Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics

Prepared by

The Mental Health Movement

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SUMMARY

Mayor Rahm Emanuel's 2012 city budget will close six of 12 mental health clinics operated by the Chicago Department of Public Health that serve 5,300 city residents—most of them African-American (61%) or Latino (17%)—without regard to their ability to pay. These steep service cuts come even as public need for mental health services is growing.

While the city presents these reductions as a "consolidation" of services, an analysis of the CDPH budget, an assessment of need in Chicago and first-hand accounts from patients make clear the Emanuel closures are risky, ill-conceived, and riddled with hidden costs. Any closure of city MH clinics will disrupt services to thousands of patients, but the current headlong rush to closure is particularly ill-timed, poorly planned and dangerous.

- ✓ **The city's claimed cost savings are tiny and illusory.** CDPH claims closing clinics will save $2 million—barely 1% of its $169 million annual budget. And this claim ignores the budgetary, societal and human costs of inevitable disruptions in patient care—including increased emergency room visits, hospitalization, police intervention and incarceration.

- ✓ **CDPH should cut waste—including $1.67 million in new spending on upper management salaries, outside contracts, advertising and surveys.** This amount should be used to sustain and improve city MH clinics.

- ✓ **CDPH would transfer at least 1,100 Medicaid patients to private providers—effectively giving away federal reimbursement for their services.** If this plan is budget-driven, it is illogical to turn away patients with the ability to pay.

- ✓ **Closing six clinics will force 2,549 patients to travel to other city clinics or seek private care.** There is no guarantee that private providers and hospitals will offer treatment regardless of ability to pay. The system's more than 3,000 uninsured individuals are least likely to find private care since such providers already face shrinking budgets and reduced state funding.

- ✓ **CDPH is rushing to close clinics in just eight weeks—despite having six months of funding in the budget and nothing but an outline of a plan for patient care.** CDPH has circulated a list of private providers, but admits it has no formal agreements with or information regarding capacity, services and wait times from these agencies.

"Without the clinics some people will commit suicide . . . The clinics help me be a better parent because you cannot do anything without a stable mind."
Trina Carpenter, patient, Beverly Morgan Park MHC

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Section 1: Proposed CDPH Mental Health Clinic Closures

In October, Mayor Rahm Emanuel presented his budget to the City Council and announced that the Chicago Department of Public Health would close six of its twelve mental health clinics. Presented as a "consolidation" that would provide more efficient delivery of services, the initial budget document had very little in the way of specifics and what it did include was soon contradicted by CDPH data and testimony from Commissioner Bechara Choucair.

While the budget document indicated that the focus of the six remaining "consolidated" clinics would be "offering care to the City's most vulnerable patients", the plan provides such services for fewer than 1,000 individuals. Yet, according to CDPH's own data, there are currently over 3,000 uninsured patients in the system. The budget narrative also indicated that the changes would be effective as of July 2012 and that the budget reflected the cost of operating the program through the first half of 2012. But CDPH management is now engaged in a fierce push to get the clinics closed within the next eight weeks.

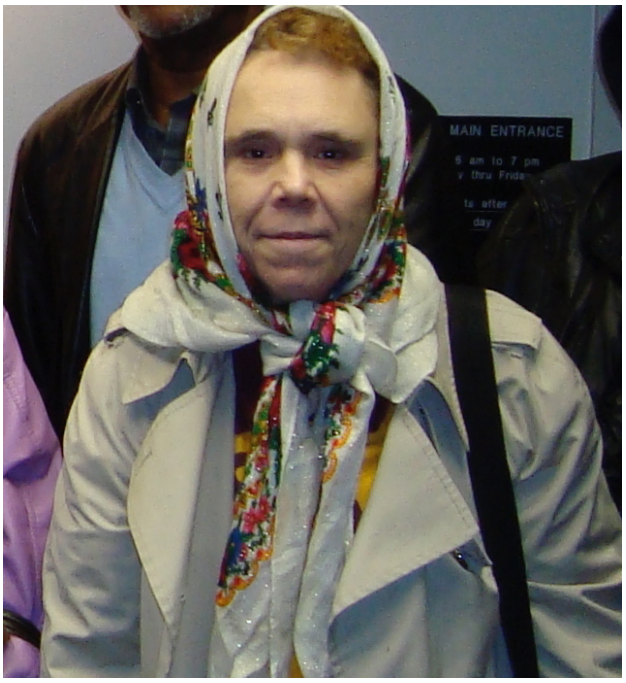
According to a statement from Commissioner Choucair, the Department's current plan for its mental health clinics is to:

- Close six of the twelve CDPH mental health clinics,
- Move at least 1,100 Medicaid-covered patients to private providers, and
- Move all uninsured patients who currently receive services at clinics slated to close to one of the CDPH clinics that will remain open.

