



**Community Needs
Assessment Survey
02/2024**

1. Executive Summary

Overview

In August 2023, Transitions of Western Illinois applied to the State of Illinois to become a Certified Community Behavioral Health Clinic (CCBHC). The purpose of the creation of CCBHCs is to increase access to and improve the quality of community mental health and substance use disorder (SUD) treatment services. To become a CCBHC, organizations must provide comprehensive services for individuals in crisis and those with complex behavioral health needs, including for individuals with serious mental illness (SMI), substance use disorders (SUD) and children and youth with serious emotional disturbance (SED).

Agencies certified as a CCBHC are expected to meet criteria related to access and timeliness of care, use of data for quality improvement and reporting, staffing, and care coordination across services and systems. CCBHC services must be provided to individuals regardless of place of residence or ability to pay.

CCBHCs must complete a needs assessment every 3 years to identify strengths, gaps, and opportunities across the community and within the organization to improve care. TWI collected quantitative and qualitative data to assess the needs of the CCBHC's service area, strengths of the organization, and opportunities to better achieve the goals of the CCBHC model.

Key Findings

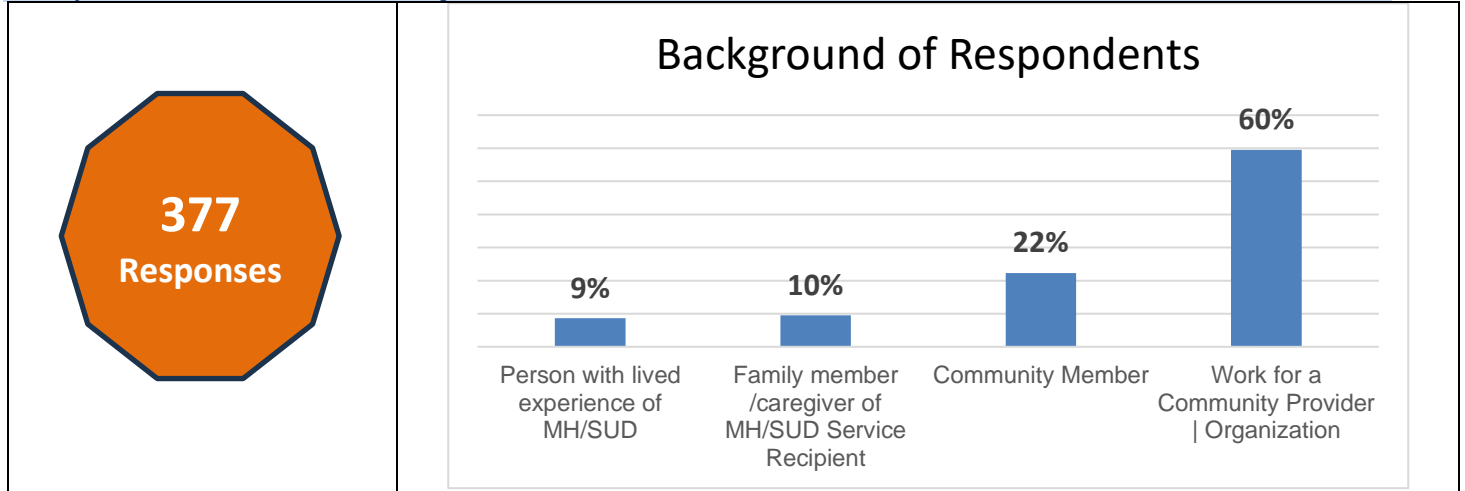
Based on the review of available data and input from a broad range of stakeholders, we have identified three major themes related to community needs for behavioral health services:

- **Expand service system capacity:** Demand for behavioral health services exceeds the existing capacity of service providers to meet the need.
- **Improve types of care available:** There are gaps in the types of services available. Some evidence-based services are either not currently available or not available at the volume needed.
- **Improve outreach and engagement of specifically underserved groups:** Services are not reaching some individuals due to barriers related to transportation, housing status, minority status, language, or gender identification.

2. BH Community Needs Assessment Survey (2024)

This section provides a summary of information from the Behavioral Health Community Needs Assessment survey conducted by Transitions of Western Illinois.

Respondents to the Survey



Respondents to the Survey – Representative of community demographics

Outreach efforts were made to assure that survey respondents included groups who might be underrepresented by race, gender identification, and veteran status.

Reponses by race.

Adams County is 92% white or Caucasian only based on the most recent US Census and 8% identifying as other race. Of survey respondents who identified a race, 90% were white only and the remainder were other races.

Identification by Race	N	Percent
White or Caucasian	256	90%
Black or African American	12	4%
Hispanic or Latino	7	2%
Asian or Pacific Islander	5	2%
American Indian or Alaska Native	3	1%
Two or more races	2	1%
	285	100%

Reponses by gender identification.

The US Census, 2023 Household Pulse Survey estimated 8% of the population of the United States identifies as LGBTQ. That is the same percentage of respondents who identified as LGBTQ in our survey.

