

## **Mental Health Hearing at City Council**

**August 19, 2014**

**Testimony of Bechara Choucair, M.D.**

**Commissioner of the Chicago Department of Public Health**

Good afternoon Mr. Chairman and honorable members of the City Council. For the record, I am Dr. Bechara Choucair, Commissioner of the Chicago Department of Public Health. I'd like to acknowledge our mental health clinic directors here today—Steven Busch, Mamie Powell-Robinson and Daniel Jean—as well as our Mental Health Medical Director, Dr. Arlene Hankinson.

I am honored to be with you today to discuss our recent report on the mental health system in the City of Chicago and to provide you with an update since the last time I spoke with the Council on this issue this past October. I see this hearing as part of our ongoing communications on this topic. It not only allows the Chicago Department of Public Health to highlight our efforts but also lets you hear from our partners about the important work they are doing to expand access to mental health services for residents.

Everything I discuss in my testimony today will center on one policy position: the City of Chicago is dedicated to ensuring access to quality mental health services for all residents—by both providing direct services and partnering with other providers to strengthen the City's overall mental health system. What matters most is that residents have access to high-quality mental health care. Sometimes that means CDPH delivering services directly, and sometimes it means investing, facilitating, coordinating, educating or policymaking.

Prior to 2012, most of what the City of Chicago had done was focused on the direct services it provided to residents in its own clinics. We came before the Council and discussed how there was more work to be done in order to sustain our current services but more importantly to improve the overall mental health infrastructure in our city. After working with community leaders and the City Council, CDPH launched a three-pronged strategy—finding a way to sustain our own direct mental health services, making targeted investments to improve the larger mental health infrastructure and ensuring residents are able to take full advantage of new opportunities available under the Affordable Care Act, or ACA.

That strategy is working. Right before the transition, we were providing mental health services to 2,798 active clients. We transitioned 429 clinically stable, insured clients to not-for-profit community mental health providers while retaining 2,369 active clients in our own clinics. Today, more people are accessing services. At any one point since the transition, we continued to provide services to anywhere between 2,100 and 2,500 active clients at any one point. In addition to operating our own clinics, we have made targeted investments in the Chicago's mental health system. As a result of these investments, an additional 5,727 community psychiatric visits occurred in 2013 alone. We launched new children's

mental health services on the City's South and West Sides as the result of a \$4 million investment by the Illinois Children's Health Care Foundation. An additional 4,500 people are receiving integrated mental health and substance abuse treatment through a new SAMHSA grant secured by CDPH. Another federal grant, the Ryan White Care Act, has also allowed 2,400 people living with HIV to receive mental health services, amounting to 16,000 mental health visits. And today, there are enhanced services at two of our former mental health clinic sites in Auburn Gresham and Woodlawn while six of our former Neighborhood Health Center sites now offer mental health services through our Federally Qualified Health Center partners, or FQHCs.

This is what a successful strategy looks like.

And that's just today—two years after the reform occurred. Moving forward, we will continue to find new opportunities to strengthen the City's mental health system to provide even more access to even more individuals.

It is this strategy—and these results—that I would like to discuss with you today.

In presenting this three-pronged strategy today, I will go through several agenda items. I will start by discussing the landscape that has surrounded mental health services in Chicago over the last several years. Next, I will discuss the three components of our strategy. First, we provide direct mental health services to residents through our own clinics, with a specific focus as a safety net provider for uninsured residents who have limited options. Second, we make targeted investments in proven partners to strengthen the City's overall mental health system. Third, we lead a citywide initiative to enroll residents in insurance options that are now available under the ACA. As a result of these efforts, more residents have access to more quality mental health services across Chicago. I will close today's testimony with information on how CDPH is continuing to strengthen the mental health system in the years ahead.

But before I discuss each component of our strategy, I would like to provide context on our city's much larger mental health infrastructure and where CDPH and our efforts fit in. That's the mental health services landscape within which we have been working.

