REBUILDING CHICAGO'S MENTAL HEALTH TREATMENT SYSTEM

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Council 31
AFSCME

Contents

Introduction & Key Findings

Chicagoans both need and want more mental health services in their city. Consider the following figures, which represent a selection of this report's key findings:

- A review of data from Chicago's Department of Public Health (CDPH), conducted for the purposes of this report, found that 25% of Chicagoans live in a Community Area without a public mental health center or a private clinic delivering services under contract with CDPH.
- 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.
- According to the most recent figures from the federal Health Resources & Services Administration (HRSA), 69 of Chicago's 77 Community Areas are included in a designated "mental health professional shortage area" (MHPSA).

Lack of access to mental health services can have devastating consequences for individuals, their families, and entire communities.

Over the past 10 years, elected officials in Chicago have tried to improve access to mental health services in the city by providing funding to private agencies. However, this strategy is inadequate and lacks public accountability. There is a better path to make mental health services more accessible and affordable for city residents.

It was not so long ago that Chicagoans could receive free mental health treatment by going to any one of the city's 19 mental health centers, which were located all across the city. As recently as the early '90s, these city-run clinics were capable of serving over 60,500 people a year. Between 1991 and 2016, however, the number of city-run clinics was slashed from 19 to five.

There is now overwhelming public support for addressing this unmet need by expanding the mental health services directly provided by the City of Chicago. CDPH's mental health centers have long served residents in need of treatment, and an ambitious expansion of their services – both in existing clinics, new clinics, and in flexible, innovative settings outside clinic walls – is urgently needed.

The City of Chicago can begin the work of rebuilding its mental health system 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.

While there are many factors to consider in identifying appropriate locations for new clinics, the 20 Community Areas recommended for consideration in this report were selected after a review of available data sources which document existing need for mental health services, population figures, economic hardship, and accessibility by public transportation. The decision to recommend 20 Community Areas, instead of just 14, was made in recognition of the fact that barriers to implementation, which are difficult to fully anticipate, are likely to arise in the four-year period contemplated in this report (e.g., availability of suitable locations in the commercial real estate market).

The following Community Areas would significantly benefit from an expansion of public mental health centers: Albany Park, Ashburn, Auburn Gresham, Austin, Avondale, Belmont Cragin, Brighton Park, East Side, Gage Park, Greater Grand Crossing, Humboldt Park, Lincoln Square, the Loop, New City, Portage Park, South Lawndale, South Shore, Washington Heights, West Pullman, and West Ridge.

Part One of this report provides a history of Chicago's mental health centers, from their creation in the late '50s to the present day. **Part Two** provides an assessment of Chicago's current need for mental health services and evaluates the city's strategy for meeting those needs. **Part Three** provides a realistic model that the city could use to increase the number of public mental health centers over the next four years, as well as a conservative estimate of the cost to enact that model. Implementing the model included in Part Three would cost approximately **$10.9 million in 2024, $25.3 million in 2025, $40.1 million in 2026, and $51.2 million in 2027, although reimbursements from Medicaid, Medicare, and private insurance have significant potential to defray the costs of these new clinics.**

Part One: History

The City of Chicago has directly provided mental health services for its residents for over 65 years.

A Model for Community Mental Health Centers

Although the creation of Chicago's network of public mental health centers is usually associated with the passage of the Community Mental Health Act of 1963 (CMHA), earlier records show that the Chicago Board of Health had already opened two mental health centers – and had plans to establish several more – before the CMHA was signed into law on October 31, 1963.[1]

The city's first public mental health center, which was "planned as a pilot project to serve as a model for additional community mental health centers to be established throughout the city," opened in the Douglas Community Area in 1958.[2] The second clinic, the Lower North Community Mental Health Center, opened in 1962, within walking distance of both the Gold Coast and two developments of the Chicago Housing Authority (CHA) – the Frances Cabrini Homes and the future site of the William Green Homes, which were under construction at the time.[3]

In his third Inaugural Address, delivered on April 17, 1963, Mayor Richard J. Daley could boast, "today, the Chicago Board of Health's leadership in preventative medicine is recognized throughout the world. Its programs of dental treatment, immunization, and inspection have been greatly increased. It is a pioneer in launching a chronic disease health program in such vital areas as heart, cancer, diabetes, and mental health."[4] Through a combination of federal, state, and local funding, the Chicago Board of Health would go on to open 17 more mental health centers, all across the city, between 1963 and 1976.[5]

Lack of Commitment to Mental Health Patients at the Higher Levels of City Administration

Although the number of mental health centers operated by the city remained unchanged from the mid-70's until the early '90s, historical sources from this time indicate that mismanagement, the nation's economic challenges during the late '70s and '80s, the deliberate 'beheading' of the nation's mental health system during the Reagan Era, and changing views about the role of government all took a toll on the city's clinics.[6]

At one point during this period, under Mayor Harold Washington, the city publicly considered closing some clinics to "balance the 1983 city budget."[7] Despite Chicago's reported financial challenges, however, the city's plans to close the Central Mental Health Center and the Garfield Park Mental Health Center were eventually shelved. All 19 mental health centers remained open during Washington's time as mayor and throughout the Sawyer Administration, which lasted from 1987 to 1989.[8]

The fortunes of the city's mental health centers, and the Chicagoans who rely on them, changed decisively when Richard M. Daley was elected mayor. Beginning in the early '90s,

Daley moved to close several clinics and tried to abdicate the city's role as a direct provider of mental health services.

