

THE PEOPLE'S VISION FOR MENTAL AND BEHAVIORAL HEALTH

MENTAL HEALTH SYSTEM EXPANSION WORKING GROUP REPORT



2024

Grossen Gras wächst
am besten.
Friendship is a Plant
which must often be watered.

A GERMAN PROVERB

El respeto al derecho
ajeno es la Paz.
Respect for the rights
of another that is Peace.

A MEXICAN PROVERB

Proverb / PRO
A brief popular sa
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embodying some im
experience that is to
many people.
a short memorable st
insight into life



■ TABLE OF CONTENTS

A LETTER FROM MAYOR BRANDON JOHNSON	4
A LETTER FROM CHAIRWOMAN ROSSANA RODRIGUEZ-SANCHEZ.....	5
EXECUTIVE SUMMARY.....	9
BACKGROUND.....	15
MENTAL HEALTH SYSTEM EXPANSION WORKING GROUP	21
GOAL 1: EXPAND MENTAL HEALTH CLINICAL SERVICES.....	37
GOAL 2: EXPAND AND IMPROVE BEHAVIORAL HEALTH CRISIS RESPONSE	45
GOAL 3: INCREASE COMMUNITY AWARENESS OF AVAILABLE MENTAL HEALTH RESOURCES	55
CONCLUSION	61
ACKNOWLEDGMENTS.....	65
APPENDIX	71



■ A LETTER FROM MAYOR BRANDON JOHNSON

To our residents,

I often tell the story of my brother Leon who was my hero. He struggled with mental illness and died addicted and **unhoused**. I believe a commitment to mental health and to treating, rather than criminalizing, individuals experiencing trauma would have extended his time on this Earth **For me this work is personal**.

I believe that a better, stronger, safer future for Chicago is one where all youth and communities have access to the resources they need to thrive. I believe investing in youth and their communities promotes wellbeing during a crucial developmental period, thus **equipping future generations to thrive**. **One of those necessary investments** includes supporting improved mental and physical health and reduced trauma and violence.

That is one of the reasons why when I first took office, I committed to delivering a robust mental health expansion plan – one that is co-designed with community and includes a visionary and operational roadmap to expand access to quality, low-barrier mental health clinical services and permanently establishes mobile behavioral health crisis teams as part of our City's emergency response infrastructure.

On October 4, 2023, I, along with Alderwoman Rossana Rodriguez-Sanchez, co-sponsored and passed legislation establishing the **Mental Health System Expansion Working Group**. The goal of the Mental Health System Expansion Working Group was to realize the vision of the Treatment Not Trauma campaign supported by a coalition of community members, Alderpersons, clinicians, and youth, who all want to see a city with a funded, robust public care system and a citywide crisis response program.

Our Mental Health System Expansion Working Group has been collaborating over the last seven months with stakeholders, experts, community members, and other partners to co-create a framework for a better, stronger, safer Chicago. I am proud to accept this report with their recommendations to better meet the mental health needs of our residents.

Mental health is not merely a personal matter: it is a collective concern that touches every corner of our community, from our homes to our schools and workplaces, and beyond. Providing accessible and affordable mental health services must be a cornerstone of our shared mission to build both a safer and more equitable city.

This report lays out a path for us to begin reversing decades of disinvestment in our city's mental health network, with the recommendations to (1) expand mental health clinical services, (2) improve and expand non-police response for behavioral and mental health crises, and (3) increase community awareness of available mental health resources.

The collaboration and the lived experiences and expertise of residents and mental health professionals that guided the development of this report is admirable. I want to thank the Chicago Department of Public Health, Chicago Fire Department, Department of Fleet and Facilities Management, Department of Human Resources, Office of Budget and Management, and the Office of Emergency Management and Communications, the Committee on Health and Human Relations, my own Office of the Mayor staff, and the over 400 community members who contributed to the report by attending a community meeting, listening session, filling out a survey, or joining a working group meeting or offering feedback.

My administration is committed to: collaborative co-governance and effective governance; evidence-based, data-driven policy-making; and, intersectional and inclusive problem-solving. And collaboration will continue to be the foundation of my administration as we implement the recommendations in this report and create a **better, stronger, safer future for everyone**.

With gratitude,

Mayor Brandon Johnson





■ A LETTER FROM CHAIRWOMAN ROSSANA RODRIGUEZ-SANCHEZ

I am so proud to see Treatment Not Trauma grow into a thoughtful and detailed plan to deliver lifesaving healthcare to communities across Chicago. I continue to be inspired by the hard work, courage, and leadership of community organizers and advocates for helping us all imagine a world where we can truly care for everyone. I am grateful to Mayor Brandon Johnson's leadership and commitment to investing in Chicago's public mental health centers and to developing a non-police, restorative, first-responder network focused on both prevention and treatment. It has long been time for our City to meaningfully invest in public programs that provide supportive structures of care for our communities.



Treatment Not Trauma, at its core, is about creating sustainable public infrastructures of care to connect people in need to appropriate treatment and resources. The campaign leads with a vision for an integrated prevention and treatment-focused ecosystem of city-run mental health clinics across Chicago's neighborhoods that includes a non-police, and peer-supported mental and behavioral health first-responder system. Over the years, the campaign for Treatment Not Trauma has learned from programs across the country to inform our approach here locally, considering all of the specific challenges and opportunities we have in Chicago.

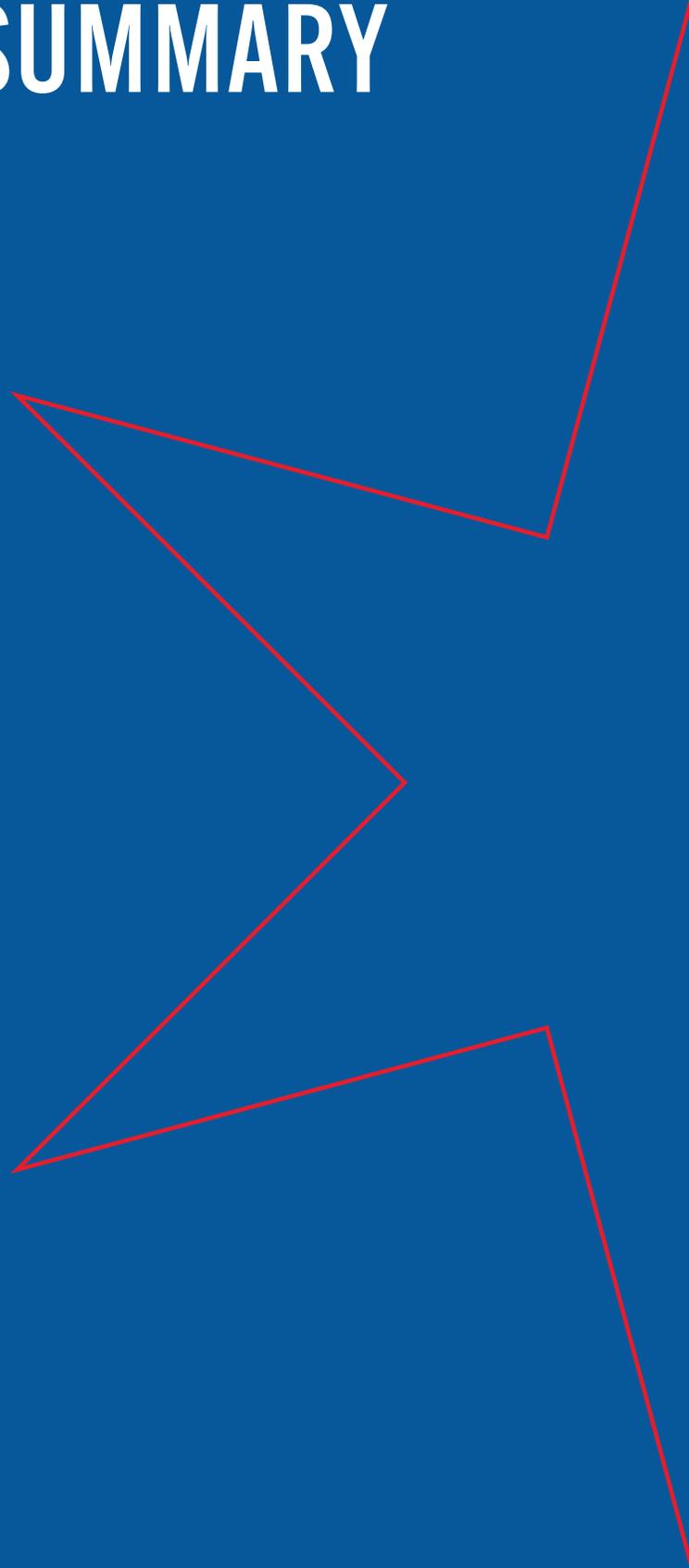
The following report was written in collaboration with organizers, community partners, people with lived experience either working in or receiving care from Chicago's mental health clinics, City departments and staff, and so many community members, to make sure our plan to accomplish the vision of Treatment Not Trauma leaves nobody behind. I am grateful to continue to work alongside organizations like the Community Mental Health Board, the Collaborative for Community Wellness, and so many others who do the hard work of connecting our neighbors to the resources available in our Department of Public Health. Thank you for keeping our work transparent and accountable to the public.

As we delve into the findings of this report, I invite you to consider not only the progress made but also the work that lies ahead. Our City stands at a critical juncture, presenting us with an opportunity to build a robust system of mental health care. Your engagement and support are crucial as we strive to build healthier, safer, and more compassionate communities for all.

Rossana Rodriguez Sanchez
Alderman of the 33rd Ward
Chair of the City Council Committee on Health and Human Relations



EXECUTIVE SUMMARY



■ EXECUTIVE SUMMARY

In September 2023, Mayor Brandon Johnson and Alderwoman Rossana Rodriguez-Sanchez co-sponsored an Ordinance to establish the Mental Health System Expansion (MHSE) Working Group; City Council passed the Ordinance by a vote of 49-1 in October 2023.¹ In this report the MHSE Working Group proposes a framework and roadmap to expand behavioral and mental health clinical services, reimagine a citywide response to behavioral and mental health crises, and increase community awareness around available resources. This work builds on the vision set forth by the Treatment Not Trauma (TNT) campaign, a coalition of community members, Alderpersons, clinicians, and youth.

As part of a mental health continuum of care, the recommendations in this report aim to develop the municipal infrastructure and high-quality jobs needed for the City to provide services that meet the needs of all Chicagoans. These recommendations are the culmination of years of dedicated advocacy by the TNT campaign and center the lived experience and expertise of over 400 community members who participated in the City's MHSE Working Group community engagement process.

The MHSE Working Group's recommendations, if approved and implemented, will achieve the following goals:

1. **Expand** mental health clinical services;
2. **Improve and expand** non-police response for behavioral and mental health crises; and,
3. **Increase** community awareness of available mental health resources.

To accomplish these objectives, the MHSE Working Group developed a Mental Health System Expansion (MHSE) Implementation Framework with the following overarching recommendations:

Recommendation 1: Integrate program design between clinical services and behavioral health crisis response.

Recommendation 2: Create a comprehensive funding analysis and budget exploration strategy.

Recommendation 3: Design and implement a robust plan to build a Community Care Corps.²

Recommendation 4: Create a capital plan that supports mental health system expansion.

Recommendation 5: Develop metrics and evaluation plans to understand impact and areas for improvement.

The MHSE Working Group also created two Subgroups to focus specifically on goals 1 and 2. The Subgroups' recommendations are laid out in three distinct phases as part of the Implementation Framework.





**In Progress:
Phase 1**

Phase 2

Phase 3



Expand Mental Health Clinical Services



Establish a comprehensive vision for clinical services



Lay the groundwork for offering holistic, full service, 24/7 clinical services



Launch the Certified Community Behavioral Health Clinic implementation plan



Improve and Expand Behavioral Health Crisis Response



Implement a health-driven, non-police model of behavioral health crisis response under Chicago Department of Public Health



Expand CARE Alternate Response teams' geographic reach and plan for permanence as part of Chicago's emergency response network



Roll-out expanded hours for CARE Alternate Response and build towards 24/7, Citywide coverage

2024 WINS FOR THE PEOPLE

- Re-open the shuttered Roseland Mental Health Clinic
- Layer mental health services into the Lower West (Pilsen) CDPH Clinic
- Co-locate mental health services to Legler Library in West Garfield Park
- Double number of CARE Alternate Response Teams
- Implement a health-driven model of behavioral health crisis response: CPD and CFD roll-off CARE teams by the end of 2024





Finally, to ensure available resources reach community members experiencing mental health crises, the City will implement a Community Awareness and Accessibility Initiative to promote City-run mental health services and empower residents to provide feedback on the type and quality of services rendered. Through a multi-modal and tailored plan, the City initiative will increase access to services. The City will maintain the MHSE website and commit to ongoing stakeholder and community engagement to develop metrics of success and iterate on the recommendations included in this report.

Given the urgency of the need to expand mental health services for Chicagoans, the City has already begun to implement some of the strategies under Phase 1 of the MHSE Implementation Framework. The City is expanding clinical services at three City-run locations, **including reopening a previously shuttered mental health center in the Roseland community**, adding mental health services at a City-run clinic in the Lower West side (Pilsen) neighborhood, and co-locating services in the Legler Regional Library in West Garfield Park. Additionally, for non-police response for behavioral and mental health crises, the Chicago Department of Public Health (CDPH) has launched the hiring process for a new Emergency Medical Technician (EMT) role and for additional Crisis Clinicians to staff Crisis Assistance Response and Engagement (CARE) Alternate Response Teams. The Chicago Police Department and the Chicago Fire Department are in the process of rolling off of CARE. These mental health service expansions and improvements will be complete by the end of 2024.

The Johnson administration's continued commitment to providing quality mental health resources is evident in the time and dedication invested in this effort by each of the Mayor's Office teams and City departments that have supported the MHSE Working Group. Each recommendation has been evaluated with consideration to budget expansion; capital and facility needs; staffing, recruitment, and retention strategies; community input; state and federal legal and regulatory parameters; and metrics to guide implementation and success. In each phase, the MHSE Working Group will continue to collaboratively address challenges including funding, hiring, interdepartmental operations, worker safety, and regulatory limits, and will engage community partners and other governmental partners to continue in partnership.

Susana Salgado, COFI Parent Leader, Co-President of POWER-PAC IL (Parents Organized to Win, Educate, and Renew - Policy Action Council Illinois), West Town Resident



"We are so excited about this historic creation of the Mental Health System Expansion Working Group and report and look forward to centers reopening and a non-police mental health professional response to mental health crises - which is something that communities have been asking for a very long time!"

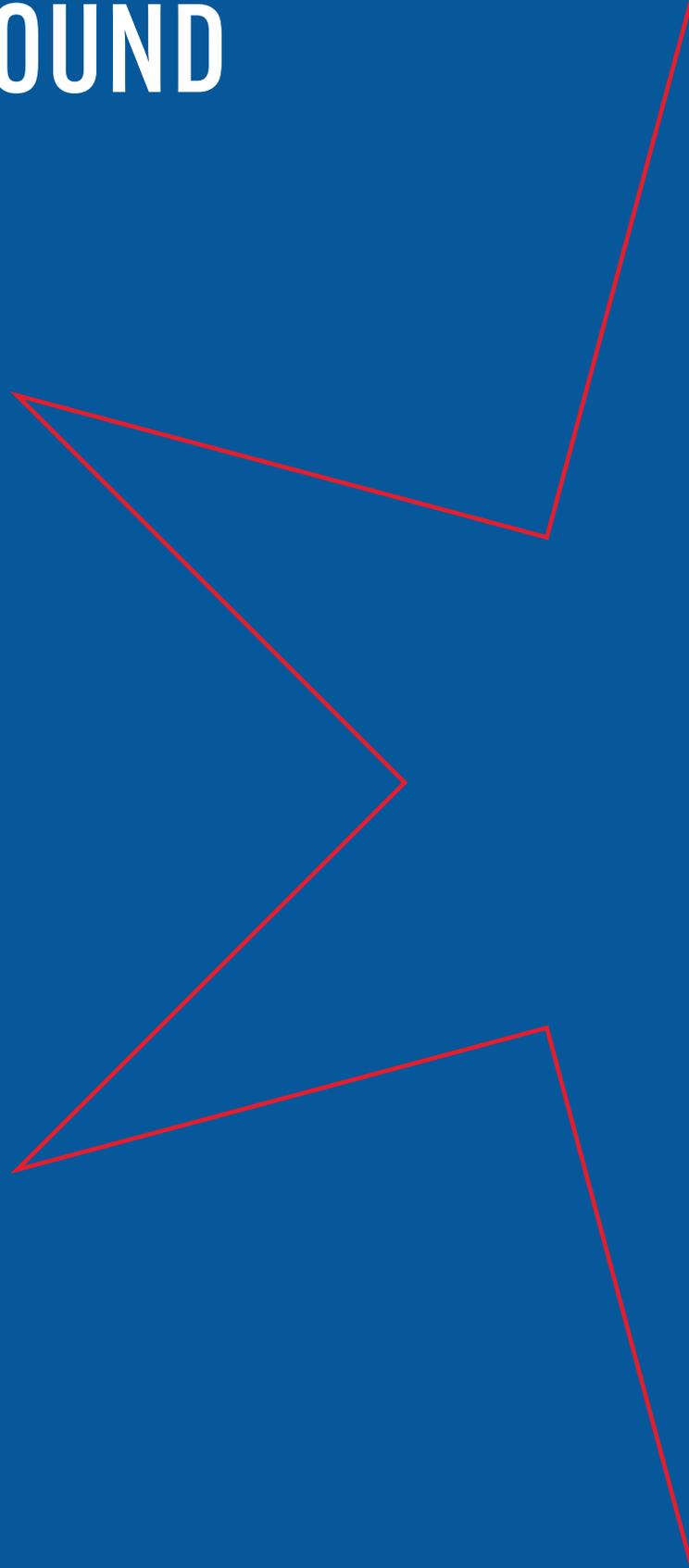
There are so many cases of young people, and people of all ages experiencing crisis and not receiving the support that they need. The city's plan to support individuals regardless of their immigration status, insurance coverage, and providing services in Spanish is so important!

