



Collaborative for Community Wellness

Asociación Colaborativa para el Bienestar Comunitario

## **Examining Barriers to Mental Health Service Accessibility in Chicago's Privatized Network of Trauma-Informed Centers of Care**

### **Introduction**

Over the past several decades, the City of Chicago has significantly disinvested in public mental health services. While there were 19 public mental health centers alongside an alcohol treatment center operated through the Chicago Department of Public Health (CDPH) in 1989 and 12 public mental health centers in 2011, only 5 remain open in the present day.<sup>1</sup> In the context of these closures, the previous administration of Mayor Lori Lightfoot touted private providers, such as federally qualified health centers (FQHCs) and nonprofit community-based organizations, as the key to expanding access to mental health services. In October 2020, the city awarded a total of \$8 million in grant funds to 32 private nonprofit providers to support their delivery of mental health services through a Trauma-Informed Centers of Care (TICC) network.<sup>2</sup> Since the time of that initial award, the Lightfoot administration expanded its investment in the TICC model to \$89 million, noting in a February 2023 press release that the City was “funding no-barrier access to mental health services at a total of 177 clinics and clinical programs across all 77 Chicago community areas.”<sup>3</sup> Despite the Lightfoot administration describing these providers as “without access barriers,” research from 2021 has documented multiple factors that impede mental health service access among privatized TICC providers. In particular, this 2021 assessment found that 17% of surveyed TICC providers did not serve individuals who were undocumented; 25% did not serve individuals who were uninsured; 21% required that individuals have a primary care provider at their organization in order to receive mental health services; and 29% had a waiting list ranging from one to three months.<sup>4</sup> Thus, the strategy of solely investing in privatized providers instead of public mental health centers severely limited the extent to which all Chicagoans can access mental health support in their moment of need.

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<sup>1</sup> Chicago Public Mental Health Centers - 1989. Retrieved from [https://www.google.com/maps/d/viewer?mid=1FXn8Yb8uW-ZZZrecMD-\\_XOUjsw6Gx0xs&hl=en&ll=41.849624032279%2C-87.59437021500662&z=11](https://www.google.com/maps/d/viewer?mid=1FXn8Yb8uW-ZZZrecMD-_XOUjsw6Gx0xs&hl=en&ll=41.849624032279%2C-87.59437021500662&z=11).

<sup>2</sup> Mayor's Press Office (2020, October 6). Mayor Lightfoot and CDPH announce \$8 million annual investments to expand access to trauma-informed mental health services. Retrieved from [https://www.chicago.gov/city/en/depts/mayor/press\\_room/press\\_releases/2020/october/InvestmentTraumaInformedMentalHealth.html](https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2020/october/InvestmentTraumaInformedMentalHealth.html)

<sup>3</sup> Mayor's Press Office (2023, February 9). Mayor Lightfoot and the Chicago Department of Public Health announce the expansion of citywide mental health network to all 77 neighborhoods. Retrieved from [https://www.chicago.gov/city/en/depts/mayor/press\\_room/press\\_releases/2023/february/ExpansionCitywideMentalHealthNetwork77Neighborhoods.html](https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2023/february/ExpansionCitywideMentalHealthNetwork77Neighborhoods.html)

<sup>4</sup> Collaborative for Community Wellness (2021). Assessing mental health service accessibility in Chicago: Findings from a survey of city-funded private non-profit providers. Retrieved from [https://www.collaborativeforcommunitywellness.org/files/ugd/c29cfd\\_0cf7702e43a94f1f8b1a8d136f986ae9.pdf](https://www.collaborativeforcommunitywellness.org/files/ugd/c29cfd_0cf7702e43a94f1f8b1a8d136f986ae9.pdf)

Recognizing that this assessment of TICC privatized providers was conducted early in the implementation of the TICC model, the Collaborative for Community Wellness (CCW) conducted a follow-up assessment between July and September 2023 to understand current service accessibility among City-funded privatized providers in Chicago's current mental health service landscape.