Identification as LGBTQ?	N	Percent
Yes	26	8%
No	235	70%
Not Answered	75	22%
	336	100%

Respondents to the Survey – Representative of community demographics

Reponses by veteran status.

The US Census, 2022 American Community Survey identified Adams County as having a Veteran population of 6.5% which is slightly less than the percentage of respondents in the survey.

Identification as a Veteran?	N	Percent
Yes	22	7%
No	245	73%
Not Answered	69	21%
	336	100%

Community Provider Respondants included a cross section of different types of service providers.

People who worked for a community provider/organization were asked to identify their area of work focus. They could select more than one area.

Service Providers by Type of Service	
Aging services	6
Child Welfare Child Advocacy	23
Criminal justice	11
Crisis response or first responder	35
Developmental Disabilities Provider	17
Employment services	39
Homeless services	39
Hospital emergency services	6
Hospital inpatient psychiatric	10
Housing services	41
Medical provider	21
Mental health treatment provider	83
Parent Support Youth Services	11
Public health	9
School	40
Substance abuse treatment provider	42
Other	12

Respondants represented people who felt they were knowledgeable about our entire service area.

**Represents percent of all surveys (336) as people had the option to mark if they were familiar with multiple areas.*

Areas Familiar With	N	Percent*
City of Quincy (West of 24th Street)	203	60%
City of Quincy (East of 24th Street)	194	58%
Adams County outside of Quincy	118	35%
None of Adams County	14	4%

Availability and Accessibility of Services

How available and accessible are the following services to people in our area?

"Available and accessible" means people can get the services they need when they need them.

TABLE: Percent of Responses by Service Area

Service	Always Available	Mostly Available	Mostly Not Available or Never Available	Not Sure	Total
Counseling - Adults	19%	54%	21%	6%	100%
Counseling - Children	16%	51%	20%	12%	100%
SUD - Adults	21%	42%	16%	21%	100%
SUD - Youth	12%	31%	27%	31%	100%
Crisis Services – Phone/Mobile	38%	38%	9%	14%	100%
Crisis Stabilization	22%	32%	28%	17%	100%
Peer Support	16%	37%	24%	24%	100%
Psychiatry	18%	48%	25%	10%	100%
Veterans Care	12%	25%	20%	43%	100%
Psychological Testing	10%	38%	27%	26%	100%
DD with MH Needs	19%	49%	15%	17%	100%
Homeless with BH Needs	11%	29%	34%	26%	100%

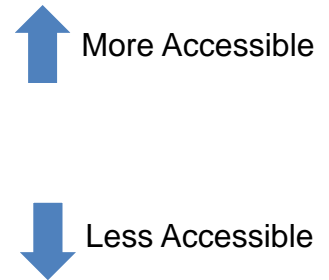
Observations about availability and accessibility:

- Consensus about lack of access and availability across services:** With the exception of crisis services (mobile or by phone), there were no services that even 25% of people surveyed felt were “always available.” This represents significant agreement that across almost every service area, people in our area have a hard time accessing the services they need, when they need them. with the highest service receiving crisis services at 38% and the lowest services for people experiencing homelessness at 11%.
- People are not sure about Veteran’s Services:** With 43% of respondents to the survey saying they were “not sure” about the availability or access people have to Veteran’s care, it is evident that there is not a clear idea how to link Veterans to existing services, or perhaps even a clear idea of what services exist.

TABLE: Accessibility Rating by Service Area.

This chart shows a comparison of the weighted score for accessibility. Responses were weighted based on the following: Never Available or Mostly Not Available=0, Mostly Available = 1, and Always Available = 2. Based on this method, the higher the score, the more accessible respondents rated the service.

Service	Weighted Score	Rank (Least to Most accessible)
Crisis Services (phone mobile team).	1.34	1
Outpatient SUD treatment - Adults	1.06	2
BH Services - People with I/DD.	1.05	3
Counseling Services - adults	0.98	4
Counseling Services - children	0.96	5
Crisis Stabilization Services	0.93	6
Psychiatry	0.93	6
Peer support services	0.89	8
Veteran’s Mental Health Care	0.85	9
Outpatient SUD treatment - Youth	0.78	10
Psychological testing	0.77	11
Homeless and need BH Services	0.69	12



Analysis:

Consistent with the previous analysis, survey respondents’ overall accessibility scores also reflected a view that there is difficulty accessing most behavioral health services. As shown in the chart above, crisis services by phone/mobile team, Outpatient SUD treatment, and counseling services are rated as the most accessible services, while services for people experiencing homelessness, psychological testing, and outpatient SUD services for youth were rated as the least accessible.

Common comments related to accessibility:

- *Services are available but not timely (there is a wait).*
- *We do NOT have enough or ANY mental health housing that can serve our most difficult and hardest to house persons with chronic mental health issues.*
- *I think that the services are "mostly available" because there is such a long wait time before a person can get an appointment.*
- *Public knowledge regarding these resources is very limited. I am not personally aware of places for people to go that fall into these categories.*

Barriers to Access Services

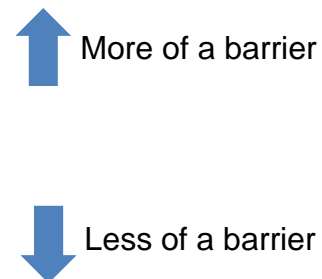
How much do the following barriers impact people being able to access services in our area?