A non-police mental health response will give families and individuals the peace of mind that there is someone who is really there to help you in a vulnerable moment, and support on a path to recovery through on-going support!"



TAKING PART
in the
ARTS
IMPROVES
PHYSICAL
and MENTAL
HEALTH.
ARTSFOREVERYBODY.ORG

BACKGROUND





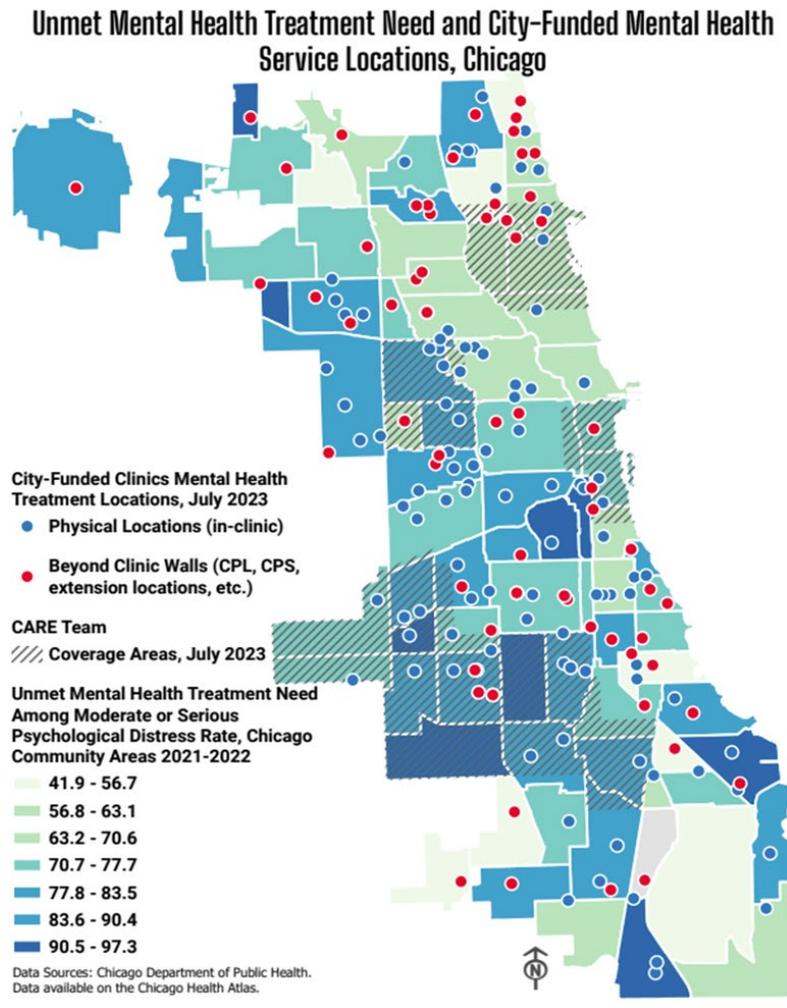
BACKGROUND

In line with the Johnson administration, advocates, elected officials, and community members agree that Chicagoans need expanded mental health clinical services and a non-police behavioral crisis response system. Data from the Chicago Department of Public Health (CDPH) shows that:

- Over 65% of Black and Latinx Chicagoans with serious psychological distress are not currently receiving any treatment.
- Rates of mental health hospitalization have been declining since 2016 but are consistently highest among Black Chicagoans.
- Further, rates of hospitalization for schizophrenia spectrum disorders are five times higher among Black Chicagoans than white or Latinx Chicagoans.

Lack of access to quality, low-barrier mental health services can lead to detrimental consequences to Chicagoans, their families, and entire communities.

Historically, mental health treatment was available at no cost at the City's mental health centers (MHCs), which served over 6,000 people annually at their highest capacity year. In 1989, there were 19 City-run Mental Health Centers (MHCs) plus the CDPH-operated Chicago Alcohol Treatment Center. Since 1989, amid significant cuts in state and federal funding that supported City-run mental health centers, the City closed 14 of the 19 centers. Today, CDPH operates five public mental health centers: Englewood, Greater Grand/MidSouth, Greater Lawn, North Lawndale, and North River Mental Health Centers.





TIMELINE: COMMUNITY ACTIVISM AND LEGISLATIVE ACTION

JULY 2020

Coalition of Community Wellness in collaboration with Ald. Rossana Rodriguez-Sanchez launch the Treatment not Trauma (TNT) Campaign, calling for a 24-hour crisis response hotline for mental health-related emergencies and to reopen Chicago's shuttered mental health clinics.

SEPT 2021

The City launches Crisis Assistance Response and Engagement (CARE) with some teams using co-responder model that includes police presence.

JULY 2023

Mayor Brandon Johnson takes office and crafts a visionary agenda with community that prioritizes mental health care for all Chicagoans as part of his central policy platform.



BEFORE 2020

Mental health professionals, community-based organizations, and community residents experience a lack of mental health access. Several groups organize on the issue of lack of mental health care resources.

SEPT 2020

Alderman Rossana Rodriguez introduced the Crisis Response and Care Council Order, created in collaboration with CCW. It envisioned a public model of care that merged the vision of reopening the mental health centers with non police mental health crisis response.

NOV 2022

Wards 6, 20, and 33 vote on a referendum for the City of Chicago to re-open all of its closed mental health centers and support a city-wide crisis response program. Over 93% of voters in these wards vote favorably and in support of the referendum!



OCT 2023

Mayor Brandon Johnson includes funding in the 2024 budget to quadruple number of CARE teams and announces CARE will live under CDPH, rolling CPD and CFD off the model.

DEC 2023

The Mayor's Office convenes the first MHSE Working Group meeting. The MHSE Working Group begins consulting with community members in the report's recommendations.

FEB 2024

Health and Human Relations Committee hosts a Subject Matter Hearing for an update of the MHSE Working Group. Over 450 people participated in the meeting as attendees

The Collaborative for Community Wellness hosts 7 listening sessions across Chicago.



SEPT 2023

Chair Rossana Rodriguez-Sanchez convenes a Subject Matter Hearing on initiatives for expansion of access to mental health services, including mental health centers and crises response services before the Committee on Health and Human Services.

NOV 2023

Mayor Brandon Johnson and Chair Rossana Rodriguez-Sanchez's MHSE ordinance is approved by City Council and established a working group to develop recommendations for mental health service provision.

JAN 2024

The MHSE Working Group hosts its first community meeting, with an attendance of 70 residents and 4 Alderpeople. Mental Health System Expansion Working Group webpage goes live promoting transparency throughout the working group process.

APRIL 2024

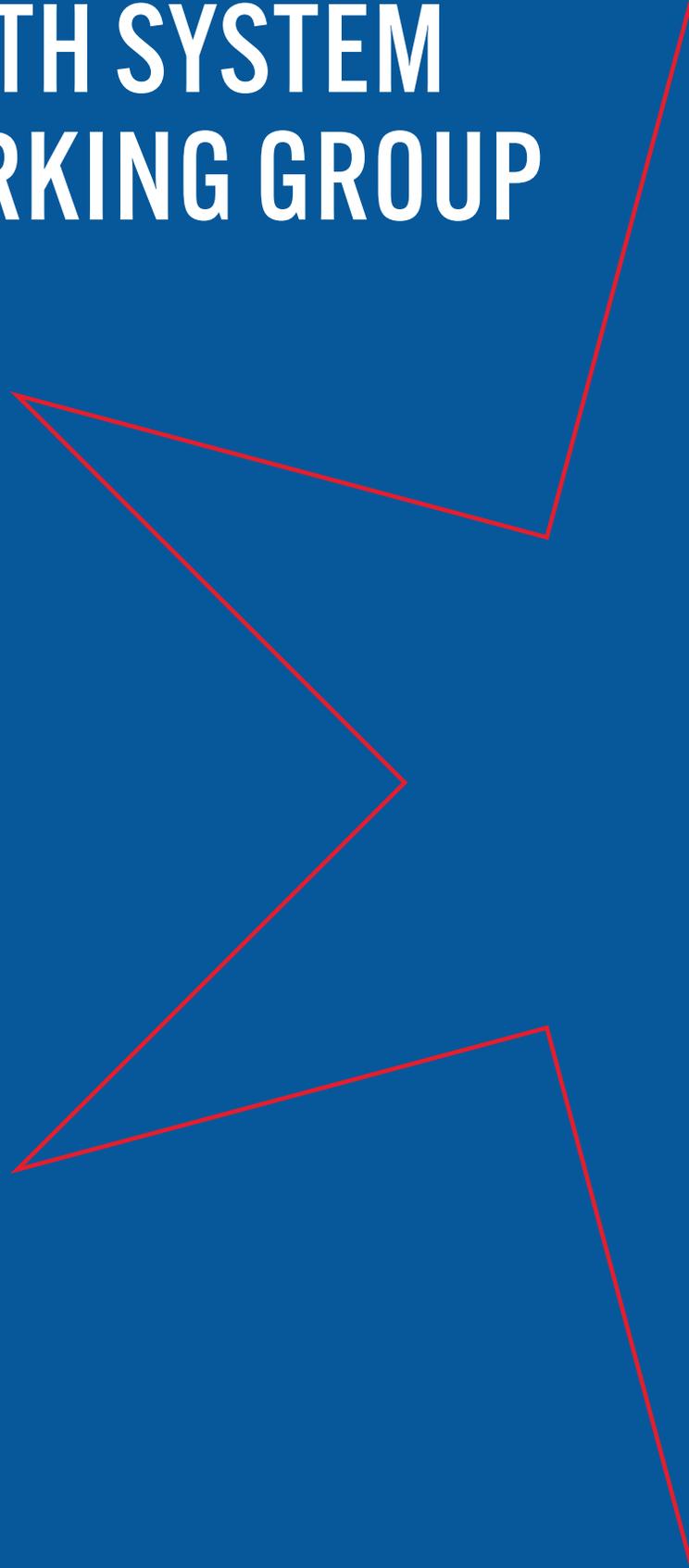
The MHSE Working Group hosts its second community meeting, with an attendance of 100 residents and 5 Alderpeople.



to walk in my
SHOES

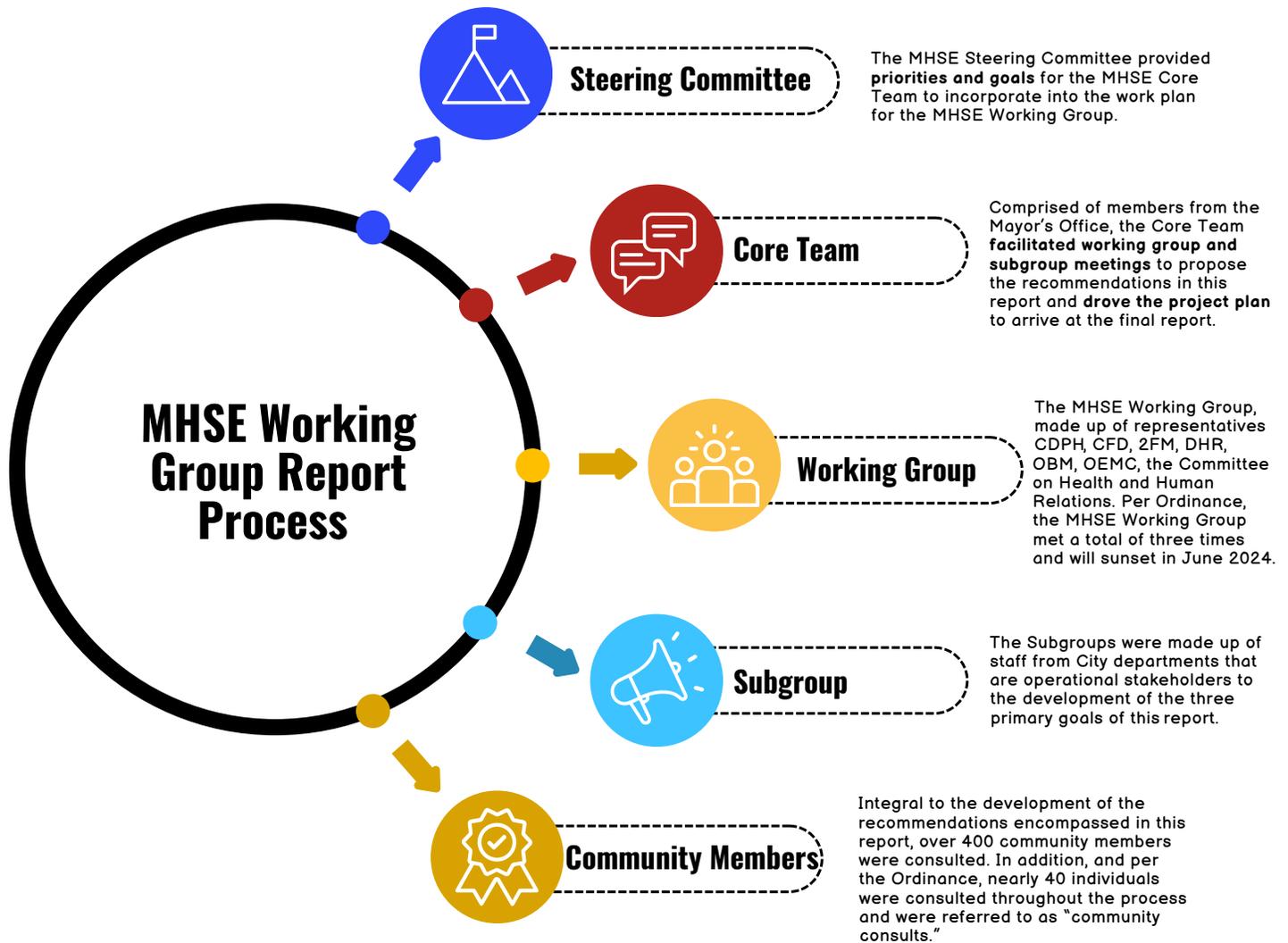


MENTAL HEALTH SYSTEM EXPANSION WORKING GROUP





MENTAL HEALTH SYSTEM EXPANSION WORKING GROUP





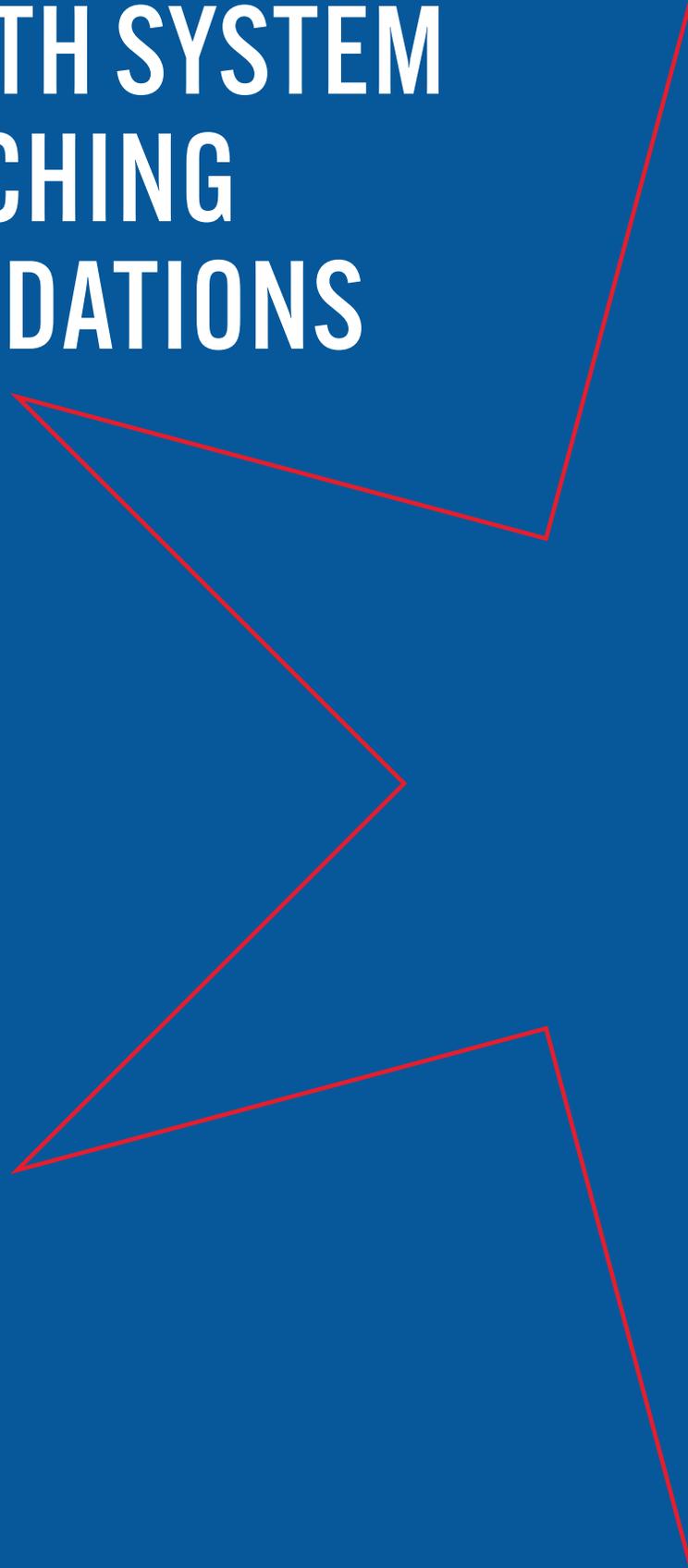
**Cheryl Miller, Health Justice Organizer,
Southside Together Organizing for Power**