In 1993, after closing two mental health centers, Daley and his Acting Budget Director, Paul Vallas, announced a "cost-cutting" plan to transfer Chicago's clinics to the State of Illinois.[9] Although that plan was never enacted, in part because of strong opposition from AFSCME Council 31, prominent City Council members, like then-Alderwoman Toni Preckwinkle, and advocates speaking on behalf of the 60,500 patients served annually by the clinics, it was a harbinger of things to come.[10]

During his 22 years in office, Daley closed seven mental health centers and shifted an increasing amount of the city's responsibility for delivering important public services, like mental health and substance use disorder treatment, to private human service agencies.[11]

Closures continued, despite significant and sustained public protest, under Mayor Rahm Emanuel. And unlike his predecessor, Emanuel's closures were not gradual. In his first budget, Emanuel slashed funding for six clinics all at once.[12] As a result, the city closed the Auburn Gresham Mental Health Center, the Back of the Yards Mental Health Center, the Beverly-Morgan Park Mental Health Center, the Northtown Mental Health Center, the Northwest Mental Health Center, and the Woodlawn Mental Health Center.[13] Then, in 2016, Emanuel turned the Roseland Mental Health Center over to Cook County, reducing the number of city-run mental health centers to five.[14]

By the time Emanuel declined to run for reelection in 2019, Chicago's network of 19 mental health centers – which took nearly two decades to build, and which had been preserved despite economic crises, disinvestment and neglect, and the austerity of the Reagan years – had been decimated.

Give Us Our Clinics Back

Emanuel's decision to close more than half of the city's mental health clinics, and the strong public opposition to that choice, have established the parameters of every single debate about how Chicago's mental health system could be strengthened and improved in the years since he left office.[15]

During the 2019 mayoral campaign, for example, most major candidates, including then-candidate Lori Lightfoot, Cook County Board President Toni Preckwinkle, and former Secretary of Commerce and White House Chief of Staff, Bill Daley, condemned Emanuel's decision to close the city-run mental health centers.[16] Despite her promise to reopen the city's clinics, as Mayor, Lightfoot doubled down on the legacy of her predecessors and decided to try and meet the mental health needs of the city's residents by increasing public funds earmarked for Chicago's private mental health agencies.[17]

Because of the continued salience of mental health as an issue, and the persistence of the elected officials, unions, and community organizations advocating for expanded public mental health services, Lightfoot's tenure in office did coincide with increased investment in Chicago's remaining mental health centers.[18] 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 (CPL), which was announced in March 2023.[19]

If anything, reopening Chicago's mental health centers was an even bigger issue in the 2023 mayoral race than it was in the 2019 election. Expanding Chicago's network of public mental health centers was also the consensus position; with all but one candidate promising to undo the cuts, closures, and privatization of the previous three decades.[20] While reopening clinics was a widely shared goal, some candidates advocated for a more ambitious approach than others. In then-candidate Brandon Johnson's platform, for example, his campaign argued that Chicago should not just restore the services that Emanuel cut, the city should also "reopen all 14 mental health centers."[21]

In the months since he won the runoff election in April, Mayor Johnson, representatives from his administration, and city council members interested in collaborating with Johnson on this issue, have all reaffirmed their commitment to the goal of opening 14 new mental health centers in the near future.[22] Most recently, in Mayor Johnson's transition team report, which was released in July 2023, the report's authors recommended, "reopening and fully staffing all 14 mental health centers in phases."[23] The transition team report also recommended identifying suitable locations for public, 24/7 crisis stabilization centers, and expanding substance use disorder treatment programming, among other things.[24]

The next section of this report will aim to provide an assessment of the city's unmet need for mental health services, surveying a wide range of available data sources.

Part Two: Chicago's Need for Mental Health Services

A thorough review of data from public and private sources indicates that a significant need for mental health services exists citywide.

The Chicago Department of Public Health

One way to assess Chicago's need for mental health services is to look at where the Chicago Department of Public Health (CDPH) operates public mental health centers and contracts with private agencies to deliver mental health treatment – and where it does not.

While CDPH regularly reports that it has providers delivering services in "all 77 neighborhoods," a review of the department's own data, conducted for the purposes of this report, 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.[25] 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.[26] Community Areas without a public clinic or a facility operated by a mental health agency under contract with CDPH can be found citywide, from Ashburn and Bridgeport on the South Side to Avondale and Hermosa on the North and West Sides.

The discrepancy between the city's public reports and the geographic distribution of private providers highlights the accountability gap in the city's current strategy for meeting Chicagoans' mental health needs.

Federal Sources

Another way to identify gaps in services is to identify what parts of the city are included in provider shortage areas designated by the federal Health Resources & Services Administration (HRSA), a bureau of the U.S. Department of Health & Human Services.

