

As Mayor Brandon Johnson invests in mental health, questions linger about funding for other Chicago public health crises

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Mayor Brandon Johnson's first budget comes at a crossroads moment for the Chicago Department of Public Health.

More than three years after COVID-19 placed the Health Department on the front lines and made it among the most vital and prominent departments in the [city](#), Johnson's decisions on prioritizing spending there as federal pandemic dollars dry up will help shape how prepared Chicago is should another significant public health crisis arise.

While Johnson—who ran a campaign promising he'd emphasize spending on [mental health](#)—and his administration insist it has its eye on making sure Chicago is in good shape, some observers are concerned the city isn't putting enough of its own money into ensuring the gains made over the past three years aren't lost.

Johnson's 2024 plan devotes relatively few additional city resources to keeping the systems that were created during the pandemic in place. Instead, the new mayor's 2024 Department of Public Health proposal pledges to boost spending on mental health by more than \$15 million.

The moves have even caught the attention of some City Council members, one of whom recently pressed the new head of the Health Department about the administration's overall plans.

"Are we no longer preparing?" asked West Side Ald. Jason Ervin, 28th, noting federal money to pay for such readiness is evaporating.

Johnson's [budget](#) plan, unveiled earlier this month, includes launching two city-run mental health clinics next year, a pilot project as part of the mayor's overall campaign promise to reopen six mental health clinics closed during Mayor Rahm Emanuel's tenure.

The mental health clinic policy is an important one for Johnson's strong union supporters, the American Federation of State, County and Municipal Employees, which lost dozens of union jobs when those clinics closed.

Johnson's budget also increases funding for the non-police 911 response program the mayor supports, doubling the program's staff in the 2024 budget.

It's difficult right now to get politicians and residents to keep putting money and staff into being ready for the next calamity, said Chrissie Juliano, executive director of the Big Cities Health Coalition, an organization that advocates for dozens of urban health departments.

"It is hard, in peacetime if you will, to make the case for continuing to keep the infrastructure and the systems in place," Juliano said.

"We have the pandemic and we ramp up these dollars, and rightly so, because the field needed the money," she said. "But as they begin to go away, we are going to fall back into the picking and choosing of how prepared jurisdictions are at the local and state level, such that we could see ourselves behind the eight ball again the next time we have an infectious disease outbreak or a natural disaster or a terrorist attack."

The Health Department long operated as just another cog in the city's

vast municipal bureaucracy, but became as familiar to Chicagoans during the height of the COVID-19 pandemic as the Police Department.

During the pandemic, Health Commissioner Dr. Allison Arwady, an infectious disease expert, earned praise and scorn as the face of Mayor Lori Lightfoot's edicts regarding business closures and openings, public gathering size limits and vaccine requirements.

Shortly after he took office, Johnson fulfilled a campaign promise to bounce Arwady from the post, a move that pleased his Chicago Teachers Union supporters who became furious about her efforts during the pandemic to reopen public school buildings faster than they thought was safe.

Now the department is run by acting Public Health Commissioner Fikirte Wagaw, a longtime administrator in the agency who is not a doctor. Johnson has not named a permanent commissioner since firing Arwady in mid-August.

With new COVID shots now available and another winter season of potential COVID upticks looming, neither Wagaw nor Johnson has been nearly as prominent a figure as Arwady was in advising Chicagoans about the latest data about the disease.

Arwady was a fixture in TV interviews, and her regular online "Ask Dr. Arwady" segments, where she answered questions and shared updates on new variants, became routine viewing for many during the early pandemic months.

In a statement responding to questions about the lack of city spending on pandemic preparedness in the 2024 budget, Health Department spokesman Andrew Buchanan said the city was "taking a proactive approach to assess the continued spend down of temporary COVID-19

grants dedicated primarily to pandemic response." Many of the [federal grants](#) last until 2026, Buchanan pointed out.

"In anticipation, (the Office of Management and Budget) is undertaking an extensive process in (the fourth quarter of) 2023 and (the first quarter of) 2024 to assess existing programs for ways to create efficiencies in service delivery as well as prioritize programs with demonstrated success in terms of impact," Buchanan said in the statement. "Certain losses in temporary COVID funding have already been mitigated by increased investment in CDPH's corporate budget, and it is important to note that the CDPH budget does not include staff cuts and no programs have had to be halted."

The Johnson budget plan already illustrates the broader winding down of the massive influx of federal COVID money to Chicago.

Even with millions of unused dollars carrying over from this year, Chicago's share of federal epidemiology health capacity grants are expected to be down over \$42 million in 2024 from 2023, according to Johnson administration budget documents.

Though they're still accounting for about \$283 million in the 2024 city budget, those grant funds will continue to decrease in coming years as federal support for local governments' response to the COVID-19 pandemic winds down.

Wagaw told aldermen during her department's City Council budget hearing that the epidemiology grants have "really funded a tremendous amount of work across the department."

"Almost anything besides vaccines and clinical care, we could use these dollars for to support COVID and emerging disease response," Wagaw said.

Another grant, for public health emergency preparedness, is down about \$10 million year-over-year.

That federal funding dates back to just after the Sept. 11, 2001, terrorist attacks, and will likely continue in some form, Wagaw said.

"But during COVID, it did also get one-time funding funneled through it, and we've seen the end of some of those funds," she said.

The decreases drew the attention of Ervin, who asked Wagaw to explain how the city can be set to respond to various crises if the [federal money](#) to pay for such readiness is evaporating and the city isn't using its own funds to prop up those parts of the Health Department.

The veteran alderman, who chairs the council Budget Committee, pointed out the Department of Public Health is planning to spend city money to fill six new positions in emergency preparedness in 2024, which Wagaw said were "exactly due to the ending of that grant that I referenced that was one-time COVID money."

But the \$469,715 earmarked for those six jobs pales in comparison to the money the city is losing from the grants, Ervin noted.

"I just want to understand our position, and how we intend to be ready should we engage in another large-scale emergency, as we have during COVID-19," he said.

Wagaw said her department is trying to find ways to fund key areas.

"We continue to work, especially with our federal partners who provide almost all of the funding in this area, to talk about the importance of the public health preparedness and prevention fund," Wagaw said. "(It's) a fund delegated just for activities like this that is currently potentially

facing a national reduction, which obviously would have terrible impact on Chicago."

"We're working to address it on that front," she said. "We're also working with (the city Budget Office) and the mayor's office to ensure that we have the resources we need to maintain, for example, our emergency preparedness stores, our minimum required staffing, all in the service of what you described, which is being ready for the next public [health](#) emergency."

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