CITY OF CHICAGO
OFFICE OF INSPECTOR GENERAL

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Audit of the Chicago Department of Public Health's Mental Health Equity Initiative

August 12, 2025

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Acronyms

ARP	American Rescue Plan
BUILD	Broader Urban Involvement & Leadership Development
CARES	Coronavirus Aid, Relief, and Economic Security Act
CASL	Chinese American Service League
CDBG	Community Development Block Grant
CDPH	Chicago Department of Public Health
CFHC	Chicago Family Health Center
CTS	Carolina Therapeutic Services
HIPAA	Health Insurance Portability and Accountability Act
IMAN	Inner-City Muslim Action Network
MHEI	Mental Health Equity Initiative
OIG	Office of Inspector General
RFP	Request for Proposals
TICC	Trauma-Informed Centers of Care

Mental Health Resources

This report addresses issues of mental health. If you are experiencing a mental health crisis, please call or text 988 to reach the Suicide and Crisis Lifeline, or use the chat at 988lifeline.org. If you or someone else is at risk of imminent harm, please call 911.

For non-crisis mental health and substance use resources, as well as other social services, call 211 or visit https://211metrochicago.org/.

The Chicago Department of Public Health connects users with additional mental health resources, such as walk-in support services, at https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/cdph-suicide-prevention-initiative/mental-health-crisis-resources-in-chicago.html.

City of Chicago Office of Inspector General

Audit of the Chicago Department of Public Health's Mental Health Equity Initiative

Through the Mental Health Equity Initiative (MHEI) network, CDPH supports equitable and integrated mental health services for Chicagoans at City-run Mental Health Centers and delegate-run nonprofit health centers.

OIG found that the MHEI network provides accessible mental health care that is considerate of community needs, but should address certain factors to better serve clients.

OIG recommends CDPH:

offer guidance on how clinics could provide linguistically responsive care;

collect reliable data on its City-run clinics to evaluate their performance;

integrate City-run Mental Health Centers and MHEI delegate agencies as one cohesive network.

I | Executive Summary

The City of Chicago Office of Inspector General (OIG) conducted an audit of equity in the provision of mental health services as reflected in the Chicago Department of Public Health's (CDPH) Mental Health Equity Initiative (MHEI) network. The objective of OIG's audit was to determine the extent to which MHEI mental health sites provide equitable and integrated care.

A | Conclusion

OIG concluded that CDPH is supporting equitable and integrated mental health services for Chicagoans through the MHEI network, which includes Mental Health Centers operated directly by the City ("City-run") and those operated by nonprofit organizations contracted by the City (otherwise known as "delegate agencies").[1] However, to improve access to these services, CDPH should further integrate City-run Mental Health Centers and delegate agencies as one network, provide consistent administrative guidance, and improve the completeness and alignment of data across recordkeeping systems at its Mental Health Centers.

B | Findings

OIG found that the MHEI network generally provides mental health care to Chicagoans that aligns with the MHEI program priorities to provide equitable and integrated care. CDPH can improve administration of the program to resolve inconsistencies, however. MHEI clinics generally do not impose client-facing barriers to mental health services and do provide culturally competent mental health services, though some could improve capacity to provide linguistically responsive care.

Regarding clinics operated by delegate agencies, OIG found the clinics provide integrated care, but for most sites CDPH could do more to ensure delegates report relevant performance metrics. Regarding City-run Mental Health Clinics specifically, OIG found CDPH has policies in place to ensure integrated mental and physical health care, but it does not track metrics for these sites. Some of these City-run Centers also face site-specific challenges that may present barriers to clients seeking care. OIG also found that the City-run Mental Health Centers' service data is not complete or reliable enough to enable informed decisions about operations nor to share performance indicators with the public. Because of its poor quality, CDPH cannot use this data to understand the Mental Health Centers' performance or establish measurable goals for them.

C | Recommendations

OIG recommends that CDPH increase its integration of delegate agencies and its own Mental Health Centers into the same network, and further develop its guidance to ensure consistency in service delivery. CDPH should also leverage its unique position to develop an employment pipeline to ensure the network has sufficient bilingual clinicians. CDPH should work to improve the completeness and alignment of data captured at its own Mental Health Centers and then leverage the improved data to define and use performance metrics to monitor program performance.

[1] In 2023, CDPH funded 43 MHEI delegate agencies in addition to its five City-run Mental Health Centers.

D | CDPH Response

In response to OIG's audit findings and recommendations, CDPH stated that it would define its low-barrier service expectations and ensure providers adhere to these, improve directional signage at the Mental Health Centers, and provide monthly training and convening events to grow collaboration between delegates and City-run Mental Health Centers. CDPH also stated that it would work to grow the pipeline of behavioral health professionals who speak more than one language and improve its guidance on language interpretation in clinical services. To improve program metrics and data, CDPH stated that it would ensure delegates and Mental Health Centers complete an integrated care self-assessment and develop associated work plans, centralize its client intake system with clearly-defined data workflows, finish cleaning its Mental Health Centers service data, and release annual reports of network-wide data.

The specific recommendations related to each finding, and CDPH's response, are described in the "Findings and Recommendations" section of this report.

II | Background

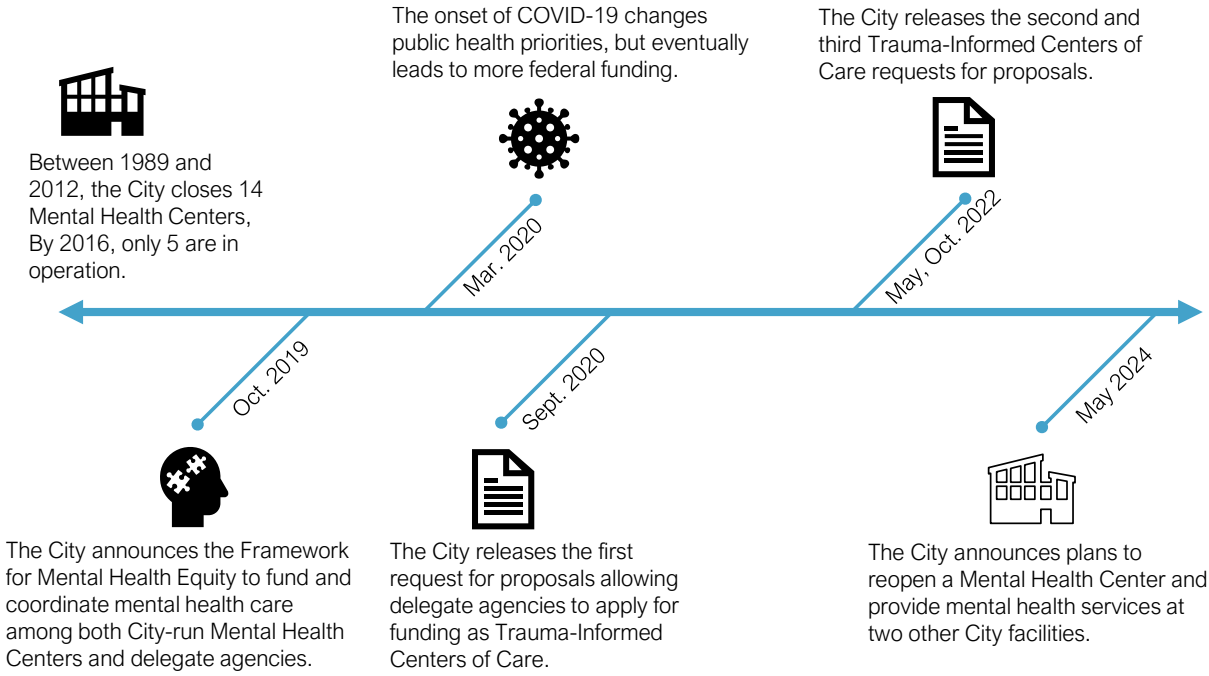
The Chicago Department of Public Health (CDPH) operates several programs focused on improving Chicagoans' mental and behavioral health. The American Medical Association defines these terms as follows:

- "**Behavioral health** generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms."
- "**Mental health** refers to a person's emotional, cognitive and psychological well being."[2]

CDPH uses both of these terms to discuss its work. OIG's audit report relies on CDPH's choice of terms where available and, otherwise, uses the term *mental health*.

To address the public's needs in these areas, CDPH operates multiple Mental Health Centers where it provides in-person care. In 2019, CDPH developed its Framework for Mental Health Equity, and in 2020, it launched the Trauma-Informed Centers of Care (TICC) program, rebranded as the Mental Health Equity Initiative (MHEI) in 2025. These programs are discussed in more detail in the sections that follow. Figure 1 reflects the timeline of these efforts.

Figure 1: The City of Chicago's approach to providing mental health care has evolved over time.



Source: OIG visualization of information from CDPH publications.

[2] American Medical Association, "What Is Behavioral Health?", August 2022, accessed October 25, 2024, https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health. American Medical Association, "Topics – Mental & Behavioral Health," October 2024, accessed October 25, 2024, https://www.ama-assn.org/topics/mental-behavioral-health.

A | Framework for Mental Health Equity

CDPH's Healthy Chicago survey, conducted in 2018, found that "about 178,000 Chicago adults needed mental health treatment at some point in the previous year but did not receive services."[3] To address this gap, CDPH and then-Mayor Lori Lightfoot's office launched the Framework for Mental Health Equity in October 2019. The Framework proposed substantially increasing the City's investment in mental health and envisioned "a coordinated, comprehensive system of mental healthcare" that "provides access to high-quality, trauma-informed services for the populations and communities most in need."[4] The Framework outlined four strategies:

1. Expand mental health services at public and nonprofit health centers in the neighborhoods of greatest need.
2. Enhance violence prevention programming to address mental health needs, focusing on the communities most impacted by violence and poverty.
3. Fund crisis prevention and response programs for people who have additional mental health challenges and often have difficulty accessing brick-and-mortar clinics.
4. Coordinate the system of care by ensuring everyone in Chicago who needs mental health care knows how to access services.

In the Framework, CDPH initially envisioned investing in a network of 20 clinics—both those directly operated by the City and those operations contracted with delegate agencies—to serve the Chicago neighborhoods most impacted by trauma.[5] CDPH ultimately developed the MHEI network, discussed in section C below, to fulfill this strategy.

Pandemic's Impact on Mental Health

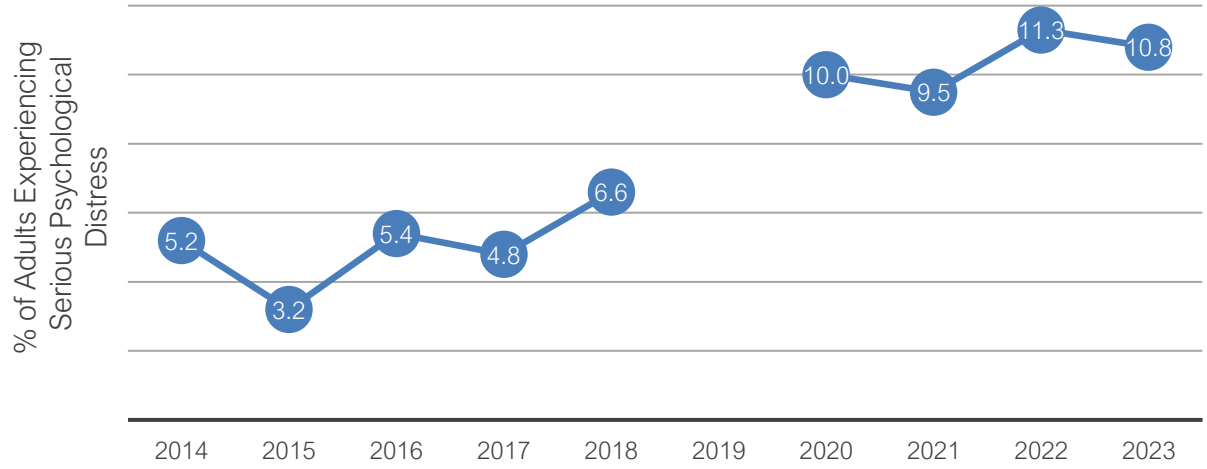
In late January 2020, the first case of COVID-19 was reported in Chicago. Two months later, the Governor of Illinois announced a stay-at-home order affecting the entire state. The impact of the COVID-19 pandemic in the months and years that followed magnified the need for mental health services and the resources available to CDPH to address this need.

In 2021, then-Mayor Lori Lightfoot reported that "40 percent of Chicago residents feel that the subject of mental health is one of the greatest challenges facing the city today, and this mirrors national data showing the increased need for mental health services during the COVID-19 pandemic."[6] As Figure 2 shows, CDPH's Chicago Health Atlas estimated an increase in the serious

[3] City of Chicago Office of the Mayor, "Mayor Lightfoot Doubles City Investment in Mental Health to Expand Equity and Access to Care Across Chicago's Communities," October 24, 2019, accessed December 18, 2024, https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2019/October/InvestmentMentalHealth.pdf.
[4] See Appendix B for a copy of the Framework document.
[5] Delegate agencies, as defined by the City of Chicago 2025 Budget Overview, are "organizations that provide services on behalf of the City through a grant contract." The City receives grants primarily funded through the federal government, the State of Illinois, local governments, and other organizations. CDPH, as the City Department contracting with various delegate agencies, has the responsibility of ensuring each delegate agency meets its contract requirements.
[6] City of Chicago Office of the Mayor, "Mayor Lori E Lightfoot Announces Initiative to Support Residents' Mental Health with a Healing-Centered Approach," August 25, 2021, accessed April 18, 2025, https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2021/august/MentalHealthInitiative.html.

psychological distress rate from a low of 3.2% in 2015 to 11.3% in 2022 for the full population of Chicago.[7]

Figure 2: Chicagoans' rate of severe psychological distress increased with the COVID-19 pandemic.



Source: OIG visualization of CDPH data from the Chicago Health Atlas. The source does not contain 2019 data.