### **Study Methodology**

In order to create the TICC sampling frame for this study, CCW volunteers compiled a list of TICC locations using the CDPH's "Unspoken" website in June 2023. This website provides a list of mental health resources across the city of Chicago and allows users to search for mental health services by location.<sup>5</sup> There was not an option to filter locations on the website based on services provided, so the volunteers reviewed the list and noted any location that had "Trauma-Informed Center of Care" listed in the Services category. They compiled a list of 98 total agency locations (that is, providers with a single site and those with multiple sites, counting each site as separate). Next, CCW volunteers cross-referenced this list with the grant proposals that agencies had submitted to the CDPH. The volunteers eliminated any agency locations that did not provide publicly accessible services, such as school-based services available only to enrolled students. This left a total of 80 agency locations. During the course of calling (described below), several sites were identified as having a centralized intake process or having the same services available at all locations. For these sites, only one agency location was kept in the call sample, leaving a total of 65 agency locations.

To assess access, CCW volunteers developed a standardized list of questions. These questions were based on the previous study conducted in 2021, with modifications based on the experience of having completed that study. Prior to making calls, CCW volunteers met to discuss the questions and process for calling, and further modifications were made based on these discussions.

CCW volunteers placed calls over a two-month period from July to September 2023. When callers were able to speak directly with an agency representative, they introduced themselves and informed the person answering that they would like to ask about the mental health services available, and that the call would take 10-15 minutes. If the person did not have time or was not the best person to speak to, volunteer callers asked to either be transferred or to receive a call back. If they could not complete the questionnaire on the first attempt, callers tried again to contact the agency location, up to three times per agency location. A total of 144 calls were placed across 65 agency locations between July 31 and September 22, 2023.

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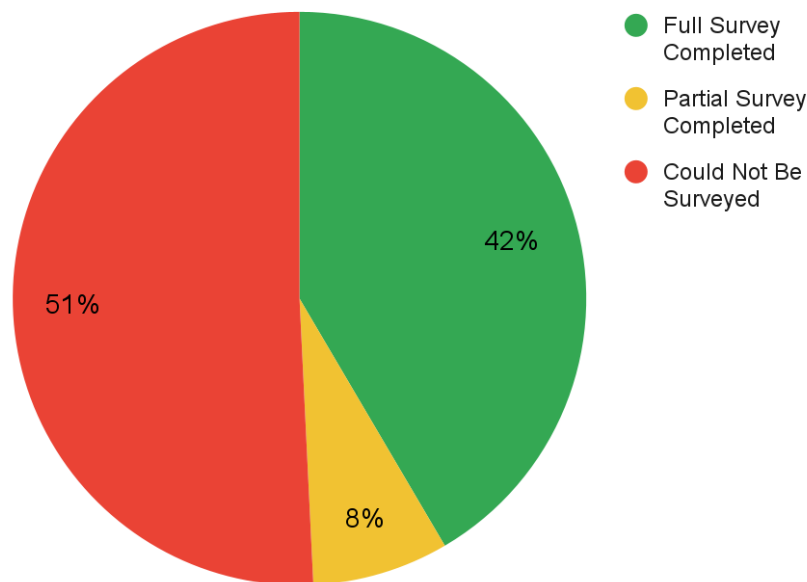
<sup>5</sup> The CDPH's "Unspoken" website can be accessed here: <https://mentalhealth.chicago.gov/find-mental-health-support/>

## Results

### Survey Response Themes

- **Difficulty connecting with privatized providers.** Of the 65 agency locations, volunteers were only able to complete a questionnaire with 27 agency locations, or 42% of the sample. At five agency locations, the person answering the phone was able to answer a limited number of questions but said another person could provide more information; however, volunteers could not connect with said person. The remaining 33 agency locations, or 51% of the total, were unable to be surveyed because we could not connect with them after three attempts (in one case, they did not answer questions because the psychiatrist was not taking clients for the foreseeable future).

