HOWARD BROWN HEALTH'S CENTER FOR EDUCATION, RESEARCH, & ADVOCACY SERIES

Assessing Need and Access to LGBTQ+ Affirming and Affordable Behavioral Healthcare in Chicago

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Howard Brown Health

INTRODUCTION

In the United States, we are experiencing a behavioral health crisis. According to the National Institute on Behavioral Health (NIMH), in 2019, an estimated 51.5 million adults 18 or older in the U.S. reported living with some form of mental illness, while the percentage of those reporting an unmet behavioral health care need increased from 9.2% to 11.7%.[1] Youth tend to experience greater behavioral healthcare need, with around 29% of youth and young adults reporting a need for behavioral health assistance.[2] This behavioral health burden has only worsened due to the COVID-19 pandemic.[3] From August 2020 through February 2021, the Center for Disease Control (CDC) recorded the percentage of adults with symptoms of an anxiety or a depressive disorder increasing from 36.4% to 41.5%.[4]

In Illinois, The National Alliance for Mental Illness reported that 38.5% of Illinois residents have experienced poor behavioral health.[5] In 2017, 15% of the population in Illinois had been diagnosed with a depressive disorder, which equates to around to 2 million people. From FY2009–FY2012, Illinois cut roughly $187 million in funding for behavioral health services, one of the largest cuts to behavioral health funding of any state over the same time period.[6] This massive funding cut, in combination with the great recession and state budget issues, resulted in the closing of many behavioral health facilities, increasing unmet behavioral health need in the state. According to the Illinois Association for Behavioral Health, Illinois has the second worst shortage of mental health workers in the country, and a recent report by the Rural Health Summit shows that nearly every county in Illinois does not have enough mental health providers to meet the needs of the community.[7] These shortages have only worsened during the pandemic.

Overall LGBTQ+ individuals are **2.5 times more** likely to experience depression, anxiety, and substance abuse compared to heterosexual individuals.

Research consistently shows that there are stark disparities in behavioral health outcomes and access to care among lesbian, gay, bisexual, transgender and queer (LGBTQ+) people in particular.[8] Overall LGBTQ+ individuals are 2.5 times more likely to experience depression, anxiety, and substance abuse compared to heterosexual individuals.[9] The Trevor Project reports that 39% of LGBTQ+ youth seriously considered attempting suicide in the past twelve months, with more than half (54%) of TNB youth reporting that they seriously considered suicide in the past twelve months.[10] LGBTQ+ Black, Indigenous, people of color (BIPOC) face even greater risks, with 54% of BIPOC LGBTQ+ adults battling poor behavioral health.[11] Research from the Center for American Progress shows that people of color systematically receive inadequate health care, which may explain why LGBTQ+ BIPOC individuals in particular receive fewer diagnoses addressing their behavioral health and experience persistent barriers to accessing behavioral health services.[12]

These behavioral health disparities are in large part due to social inequities stemming from anti-LGBTQ+ discrimination and bias. LGBTQ+ people often experience challenges in accessing behavioral health services that are affirming and inclusive. For example, a 2017 survey conducted by the Center for American Progress found that 8% of LGB respondents and 29% of transgender respondents had been refused medical care in the past year due to their sexual orientation or gender identity. In behavioral healthcare specifically, there is a long history of stigmatization of LGBTQ+ identities, including the practice of conversion therapy.[13] LGBTQ+ youth who undergo conversion therapy are twice as likely to attempt suicide or report multiple suicide attempts.[14] Given the prevalence of non-affirming and discriminatory care, it is no wonder that LGBTQ+ people prefer to seek out services in spaces that are affirming, but those spaces are often difficult to find.