CDPH's efforts take place as one of numerous health providers across the city offering mental health services, including hospitals, long-term care facilities, government agencies, community-based health centers, non-profit providers, faith-based community providers and private clinicians. Dozens of these sites are state-funded and provide an extensive array of treatment options to anyone who comes in, regardless of their ability to pay. Funding from the State of Illinois supports outpatient mental health services for approximately 35,000 Chicago residents each year. In addition, there are many private, not-for-profit sites that serve communities and those who lack resources but have different policies on which clients they accept. Community mental health centers, federally qualified health centers and health systems permeate the city, allowing residents in any community area or ward to find services nearby. By our preliminary count, there are at least 132 public and nonprofit healthcare sites offering

safety net mental health services across Chicago. This safety net supplements the private, for-profit mental health care providers that practice in Chicago, some of whom accept Medicaid or offer reduced rates for low-income patients.

The federal government also plays a significant and changing role. Despite an array of different mental health providers, access to care was often limited because residents lacked insurance. This, however, has changed as a result of the Affordable Care Act—the single greatest expansion of access to healthcare in our country’s history. We all know about the expansion for Medicaid and health insurance under this act, which creates new insurance options for an estimated 400,000 Chicago residents. But the ACA is also impacting mental health in other ways. In fact, as a direct result of the ACA, more than \$20 million from the federal government has been invested in Chicago’s network of FQHCs since 2010. These dollars provide low-income residents with integrated health care services, including mental health services, allowing Chicago’s FQHCs to provide residents a more holistic approach to health care. According to HRSA, the Health Resource and Service Administration, between 2010 and 2012, more than 53,000 Chicagoans received direct services from a mental health provider at an FQHC in Chicago.

Opportunities are also arising as a result of the ACA’s mental health parity provision, which greatly expands the number of Americans who are guaranteed quality mental health coverage. Many Chicago residents are making use of this provision through the plans they are buying on the ACA Marketplace, which allows them to receive mental health care through private insurance instead of relying on the safety net.

However, before and right around the time the ACA was being implemented, CDPH’s own mental health clinics were facing major challenges. In difficult economic times, we faced decreased funding from other sources between 2008 and 2013. Additionally, critical staff vacancies could not be readily filled as the result of a nationwide shortage of psychiatrists. By 2012, it had become clear that important health reforms had to be made to the department’s direct services to ensure continued operation for those most in need: the uninsured.

In order to provide services in a sustainable way in the midst of historic changes in mental health delivery, we had to adjust. I and other members of CDPH leadership sat down with community mental health providers and advocacy groups to develop a plan that would leverage a larger network of service providers while making the necessary improvements to CDPH’s own system to ensure sustainability following ACA implementation. We obtained input from the City Council and the public during both the planning phase and the transition itself, including a budget hearing in 2011. We continued to engage the public and City Council through budget hearings in 2012 and 2013. This communication remains ongoing, including our issuing multiple reports on the reforms—the most recent of which was issued in June of this year—and this opportunity to discuss the progress we have made with you here today. We also have monthly meetings with the Mental Health Advisory Board and with the Chicago Board of Health. All are open to the public.

As I mentioned earlier, our new strategy included three major components—finding a path to sustainability for direct services to the City’s uninsured residents, making targeted investments in our partners to improve Chicago’s larger mental health system and seizing the new opportunities afforded by the ACA to provide more Chicago residents with access to mental health care.

I will start with discussing direct services, which have long been a part of our work at CDPH.

In order to ensure sustainability for our own direct services, CDPH consolidated the then-12 clinics into six, focusing on uninsured residents who have limited options for mental health care. Even though we consolidated our clinics from 12 to six, we did not cut our staff by half. As a matter of fact, we retained the majority of our licensed clinical staff and all of our psychiatrists. This move ensured necessary levels of staffing and clinic hours to maintain capacity at each location and to continue to welcome new clients. It also enabled us to have the resources necessary to maintain our focus on the uninsured.