The current plan for "merging" services and clients

Clinics to be closed	Address	"Receiving" Clinics	Address
Auburn Gresham MHC	1140 W. 79th Street →	Englewood MHC	641 W. 63rd St.
Back of the Yards	4313 S. Ashland →	Greater Lawn MHC	4150 W. 55th St.
Beverly Morgan Park MHC	1987 W. 111th St. →	Roseland MHC	200 E. 115th St.
Northtown Rogers Park MHC	1607 W. Howard →	North River MHC	5801 N. Pulaski
Northwest MHC	2354 N. Milwaukee →	Lawndale MHC	1201 S. Campbell
Woodlawn MHC	6337 S. Woodlawn →	Greater Grand MHC	4314 S. Cottage Grove

CDPH has circulated a list of the private providers that they have met with to discuss the clinic closures. However, the Department management stated that there are no formal agreements and that it had not yet received information regarding capacity, services and wait times from these agencies. Yet, despite these critical gaps in information, CDPH has already instructed clinic staff to start informing patients clients that they would be better served by private providers.



"For me, my therapist is a matter of life or death because I have no one and I am alone. I am lucky to have my therapist because he makes me think of things I can do."
Helen Morley, Beverly Morgan Park MHC

SECTION 2: THE HIGH COST OF CUTS TO MENTAL HEALTH SERVICES

Minimal Savings from Closures

The Emanuel Administration has failed to provide a compelling rationale for its plan to close CDPH mental health clinics. Nor have they articulated a long-term, comprehensive plan for mental health service delivery in the City of Chicago.

According to CDPH figures, the clinic closures will save the City $2 million. This represents little more than 1% of the CDPH budget ($169.2 million) and a miniscule percent (.03%) of the total City of Chicago budget of $6.3 billion. And that savings estimate does not anticipate the increase in costs of crisis services, law enforcement and jails resulting from the disruption of treatment.

There is general recognition that the City faces serious budget constraints. However, CDPH has increased its budget in several areas that do not appear as vital to Chicago residents as maintaining mental health services. These budget increases cast the closure of the mental health clinics in a different light: Tthe current plan reflects skewed priorities rather than meaningful budget cuts.

In his budget testimony to the City Council, Commissioner Choucair began by discussing the recently launched "Healthy Chicago," the Department's new public health agenda. The agenda identifies 12 public health priorities, but mental health is only mentioned in passing. The Healthy Chicago report acknowledges that the demand for mental health services is growing and sets as a target: "Improve mental health provider collaborations to increase service capacity by 15%." But it fails to provide any data on prevalence of mental health disorders, current service capacity or any benchmarks for tracking changes in residents' mental health or access to services. Yet according to the National Institute of Health, one in four adults – approximately 57.7 Americans – experiences a mental health disorder in a given year.[1] One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder. How can a city government purport to be concerned with fostering public health yet ignore the challenges that mental illness present to the health of our communities?

CDPH Mental Health Budgets 2011 and 2012

Revenue source	2011	2012	Difference
State Grant	$3,977,894	$3,850,000	-$127,894
CDBG (federal grant)	$3,010,454	$3,019,192	$8,738
Corporate	$4,053,252	$1,988,952	-$2,064,300
Revenue	$1,470,199	$1,435,677	-$34,522
Total funding	**$12,511,799**	**$10,293,821**	**-$2,271,978**

SOURCE: CDPH Response to AFSCME Request for Information, 11/10/2011.

"At the clinic I was treated like anyone in a doctor's office. If the staff hadn't been as kind, professional and tolerant as they were, I wouldn't be here."
Margaret Sullivan, patient, Beverly Morgan Park MHC

Selected CDPH Budget items for potential savings

Title/Description	2011	2012	Potential Savings
Commissioner's office			
Deputy Commissioner	0	112,332	112,332
Deputy Commissioner	0	109,812	109,812
First Deputy Commissioner	0	134,820	134,820
Contractual Services			
Professional & Technical Services & other 3rd party benefit agreements	930,720	1,577,057	646,337
Surveys	0	450,000	450,000
Advertising	14,400	87,008	72,608
Contract & Compliance			
Chief Contract Expediter	0	73,752	73,752
Contract Compliance Coordinator	0	70,380	70,380
			$1,670,041

SOURCE: Mayor's Budget Recommendations for Year 2012.

