

Considerations for Expansion of Chicago's Public Mental Health Clinics

Chicagoans both need and want more mental health services in their city.

- 25% of Chicagoans live in a Community Area without a public mental health center or a private agency delivering services under contract with the city.
- Between 2019 and 2022, every single one of the 22 hospitals in Chicago required to conduct a “community health needs assessment” (CHNA) found that improving access to mental health services was a top priority—and in most cases *the* top priority—for residents living in their primary and secondary service areas.

This lack of access to mental health services can have devastating consequences for individuals, families and communities throughout Chicago.

There is now overwhelming public support to address this unmet need. The Chicago Department of Public Health's mental health clinics have long served residents in need of treatment, and an ambitious expansion of their services—both in existing and new clinics and in flexible, innovative settings outside clinic walls—is needed now.

In the past, Chicagoans could receive free mental health treatment by going to any of the city's 19 mental health clinics, which were located all across Chicago. As recently as the early '90s, these city-run clinics were capable of serving more than 60,500 people a year. Between 1991 and 2016, however, the number of city-run clinics was slashed from 19 to five.

Over the past 10 years, elected officials in Chicago have tried to improve access to mental health services by distributing public money to private agencies.

To build a better mental health system in Chicago, the city will have to both allocate more resources and redistribute the resources it currently expends. Chicago can begin to rebuild its network of public mental health services by:

- Adequately staffing and promoting the remaining city clinics;
- Phasing in the establishment of 14 new clinics and potentially a 24/7 crisis stabilization center; and
- Expanding the scope and settings in which Chicago residents can get access to the mental health services they need, such as the current pilot programs in public libraries and for 911 mental health response.

History

As is well known, Mayor Rahm Emanuel closed six city clinics in April 2012. Four years later he gave another clinic to Cook County which subsequently privatized it. Just five CDPH clinics remain.

Mayor Lori Lightfoot's tenure did foster increased investment in Chicago's remaining mental health centers, bringing CDPH mental health staff from 50 to 100, per a Lightfoot administration news release in February 2023. Lightfoot also implemented some new initiatives, like the Crisis Assistance Response and Engagement (CARE) pilot and the partnership between CDPH and the Chicago Public Library.

Yet Lightfoot primarily tried to meet the mental health needs of the city's residents by increasing public funds for Chicago's privately-operated mental health agencies.

Overreliance on private providers leaves unmet need

There are significant concerns about the efficacy of this approach. In 2022, an organization representing 34 hospitals in the Chicagoland area surveyed approximately 4,900 residents of the city and suburban Cook County about their health care needs and found that mental health was the second most important concern for people in the region. Every one of the 22 hospitals in Chicago required to conduct a "community health needs assessment" found that increasing access to mental health services was a top priority—often the top priority—for residents living in the Community Areas they serve.

While CDPH regularly touts that it has providers under contract delivering services in "all 77 neighborhoods," a review of the department's own data shows that 25% of Chicagoans live in a Community Area without a public mental health center or a private clinic delivering services under contract with the city. More than 1.3 million people—47.7% of Chicagoans—live in a Community Area with, at most, a single agency providing services under contract with CDPH. Community Areas without a public clinic or a facility operated by a mental health agency under contract with the department can be found citywide.

Further, private agencies often raise barriers to access and reduce transparency:

- Cost is the single greatest obstacle for individuals who need help. Yet a 2021 Collaborative for Community Wellness study of city-funded private agencies found that "less than half (48%) of the city-funded providers offered an option for free services, and one quarter (25%) did not offer services to individuals who were uninsured." In

contrast, Chicago’s public mental health centers serve residents regardless of their ability to pay.

- The same study also found that waitlists are common in the private sector, where “29% reported a wait time of between one and three months.” Chicago’s public clinics don’t have long waitlists and some have no waitlist.
- Staff turnover is also a challenge for private agencies. A new study of human service providers in Illinois reported that “more than half the organizations surveyed reported turnover rates greater than 21%”. Another study published in *Psychiatric Services*, a journal of the American Psychiatric Association, which reviewed the academic literature on turnover in the field, concluded that “annual turnover rates for behavioral health treatment providers in the United States generally hover around 30%-35%.” By contrast, turnover is less at the city’s mental health centers because the workforce is better compensated.
- Finally, private agencies do not currently report adequate detail on the services they provide in exchange for the public money they receive. Elected officials and the public know little about who these agencies are serving, how, how often and by whom. This information is needed to better hold delegate agencies accountable.

The Way Forward

Adequately staffing and promoting existing clinics

CDPH clinics are especially in need of psychologists and bilingual therapists. In addition, the city needs to launch an aggressive community outreach program informing residents of the clinics’ services.

Expanding scope and settings of existing pilots

Chicago’s Crisis Assistance Response and Engagement (CARE) pilot program, which launched in 2021, is an innovative model for integrating clinical therapists into responses to behavioral health related 911 calls. It is being tested in 13 Community Areas with three different response team models, both with and without Crisis Intervention Team-trained police officers.

In March 2023, CDPH announced a partnership with the Chicago Public Library. Under this partnership, clinicians from the city’s five public mental health centers are allowed to provide treatment to individuals, one day a week, out of select library branches. This program currently serves the Beverly, Blackstone (located in Kenwood), Edgewater and Mount Greenwood branch libraries.

Both pilot programs could be expanded.

Establishing new clinics

As a candidate, Mayor Johnson’s platform called for opening 14 CDPH clinics, returning the city to the 19-clinic capacity it maintained until the early 1990s.