As part of this transition, we paid special attention to each individual client. It was imperative that we work with them to ensure no one fell through the cracks. When CDPH reviewed all client records and identified that there were 2,798 clients actively receiving services at our clinics, they became the focus of the department’s transition efforts. Transition actions focused on three areas: communications, outreach and quality. For each client transitioning to a not-for-profit provider, we went case-by-case and developed an individual transition plan to ensure a successful transition.

All of the 429 clients who transitioned to not-for-profit providers had insurance and were clinically stable. CDPH staff monitored their progress—reaching out first at thirty days and again at 60 days to make sure that the transition was successful. Before, during and after the transition, our team made sure clients understood that if they were not satisfied with their new provider for any reason, they would be welcomed back.

By the end of May 2012, 85% of clients—2,369 of them, as mentioned—remained with one of the six CDPH mental health centers, while just 15%—or 429—chose to transfer to a private, non-profit provider. Of those 429, only 63 clients chose to return to a CDPH clinic.

The reforms are working, as we have maintained capacity across all clinics over the past two years. In fact, the number of active clients served by CDPH clinics has not shifted dramatically. As mentioned, immediately following the transition in May 2012, CDPH clinics had 2,369 active clients. Since then, the number of active clients in our system has ranged between 2,100 and 2,500, we continue to accept new clients every day and as mentioned earlier, no one is turned away. Moreover, more than half of our current clients are new to our system in the last five and a half years. This illustrates that most of our clients receive care for a few years and then move on. At the same time, it suggests that we have succeeded in keeping some of our most vulnerable clients—those who need intensive, long-term support—engaged before, during and after the reform.

At any given point, a majority of our clients are uninsured. Today, 59% of CDPH's mental health clients are uninsured and therefore have fewer options for services when compared to those with insurance. To be sure, as more residents obtain insurance due to the ACA, we expect that number to drop; it is already lower than the 71% figure we were seeing just a few months ago. But some residents will continue to lack insurance, and we want to ensure we preserve our capacity for them.

Yet even as we continue to serve as a safety net provider for the uninsured, we are maintaining capacity at all clinics to see new clients. Indeed, since May 2012, we've accepted 1,857 new clients. What we have seen again and again is that clients come to us when they are uninsured—and once they get insurance, which gives them more options, many choose to transition to network providers. This is another reason why CDPH needs to focus its efforts on the uninsured. But again, no one is turned away based on insurance status. If any of our uninsured clients gain insurance and choose to stay with us at any of our clinics, they are welcome to do so.

To summarize our direct services work, we have succeeded because of the reforms we undertook two years ago. Today, we maintain six clinics across the city, serving between 2,100 and 2,500 active clients at any one point. During and after the transition, we worked directly with clients on an individual basis ensuring that they had a successful transition. We continue to focus on uninsured Chicago residents, who have limited options for care. Yet we maintain capacity at all of our clinics and continue to accept new clients.

Even with the broad array of resources available, CDPH continues to identify areas of need to help ensure access to quality services in every community. This is the second part of our strategy: making targeted investments and strengthening partnerships to ensure access to quality mental health services in every community.

As such, over the last three years, CDPH has made or secured \$14.2 million in new investments to address areas of need and increase treatment options. These investments include increasing community psychiatry services, launching new mental health services for children, partnering to provide integrated mental health and substance abuse treatment services, and expanding mental health services for people living with HIV/AIDS. Please allow me to provide you with a detailed overview of each of these investments.

- *Increasing Community Psychiatry Services.* Since 2012, CDPH has invested \$1.5 million in City funding in eight mental health agencies to expand psychiatry services for uninsured adults across the city. Just this past year alone, these agencies collectively provided an additional 5,727 psychiatric patient visits as a result of this funding. These visits with psychiatrists would not have happened without the targeted investment that CDPH made.
- *Launching New Children's Mental Health Services.* CDPH is partnering with the Illinois Children's Healthcare Foundation on a new model of care specifically targeting Chicago youth and families.