HRSA measures the extent of a community's need using a scoring system which weighs the following factors: population-to-provider ratios, the number of people in a community below the poverty line, demographic characteristics, and travel times to the nearest source of care. After scoring these characteristics, HRSA designates places which perform poorly "mental health professional shortages areas" (MHPSAs).

HRSA can further specify what kind of shortage exists in a given place. If there is an absolute shortage of mental health professionals serving a community, for example, HRSA can designate it a "geographic" shortage area. If an area has too few providers serving people below the poverty line or if a whole community is experiencing economic hardship and there's an absolute shortage of mental health providers, HRSA can designate that place either a "low-Income population" shortage area or a "high needs geographic" shortage area.[27]

According to the most recent figures from HRSA, 69 of Chicago's 77 Community Areas are included in a designated shortage area. Of those 69 Community Areas, 34 are shortage areas for people with low incomes, 29 are geographic shortage areas, and six – Avalon Park, Burnside, Chatham, Greater Grand Crossing, South Shore, and Woodlawn – are included in a High Needs MHPSA. The only Community Areas which are not included in an MHPSA are Beverly, Edison Park, Forest Glen, Jefferson Park, Lincoln Park, Mount Greenwood, Near North Side, and Norwood Park.[28]

Community Health Needs Assessments

The figures from CDPH and HRSA both compare the number of providers in a given area with the population who live there and their needs. Because population-to-provider ratios have well-documented shortcomings, it's important to supplement that type of data with other measures, which approach the problem from a different angle.[29] One way to paint a more robust picture of the city's needs is to look at survey data about what kinds of services Chicagoans actually want in their communities.

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 healthcare needs and found that mental health was the second most important need for people living in the region.[30] Using the same or analogous survey data, every single one of the 22 hospitals in Chicago required to conduct a "community health needs assessment" (CHNA) found, as of their most recent CHNA, that increasing access to mental health services was a top priority – often the top priority – for residents living in the Community Areas they serve.[31]

Additional Data Sources

The broader picture of the city's needs and gaps in existing services, presented here, can be further refined by looking at more granular indicators, like behavioral health-related 911 calls or suicide mortality rates by Community Area.

Chicago's Office of the Inspector General (OIG), for example, maintains an online data portal, which reports a population-adjusted rate of behavioral health-related 911 calls dispatched by Community Area. For the period lasting from January 1, 2020, to June 19, 2023, which includes almost all of the calls reported in the OIG's portal, the number of calls citywide per 100,000 people was 8,132.[32] Adjusted for population, many of the Community Areas recommended in this report experienced levels of call volume greater than the citywide average.[33]

Issues with the City's Current Approach

During Mayor Lightfoot's tenure in office, the city tried to respond to the mental health needs of its residents, primarily by increasing funds earmarked for private agencies. While line items for grant funding in the city's budget have often been taken as a sign of progress, there are good reasons to be skeptical of the city's dependence on the private sector.[34]

Cost is the single greatest obstacle for individuals who need treatment.[35] One 2021 study of city-funded agencies, conducted by the Collaborative for Community Wellness, 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."[36] By contrast, Chicago's public mental health centers are free for city residents.

The same study also found that 29% of the agencies under contract with CDPH "reported a wait time of between one and three months."[37] Most of Chicago's public clinics do not have waitlists, although those that do are for bilingual therapists.

Turnover is also a challenge for private agencies. One recent study of human service providers in Illinois reported that "more than half the organizations surveyed [for the report] reported turnover rates greater than 21% and vacancy rates of at least 11%. Nearly 80% of respondents… [reported] turnover of 16% or more…"[38] Those figures could be understating the extent of the problem. Another study, published in *Psychiatric Services*, which is a journal of the American Psychiatric Association, reviewed the academic literature on turnover in the field and concluded that "annual turnover rates for behavioral health treatment providers in the United States generally hover around 30%-35%."[39] By contrast, turnover is far less common at the city's mental health centers because the workforce is more adequately compensated.

Finally, relying on private agencies to fill gaps and address shortages makes it harder for elected officials and the public to accurately assess how city funds are being spent, what the public is actually getting for its money, what entity is responsible when residents' needs are unmet, and how those entities can be held accountable. Though CDPH's leadership has publicly said that the department requires quality assessments of its private contractors, data provided by the city in response to a FOIA requests is significantly lacking and indicates substantial problems with some of the agencies.

Part Three: Rebuilding Chicago's Mental Health System

The City of Chicago can begin the work of rebuilding its mental health system 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.

To fulfill the goal of establishing 14 new mental health centers over the next four years, the city should consider focusing on the following community areas: Albany Park, Ashburn, Auburn Gresham, Austin, Avondale, Belmont Cragin, Brighton Park, East Side, Gage Park, Greater Grand Crossing, Humboldt Park, Lincoln Square, the Loop, New City, Portage Park, South Lawndale, South Shore, Washington Heights, West Pullman, and West Ridge.

Why Those Community Areas?