"According to the Maternal Mental Health Leadership Alliance, almost 40% of Black mothers and birthing people experience maternal mental health conditions. Compared to white women, Black women are twice as likely to experience pregnancy and postpartum mental health conditions but half as likely to receive treatment. Postpartum depression is a leading factor in maternal mortality. Black women are 3-4 more likely to die due to maternal mental health-related issues. At one time, the city's public maternal nurses were staged out of the CDPH Mental Health Centers. As CDPH creates new positions of varying types of peer support workers, this is a great opportunity to create integrated maternal mental health and support services. According to the CDC, more than 80% of pregnancy-related deaths in the United States are preventable. Almost a quarter are related to mental health conditions. The City can and must change this trajectory in Chicago."



MENTAL HEALTH SYSTEM OVERARCHING RECOMMENDATIONS





MENTAL HEALTH SYSTEM OVERARCHING RECOMMENDATIONS

The Mental Health System Expansion Working Group (also known as MHSE Working Group) provides a platform for City departments to integrate mental health programs, share funding priorities, and strategize collaboratively around capital plans. Through this integration of shared processes, the MHSE Working Group works to better serve Chicagoans through a collaborative continuum of care.

This section presents a brief background of the mental health system in Chicago and the overarching recommendations that impact all three goals outlined in the Ordinance.

VALUES

Clinical Expansion Values

<p>ACCESSIBILITY Transportation, hours, modality, physical accessibility, cost, city department utilization</p>	<p>EQUITY Staffing, culturally affirming, language access, locations, needs</p>	<p>TRAUMA INFORMED Warm touch by people in all aspects of service delivery, community led and designed, wrap around services, MH ecosystem</p>	<p>COMMUNITY EDUCATION Destigmatize MH care, peer to peer support, marketing, public education</p>	<p>REDUCTION OF BARRIERS Hire from the community served, expedite hiring, understand the workforce and skills needed, engage with departments to support hiring</p>	<p>COORDINATED Coordination with non-police first responders, data, partner coordination (CBOs, youth services etc.), community health workers, reduce silos</p>
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CARE Expansion Values

<p>QUALITY CARE Ensure care provided is trauma informed and healing centered, culturally affirming, accessible to people with disabilities, does not criminalize behavioral health needs, and includes consistent quality improvement</p>	<p>COMMUNITY ENGAGEMENT Prioritize community involvement, utilize existing community resources, and public accountability</p>	<p>PERMANENCE Build a system that has a permanent and long-lasting presence in communities as well as trust and buy-in from residents</p>	<p>INTERGRATED PART OF FIRST RESPONDER ECOSYSTEM Focus on building a City-run system for responding to behavioral health crises that is integral to Chicago's emergency response infrastructure</p>
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● VISION

The Mental Health System Expansion (MHSE) Working Group seeks to provide a framework and roadmap for a citywide expansion of mental health services and non-police response as part of a mental health continuum of care. This continuum should provide effective, appropriate, and culturally competent care. Through this integration of processes, the MHSE Working Group works to better serve Chicagoans through a collaborative behavioral health continuum of care.

● SCOPE

The MHSE Working Group's scope is to provide recommendations applicable across the mental health continuum of care. The scope is not limited to a particular phase and instead transcends temporal limitations to have ongoing discussions about Community Care Corps, implementation metrics, financial sustainability of all programs and ensure greater programmatic integration.

● IMPLEMENTATION PARTNERS & STAKEHOLDERS

- Chicago Department of Public Health (CDPH)
- Chicago Fire Department (CFD)
- Chicago Department of Fleet and Facilities Management (2FM), previously part of AIS
- Chicago Department of Human Resources (DHR)
- Mayor's Office
- Office of Budget and Management (OBM)
- Office of Emergency Management and Communications (OEMC)

● LANDSCAPE

Since the closure of the majority of the City run mental health centers, the City and other government agencies have struggled to fulfill mental health needs in communities with historical disinvestment, particularly communities of color. Currently, the City offers services at five Mental Health Centers. Additionally, Cook County Health and the Illinois Department of Human Services Division of Mental Health both deliver direct services and funds partner organizations to provide direct services. Government and nonprofit entities have also worked to build alternate destinations, such as Living Room Programs, triage centers, and psychiatric emergency rooms for those experiencing behavioral health crisis. These spaces provide individuals a safe space to process crisis and be connected to resources, in contrast to traditional emergency rooms. As part of the State's submitted Certified Community Behavioral Health Clinic (CCBHC) Demonstration application there are 19 CCBHCs provisionally certified, of those, two are on the Northside of Chicago and one is on the Southside.³

Advocacy efforts for alternate response began in earnest with the murder of Laquan McDonald. Since then the mental health landscape in Illinois has rapidly changed. Behavioral crisis response programs in Illinois began expanding more rapidly in the last four years in the wake of the 2020 racial justice uprisings in response to the murder of George Floyd and the 2021 passage of the Community Emergency Services and Support Act (CESSA). CESSA aims to replace police response for low-acuity mental and behavioral health crisis calls with teams of mental health professionals.

**Kadijat Alaka, LCPC, LPHA, Mental Health Center Director, CDPH**

"Our centers are filled with passionate and experienced clinicians who promote holistic living by creating a safe space where autonomy is promoted, respect for self-expression is fostered and emotional health is prioritized. CDPH centers serve communities that are impoverished, underfunded, and lack resources. We cater to a demographic that doesn't feel seen or heard in the world we live in. Our clinicians provide top tier mental health services that you can expect from a private practice in these neighborhoods for free."

**Arturo Carrillo, PhD, LCSW**

"This is an opportunity for other cities to see what it looks like to listen to communities and give communities an opportunity to be part of policy changes."

Candace Coleman, CESSA Organizer and Community Strategy Specialist, Access Living

"CESSA was originally the idea of young Black and brown disability advocates involved with Access Living's Advance Your Leadership Power (AYLP) group. AYLP wanted to fight the widespread criminalization of people who experienced mental health crises. Just like police are not appropriate care providers for people experiencing a heart attack, police are not appropriate care providers for people experiencing a mental health crisis."





In 2021, CDPH, CFD, CPD, and OEMC launched the Crisis Assistance Response and Engagement (CARE) pilot program with the goal of ensuring Chicagoans receive a behavioral health response to a behavioral health problem. Available through 911, and sometimes referred to as an alternate response program, CARE teams provide a combination of crisis response and follow-up care. Skilled CARE teams support Chicagoans in their most vulnerable and challenging moments through a data-driven, equity-centric program that ensures they are assisted by teams of behavioral health professionals, with resources to address their unmet health and social needs. The Johnson administration is shifting the program from pilot to permanent and rolling off the co-responder model, which includes police officers, to make the program truly behavioral health driven alternate response.

In 2022, the federal government created 988, a national behavioral health crisis line primarily focused on phone de-escalation of behavioral health crises. In line with the implementation of 988 and the passage of CESSA, the State of Illinois began to fund Mobile Crisis Response Teams (MCRTs) across the state. These state-funded, community-based organization operated teams can be dispatched to low-acuity behavioral health calls. The roll out of 988 and MCRTs is in progress, and is still in early stages in Chicago.

Clinical services and behavioral health crisis response, both City- and non-City entities, face significant challenges in providing care:

- **Limited funding:** Maintenance and expansion are both expensive. Many services currently rely on funding from the American Rescue Plan Act (ARPA), which will expire in 2026.
- **Nascent models:** Although the City has substantial experience running clinical services, behavioral health crisis response is a relatively new endeavor and requires shifting existing systems and cultures to accommodate and effectively utilize these services.
- **Changing parameters:** Regulations pertaining to behavioral health crisis response are in development and evolving as lessons are learned in the field. This will continue to require flexibility from the City's crisis response and emergency services infrastructure.
- **Developing workforce:** Mental health staff are in short supply nationally. Chicago specifically is struggling to fill open positions and is competing with hospital systems, private practices and partner organizations.
- **Insufficient awareness:** Ensuring Chicagoans, especially the communities being served, know about CARE and City-run clinical services, and how to access them will require a robust communications campaign strategy.

Chicago is positioned to address these challenges and the MHSE Working Group has demonstrated its support and investment. The MHSE Working Group encourages the City to support mental health services, guide the development of this landscape, and work with partners to solve the funding crisis that programs relying on limited or short-term funding sources face.





RECOMMENDATIONS

RECOMMENDATION 1:

Integrate program connections between clinical services expansion and behavioral health crisis response.

The MHSE Working Group recommends the City further integrates program connections between clinical services and CARE Alternate Response Teams. Ensuring that CARE teams can connect to destinations in the City-run clinical service ecosystem after a crisis response enables individuals experiencing behavioral health crises to experience a continuous and supportive health system. Additionally, it allows people served by City-run mental health services to receive preventive care through CARE teams in their local neighborhoods. Through the MHSE Working Group process, the City has begun breaking down siloes across the mental health system and is committed to continuing this moving forward.

RECOMMENDATION 2:

Create a comprehensive funding analysis and budget exploration strategy.

Alternate Response and Mental Health Care programs are currently supported by a combination of grant funding and funding from the City's Corporate Fund. As grant funds expire and additional financial pressures are placed on the City's Corporate Fund, future year budgets will require additional revenue sources to support continued programming. As the City seeks to sustain and expand the mental health footprint in the City, there must be an identification of additional revenue sources to address the forecasted funding gap. The table below shows the estimated four-year program budget, available funding sources, and the estimated funding gap.

	2024	2025	2026	2027
Total Budget	\$21,366,752	\$30,060,490	\$36,537,533	\$36,955,755
Grant Fund	\$9,111,640	\$11,466,292	\$5,202,063	\$5,592,355
Corporate Fund	\$9,232,112	\$9,401,717	\$9,145,574	\$9,401,717
Capital Fund	\$3,023,000	\$1,385,500	\$1,945,000	\$185,009
Special Revenue Fund	\$-	\$1,277,505	\$1,924,099	\$2,002,333
Estimated Funding Gap	\$-	\$6,529,476	\$18,320,797	\$19,774,341

With significant expenditures projected into the future, the City will need to explore all revenue options to ensure sustainable funding. The City is dedicated to building alternate response capacity and mental health care expansion consistently over time to allow time for and the intentional evaluation of funding options.

As public health departments have historically operated as population health management entities that provide minimal direct services, the need to invest in clinical services infrastructure is critical to optimize billing and financial sustainability. To continue to operate and expand clinical services and alternate behavioral crisis response, the following recommendations need to be explored by the MHSE Working Group: a review of the City's General Fund resources; billing and Medicaid optimization strategies; grant funding; engage social and private sectors; and policy advocacy.

Roberta Lynch, Executive Director, AFSCME Council 31

"AFSCME-represented CDPH health workers are skilled, experienced, and dedicated to serving their communities. Ensuring that they have the resources they need to succeed – including adequate staffing levels, training, and safety on the job – is crucial to achieving these goals. By engaging labor and community stakeholders as partners this report creates a template for expanding CARE teams into new areas across the City in a sustainable manner.

The Mayor's Office and CDPH must prioritize hiring and retaining CDPH staff. To that end, they have sought, welcomed, and acted on input from our union. Creating new roles in public health means thinking creatively as to how to fill these positions rather than relying on systems that have left prior programs unable to live up to their potential."

(IN PROGRESS) RECOMMENDATION 3:**Design and implement a robust plan to build a Community Care Corps.**

The MHSE Working Group recommends that the City build a Community Care Corps to staff the City's behavioral health crisis response and clinical services programs. This is essential to making a continuum of care in Chicago feasible and sustainable. The Mayor's Office will continue to work with City departments, labor unions, and other stakeholders to build a comprehensive and flexible hiring plan that considers hiring for new staff, retention of existing staff, and intentionally building capacity from the communities served. Roles within the Community Care Corps may include CARE clinicians, clinical service providers, behavioral health telecommunicators, and case workers such as community health workers (CHWs), peer support workers, or other staff with relevant community and social service experience. It is critical that the Corps includes jobs that do not require advanced degrees and are accessible to individuals with lived experience.

As a result of preliminary recommendations of the MHSE Working Group, the City has already made strides in developing Chicago's Community Care Corps. With support from DHR, CDPH has hired approximately 20 clinical services related between January and May 2024, and has posted or is in the process of posting several additional roles. Significantly, recent strategic direction and process improvements in the hiring and application processes have allowed CDPH to hire enough clinicians to staff three new mental health expansion sites in 2024. Hiring is also underway for additional CARE clinicians and the first class of CARE EMTs to staff CARE Alternate Response Teams.

The MHSE Working Group recommends that CARE employ adequate staff for 16 teams by the end of Phase 2. This expansion should extend both geographic coverage and hours of operation to improve the City's ability to respond to residents' low- and medium-acuity behavioral health calls.



The MHSE Working Group has also identified connections with the People's Plan for Community Safety's focus on empowering and expanding a workforce of CHWs as an additional opportunity to grow the Community Care Corps' impact. The Mayor's Office of Community Safety (MOCS) and the Mayor's Office of Education Youth & Human Services (EDYHS) are pursuing this work in partnership with CDPH and City Colleges of Chicago, which has a CHW certificate program, and in 2024 aims to provide upskilling training to CHWs in target communities with a focus on interrupting cycles of harm. In parallel, MOCS is working on creating City CHW positions and improving the CHW funding landscape for 2025 and beyond.

As the Community Care Corps continues to grow, the City must plan for and prioritize worker safety and support. This should include training for new and existing staff, team building opportunities, and consistent communication with front-line staff about programmatic expansion and changes. To address the systemic challenges underlying the workforce shortage, CDPH should strengthen the pipeline of mental health providers as well as develop a city-supported training pipeline. CDPH has already started conversations with six Chicago based colleges to understand recruiting timeline, graduate requirements, and student interests. CDPH aims to establish a formal internship process to align workforce opportunities with graduate requirements and strengthen the workforce pipeline of public health leaders.

Another strategy is Healing Arts Chicago, a workforce development program that embeds artist apprentices in each of the CDPH Mental Health Centers for the entirety of 2024 to deliver art and wellness-based workshops and individual sessions that are available to the community; as well as enhance the services that patients within the centers receive. Each artist apprentice is concurrently enrolled in Malcolm X's Community Health Worker Certification program and completing their apprenticeship requirement through CDPH Mental Health Centers. The artists practice various mediums including painting, ceramics, yoga, poetry, sound healing, murals, and movement. Healing Arts Chicago is a recognition and celebration of the healing power of community and creativity.