There are many factors to consider in identifying the appropriate locations for new clinics, including: already existing mental health services, socioeconomic conditions, behavioral-health-related 911 calls and transportation access. There are also factors which cannot be anticipated or rigorously factored in, like the availability of adequate space in the commercial real estate market. The chart below provides data regarding these factors and can help inform the decision-making with input from community residents, mental health professionals, policy experts and elected officials:

Community Area	CDPH-Funded Private Clinics	# of Clinics Per 100K Residents	Hardship Index	Behavioral Health-Related 911 Calls per 100k Residents
<i>Albany Park</i>	2	4.1	63.9	3,937
<i>Ashburn</i>	0	0	77.3	5,303
<i>Auburn Gresham</i>	1	2.2	86.9	11,414
<i>Austin</i>	4	4.1	82.1	11,128
<i>Avondale</i>	0	0	40.5	4,687
<i>Belmont Cragin</i>	4	5.1	81.2	3,974
<i>Brighton Park</i>	5	11.1	88.9	3,511
<i>East Side</i>	1	4.6	80.7	4,632
<i>Gage Park</i>	2	5.1	91.8	4,459
<i>Greater Grand Crossing</i>	1	3.2	86.7	27,734
<i>Humboldt Park</i>	5	9.2	80.2	8,916
<i>Lincoln Square</i>	2	4.9	22.8	5,366
<i>The Loop</i>	0	0	9.1	17,141
<i>New City</i>	5	11.5	89.8	7,737
<i>Portage Park</i>	1	1.6	48.2	4,538
<i>South Lawndale</i>	13	18.2	91.8	3,777
<i>South Shore</i>	2	3.7	81.6	14,555
<i>Washington Heights</i>	1	4	75.1	10,513
<i>West Pullman</i>	0	0	84.1	10,590
<i>West Ridge</i>	3	3.9	72.1	5,462

In addition to new clinics, CDPH could consider establishing a 24/7 stabilization center for individuals in mental health crisis.

A Phased Approach

To ensure adequate staffing and coordinated planning, the city should open these new mental health centers in stages over the next four years. For example, CDPH could open two new mental health centers in 2024, followed by four new clinics in each of the city's three subsequent budgets.

To expedite hiring, the city could frontload the funds necessary to hire new clinical employees in the first three years. The costing model included in this report is predicated on pursuing this goal in the following way:

- In its budget going into effect on January 1, 2024, the city could budget for administrative, clerical, and clinical employees, as well as overhead costs like rent, sufficient to open two new brick-and-mortar clinics.
- In the same 2024 budget, the city would also have to hire clinical staff sufficient to operate four additional mental health centers, which would receive funding for administrative staff, clerical employees, and overhead costs in the next budget. Frontloading hiring in this way would ensure that the city has sufficient time to hire clinical staff, expand public services through library branches and other appropriate public settings, and conduct community outreach in areas slated to get new clinics in the 2025 budget.
- In its 2025 and 2026 Appropriation Ordinances, the city would budget for enough additional clinical staff, administrative and clerical employees, and overhead costs to open four new clinics in each of those two years.
- Finally, in its 2027 budget, the city would appropriate funds to pay for the new administrative staff, clerical employees, and overhead costs associated with opening the last four mental health centers.

Cost

Based on information from CDPH and calculations for personnel expenses, a new mental health clinic would cost approximately \$3.24 million. This assumes the following staffing: Behavioral Health Assistant (2), Clerk (1), Clinical Therapists II & III (6), Psychiatric Nurse Practitioner (1/3 time) and Psychologist (1). It also assumes \$2.3 million in annual overhead costs per clinic.

The gross cost to implement this plan over the next four years is detailed in the table below. The bottom-line net cost to the city would likely be much lower due to several factors:

- First, the city would receive reimbursements from Medicaid, Medicare and private insurers. Although CDPH data on public and private reimbursements was requested through both the labor-management process and the Illinois Freedom of Information Act, to date, the city has not provided that information. However, the state provided Medicaid reimbursement data, which does indicate significant potential offset to the costs of new clinics. In 2022 for example, the North River mental health center had over \$820,000 in Medicaid reimbursements.
- Second, the assumed staffing costs are probably higher than they would be in reality because they include full-year salaries. The time needed to hire new employees would likely diminish salary costs.
- Finally, this estimate assumes \$2.3 million in overhead costs per clinic per year, an average annual figure provided by CDPH for existing clinics.

This cost estimate is based on the best information publicly available and on the implementation model outlined here. Additional information or different timelines or models could result in higher or lower cost estimates.

Year	2024	2025	2026	2027
<i># of Centers Established</i>	2	6	10	14
<i>Overhead Costs</i>	\$4.6 million	\$13.8 million	\$23 million	\$32.2 million
<i>Cost of Salaries + Benefits</i>	\$6.3 million	\$11.5 million	\$17.1 million	\$19 million
<i>Total Cost</i>	\$10.9 million	\$25.3 million	\$40.1 million	\$51.2 million

Conclusion

Chicago faces significant challenges which the new mayor and city council will have to tackle with vision, compassion and pragmatism. By committing to restore the city's mental health services network of 19 clinics in a phased four year plan, Chicago's elected leaders can address an ongoing need long-recognized by the majority of Chicagoans. Investing a small fraction of the city budget in mental health clinics throughout the city will provide enormous benefit not only to those individuals struggling with mental health issues, but also to the communities where they live.