According to CDPH, the pandemic increased Chicagoans' mental health needs and lessened social stigma associated with seeking mental health care. CDPH reported to OIG that increased federal funding from the American Rescue Plan (ARP), as well as increases in the City's budget, allowed it to roughly double the number of positions it had in 2019 that were devoted to mental and behavioral health.

B | Mental Health Equity Initiative

Despite the pandemic's impact, CDPH ultimately launched the clinic network envisioned in the Framework. According to CDPH,

> The Mental Health Equity Initiative (MHEI), launched in October 2020, operates and funds services provided by 5 CDPH mental health clinics and a robust network of [delegate agency] mental health safety net providers. The MHEI mobilizes diverse mental health providers to expand low-barrier, trauma-informed, and integrative outpatient mental health services to Chicagoans regardless of ability to pay, immigration status, or health insurance.[8]

[7] The Chicago Health Atlas is a website developed by CDPH and health-focused partners so that the public "can review, explore, and compare health-related data over time and across communities." It identifies the serious psychological distress rate as "Percent of adults who reported serious psychological distress based on how often they felt nervous, hopeless, restless or fidgety, depressed, worthless, or that everything was an effort in the past 30 days." City of Chicago Department of Public Health, "Chicago Health Atlas (based on data from Healthy Chicago Survey) – Serious Psychological Distress Rate," accessed October 25, 2024, https://chicagohealthatlas.org/indicators/HCSSPDP?topic=serious-psychological-distress-rate.

[8] In 2025, CDPH rebranded the TICC network as the Mental Health Equity Initiative (MHEI) network. It intends to issue delegate contracts under this name going forward. City of Chicago Department of Public Health, "Mental Health Equity Initiative (MHEI) Network Dashboard," accessed March 19, 2025, https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/mhei-dashboard.html.

Delegate agencies eligible for funding may include,

- Federally Qualified Health Centers, which receive funding from the U.S. Health Resources Service Administration to provide primary care in underserved areas on a fee scale based on a patient's ability to pay;
- Community Mental Health Centers, which provide specialized mental health services; and
- Community-based organizations, which are nonprofit groups providing human services to high-need communities.

CDPH released three successive requests for proposals (RFPs), offering contractors the opportunity to apply to become an MHEI network care provider:[9]

- The first RFP, in September 2020, focused on providing services to the 35 highest-need communities based on economic hardship, the number of behavioral health emergency transports, and vaccination rates. These were located primarily on the South and West sides of the City.
- The second RFP, in May 2022, focused on expanding the provision of services citywide. This RFP also sought to increase services for older adults, youth, members of the LGBTQ community, gender-based violence survivors, individuals with intellectual disabilities, and non-native English speakers.
- The third RFP, in October 2022, was by invitation only to existing, high-performing MHEI delegate agencies. This RFP prioritized the provision of services for youth.

CDPH's Mental Health Equity Initiative RFPs define integrated care as "a whole-person approach to health care that coordinates primary care and behavioral health care service delivery either through systems-integration [in which primary care and behavioral health care services are completely integrated within a single provider organization], co-location, or close coordination of care across settings," and identifies this as a primary program objective. Similarly, its Clinical Services Manual states CDPH's intent to help clients "receive care from integrated care plans and other medical providers." CDPH recognizes that mental health service clients who receive integrated care have better overall health outcomes.

All three RFPs required agencies to provide "no-barrier" service provision—i.e., services regardless of clients' ability to pay, immigration status, or health insurance. This reflects a similar approach expected of the City-run Mental Health Centers in CDPH's Clinical Services Manual. CDPH stated that the RFPs focused primarily on agencies serving new clients, not on funding the work agencies were already doing.

In 2023 CDPH funded 43 MHEI delegate agencies in addition to its five City-run Mental Health Centers. The two photos below provide an example of a delegate agency site and a City-run Center.

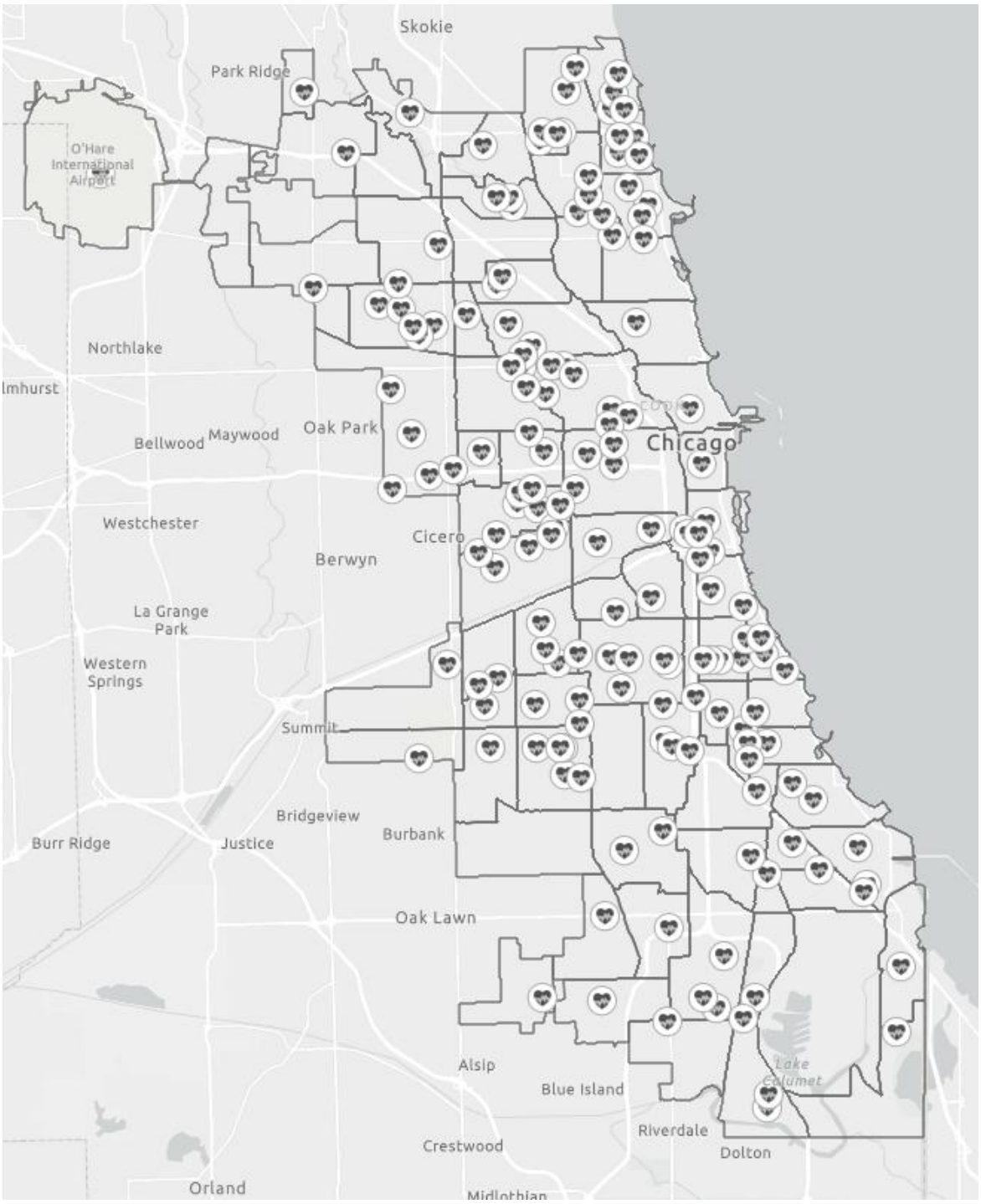
[9] According to the Department of Procurement Services, an RFP is " A form of procurement that is typically used to solicit proposals to implement a new project requiring professional services […] Proposers furnish evidence of their ability to meet the City's requirements along with a proposed price for furnishing the required goods or services." City of Chicago, Department of Procurement Services, "Resource Guide: Procurement Fundamentals," 5, 2022, accessed March 17, 2025, https://www.chicago.gov/content/dam/city/depts/dps/RulesRegulations/ResourceGuide_ProcurementFundamentals_FINAL_2022.pdf.

Trellus is an example of a delegate agency in the MHEI network. Source: OIG photo.

The Greater Lawn Mental Health Center is an example of a City-run clinic in the MHEI network. Source: OIG photo.

In addition to dedicated sites like these, CDPH expanded the capacity and geographic reach of its MHEI network by funding delegate mental health clinicians to work out of schools, libraries, homeless shelters, and at O'Hare airport. CDPH refers to these alternate sites as co-locations and uses them to fill in coverage gaps and address community needs. As shown in Figure 3 below, by 2023 MHEI had expanded to 151 sites, including City-run clinics, delegate agency sites, and co-locations.

Figure 3: The CDPH MHEI network in 2023 included sites in nearly every community area of Chicago.



Source: CDPH. Note that CDPH's website reports that it is updating the map. Thus, not every MHEI site active in 2023 is displayed.[10]

[10] City of Chicago, "City of Chicago MHEI Network," accessed October 18, 2024, https://chicago.maps.arcgis.com/apps/instant/sidebar/index.html?appid=6546484317e744bea7226a32f955c6af.

Figure 4 shows that, in 2023, CDPH reported awarding $14 million in grants to 43 delegate agencies in the MHEI network. CDPH awarded each agency an amount between $240,000 and $700,000. Funding included $6,120,000 from ARP, $5,240,000 from the City's Corporate Fund, and $2,640,000 from Community Development Block Grants (CDGBs) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Figure 4: CDPH reports funding 43 MHEI delegate agencies in 2023 for a total of $14 million.

Delegate Agency	Total Award	Funding Source
Access Community Health Network	$480,000	ARP
Ada S. Mckinley Community Services, Inc	$240,000	ARP
Alivio Medical Center	$240,000	Corporate Fund
Alternatives Inc.	$480,000	CDBG CARES
Apna Ghar Inc./Hamdard Center	$350,000	Corporate Fund
Asian Human Service Family Health Center	$240,000	ARP
Asian Human Services	$480,000	ARP
Aunt Martha's Health and Wellness	$240,000	Corporate Fund
Board of Trustees of the University of Illinois: UIC Miles Square	$480,000	ARP
BUILD Inc.	$240,000	CDBG CARES
Carolina Therapeutic Services, Inc	$240,000	ARP
Catholic Charities of Archdiocese of Chicago	$480,000	CDBG CARES
Chicago Family Health	$360,000	ARP
Chinese American Service League, Inc	$240,000	ARP
Christian Community Health Center	$240,000	Corporate Fund
Community Counseling Centers of Chicago	$240,000	Corporate Fund
Enlace	$240,000	CDBG CARES
Envision Unlimited	$240,000	ARP
Erie Family Health Center	$480,000	Corporate Fund
Erie Neighborhood House	$480,000	CDBG CARES
Esperanza Health Center	$360,000	ARP
Friend Family Health Center	$240,000	ARP
Gads Hill Center	$240,000	ARP
Habilitative Systems Inc. (HSI)	$240,000	CDBG CARES
Healthcare Alternative Systems (HAS)	$240,000	Corporate Fund
Heartland Alliance Health	$240,000	Corporate Fund
Infant Welfare Society of Chicago	$240,000	ARP
Inner-City Muslim Action	$240,000	ARP
Lawndale Christian Health Center/I Am Able	$350,000	Corporate Fund
Lutheran Social Services of Illinois	$480,000	ARP
Metropolitan Family Service	$240,000	ARP
Midwest Asian Health Association	$480,000	Corporate Fund
Near North Health	$120,000	ARP
Nourishing Hope	$480,000	ARP
PCC Community Wellness Center	$240,000	Corporate Fund
Pilsen-Little Village Community Mental Health Center	$240,000	ARP
PrimeCare Community Health	$480,000	Corporate Fund
Sinai Health System	$240,000	Corporate Fund
Saint Anthony Hospital	$240,000	ARP
St. Bernard Hospital	$240,000	Corporate Fund
TCA Health	$240,000	Corporate Fund
Trilogy/Heartland Health Centers	$700,000	Corporate Fund
YWCA of Metropolitan Chicago	$480,000	CDBG CARES
Total	$14,000,000	

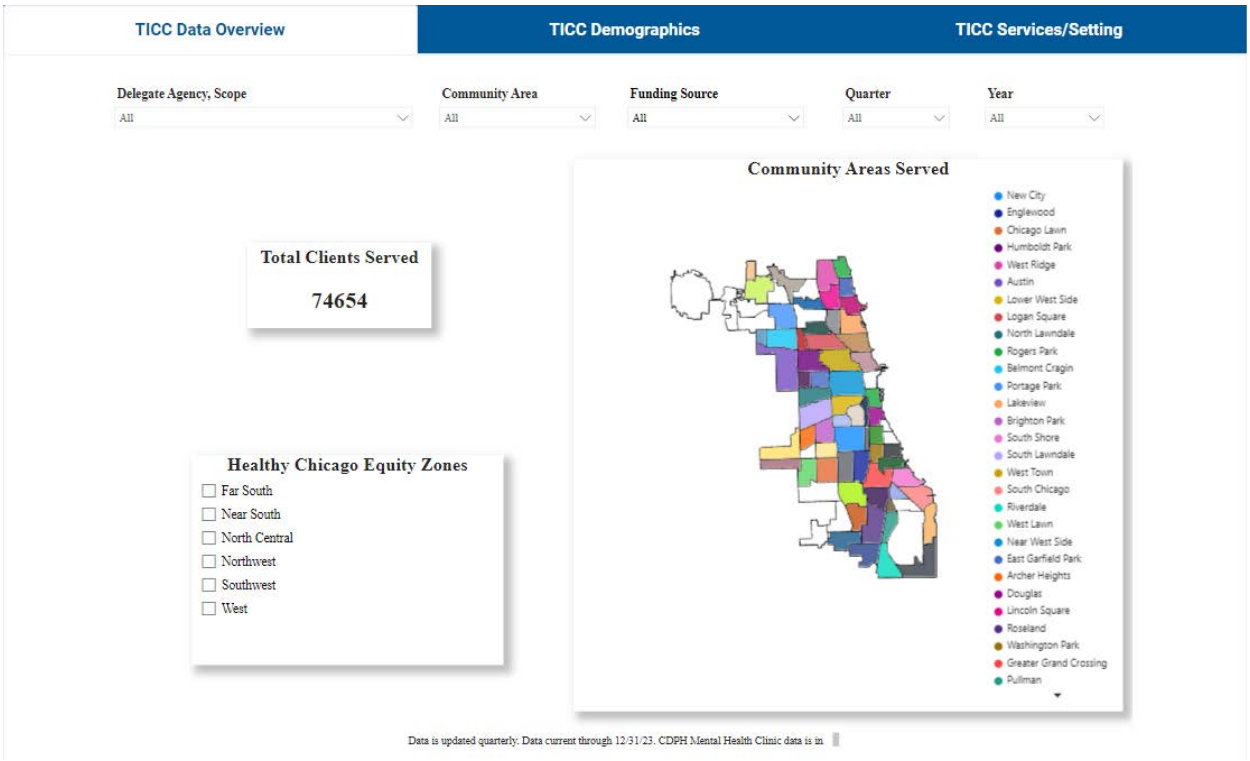
Source: CDPH data as reported to OIG by the Director of Mental Health Operations.

