Lofty pledges filled Mayor Brandon Johnson’s inaugural address on Monday, but the new mayor mostly stopped short of promising any specific policy fix.

He made an exception for his plan for how to care for Chicagoans struggling with mental illness.

“I want to make sure that no one ever has to suffer because they do not have access to mental health services,” Johnson said about 30 minutes into his speech. “So let’s bring together the private sector, the public sector, the county, the state and the federal government to find the best solutions for delivering these services, including reopening our mental health care centers across the city of
Organizers have been calling for more than a decade to reverse former Mayor Rahm Emanuel’s 2011 push to close half of Chicago’s 12 publicly run mental health clinics. Mayor Lori Lightfoot said in 2019 that she would reopen the clinics but then quickly backtracked, pivoting to a model of pumping out more city dollars to private mental health nonprofits.

Now that Johnson has taken the seat, he and his top allies are doubling down on promises to beef up publicly administered mental health services and open more city-run spaces for those in need. But details remain fuzzy over how — and whether — his administration can press the “undo” button on Emanuel’s 2011 closures.

“Of course we want [to reopen] the mental health clinics, but I think we also need to reimagine what those clinics can look like,” said Ald. Rossana Rodriguez-Sanchez (33rd), a close ally of the new mayor and the likely next chair of the City Council Committee on Health & Human Services.

“At this point, we have to assess: where is the biggest need?” Rodriguez-Sanchez said. “It might not be the exact same six buildings — or it might. That’s something we’re going to need to study.”

A 12-year rallying cry

The City Council in 2011 voted 50-0 to approve Emanuel’s first budget, which included provisions to shut down six of 12 mental health clinics run by the Chicago Department of Public Health. Officials at the time cited a need to cut costs, a dip in state funding for mental health services and low rates of utilization at some clinics.

The decision faced immediate blowback, including with a City Hall sit-in, and calls to reverse the closures only amplified as organizers shared stories of vulnerable patients who died after they lost access to city services. By 2015, at least one alderman said he regretted approving the closures.

Progressive organizers kept the issue alive through 2019, when they pushed multiple candidates — including Lightfoot — to reopen the centers.
“Of course we should reopen the clinics, but we have to go much further than that,” Lightfoot was quoted by the Chicago Tribune as saying during a 2019 forum. “We have to focus on building mental health infrastructure here in the city. There’s lots of different service providers that frankly did, and do, a better job delivering services to people that are in need than the clinics did.”

It became clear almost immediately after Lightfoot took office that her plan for “building mental health infrastructure” did not mean reopening the closed buildings. Her strategy became clearer when Lightfoot tapped Dr. Allison Arwady, who had supported the 2011 closures, to lead the city’s Department of Public Health.

By the time Lightfoot began running for re-election last year, the COVID-19 pandemic and subsequent spike in violence had only emboldened the groups demanding that the closed clinics reopen their doors, and Johnson vowed not to let them down.

Johnson told WBEZ in an April interview that his administration is “absolutely” going “to work towards” reopening the clinics, saying, “the entire city of Chicago wants to see that happen.” And days after a top deputy cast doubt this month on whether his mental health agenda would explicitly include reopening the buildings, Johnson reiterated in an interview with WTTW: “We are going to reopen the mental health clinics.”

**Lightfoot’s ‘Centers of care’ model**

Four years ago, Lightfoot’s transition committee on health issues, which included dozens of public health experts and community leaders from around the city, quickly threw cold water on the idea of reopening the closed clinics, according to Alexa James, who co-chaired the committee. James is CEO of NAMI Chicago, one of the city’s largest nonprofit mental health organizations.

They decided that opening new clinics under the city’s direct administration would be too slow, costly and cumbersome to yield meaningful results.

“We asked, ‘What should be the city’s role in the mental health system?’ And the consensus was, it should be a funder, a convener and a coalition-builder,” James said in an interview Monday. “And while [the city] should provide public services for sure ... there is so much opportunity to work collaboratively to figure out how
to spend down mental health dollars.”

Under Lightfoot’s direction, Arwady and the health department widened the roster of private, federally qualified mental health organizations that received city funding to maintain and expand their reach. Arwady credited the strategy for a manyfold expansion in what she called the city’s Trauma-Informed Centers of Care, broadening the city’s mental health safety net.

“The results speak for themselves,” Arwady wrote in an October 2021 letter to the City Council defending the model. “In 2019, we served about 3,600 people. In the first half of 2021 alone, even during COVID, we have already served more than 26,000 Chicagoans, including many with much more acute mental health needs than ever before.”

The results were no surprise to James, who said the city has gotten more mileage out of funding existing health organizations than trying to stand up more of its own clinics.

“When you already have infrastructure built, and there’s collateral investments from larger health care systems, they’re already able to draw down on a more diverse group of funding,” James said. “The lengths you’d have to go through to open a new clinic — it’s pretty arduous.”

Opening a clinic would mean building new facilities and earning federal accreditation, plus recruiting dozens of new trained staffers at a time when the industry is facing a severe labor shortage, she said. James argued patients would be better served if city, Cook County and state leaders focused on maximizing Medicaid reimbursements and other sources of outside funding to make sure organizations like NAMI — whose services are partially funded by the city — are running at full tilt.

“It’s complicated, and I think it’s going to be a slower process if we think about reopening clinics as opposed to continuing to invest,” she said. “We have infrastructure with more capacity to respond more immediately than if we started over.”

**Johnson’s vision**

Rodriguez-Sanchez has long been skeptical of Lightfoot and Arwady’s Trauma-
Informed Centers of Care model. She says the commissioner’s boasts about the broad reach of the privately run clinics have obscured questions about the depth of care they’re providing.

“When you’re saying 60,000 people were ‘reached,’ does that mean they each had three therapy appointments? One appointment? They were given a pamphlet at a fair?” Rodriguez-Sanchez said. “How do we know that the millions of dollars we’re spending are actually being used in a way that’s helping us address the mental health crisis?”

The Northwest Side alderwoman and other advocates of reopening city-run clinics have noted that many private nonprofits are staffed by underpaid, non-unionized staff, leading to a “revolving door” of clinicians who burn out before they can build durable relationships with patients. Rodriguez-Sanchez pointed to an ordinance she helped muscle through the City Council this year over the loud objections of many health nonprofits that requires city-contracted agencies not to interfere with workforce unionization pushes.

“It’s not a reliable or sustainable system,” Rodriguez-Sanchez said of pumping more public dollars into private mental health nonprofits.

Rodriguez-Sanchez in 2020 sponsored a proposal organizers have dubbed the Treatment Not Trauma Ordinance, which seeks to build out non-police city infrastructure to respond to mental health crises. The proposal, which includes reopening the closed clinics, got a shoutout in Johnson’s inaugural address on Monday — as did Rodriguez-Sanchez.

The alderwoman acknowledged that the closed clinics can’t be brought back to life overnight, and she set no deadline for when they should be reopened. But she pointed to multiple quicker steps city leaders can take toward a longer-term vision: an army of clinicians and other mental health professionals who are employed by the city, with the kinds of salaries and pension benefits already afforded to police officers.

Specifically, she said the city should work harder to drive patients to its five existing clinics, focus on expanding its nascent non-police crisis response system and cultivate an emerging practice of assigning city health officials to public libraries.
“The conversation that we are having right now is about how we deliver quality public, direct mental health care and social services in a way that is sustainable,” Rodriguez-Sanchez said. “And there’s not an easy answer to that. But the important thing is, we are not debating if we are going to do it. We’re debating now how we are going to do it.”

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