As the table above indicates, there are increases in various CDPH budget lines which, if returned to 2011 levels, would provide funding needed to maintain all twelve city clinics.

Some of the 2012 budget increases may be justified. But CDPH and the Emanuel administration have not provided specific information as to why these budget increases were warranted in the face of devastating cuts to mental health community clinics.

Commissioner Choucair's actions suggest that rather than seeking to assure access to mental health services for all those in need, his primary focus is on privatizing public health services by shifting resources away from public clinics that serve all those in need to private providers who lack any public

oversight or accountability. The most glaring example of this orientation is the Request for Proposals just issued to private mental health providers for a total of $500,000. CDPH will reimburse these providers $150 an hour for psychiatric services and $100 an hour for psychiatric medication management by a nurse practitioner or physician assistant. The objective of the program—to increase access to psychiatry services in Chicago—is a laudable goal. Yet it is one that CDPH has failed to pursue in its own clinics: For several years psychiatry positions have remained unfilled and CDPH management appears to have done very little to address the ongoing need.

In fact, CDPH leadership has on some occasions has stated that the goal in closing the mental health clinics is to improve the quality of mental health services accessible to Chicago residents. According the Department, the critical challenge in providing quality services at the CDPH neighborhood-based mental health clinics is to hire a sufficient number of psychiatrists to provide adequate psychiatric services.

Employees and advocates have been very aware that this has been an ongoing issue and over the last several years have made specific proposals to address the difficulties CDPH has faced – specifically, increasing the hourly wage for psychiatrists and contracting for services with educational institutions or agencies. While increasing psychiatric services may require some initial effort on the part of the Department, it is manageable problem, and it is inexplicable why the Department chooses not to address this significant but narrow problem directly rather than taking a far broader and more questionable approach.

In addition, by embarking on a strategy of turning away its current Medicaid patients, CDPH will actually reduce the revenues it currently generates for mental health services. This approach perpetuates the downward spiral of revenue, services and patients, and appears to be intended to provide the rationalization for further cuts in the future.

It is hard to believe that for the minimal savings of $2 million to the Corporate Budget, the Emanuel administration would close down six community clinics, jeopardize the well being of current CDPH clients, and reduce access for City residents seeking mental health services. Yet despite questions from advocates, aldermen and the media, that is precisely the course it appears to be taking. Neither CDPH leadership nor Mayor Emanuel have put forward any vision or even an affirmative statement on the importance of maintaining safety net mental health services in the future.

Given these facts, it is easy to understand why mental health advocates fear that CDPH has already made a decision to dump all mental health services in the next few years without any input from Chicago residents, mental health professionals or elected officials.

Now more than ever there is a need for mental health services. I believe the Chicago Department of Public Health is a vital institution for people with little or no income and no insurance. As a therapist, I know that problems such as unemployment, drug and alcohol abuse, and homelessness create tremendous stress which is difficult for many people to cope with. These people need the services provided at CDPH clinics. We cannot fail in our efforts to meet people's healthcare needs: if we do we fail as a society.
Robert Steward, clinical therapist, Englewood MHC

Costly Alternatives to Community Outpatient Services

Research and anecdotal evidence demonstrate that curtailing access to outpatient mental health services can lead to an increase in emergency room visits, psychiatric hospitalizations, and increased pressures on law enforcement. [2] In a report on the impact of state mental health cuts, the National Alliance on Mental Illness noted: *"Communities pay a high price for cuts of this magnitude. Rather than saving states and communities money, these cuts to services simply shift financial responsibility to emergency rooms, community hospitals, law enforcement agencies, correctional facilities and homeless shelters."*

State Mental Health Cuts: A National Crisis, March 2011

In 2010, hospitals in Chicago had 39,819 admissions for acute mental illness, which lasted an average of 8.4 patient days. In 2004, the average length of stay was 8.8 days and the average cost per visit was $ 12,932. If the clinic closures resulted in as few as 156 more psychiatric hospitalizations annually, the cost would surpass the $ 2 million dollars realized from cuts to CDPH outpatient mental health services. While those higher costs would not be borne directly by the City of Chicago, they would nonetheless fall to taxpayers either through higher costs to the state or the federal government.

Moreover, it is not at all clear that there would be hospital beds available for individuals whose mental illness reaches a crisis point because of the lack of effective community treatment. The number of inpatient psychiatric beds has dropped significantly in recent years. Currently many of the hospitals with psychiatric beds are operating above the Illinois Health Facilities and Services Review Board standard of 85% occupancy. The closure of CDPH outpatient clinics will further strain this already overextended inpatient capacity.