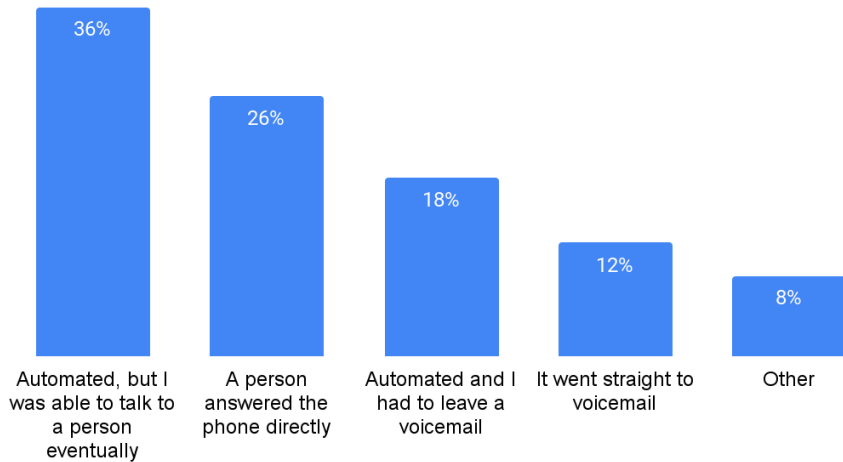
Survey Outcome by Agency Location (n=65)



- **Challenges navigating phone systems.** In the present study, volunteer callers were asked to record whether each call that they completed was automated or was answered directly by an agency representative. Results indicated that callers predominantly were tasked with navigating automated phone systems, as an agency representative answered the phone directly in only 26% of all call attempts where this information was recorded (n = 121). Qualitative data reflected frustration among volunteer callers during their experience of navigating automated systems, as they frequently noted that menu options were unclear; medical facilities oftentimes did not include options for specifically learning about available mental health services; and efforts to speak to a live person often resulted in reaching a voicemail or experiencing an abrupt end to the call. As noted above, callers were only able to complete a survey at less than half (42%) of the agency locations. This low survey completion rate highlights the challenges that community

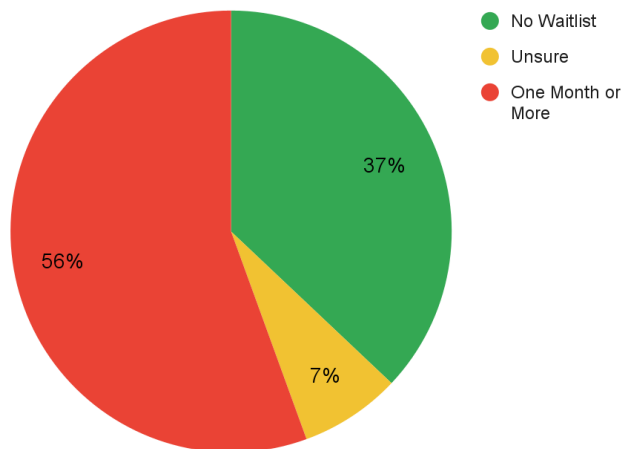
members experience in being able to connect with an agency representative who can answer their questions about mental health services, determine if they are eligible for services, and assist with scheduling an appointment.

### Phone Interface Types (n=121)



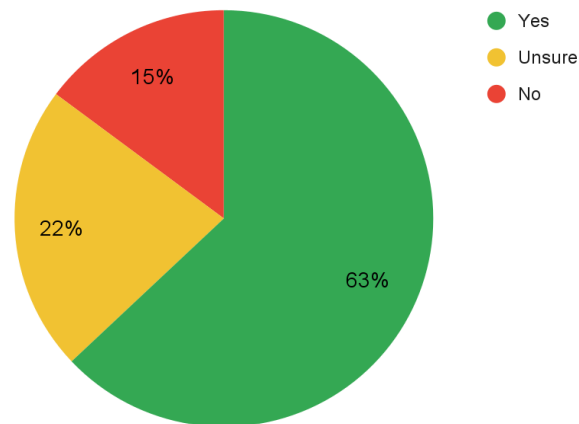
- **Wait for services.** Of the only 27 agency locations where volunteer callers were able to complete a survey, more than half (56%) reported that there was a wait of one month or longer in order to initiate mental health services, with a range of 1 month to 7 months and an average of almost 3 months. The percentage of organizations reporting a wait time of one month or longer has *increased* between our 2021 assessment (29%) and our 2023 assessment (56%), demonstrating that it may be becoming increasingly harder for Chicagoans to access support immediately in their moment of need.