The Community Areas recommended in this report were selected after a thorough review of public and private data sources documenting the city's current need for mental health services in conjunction with available population estimates, recent hardship index scores, and accessibility by public transportation (e.g., CTA bus routes, "L" lines, Metra rail lines, and PACE bus routes).

The chart on the next page provides some of the data used to inform this report's recommendations.

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

**This column reflects behavioral health-related 911 calls per 100K residents from Jan. 1, 2020 to June 19, 2023.*
***Chicago's Health Atlas reports a single hardship index score for the period lasting from 2017 to 2021.*

The decision to recommend 20 Community Areas, instead of 14, was made in recognition of the fact that barriers to implementation, which are difficult to fully anticipate, are likely to arise in the four-year period contemplated in this report (e.g., availability of suitable locations in the commercial real estate market).

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 (CIT) 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.

Implementation

To ensure adequate staffing and coordinated planning, the City of Chicago could open its new mental health centers in stages, over the four-year period beginning January 1, 2024, and ending on December 31, 2027. One way to accomplish that goal would be for the city to open two new mental health centers in 2024, followed by four new clinics in each of the city's three subsequent budgets leading into 2027.

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.

In the period between budgets, this report recommends having new clinical staff, alongside volunteers from existing clinics, provide treatment in appropriate public settings located in and around the Community Areas slated to get a new city-run mental health center in the next budget. In many cases, the most appropriate public setting will be a CPL branch, although other settings should be considered.

Using this model to open new city-run mental health centers has a number of advantages, in addition to those already discussed. First, frontloading funds for clinical staff would allow new therapists and psychologists to form relationships with their prospective clients before the city's new clinics are actually opened. Second, the staggering proposed here would provide the city with ample time to identify suitable buildings for the new mental health centers and to conduct repairs or improvements, where needed.

Cost

This report estimates that the cost to open and operate a single mental health clinic in 2024 would be approximately $3.24 million. That estimate is based on information from CDPH and personnel expenses for the following staffing model: Behavioral Health Assistant (2), Clerk (1), Clinical Therapists II (2), Clinical Therapist IIIs (4), Psychiatric Nurse Practitioner (1/3 time) and Psychologist (1). This estimate also assumes $2.3 million in annual overhead costs per clinic.

Additional personnel costs for positions which are not based out of the clinics are not included in the per clinic cost discussed above. Those costs are factored into the gross cost to implement this model over the next four years, which is detailed in the table below.

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

This is a conservative estimate, and several factors could lower the city's bottom-line costs.

First, the annual total costs outlined in the table above are gross costs, before the city receives any reimbursements from Medicaid, Medicare, or private insurance. According to data provided by the State of Illinois, Medicaid reimbursements have significant potential to offset the costs associated with operating new clinics. In 2022, for example, North River Mental Health Center had over $820,000 in Medicaid reimbursements.

Second, the staffing costs detailed above are probably higher than they would be in reality because they include full-year salaries. The length of time necessary to hire and onboard new employees would all but certainly diminish salary costs.

Finally, this estimate assumes $2.3 million dollars in annual overhead costs per clinic. This figure is based on the annual cost to run the mental health centers provided by CDPH. Although CDPH provided an average annual figure per clinic, the department said it could not provide any line-item budgets for its clinics, which limited this reports' ability to precisely calculate overhead costs over time.

This cost estimate is based on the best information publicly available and on the implementation model outlined here. It is feasible that additional information or different timelines or models for implementation could generate higher or lower cost estimates.

Conclusion

Throughout the 1980's, Chicagoans in need of mental health services could get free treatment by going to any one of the city's 19 mental health centers which were located citywide. And many people did go to them. As recently as the early 90's, the city-run clinics alone were serving nearly as many people as the city claims that it, and the private agencies it contracts with, were able to serve in 2022.[40]

Between 1991 and 2016, however, the number of city-run clinics was slashed from 19 to five. In their place, Chicago's recent mayors have tried to create a service network made up of private agencies. But there's good evidence to suggest that too many people are slipping through the gaps in this patchwork system. And there are also compelling reasons to believe that these gaps are a feature – and not a quirk – of the city's current approach to this issue.

For more than a decade, a coalition made up of advocates, labor unions, elected officials, and people with mental illness have argued that rebuilding the city's network of public mental health centers would be a more effective and equitable way to address community needs. This report has tried to show how that goal could be realistically accomplished, at a relatively modest cost, over a four-year period.

Chicago faces significant challenges, which its elected officials will have to tackle with vision, compassion, and pragmatism. By committing to restore the city's network of public mental health centers, the city's leaders can address Chicago's ongoing need for mental health services, long recognized by the majority of Chicagoans. Using a small fraction of the city's budget to place mental health clinics throughout the city will provide enormous benefits, not only to those individuals struggling with mental illness, but also to their family members, their neighbors, and the larger communities they live in.

Appendix A: Chicago's Community Mental Health Centers

This appendix provides a list of Chicago's five city-run mental health centers.