According to the Illinois Department of Corrections, in 2010, the annual cost to incarcerate an individual was $21,911 for a year or $1,826 per month. A 2006 U.S. Department of Justice study calculated that more than half of prison and jail inmates had a mental health problem. According to the Criminal Justice/Mental Health Consensus Project, an initiative of the Council of State Governments, *"Programs that provide intensive community-based*

services to individuals with mental illness who have been involved in the criminal justice system have proven extremely cost-effective."

Cuts to outpatient mental health services often have an impact on the number of emergency room visits as well. According to the Illinois Hospital Association, hospital Emergency Departments (EDs) are filling in the gaps created by a reduction in outpatient services and a shortage of acute mental illness inpatient beds. IHA data show that Illinois hospital EDs treated more than 190,000 individuals with a principal diagnosis of mental health issues or substance abuse in 2009. Most Emergency Department patients with a primary diagnosis of a behavioral health condition are mentally ill (76%), the remainder have a primary diagnosis of substance abuse. The Medical Expenditure Panel Survey found that the average cost of a visit to the Emergency Department is $1265. As more people turn to EDs for mental health assistance the cost to the health care system grows, as do wait times in emergency rooms.

"One thing that helped me stay in my job for 15 years was the continued guidance and support of the Beverly Morgan Park staff. When there was conflict on the job they gave me some ideas on how to resolve them."
Jeannette Hanson, patient, Beverly Morgan Park MHC

The Role of CDPH Mental Health Clinics

For decades, the City of Chicago had an effective network of community mental health clinics that served as a safety net for residents throughout the City. The City clinics have traditionally handled more complex cases, taken on a disproportionate share of uninsured patients and provided a reliable source of treatment for tens of thousands.

But over the last decade that network and the safety net it provides has been cut repeatedly. CDPH also halted any effective outreach efforts. As a result, the number of patients has dropped precipitously. In 2007, when CDPH made significant cuts to staffing levels at the mental health clinics, there was a 30% drop in the number of patient visits.

Then in 2009 CDPH mental health patients were subjected to even more chaos and cut backs. In January CDPH announced plans to close five clinics and moved quickly to implement the plan. Patients were referred to private

providers or given the option of going to another CDPH clinic. In April Mayor Daley reversed his decision and four Southside clinics were reopened after mental health advocates staged a sit-in in his office. But only a few months later, CDPH once again announced plans to close five clinics. Not surprisingly, between 2009 and 2010 the number of patients once again declined.

Thus, cuts in staffing and services lead to decreases in the number of patients which then becomes the rationale for cuts in staffing and services. The City's response to this downward spiral in no way acknowledges the importance of the specific clinics and the communities they serve nor the need for more, not fewer, mental health services in the City of Chicago.

CDPH Mental Health Center Patients and Visits

	2011	2010	2009	2008	2007	2006	2005
Patients	5337*	6,389	7,400	8,210	11,564	11,703	11,181

*through September 2011
SOURCE: CDPH data provided through FOIA

CDPH Clinics in Federally Designated Mental Health Provider Shortage Areas

CDPH Clinic (to be closed)	Address	Mental Health HPSA name	HPSA Score
Auburn Greasham MHC	1140 W. 79th Street	Auburn Gresham/ Wash Heights/ Chatham	14
Back of the Yards	4313 S. Ashland	Chicago Central	16
Northtown Rogers Park MHC	1607 W. Howard St.	Low Income Chicago Northeast	8
Northwest MHC	2354 N. Milwaukee	Low Income Chicago Northeast	8
Woodlawn MHC	6337 S. Woodlawn	South Shore/Chatham/ Avalon Park/Burnside	20

SOURCE: U.S. Department of Health and Human Services, Health Resources and Services Administration.

"My clinic provides a home-like atmosphere. We go on field trips and we engage in other therapy. The clinic is like being home and the staff is so professional."
William Robinson, patient, Woodlawn Mental Health Clinic

CDPH Clinics Provide Vital Services in Underserved Neighborhoods

CDPH mental health clinics provide vital mental health services in underserved areas around the City. Of the six clinics scheduled to close, five are located in areas designated by the Health Resources and Services Administration (HRSA) as having a shortage of mental health professionals.

HRSA, the federal agency charged with improving access to health care, designates Health Provider Shortage Areas (HPSA) for three services – primary medical care, dental care and mental health services - based on a range of criteria. In addition, the agency sets scores for the HPSAs for use by the National Health Service Corps in determining priorities for assignment of clinicians. For mental health HPSAs scores range from one to 25 with the higher scores indicating greater priority.