### Waitlist (n=27)

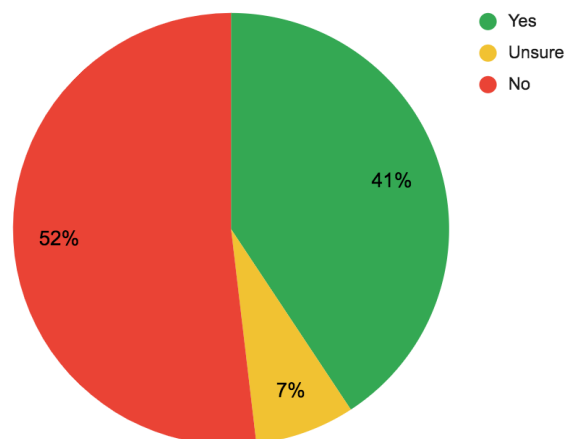


- **Documentation status, insurance status, and service cost.** Across the 27 surveyed agency locations, a total of 15% reported that they do not serve individuals who are undocumented, a finding that is closely aligned with the results from our 2021 assessment (17%). Furthermore, although 81% of agency locations that we were able to speak with reported that they serve individuals who are uninsured, a percentage that is higher in comparison to findings from our 2021 assessment (75%). Cost continues to be prohibitive for individuals who are uninsured. Only 41% of TICC providers offer free services, and among the providers who do not offer free services, their lowest sliding scale rates range from \$10 to \$45 per session, with a median rate of \$30 per session. Two agency locations additionally reported that they charge a rate of \$75 for an initial intake assessment. It is noteworthy that the percentage of agency locations who offer free services is lower in the present study in comparison to our 2021 assessment (48%).

Do you offer services to individuals who are undocumented? (n=27)

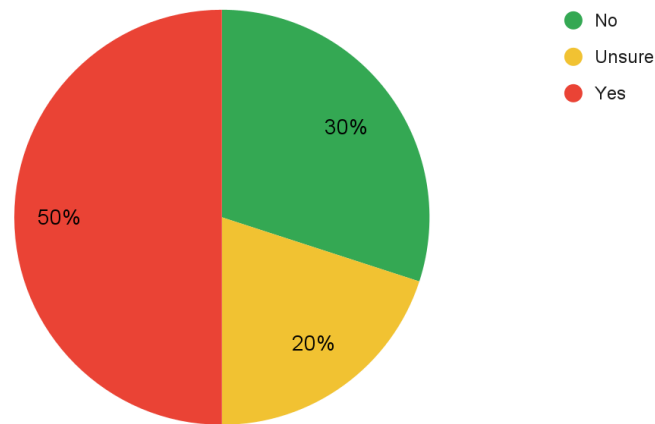


Are Free Services Ever Offered? (n=27)



- Medical home requirements.** We focused our analysis of medical home requirements specifically on the subset of federally qualified health centers (FQHCs) in our sample, due to the fact that FQHCs provide health services in addition to mental health services. Also, in the 2021 study, several FQHCs required being a patient's medical home before providing mental health services. Among the 10 FQHCs surveyed, half (n=5) indicated a primary care provider within the organization was needed, while 20% were unsure and just 30% said it was not a requirement. This finding indicates that at least half of the surveyed FQHCs are accessible only to their medical patients or to individuals who are able to initiate medical services at the same time that they initiate mental health services. Establishing care with a new medical provider not only adds another step in the process of initiating mental health services, but it may also require that an individual terminate services with a trusted medical provider at another facility.