MHEI Network Services

CDPH previously reported service metrics from delegate agencies on its MHEI Network Dashboard, which allowed users to parse service data from delegate agencies by service type, geography,

agency, client demographics, funding source, and time. As explored in Finding 2, issues with CDPH's City-run Mental Health Center data preclude this level of detail in data from that portion of the MHEI network. As such, the Dashboard did not contain any data from the City-run Mental Health Centers. As of the writing of this report, CDPH has taken the Dashboard down entirely—along with other CDPH dashboards—following an inadvertent data disclosure on a dashboard unrelated to MHEI.[11] CDPH is now undergoing a review of security requirements for all its dashboards. Figure 5 shows an example of the Dashboard's interface during the time it included MHEI program data.

Figure 5: The MHEI Network Dashboard allowed service data from delegate agencies to be parsed several ways, but did not include data from the City-run Mental Health Centers. The Dashboard is currently unavailable.



Source: City of Chicago Department of Public Health, "Mental Health Equity Initiative (MHEI) Network Dashboard," accessed October 18, 2024, but no longer available. The dashboard image shown reflects the time before CDPH rebranded TICC as MHEI. The website without the dashboard is accessible at https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/mhei-dashboard.html.

CDPH has published on its website high-level 2022 numbers on total clients and units of service from both delegate agencies and the City-run Mental Health Centers.[12] While CDPH has not

[11] City of Chicago Department of Public Health, "Notice of Data Event," January 28, 2025, accessed March 20, 2025, https://www.chicago.gov/content/dam/city/depts/cdph/homepage/alerts/CDPH-Data-Event-Notice_01.28.2025.pdf.
[12] This document is included as Appendix A. City of Chicago Department of Public Health, "Behavioral Health – Program Summaries," 1, accessed December 19, 2024, https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health.html, document available at https://www.chicago.gov/content/dam/city/depts/cdph/fact-sheets-reports-studies/CDPH_TICC_One_pager_8.5x11_62223.pdf.

published such data for 2023, it provided OIG similar high-level service numbers from that year. Figure 6 summarizes this service data.

Figure 6: Delegate agencies provide most mental health services in the MHEI network.

	2022		2023	
	Individuals Served	Total Units of Service	Individuals Served	Total Units of Service
Delegate Agencies	38,508	136,685	36,231	160,988
City-Run Mental Health Centers	1,782	18,009	1,672	21,466

Source: CDPH.

The City-run Mental Health Centers and delegate agencies in the MHEI network provide a wide range of services to clients. According to its 2022 service reporting document, the MHEI network's three most provided services that year were individual outpatient therapy, case management and care coordination, and psychiatric medication monitoring.[13]

While CDPH has defined types of services that can be provided through the MHEI network, the length of each session and frequency of the sessions can vary among providers. For example, one delegate agency clinician stated that in their experience, many Federally Qualified Health Centers provide only 15- to 20-minute therapy sessions, whereas their agency provides 1-hour sessions once a week. By contrast, a clinician from a different delegate agency stated that they provide 30-minute sessions, and they may see the same person more than once a week if needed. This means that the definition of a "unit of service" can vary by provider or client need. CDPH stated that measuring the MHEI network's ultimate impact is difficult because metrics do not correspond well to tangible outcomes in behavioral health.

C | CDPH Plans Expansion of City-Run Mental Health Centers

The City's Mental Health System Expansion Working Group was created by ordinance in October 2023 to propose a new framework for expanding mental and behavioral services. The working group summarizes the history of the City's Mental Health Centers in its 2024 report:[14]

[13] CDPH describes case management and care coordination as the "assessment and coordination of a range of services responsive to a patient's needs, including behavioral health, rehabilitation, physical health, social services, housing, employment, and education. CDPH describes case managers and care coordinators as "specialized staff designated to develop resources and facilitate connections to providers, programs, and service systems." See Appendix A for CDPH's definitions by type of service and self-reported 2022 service metrics.

[14] City of Chicago Office of City Clerk, "Establishment of Working Group for Development of Recommendations Regarding Provision of Mental Health Services (O2023-0004179)," October 4, 2023, accessed March 18, 2025, https://chicityclerkelms.chicago.gov/Matter/?matterId=63256591-6F52-EE11-BE6E-001DD8097F7D.

> Historically, mental health treatment was available at no cost at the City's mental health centers . . . which served over 6,000 people annually at their highest capacity year. In 1989, there were 19 City-run Mental Health Centers . . . 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.[15]

In May 2023, at the time of OIG's initial engagement on this topic, CDPH directly operated five Mental Health Centers:

- Englewood Mental Health Center, 641 W. 63rd St.
- Greater Grand/Mid-South Mental Health Center, 4314 S. Cottage Grove Ave.
- Greater Lawn Mental Health Center, 4150 W. 55th St.
- North Lawndale Mental Health Center, 1105 S. Western Ave.
- North River Mental Health Center, 5801 N. Pulaski Rd.

In May 2024, the City announced plans to expand the number of Mental Health Centers CDPH operates by,

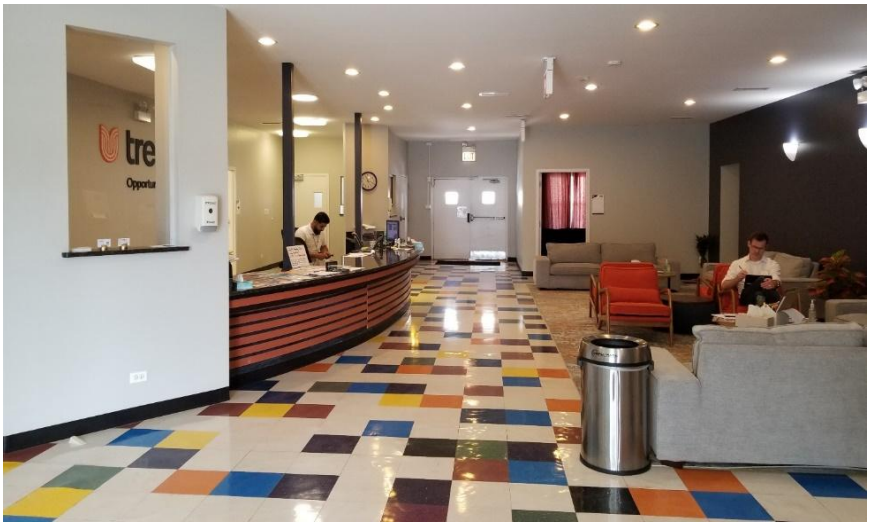
- re-opening a closed Mental Health Center in Roseland on the city's far South Side;
- adding mental health care services to the existing Pilsen South Ashland Health Hub at 1713 S. Ashland Ave.; and
- offering mental health care services at the Legler Regional Library at 115 S. Pulaski Rd.

At the time of this report's publication, the Pilsen South Ashland Health Hub and the Roseland East 115th Street Health Hub have opened for service, as have mental health care services at the Legler Regional Library, Woodson Regional Library, and Edgewater Branch Library.

D | OIG Visited Eleven Clinics During Its Audit

OIG visited eleven clinics in total to observe the environments from the client's perspective. This included six clinics operated by delegate agencies and five operated by CDPH directly. Direct observation of clinic environments allowed OIG to identify situations in which the clinic considered and addressed potential on-site barriers to care that clients might encounter or those that remain.[16] The photos below provide examples of the waiting areas clients first encounter when seeking service at MHEI clinics, two operated by delegate agencies and two by CDPH.

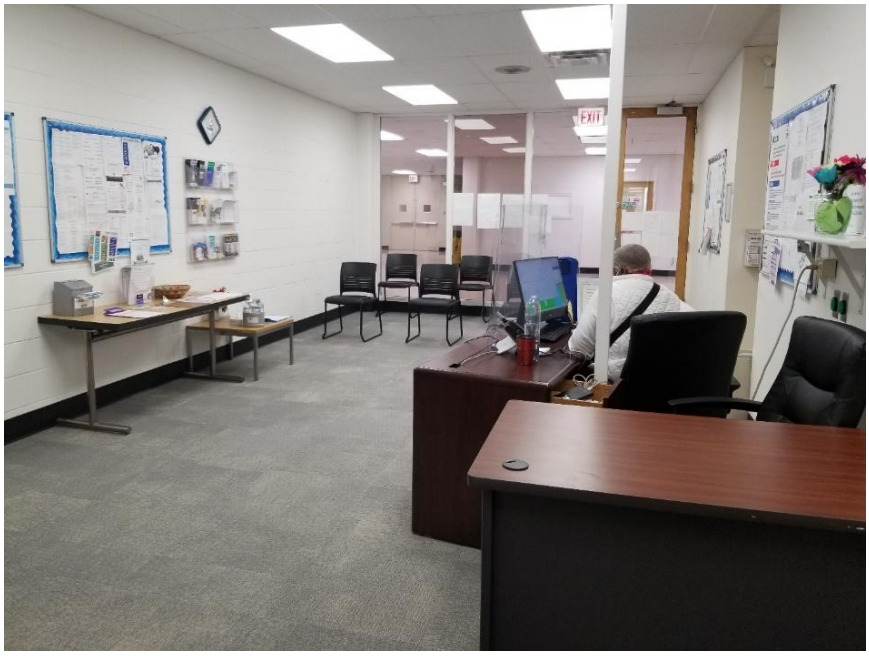
[15] City of Chicago Mental Health System Expansion Working Group, "The People's Vision for Mental and Behavioral Health," May 2024, 15, accessed October 23, 2024, https://www.chicago.gov/content/dam/city/sites/treatment-not-trauma/pdfs/MHSE/MHSE-Report-May-31-2024.pdf.
[16] OIG discusses barriers it identified, as well as measures the clinics took to mitigate potential barriers, in Finding 1.



The waiting area at Trellus is spacious and has comfortable seating. Source: OIG photo.

The waiting area at CASL is clean and offers natural light, artwork, and coffee for visitors. Source: OIG photo.

North River Mental Health Center's waiting area has many outward-facing windows that admit natural light, owing to its placement on the second floor of its building. Source: OIG photo.



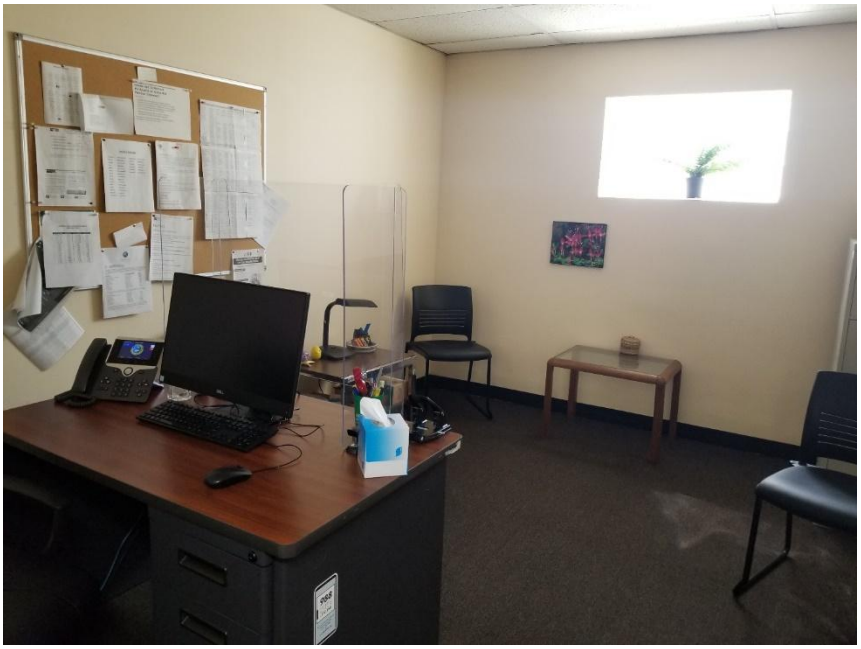
The waiting area at the Englewood Mental Health Center, in the basement of a building it shares with other health care providers, has no exterior windows. Source: OIG photo.

Clinicians' offices at the delegate agency clinics offered comfortable seating, and many were decorated with artwork. In the example photograph from Chicago Family Health Center (CFHC) below, a child-sized table with materials for coloring sits to the side. Features like these could help facilitate therapy for clients who are not able to secure childcare.

A clinician's office at IMAN features artwork intended by the agency to create a welcoming environment. There is a couch to provide seating for the client and a low table between the client and clinician. Source: OIG photo.

Another office at CFHC features seating for the client and clinician as well as a side table for children. Source: OIG photo.

