

Framework for Mental Health Equity

Mental healthcare in Chicago must improve. Many of the Chicagoans most in need of quality mental health services haven't been able to access them when and where they need them. About 178,000 Chicago adults needed mental health treatment at some point in the previous year but didn't get it.¹ This lack of services can be devastating for vulnerable residents—including our young people and communities of color, mainly on the south and west sides.

This is unacceptable and demands urgent and well-coordinated action. We can and must do better.

That's why Mayor Lightfoot believes it's time to transform Chicago's mental health system. When she took office, she directed the Chicago Department of Public Health (CDPH) to work with advocates, experts, community providers, patients, and public officials to assess Chicago's mental healthcare system to identify gaps and how they can best be filled, especially when it comes to addressing trauma.

The result of those efforts is the **Framework for Mental Health Equity**. Grounded in data, the framework is a roadmap to a better network of mental health services in Chicago. The Framework begins with a \$9.3 million investment in the 2020 City budget to ensure a coordinated, comprehensive system of mental healthcare. This system must provide access to high-quality, trauma-informed services for the populations and communities most in need.

Framework Summary: Four Strategies

1. **Expand mental health services at public and nonprofit health centers** in the neighborhoods of greatest need. We will support 20 clinics to provide trauma-informed services that link mental and physical healthcare to treat the whole person.
2. **Enhance violence prevention programming to address mental health needs**, focusing on the communities most impacted by violence and poverty. We will fund and coordinate street outreach and other initiatives to ensure residents receive trauma-informed mental health supports.
3. **Fund crisis prevention and response programs for people who have additional mental health challenges** and often have difficulty accessing brick-and-mortar clinics. This includes new crisis prevention teams in communities with high mental health hospitalization rates to prevent residents from cycling again and again through emergency response systems—as well as expanded use of triage and stabilization centers as an alternative to emergency services.

¹ Healthy Chicago Survey 2018

4. **Coordinate the system of care** by ensuring everyone in Chicago who needs mental healthcare knows how to access services. This strategy includes an anti-stigma campaign, a robust helpline, community outreach, and better data on gaps in care.

The Framework provides a comprehensive, transformative approach. It will allow us to serve tens of thousands of additional Chicagoans by integrating and investing in our full mental health system. Chicago has well over 100 publicly funded clinics that provide mental health services to residents in need—from federal health centers to Cook County clinics—plus dozens more nonprofit mental health organizations and numerous groups offering services beyond clinic walls. **The only way to begin to close the gap in mental healthcare is to transform this broad system.**

Consequently, the Framework for Mental Health Equity isn't one-size-fits-all; it's all hands on deck. We are leveraging the talent and devotion of providers across Chicago to ensure greater equity and effectiveness—reaching more people with the right services for their needs.

Framework Details

Strategy 1: Expand mental health services at public and nonprofit health centers

To fill the gaps in our current system, we must increase outpatient mental healthcare, particularly in underserved neighborhoods on the south and west sides. We will form a network of 20 public and nonprofit care centers to expand services in the Chicago neighborhoods most impacted by trauma—including from violence and poverty—and in need of health investments. These clinics will assess patients for exposure to trauma, provide treatment, and accept all patients regardless of their insurance status or ability to pay.

In addition to mental health services, the clinics in this network will either provide or link patients to physical healthcare to treat the whole person. The evidence shows integrated care is right for many people. We also will direct resources to providers focusing on youth and adolescent mental healthcare to help meet the great needs in this area.

Five of the 20 centers will be the current CDPH-run clinics, where investment and improvements are already underway. With increased support for facilities, operations, and services, these clinics can see more patients and play a more impactful role in their communities. Today, these clinics' patient loads are below capacity but we are committed to increasing awareness of services, supporting our staff, and ensuring the clinics grow and provide high-quality services to more Chicagoans.

The remaining 15 care centers will be public and nonprofit community clinics. Many of these will be federally qualified health centers (FQHCs) that face rigorous requirements to focus on underserved populations and charge on a sliding scale down to zero. No one will be turned away because they can't afford services.

Strategy 2: Enhance violence prevention programming to address mental health needs

It's crucial to look beyond the walls of mental health clinics to provide services in the aftermath of violence. We will integrate trauma-informed mental health supports into violence prevention programming and community outreach teams, focusing on the communities most impacted by violence and poverty. We will work with partner organizations to coordinate the delivery of mental health services to these communities and connect people to longer-term, trauma-informed care.

In addition, we will fund youth programs that promote social-emotional health and expand trauma-informed training for youth service providers in communities highly impacted by violence.

Strategy 3: Fund crisis prevention and response programs for people with greater mental health challenges

Improving how we handle and respond to mental health crises is imperative if we are to revamp Chicago's mental health system. Chicagoans in crisis—many of whom live with a serious mental health condition—are often brought by first responders to hospital emergency departments that may be unable to meet their needs. Residents are left to cycle again and again through a system that is not able to address their underlying needs. In many cases, we need to bring services directly to residents rather than wait for them to enter a clinic.

To provide an alternative to first responders, we will invest in outreach teams to serve people with significant challenges in the communities with the highest rates of mental health hospitalization. These teams will provide services that address patients' underlying needs and reduce the likelihood of future hospitalizations. In addition, we will increase the utilization of crisis response services such as triage and stabilization centers and mobile mental health crisis teams.