Is Having a Primary Care Provider At This FQHC Required for Mental Health Services? (n=10)



- After-hours crisis response protocols.** Volunteer callers asked each agency location to describe the protocols in place to support program participants who experience a mental health crisis outside of traditional business hours. Of the 24 agency locations who answered this question, only 8% reported that their organization had the capacity to provide in-person crisis response through triage or a mobile crisis team to mental health program participants within the catchment area of their agency location. The remaining organizations reported that they advise their clients to use their organization's after-hours crisis line, external crisis lines, or call 911 or go to a hospital emergency room.

### Overall Service Accessibility

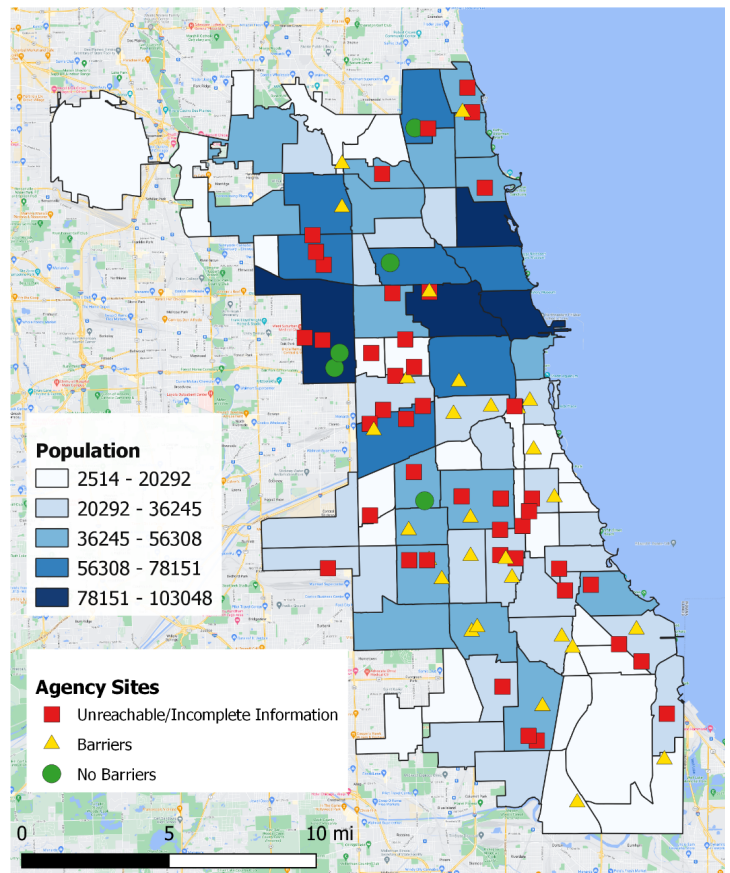
Following the analysis of survey responses, the CCW research team applied these findings to assess the broader implications for overall service accessibility within the city of Chicago as a whole. To accomplish this aim, the research team created two maps. The first map used a

three-tiered coding system to describe the level of overall accessibility at each agency location, and plotted each agency location based on the level of accessibility that it was assigned. The second map illustrates the geographic area in Chicago that falls within a two mile radius of a TICC provider without access barriers. Each of these maps and their implications for understanding overall service accessibility within Chicago are further described below.