The clinicians' offices at the City-run Mental Health Centers varied. According to CDPH, some staff have chosen to furnish and decorate their office spaces at their own expense. CDPH does not provide an allowance for clinicians to furnish or decorate their offices beyond the basic office furniture it provides, which is generally limited to hard plastic seating. Additionally, some offices, such as the one pictured at the Greater Grand Mental Health Center below, feature plastic barriers on the desks between where therapists and clients sit. While likely intended as a COVID mitigation measure, these literal barriers could potentially hamper communication and connection with the person seeking service.



An office at the Greater Grand Mental Health Center has a physical plastic barrier separating the clinician from the client and two plastic chairs for clients. Source: OIG photo.

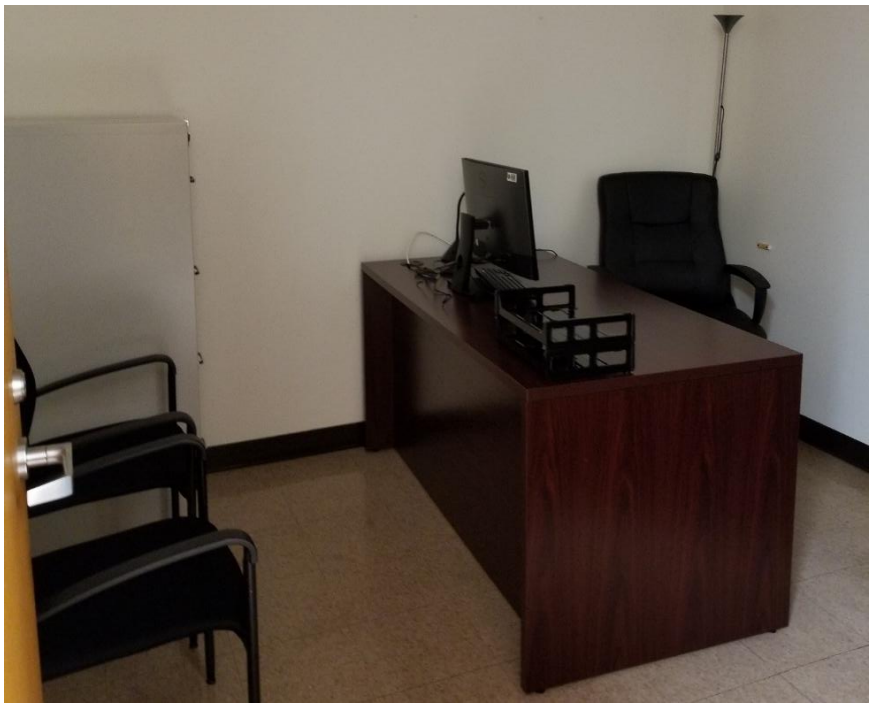
An office at the Englewood Mental Health Center, decorated at the clinician's own expense in an effort to create a more welcoming atmosphere. Source: OIG photo.

CDPH made efforts to increase patient privacy by providing white noise machines for use outside of therapists' offices at each of its clinics.

A white noise machine placed outside of an office door at the Lawndale Mental Health Clinic helps to safeguard patient privacy. Source: OIG photo.

At some City-run Mental Health Centers, much of the available space was not being used for mental health services. For example, during the time of OIG's visit to the Greater Grand Mental Health Center, only one of the four offices in a particular corridor was occupied by a clinician. Other vacant offices at the City-run Mental Health Centers were used for storage.

An office at the Englewood Mental Health Center was used for storage. The director of this center stated that other on-site offices were being used to store CDPH's COVID supplies. Source: OIG photo.



An office sits vacant at the Greater Grand Mental Health Center. Source: OIG photo.

The director of the North River Mental Health Center stated that unused space at the facility had been used to house 60 people on cots as part of the City's response to new arrivals to the United States coming from border states.[17] While this happened before the director's tenure, it was their understanding that housing newly arrived people constrained space and disrupted operations. The director acknowledged that this clinic had more office space than it could currently use.

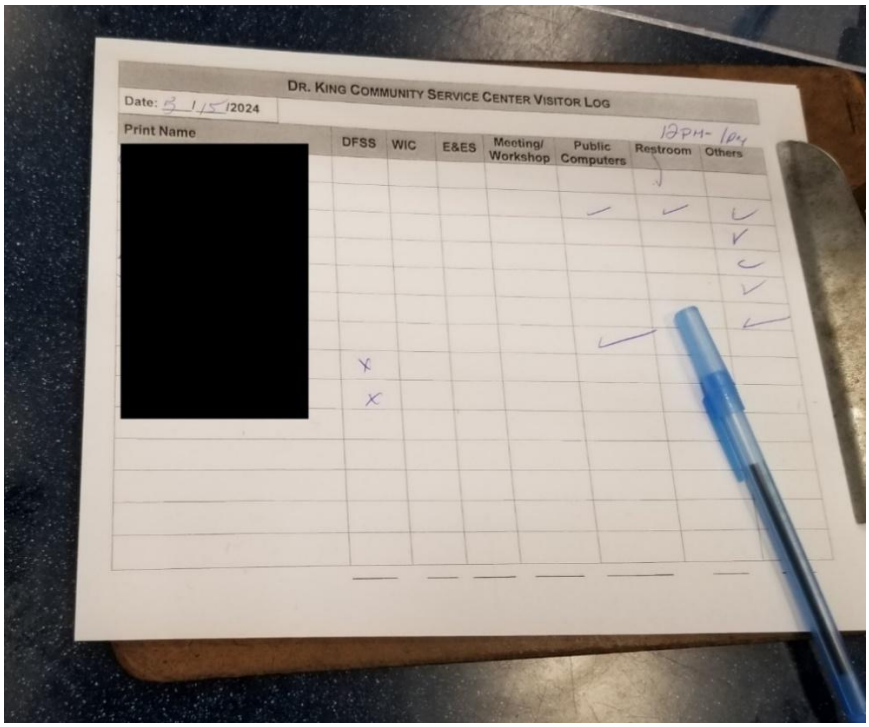
[17] *New arrivals* refers to asylum seekers, refugees, immigrants, and migrants arriving in the United States from other nations. From August 2022 through 2023, the governor of Texas sent masses of new arrivals to Chicago via bus and plane transportation.

A space at the North River Mental Health Center had been used to house new arrivals and was empty at the time of OIG's visit. Source: OIG photo.

Additionally, some City-run Mental Health Centers were not easy to find within the buildings that house them. For example, the Englewood Mental Health Center is located in the basement of a building it shares with other health care providers. A sign outside identifies the building as the Englewood Health Center, but no other signs inside or outside direct clients to it, unlike at the other City-run Mental Health Centers.

At the Englewood Mental Health Center, the first client-facing signage that identifies the clinic is on the basement suite it occupies. Source: OIG photo.

The Greater Grand Mental Health Center, located in the multi-use King Community Service Center, had a single sign on the outside that identified the mental health clinic. The building had a staffed front desk in the lobby, although its interior had no internal signs directing clients to the clinic space. Furthermore, the building required clients to sign in at the front desk, but did not list the CDPH clinic as one of the available destinations. The staff member on duty directed OIG to sign in for the Department of Family and Support Services instead when OIG visited the site. While this practice might, intentionally or otherwise, help protect the privacy of clients seeking mental health services, it could also create confusion for first-time clients expecting to find a CDPH facility.



CDPH's Mental Health Center is not listed on the sign-in sheet at the King Community Service Center that houses it. Source: OIG photo.

CDPH has made some recent investments in improving its City-run Mental Health Center facilities. CDPH moved the Lawndale Mental Health Center from a former warehouse building that had bars on the windows to what CDPH staff described as a more "welcoming" office building two blocks away. The North River Mental Health Center underwent physical repairs to fix leaks in its roof and to abate lead paint in its stairwells, which had created an environmental safety concern.

Water damage is evident in ceiling tiles at the North River Mental Health Center's waiting area. There did not appear to be an active leak at the time of OIG's visit. Source: OIG photo.

Because different entities own the buildings that house Mental Health Centers, CDPH must work variously with the Department of Fleet and Facility Management, other City departments, the Chicago Park District, or private landlords to address facilities issues that arise. For example, the director of the North River Mental Health Center did not have a key to access the premises at the time of OIG's visit, despite a weekslong outstanding request to the Chicago Park District, who owns that building. This director, therefore, had to coordinate their arrival and departure with other staff who had keys.

E | CDPH Funding for Mental and Behavioral Health Programs

CDPH's overall budget for mental health programming has grown in recent years. Figure 7 shows budgeted amounts for its own mental and behavioral health services staff from 2023 to 2025, as well as non-personnel expenses at its Mental Health Centers.

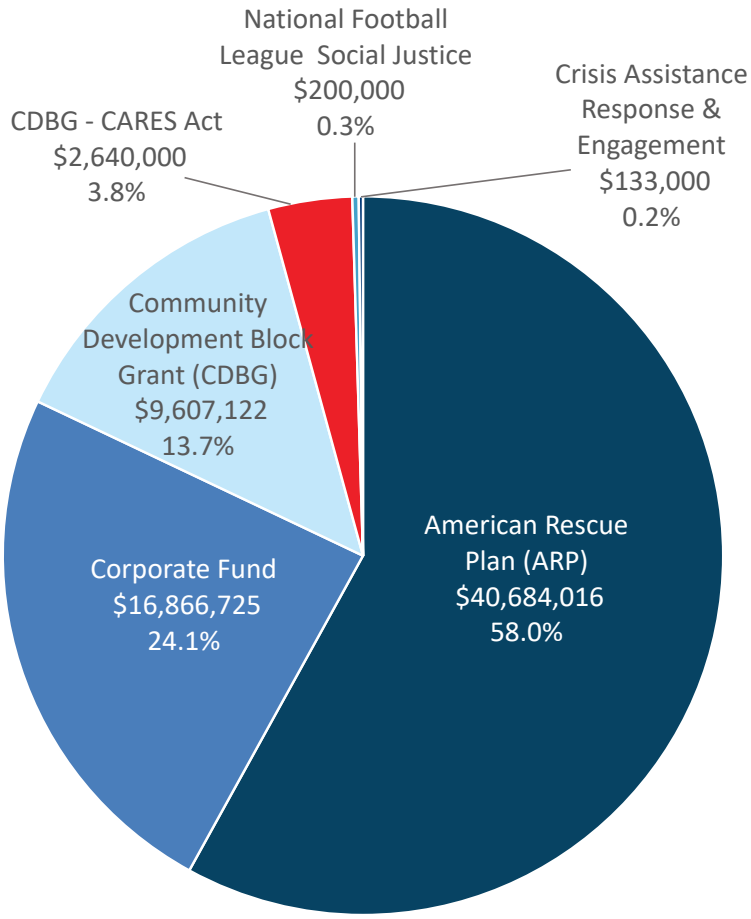
Figure 7: CDPH's 2025 clinics budget remained similar to 2023, but its administrative budget increased.

	2023		2024		2025	
Section	Positions	Budgeted Amount	Positions	Budgeted Amount	Positions	Budgeted Amount
Behavioral Health Personnel (Corp. Fund)	23	$1,923,645	24	$2,121,715	18	$1,852,599
Mental Health Admin. Personnel (Corp. Fund)	32	$2,957,740	53	$4,719,599	44	$4,325,350
Mental Health Clinics Personnel (CDBG)	57	$4,787,332	57	$4,684,852	54	$5,092,305
Mental Health Clinics Non-Personnel (CDBG)	N/A	$3,326,813	N/A	$3,326,813	N/A	$895,001
Total	112	$12,995,530	134	$14,852,979	116	$12,165,255

Source: City of Chicago budget documents. Community Development Block Grants (CDBG) are funded by the U.S. Department of Housing and Urban Development to support a variety of community development projects.

The COVID-19 crisis, beginning in 2020, exacerbated Chicagoans' need for mental health services but also provided new funding opportunities. CDPH reports that the City's mental health system investments totaled $12 million in 2019. By 2023, CDPH's self-reported mental health services budget had risen to $70.1 million. But as Figure 8 shows, time-limited ARP funds comprise 58% of that amount. These one-time funds must be spent by December 31, 2026. It is unclear how CDPH intends to continue to fully fund mental health services after the ARP funds expire.

Figure 8: The American Rescue Plan provided the majority of funding available for CDPH's mental health programming in 2023.



Source: OIG visualization of funding for Fiscal Year 2023 based on data provided by CDPH.

III | Objectives, Scope, and Methodology

A | Objective

The objective of OIG's audit was to determine the extent to which the CDPH's MHEI mental health sites provide equitable and integrated care.

B | Scope

This audit focused on CDPH's management of delegate and City-run mental health clinics operating under the MHEI program from the launch of the Framework for Mental Health Equity on October 24, 2019, until June 30, 2024. Its scope did not include programs under the Framework that were not part of MHEI, such as the Crisis Assistance Response and Engagement program.

C | Methodology

To understand the availability of mental health services in Chicago and challenges in accessing them, OIG interviewed CDPH management and staff, community organizations that could speak to their populations' experiences, and advocacy groups.

To select delegate agency sites for closer analysis alongside the five City-run clinics, OIG first identified the full list of 146 delegate agency sites providing service under MHEI in 2023. From that list, OIG chose a targeted sample of six sites that were not co-located within schools or libraries, and that ensured diverse representation of City geography, clients with a primary language other than English, types of mental health services provided, and provider type (for example, Federally Qualified Health Centers). The six agencies that operate the selected sites are:

- Broader Urban Involvement & Leadership Development (BUILD);
- Carolina Therapeutic Services (CTS);
- Chicago Family Health Center (CFHC);
- Chinese American Service League (CASL);
- Inner-City Muslim Action Network (IMAN); and
- Trellus.

This sample allowed OIG to collect evidence of practices at specific MHEI program sites. That sample is not statistically representative of all delegate sites or agencies and, thus, OIG's observations are limited to the sites visited.

