American Board of Psychiatry and Neurology. They have a bachelors degree, medical degree, & 4 years of residency in psychiatry. May specialize in areas such as child & adolescent psychiatry, geriatric psychiatry, forensic psychiatry, psychopharmacology, and/or psychoanalysis.	Psychiatrists are medical doctors who have specialized training to diagnosis and treat mental illnesses. They understand the body's functions and the complex relationship between emotional illness and other medical illnesses. They are the only mental health professionals who can prescribe medication. Although they may sometimes practice some type of psychotherapy, particularly if they are in private practice, at the present time, most psychiatrists focus largely on prescribing medication for the treatment of mental disorders.	Yes
Psychologist (Licensed Clinical Psychologist)	Ph.D, Psy.D., Ed.D. accredited doctoral program in clinical, school or counseling psychology and 2 years satisfactory supervised experience in clinical, school or counseling psychology at least one of which is an internship and one of which is postdoctoral.	Therapist/counselor with a doctoral (Ph.D.) or master's degree from an accredited graduate program in psychology. Trained to make diagnoses, provide individual and group therapy, and administer psychological testing. Psy.D. trained psychologists have the most direct clinical training of all mental health professionals.	Yes, in Federally Qualified Health Centers (FQHC) and Community Mental Health Centers
Licensed Clinical Social Worker	Master's or Doctorate in Social Work from accredited program with 3000 (master's) or 2000 (doctorate) clinical supervision	Clinical Social Worker - Counselor with a masters degree in social work from an accredited graduate program. Trained to make diagnoses and provide individual and group counseling.	Yes, in Federally Qualified Health Centers (FQHC) and Community Mental Health Centers
Licensed Marriage and Family Therapist	MA + 3000 hours experience within 2 to 5 years	Licensed Professional Counselor - Counselor with a masters degree in psychology, counseling or a related field. Trained to diagnose and provide individual and group counseling.	Community Mental Health Centers
Licensed Clinical Professional Counselor	Masters or Doctorate from accredited program		Community Mental Health Centers

Profession/ Licensing	Qualifications	What they typically do	Reimbursable under Medicaid/ Kidcare?
Psychiatric Nurse (Registered Nurse)	Registered Nurse training (Associate's Degree, Nursing School Diploma or Bachelor of Science in Nursing)	A registered nurse who is trained in the practice of psychiatric and mental health nursing. Trained to diagnose and provide individual and group counseling.	At Community Mental Health Centers
Certified Alcohol and Drug Abuse Counselor	Training may include a bachelors degree, specific clinical training in alcohol and drug abuse, and supervised experience. usually have a state license. They may also receive national certification through the National Association for Alcohol and Drug Abuse Counselors.	Certified alcohol and drug abuse counselors and addiction counselors are trained to diagnose and provide individual and group counseling for individuals with addiction problems. They may work in drug abuse and addiction centers, hospitals, clinics, and community mental health centers.	At Certified Substance Abuse agencies & Community Mental Health Centers
Pastoral Counselor	Pastoral counselors are certified mental health professionals who have had religious/theological training and clinical training in the behavioral sciences. They typically have a bachelors degree, a professional ministry degree, and a specialized masters or doctoral degree in a mental health field, and may specialize in marriage and family therapy, addiction, grief, and other issues, including serious mental illnesses.	They may also provide educational programs on marriage preparation, adjusting to divorce, and coping with loss and grief. They may work in health clinics, state hospital, private and group practices, congregation-based centers, or in pastoral counseling centers.	No

Appendix 12: Types of Mental Health Provider Organizations			
Type of Organization	Credentialing	What they typically do	Billable under Medicaid/Kidcare?
Community Mental Health Centers	State designation	Mental health centers that receive state and local funding to provide mental health services to individuals in their provider area, with sliding scale fees, Medicaid, Medicare, private insurance and private pay.	Yes, a broad array of services under Rule 132
Federally Qualified Health Care Centers (FQHC's)	Federal Designation	Primary medical care, including limited treatment of mental illness; treatment by physicians, psychologists and licensed clinical social workers.	Yes at cost based rates
Mental Health Professionals in Private Practice	License of professional service provider	Various mental health professionals who offer psychotherapy services as a private business	Physicians and Psychologists
Not for Profit Mental Health or Counseling Services	Varies	These include agencies who have qualified mental health staff to provide counseling services.	Sometimes – for Psychiatrist or Psychologist
Private Psychiatric Hospitals	Joint Commission on Accreditation of Health Care Organizations (JCAHCO) and State licensing	These are psychiatric hospitals which provide mental health evaluation and treatment through inpatient and/or day treatment programs. They may have an outpatient component	Yes, for eligible children and persons over age 65
Mental Health Units of Medical Hospitals	Joint Commission on Accreditation of Health Care Organizations (JCAHCO) and State Licensing	These are specialized mental health units which provide evaluation and treatment through inpatient, outpatient and/or day treatment programs	Yes
State Psychiatric Hospitals		Psychiatric hospitals that provide mental health evaluation and treatment through inpatient programs.	Yes, for eligible children and persons over age 65
Nursing Homes	State licensing	Nursing homes that provide residential treatment for mentally ill persons and sometimes persons with other conditions. If more than 50% of patients have mental disorders, the facility is classified as an "Institution for Mental Disorders" (IMD) and Medicaid will not pay.	No, if IMD's Yes otherwise
Veterans Administration Hospitals	Federal Government	These are full service medical hospitals which may have mental health units as described above.	No, have own Federal funding

Sources: http://www.oznet.ksu.edu/mhaging/chapter3_3.htm; <http://www.swedish.org/16949.cfm>; www.dpailinois.com; <http://www.ildpr.com/default2.asp>