Strategy 4: Coordinate the system of care

As stated above, an estimated 178,000 Chicagoans say they needed mental healthcare at some point in the previous year but didn't receive it. When asked why in CDPH's annual health survey, most people gave one of four answers:

- "I didn't know where to get mental healthcare."
- "I didn't think I could afford it."
- "I didn't think my insurance would cover it."
- "I was worried about stigma or what people would think of me."

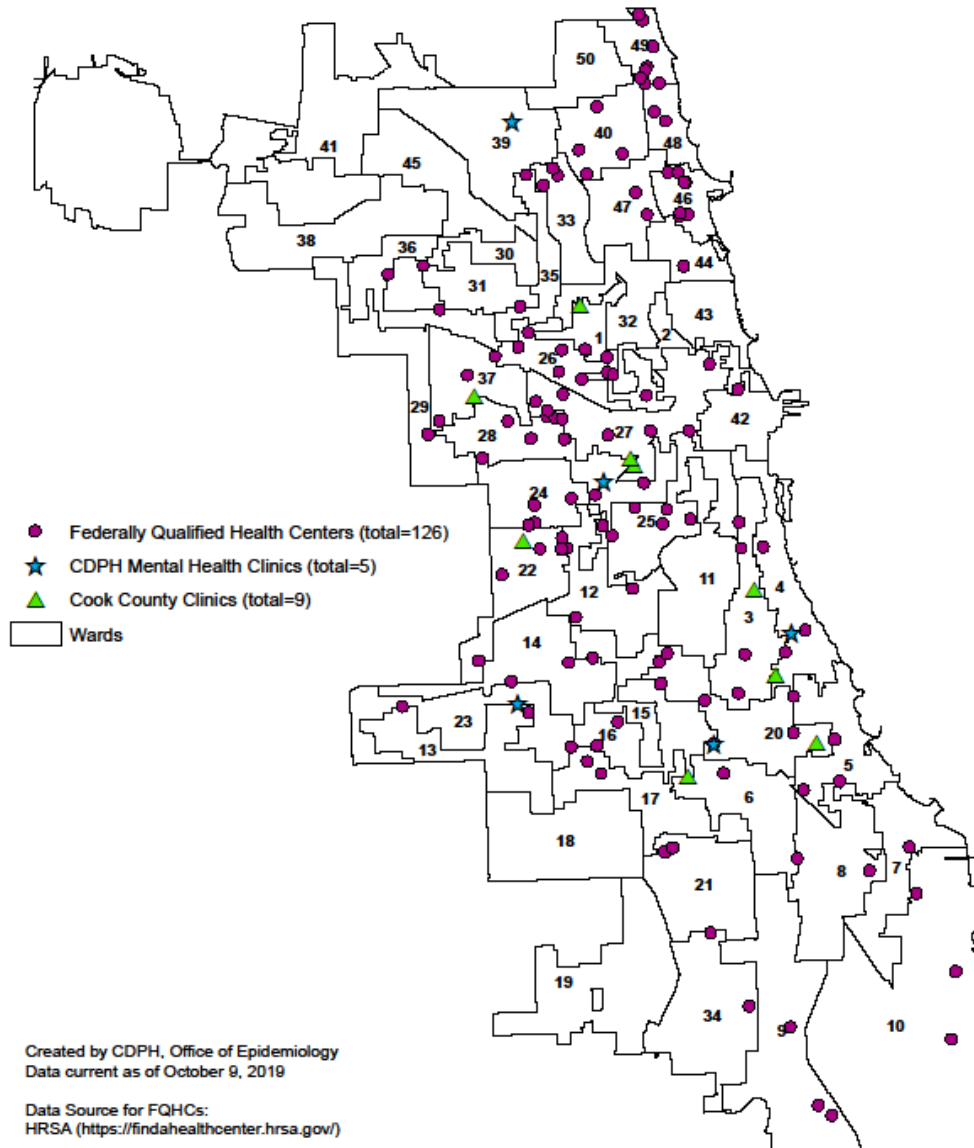
This cannot continue. We must ensure that *every* Chicago resident knows how to access high-quality mental healthcare, regardless of their income or insurance status—especially given the variety of options that now exist and the City's planned investments to expand services.

Our work has already begun. Today, if residents call 311 for mental health assistance, they will be connected to a local helpline staffed by mental health professionals at the National Alliance on Mental Illness (NAMI), who will work with residents to get help. But most residents don't know about it, and there is much more to do to build a robust, coordinated system of mental healthcare. Our goal is for every Chicagoan in need to reach a trained mental health professional who can help assess their needs, connect them to available care, and follow up to ensure they've received the proper care. We also must do everything we can to decrease stigma around mental health so people are willing and ready to get connected to care.

Accordingly, we will be leading public awareness and community outreach campaigns for both children and adults to combat stigma and connect people to the care they need. We will also make better use of data by conducting regular mental health system capacity assessments and partnering across all levels of government to identify gaps and opportunities in the mental health system, including at the neighborhood level.

Together, working with community partners and an array of stakeholders, we can build a true, coordinated mental health system that increases care for neighborhoods in need, expands services for people affected by trauma, and reaches people living with the greatest mental health challenges.

Behavioral Health Services, Chicago, 2019 Publicly-Funded Clinics



This map shows publicly funded clinics that provide behavioral health services, including Cook County clinics, CDPH clinics, and federally qualified health centers (FQHCs). FQHCs face rigorous federal requirements to provide care to underserved populations. They accept all patients regardless of insurance status or ability to pay, and charge on a sliding scale down to zero.

This map does not include dozens of nonprofit community mental health centers that also serve low-income residents in Chicago. It also does not include providers in private practice.