**Shanya Yang, Commissioner, Mayor's Youth Commission,
High School Senior**



New City Mental health services need to make young people feel heard. Essential considerations in mental health services include considering youth's diverse identities in various factors: race, gender, socioeconomic factors, and culture. Without adaptable and sensitive support for those factors, mental health treatment will not be effective in impacting our diverse generation.

Image provided by the Teen Photographers of Shine On, Chicago!

RECOMMENDATION 4:**Create a capital plan that covers necessary space and vehicles to support mental health system expansion.**

Guiding principles on capacity and facility needs indicate that spaces should reflect a therapeutic, dignified design that provides a welcoming, culturally affirming space for staff and Chicagoans accessing centers. The MHSE Working Group recommends the City identify opportunities in City-owned or City-run facilities to comprehensively expand mental health impact in local communities. The City's 2FM team should evaluate potential facilities from the lens of practicality, feasibility and greatest community need. The MHSE Working Group recommends that the City continue to work towards opening community health hubs, alternate destinations, and prioritizing 24/7 access to services⁴.

In its facilities planning, the City should balance priorities between the phases determined in this report as well as major capital costs necessary to fund a Certified Community Behavioral Health Clinic (CCBHC) model, new centers, and reopening closed centers.

As CARE continues to grow, more office space and mobile vehicles will be necessary to support operations and will likely lead to the program outgrowing its current centralized office and vehicle storage spaces. The MHSE Working Group recommends that the City consider the possibility of more regionalized hub locations from which the CARE program could operate. This could include co-locating within existing City facilities. The capital plan should also include properly equipped space for Behavioral Health Telecommunicators. 2FM, CDPH, OBM, and other relevant departments should develop a plan to ensure the space continues to fit the needs of CARE workers and the communities they serve.

RECOMMENDATION 5:**Develop metrics and evaluation plans to understand impact and areas for improvement.**

Evaluation, transparency, quality improvement, and community engagement go hand in hand and are critical to ensure the City is accountable to the users of our integrated clinical services and consistently improving care. The MHSE Working Group recommends that the City develop metrics for tracking and evaluating the health and effectiveness of the system as a whole, as well as for clinical services and CARE behavioral health crisis response independently.





This approach should include:

- **Independent evaluation:** The Mayor's Office and CDPH should co-lead a process to choose independent evaluators for clinical and CARE services.⁵ The City should decide evaluation metrics in close collaboration with staff and community members to ensure that metrics tell the story of the work and promote continuous learning. The evaluation should provide clear targets for accountability, suggestions on best practice and program improvement, and insights on successes, challenges, staff wellbeing and happiness, equitable service availability, and the quality of care provided from the beginning of a case through follow up.
- **Consistent community feedback:** Clinical and CARE staff should lead quarterly community meetings, in partnership with the independent evaluator and epidemiologists as relevant and combined in overlapping service areas. At the outset of these meetings, with feedback from community, the City should set clear guidelines regarding what information the City can and will share and what types of feedback the City can receive and incorporate. At each quarterly meeting, staff should report out on how community feedback from prior meetings has been incorporated into the program.
- **Quality improvement metrics:** Each Mental Health Center and CARE department should create a quality improvement plan to review cases or calls on a regular basis. The plans should include core quality improvement objectives and be shared with the Mayor's Office and Departmental leadership at regular intervals. Departments should review quality improvement plans annually.
- **Outcome metrics:** Current mental health outcomes that are measured should be reviewed and updated to ensure that services are improving the quality of life of Chicagoans. Data gathered should intend to follow mental health users and the impact their engagement in services and supports has on their lives.
- **Transparency measures:** Program transparency should aim to provide consistent access to data, including service outcomes, in a manner that is clear and comprehensible to the general public. This should include a revamped CARE dashboard that includes modifying the metrics currently displayed and creating a dashboard for clinical services.

Zuri Belcore, Commissioner, Mayor's Youth Commission

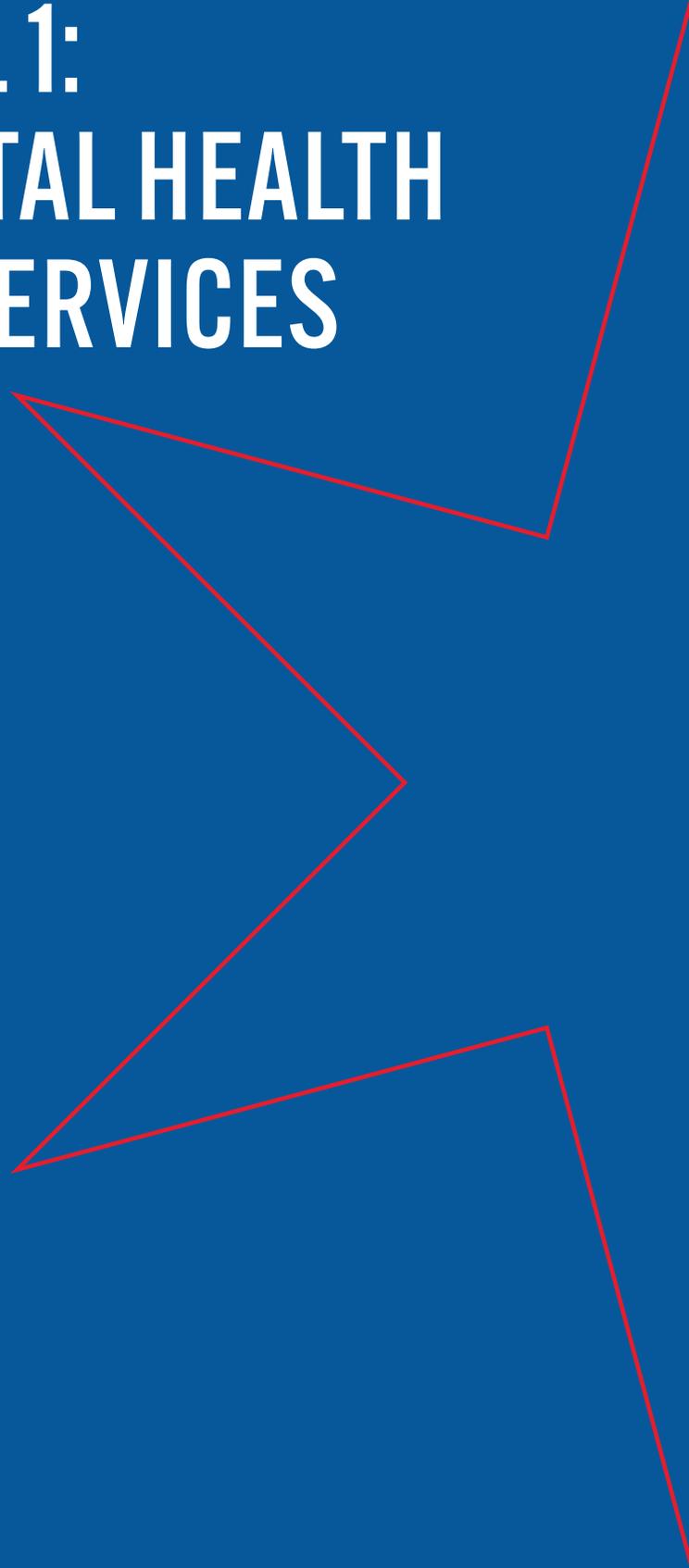
In some of the most stressful times of their lives full of important decision making, teens need available and accessible mental health services. It provides us with the support and resources we need to navigate the challenges of this time and set us up as best as possible for our futures. Mental health services are so important to educate us about maintaining mental health so we can carry on with that throughout our lives.



Image provided by the Teen Photographers of Shine On, Chicago!



**GOAL 1:
EXPAND MENTAL HEALTH
CLINICAL SERVICES**



**GOAL 1: EXPAND MENTAL HEALTH CLINICAL SERVICES****VISION**

Recommended Vision for Clinical Services Expansion in Chicago

The Clinical Services Expansion Subgroup's vision is that the City deliver low-barrier, mental health services and additional supports in the language of the individual, modality, and place that most appropriately meets their needs. Clinical services should be readily available at critical times while reducing barriers to service such as long waitlists, administrative burdens, immigration status, or payment.

Strategies to support clinical services expansion:



01
Layer mental health services into existing CDPH clinics that do not currently offer mental health services.

Co-locate mental health services with other City services, such as Chicago Public Libraries, Chicago Public Schools.



02



03
Open new mental health centers in the neighborhoods with the highest unmet needs.

Reopen previously closed City-run mental health centers.



04

SCOPE

The Clinical Services Expansion Subgroup provides recommendations to increase access to direct clinical services and improve coordination and communication of those services. The Subgroup recommends clinical care provided by the City should be culturally affirming, trauma-informed, holistic, and rooted in the needs and experiences of its users, their families, and their communities. Clinical services should be multifaceted and use multiple modalities including direct individual services provided by a clinician and support services including peer support and community health workers.

IMPLEMENTATION PARTNERS & STAKEHOLDERS

- Chicago Department of Public Health (CDPH)
- Chicago Public Library (CPL)
- Department of Fleet and Facilities Management (2FM)
- Department of Human Resources (DHR)
- Mayor's Office
- Office of Budget and Management (OBM)



● **RECOMMENDATIONS**

+ Phase 1: Outlining a Comprehensive Vision for Clinical Services.

(COMPLETED) RECOMMENDATION 6:

Develop core strategies for a phased clinical services expansion plan.

As a result of discussions with the MHSE Working Group, community consults, and City staff, the Clinical Services Expansion Subgroup recommends the following four strategies to expand clinical services into communities across Chicago:

- Strategy 1:** Layer mental health services into existing CDPH clinics that do not currently offer mental health services;
- Strategy 2:** Co-locate mental health services with other City services, with other City departments or sister agencies;
- Strategy 3:** Open new mental health centers in the neighborhoods with the highest unmet needs; and
- Strategy 4:** Re-open City-run mental health centers closed by previous administrations.

These strategies can drive clinical services expansion across the City of Chicago and should be paired with concrete data regarding mental health service usage, number and location of existing mental health providers, and community demographics and the suitability analysis referenced in [Recommendation 7](#). The City should also explore partnerships with other government agencies to best meet residents' needs, including with Cook County and the State of Illinois.

(COMPLETED) RECOMMENDATION 7:

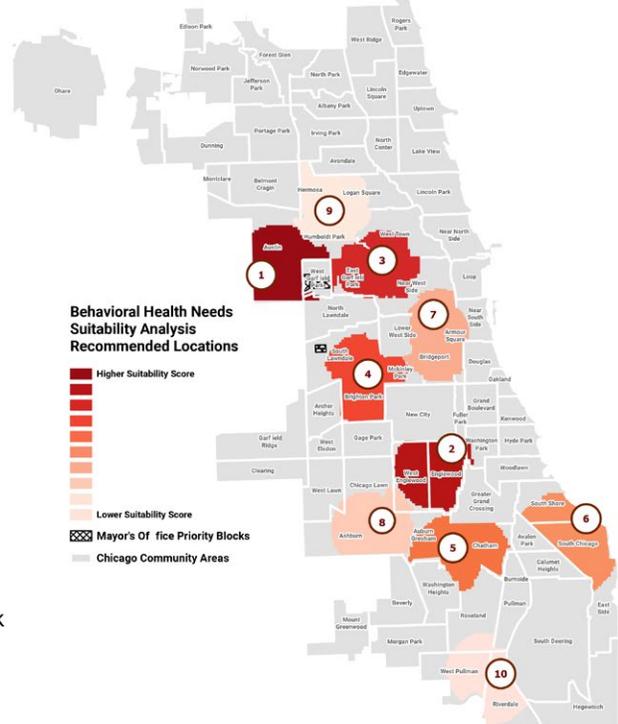
Complete a suitability analysis to guide the implementation of clinical services expansion.

To meet the needs of individuals effectively and efficiently, the City completed a suitability analysis to guide clinical services expansion, and inform subgroup discussions and other recommendations under phase 1. This incorporated relevant data, including high mental health hospitalization rates, high hardship index scores, fewer service providers, greater distance to service providers, uninsured rates, child opportunity index, unmet mental health need, and level of psychological distress.⁶

Behavioral Health Need: Suitability Analysis Recommended Locations

10 suitable areas were identified (map to the right) which intersect the following community areas:

1. Austin, East **Garfield Park**, North Lawndale, Humboldt Park
2. West Englewood, Englewood, Washington Park
3. East **Garfield Park**, West Town, Near West Side, Humboldt Park
4. Brighton Park, South Lawndale, McKinley Park
5. Chatham, Auburn Gresham, **Roseland**, Washington Heights
6. South Shore, South Chicago, East Side
7. Armour Square, Bridgeport, **Lower West Side**, Near West Side, Near South Side, McKinley Park
8. Ashburn, Auburn Gresham, Chicago Lawn, West Englewood
9. Hermosa, Logan Square, West Town, Humboldt Park
10. West Pullman, Riverdale, **Roseland**





(IN PROGRESS) RECOMMENDATION 8:

In 2024, re-open Roseland Mental Health Center - a previously shuttered City-run mental health center - in alignment with Clinical Services Expansion Strategy 4.

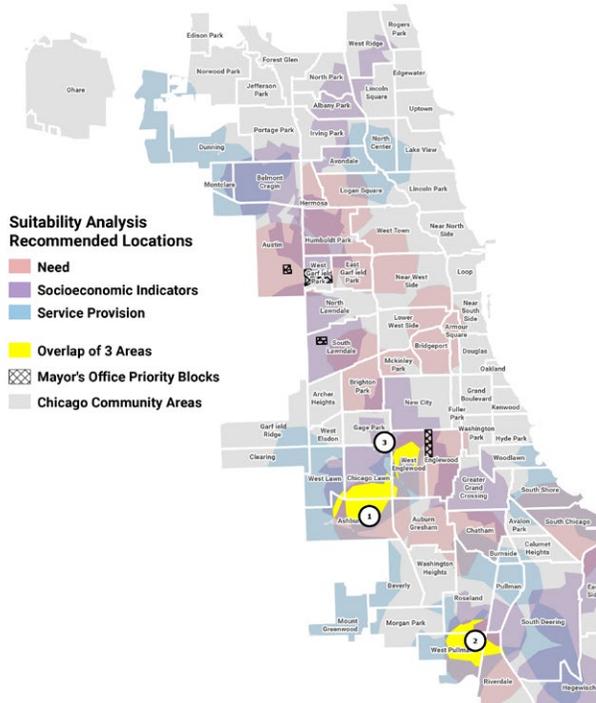
Excitingly, the City will reopen the Roseland Mental Health Center in 2024.⁷ As identified by the City's suitability analysis, the Roseland neighborhood experiences low service provision, high need, and socioeconomic indicators that all overlap to indicate the City can have strong impact by expanding clinical services here. This reopening is a significant demonstration of City investment and recognition that it has been too long since many communities have received the resources needed to support overall community health. **As a result of this reopening, the southside of Chicago will have increased services to respond to historical disinvestment in mental health services.**

Suitability Analysis Recommended Locations, Overlap of 3 Areas

3 regions were identified where recommended locations for **Service Provision**, **Need**, and **Socioeconomic Indicators** all overlap (map to the right).

These overlapping areas intersect the following community areas (listed in no particular order):

1. Ashburn, Chicago Lawn, West Lawn, Englewood
2. West Pullman, Roseland, Riverdale
3. West Englewood



Samantha Lopez, Commissioner, Mayor's Youth Commission, High School Senior

I would say that the best way that young people can connect with these mental health services is by having resources provided by their schools to be able to get the help that can be more helpful compared to a school counselor to receive the help youth need.



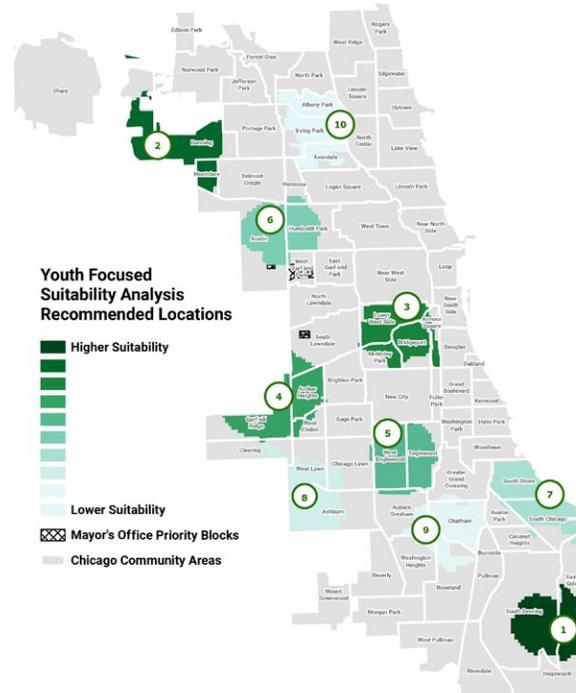
Image provided by the Teen Photographers of Shine On, Chicago!