As a result of this work, the foundation recently awarded \$4 million to launch two new programs providing integrated primary care and mental health services to children. The Healthy Minds, Healthy Children, Healthy Chicago initiative, or H3, is designed to help thousands of children and their families on the South and West Sides who are impacted by mental health conditions through a team-based treatment approach with a focus on prevention and early intervention.

- *Integrating Mental Health Care and Substance Abuse Treatment.* In addition to promoting the integration of mental health and primary care services, CDPH has prioritized efforts to integrate mental health services with substance abuse treatment and HIV prevention services. In 2012, CDPH secured a \$4.1 million, three-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to coordinate mental health services in community-based settings to ensure screening, linkages to treatment and evidence-based interventions. By March 2014, the program had already provided funding for 10 delegate agencies to serve nearly 4,500 persons. Again, these are 4,500 additional people with mental illness who are now receiving services because of a targeted investment CDPH made.
- *Expanding Mental Health Services for People Living With HIV/AIDS.* Each year, CDPH receives federal funding to support an array of services for people living with HIV/AIDS. At the time of CDPH's reforms in 2012, the Chicago Area HIV/AIDS Integrated Services Council (CAHISC) allocated nearly \$1.4 million for mental health services for people living with HIV/AIDS through the federal Ryan White Care Act grant. This investment resulted in almost 16,000 mental health visits for nearly 2,400 patients. Since that time, CDPH and CAHISC have increased funding for mental health services by 31%, resulting in a \$1.8 million investment in delegate agencies in 2014, for a total of \$4.6 million over three years.
- *Improving Care at Former Clinic Sites.* Following the consolidation of CDPH clinics in Auburn Gresham and Woodlawn, the City worked with Human Resources Development Institute, or HRDI, and Thresholds to re-envision these mental health clinics to provide residents in these neighborhoods a more comprehensive set of services.

In July of 2012, HRDI assumed operations at the former Auburn Gresham clinic, working closely with Alderman Thomas. HRDI now offers what's called "assertive community treatment," which provides an array of community-based mental health and supportive services for adults with serious and persistent mental illness or co-occurring mental health and medical or substance abuse disorders.

In early 2014, Thresholds opened a new office location at the former Woodlawn clinic, with Alderman Cochran playing a key role in the initiative. Three mental health outreach teams, each comprised of five-to-seven case managers, employment specialists and mental health

professionals now work in the community delivering services directly through their community-based mental healthcare model.

As a result of these changes, residents now have a broader menu of health service, enhanced specialized patient care, increased service delivery and improved patient hours.

Mental health care has also expanded at our former Neighborhood Health Center sites. In 2012, we also partnered with seven Federally Qualified Health Centers to improve the primary care services our residents were receiving. At six of these clinics, there are now mental health services being delivered where there had not been before. These clinics are in Englewood, Little Village, Lower West, South Chicago, Uptown and West Town. We have recently published a report on the successes this transition has resulted in—including increased access to care, new service options and improved patient experience. We have copies of that report today that we will be happy to share it with you. Again, our strategy for reform resulted in more people with access to mental health services.

In total, our targeted investments have increased access to mental health care. They have resulted in 5,727 community psychiatric visits, a \$4 million investment for integrated care for youth on the South and West Sides, integrated mental health care and substance abuse treatment for 4,500 more people, 16,000 mental health visits for 2,400 individuals living with HIV/AIDS, expanded services at former clinic sites in Auburn Gresham and Woodlawn and new mental health services at our former Neighborhood Health Center sites.

Third, I would like to discuss our efforts around Affordable Care Act, or ACA, enrollment and its positive impact on mental health access in Chicago.