Englewood Mental Health Center
641 W. 63rd Street, Chicago, IL 60621

Greater Grand/MID-South Mental Health Center
4314 S. Cottage Grove, Chicago, IL 60653

Greater Lawn Mental Health Center
4150 W. 55th Street, Chicago, IL 60632

Lawndale Mental Health Center
1105 S. Western Avenue, Chicago, IL 60612

North River Mental Health Center
5801 N. Pulaski Road, Chicago, IL 60646

References

[1]For an example of an article which dates the creation of the city's system of mental health centers to the passage of the Community Mental Health Act of 1963, see Dani Adams (2023) "Democratizing Mental Health," Available at: https://southsideweekly.com/mental-health-advocates-put-public-services-back-on-table/ (Accessed June 15, 2023). For background on the history of the South Side Community Mental Health Center and the Lower North Community Mental Health Center, see Chicago Board of Health, Division of Mental Health Services (1962), "Program" Chicago, IL: Chicago Board of Health, pp. 6-10. For information about the Community Mental Health Act of 1963, which uses anachronistic and outdated language to refer to people with disabilities, see John F. Kennedy Presidential Library and Museum (2023), "Remarks Upon Signing a Bill for the Construction of Mental Retardation Facilities and Community Mental Health Centers, 31 October 1963," Available at: https://www.jfklibrary.org/asset-viewer/archives/JFKWHA/1963/JFKWHA-236-002/JFKWHA-236-002#:~:text=1576%2C%20the%20Community%20Mental%20Health,and%20treatment%20of%20mental%20retardation (Accessed June 20, 2023).

[2] *Ibid*, p. 6.

[3] *Ibid*, pp. 6-10. For a timeline of the Chicago Housing Authority's Cabrini-Green development, see Chicago History Museum (2005), "Cabrini Green," Available at: http://www.encyclopedia.chicagohistory.org/pages/199.html (Accessed June 15, 2023).

[4] Chicago Public Library (1963), "Mayor Richard J. Daley Inaugural Address, 1963," available at: https://www.chipublib.org/mayor-richard-j-daley-inaugural-address-1963/#:~:text=In%20my%20Inaugural%20Address%20in,fire%20departments%20in%20the%20nation (Accessed June 20, 2023).

[5] U.S. Department of Health, Education, and Welfare, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health (1977), "Mental Health Directory – 1977," Available at: https://babel.hathitrust.org/cgi/pt?id=mdp.39015010140708&view=1up&seq=3 (Accessed June 15, 2023), pp. 158-160. Although this directory was published in 1977, the facilities listed included in the directory come from The National Institute of Mental Health's (NIMH) 1976 inventory of mental health facilities. Some municipal records from the early '90s seem to indicate that the city could have opened its nineteenth clinic as early as 1972. Other sources, like the directory referenced above, and brochures from the '70s, which are cited in this report and stored in the Chicago Public Library's municipal records archives, cast doubt on that claim. For an example of a city document which dates the end of the expansion of the city-run clinics to 1972, see City of Chicago, Department of Health (1992), "Chicago Historical Highlights, Board of Health," pp. 1 - 2.

[6] This passage's reference to America's "beheaded" mental health system comes from Thomas Insel (2022), *Healing: Our Path from Mental Illness to Mental Health.* London: Penguin Press, p. 36, citing E. Fuller Torey (2013), *American Psychosis: How the Federal Government Destroyed the Mental Illness Treatment System.* Oxford: Oxford University Press, p. 89.

[7] See "City Weighs Closing 3 Health Centers," *The Chicago Tribune,* September 19, 1983, p. B3.

[8] That the city's mental health centers remained open during the Washington and Sawyer Administrations can be easily verified by reviewing the budgets passed while they were in office, which are available online, *see* Chicago City Clerk (2023), "City Budgets," Available at: https://www.chicityclerk.com/legislation-records/journals-and-reports/city-budgets (Accessed 6/20/23).

[9] See Fran Spielman (1993), "Aldermen Say City Should Continue to Run Mental Health Centers," *The Chicago Sun-Times*, June 22, 1993, p. 14.

[10] For the source of the 60,500 patients figure, see *Ibid*.

[11] For the number of mental health centers closed during Mayor Richard M. Daley's mayoralty, see the budgets passed throughout his time in office, available at Chicago City Clerk (2023). For a contemporary account, discussing how Daley shifted the responsibility for providing essential social services, like substance use disorder treatment, from the city to the private sector, see David Moberg, "How's He Doing? A Daley Report Card," *The Reader,* February 21, 1991, Available at: https://chicagoreader.com/news-politics/hows-he-doing/ (Accessed June 20, 2023).

[12] Ben Joravsky (2013), "Before the schools, Mayor Emanuel closed the clinics," *The Reader*, March 26, 2013, Available at: https://chicagoreader.com/columns-opinion/before-the-schools-mayor-emanuel-closed-the-clinics/ (Accessed June 20, 2023).

[13] *Ibid*.

[14] Curtis Black (2016), "Emanuel's privatizing mental health clinic in Roseland raises concerns," *The Chicago Reporter,* November 3, 2016, Available at: https://www.chicagoreporter.com/emanuels-privatizing-mental-health-clinic-in-roseland-raises-concerns/ (Accessed June 20, 2023).