**Map 1: Accessibility of Each TICC Location**

To describe the level of overall mental health service accessibility among each TICC location in Chicago, CCW researchers first created a three-tiered coding system as follows:

- **Unreachable/Incomplete Information:** The lowest tier included agency locations that could not be reached, one location that indicated they could not take mental health clients for the foreseeable future, and agencies that answered a limited number of questions. Of the 65 agency locations in our sample, there were 38 that were included in this tier.
- **TICC Providers with Access Barriers:** The middle tier included the 22 agency locations that completed a survey and reported at least one of the following barriers to accessing mental health services. These barriers were chosen because the CDPH public mental health centers are free from any of these barriers. To provide a comparable level of service, TICC sites should similarly not have any of these access barriers. The barriers are as follows:
  - Medical home requirements (Needing a primary care doctor at the agency location in order to receive mental health services)
  - Not serving individuals who are undocumented
  - Not serving individuals who are uninsured
  - Not offering free services
  - Not being near public transportation
  - Having a waiting list of one month or longer
- **TICC Providers With No Access Barriers:** The highest tier consisted of the five agency locations that had none of the above barriers.



After developing this coding system and assigning each agency location to a tier, we plotted the agency locations on a map according to their assigned tiers. For agencies with a centralized intake or identical services across locations, we extended the tier rating for the surveyed location to all locations, so that all sites' accessibility could be viewed. Extending these ratings led to a total of 80 agency locations that were plotted on the map. Furthermore, after extending these ratings, there were a total of 47 agency locations included in the lowest tier, 28 in the middle tier, and five in the highest tier without access barriers. We also shaded the community areas to show the implications for access: lower-population community areas are shaded in lighter blue, while higher-population community areas are shaded in darker blue.

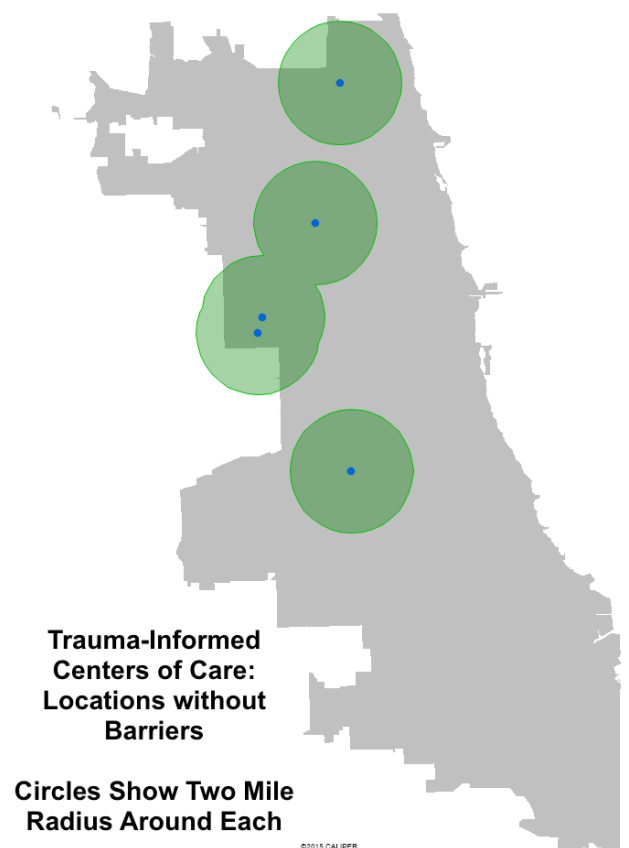
The map illustrates the limitations of the Trauma-Informed Centers of Care network in providing accessible mental health care to residents throughout Chicago. Agency locations that could not be contacted and that had barriers are spread across the city. The sheer number of agency locations that are difficult to contact or that have identified barriers increases the likelihood that residents will not be able to access care in their moment of need.

The geographic distribution of the agency locations without access barriers illustrates further difficulties with accessing mental health services. The five agency locations without barriers are concentrated in four community areas (with two sites in Austin), leaving 73 of Chicago's 77 community areas without a barrier-free TICC provider. Even if the five CDPH public mental health centers were considered, that would still leave 68 community areas without an accessible mental health center in their boundaries.

Moreover, four of the five agency locations without barriers are located north of Madison Street. The other agency location is on the Southwest Side, and while it may provide important services to nearby residents, it does little to help residents of farther South Side communities such as South Shore, Roseland, and Auburn Gresham access care.