Youth-Focused: Suitability Analysis Map

10 suitable areas were identified (map to the right) which intersect the following community areas:

1. South Deering, East Side, Hegewisch
2. Dunning, Montclare, O'Hare
3. Lower West Side, Bridgeport,
4. McKinley Park, Armour Square
5. Archer Heights, Garfield Ridge,
6. South Lawndale, West Elsdon
7. Englewood, West Englewood,
8. Auburn Gresham, Chicago Lawn
9. Austin, Humboldt Park, Hermosa
10. South Shore, South Chicago, East Side



(IN PROGRESS) RECOMMENDATION 9:

In 2024, layer mental health services into CDPH's Lower West (Pilsen) clinic - which does not currently offer mental health services - in alignment with Clinical Services Expansion Strategy 1.

Through the suitability analysis, the Lower West Side (Pilsen) was identified as another neighborhood with significant unmet mental health needs, however, one with an existing CDPH clinic (located at 1715 S. Ashland). The City selected this site to layer on mental health services in 2024 after considering factors including but not limited to feasibility, scale of unmet need, and continued barriers to access clinical services. Mapping also demonstrated suitability for youth focused services in this community. The Lower West side location is also well-positioned to serve as a location that can provide access and support to individuals whose first and best language is Spanish, as well as those in the neighboring Bridgeport, Mckinley Park, and Armour Square community areas.

(IN PROGRESS) RECOMMENDATION 10:

In 2024, co-locate mental health services with the Legler Regional Library in West Garfield Park in alignment with Clinical Services Expansion Strategy 2.

The subgroup recommends the City build on its successful co-location strategy to expand mental health services. This year, co-location will begin at Legler Regional Library serving West Garfield Park. CDPH has had a successful partnership there and it is one of the busiest Narcan distribution sites, making it a great opportunity for expansion.

Co-location is in line with the City's overall strategy. Co-locating mental health services in existing public spaces, like a library or school, offers the opportunity to synergize City support for individuals and families to access mental health services alongside other public services. This strategy may also allow the City to launch services more quickly by minimizing the need for capital improvements and to explore different modalities, such as group, youth-focused, telehealth, and connecting with seniors. CDPH currently provides extension services in two Chicago Public Libraries (CPL)⁸. Furthermore, as co-location expands it should be supported with adequate resources and programming. This could include a combination of clinical, non-clinical therapeutic, and recreational activities to cater to the needs of people accessing these services.



Co-location is also a strategy that can support the Administration's commitment to ensuring youth have access to the tools and resources they need to thrive. Youth have been identified as having significant unmet need; and support services should be available to them in locations where they have the greatest accessibility, namely schools. CDPH should provide updates on their Chicago Public Schools (CPS) pilot to determine what lessons have been learned and to prioritize CPS for potential clinical services co-location opportunities. The City should take care to ensure co-location does not interrupt community access to existing services and spaces in co-location site.

Alisha Warren, LCSW, Deputy Commissioner of Mental Health, CDPH



"Embedding mental health services in other City public spaces meets people where they are in a literal and figurative sense. It's important that there are safe spaces in communities where Chicagoans can experience a sense of connection and access health-related and social services resources. This paradigm shift opens doors to access mental health resources and sends a clear message to residents that there is no wrong door when you are seeking help. That point was validated when a library patron walked into a library branch one evening asking to speak with a clinician. He expressed a clear intent and plan to die by suicide that evening. He was scared and hopeless and unsure of where to turn but had heard that we had a clinician in the local library that he could speak to. His life was saved that night, because we are thinking about mental health services in a simple, but revolutionary way: embed them in spaces that people already congregate because they feel a sense of safety."

RECOMMENDATION 11:

Formalize site selection process and share feasibility considerations for re-opening centers, including cross-departmental coordination to ensure site viability.

Close coordination between CDPH, 2FM, OBM, and DHR was vital to ensure that the Roseland and Lower West locations were truly viable. To ensure similar successful coordination in the future, the City should formalize this collaborative process, including procedures for site visits, floor plan reviews, staffing structure and staff optimization plans, budget review, and stakeholder identification.

+ Phase 2: Laying the Groundwork for Holistic, Full-Service, 24/7 Clinical Services Expansion.

RECOMMENDATION 12:

Explore expanding service offerings at current mental health centers and co-location sites to include additional support services, moving towards building a community health hub.

In efforts to address the social determinants of health, CDPH should explore all locations with a focus on equity to identify what additional preventive and support services can be connected or delivered, including connecting people to public benefits, offering referrals, or hosting opportunities for local community-based organizations to connect to individuals in their service area.

**RECOMMENDATION 13:**

Prioritize opening new mental health centers in the neighborhoods with the highest unmet needs, in alignment with Clinical Services Expansion Strategy 3.

The subgroup recommends that the City explore opening new mental health centers. The City should be intentional as it considers identifying new locations to offer low barrier, culturally affirming, high-quality, responsive mental health centers. The City must consider the overall mental health ecosystem to ensure adequate response to increased needs caused by disinvestment, current events such as the racial justice uprisings in response to the murder of George Floyd, COVID pandemic, and more recently, the number of new arrivals coming to Chicago. While the closing of City-run mental health centers impacted both individual Chicagoans and our City as a whole, the solution to this harm is not always as simple as merely reopening those centers. Simply put, what worked in 2012 may not work today. The City should map and assess unmet need to identify where, how, and what models of care new mental health centers should provide.

RECOMMENDATION 14:

Lay the foundation to implement a Certified Community Behavioral Health Clinic (CCBHC) to serve anyone who is requesting mental health services.

Certified Community Behavioral Health Clinics (CCBHCs) serve anyone who is requesting mental health services regardless of their ability to pay, place of residence, or age. CCBHCs offer crisis services 24/7, comprehensive mental health services, and care coordination. CCBHCs are required to provide crisis services; outpatient mental health and substance use services; person- and family-centered treatment planning; community-based mental health care for veterans; peer family support and counselor services; targeted care management; outpatient primary care screening and monitoring; psychiatric rehabilitation services; and screening, diagnosis, and risk assessment.⁹

To be able to move towards a more holistic, responsive and comprehensive approach to mental health services, the subgroup recommends that the City lay the foundation to implement a CCBHC by identifying the necessary regulatory and legal steps, viability, funding strategy, and desired components. This should include processes to continue identifying potential new locations, expansion of services currently offered, and building on the array of services. To open a CCBHC, the City must have a robust plan to secure funding that is expected to include a variety of funding sources.

RECOMMENDATION 15:

Complete a full analysis of the mental health ecosystem to guide direction, investment, and response to emerging and shifting mental health needs.

The City should conduct a review of the mental health ecosystem that includes both current CDPH strategies and services outside of CDPH, including community-based organizations, Federally Qualified Health Centers, State- and County-funded services, State expansion programs, and other entities that provide mental health services to underinsured and uninsured populations and people living in communities with historical disinvestment. This analysis will ensure the City invests in and continues to support areas of highest need and proactively plans to fill existing and potential service gaps.

+Phase 3: Operationalizing the plan for CCBHC.**RECOMMENDATIONS 16:**

Review and refine suitability maps and mapping criteria to identify CCBHC community area.

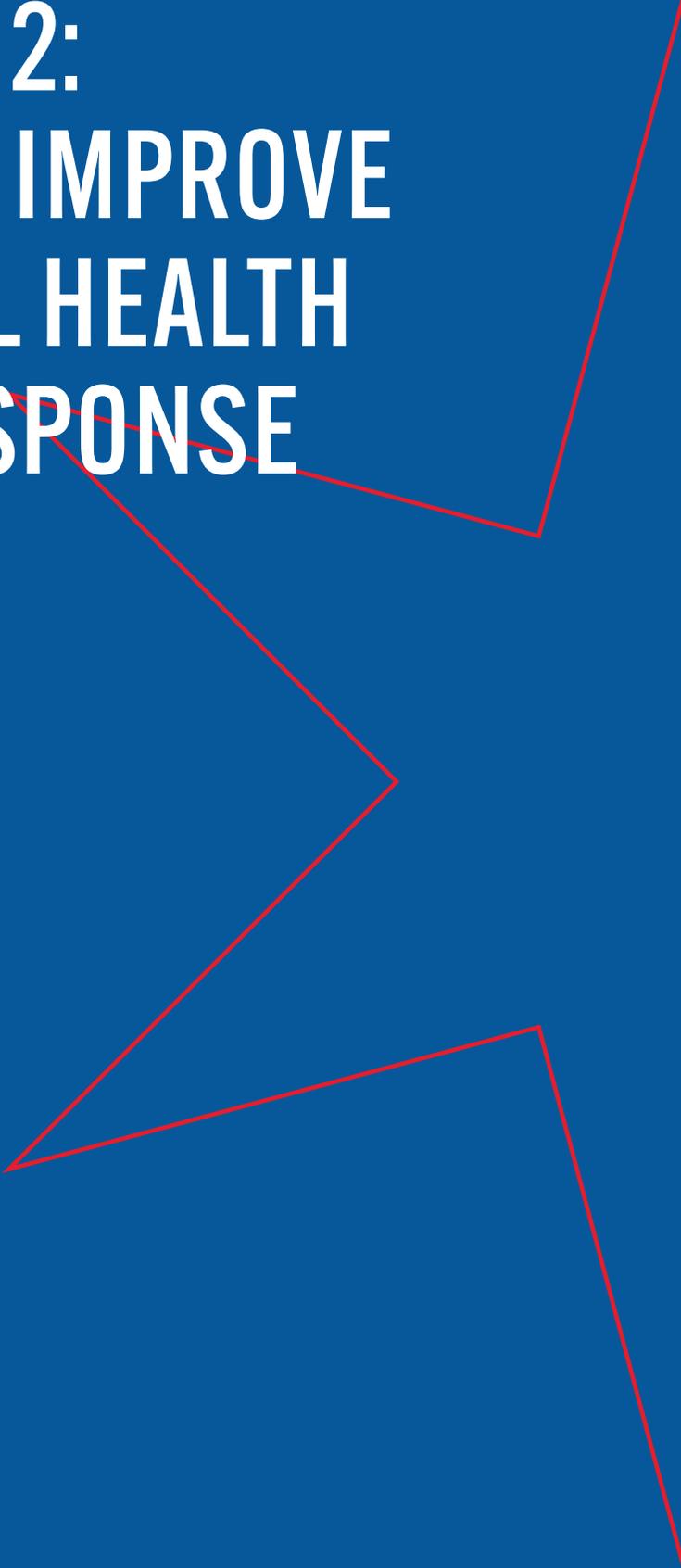
The subgroup recommends the City review the criteria and inputs used to create the maps and the maps themselves to determine potential community areas where a CCBHC would be most useful. Developing this report highlighted the need to continually assess and respond to evolving needs. Community awareness and partnership is critical to support this expansion and inform community needs and will be further explored in a later portion of this report.

RECOMMENDATION 17:

Implement the plan to open a CCBHC, in partnership with impacted communities.

Although a number of variables could impact the advancement of this framework in the next three years, if investment in mental health services continues and grows, the subgroup recommends the City operationalize both the funding plan and the CCBHC plan for actual implementation which would make the City of Chicago a leader in mental health service delivery.

**GOAL 2:
EXPAND AND IMPROVE
BEHAVIORAL HEALTH
CRISIS RESPONSE**

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■ GOAL 2: EXPAND AND IMPROVE BEHAVIORAL HEALTH CRISIS RESPONSE

● VISION

Recommended Vision for Behavioral Health Crisis Response in Chicago

The Behavioral Health Crisis Response Subgroup's vision for behavioral health crisis response is divided into three sections aligned with the National Guidelines for Behavioral Health Crisis Care published by the Substance Abuse and Mental Health Services Administration (SAMHSA).



PRE-RESPONSE

The City should take a "no wrong door" approach to accessing crisis care. People experiencing or witnessing a behavioral health crisis should be able to call any City line and, through a call screening, be directed to the most appropriate City services or receive a seamless and helpful connection to the needed resource.



RESPONSE

To make a continuum of behavioral health care in Chicago feasible and sustainable, the City should have a Community Care Corps to staff behavioral health crisis response services that can respond to a wide range of call types.



POST-RESPONSE

Integrate crisis services with a network of destinations that provide appropriate care for those in mental and behavioral health crisis.

● SCOPE

The Behavioral Health Crisis Response Subgroup recommends the City of Chicago build out permanent non-police, alternate response services to meet residents' behavioral health needs, particularly in times of crisis. This alternate response system should provide care that is trauma-informed, holistic, and rooted in the needs and experiences of its users, their families, and their communities. This report provides both a vision for citywide alternate response and recommendations for the City to move towards this goal over the next three years.

● IMPLEMENTATION PARTNERS & STAKEHOLDERS

- Chicago Department of Public Health (CDPH)
- Chicago Fire Department (CFD)
- Chicago Police Department (CPD)
- Department of Law (DOL)
- Department of Human Resources (DHR)
- Emergency Medical Services (EMS)
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Mayor's Office
- Office of Budget and Management (OBM)
- Office of Emergency Management and Communications (OEMC)
- Office of Public Safety Administration (OPSA)

● RECOMMENDATIONS

+ Phase 1: Consolidating CARE operations under CDPH and beginning to expand CARE availability.¹⁰

(COMPLETED) RECOMMENDATION 18:

Maintain CARE's access to first responder ecosystem communication channels.

Communication with 911 operations is critical to CARE operations. It allows OEMC to dispatch CARE Alternate Response Teams and it allows teams to self-dispatch, receive requests from CPD if officers encounter a situation that would be better suited to a CARE response, and call for CPD backup if assistance is needed during a high acuity or volatile call. OEMC, CPD, and OPS have reached an agreement with CDPH through the subgroup process to maintain communication and radio access after CPD and CFD roll off of Crisis Assistance Response and Engagement (CARE). This will allow CARE Alternate Response Teams to ensure CARE service is not interrupted and continues to grow.

RECOMMENDATION 19:

Establish plan for engagement in the field between CARE, CPD, and CFD.

To build trust and create guidelines for how CPD and CFD can and should work with and request CARE, the subgroup recommends the Mayor's Office of Community Safety (MOCS) lead a process with on-van staff and in-district CPD and CFD staff to an on-scene protocol to guide interaction between CPD, CFD, and CARE in the field.

Carla Orlandini, Deputy Director - 911 Operations, Office of Emergency Management and Communications

"OEMC's 911 operation is key to utilizing triage tools to start the trigger for an alternate response. Through consistent leadership involvement across all involved agencies, as well as extensive 911 CARE quality assurance, we continue to understand how we can evolve and change to improve and better serve CARE and the people of Chicago. It has been exciting to be part of an important initiative for Chicago and to be involved in change for how we respond to mental health crisis. Being involved in CARE opened the door to OEMC's 911 partnership with CDPH to provide mental health support to our telecommunicators. We look forward to a continued multi-agency partnership in moving and expanding CARE to great successes."



Mariann McKeever, Assistant Director - 911 Operations Office of Emergency Management and Communications, and Chenetra Washington, Supervisor - Training Department, Office of Emergency Management and Communications



"The 911 staff at the OEMC have largely landed in the profession of public safety because of an overall desire to help people. The nuances of that help have been expanded and refined due to our participation in the CARE program. From call takers to Senior Staff, our understanding of emergency response has grown to encompass alternatives to the standard: police, fire, or EMS choices. The OEMC is prepared to continue our efforts to support alternative behavioral crisis response."

(IN PROGRESS) RECOMMENDATION 20:

Improve primary dispatch to increase CARE call volume.

Primary dispatch of behavioral health crisis teams refers to dispatch directly through OEMC's 911 call center, as opposed to CPD arriving on scene and assessing for CARE eligibility. Currently, OEMC triages the call to determine the right resources to dispatch. This triage is complex and often made more difficult because callers may not know or note that they are experiencing or witnessing a potential behavioral or mental health crisis, they may not have any connection to the person they are calling in regards to, and may have incomplete information as it relates to weapons or violence.

The subgroup recommends OEMC improve the primary dispatch process by:

- Reviewing 911 mental health calls and using findings to improve call taker protocols and training, in partnership with the State of Illinois and other departments;
- Promoting the use of Smart 911 so that all staff involved in pre-response and response stages have more information about clients in order to provide quality, culturally competent, and medically appropriate care; and,
- Assisting CDPH and the Mayor's Office to develop a plan for hiring Behavioral Health Telecommunicators to triage and dispatch behavioral health calls received through 911.