[15] See, for example, Heather Cherone (2023), "Push to Reopen Public Mental Health Clinics Closed 11 Years Ago Defines Another Chicago Mayor's Race," *WTTW,* January 25, 2023, Available at: https://news.wttw.com/2023/01/25/push-reopen-public-mental-health-clinics-closed-11-years-ago-defines-another-chicago (Accessed June 20, 2023).

[16] See, for example, Carly Graf (2019), "Everyone running for mayor wants to fix Chicago's mental healthcare system. But how?" *Medill Reports Chicago,* February 3, 2019, Available at: https://news.medill.northwestern.edu/chicago/everyone-running-for-mayor-wants-to-fix-chicagos-mental-healthcare-system-but-how/ (Accessed June 20, 2023).

[17] See Cherone (2022).

[18] *Ibid*.

[19] See Justin Laurence (2021), "Chicago Rolls Out Mental Health Emergency Teams to Reduce Police Encounters with People in Crisis," *Block Club Chicago,* September 2, 2021, Available at: https://blockclubchicago.org/2021/09/02/chicago-rolls-out-mental-health-emergency-teams-to-reduce-police-encounters-with-people-in-crisis/ (Accessed June 20, 2023) and City of Chicago, Department of Public Health (2023), "CDPH Begins Offering Mental Health Services in Select Libraries," Available at: https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health/news/2023/march/cdph-begins-offering-mental-health-services-in-select-libraries.html (Accessed June 20, 2023).

[20] See WBEZ Chicago and The Chicago Sun-Times, "Chicago Mayoral Candidates Answer 23 Questions," Available at: https://elections.suntimes.com/questionnaire/ (Accessed June 20, 2023).

[21] Brandon Johnson for Mayor of Chicago (2023), "Public Safety and Police Reform," Available at: https://www.brandonforchicago.com/issues/public-safety (Accessed June 30, 2023).

[22] See Alex Nitkin, "Mayor Brandon Johnson Says He'll Reopen the City's Mental Health Centers. It Won't Be As Easy as It Sounds," *Illinois Answers Project,* May 17, 2023, Available at: https://illinoisanswers.org/2023/05/17/mayor-brandon-johnson-says-hell-reopen-the-citys-mental-health-clinics-it-wont-be-as-easy-as-it-sounds/ (Accessed June 20, 2023).

[23] Chicago for the People (2023), "Building Bridges and Growing the Soul of Chicago: A Blueprint for Creating a More Just and Vibrant City for All," Available at:https://www.chicago.gov/content/dam/city/depts/mayor/TransitionReport/TransitionReport.07.2023.pdf, pp. 104 - 105.

[24] *Ibid*.

[25] See City of Chicago, Department of Public Health (2023), "Mayor Lightfoot and the Chicago Department of Public Health Announce the Expansion of Citywide Mental Health Network to All 77 Neighborhoods," Available at: https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2023/february/ExpansionCitywideMentalHealthNetwork77Neighborhoods.html (Accessed June 20, 2023). To assess this claim, this report checked the location of each facility found in the Chicago Data Portal (2023), "Unspoken Mental Health Resource Finder," Available at: https://data.cityofchicago.org/Health-Human-Services/Unspoken-Mental-Health-Resource-Finder/ydwq-h5yx (Accessed June 20, 2023) and broke out providers by Community Area.

[26] *Ibid*.

[27] See U.S. Department of Health & Human Services, Health Resources & Services Administration (2023), "Scoring Shortage Designations," Available at: https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring (Accessed June 20, 2023).

[28] U.S. Department of Health & Human Services, Health Resources & Services Administration (2023), "HPSA Find," Available at: https://data.hrsa.gov/tools/shortage-area/hpsa-find (Accessed June 20, 2023). To determine which Community Areas are currently included in designated mental health professional shortage areas, the 2020 census tracts and component GEOIDs included within the Health Resources & Services Administration's designated shortage areas were matched with Chicago's current Community Area boundaries which are available online, see City of Chicago, Chicago Data Portal (2018), "Boundaries – Community Areas (Current), Available at: https://data.cityofchicago.org/Facilities-Geographic-Boundaries/Boundaries-Community-Areas-current-/cauq-8yn6 (Accessed June 20, 2023).

[29] While this report does not recommend its policy prescriptions, for an overview of some of the limitations associated with using population-to-provider to measure need, see Sherry Glied and Karina Aguilar, "The Behavioral Health Workforce Shortage: Can We Make Better Use of the Providers We Have?" *The Brookings Institute,* Available at: https://www.brookings.edu/wp-content/uploads/2023/04/Glied-and-Aguilar-Workforce-Paper-1.pdf, pp. 8-9, (Accessed 6/20/23).

[30] See Alliance for Health Equity (2023), "Community Health Needs Assessment for Chicago and Suburban Cook County," Available at: https://allhealthequity.org/wp-content/uploads/2022/07/Alliance-for-Health-Equity_CHNA_30June2022.pdf, p. 23 (Accessed June 20, 2023).