### ***Map 2: Barrier-Free Mental Health Services Within Chicago***

Recognizing the scarcity of barrier-free mental health services through the TICC network and the difficulties with the geographic distribution of the agency locations that do offer services without access barriers, the CCW research team created a second map designed to illustrate the geographic area in Chicago that falls within a two mile radius of a barrier-free TICC mental health provider. Using the mapping software Maptitude, we created circles with a two mile radius around each site.





The second map thus complements the first in highlighting how little of Chicago is covered by the barrier-free TICC locations. The majority of the city's area is not located near a barrier-free provider. The vast majority of the city's population thus has severely limited access to privatized mental health services.

### Implications and Recommendations

Although the Lightfoot administration promoted the TICC network as offering “no-barrier access to mental health services...across all 77 Chicago community areas,”<sup>6</sup> findings from the current study make it strikingly apparent that Chicago's privatized mental health service landscape is far from facilitating no-barrier access. The vast majority of Chicago's population does not have access to barrier-free mental health services through a privatized provider. Instead, access barriers including challenging phone systems, lengthy wait times for services, documentation status, insurance status, service cost, and requirements among FQHCs stating that an individual must have a primary care doctor at the location in order to receive mental health services persist more than three years after the TICC network was implemented. Such findings indicate that investing solely in privatized providers is not sufficient to ensure that all Chicagoans can access mental health support in their moment of need. Instead, it is critical that the City invest in a safety net of public mental health centers that offer free, time-unlimited mental health services to all individuals at the moment that they are seeking services, regardless of immigration status, insurance status, and socioeconomic background. In Mayor Brandon Johnson's 2024 budget address, he reaffirmed his commitment to reopening the City's closed public mental health centers and expanding a public model of non-police mental health crisis response.<sup>7</sup> Outlined below are recommendations for expanding the City's public mental health infrastructure so as to address the access barriers identified through this study and to ensure that mental health services are truly accessible to all Chicagoans.

- ***Ensure that all calls to the public mental health centers are answered directly by an organizational representative.*** This study highlighted the phone inaccessibility of TICC providers, as reflected through the fact that an organizational representative directly answered the phone in only 26% of all call attempts and callers could only complete a survey at 42% of agency locations. When individuals are experiencing distressing mental health symptoms and are in need of immediate emotional support, being asked to navigate unclear automated systems is an impediment to service access. It is therefore critical that public mental health centers address this access barrier observed among the private sector by ensuring that there are dedicated staff to answer phone inquiries directly during business hours. Call operators should be trained to answer questions about service eligibility and should schedule initial appointments for

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<sup>6</sup> Mayor's Press Office (2023, February 9). Mayor Lightfoot and the Chicago Department of Public Health announce the expansion of citywide mental health network to all 77 neighborhoods. Retrieved from [https://www.chicago.gov/city/en/depts/mayor/press\\_room/press\\_releases/2023/february/ExpansionCitywideMentalHealthNetwork77Neighborhoods.html](https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2023/february/ExpansionCitywideMentalHealthNetwork77Neighborhoods.html)

<sup>7</sup> Office of the Mayor (2023, October 11). Mayor Brandon Johnson 2024 Budget Address. Retrieved from <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2023/October/MAYOR%20BRANDON%20JOHNSON%20FY2024%20BUDGET%20REMARKS%20AS%20PREPARED.pdf>

prospective program participants, to decrease the likelihood that a caller is transferred to voicemail and cannot get their questions resolved in a single phone call. For non-emergency calls after business hours, there should be a voicemail greeting with clear details regarding the frequency at which voice messages are returned.