**RECOMMENDATION 21:****Create a plan for CFD to request CARE when responding to calls.**

CFD members often encounter residents in behavioral health crisis and, currently, they cannot request a CARE team, which could be best suited to navigate and deescalate the situation. The subgroup recommends CFD, CDPH, OEMC, OPSA, and EMS Region 11 Medical Directors establish operational and technical structures to allow for this process, also known as a call for assist. This should include developing protocols for telecommunicator triage and radio protocols, training CARE and CFD staff, and aligning the expansion plan with staff capacity.¹¹

RECOMMENDATION 22:**Improve operational and technical connections between 911, 988, and other help lines.¹²**

The subgroup recommends that the City host monthly meetings with stakeholders from OEMC, CARE, and State-funded crisis care (including call centers) to share CARE expansion updates and plan for improved operational and technical connections between the services. Persons with lived experiences should also be consulted. As the State stands up additional mobile crisis teams, coordination meetings will become increasingly important to avoid duplication of services. The City should engage with community-based organizations connected to 988 call to coordinate call types and adapt CARE's focus as needed.

Additionally, 311 and 211 staff should receive training regarding behavioral health crisis response and City-run mental health services. While these are not crisis lines, and 211 is not City-run, both lines receive calls with a wide range of concerns and could be helpful in redirecting or informing about behavioral health resources as needed.

RECOMMENDATION 23:**Explore benefits and protections for CARE workers.**

The subgroup recommends that CDPH, DHR, and DOL work with on-van staff, labor unions, and the Mayor's Office to develop a policy for CARE employee protections and liabilities. This should include personnel safety, bodily injury or harm, Health Insurance Portability and Accountability Act (HIPAA), licensure compliance, information sharing, and vehicle operations.

(IN PROGRESS) RECOMMENDATION 24:**Relocate CARE headquarters to a CDPH building.**

In line with moving towards a fully behavioral health focused model, CARE plans to move on-van staff from the current centralized CARE headquarters, located in a CFD building, to new space in a CDPH building.

RECOMMENDATION 25:**Expand CARE's geographic coverage.**

Mayor Johnson's 2024 budget funded CARE teams to begin expanding the geographic coverage of behavioral health crisis care for residents.

CDPH should take the following factors into account when determining geographic areas for CARE expansion:

- Prevalence of CARE-eligible calls;
- Existing access to mental and behavioral health resources;
- Clinical services expansion locations and potential for co-location with existing City buildings and services;
- Labor considerations;
- Community feedback; and
- Equitable spread across the City.

**RECOMMENDATION 26:**

Create a comprehensive process map of help lines, inclusive of City and non-City services.

The behavioral health crisis response landscape is rapidly changing in Chicago, Cook County, and around the State of Illinois. The subgroup recommends that the City, in collaboration with the State, 988 Mobile Crisis Response Teams, and crisis calltakers, create a straightforward and publicly-accessible process map to demonstrate how these systems for accessing crisis- and non-crisis support engage and intersect with each other.

+ Phase 2: Laying the groundwork to achieve permanence in Chicago's emergency response network and accomplish operational consistency.

RECOMMENDATION 27:

Implement staffing schedule necessary to expand CARE's operational hours.

The subgroup recommends that CARE shift to a new staffing schedule that incorporates longer shifts fewer times each week to allow for further expansion of hours. This will require the City to account for labor considerations and adhere to collective bargaining agreements, and to ensure staff are notified on the proper timeline.

RECOMMENDATION 28:

Plan for new CARE roles that would allow teams to address a wider range of mental and behavioral health needs.

The subgroup recommends that the City consider additional CARE team types to respond to a wider range of behavioral health needs. In particular, the City should explore potential changes to team makeup or additional team types to meet a wider range of behavioral health crisis needs. This should include a wider range of low- and medium-acuity calls, the addition of higher acuity calls, and building on the work of the Opioid Response Teams in supporting persons who have recently experienced a drug overdose. The City should prioritize meeting the needs of youth, maintaining staff safety, and maintaining regulatory compliance.

Altering or adding team types needs to be grounded in learnings from CARE evaluations and feedback from CARE staff, CARE users, and their communities. It should also entail planning for new training, operational procedures, and facilities. The City should center finding the most effective team makeup to meet the needs identified within CARE's purview and creating good jobs.

CDPH should conduct this planning in collaboration with the Mayor's Office, OBM, OEMC, DHR, EMS Region 11 Medical Directors, IDHS Mental Health Division, and IDPH.

RECOMMENDATION 29:

Convene stakeholders to create a Uniform Intake Process for when an individual is brought or sent to emergency mental health services.

To assist in more effective services and client follow up, the subgroup recommends that the City convene all relevant stakeholders to create a uniform intake process for when individuals in mental health crisis are brought by first responders to a hospital or alternate destination. The aim should be to maintain connections with CARE clients once they leave the hospital or alternate destination. This will require collaboration and strong relationships with alternate destinations and hospitals to plan discharge and linkage to community-based care together.

**+ Phase 3: Significantly expanding CARE's reach.****RECOMMENDATIONS 30:****Create system for CARE workers to expeditiously connect clients with social services.**

Currently, CARE Alternate Response staff access City-run social services through public-facing systems, which hinders their ability to help people in crisis quickly connect with resources. The subgroup recommends that the Mayor's Office plan new pathways for service connection to allow CARE staff to more directly assist clients in receiving the services that are required to address the root causes of the behavioral health crisis they are facing.

RECOMMENDATION 31:**Begin operationalizing new CARE team types.**

After operational, infrastructure, and training planning is complete in Phase 2, the subgroup recommends that CDPH work with DHR and OBM to establish and hire for the positions needed to expand team types. This should include any necessary additional managerial and administrative staff.

RECOMMENDATION 32:**Continue CARE expansion, balanced with building new team types.**

The subgroup recommends that the City continue to invest in the expansion of CARE's geographic reach in line with the criteria determined in prior phases. CARE should also continue expanding hours of operation with a focus on times of high call volume and information gathered in community by on-van staff about peak hours of need for low- to medium-acuity behavioral health crises.

Each community served is different, so the City must create implementation plans, together with residents, that best fit each community.

Within operational and budget feasibility, the City should begin pushing to make CARE a service available across all of Chicago at any hour.

RECOMMENDATION 33:**Explore organizational models to best support and sustain work and contribute to a City-run behavioral health continuum of care.**

In Phase 3, the subgroup recommends that the Mayor's Office lead conversations with Departments, other levels of government, and relevant stakeholders about organizational models that will best support and sustain CARE Alternate Response Teams. This could include moving CARE out of CDPH and creating a new Department as part of the first responder ecosystem or additional resources and support within CDPH. Through this planning process, the City should explore creating a Department specific training academy for a variety of Community Care Corps positions.

Ishan Daya, Community Organizer, Collaborative for Community Wellness



"After conducting listening sessions with over 200 neighbors across Chicago, we hear and feel the urgency now, more than ever, for a community-driven implementation of our Centers – where anyone in this City can have barrier-free access to quality mental health care, and a 24/7, citywide non-police crisis response that centers care over criminalization."

Tiffany Patton-Burnside, LCSW, Senior Director of Crisis Services, CDPH



"Our biggest takeaway: the alternate response model works. The pilot demonstrated that alternate response teams can safely and effectively resolve 911 calls with a behavioral health component and are often the best equipped of any current crisis response team in the first responder ecosystem to provide trauma-informed care. Additionally, we learned where behavioral health workers fit into the first responder ecosystem and how to partner with others to ensure the best care for the individual in crisis."



**GOAL 3:
INCREASE COMMUNITY
AWARENESS OF AVAILABLE
MENTAL HEALTH RESOURCES**





■ GOAL 3: INCREASE COMMUNITY AWARENESS OF AVAILABLE MENTAL HEALTH RESOURCES

● VISION

City-run mental health services should be easily accessible to all residents of Chicago, regardless of their income, race, ethnicity, gender, sexuality, disability, preferred language, or immigration status. Residents should be empowered to provide feedback on the type and quality of services rendered and the City should consistently communicate about proposed changes or ongoing questions.

● SCOPE

The Mental Health System Expansion Working Group recommends the City of Chicago increase access to City-run mental health services through a Community Awareness and Accessibility Initiative. The Initiative should be multi-modal, tailored to individual communities, and meet community members where they are across the Chicago geography.

● IMPLEMENTATION PARTNERS & STAKEHOLDERS

- Chicago Department of Public Health (CDPH)
- Department of Fleet and Facility Management (2FM)
- Department of Human Resources (DHR)
- Mayor's Office
- Office of Emergency Management and Communication (OEMC)

● RECOMMENDATIONS

RECOMMENDATION 34:

Develop and implement a multilingual public awareness campaign to inform residents about available mental health services.

To foster a more informed, inclusive, and healthy community where all residents can access the mental health support they need, the MHSE Working Group recommends the City build upon the UnSpoken cross-platform marketing campaign and re-launch a public awareness campaign that prioritizes accessibility, inclusivity, and awareness of mental health resources. The City should use multiple media platforms to allow for broader reach, targeted messaging, and repetition to reinforce the availability of services.

The MHSE Working Group suggests the implementation partners and stakeholders: (1) identify primary languages spoken; (2) create culturally appropriate and linguistically accurate content; (3) select the right mix of media platforms; (4) collaborate with local organizations, media outlets, and influencers to help disseminate the information; and (5) implement ways to gather feedback from the community to assess the success of the public awareness campaign.

RECOMMENDATION 35:

Continue to organize community engagement opportunities, including town hall meetings and workshops, to disseminate information and gather feedback.

The MHSE Working Group recommends the City continue to organize community engagement opportunities that foster active participation, improve transparency and gather diverse input across the city. As demonstrated by the MHSE Working Group's process, partnering with community organizations to co-host community listening sessions, building in time for community members to directly share their feedback, and breaking the perceived division between City employees and community members allows for the community-building and co-development necessary for successful collaboration and decision-making.

**RECOMMENDATION 36:****Improve CDPH's appointment booking process to increase residents' ease of access.**

The MHSE Working Group recommends the City review its existing appointment booking process and update the vendor contracts to support a streamlined process that prioritizes the end user. The City should review current sites that residents use and determine usability and opportunity for building upon the tool, specifically the UnSpoken¹³ site and the CDPH website.¹⁴ Online scheduling is critical to improving accessibility and ease of use; thus, it must be included in the procurement and integration of CDPH's Intake Implementation strategy. Further, the City should continue on the implementation strategy and ensure there are dedicated staff that will manage the intake process and build an infrastructure so that patients can call one number to get connected.

Migration to a new Electronic Medical Record (EMR) system is a critical dependency to support an online scheduling portal. This milestone will support integration with a third-party scheduling platform that will allow for an additional method of scheduling.

RECOMMENDATION 37:**Partner with City departments to ensure information is easily accessible to the public.**

In addition to the above-mentioned public awareness campaigns, the MHSE Working Group recommends the City make intentional, ongoing efforts to share information about the locations of existing centers and newly available services. The City should formalize partnerships with City departments and sister agencies to ensure that libraries, schools, City Colleges, and Chicago Transit Authority (CTA) have multiple methods of communicating mental health resources. Information should be available in the form of paper, social media, and resource guides. Communication strategies should continue to destigmatize mental health by using a pool of public story tellers and community voices and developing communication kits.

The City should integrate community efforts within traditional community spaces, including community boards, food pantries, laundromats, and other locations, leveraging nonprofit partners and prioritizing key populations such as youth, birthing people and the LGBTQ+ community. The City should ensure language used is not ableist and integrates both alternate response and clinical services.

RECOMMENDATION 38:**Build on existing CARE community processes to promote CARE awareness.**

The MHSE Working Group recommends CARE staff continue to conduct extensive processes to inform impacted communities about the service. This includes connecting with providers and other first responders in the community and attending community events to build relationships and learn about mental health and general needs. CARE and clinical services staff should further refine and implement this together.

RECOMMENDATION 39:**Review relevant job descriptions to formalize the responsibility for community engagement.**

The MHSE Working Group recommends the City review and adjust job descriptions for positions responsible for community engagement. As the Community Care Corps ramps up, there will be opportunities to identify key roles and positions that formalize engagement strategies. CDPH, DHR, and OBM should develop an intentional process as positions are onboarded and developed to create a robust web of community engagement engage web. This work should be an overarching responsibility of the Community Care Corp as ambassadors to strengthen overall community knowledge and access to mental health service.



RECOMMENDATION 40:

Focus Community Care Corps recruitment in communities served by CARE and City-run Mental Health Centers.

The MHSE Working Group recommends the City ensure the Community Care Corps workforce reflects the communities served. As previously mentioned, in building a training and hiring pipeline, the City must ensure there is a pathway to good jobs and growth. To reach this aim, DHR and other relevant departments should carry out a targeted, community-centered marketing campaign that goes beyond traditional advertising methods; this could include multilingual information sessions and partnering with community institutions.



Molly Wilson, Commissioner, Mayor's Youth Commission

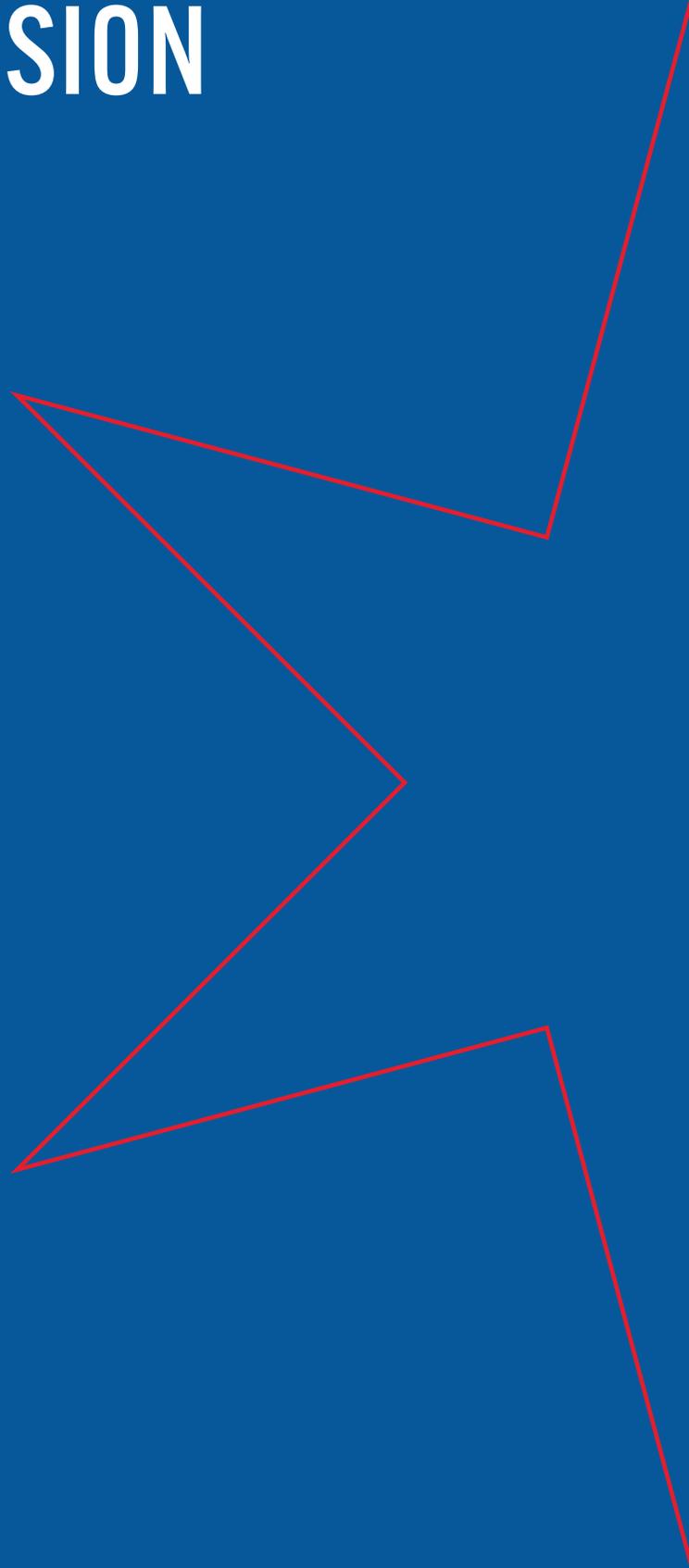
"Mental health expansion is important for young people because it gives them a cushion to kinda fall back on and a lifelong foundation that can prevent more risky mental health issues from coming later in life."

Image provided by the Teen Photographers of Shine On, Chicago!





CONCLUSION





■ CONCLUSION

The recommendations in this People's Vision for Mental and Behavioral Health: Mental Health System Expansion Working Group Report provide a framework and roadmap for the City of Chicago to expand behavioral and mental health clinical services, reimagine a citywide response to behavioral and mental health crises, and increase community awareness around available resources.