[31] For community health needs assessment reports consulted, see Advocate Health Care (2022), "2022 Community Health Needs Assessment Report – Advocate Illinois Masonic Medical Center," Available at: https://www.advocatehealth.com/assets/documents/chna/illinois-masonic-medical-center/official-2022-illinois-masonic-chna-report.pdf, pp. 15-17, 32-35, and 38-39 (Accessed June 20, 2023), Advocate Health Care (2022), "2022 Community Health Needs Assessment Report – Advocate Trinity Hospital," Available at: https://www.advocatehealth.com/assets/documents/chna/trinity-hospital/2022-official-trinity-chna-report.pdf, pp. 18-22, 49-50 (Accessed June 20, 2023), Ascension (2021), "Ascension Resurrection – TY2021 Community Health Needs Assessment, Cook County, IL," Available at: https://healthcare.ascension.org/-/media/healthcare/compliance-documents/illinois/2021-chna-ascension-resurrection.pdf, pp. 7, 15-20 (Accessed June 20, 2023), Ascension (2021), "Ascension Saint Joseph Chicago – TY2021 Community Health Needs

Assessment Cook County, IL," Available at: https://healthcare.ascension.org/-/media/healthcare/compliance-documents/illinois/2021-chna-ascension-saint-joseph-chicago.pdf, pp. 15-23 (Accessed June 20, 2023), Ascension (2021), "Ascension Saints Mary & Elizabeth – TY2021 Community Health Needs Assessment Cook County, IL," Available at: https://healthcare.ascension.org/-/media/healthcare/compliance-documents/illinois/2021-chna-ascension-saint-elizabeth.pdf, pp. 15-20 (Accessed June 20, 2023), Ann & Robert H. Lurie Children's Hospital of Chicago (2022), "2022 Community Health Needs Assessment and 2023-2025 Implementation Strategy for Chicago infants, children, youth and families," Available at: https://www.luriechildrens.org/en/serving-the-community/magoon-institute-for-healthy-communities/community-health-needs-assessment/, pp. 26-29, 58-68 (Accessed June 20, 2023), Sinai Chicago (2022), "2022 HCH Community Health Needs Assessment," Available at: https://www.sinaichicago.org/wp-content/uploads/2022/06/Sinai-Chicago-2022-CHNA_Holy-Cross-Hospital_final_compressed.pdf, pp. 40-42 (Accessed June 20, 2023), Sinai Chicago (2022), "2022 MSH Community Health Needs Assessment," Available at: https://www.sinaichicago.org/wp-content/uploads/2022/06/Sinai-Chicago-2022-CHNA_Mount-Sinai-Hospital_final-compressed.pdf, pp. 40-42 (Accessed June 20, 2023), Northwestern Medicine (2022), "Northwestern Memorial Hospital – 2022 Community Health Needs Assessment," Available at: https://www.nm.org/CHNA/NMH/index.html, pp. 2, 31, 47, 71-75 (Accessed June 20, 2023), Rush University Medical Center (2022), "Stronger Together: Advancing Equity for All – A Community Health Needs Report and Action Plan FY2022 CHNA + FY2023-2025 CHIP," https://www.rush.edu/sites/default/files/chna-chip-2022.pdf, pp. 61 (Accessed June 20, 2023), Saint Anthony Hospital, "Saint Anthony Hospital – 2022-2024 Implementation Strategy," https://sahchicago.org/images/foundation-and-giving/community-benefits-report/2021-CHNA-Implementation-Strategy-SAH-FY2022-FY2024.pdf, pp. 6, 8, 12 (Accessed June 20, 2023), NorthShore University Health System (2022), "Swedish Hospital – 2022 Community Health Needs Assessment," Available at: https://schcdnprod.azureedge.net/public/docs/default-source/community-health-needs-assessment/swedish-hospital-2022-chna.pdf?sfvrsn=e7d4a7c8_2, pp. 12-13, 16, 32-35 (Accessed June 20, 2023), Thorek Memorial Hospital (2022), "Thorek Memorial Hospital – 2021 Community Health Needs Assessment," Available at: https://3003156.fs1.hubspotusercontent-na1.net/hubfs/3003156/2022%20PRC%20CHNA%20Report%20-%20Thorek%20Memorial%20Hospital%20and%20Thorek%20Meml%20Hospital%20Andersonville.pdf, pp. 18, 50-58 (Accessed June 20, 2023), University of Chicago Medical Center (2022), "UChicago Medicine – Community Health Needs Assessment 2021 – 2022," Available at: https://issuu.com/communitybenefit-ucm/docs/ucmc-chna-2021-2022?fr=sNTc0NTE0ODc0MDM, pp. 20-23, 58-66 (Accessed June 20, 2023), UI Health (2019), "Community Assessment of Needs: Towards Health Equity," Available at: https://hospital.uillinois.edu/Documents/about/UI-CAN-2019-Report.pdf, pp. 25, 30-33 (Accessed June 20, 2023), Jackson Park Hospital (2021), "Jackson Park Hospital – Community Health Needs Assessment," Available at: https://www.jacksonparkhospital.org/assets/1/7/CHNA%20FINAL%202021.pdf, pp. 6-7 (Accessed June 20, 2023), La Rabida Children's Hospital (2022), "La Rabida Children's Hospital, 2022-2024 Community Benefit Report," Available at: https://larabida.org/wp-content/uploads/2022/11/2022-2024-Community-Health-Needs-Assessment.pdf, pp. 17-18 (Accessed June 20, 2023), Loretto Hospital (2022), "Loretto Hospital – Community Health Needs Assessment (CHNA)," Available at: https://www.lorettohospital.org/documents/Loretto-Hospital-2022-CHNA_combined-PDF-compressed-min.pdf, pp. 9-10 (Accessed June 20, 2023), Humboldt Park Health (2019), "Community Health Needs Assessment – 2019," Available at: https://www.hph.care/wp-content/uploads/2020/03/CHNA-Report.pdf, pp. 9-10 (Accessed June 20, 2023), South Shore Hospital (2019), "South Shore Hospital – Community Health Needs Assessment," Available at: https://www.southshorehospital.com/wp-content/uploads/2019/12/FINAL-South-Shore-Hospital-Report_13November2019.pdf, pp. 8-9 (Accessed June 20, 2023), Roseland Community Hospital (2022), "Roseland Community Hospital - Community Health Needs Assessment for Chicago and Suburban Cook County," Available at: https://www.roselandhospital.org/wp-content/uploads/2022/12/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2022.pdf, pp. 23-25, 85-94 (Accessed June 20, 2023), St. Bernard Hospital (2021), "St. Bernard Hospital and Health Care Center – 2021 Community Health Needs Assessment," Available at: https://www.stbh.org/patients/community-health-needs-assessment/, pp. 30 (Accessed June 20, 2023).