For this survey "barriers" are things that make it difficult for a person to receive the services they need when they need them.

TABLE: Barriers to Accessing Services

This chart shows a comparison of the weighted score for accessibility. Responses were weighted based on the following: Not a barrier=1, Moderate Barrier = 2 Major Barrier = 3 Based on this method, the higher the score, the area represents less of a barrier.

Service	Weighted Score	Barrier Ranking
Lack of evening or weekend hours	1.46	1
Lack of childcare	1.47	2
Lack of reliable transportation	1.53	3
Not able to pay for services.	1.55	4
Not enough understanding about how services are funded and eligibility.	1.72	5
Not sure who to contact to start receiving services.	1.76	6
Frequency of appointments doesn't match the level or need for service.	1.77	7
Can't get an appointment to start services (lack of access).	1.79	8
Lack of access to telehealth capabilities (such as video or phone).	2.09	9
Cultural barriers.	2.14	10
Language barriers.	2.28	11



Analysis:

Survey respondents rated barriers to access to care are most impacted by lack of evening or weekend hours, lack of childcare, and lack of reliable transportation. The rank of barriers completed by key informants had a few significant differences than the respondents in general. They ranked "frequency of appointments not matching the level or need for service" and "lack of access to telehealth capabilities" as higher barriers than the overall respondents.

Common Comments Related to Accessibility:

- *It comes down to availability of a service and availability to get quick access to the service. The region has limited flexibility to meet the needs of individuals.*
- *Behavioral Health needs are not business hours only.*

Who Finds it More Difficult to Access Behavioral Health Services

Do you think it is more difficult for some people to access mental health or substance abuse treatment services in our area than it is for others?

For example: individuals who live in a certain part of the county, a certain age group, race or ethnicity group, income level, etc.

TABLE: Difficulty Accessing Services

This chart summarizes comments made by survey takers who identified individuals and other factors making it more difficult for people to access services.

Responses	N
Low Income Cost Poverty	52
Live outside Quincy	38
Transportation (no car, no access to public transportation)	30
Being a minority or LGBTQ or non-English speaking	32
No Home Housing insecurity	15
People struggling with mental health or SUD highly symptomatic	12
Insurance barriers Uninsured	9
Lack of social supports Advocate	6
Lack of education	5
Children Teens	5
Childcare	4
Knowing where to go	4
People with disabilities	5
Need services after 5PM	2
Elderly	2
No Phone	2
Services not persistent enough	1
Men	1
Lack of follow through persistence	1
People living in politically conservative communities	1
Fear of hospital admission	1
Veterans	1
Court or legal involvement	1
Those experiencing abuse	1
Those who had negative experiences in the past	1
New people to the area	1
Affluent or well known (stigma)	1
Single parents	1

Analysis:

An analysis of comments confirmed some of the results of previous survey questions. It did, however, highlight areas not specifically included in the structured survey: 1) Barriers to access for people living outside Quincy; and 2) Barriers related to minority status, which was ranked as a low barrier in the structured survey, but high in comments.

Needs

What are the biggest needs in our area in terms of mental health and substance use disorder services and treatment?

We would appreciate any input you have about evidence-based practices that are needed in our community or how crisis services could be improved.

Need Areas	N
More behavioral health providers - less wait to get in or between appts	41
Help with homelessness Supported Living Options	25
Transportation Assistance including rural areas	17
Inpatient Residential SUD services Sober Housing	16
More knowledge help about how to access services	13
Psychiatric access	8
Less turnover of MH staff	6
Case management	6
Safe places to go when in crisis	8
Less stigma more community support for people with SMI	4
Services available different hours	4
Inpatient MH services	4
Address affordability of services	3
Trauma services by trained providers	3
More outreach services to schools, etc.	3
Longer term treatment options	3
DBT groups and providers	3
Accessibility ability to get into services	2
Better follow up after a crisis event	2
More minority counselors	2
Support for Veterans	2

More focus on working as a team Collaboration	2
Masters trained clinically licensed	2
Access to psychological testing for children	2
Services for LGBTQ	2
More inpatient MH Beds at Blessing	1
Veteran help beyond VA	1
More cooperative landlords	1
More services for youth in rural areas	1
Meeting families where they are	1
Peer support	1
Better services for DCFS youth in care and their families	1
Additional TWI location on West Side of Quincy	1
More Opioid services	1
In home services	1
SUD services for teens	1
Daycare	1
Work with law enforcement	1
Parenting special needs	1
Youth residential	1
Play Therapy	1
EMDR	1

Analysis:

Survey respondents identified top need areas as being: 1) Less of a wait to start services; 2) Help with homelessness/housing; and 3) Transportation assistance.