The ACA provides millions of Americans with new opportunities for health insurance, many for the first time. There were 500,000 Chicagoans without health insurance before the ACA went into effect, and, as mentioned, 400,000 are now eligible for new coverage either through the Medicaid expansion or the Marketplace. Here in Chicago, the ACA resulted in more than \$20 million in investments for FQHCs, helping them expand and strengthen their services, including mental health. The ACA also called for one of the largest expansions of mental health services in history as it requires health insurance plans, including those on the Marketplace, to include mental health services. This means that insured Chicago residents will have access to new mental health providers through their new plans, expanding access to quality care options across the city.

In order to help the 400,000 Chicago residents who now qualify for insurance options, CDPH launched *Enroll Chicago!*, a city-wide effort providing information and enrollment opportunities. Activities included more than 100 education events, as well as open enrollment opportunities for taxi drivers and artists as well as at numerous Chicago Housing Authority locations, schools, public libraries, CDPH's HIV clinics and City community and senior service centers. CDPH also published a report detailing the profile of the City's uninsured residents, helping partner organizations better target their efforts at enrollment.

To ensure clients at our mental health clinics also understood options that may be available to them under the ACA, CDPH partnered with health navigators to provide onsite enrollment counselors at all six CDPH mental health clinics throughout the open enrollment period. More than 250 clients were provided with information about new coverage options and their benefits, including expanded service options, improved prescription drug coverage and reduced expense related to co-pays. Any CDPH client who enrolls in health insurance will be provided information about new options available to them. They will be allowed to remain at their CDPH clinic if they wish, regardless of insurance status, but as mentioned, the share of our clients that are uninsured has actually dropped in recent months as insurance has become available to more people.

As of June 30, 2014, the expanded Medicaid program had 143,632 new enrollees from Chicago. This constitutes a huge reduction in the uninsured population and represents a big victory in our efforts to get people enrolled. Although specific Marketplace numbers are not yet available for Chicago, the State of Illinois reported that 217,492 Illinois residents had signed up for the Marketplace under the ACA as of April 19.

As a result of ACA implementation, there has been a significant increase in the number of Chicago residents who have health insurance, whether through Medicaid or the Marketplace, and this means these residents now have greater access to mental health services through expanded coverage. There are also ongoing opportunities for more residents to receive information and enroll in insurance.

The question now, as always, is how we can move forward as a City to continue to strengthen Chicago's mental health infrastructure. Improving access is an ongoing process that we all must play a role in.

The City remains committed to continuing the trajectory that we have been on. We plan to maintain capacity at our six clinics, with a focus on the uninsured and we continue not to turn anyone away. We plan to continue targeted investments that achieve the best possible results for Chicago residents. And we will keep exploring new partnership opportunities to further improve the larger mental health system, since these partnerships constitute one of the great strengths of our system today and a major reason for our success.

These efforts reflect the City of Chicago's ongoing commitment to enhancing Chicago's mental health system. The City of Chicago, with the approval of City Council, continues to increase its financial support of mental health services, which allows CDPH to maintain our clinics while making additional targeted investments. As you will note, in 2013, the City made \$9.1 million in mental health investments. That amount increased by nearly a half million dollars in 2014 to \$9.54 million. Pending City Council approval, we anticipate this amount to be further increased in 2015.

I would like to give you a preview of the new investments we have been working on and will shortly bring to the City Council for your approval. Pending that approval, CDPH plans to invest significantly more in for mental health services in 2015. As a result of this increase, the City can continue to ensure

sustainability at our own clinics while making new funding opportunities available for partner agencies to deliver community-based mental health services.