Aside from the lack of affirming care, cost is often a barrier to accessing behavioral health care for LGBTQ+ people and other people with marginalized identities. In 2019, national spending on behavioral healthcare—including costs for therapy, medications, stays in psychiatric facilities, substance use programs, etc.— topped $225 billion.[15] Typical therapy sessions can range in cost from $65 to $250 per hour, which can quickly become prohibitively expensive, especially for those who are low-income or uninsured.[16] Affordability is a particularly large barrier for LGBTQ+ people seeking behavioral health care. Larger proportions of LGBTQ+ persons lack access to health insurance (17% vs. 12%) and are at risk of or live in poverty (22% vs. 16%) compared with their non-LGBTQ+ counterparts.[17]

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These issues also affect access to behavioral healthcare for Chicagoans. Howard Brown Health worked in partnership with other community-based organizations (CBOs) that provide behavioral health services throughout Chicago to research and better understand barriers and facilitators to accessing affordable and LGBTQ+ affirming behavioral healthcare in the greater Chicago area.[18] The research also illustrates unmet mental and behavioral healthcare needs and highlights existing gaps in LGBTQ+ affirming and affordable behavioral health services in Chicago.

METHODOLOGY

Howard Brown Health completed qualitative interviews with 14 CBOs in Chicago between December 2020 and February 2021. Qualitative interviews were completed with at least one, and often multiple, team member(s) at each partnering organization. Interviews were recorded and ranged from 45 to 90 minutes. Interviews included questions that explored services offered, patient demographics, unmet need, referrals, and accessibility of affordable, affirming services offered to the LGBTQ+ community. The recordings were reviewed by a team of three who coded the data and identified themes that contributed the findings described in this paper.

As a part of the interview process, each CBO was asked to provide their list of referrals for LGBTQ+ behavioral health care. These lists were compiled and added to the referrals lists already in use at Howard Brown Health, resulting in a total of 484 referral sites (some of which were multiple locations of a parent organization). Referral sites were sent a short survey that gathered information about services offered, diversity of staff, payment sources and LGBTQ+ expertise. A team of 3 people researched each referral site that did not complete the survey, gathering information through web site review and direct contact. Each referral site was rated on affordability and provision of LGBTQ+ affirming care. Sites were rated as affordable if they accepted Medicaid or Medicare and/or had a formal sliding scale of $25 or below. Sites were rated as affirming if the survey or website review showed any evidence that the practice is supportive of and offers services to the LGBTQ+ community. Sites that were rated as affirming were further stratified into low confidence, moderate confidence, or high confidence for provision of LGBTQ+ affirming care based on strength of evidence that the site intentionally and authentically creates safe spaces for LGBTQ+ clients (See Appendix 1: Affirming Criteria). Referral data was used to create service area maps included below.