To understand the on-the-ground experience of seeking MHEI services, OIG conducted site visits at all five City-run Mental Health Centers and the six sampled delegate agency clinics. OIG's tours of these facilities followed a standardized observations checklist and included interviews of leadership and staff at each clinic. OIG documented these visits with photographs and additional observation notes. These site visits informed OIG's assessment of the extent to which the MHEI sites provide no-barrier service, integrated care, and services that are culturally, contextually, and linguistically responsive.

OIG also reviewed delegate and City-run clinic intake forms, job postings, policies and procedures documents, and technical assistance materials, as well as the delegates' 2023 quarterly program

reports. These reviews, along with interviews of CDPH leadership and a review of its monthly Delegate Agency Newsletter, also informed OIG's assessment of the extent to which CDPH has fostered partnerships that support MHEI in connecting clients with relevant clinical or non-clinical services.

D | Standards

OIG conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for its findings and conclusions based on its audit objectives. OIG believes that the evidence obtained provides a reasonable basis for its findings and conclusions based on its audit objectives.

E | Authority and Role

The authority to perform this audit is established in the City of Chicago Municipal Code § 2-56-030, which states that OIG has the power and duty to review the programs of City government in order to identify any inefficiencies, waste, and potential for misconduct, and to promote economy, efficiency, effectiveness, and integrity in the administration of City programs and operations.

The role of OIG is to review City operations and make recommendations for improvement.

City management is responsible for establishing and maintaining processes to ensure that City programs operate economically, efficiently, effectively, and with integrity.

IV | Findings and Recommendations

Finding 1: The MHEI network provides mental health care to Chicagoans that generally aligns with the program's priorities to provide equitable and integrated care. CDPH can improve service consistency among providers.

Through the MHEI program, CDPH provides and coordinates mental health care both at City-run Mental Health Centers and through delegate agency agreements with non-profit providers. This care largely aligns with the principles of equity reflected in the Framework for Mental Health Equity's strategies, as well as with CDPH's intent to create a cohesive network of both City and nonprofit mental health care providers that does not raise barriers to accessing care, as stated in its RFPs and Clinical Manual. CDPH has developed a broadly effective procurement and management scheme for the MHEI program that selected capable non-profit providers, set high expectations for them, and provided training and resources to help coordinate and develop their services. Additionally, CDPH's policies and procedures for its City-run Mental Health Centers largely align with the MHEI program priorities of no-barrier service and culturally competent care. Taken together, this means that MHEI clinics do not add barriers likely to deter Chicagoans from seeking the mental health care they need.

However, at specific delegate and City-run sites, prospective clients may be discouraged if they are not able to find services in their preferred language, encounter difficulty with their ability to pay, or experience barriers at intake. Additionally, at some City-run Mental Health Centers, environmental barriers may deter some Chicagoans from seeking services. CDPH acknowledged some of these issues and stated that it is not able to provide the level of program administration that it would like—such as visiting delegate sites and collecting consistent City-run Mental Health Center data—because it has a small management team. Additionally, CDPH manages its City-run and delegate clinics in a siloed manner from one another, although CDPH hopes to continue encouraging change here. The MHEI program's particular strengths and shortcomings are explored below.

A | MHEI clinics provide mental health services that are considerate of community needs.

CDPH's MHEI RFPs state that delegate agencies must provide care that "reflects an understanding of the unique cultural, linguistic, and contextual needs of the communities that they propose to serve." Its Clinical Services Manual states that programs and services at the City-run Mental Health Centers must also respond to the cultural contexts of their service populations.

The MHEI clinics that OIG examined provided evidence that their services are considerate of, and respond to, these needs. For example, two delegate agencies OIG visited recognized how stigmas associated with seeking mental health services in some communities may prevent individuals from seeking mental health services and adjusted operations accordingly. One agency addressed this issue by having its primary care doctors discuss with clients how treating stress is important to their overall health. The doctor then asks the client if they would like to talk to an on-site stress expert and makes an in-person introduction to one of the clinic's therapists. This clinic refers to the therapist as a stress expert to mitigate perceived stigma against therapy in the specific community it serves. Another agency provides access to mental health services in multiple venues to allow community members to engage where they feel most comfortable. For example, a therapist drops into garden club events or similar program spaces. This allows clients to build connections with a therapist in a non-clinical setting.

Another delegate agency recognized youth as an important service demographic in its community. This organization sought to increase youth engagement with its clinics over the summer by organizing group events such as workshops on how to plan and take trips on public transit. Yet another agency recognized a particular need for services around Alzheimer's disease and dementia, and reported developing a behavioral health program that focuses on these.

All of the City-run Mental Health Centers offered on-site integrated arts and cultural programming such as art therapy and meditation practice. These have been supported by the Healing Arts Chicago program, which offers free arts programming at the Mental Health Centers.[18] Some of these programs had been suspended at the time of OIG's visit, such as a ceramics program at the Greater Lawn Mental Health Center, which CDPH intended to start again.

Several clinics discussed the importance of hiring diverse, representative staff with the language skills necessary to engage with the local community. Job descriptions for clinical staff at the delegate clinics and City-run Mental Health Centers commonly required employees to have the cultural and linguistic competence needed to serve the target population, such as knowledge of cultural practices and health issues affecting that population. They also recognized that successful employees must be ready to work in a multicultural setting and show sensitivity to clients from different backgrounds. Additionally, all of the City-run and delegate agency clinics OIG visited described staff trainings and workshops on cultural competency. For example, one agency described a training, delivered around the time of Ramadan, on the Muslim faith and what this time may mean for therapy clients of that faith. Trainings at the City-run mental Health Centers included strategies for putting clients at ease discussing sensitive topics in session, despite gender or cultural differences between the client and clinician.

B | CDPH could help improve MHEI clinics' capacity for providing care in languages other than English.

A challenge for MHEI clinics is providing services in languages other than English. This may create an opportunity for CDPH to provide additional guidance and resources so that clinics provide non-English services in a consistent manner.

[18] City of Chicago Department of Cultural and Special Events, "Healing Arts Chicago," October 2024, accessed December 16, 2024, https://www.chicago.gov/city/en/depts/dca/supp_info/healing_arts.html.

Multiple clinics stated that it is difficult to find qualified clinicians in general, but especially clinicians who are able to provide services in a language or languages other than English. Despite this, the City-run Mental Health Centers and four of the six delegate clinics OIG reviewed were able to provide at least some services in languages other than English. The City-run clinics reported having at least six clinicians who could provide services in languages other than English at the time of OIG's visits, and were in the process of hiring additional clinicians with this ability. Four of the six delegate sites OIG visited had clinicians providing services in languages other than English on site. In addition to English, some MHEI clinicians spoke Spanish, Urdu, Arabic, and Chinese, depending on the needs of each site's clients.

Two delegate agencies used a translation service like Language Line for administrative tasks, document translation, and case management and transfer services only.[19] One delegate used non-clinical staff members to translate during provision of services. One delegate reported using a translation service for ongoing therapy. One delegate did not use a translation service because it believed this made it more difficult to comply with the Health Insurance Portability and Accountability Act (HIPAA), which protects clients' health information. CDPH stated that using a translation service does not conflict with HIPAA, but it has not provided clear guidance to MHEI agencies on the appropriate use of translation services. Quarterly reports from each of the six delegate agencies reviewed by OIG—required by CDPH—include language-focused metrics such as the number of individuals served whose primary language is not English, and the primary language they use.

The City-run Mental Health Centers also reported using a translation service for ongoing therapy. However, Mental Health Centers do not currently have usable data on the primary language of clients served or the language in which service was provided.[20]

Differing interpretations about how to provide non-English language services among the clinics show a need for more guidance and support from CDPH. Clinics in the MHEI network report engaging with people and communities with diverse language needs. However, in cases where services such as therapy are not directly available in their preferred language, clients may receive these services either in a non-preferred language or through interpretation.

C | MHEI clinics reviewed by OIG are generally free of client-facing programmatic barriers to service, such as minimum fees, narrow service hours, or asking discouraging intake questions.

CDPH's Mental Health Equity Initiative RFPs require delegate agencies to provide care that surmounts common barriers like the client's ability to pay, insurance coverage, or immigration status. CDPH told OIG that a "no barriers" approach to mental health was important and that it

[19] Language Line Services is a private company that offers language interpretation and translation services. The City of Chicago has its own contract with Language Line to provide, among similar services, "Telephone interpretation and translation services via three-way telephone conversations consisting of a non-English or limited-English speaking caller, a City of Chicago call taker […] and the Contractor's language interpreter." This includes the City-run Mental Health Clinics. City of Chicago, "Contract Number 36561," 80, July 11, 2016, accessed April 25, 2025, https://webapps1.chicago.gov/vcsearch/city/contracts/36561.

[20] For more on data challenges at the City-run clinics, see Finding 2.

intends to only fund delegate agencies that provide such services.[21] Likewise, CDPH's Clinical Services Manual states the City-run Mental Health Centers' goal of reducing or eliminating barriers to accessing mental health services. Service providers must commit to accepting clients without regard for their ability to pay. Other barriers to service could threaten the City's ability to provide equitable service. Such barriers include insurance requirements, hours of operation, and limited language services. Ultimately, barriers to service could include any question or action by the provider that either denies service or causes a potential client to avoid the service. Both City-run and delegate MHEI clinics reviewed by OIG have taken steps at their sites to make mental health care more accessible to Chicagoans.

Fees for Services

None of the clinics OIG reviewed—either City-run or delegate—required clients to have health insurance in order to access services, although most did attempt to recoup the cost of service by billing insurance or Medicaid if available. Four of the six reviewed delegate clinics had staff on site to help clients seek Medicare or other coverage if they were eligible.

CDPH's contracts with delegate clinics require that clinics "serve clients regardless of [the client's] ability to pay or funding status." Three delegate clinics employed a sliding scale for client fees that can accommodate those with no ability to pay. One delegate clinic, however, charged a minimum $20 fee per visit and did not have a cost-free service option; CDPH stated that MHEI clinics should offer service without cost if the client is unable to pay, and that it follows up with clinics directly when informed that they do not offer this option, as it would with this delegate as a result of OIG's inquiry. Conversely, two delegates confirmed their mental health services came without any attempt to charge the client at all, save payments from their insurance. The City-run Mental Health Centers, likewise, did not collect fees from clients.

Service Hours

All six delegate sites OIG reviewed provided services beyond regular business hours, typically until 7:00 or 8:00 pm on some weeknights. Four of these delegates offered limited service hours on weekends. Of the five City-run Mental Health Centers, three provided services until 7:30 pm twice per week at the time of OIG's review. However, the service hours posted on the doors of the Mental Health Centers did not consistently match the hours posted on the City's mental health services webpage or its Clinical Services Manual.[22] CDPH stated that it intended to increase hours at all five City-run clinics eventually, but staffing for this additional time remained a challenge.

Transportation Assistance

The City-run Mental Health Centers and five of the reviewed delegate agencies provide transportation assistance for their clients, such as passes for public transit and rides through transportation services like Uber and Kaizen Health.[23] One agency provides its own van to directly transport clients in need. The only delegate that does not provide transportation assistance cited

[21] As noted previously, OIG identified one delegate agency that charged a minimum fee of $20. CDPH stated that it intended to address this with the delegate agency directly.
[22] City of Chicago Department of Public Health, "Mental Health Centers," November 2024, accessed December 16, 2024, https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/mental_health_centers.html
[23] Kaizen Health is a "healthcare logistics and [non-emergency medical transportation (NEMT)] technology platform," which works with healthcare organizations to schedule client transportation.

liability concerns. While transportation assistance increases accessibility, CDPH does not contractually require it of delegate agencies.

Intake Questions

As a general matter, the clinics OIG visited did not ask questions at intake that could present such barriers, such as questions about immigration status or invasive personal questions. Knowledge of a client's immigration status can aid a mental health clinic's ability to provide customized and sensitive services. However, clients may be protective of that information. This illustrates a balance that clinics must strike at intake; clinics must collect some personal information to understand and cater to unique needs, without discouraging new clients from pursuing service if they encounter questions they do not want to answer. For instance, a request for a client's Social Security number can feel invasive to a client, as the lack of a Social Security number may be indicative of their immigration status. However, of the delegate agencies OIG observed, all but one asked for Social Security numbers on their intake forms. This could potentially raise a barrier to care for individuals sensitive to sharing such information. Two delegates asked other questions that could be perceived as invasive on their forms, such as if the client's residence has bugs or mold and the client's annual household income, but explained that these were useful for connecting clients to additional services.

D | MHEI delegate clinics reviewed by OIG have worked to avoid client-facing barriers in their service environments, but City-run Mental Health Centers face site-specific challenges.

The environments in which clinics administer mental health services can either encourage or discourage clients from seeking care. Clinical environments that are safe, comfortable, and easy to navigate—in both reality and perception—signal high-quality care and encourage clients to return. OIG visited eleven clinics in the MHEI network to observe whether and how they have identified and mitigated site-based barriers to care. This included six delegate clinics and the five City-run Mental Health Centers.

Generally, through direct observation and discussions with CDPH and delegate agencies, OIG concludes that delegate agencies are considerate of and work to avoid client-facing barriers to service. Regarding City-run Mental Health Centers, CDPH has also considered the client experience of the environment. For instance, CDPH increases client privacy by providing white noise machines outside therapists' offices. CDPH also moved one Mental Health Center from a former warehouse building with bars on the windows to a nearby office building more conducive to their services. However, OIG observed some situations at City-run Mental Health Centers that could discourage clients from seeking or continuing care. These include,

- physical plastic barriers separating clients and therapists;
- mixed-use spaces, potentially conveying that mental health services are given the same priority as the storage of supplies or other activities; and
- lack of clear guidance to the location of the Mental Health Center offices.

E | Reviewed MHEI clinics provide integrated mental and physical health care, but CDPH could do more to ensure they collect and report metrics in this area.