Laying off experienced mental health providers and closing mental health clinics in communities already designated as Health Provider Shortage Areas should set off alarm bells among mental health advocates and local elected officials.

Section 3: Disaster in the Making: Skewed Priorities and Poor Planning

The announcement of the clinic closures stunned and disappointed many advocates for mental health services. Members of the CDPH Community Mental Health Board were particularly distressed. The Board, which includes community residents and mental health consumers, was formed in the late 60s as "deinstitutionalization" of mentally ill patients prompted federal funding for outpatient services. Created as an advisory board to CDPH, the Community Mental Health Board has been cited as a national model for citizen/consumer input.

In the meetings prior to Commissioner Choucair's announcement of clinic closures, Board members had been reassured that their perspective regarding the need for mental health services would be respected. At the meeting where the closures were announced, Commissioner Choucair disingenuously asserted that he was responsive to the Board because the clinics would focus on providing care to the uninsured. But in fact Board members had actually pressed for an increase in services for all, with particular recognition of the challenges facing those without insurance coverage.

But more disturbing to many of the Board members was the meeting held a month later. Despite the fact that CDPH management had been moving ahead with plans to push clients to find alternative treatment, the CDPH First Deputy Commissioner Tony Beltran could only provide the Board with a list of potential "mental health partners". He indicated that the Department management had met with some of these private providers but acknowledged that there was no formal agreement with any of them to accept CDPH patients. He acknowledged that the Department did not have information regarding the services provided, the volume of patients these providers could accept, nor the wait times patients may face in getting their first appointment.

Disruptions for the most vulnerable

Patients at the CDPH clinics slated to close face significant obstacles and challenges. The most critical issue is the disruption of the patient/therapist relationship. While such disruptions are at times unavoidable, the literature is clear about the importance of continuity and stability in a patient's relationship with his/her therapist. Any plan to force mental health patients to cut off productive therapeutic relationships should be done only under dire circumstances and then with thoughtful planning and inclusive implementation.

Privatization is not going to work, it is not going to solve the problem. We are not going to accept privatization because we know what happens. When you privatize, there's nobody to go to. They just close down the centers when the money runs out and 'well, that's his problem.'
Darryl Gumm, Chair, Community Mental Health Board of Chicago

According to the *Chicago Reporter*, a publication of the Community Renewal Society, a recent problem in the Northtown Rogers Park clinic may well foreshadow the problems clients will face as a result of these closures. When the ceiling at that clinic collapsed early in 2011, patients were directed to the North River Mental Health Center. A Northtown Rogers Park staff member reported that during that time most of the Northtown clients never went to the North River clinic and went on to say "*In fact, some of us were making home visits, meeting clients at Dominick's on Howard or other public spaces in Rogers Park, using the telephone to conduct therapy sessions.*"

In addition to the disruption of the mental health relationships, clients will also have to face significant practical barriers. In some cases, travel times between the clinics slated to be closed and the "receiving" clinics are significant. The commute between Northtown Rogers Park MHC and North River MHC and between Back of the Yards MHC and Greater Lawn MHC require several transfers and an hour or more. And the distance between the clinics does not fully reflect the increase in commute time most patients will face since many live at some distance from the clinic where they currently get services.

"People don't want to go somewhere new and start over with a new therapist. They trust their therapists. They helped me get my life back together." **Diane Adams, patient, Auburn/Gresham MHC**

Perhaps more important, many will have to travel to neighborhoods that are unfamiliar and appear to them to be threatening yet those without insurance have no real alternatives.

Finally, the timing of the closures could not be worse. In its rush to close the clinics CDPH management is pressuring patients to make what will likely be traumatic changes during winter months, the most difficult period for many mental health patients. According to one review of epidemiological studies of seasonal affective disorder, seasonal variation in mood has been documented thoroughly and in the general population, depressive symptoms peak in winter.[3]

"It (the clinic) helps individuals to improve their way of life, do well, continue to be productive to society. As for me, it helps me to focus my anger to a more suitable way to provide for my family and me."
Benjamin Hogan, patient, Auburn Gresham Mental Health Clinic

Cutting Staff, Increasing Patient Load

CDPH management estimates that 20% of the current CDPH clients will be redirected to private mental health clinics. However, the closure plan reduces staffing by 34%. Many staff members characterize the clinics as already understaffed and a 2009 presentation by the CDPH Commissioner acknowledged that fact. Yet CDPH leadership has done no more than promote "speed up", insisting that staff at the remaining clinics will be expected to increase their efficiency in order to handle the increase in their patient load that will result from the closures.