In line with Mayor Brandon Johnson's vision for a **better, stronger, and safer Chicago**, and in partnership with a coalition of more than 400 community members, Alderpersons, clinicians, and youth, this Report provides a first-of-its-kind roadmap that will

1. **Expand** mental health clinical services;
2. **Improve and expand** non-police response for behavioral and mental health crises; and,
3. **Increase** community awareness of available mental health resources.

Each of the forty recommendations within the Report is the groundwork needed for a transformative City mental health system that will continue to provide quality mental health resources.

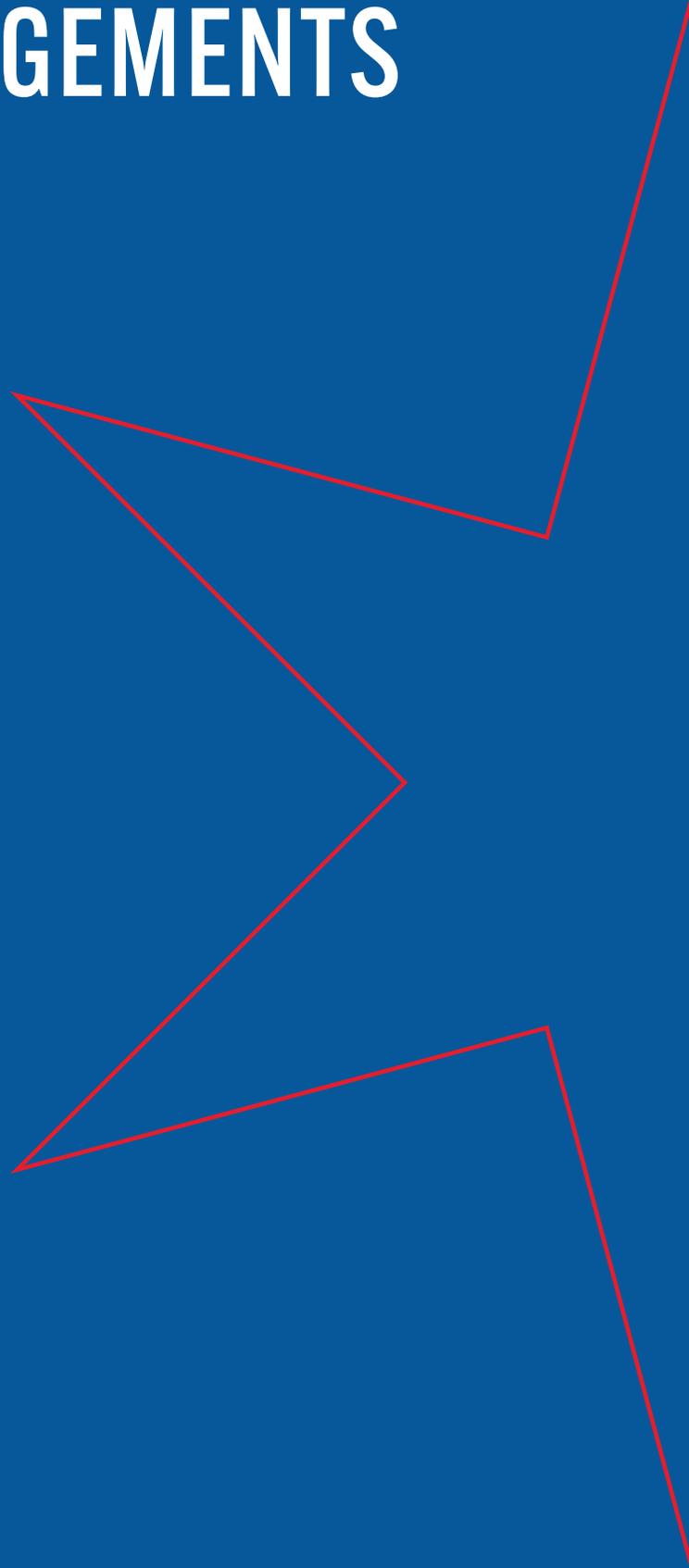
Any Huamani Gutierrez, MPA

"This report is the first step to transforming Chicago's public health infrastructure, and it's our duty to continue the pushing for the complete implementation of #TreatmentNotTrauma."





ACKNOWLEDGEMENTS





■ ACKNOWLEDGEMENTS

This report is the product of the efforts of countless advocates, community members, and public servants.

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- The Collaborative for Community Wellness (CCW)
- Southside Together Organizing for Power (STOP)

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- | | | |
|-----------------------------|------------------------|----------------------|
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- Garien Gatewood, Deputy Mayor, Community Safety, Office of the Mayor
- Jen Johnson, Deputy Mayor, Education, Youth, and Human Services, Office of the Mayor
- Lori Lypson, Deputy Mayor, Infrastructure, Office of the Mayor
- S. Mayumi "Umi" Grigsby, Chief of Policy, Office of the Mayor
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- Sandra Blakemore, Commissioner, DHR



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- Alisha Warren, Assistant Commissioner, CDPH
- Tiffany Patton-Burnside, Senior Director of Crisis Services, CDPH
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- Lorena Oviedo, Clinical Therapist III, CDPH
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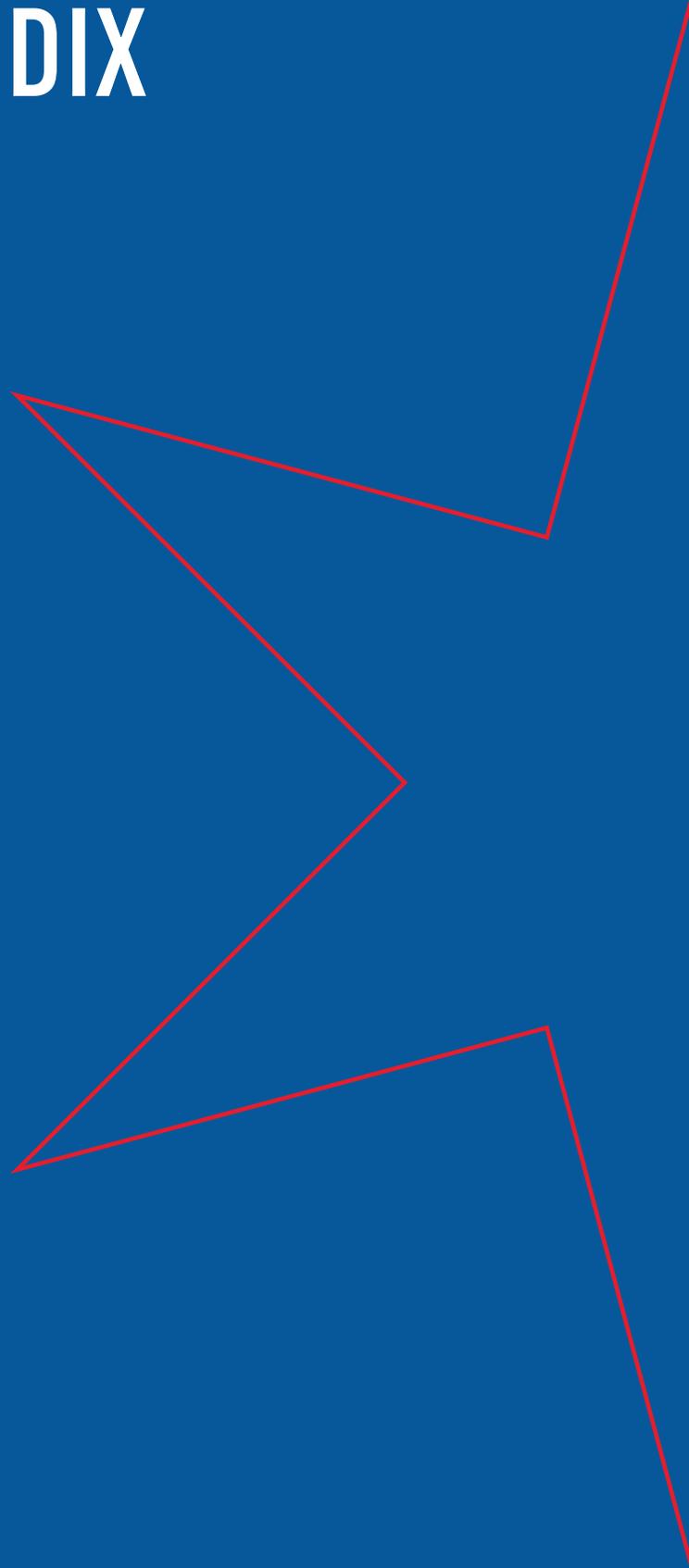
TOGETHER

★ CHICAGO

ONE CITY. ONE MISSION

**STREET
OUTREACH
TEAM**

APPENDIX





■ APPENDIX

APPENDIX A: MENTAL HEALTH SYSTEM EXPANSION WORKING GROUP RECOMMENDATIONS

● MENTAL HEALTH SYSTEM OVERARCHING RECOMMENDATIONS

RECOMMENDATION 1:

Integrate programmatic connections between clinical services expansion and behavioral health crisis response.

RECOMMENDATION 2:

Create a comprehensive funding analysis and budget exploration strategy.

RECOMMENDATION 3:

Design and implement a robust plan to build a Community Care Corps.

RECOMMENDATION 4:

Create a capital plan that covers necessary space and vehicles to support mental health system expansion.

RECOMMENDATION 5:

Develop metrics and evaluation plans to understand impact and areas for improvement.

● EXPAND MENTAL HEALTH CLINICAL SERVICES

RECOMMENDATION 6:

Develop core strategies for a phased clinical services expansion plan.

RECOMMENDATION 7:

Complete a suitability analysis to guide the implementation of clinical services expansion.

RECOMMENDATION 8:

In 2024, re-open Roseland Mental Health Center - a previously shuttered City-run mental health center - in alignment with Clinical Services Expansion Strategy 4.

RECOMMENDATION 9:

In 2024, layer mental health services into CDPH's Lower West (Pilsen) clinic - which does not currently offer mental health services - in alignment with Clinical Services Expansion Strategy 1.

RECOMMENDATION 10:

In 2024, co-locate mental health services with the Legler Regional Library in West Garfield Park in alignment with Clinical Services Expansion Strategy 2.

RECOMMENDATION 11:

Formalize site selection process and share feasibility considerations for re-opening centers, including cross-Departmental coordination to ensure site viability.

RECOMMENDATION 12:

Explore expanding service offerings at current mental health centers and co-location sites to include additional support services, moving towards building a community health hub.

RECOMMENDATION 13:

Prioritize opening new mental health centers in the neighborhoods with the highest unmet needs, in alignment with Clinical Services Expansion Strategy 3.

**RECOMMENDATION 14:**

Lay the foundation to implement a Certified Community Behavioral Health Clinic (CCBHC) to serve anyone who is requesting mental health services.

RECOMMENDATION 15:

Complete a full analysis of the mental health ecosystem to guide direction, investment, and response to emerging and shifting mental health needs.

RECOMMENDATIONS 16:

Review and refine suitability maps and mapping criteria to identify CCBHC community area.

RECOMMENDATION 17:

Implement the plan to open a CCBHC, in partnership with impacted communities.

● EXPAND AND IMPROVE NON-POLICE RESPONSE FOR BEHAVIORAL AND MENTAL HEALTH CRISIS**RECOMMENDATION 18:**

Maintain CARE's access to first responder ecosystem communication channels.

RECOMMENDATION 19:

Establish plan for engagement in the field between CARE, CPD, and CFD.

RECOMMENDATION 20:

Improve primary dispatch to increase CARE call volume.

RECOMMENDATION 21:

Create a plan for CFD to request CARE when responding to calls.

RECOMMENDATION 22:

Improve operational and technical connections between 911, 988, and other help lines.

RECOMMENDATION 23:

Explore benefits and protections for CARE workers.

RECOMMENDATION 24:

Relocate CARE headquarters to a CDPH building.

RECOMMENDATION 25:

Expand CARE's geographic coverage.

RECOMMENDATION 26:

Create a comprehensive process map of help lines, inclusive of City and non-City services.

RECOMMENDATION 27:

Implement staffing schedule necessary to expand CARE's operational hours.

RECOMMENDATION 28:

Plan for new CARE roles that would allow teams to address a wider range of behavioral health needs.

RECOMMENDATION 29:

Convene stakeholders to create a Uniform Intake Process for when an individual is brought or sent to emergency mental health services.

**RECOMMENDATIONS 30:**

Create system for CARE workers to expeditiously connect clients with social services.

RECOMMENDATION 31:

Begin operationalizing new CARE team types.

RECOMMENDATION 32:

Continue CARE expansion, balanced with building new team types.

RECOMMENDATION 33:

Explore creating a new first responder ecosystem department.

● INCREASE COMMUNITY AWARENESS OF AVAILABLE MENTAL HEALTH RESOURCES**RECOMMENDATION 34:**

Develop and implement a multilingual public awareness campaign to inform residents about available mental health services.

RECOMMENDATION 35:

Continue to organize community engagement opportunities, including town hall meetings and workshops, to disseminate information and gather feedback.

RECOMMENDATION 36:

Improve CDPH's appointment booking process to increase residents' ease of access.

RECOMMENDATION 37:

Partner with City departments to ensure information is easily accessible to the public.

RECOMMENDATION 38:

Build on existing CARE community processes to promote CARE awareness.

RECOMMENDATION 39:

Review relevant job descriptions to formalize the responsibility for community engagement.

RECOMMENDATION 40:

Focus Community Care Corps recruitment in communities served by CARE and City-run Mental Health Centers.



APPENDIX B: BUDGET NOTE

Financial Sustainability

As Public Health Departments have historically operated as population health management entities that provide minimal direct services, the need to invest in clinical services infrastructure is critical to optimize billing and financial sustainability. To continue to operate and expand direct clinic services, the following need to be explored:

- **Review of the City's General Fund resources** to determine the percentage of program costs that can sustainably be supported through corporate revenues.
- **Billing/Medicaid optimization** is critical to sustain the operations of mental health direct services. To do so, the infrastructure to support billing and its associated back-office functions such as credentialing, provider enrollment, integration with the State of Illinois Medicaid systems, interoperability, managed care organizations contract management, and more is critical for investment. What needs to be done?
 - Complete the implementation of Epic software to improve patient experience and communication as well as performing billing and revenue tracking functions.
 - Hire additional financial management support staff in the department to effectively collect revenue and to track service performance.
- **Grant funding to support the** phased expansion of the program should be pursued. To fully capitalize on grant opportunities, it's imperative to ensure alignment within the direct services strategy and how it contributes to a more holistic strategy of addressing physical, mental and social health. A number of grants stipulate the need for service and offerings expansion. In order to maximize pursuit of grant-funding, CDPH will funding in order to allocate staff whose primary function is to identify, apply for, and manage mental health grants. Upon securing funding to bring on additional staff, CDPH's grants administration division would be able to prioritize applying for and securing competitive grants at the federal and state level, with additional support from the Office of Budget & Management's grants management division. An example of a possible federal grants to be pursued includes the SAMHSA CCBHC grant that would fund planning, development and implementation of mental health service expansion.
- **Engaging the social and private sectors.** The entire community needs to come together to invest in our collective health. For financial sustainability, this would be engaging partners from the nonprofit and private sectors in our work.
 - **Explore a Chicago Community Mental Health Foundation** to provide additional expansion support. Many health-related foundations exist to support communities in need, and Chicago is a community worthy of such an investment. With many philanthropic organizations residing in Chicago, a permanent funding commitment to the city's mental health infrastructure would be an innovative fixture for our health ecosystem.
 - **Explore partnerships with insurance companies** to identify creative models that can fund the public health services system and provide a refreshed perspective on ways to to improve funding these critical services.
 - **Public Health Bonds:** Explore the viability of funding this public service with a Social Impact Bond (Health).



- **Policy Advocacy**

- Despite notable improvements that have occurred during the Governor JB Pritzker administration, Medicaid reimbursement in Illinois remains low for mental and behavioral health services and coverage does not necessarily cover all the associated costs required to treat individuals (e.g. case management assistance)
 - > Psychiatrists received 81% of the pay that they would get from Medicare for treating the same conditions in Medicaid beneficiaries.
 - > Additionally rules for Medicaid reimbursement that could support the CHW Corp is yet to be finalized at the state level.
 - > Identify the possibility of a line-item appropriation for the City of Chicago for CDPH clinical expansion services.
- Congressionally Directed Spending (CDS) Grants is an opportunity to better align city/county/state partnerships to align strategies and advocate for a consistent funding source
 - > CDS Requests allow Members of Congress to request federal funds be set aside for specific projects in their states.
 - > Requests could fall under the Labor, Health & Human Services, Education & Related Agencies
- Identify regulatory limitations such as inability to participate in 340(b) programs.¹⁵ Identify if there is a pathway to change legislation/regulations.