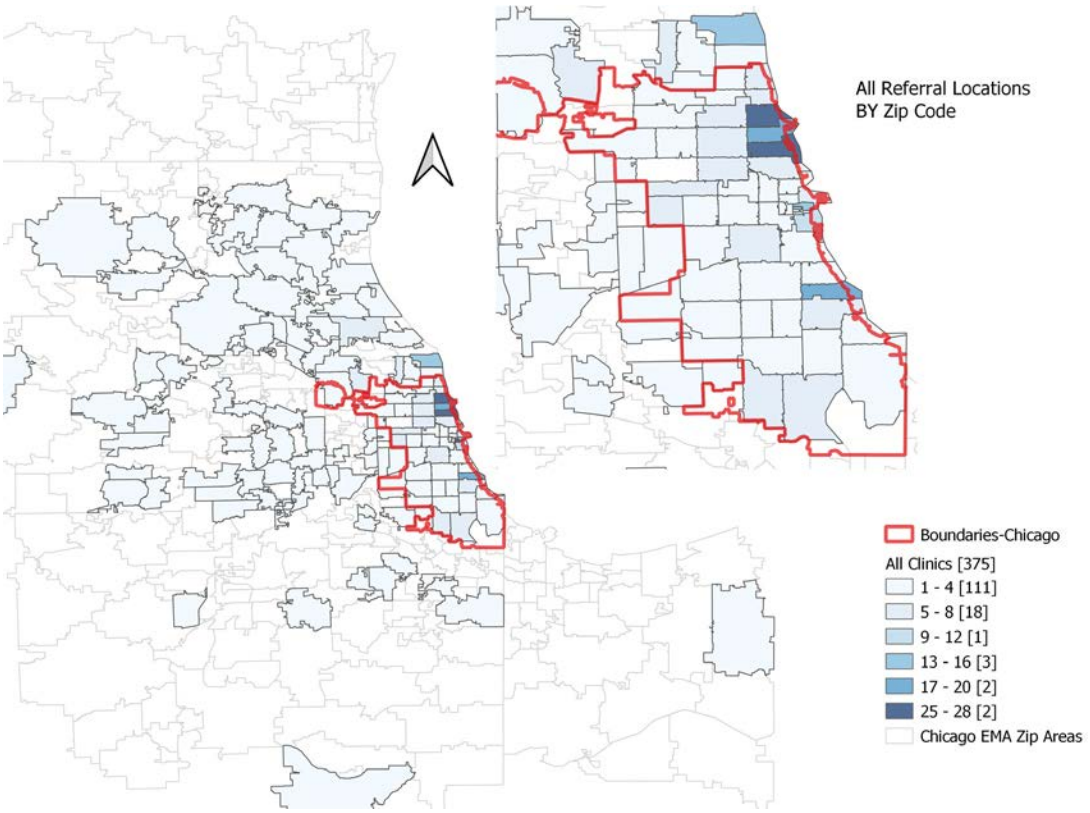
RESULTS

LGBTQ+ affirming behavioral healthcare in Chicago

The research team analyzed 484 referral sites located across 375 zip code areas representing the greater Chicago area and surrounding suburbs (Figure 1: All Referral Locations). While there are some behavioral health facilities in Chicago offering services specifically tailored to meet the needs of LGBTQ+ people, finding LGBTQ+ affirming behavioral healthcare in Chicago is still difficult. Analysis of the referral site database showed that of the 484 total referral sites, over half (243) showed no evidence of support for the LGBTQ+ community, as indicated by the survey or the website review. In contrast, just 71 referral sites were rated as high confidence for provision of LGBTQ+ affirming care. Additionally, the majority of low, moderate, or high confidence LGBTQ+ affirming referral sites are clustered on the North Side of Chicago (Figure 2: Affirming Referral Locations). Referral sites that specifically offer care for transgender and non-binary (TNB) patients and/or offer gender affirming surgery (GAS) letters are even more limited, with a complete lack of referral sites that offer these services through much of the South and West side of Chicago (Figure 3: TNB-GAS Letter Referral Locations).

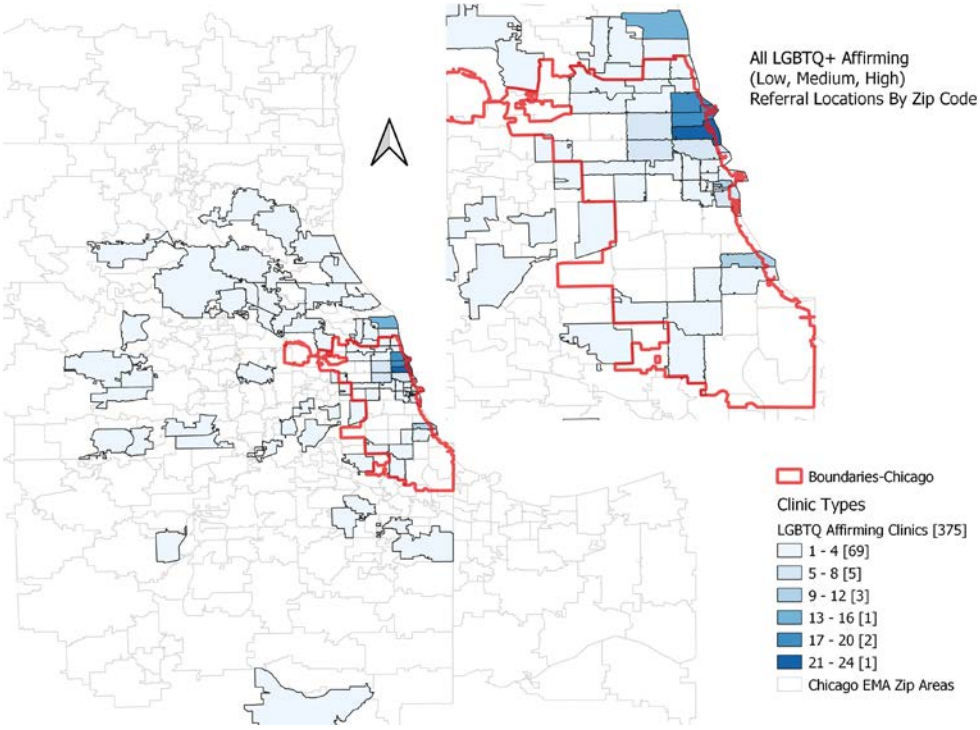
In our interviews, the CBOs elaborated on barriers to providing and accessing LGBTQ+ affirming care. One consistent barrier was lack of regular and comprehensive training and education in LGBTQ+ health. Even for providers who are interested in learning more about providing LGBTQ+ affirming care, it can be difficult to locate up-to-date educational materials and devote staff time and resources to receiving regular trainings.