Delegate agencies in the MHEI network that OIG reviewed provide integrated care, but CDPH could do more to articulate specific goals and ensure delegates collect and report metrics in this area. According to CDPH, delegate agencies may provide integrated care differently depending on what type of clinic they operate:

- Federally Qualified Health Centers integrate mental health care directly into their existing physical health care practice.
- Community Mental Health Centers establish partnerships with physical health care providers to provide comprehensive care.
- Community-based organizations integrate mental health services into their existing social services and build partnerships with physical health care providers.

Each of the six delegates OIG reviewed recognized the importance of integrated care in their MHEI workplans. These agencies proposed wraparound services that address social factors that impact health, coordination with primary care providers, and in some cases co-locating physical health care with mental health care. While each of these agencies provided some level of care coordination and case management, three provided physical health care services on site. Another agency offered a gym and running track to promote physical wellness to its clients. One agency noted that much of the integrated care it provides is focused on working with their clients' doctors to get formal dementia diagnoses, because this allows access to additional treatment resources.

However, the actual service goals attached to these efforts were sometimes vague and difficult to measure. For example, two delegate agencies proposed to sign memoranda of understanding with primary care providers, but offered no reporting metrics. Another agency proposed to relocate one staff position, cross-train others, and hold monthly meetings on the topic of integrated care, but offered no means of measuring how these actions would increase capacity for integrated care.

The five City-run Mental Health Centers have policies in place to provide integrated care, but CDPH does not track metrics for these sites. The reasons for the lack of usable data from the City-run Mental Health Centers are explored in Finding 2.

CDPH's Clinical Services Manual recognizes the importance of integrated care in providing mental health services. For example, the manual describes how case management is important to connecting clients with supportive services such as additional medical care.[24] At the time of OIG's review, CDPH maintained three case manager positions across the five City-run Mental Health Centers, and one of the positions was vacant. The manual also recognizes that client referrals to the Mental Health Centers may come from physical health care providers, such as primary care physicians and hospital discharge systems. Because such referrals are not collected and tracked in

[24] CDPH's Clinical Services manual describes case management services as "an outreach-oriented set of services, designed to improve linkage [to other necessary services] for individuals who are discharged or deflected from psychiatric hospital care and to enhance the provision of outreach, support, and service coordination activities to individuals with special needs, including the dually diagnosed and homeless, victims of domestic violence, and consumers with a history of mental health [needs]."

a reliable way, it is not clear how often these happen or how the Mental Health Centers accommodate them.

A phlebotomist also worked on site at each City-run Mental Health Center one to two days per week at the time of OIG's visits, to help monitor clients' medication levels. CDPH intends to expand this service into more comprehensive medical offerings at these clinics. It stated that it is in the process of hiring public health nurses to screen mental health services clients for common physical health conditions. The Mental Health Centers also offered free contraceptives and opioid overdose reversal medications in their waiting areas, responding to certain physical health needs CDPH identified in those communities.

F | CDPH coordinates clinics in the MHEI network and provides help in response to delegate requests.

CDPH has worked to coordinate providers in the MHEI Network with each other and with City resources. Many delegates reported a positive working relationship with CDPH and that CDPH's newsletters and group interactions were helpful. CDPH has convened delegates to survey their workforce needs, participate in mapping community-based mental health assets, and share experience at networking events. Delegates also reported that CDPH has worked with local colleges to help create a pipeline for new professionals into the mental health care industry and to provide trauma-informed service training for their staff.

Several delegates reported that CDPH responds to requests for assistance, but some also stated they did not always know what kinds of assistance CDPH could offer and that the convening events described above have become less frequent. CDPH stated that its Mental Health Centers make service referrals to the delegate clinics and receive referrals from them. The delegates reported a wide variety of referral partners that can include other delegate agencies, the City-run Mental Health Centers, and non-clinical service providers.

Through CDPH's work to coordinate the MHEI network, delegates have access to more resources to improve service delivery. However, to the extent that some delegates and the City-run Mental Health Centers are not engaged with the MHEI network, they risk duplicating their efforts.

| Recommendations

1. CDPH, in partnership with delegates, and to avoid or reduce real or perceived barriers to care, should develop guidance regarding inquiries into immigration status or other subjects that could be experienced as invasive.
2. CDPH should develop procedures to periodically ensure delegate agencies comply with the requirement to "serve clients regardless of [the client's] ability to pay or funding status."
3. CDPH should leverage the knowledge and experiences of both City-run Mental Health Centers and the delegate clinics to improve the MHEI network as a whole. Specifically, this could include encouraging the City-run Mental Health Centers to participate in delegate convening events and allowing delegates access to City-run competency trainings.
4. CDPH should continue to prioritize the hiring of staff able to provide non-English language services. It should also continue its efforts to create a pipeline of new professionals in the mental health care industry and inform delegate agencies of potential candidates for

employment to support the availability of clinicians that can provide non-English language services.

5. CDPH should provide clear and consistent guidance on the use of language interpretation for clinical services. This guidance should clarify whether there are any HIPAA concerns with the use of interpreter services in the provision of clinical services.
6. CDPH should continue to consider and avoid or reduce client-facing barriers to service in the MHEI network. Regarding City-run Mental Health Centers specifically, CDPH should consider and address situations including physical barriers between clinicians and clients, mixed-use spaces, and the lack of clear location guidance within facilities.
7. CDPH should develop reportable metrics that provide evidence of integrated care and collect them from all MHEI clinics.

Management Response

1. *"CDPH will clearly define 'low barrier' services in its request for proposal that will be released.*

   "CDPH will enforce delegate adherence to implementing programs designed to remove obstacles and clearly establish minimal entry requirements, harm reduction, and inclusivity by:
   - *a. Requiring well-defined participant referral & enrollment workflows at launch.*
   - *b. Monitoring client outcomes and data related to engagement in MHEI services.*

   "CDPH Mental Health Center (MHC) has refined its REDCap survey to reduce barriers during intake and minimize number of questions required to begin services."

2. *"CDPH will conduct virtual meetings with each 2025 MHEI delegate from August – October to discuss fiscal sustainability of established services through city funds due to grants ending in December 2025.*

   "CDPH will facilitate an intensive 4-month planning process with new 2026 MHEI delegates to establish service delivery models with clear mechanisms that mitigate financial barriers."

3. *"Alongside MHEI delegates, CDPH will actively participate in and encourage engagement in local collaboratives to leverage opportunities to align with county and state.*
   - *a. Cook County Health Regional Behavioral Health Collaboratives (RBHC)*
   - *b. Behavioral Health Primary Care Learning Collaborative (BH-PC)*

   "CDPH will launch a community of practice that includes MHC and delegate leadership and clinical staff to provide monthly training and convening opportunities that enhance service integration and collaboration."

4. *"CDPH will work with Department of Human Resources (DHR) to prioritize hiring practices that attract staff that represent communities served and speak languages other than English.*

"CDPH will seek guidance from and coordinate workforce initiatives with the Behavioral Health Workforce Center (BHWC) to recruit, educate, and retain professionals in behavioral health, especially bilingual or multilingual professionals.

"CDPH will work with City Colleges and other academic institutions to introduce options for interested students to enter the MH workforce."

5. *"CDPH will develop an internal working group that focuses on enhancing language interpretation within CDPH's MHC workflows.*

   "CDPH will explore available references and subject matter experts to determine baseline guidance for best practice in MHC and delegate settings."

6. *"CDPH will require delegates to continuously work to reduce barriers to MHEI services.*

   "CDPH has addressed offices in MHCs that previously had physical barriers due to Covid-19 and has cleared mixed use spaces.

   "CDPH improved signage at MHCs and will work to ensure clear directions are provided to enter and navigate MHC settings."

7. *"CDPH will utilize the Comprehensive Healthcare Integration (CHI) Framework, developed by the National Council, to have its MHCs and delegates complete the Self-Assessment tool that will provide a score to measure an organization's integrated care stage.*

   "All MHEI network participants, including CDPH MHCs, will develop a customized organizational workplan based on CHI Assessment score with action steps towards quality improvement of integrated care service delivery.

   "CDPH will implement action plan for its MHCs and will monitor delegate plan implementation."

Finding 2: CDPH's data on the operation of City-run Mental Health Centers is not complete or reliable enough to make informed decisions about operations nor to share performance measures with the public.

CDPH intends for its Mental Health Centers to capture and report the same data points as the delegates in the MHEI network, including not only total clients and units of service, but also the services provided by agency and geography, funding sources, and demographic information on the clients served. Previously, CDPH had publicly shared such data only from delegate agencies on its MHEI Network Dashboard; owing to the issues discussed below, it never published such data from its own Mental Health Centers. However, in the fall of 2024 CDPH removed the data from all CDPH dashboards following an inadvertent disclosure of personal information on a dashboard unrelated to the MHEI program. CDPH stated that it intends to reissue the MHEI Network Dashboard once it completes a department-wide review of dashboard security requirements.[25]

CDPH reported to OIG that data from its own Mental Health Centers is misaligned across its recordkeeping systems and must be cleaned before it can be used. This misalignment prevents CDPH from reporting the same data points as the delegate agencies in the MHEI network and ensuring the City-run Mental Health Centers perform at an acceptable level. Without complete and up-to-date data, the public does not know how many people are served at the Mental Health Centers and how often the Centers are providing each distinct form of service. Further, CDPH cannot use the data to measure its own clinics' performance, set goals for them, or determine appropriate staffing levels.

At the time of OIG's inquiry, CDPH had assigned an epidemiologist to clean the available Mental Health Centers data for inclusion on the MHEI Network Dashboard. Department leadership stated that once the data is clean, they will set the relevant performance measures and program goals. Cleaning this data is time-intensive, and the epidemiologists' efforts have been divided among several priorities that included substance abuse and other areas not specific to mental health. In 2019 a staff member began developing a spreadsheet-based tool that CDPH intended to outline the Mental Health Centers' performance metrics and track their impact. After this employee left CDPH, the Department made no further progress on the development or deployment of this tool.

Some data issues stem from inconsistencies between CDPH records that are stored in different data systems. The Mental Health Centers use three distinct data systems to manage records:

[25] City of Chicago Department of Public Health, "Mental Health Equity Initiative (MHEI) Network Dashboard," accessed March 19, 2025, https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/mhei-dashboard.html.

- RedCap to centralize client intake;
- Cerner to register clients, schedule appointments, and record service notes. Cerner is a Cook County system; CDPH stated that it does not have direct access to the data within it nor can it store client treatment plans here; and
- A separate customer information system to store client needs assessments and for billing. According to CDPH, its clinicians take handwritten notes which they then later manually enter, which may lead to recordkeeping errors.

CDPH acknowledged that this patchwork approach is a poor recordkeeping practice. It stated that it is procuring a new system to replace Cerner and its customer information system. CDPH anticipates that delays with sharing its Mental Health Centers' data will persist until this new system is in place.

Ensuring that the City-run Mental Health Centers keep good service records has been a historical challenge. CDPH stated that prior to the 1990s it did not expect its clinicians to keep records of service, and that before 2019 CDPH did not place much emphasis on accountability for documentation due to overall disinvestment in the Mental Health Centers. In more recent years, CDPH has developed more robust quality assurance practices for its Mental Health Centers. For example, it uses a standardized review checklist to ensure client documentation is complete and that clinics are ready to pass state licensure audits. However, management report that their priorities are divided between ensuring quality at the existing clinics, closing staffing gaps, and standing up new Mental Health Centers. This means that some recordkeeping challenges persist, sometimes requiring management to address documentation problems with specific staff members. CDPH stated that when pressed to improve their recordkeeping, some staff members have chosen to retire instead.

Until CDPH improves data collection at its Mental Health Centers and ensures the completeness and timeliness of its existing data, it will not be able to review its clinics' performance in real-time or on a quarterly basis, which is the Department's expectation of MHEI delegates. CDPH cannot communicate a full picture of MHEI program performance to the public without City-run Mental Health Center data, and this gap in transparency risks diminishing the public's trust in City-provided services.

Recommendations

8. CDPH should finish updating its 2023 and 2024 City-run Mental Health Centers service data to ensure it is complete, up-to-date, and is in alignment across its recordkeeping systems, and publish this data for the public. To this end, CDPH should restore the MHEI Network Dashboard if and when it is able to do so.
9. CDPH should develop and implement procedures to prevent incomplete, inaccurate, or misaligned data from occurring in its City-run Mental Health Centers recordkeeping systems. Such efforts could include determining the cause of data inconsistencies between systems, making functional improvements to its data systems, and ensuring that clinicians and staff enter complete and accurate data.
10. CDPH should develop and implement performance metrics to monitor its Mental Health Centers' performance. As part of that development, CDPH could leverage the knowledge and experience of delegate agencies.

Management Response

8. *"CDPH has established a data team that consists of epidemiologists to ensure accurate data reporting to the public.*

   "Epidemiologists will clean 2023 – 2024 data to provide a year-end report for the public.

   "CDPH will establish a regular and transparent reporting process to inform the public of MHEI network data by releasing annual reports.
   a. *CDPH will reconsider use of a dashboard due to the nature of the data, but will enhance its MHC website to ensure the public accesses information about MHCs, including how to engage in services, where to find them, and data on services."*

9. *"CDPH has worked towards establishing efficiencies in data collection through a centralized intake system and utilizing clear workflows to integrate multiple electronic health records (EHR).*

   "CDPH will continue to troubleshoot reliable data collection by enhancing workflows and providing ongoing training for staff to complete accurate documentation.

   "CDPH will establish a new EHR in alignment with the department to reduce administrative burden and enhance service delivery."