These potential investments are many, but I will focus on just three examples today: mental health services for child victims of sexual assault, a new mental health crisis intervention project with the Chicago Police Department and a restorative justice program in Chicago Public Schools:

- *Mental Health Services for Child Victims of Sexual Assault.* This \$250,000 investment will be used to increase the availability of mental health services for children and adolescents (ages 17 and under) who are victims of sexual assault in Chicago. Specifically, the program will provide individual, family and group therapy; case management; and other supportive services that promote engagement in care. This investment will also reduce existing wait lists, ensuring youth receive quality mental health services more quickly.
- *Mental Health Crisis Intervention Project.* CDPH is working directly with the Chicago Police Department (CPD) to improve mental health service linkage and service coordination for residents in mental health crisis who are interfacing with CPD. The \$100,000 investment will result in a new service delivery model organized by a community-based mental health agency in three CPD districts (2<sup>nd</sup>, 3<sup>rd</sup> and 7<sup>th</sup>) that record high numbers of mental health-related service calls and police transports to emergency care. The mental health agency will provide a licensed clinician to work with police to respond to crisis situations to prevent hospitalization or detainment when someone has an issue related to mental health. The clinician will ensure the patients are linked to mental health treatment and ongoing services.
- *Restorative Justice in Schools.* Exposure to violence and other traumas during early childhood increases the likelihood that youth will experience more psychological, social, interpersonal and other mental health challenges. CDPH will invest \$370,000 in local agencies operating restorative justice programs focused on elementary school aged youth and their families. The new program will contribute to social and emotional development by teaching youth valuable skills in building and repairing relationships with their classmates, teachers, family and community. Restorative justice programs reduce the need for the police to intervene in schools and bring children into the criminal justice system.

CDPH will continue to monitor the success of the reforms implemented at its own clinics and make additional improvements as needed. In addition, we will continue to expand our partnerships and other initiatives to improve the City's overall mental health infrastructure in the months and years ahead.

I have delivered a lot of information today on the progress we have made. So I would like to give a short summary to focus on some of the most important achievements.

Over the past two years, it has become clear that the reforms first implemented in 2012 have been successful—allowing us to maintain capacity to serve clients at the City clinics while strengthening the overall mental health infrastructure amid historic changes under the ACA.

Make no mistake; our efforts have resulted in thousands more Chicagoans receiving mental health services than before.

Our metric isn't based on which agency is providing the service; it's based on Chicagoans' increasing access to quality mental health services. At our own City clinics, we continue to provide services to the 2,100 to 2,500 active clients at any one point. However, because of our investments and partnerships, today we are doing so much more with thousands of additional Chicagoans receiving services. We have 5,727 more community psychiatric visits, \$4 million for integrated mental health and primary care for children on the South and West Sides, integrated mental health care and substance abuse treatment for 4,500 more people, 16,000 mental health visits for 2,400 individuals living with HIV/AIDS, enhanced service at former clinic sites in Woodlawn and Auburn Gresham and expansion of mental health services at our former primary care sites. That is what I mean when I say thousands more residents are receiving services.

CDPH has been recognized for our efforts. Since consolidating our mental health clinics, we earned a three-year accreditation from the Commission for the Accreditation of Rehabilitation Facilities (CARF). Accreditation was granted following an extensive onsite audit that included the review of case management tools, individual treatment objectives and performance measures, in addition to conversations with clients, staff and other stakeholders.

In addition, Chicago became the first big city in the country to have its public health agency receive national accreditation from the Public Health Accreditation Board. This is a significant achievement that reflects our department's ongoing efforts to improve public health across Chicago.

Perhaps the most gratifying recognition was this year being named Health Agency of the Year by our fellow public health agencies through the National Association of County and City Health Officials. They have seen the effectiveness of our efforts and chose to recognize our success. I could not be more proud of our department and our team. Like the numbers presented today, this recognition is further proof that our City is moving in the right direction.

Two years after starting our reforms, Chicago's mental health system is now stronger than it was. Thousands more Chicago residents have access to mental health services. By working more closely with partners across the city, improving our own services and making smarter investments in areas where need is greatest, we will continue to improve Chicago's mental health infrastructure for the foreseeable future.

In June, we released a report on our efforts and where we stand today. As always, I am happy to discuss this issue further with the City Council and with members of the public.

If members of the public would like additional information, they can contact our department. I look forward to continuing this discussion as we work together to strengthen Chicago's mental health infrastructure.

Thank you for your time today.

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