Wider Impact of Staff Layoffs

As noted, CDPH is planning to lay off over 30 current mental health clinic employees and cut additional positions that are now vacant. Many of these employees are dedicated public health professionals with decades of experience. They have built strong relationships with their clients and there are many accounts of therapists who go above and beyond the call of duty in helping their clients.

Clinics	Total Clients	# Uninsured/ % Uninsured	# Clients after Closures	% Increase in # of Clients
Northtown Rogers Park MHC	418	263	0	n/a
Northwest MHC	356	228	0	n/a
Woodlawn MHC	506	307	0	n/a
Auburn Gresham MHC	382	222	0	n/a
Beverly Morgan Park MHC	354	202	0	n/a
Back of the Yards	533	337	0	n/a
North River MHC	378	261	647	58%
Lawndale MHC	390	151	544	72%
Roseland MHC	584	349	725	80%
Greater Lawn MHC	538	322	844	64%
Greater Grand MHC	463	191	710	65%
Englewood MHC	435	349	682	64%
Total for all clinics	5337	3182	4152	

About three times a week, I visit clients in their homes in that keeping clinic appointments is not feasible for them. If Beverly Morgan Park closes, visiting such clients may no longer be feasible for me. Our services can really make a difference in clients' lives. For example, a client who has struggled for years with multiple addictions, stole $60 from his employer. That day, he walked into the clinic in a panic over what to do. I went with him to his employer. On the way, he was provided with some support and guidance in how to confess his theft in a manner that would possibly keep his job. He still has that job. And that was six years ago.
Eric Lindquist, Clinical Therapist, Beverly Morgan Park MHC

In addition, these individuals are taxpaying residents of the City of Chicago. They earn a fair wage that allows them to support their families and give back to the Chicago neighborhoods they live in. In contrast, many private providers pay lower wages and provide fewer benefits—with no requirement that employees live in the City.[4]

While it may serve the Administration's short term interests to cut city services and lay off staff, such layoffs will take a toll on the vitality of the City, its neighborhoods and its economy.

Destroying good paying jobs in the public sector and moving services, and taxpayer dollars, to the private sector where the majority of staff are not paid as well, is part of a larger trend - a shrinking middle class, stagnant wages for most and fewer prospects for young people just starting their careers.

Cuts in public sector jobs have also had a disproportionate impact on African Americans. As summarized in a recent New York Times article:
"Though the recession and continuing economic downturn have been devastating to the American middle class as a whole, the two and a half years since the declared end of the recession have been singularly harmful to middle-class blacks in terms of layoffs and unemployment, according to economists and recent government data. About one in five black workers have public sector jobs, and African-American workers are one-third more likely that white ones to be employed in the public sector."
"As Public Sector Sheds Jobs,
Blacks Are Hit Hardest"
New York Times, Nov. 28, 2011

According to research conducted by AFSCME Council 31, City of Chicago employees who are African-American, Latino or Asian account for 85% of the more than 220 city workers who were targeted for layoff at the beginning of 2012 under Mayor Emanuel's budget. And 80% of the CDPH clinical therapists slated for layoff are African-American.

Closures Add to Health Disparities in Chicago

CDPH clinics have effectively served minority communities throughout Chicago for many years. Currently, 61 percent of all clients are African-

Center	Black	White	Hispanic	Asian	Other/ Unknown	Total
Auburn Gresham	**361**	**11**	**5**	**0**	**5**	**382**
Beverly Morgan Pk.	**205**	**98**	**24**	**0**	**27**	**354**
Back of the Yards	**112**	**65**	**231**	**0**	**125**	**533**
Englewood	408	15	6	0	6	435
Greater Grand	443	13	4	0	3	463
Greater Lawn	201	167	161	0	9	538
Lawndale	305	34	27	2	22	390
North River	43	122	131	0	82	378
Northtown Rogers Pk.	**153**	**137**	**93**	**0**	**35**	**418**
Northwest	**27**	**81**	**200**	**0**	**48**	**356**
Roseland	548	24	12	0	0	584
Woodlawn	**465**	**32**	**3**	**0**	**6**	**506**
Total	**3,271**	**799**	**897**	**2**	**368**	**5337**
% Total	61%	15%	17%		7%	100%

(Clinics slated for closure are in **bold**)

SOURCE: CDPH response to Aldermanic Requests for Information, Budget Hearing, November 2011.

American and 17 percent are Hispanic. Disrupting this network and forcing over 1,000 clients to seek services from private providers will add to the challenges facing minority populations in getting vitally needed health services. The Hispanic population will be particularly hard hit by the closures.