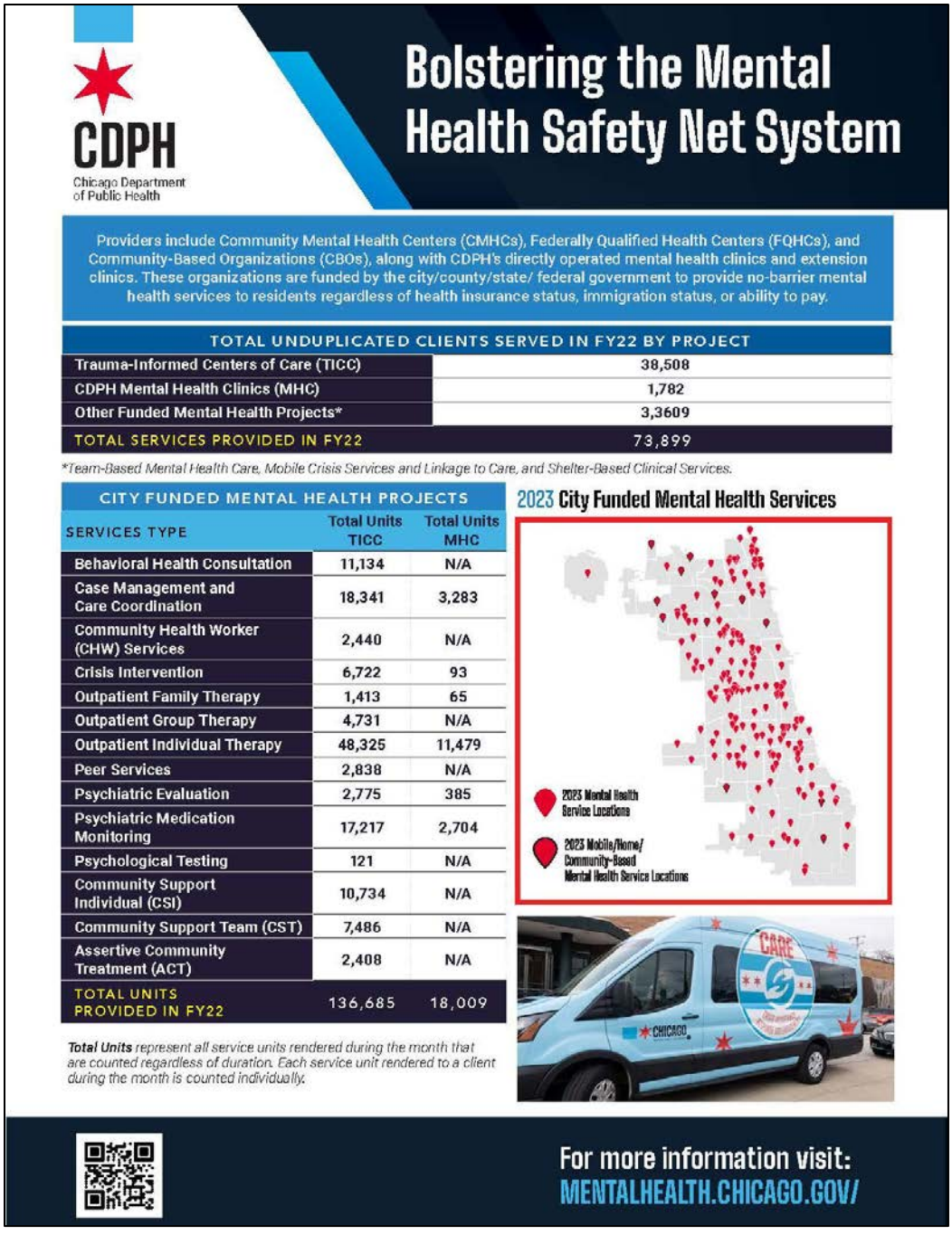
10. *"CDPH will enforce the same process and expectations of delegates with MHCs as new delegates are launched in 2026."*

V | Conclusion

Through the MHEI network, CDPH is supporting equitable and integrated mental health services for Chicagoans at Mental Health Centers operated by the City and others operated by nonprofit health centers. However, to improve access to these services, CDPH should leverage the knowledge and experiences of both City-run Mental Health Centers and delegate agencies to improve the MHEI network as a whole, provide consistent administrative guidance, and resolve incomplete, inaccurate, or misaligned data within the Mental Health Centers recordkeeping systems.

Appendix A | CDPH's Summary of MHEI

In July 2023, CDPH published this summary of MHEI, when it was still branded as TICC:[26]



CDPH
Chicago Department of Public Health

Bolstering the Mental Health Safety Net System

Providers include Community Mental Health Centers (CMHCs), Federally Qualified Health Centers (FQHCs), and Community-Based Organizations (CBOs), along with CDPH's directly operated mental health clinics and extension clinics. These organizations are funded by the city/county/state/ federal government to provide no-barrier mental health services to residents regardless of health insurance status, immigration status, or ability to pay.

TOTAL UNDUPLICATED CLIENTS SERVED IN FY22 BY PROJECT	
Trauma-Informed Centers of Care (TICC)	38,508
CDPH Mental Health Clinics (MHC)	1,782
Other Funded Mental Health Projects*	3,3609
TOTAL SERVICES PROVIDED IN FY22	73,899

*Team-Based Mental Health Care, Mobile Crisis Services and Linkage to Care, and Shelter-Based Clinical Services.

CITY FUNDED MENTAL HEALTH PROJECTS

SERVICES TYPE	Total Units TICC	Total Units MHC
Behavioral Health Consultation	11,134	N/A
Case Management and Care Coordination	18,341	3,283
Community Health Worker (CHW) Services	2,440	N/A
Crisis Intervention	6,722	93
Outpatient Family Therapy	1,413	65
Outpatient Group Therapy	4,731	N/A
Outpatient Individual Therapy	48,325	11,479
Peer Services	2,838	N/A
Psychiatric Evaluation	2,775	385
Psychiatric Medication Monitoring	17,217	2,704
Psychological Testing	121	N/A
Community Support Individual (CSI)	10,734	N/A
Community Support Team (CST)	7,486	N/A
Assertive Community Treatment (ACT)	2,408	N/A
TOTAL UNITS PROVIDED IN FY22	136,685	18,009

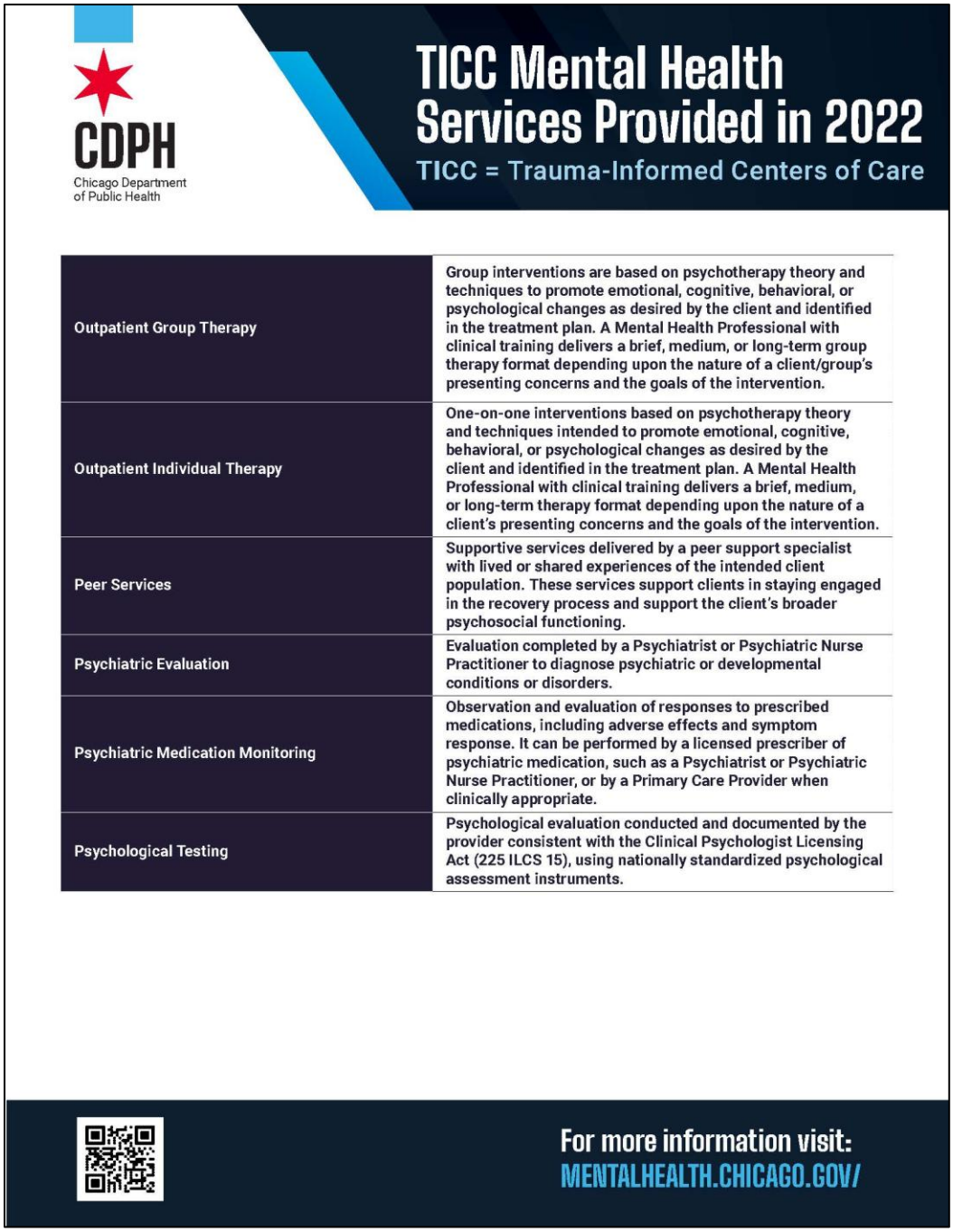
Total Units *represent all service units rendered during the month that are counted regardless of duration. Each service unit rendered to a client during the month is counted individually.*

2023 City Funded Mental Health Services

For more information visit:
MENTALHEALTH.CHICAGO.GOV/

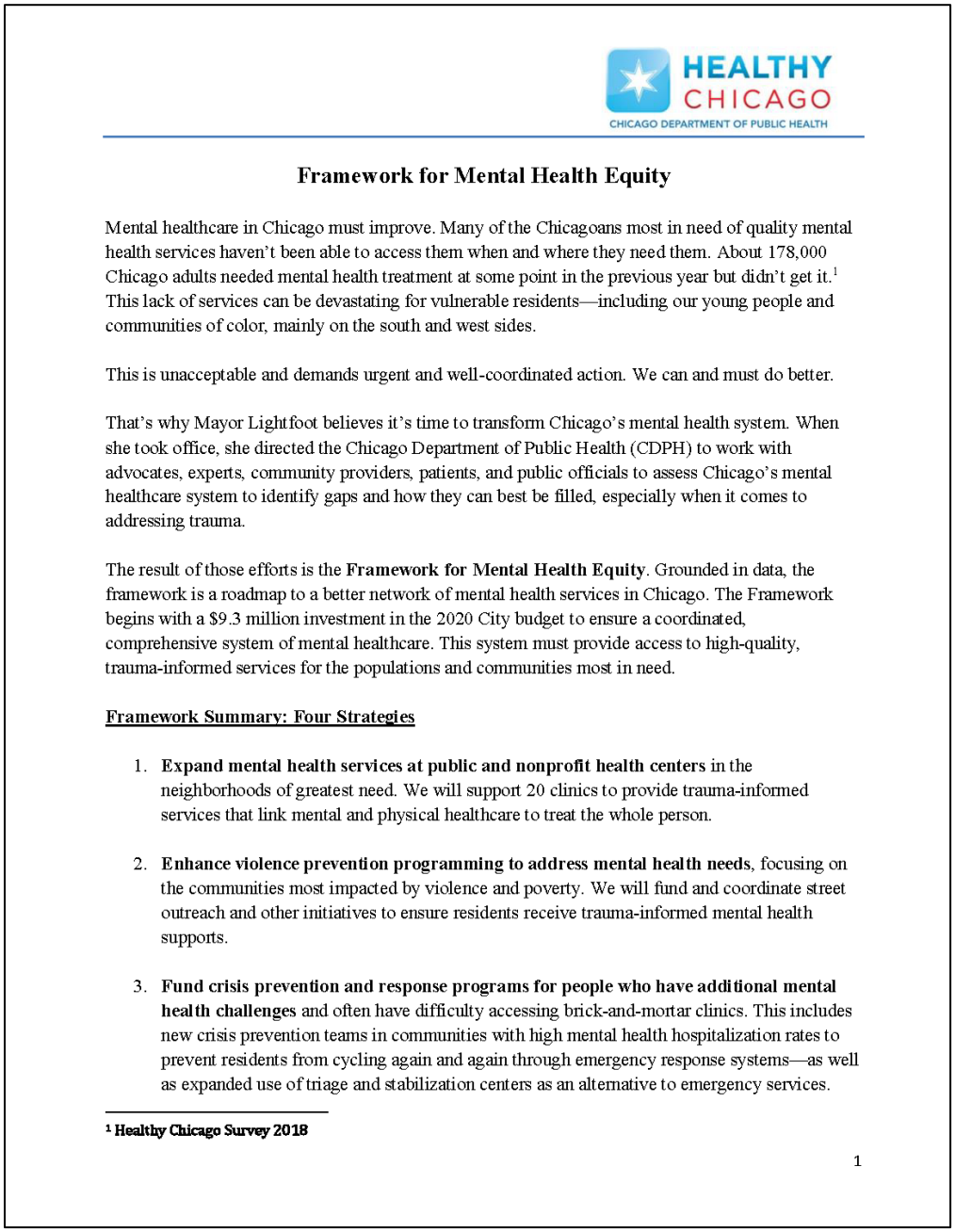
[26] City of Chicago Department of Public Health, "Bolstering the Mental Health Safety Net System," 2023, accessed December 20, 2024, https://www.chicago.gov/content/dam/city/depts/cdph/fact-sheets-reports-studies/CDPH_TICC_One_pager_8.5x11_62223.pdf.