- **Ensure staffing capacity is aligned with the demand for services.** Findings from this study additionally indicated that TICC privatized providers do not have the capacity to keep pace with the demand for services. More than half of surveyed providers had a wait time ranging from one month to seven months, which can have dire consequences for individuals experiencing distressing symptoms who are in need of immediate support. Reopening closed public mental health centers is critical to expanding service capacity across the city. As the first two public mental health centers noted in Mayor Johnson's budget address are reopened,<sup>8</sup> care should be taken to ensure that staffing plans are adequate to address the demand for services in the respective service areas. Conducting mental health needs assessments in the community areas where the public mental health centers will be reopened is a useful strategy for identifying the extent of existing needs and developing staffing plans accordingly. Hiring a community care worker corps that integrates community members with lived experience working alongside social workers, multidisciplinary therapists, nurses, and physicians is instrumental to ensuring adequate staffing capacity.<sup>9</sup>
- **Promote public mental health centers as providing free, long-term services to all Chicagoans.** In both our 2021 assessment and the current study, we found immigration status, insurance status, and service cost to consistently pose barriers to mental health service access among TICC providers. Although 81% of surveyed providers in the current study reported that they serve individuals who are uninsured, service access for the uninsured is severely limited by the fact that only 41% of agency locations offered free services. For individuals and families who are living on minimum wage salaries and struggling to meet their basic material resource needs, paying a median rate of \$30 for a weekly or bi-weekly session is prohibitive. Public mental health centers that are specifically intended to provide free services to all Chicagoans are thus a vital safety net resource for community members who are systematically excluded from receiving services through the privatized sector. The City of Chicago can play an instrumental role in ensuring that promotional materials about the public mental health centers clearly state that free services are available to all individuals regardless of insurance status and documentation status, and conducting targeted outreach to ensure that information about the public mental health centers is readily accessible in the communities where the public mental health centers are located. This can be partially accomplished through hiring community members with lived experiences to help others access services. In addition, recognizing that the city of Chicago is home to a growing population of recently arrived migrants with diverse immigration statuses, the City of Chicago should ensure

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<sup>8</sup> Office of the Mayor (2023, October 11). Mayor Brandon Johnson 2024 Budget Address. Retrieved from <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2023/October/MAYOR%20BRANDON%20JOHNSON%20FY2024%20BUDGET%20REMARKS%20AS%20PREPARED.pdf>

<sup>9</sup> Collaborative for Community Wellness (2023). White Paper: Treatment Not Trauma: A community care infrastructure for crisis response, mental health, and shared safety. Retrieved from [https://www.collaborativeforcommunitywellness.org/files/ugd/c29cfd\\_fab7be98357d4fbd9bbdb833698284c7.pdf](https://www.collaborativeforcommunitywellness.org/files/ugd/c29cfd_fab7be98357d4fbd9bbdb833698284c7.pdf)

that migrant populations are aware of the services available through the public mental health centers and that staff at the public mental health centers are prepared to provide culturally and linguistically responsive services to the migrant populations in their service area.

- ***Expand a non-police model of mental health crisis response that is available to Chicagoans in all community areas 24 hours per day, seven days per week.*** Data from this study indicated that the current system of mental health crisis response among privatized providers is fragmented, with very limited availability of in-person after-hours crisis response among agency locations in the TICC network. These findings point to the dire importance of expanding the City of Chicago's publicly operated non-police mental health crisis response program, to ensure that there is a coordinated response available across all of Chicago's community areas 24 hours per day, seven days per week. Recognizing that coordinated crisis response goes beyond the purview of a single private nonprofit provider, the City of Chicago is best equipped to expand its infrastructure to offer both in-person mental health crisis support and assistance with connecting to ongoing services through the public mental health centers.

With Mayor Johnson's commitment to investing in Chicago's public mental health infrastructure, we are uniquely positioned to address access barriers that have been ignored under previous mayoral administrations. Reopening the public mental health centers in accordance with the recommendations outlined above will help the City to ensure that mental health services are available to all Chicagoans in their moment of need.

### **About the Collaborative for Community Wellness**

The Collaborative for Community Wellness is a collaborative that brings together mental health professionals, community-based organizations, and community residents to address the lack of mental health access and to redefine mental health to match the needs of the community.

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