Northwest MHC and Back of the Yards MHC, the two clinics serving the greatest number of Hispanic clients (56% and 43% respectively), are both slated for closure. The challenges of handling a disruption in care are even greater when clients must find bilingual services elsewhere.

"Here is where I receive my service. This clinic helps me a lot with my depression. We need a clinic in our area."
Luz M. Datic, patient, Northwest Mental Health Clinic

Dumping patients on an already stressed network

As noted above, CDPH management has thus far only provided a list of 14 private providers that may (or may not) take CDPH clients who have Medicaid coverage. There is no formal partnership with any of these providers and the Department has not yet received information from all the agencies on services provided, capacity for new patients and wait times.

Yet these nonprofit agencies are themselves struggling with tighter budgets, reduced support from the state and lag times in getting reimbursed. Over the last five years in Illinois, the number of adults seen in the state-funded community mental health system has been declining—going from 141,807 in FY2007 to 111,929 in FY2011.[5]

Additionally, although the federal mental health block grant awards do not represent an agency's total funding, many agencies rely on the funding to support psychiatric services. The total amount of block grants to community mental health providers in SFY12 was $14.8 million, down from $15.2 in SFY11 and many of the providers on the CDPH list faced cuts.[6] According to several sources, a number of the private providers that CDPH has identified as partners have plans to close a clinic or lay off staff. These agencies are precarious financially, with no direct accountability to taxpayers and no binding mandate to serve the uninsured.

Section 4: Closing Options for New Patients

Clearly, the closure of clinics and reduction in staffing at the remaining CDPH clinics will impact services to current patients. It will also further limit access to services for new patients. With each clinic coping with more patients and fewer staff, new patients will have to look to private providers for services. Unfortunately, those individuals without health insurance coverage will be hardest hit. Many private providers are struggling with reduced budgets and late payments from the state and are unable to take more uninsured patients.

The Unmet Need for Mental Health Services

Any serious evaluation of significant changes in mental health services must start with an assessment of need. For decades all credible research on mental health has demonstrated significant gaps in mental health services.

In presenting its proposal to close six of its twelve mental health clinics, the City of Chicago has chosen to focus its plan on how to manage the current client population. This fails to take into account the needs of all City residents and the responsibility of the City government to help address those needs.

The Chicago Department of Public Health's most recent study of on Chicago's mental health needs is a 2003 profile that collected data from mental health providers throughout the city. The majority of respondents reported the need for more mental health services in Chicago. Many respondents specified the need for more services for certain populations, particularly underinsured or uninsured patients and for more bilingual and culturally competent services—particularly Spanish language services.

The study found that more than half of outpatient mental health facilities were in the North and West areas of Chicago, where only 34% of the population resided. It reported that the average wait time for an initial outpatient appointment was nearly two weeks and that the North, South and Northwest regions had longer wait times. Respondents reported that wait times were longer for youth services, appointments with psychiatrists, appointments for Spanish speakers and evening appointments.[7]

The Chicago Department of Public Heath study found that Chicago's public and private providers had served some 56,251 outpatient clients in 2003—about two percent of Chicago's population.[8] However, this number is only a fraction of the Chicago population battling mental health issues. In 2003, the Illinois Department of Public Health's Behavioral Risk Factor Surveillance System survey found that 10.4% of Chicago adults had experienced poor mental health for more than a week of the previous month.

Thus, in 2003, less than one fifth of the Chicago population estimated to suffer from poor mental health received treatment, further supporting the conclusion that there is significant unmet need for mental health services in Chicago.[9]

Research indicates that since 2003 the demand for mental health services has increased throughout the United States. Many within the psychiatric community attribute this trend in part to the economic stress the recession has placed on many Americans. A November 2011 study by Ramin Mojtabai, MD, PhD, of the John Hopkins School of Public Health, reviewed U.S National Health Interview Survey data from 1997 to 2009. He found that while the prevalence of disability attributed to physical health conditions decreased, the prevalence of mental health disabilities increased in the U.S. among non-elderly adults. Dr. Mojtabai also found that *"A total of 3.2% of participants in 2007-2009 reported not receiving mental health care because they could not afford it, up form 2.0% in 1997-1999…The increase was especially pronounced among participants with significant psychological distress who had not had any mental health contacts in the past year: from 14.3% in 1997-1999 to 24.8% in 2007-2009."* Dr. Mojtabai concluded, *"These findings highlight the need for improved access to mental health services in the community."* [10]