CDPH
Chicago Department of Public Health
TICC Mental Health Services Provided in 2022
TICC = Trauma-Informed Centers of Care
DESCRIPTION OF MENTAL HEALTH SERVIES
Assertive Community Treatment (ACT)
An evidence-base model of treatment that provides an inclusive array of community-based mental health and supportive services for adults (18+) living with serious mental illness or co-occurring disorders.
Behavioral Health Consultation
Brief (10-30 minutes) solution-oriented behavioral 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.
Case Management and Care Coordination
Assessment and coordination of a range of services responsive to a patient's needs, including behavioral health, rehabilitation, physical health, social services, housing, employment, and education. Case Managers and Care Coordinators are specialized staff designated to develop resources and facilitate connections to providers, programs, and service systems.
Community Health Worker (CHW) Services
Supportive services include health education, identification of community resources, case management, home visits, outreach, and care coordination. CHWs are frontline public health workers who are trusted members of and/or have unusually close understanding of the community served, and often become part of a patient's support network.
Community Support Individual (CSI)
The service consists of therapeutic interventions that promote recovery, skill-building, identification, and use of natural supports and community resources. At least 60% of CSI services must be provided in natural settings.
Community Support Team (CST)
The service consists of therapeutic interventions delivered by a team that promotes recovery, skill building, identification and use of natural supports, and use of community resources.
Crisis Intervention
Activities or services for a person experiencing a psychiatric crisis are designed to increase safety and support, assist in stabilization, and aid in restoring client functioning.
Outpatient 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. A Mental Health Professional with clinical training delivers a brief, medium, or long-term family therapy format depending upon the nature of a family unit's presenting concerns and the goals of the intervention.
For more information visit:
MENTALHEALTH.CHICAGO.GOV/


CDPH
Chicago Department of Public Health
TICC Mental Health Services Provided in 2022
TICC = Trauma-Informed Centers of Care
Outpatient 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. A Mental Health Professional with clinical training delivers a brief, medium, or long-term group therapy format depending upon the nature of a client/group's presenting concerns and the goals of the intervention.
Outpatient Individual Therapy
One-on-one interventions based on psychotherapy theory and techniques intended to promote emotional, cognitive, behavioral, or psychological changes as desired by the client and identified in the treatment plan. A Mental Health Professional with clinical training delivers a brief, medium, or long-term therapy format depending upon the nature of a client's presenting concerns and the goals of the intervention.
Peer Services
Supportive services delivered by a peer support specialist with lived or shared experiences of the intended client population. These services support clients in staying engaged in the recovery process and support the client's broader psychosocial functioning.
Psychiatric Evaluation
Evaluation completed by a Psychiatrist or Psychiatric Nurse Practitioner to diagnose psychiatric or developmental conditions or disorders.
Psychiatric Medication Monitoring
Observation and evaluation of responses to prescribed medications, including adverse effects and symptom response. It can be performed by a licensed prescriber of psychiatric medication, such as a Psychiatrist or Psychiatric Nurse Practitioner, or by a Primary Care Provider when clinically appropriate.
Psychological Testing
Psychological evaluation conducted and documented by the provider consistent with the Clinical Psychologist Licensing Act (225 ILCS 15), using nationally standardized psychological assessment instruments.
For more information visit:
MENTALHEALTH.CHICAGO.GOV/

Appendix B| Framework for Mental Health Equity

In 2019 CDPH published the Framework for Mental Health Equity on the City's website.[27]



HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Framework for Mental Health Equity

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

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

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

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

Framework Summary: Four Strategies

1. **Expand mental health services at public and nonprofit health centers** in the neighborhoods of greatest need. We will support 20 clinics to provide trauma-informed services that link mental and physical healthcare to treat the whole person.

2. **Enhance violence prevention programming to address mental health needs**, focusing on the communities most impacted by violence and poverty. We will fund and coordinate street outreach and other initiatives to ensure residents receive trauma-informed mental health supports.

3. **Fund crisis prevention and response programs for people who have additional mental health challenges** and often have difficulty accessing brick-and-mortar clinics. This includes new crisis prevention teams in communities with high mental health hospitalization rates to prevent residents from cycling again and again through emergency response systems—as well as expanded use of triage and stabilization centers as an alternative to emergency services.

[1] Healthy Chicago Survey 2018

1

[27] City of Chicago Department of Public Health, "Framework for Mental Health Equity," October 2019, Accessed December 8, 2022, https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/FrameworkMental.pdf. As of the publication date, this document was no longer available online.

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

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

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

Framework Details

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

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

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

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

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

2

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

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

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

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

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

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

Strategy 4: Coordinate the system of care

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

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

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

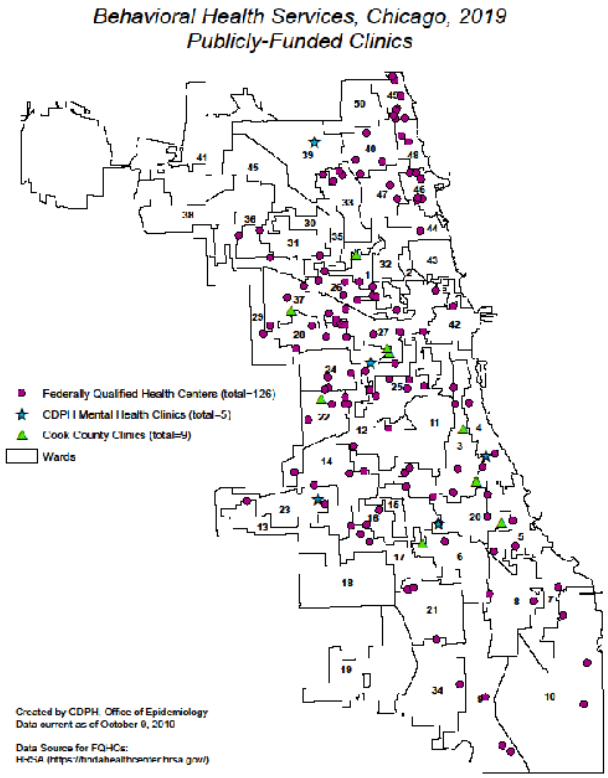
3

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

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

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

4



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

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

5

Appendix C| Management Response

4750

OFFICE OF INSPECTOR GENERAL
City of Chicago

Deborah Witzburg
Inspector General

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Management Response Form

Project Title: Audit of CDPH's Mental Health Equity Initiative
Project Number: C2023-000000115
Department Name: Chicago Department of Public Health
Date: July 2, 2025
Department Head: Dr. Olusimbo Ige, Commissioner

OIG Recommendation	Agree/ Disagree	Department's Proposed Action	Implementation Target Date	Party Responsible
1. CDPH, in partnership with delegates, and to avoid or reduce real or perceived barriers to care, should develop guidance regarding inquiries into immigration status or other subjects that could be experienced as invasive.	Agree	1. CDPH will clearly define "low barrier" services in its request for proposal that will be released. 2. CDPH will enforce delegate adherence to implementing programs designed to remove obstacles and clearly establish minimal entry requirements, harm reduction, and inclusivity by: a. Requiring well-defined participant referral & enrollment workflows at launch. b. Monitoring client outcomes and data related to engagement in MHEI services. 3. CDPH Mental Health Center (MHC) has refined its REDCap survey to reduce barriers during intake and minimize number of questions required to begin services.	August 2025	BH Medical Director (MD) BH Director of Program Operations (DPO)

Page 1 of 5

OIG Recommendation	Agree/ Disagree	Department's Proposed Action	Implementation Target Date	Party Responsible
2. CDPH should develop procedures to periodically ensure delegate agencies comply with the requirement to "serve clients regardless of [the client's] ability to pay or funding status."	Agree	1. CDPH will conduct virtual meetings with each 2025 MHEI delegate from August – October to discuss fiscal sustainability of established services through city funds due to grants ending in December 2025. 2. CDPH will facilitate an intensive 4-month planning process with new 2026 MHEI delegates to establish service delivery models with clear mechanisms that mitigate financial barriers.	August 2025	BH DPO BH Projects Administrator (PA) Public Health Administrator (PHA) III
3. CDPH should leverage the knowledge and experiences of both City-run Mental Health Centers and the delegate clinics to improve the MHEI network as a whole. Specifically, this could include encouraging the City-run Mental Health Centers to participate in delegate convening events and allowing delegates access to City-run competency trainings.	Agree	1. Alongside MHEI delegates, CDPH will actively participate in and encourage engagement in local collaboratives to leverage opportunities to align with county and state. a. Cook County Health Regional Behavioral Health Collaboratives (RBHC) b. Behavioral Health Primary Care Learning Collaborative (BH-PC) 2. CDPH will launch a community of practice that includes MHC and delegate leadership and clinical staff to provide monthly training and convening opportunities that enhance service integration and collaboration.	1. In flight 2. January 2026	BH MD BH DPO MHC Directors BH PA
4. CDPH should continue to prioritize the hiring of staff able to provide non-English language services. It should also continue its efforts to create a pipeline of new professionals in the mental health care industry and inform delegate agencies of potential candidates for	Agree	1. CDPH will work with Department of Human resources (DHR) to prioritize hiring practices that attract staff that represent communities served and speak languages other than English. 2. CDPH will seek guidance from and coordinate workforce initiatives with the Behavioral Health Workforce Center (BHWC) to recruit, educate, and	1 & 3. In Flight 3. Fall 2025	BH DPO BH PA BH Assistant Commissioner (AC)

OIG Recommendation	Agree/ Disagree	Department's Proposed Action	Implementation Target Date	Party Responsible
employment to support the availability of clinicians that can provide non-English language services.		retain professionals in behavioral health, especially bilingual or multilingual professionals. 3. CDPH will work with City Colleges and other academic institutions to introduce options for interested students to enter MH workforce.		
5. CDPH should provide clear and consistent guidance on the use of language interpretation for clinical services. This guidance should clarify whether there are any HIPAA concerns with the use of interpreter services in the provision of clinical services.	Agree	1. CDPH will develop an internal working group that focuses on enhancing language interpretation within CDPH's MHC workflows. 2. CDPH will explore available references and subject matter experts to determine baseline guidance for best practice in MHC and delegate settings.	October 2025	BH MD MHC Director
6. CDPH should continue to consider and avoid or reduce client-facing barriers to service in the MHEI network. Regarding City-run Mental Health Centers specifically, CDPH should consider and address situations including physical barriers between clinicians and clients, mixed-use spaces, and the lack of clear location guidance within facilities.	Agree	1. CDPH will require delegates to continuously work to reduce barriers to MHEI services. 2. CDPH has addressed offices in MHCs that previously had physical barriers due to Covid-19 and has cleared mixed use spaces. 3. CDPH improved signage at MHCs and will work to ensure clear directions are provided to enter and navigate MHC settings.	1 & 2: In Flight 3: October 2025	BH DPO MHC Directors
7. CDPH should develop reportable metrics that provide evidence of integrated care and collect them from all MHEI clinics.	Agree	1. CDPH will utilize the Comprehensive Healthcare Integration (CHI) Framework, developed by the National Council, to have its MHCs and delegates complete the Self-Assessment tool that will	January 2026	BH DPO MHC Directors BH PA

OIG Recommendation	Agree/ Disagree	Department's Proposed Action	Implementation Target Date	Party Responsible
		provide a score to measure an organization's integrated care stage. 2. All MHEI network participants, including CDPH MHCs, will develop a customized organizational workplan based on CHI Assessment score with action steps towards quality improvement of integrated care service delivery. 3. CDPH will implement action plan for its MHCs and will monitor delegate plan implementation.		PHA III
8. CDPH should finish updating its 2023 and 2024 City-run Mental Health Centers service data to ensure it is complete, up-to-date, and is in alignment across its recordkeeping systems, and publish this data for the public. To this end, CDPH should restore the MHEI Network Dashboard if and when it is able to do so.	Agree	1. CDPH has established a data team that consists of epidemiologists to ensure accurate data reporting to the public. 2. Epidemiologists will clean 2023 – 2024 data to provide a year-end report for the public 3. CDPH will establish a regular and transparent reporting process to inform the public of MHEI network data by releasing annual reports a. CDPH will reconsider use of a dashboard due to the nature of the data, but will enhance its MHC website to ensure the public accesses information about MHCs, including how to engage in services, where to find them, and data on services	Fall 2025	BH DPO BH Deputy Commissioner (DC) BH MD BH Epidemiologists MHC Directors
9. CDPH should develop and implement procedures to prevent incomplete, inaccurate, or misaligned data from occurring in its City-run Mental Health Centers recordkeeping systems. Such efforts could include determining	Agree	1. CDPH has worked towards establishing efficiencies in data collection through a centralized intake system and utilizing clear workflows to integrate multiple electronic health records (EHR). 2. CDPH will continue to troubleshoot reliable data collection by enhancing workflows and providing	1 & 2: In Flight 3: Fall 2027 (based on department timeline)	BH MD BH Epidemiologists BH DPO

OIG Recommendation	Agree/ Disagree	Department's Proposed Action	Implementation Target Date	Party Responsible
the cause of data inconsistencies between systems, making functional improvements to its data systems, and ensuring that clinicians and staff enter complete and accurate data.		ongoing training for staff to complete accurate documentation. 3. CDPH will establish a new EHR in alignment with the department to reduce administrative burden and enhance service delivery.		MHC Directors
10. CDPH should develop and implement performance metrics to monitor its Mental Health Centers' performance. As part of that development, CDPH could leverage the knowledge and experience of delegate agencies.	Agree	1. CDPH will enforce the same process and expectations of delegates with MHCs as new delegates are launched in 2026.	Fall 2025 prep with launch in January 2026	BH DPO MHC Directors

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The City of Chicago Office of Inspector General is an independent, nonpartisan oversight agency whose mission is to promote economy, efficiency, effectiveness, and integrity in the administration of programs and operations of City government.

OIG's authority to produce reports of its findings and recommendations is established in the City of Chicago Municipal Code §§ 2-56-030(d), -035(c), -110, -230, and -240.

For further information about this report, please contact the City of Chicago Office of Inspector General, 231 S. LaSalle Street, 12th Floor, Chicago, IL 60604, or visit our website at igchicago.org.

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Alternate formats available upon request.