Figure 1:
All Referral Locations



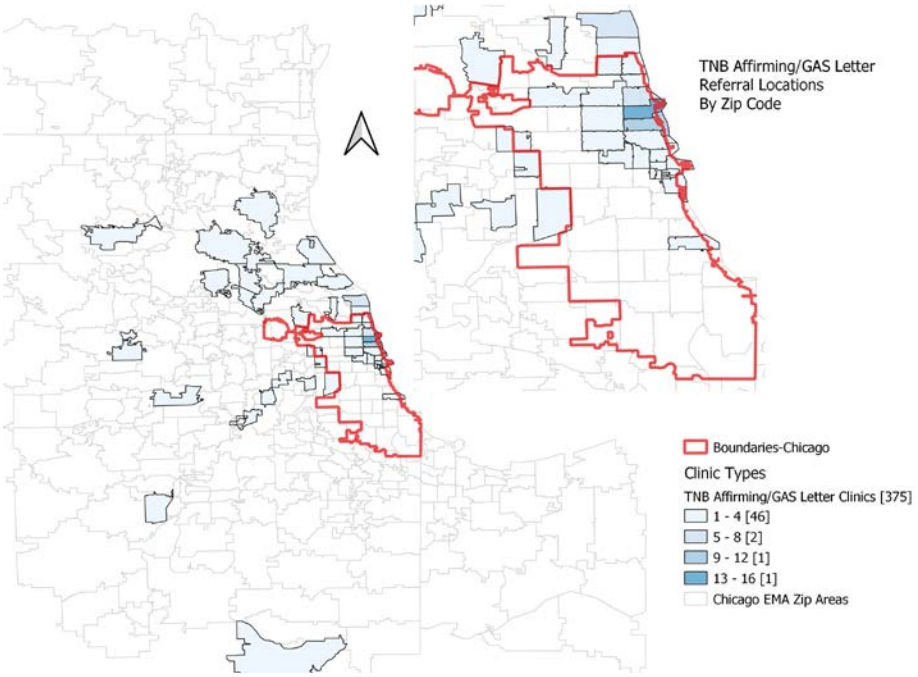
CBOs also emphasized the need to go beyond basic trainings to ensure that they are actually implementing the training and creating more LGBTQ+ affirming spaces. One CBO noted that it's not just about taking a training course, but also about making systemic changes to "the paperwork patients complete, or what you say on the phone, or the images you display" to communicate in an authentic way that the practice is LGBTQ+ affirming. Especially with the historical trauma that LGBTQ+ individuals have experienced in behavioral health spaces, CBOs wanted to be able to do more than simply put up a rainbow flag or add "LGBTQ+ affirming" to a website. In fact, some of the interviewed CBOs noted that they've worked with clients who experienced harmful and non-affirming care at organizations that advertised that they offer LGBTQ+ affirming care. This is a major reason why clients prefer to seek care at behavioral health providers who go beyond the low confidence criteria for LGBTQ+ affirming care.