APPENDIX C: GLOSSARY

- **211:** A free, 24/7/365 service operated by United Way of Metro Chicago that connects Chicago and suburban Cook County residents to essential health and social service support and information during times of non-emergency crisis and for everyday needs.¹⁶
- **311:** 311 provides assistance with non-emergency City Services and for information on events, programs and agencies within the City of Chicago. This includes debt relief, payment of bills and fines, rent assistance, and more. Residents can access 311 services via phone or the CHI311 mobile app.¹⁷
- **340(b) Program:** a drug pricing program that provides financial support to hospitals and other health entities.
- **Alternate Destinations:** City-run or partner sites where clients can stabilize from a mental health crisis, receive treatment, and connect with wrap around services as needed instead of being taken to traditional destinations such as emergency rooms or police lock-ups.
- **Alternate Response (AR):** Non-police, multi-disciplinary, trauma-informed, health-based response to emergencies or crises that involve a mental health component that is better suited to meet client needs than the traditional police response.¹⁸
- **Associate Crisis Clinician:** A licensed professional counselor or licensed social worker who performs entry-level professional clinical and therapeutic support services.¹⁹
- **Behavioral Health Crisis Response:** Non-police response to behavioral health crises. Used interchangeably with CARE Alternate Response Teams.
- **Behavior Health Telecommunicator:** A public safety professional who answers emergency calls and dispatches police and fire resources or transfers the caller to the appropriate resources.
- **Behavioral Health Services*:** Services to treat and address behaviors that impact health and wellbeing, provided by clinicians and non-clinicians including but not limited to mental health, substance use, and violence prevention or intervention.²⁰
- **CARE Alternate Response Teams:** Crisis Assistance Response and Engagement teams that include a crisis clinician and a health worker.
- **CARE Teams:** All types of behavioral health crisis response teams not involving a police component currently deployed in the CARE program and new team types that are in development into the future in accordance with this report. This includes Alternate Response Teams (Crisis Clinician and Health Worker), Casework teams, and team types that are still in development and could address high acuity cases without police or other first responder support.²¹
- **Case Management:** Assessment and coordination of a range of services responsive to a patient's needs, including mental health, rehabilitation, physical health, social services, housing, employment, and education.²²
- **City Departments:** Departments of the City of Chicago that have a direct report to the Mayor of the City of Chicago including but not limited to: the Chicago Department of Public Health, the Department of Family and Support Services, the Department of Housing, the Department of Planning and Development, the Department of Cultural Affairs and Special Events, the Mayor's Office for People with Disabilities.²³
- **Clinical Services*:** Services to treat and address behaviors that impact health and wellbeing, provided by clinicians and non-clinicians including but not limited to mental health, substance use, and violence prevention or intervention.
- **Community Care Corps:** City staff providing services within the City's behavioral health continuum of care, including behavioral health crisis response and clinical services programs. Roles within the Community Care Corps may include CARE clinicians, clinical service providers, behavioral health telecommunicators, and case workers such as community health workers, peer support workers, or other staff with relevant community and social service experience.
- **Community Consult:** Stakeholders with a wide range of lived, academic, organizing, and professional experience who provided feedback to members of the MHSE Working Group.
- **Community Health Worker (CHW):** A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.²⁴
- **Community Support:** A service consists of therapeutic interventions that promote recovery, skill-building, identification, and use of natural supports and community resources.



- **Consultation:** Brief (10-30 minutes) solution-oriented mental health intervention is usually delivered in a primary care setting to enhance motivation, functioning, and engagement in care. Behavioral Health Consultants are Licensed Clinical Mental Health professionals.²⁵
- **Crisis Assistance Response and Engagement (CARE):** Chicago's ongoing Crisis Assistance Response and Engagement (CARE) Pilot Program started in September 2021. This report uses CARE to describe existing team types including Alternate Response Teams and new team types that the City may develop in the future.²⁶
- **Crisis Clinician:** A terminally licensed mental health worker, including a licensed clinical social worker or licensed clinical professional counselor, who engages in crisis work and patient care.²⁷
- **Direct 1:1 Services:** Refers to direct individual therapeutic services delivered by a professional clinician.²⁷
- **Equity:** An outcome and a process that results in fair and just access to opportunity and resources that provide everyone the ability to thrive.²⁸
- **Family Therapy:** Family interventions are based on psychotherapy theory and techniques to promote emotional, cognitive, behavioral, or psychological changes in the family unit as desired by the client/s and identified in the treatment plan.
- **Group Therapy:** Group interventions are based on psychotherapy theory and techniques to promote emotional, cognitive, behavioral, or psychological changes as desired by the client and identified in the treatment plan.²⁹
- **Health Worker:** Member of the CARE Alternate Response Team who provides provide basic life support care, assesses a patient's condition, and stabilizes emergencies such as those related to respiratory, cardiac, or trauma incidents while working with Crisis Clinicians.
- **In-district:** Within the geographic boundaries of a specific service zone for CARE, the Chicago Police Department, or the Chicago Fire Department.
- **Low-Barrier Access:** A model for treatment that seeks to minimize the demands placed on clients, make services readily available and easily accessible, and promote a non-judgmental, welcoming, and accepting environment.³⁰
- **Mental Health Services*:** Services to treat medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning by trained clinicians including but not limited to comprehensive mental health assessments; individualized treatment planning; crisis intervention; individual counseling; group therapy; medication monitoring; case management; psychosocial rehabilitation; and anger management.³¹
- **No Wrong Door:** Residents in need can dial any help line number, such as 911 or 988, and be connected to the most appropriate resource for their need(s).³²
- **On-van:** CARE Staff who are dispatched to provide services in the field.
 - OR: the evaluation, as diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations, including telemedicine and the delivery of health care services, mental health treatment and substance use disorder treatment and services to a patient, regardless of patient location, provided by way of an interactive telecommunications system, asynchronous store and forward system, remote patient monitoring technologies, e-visits, or virtual check-ins.
- **Peer Support Specialist:** A trained mental health professional who has lived experience with mental health challenges or substance use conditions and who offers support and provides advocacy based on shared understanding, respect and mutual empowerment.³³
- **Person with Lived Experience:** An individual, caregiver, or family member (biological or chosen), with expertise or insight due to their firsthand experience with a mental or behavioral health condition or issue.³⁴
- **Promotora de Salud:** A frontline public health worker, included under the umbrella of community health workers (CHW), who is a trusted member of and/or has an especially close understanding of the community served.³⁵
- **Psychiatric Medication Management:** Prescribing, monitoring, and adjusting medications for mental health disorders.
- **Psychiatric Services:** Specific mental health services provided by a psychiatrist—a physician with the ability to prescribe medications for mental health—or other clinicians supervised by a psychiatrist.³⁶
- **Psychosocial Rehabilitation:** a range of social, educational, vocational, behavioral, and cognitive interventions for increasing the consumer's performance and potential.³⁷



- **Sister Agencies:** Refers to the City of Chicago agency with its own board structure and are different than City Departments. Sister Agencies include but are not limited to: Chicago Public Schools, City Colleges of Chicago, Chicago Transit Authority, Chicago Housing Authority.³⁸
- **Smart 911:** Smart911 allows individuals to create a safety profile for their household that includes any information they may want 9-1-1 and first responders to have in the event of an emergency. Chicago residents can input a wide array of information into their Smart911 safety profile, such as the medical history and medications, home and work addresses, mental health conditions, the layout of their home, number of residents and pets in the home, disabilities, emergency contacts, and more. All Smart911 profiles are private and will only appear to the 9-1-1 call taker for the duration of a 9-1-1 call. To sign up for Smart911, residents can create a free safety profile by visiting www.SMART911.com or download the Smart911 App.³⁹
- **Telecommunicator:** A public safety professional who answers emergency and nonemergency calls and provides resources to assist those in need.⁴⁰
- **Telehealth:** The provision of health care, psychiatry, mental health treatment, substance use disorder treatment, and related services to a patient, regardless of their location, through electronic or telephonic methods, such as telephone (landline or cellular), video technology commonly available on smart phones and other devices.⁴¹
- **Telepsychiatry:** The application of telehealth services to psychiatry.
- **Uniform Intake Process:** A standardized intake process across Chicagoland hospitals, medical centers, and mental and behavioral health-related facilities providing emergency services for a medical or mental health event.
- **Youth:** For the purposes of this report, youth are defined as a young person between the ages of 6 and 24.⁴²

* For the purposes of this report these terms are used interchangeably.



APPENDIX D: LEARNINGS FROM CDPH SENIOR DIRECTOR OF CRISIS SERVICES TIFFANY PATTON-BURNSIDE

Over the 2-year pilot we've seen great successes and learned many lessons. From September 2021 to November 2023, CARE responded to 1,272 911 calls, had 913 follow-up encounters, with less than 1 percent of cases resulting in arrests or use of force. This success was the result of the dedication of the staff and the partnership across many departments and the Mayor's Office, and demonstrates that alternate response teams can safely respond and resolve 911 calls for behavioral health crisis.

Taking the time to pilot this program allowed us to learn from and with Chicago's public safety departments, work with evaluators like the University of Chicago Health Lab and Harvard Government Performance Lab, partner with other cities supporting each other to grow and improve these responses nationwide, and gain experience to build from.

Our biggest takeaway is that the model works. The pilot demonstrated that alternate response teams can safely and effectively resolve 911 calls with a behavioral health component and are often the most equipped of any team in the first responder ecosystem to do so. Additionally, we learned where behavioral health workers fit into the first responder ecosystem and how to partner with others to ensure the best care for the individual in crisis.

We have learned a lot about how to drive success:

1. **Collaboration is Key:** The necessary collaboration across multiple departments with respect for differences in leadership structures, regulations, policies, and organizational cultures.
2. **Dispatch Protocol:** Alternate Response will also need to have clear dispatch protocols and information sharing coordination across the Office of Emergency Management and Communications, Chicago Fire Department, EMS Region 11, Office of Public Safety Administration, the Chicago Police Department, and Mayor's Office for Community Safety.
3. **Information Sharing is a Necessity:** The alternate response model is dependent on information and resource sharing to facilitate seamless coordination from the dispatching of teams to coordinating transportation to reduce fragmentation of support to clients. The program is heavily reliant on trained first responders and licensed mental health clinicians; both professional workforces are in high demand and limited supply.



We have also gotten clear on the challenges that make building out an alternate response program in Chicago difficult. We discussed addressing these challenges in depth through the Treatment Not Trauma working group process:

1. **The nature of interagency collaboration required for success:** Merging the distinct structural factors, regulations, policies, organizational cultures, and leadership structures of the involved agencies has been challenging. This has made it difficult to integrate and staff vans, as well as get approval for changes to operating procedures and policies.
2. **A new paradigm of first responder work and organizational culture:** All staff inside and collaborating with the program require intensive training that at times runs against ideas, concepts, and standard operating procedures that have been engrained for many years in agency work. Staffing shortages are connected to a lack of resources, the demanding nature of the work (physically, mentally, emotionally), and turnover as staff are detailed out to CARE from their respective agencies and tend to rotate over time. This includes varying degrees of risk tolerance in the public safety aspects of the work. Moreover, teams are made up of staff from different agencies taking on new roles and functions in a collaborative way which has led to lack of clarity of colleagues' roles, skillsets, and methods.
3. **Limited hours and geography:** Another challenge to meeting needs are the limits of a pilot program, including hours of operation, geographical boundaries, and eligibility criteria. Starting from the pre-response phase, OEMC call takers and dispatchers are required to screen calls for CARE eligibility (for the three program buckets) only during the program's set operating hours, and within defined neighborhoods. This part-time nature and intermittent change to operating procedures makes it difficult for OEMC staff to consistently embed their CARE frameworks.
4. **Triaging calls to determine which are CARE-eligible behavioral health calls:** Judging the eligibility of calls is also challenging, because defining the call type often relies on third party information (911 caller) who does not know what the emergency is or what the individual in distress needs. In addition, the team is limited in responding to calls by level of risk (physical/violent). People calling 911 have subjective interpretations of risk and the risk disposition can change over time as the situation unfolds.
5. **The inequitable and uneven distribution of social services and non-Emergency Department crisis centers across the city:** There is an unevenness of community resources and alternative destinations which makes it difficult to facilitate wrap-around care and address root causes of problems within communities. CARE teams are responsible for deciding which community based programs are best suited to meet the needs of the client. There can be unreliable capacity among community-based programs to meet the behavioral and mental health needs of Chicagoans. There is a lack of reliable alternative destinations to bring clients for them to stabilize and connect with social programs. This has led to unavailability of CARE vans for emergency situations because teams are trying to engage wrap-around services and follow up with clients, a task better suited for other social service programs. In sum, CARE is unable to reliably resolve the underlying causes of the emergencies in the current state.

Tiffany is a Licensed Clinical Social Worker and the Senior Director of Crisis Services for the Chicago Department of Public Health. She is a born and raised Chicagoan and over the past nearly 3 years she has worked to stand up and support CARE. She served on the Treatment Not Trauma Alternate Response Subgroup with representatives from five other City departments.



ENDNOTES

1. <https://chicityclerkelms.chicago.gov/Matter/?matterId=63256591-6F52-EE11-BE6E-001DD8097F7D#>
2. See Recommendation 3 and Appendix C for further information on the Community Care Corps.
3. <https://www.chicago.gov/city/en/sites/treatment-not-trauma/home.html>
4. <https://hfs.illinois.gov/medicalproviders/certifiedcommunitybasedhealthcenterinitiative/provisionally-certified-ccbhc-locations.html>
5. See Recommendation 14 for more information.
6. CARE's existing contract with an independent evaluator covers the pilot program and expires in 2024.
7. The Subgroup layered this data into a geospatial analysis to drive the phases of clinical service expansion.
8. The Roseland Mental Health Center building is City-owned.
9. Beverly Branch, 1962 W. 95th Street and Edgewater Branch, 6000 N. Broadway
10. <https://www.samhsa.gov/certified-community-behavioral-health-clinics>
11. Phase 1 is underway, and the City has enacted some recommendations, which have been noted below.
12. 988 is the national behavioral health crisis line primarily focused on phone de-escalation of behavioral health crises.
13. <https://mentalhealth.chicago.gov/>
14. https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/mental_health_centers.html
15. <https://www.hrsa.gov/opa>
16. <https://211metrochicago.org/about-211/>
17. <https://www.chicago.gov/city/en/depts/311.html>
18. <https://www.chicago.gov/city/en/sites/treatment-not-trauma/home/alternative-response.html>
19. CDPH job description for Associate Crisis Clinician
20. https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health.html, <https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/BehavioralHealthCapacityAssessment2016.pdf>
21. <https://www.chicago.gov/city/en/sites/community-safety/home/CARE-Dashboard.html>
22. https://www.chicago.gov/city/en/depts/fss/provdrs/serv/svcs/supportive_services-casemanagement.html
23. <https://www.chicago.gov/city/en/depts.html>
24. <https://dph.illinois.gov/topics-services/prevention-wellness/community-health-workers.html>
25. https://www.chicago.gov/content/dam/city/depts/cdph/fact-sheets-reports-studies/CDPH_TICC_One_pager_8.5x11_62223.pdf
26. <https://www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/CARE-Dashboard.html>
27. https://www.chicago.gov/content/dam/city/depts/dhr/supp_info/JobSpecifications/HealthWelfare/3500_Social_Service_Series/3530_MENTAL_HEALTH_CRISIS_CLINICIAN.pdf
28. https://www.chicago.gov/content/dam/city/depts/obm/supp_info/budget-equity/2024-Budget-EquityReport.pdf
29. <https://pubmed.ncbi.nlm.nih.gov/31747219/>
30. <https://store.samhsa.gov/sites/default/files/advisory-low-barrier-models-of-care-pep23-02-00-005.pdf>
31. https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health/svcs/2012_mental_healthservices.html
32. <https://www.americanprogress.org/article/dispatching-community-responders-to-911-calls/>
33. <https://www.samhsa.gov/sites/default/files/national-model-standards-draft-for-public-comment.pdf>
34. PsychHub-Guide-for-Sharing-Lived-Experience.pdf (mamh.org), What Is Lived Experience? (hhs.gov)
35. <https://www.hhs.gov/sites/default/files/omh-promotores-fact-sheet-nhnm-2023.pdf>
36. <https://mhmgroupp.com/what-is-psychiatric-medication-management/>
37. <https://www.ilga.gov/commission/jcar/admincode/089/089001400D04530R.html>
38. https://www.chicago.gov/city/en/about/other_ag.html
39. <https://www.chicago.gov/city/en/depts/oem/provdrs/Smart911.html>
40. <https://www.bls.gov/ooh/office-and-administrative-support/police-fire-and-ambulance-dispatchers.htm>
41. <https://www.ilga.gov/legislation/101/SB/10100SB0671ham002.htm>
42. <https://www.chicago.gov/city/en/depts/fss/provdrs/youth.html>





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