The Illinois Department of Public Health's 2009 Behavioral Risk Factor Surveillance System survey found that 16.2 percent of adults in Chicago reported that they had struggled with mental health at least eight days during the previous month. An increase of nearly six percent compared to the 2003 results. For Chicago residents who earned less than $15K a year, the percentage of the population who had suffered poor mental health for between eight and 30 days of the previous month jumped to a staggering 31.1 percent. Higher percentages of African-Americans, women, and those without a high school diploma also reported more serious struggles with mental health.[11]

Numerous other indicators also point to the growing and unmet mental health needs of the Chicago population. A Chicago Community Area Health and Resource Inventory examined data from 2007 and found that mental health hospitalizations increased by 8.9 percent over the previous ten-year period, at the same time that total hospitalizations in Chicago declined by 4.3 percent. [12]

This increase in mental-health related hospitalizations in Chicago may be related to a phenomenon described by journalist Christian Torres in a recent article: as access to mental health services has decreased, emergency rooms have increasingly been caring for people suffering from a mental health crisis. In his article, Torres also cited NAMI data that Illinois cut 31.7% of its mental health budget between 2009 and 2012. As a result, Illinois is ranked fourth among all 50 states for the most cuts to mental health services.

Given the current economic climate, the need for mental health services—particularly for the most vulnerable populations—seems likely to continue to increase. NAMI Executive Director Michael Fitzpatrick explained, ***"****More people are seeking mental health services than ever before" and "Mental health treatment in this country is so fragile, so inaccessible and so variable that taking out that much money really staggers it."*[13]

Health Care Reform Will Still Leave Some Uninsured

Many have assumed that the passage of the Affordable Care Act and its full implementation in 2014 will ensure that all individuals have insurance and access to care. However, according to several studies, many people still will not be able to afford care even after health care reform. It is projected that more than half a million low-income Illinoisans will remain uninsured after health care reform because they will not be able to afford private health insurance and will not qualify for public coverage.[14] Undocumented immigrants for example will be unable to get Medicaid coverage but many will need services. It would be irresponsible of the CDPH to plan to reduce services based on an assumption that every individual will have some form of insurance in 2014.

"I've been going to Northwest Mental Health Clinic for eight years. My Spanish-speaking therapist is like part of my family. I used to be very depressed, not eating, losing a lot of weight. My mother and my sister used to put the food in my mouth because I would not eat - they would beg me. Now I feel completely different from the person I was four years ago. I can do things on my own now. It's important for me that this clinic does not close. This is my neighborhood. Sending people to other neighborhoods is going to be very difficult. Our clinic is mostly Spanish-speaking and our therapists have been helping us a lot."
-**Florencia Cano, patient, Northwest Mental Health Clinic**

CONCLUSION: INVESTING IN THE FUTURE – A COMMITMENT TO MENTAL HEALTH SERVICES

An overwhelming body of research demonstrates that there is a significant unmet demand for mental health services. Research also indicates that as the economic recession continues, need for mental health services will continue to grow. Yet the City's plan will for all practical purposes close the door on new clients. It will be particularly difficult for uninsured individuals to find services, since private providers are already struggling to handle the uninsured clients they now have.

At a time of great unmet need closing six mental health clinics is wrong from both an economic and humane point of view. The most immediate harm will be to the thousands of Chicagoans who currently rely on these clinics for mental health services and uninsured residents seeking help will have fewer options. The clinic closures will also impact Chicago taxpayers by increasing the cost of care for individuals who are unable to get the mental health services they need.

With revisions in its current budget, CDPH can maintain all its current mental health clinics. Working with mental health consumers, CDPH clinic staff and mental health advocates, CDPH can then start planning for effective and innovative ways to meet the mental health needs of all Chicago residents in the future.

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[5] Illinois DMH Community Mental Health Services Block Grant Implementation Reports FY09 through FY2011

[6] Illinois Community Mental Health Block Grant FY2012 and Illinois Mental Health Block Grant FY2011 Implementation Report

[7] Chicago Department of Public Health, "Profile of Chicago's Mental Health System 2003," http://www.cityofchicago.org/city/en/depts/cdph/provdrs/pol_plan_report/svcs/health_system_reportsandinformation.html

[8] Chicago Department of Public Health, "Profile of Chicago's Mental Health System 2003," http://www.cityofchicago.org/city/en/depts/cdph/provdrs/pol_plan_report/svcs/health_system_reportsandinformation.html

[9] Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, http://app.idph.state.il.us/brfss/statedata.asp?selTopic=healthstatus&area=chi&yr=2003&form=strata&show=freq

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[12] City of Chicago Department of Public Health, "Community Area Health & Resource Inventory Data from 2007,"

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[14] Kaiser Family Foundation, "Health Reform Fact Sheets: Illinois & United States."

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