[32] City of Chicago, Office of the Inspector General (2023), "Dispatched 911 Calls by Geography," Available at: https://informationportal.igchicago.org/911-calls-by-geography/ (Accessed June 20, 2023).

[33] *Ibid*.

[34] See, for example, Brett Chase (2023), "City expands mental health services through private providers," *The Chicago Sun-Times* (February 9, 2023), Available at: https://chicago.suntimes.com/news/2023/2/9/23593344/city-expands-mental-health-services-through-private-providers (Accessed June 20, 2023).

[35] See, for example, U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (2023), "Section 6 – Adult Mental Health Tables, Table 6.47b" Available at: https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases (Accessed June 20, 2023) and Nicholas C. Coombs, et al., (2021), "Barriers to healthcare access among U.S. adults with mental health challenges: a population-based study," Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8214217/, p. 6 (Accessed June 20, 2023).

[36] For remarks from the city and CDPH, see City of Chicago, Office of the Mayor (2023), "Mayor Lightfoot and the Chicago Department of Public Health Announce the Expansion of Citywide Mental Health Network to All 77 Neighborhoods," Available at: https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2023/february/ExpansionCitywideMentalHealthNetwork77Neighborhoods.html#:~:text=CHICAGO%20%E2%80%94%20Mayor%20Lori%20E.,77%20neighborhoods%20throughout%20the%20city (Accessed June 20, 2023) and Chicago Board of Health (2023), "Minutes of the Chicago Board of Health – Wednesday, March 15, 2023," Available at: https://www.chicago.gov/content/dam/city/depts/cdph/policy_planning/Board_of_Health/2023/2023-Mar_BOH-Minutes.pdf (Accessed June 20, 2023). For the 2021 study cited above, see Collaborative for Community Wellness (2022), "911 Behavioral Health Call Rates Across Chicago's Wards: Understanding Call Rates in the Context of Disinvestment in Public Mental Health Services," Available at: https://www.collaborativeforcommunitywellness.org/2022, p. 1 (Accessed June 20, 2023), citing figures from Collaborative for Community Wellness (2021), "Mental health service access in Chicago: Findings from a city-wide survey," Available at: https://www.collaborativeforcommunitywellness.org/_files/ugd/c29cfd_ccf3cefae4ac4252a8e9a512bf9b9d5d.pdf (Accessed June 20 2023).

[37] See Collaborative for Community Wellness (2021), pp. 1-2.

[38] Illinois Partners for Human Service (2023), "Gauging the Gap: Do Community-Based Providers have the capacity to meet the true demand for human services in Illinois?" Available at: https://illinoispartners.org/wp-content/uploads/2023/04/Gauging-the-Gap-2023-Report.pdf, p. 9 (Accessed June 20, 2023).

[39] Annalee Johnson-Kwochka, et al., (2020), "The Relationship Between Clinician Turnover and Client Outcomes in Community Behavioral Health Settings," Available at: https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.201900169, pp. 28, 34 (Accessed June 20, 2023).

[40] For a story reporting the number of individuals the city claims it served last year, see Tessa Weinberg (2023), "Brandon Johnson Campaigned on Reopening Mental Health Clinics. Will he follow through?" *WBEZChicago*, May 11, 2023, Available at: https://www.wbez.org/stories/johnson-assessing-mental-health-needs-before-reopening-clinics/0e1839ad-732d-4364-b91e-667a1ee3fd0c (Accessed June 20, 2023).