Figure 2:
Affirming Referral Locations



Another barrier to accessing LGBTQ+ affirming behavioral healthcare is a general lack of LGBTQ+ providers, especially providers who are TNB and/or people of color. One CBO shared that "people are looking for individual therapy and group therapy with community that looks and talks like them." Another interview participant noted that when they share their pronouns with their clients, it helps LGBTQ+ clients feel more comfortable to talk about their own identities. It's understandable that LGBTQ+ clients would prefer to work with behavioral health providers with shared identities. Unfortunately, becoming a licensed behavioral healthcare provider is a long and expensive process that particularly disadvantages people with marginalized identities, including LGBTQ+ people. A lack of diversity within the behavioral health workforce creates barriers to providing affirming care to people from a variety of backgrounds, lived experiences, and cultures.

Figure 3:
TNB Affirming/GAS Letter Referral Locations



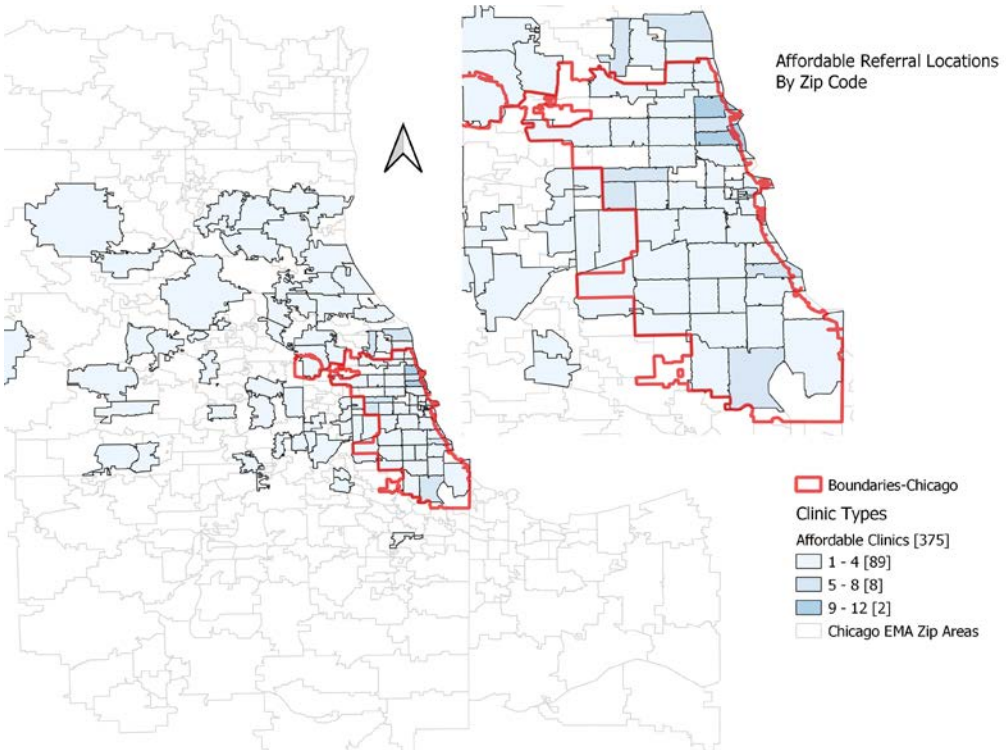
Affordable behavioral healthcare in Chicago

Affordability is a well-known barrier to accessing healthcare in general, but especially for behavioral healthcare. Analysis of the referral database showed that there is a strong need for more behavioral healthcare facilities in Chicago that offer affordable care, by either accepting Medicaid and/or offering consistently available sliding scale fees for low-income and uninsured clients. Of the 484 total referral sites, less than half (230) were rated as affordable. Affordable clinics are fairly evenly distributed across Chicago, though there are still fewer on the South and West sides of the city (Figure 4: Affordable Referral Locations).

The CBOs provided further insights on challenges of cost and financial sustainability that create barriers to accessing and providing affordable behavioral healthcare. Many CBOs agreed that one of the biggest barriers to accessing mental and behavioral healthcare overall is cost. And while health insurance is supposed to help address cost barriers in accessing care, in actuality, having insurance coverage is not translating to expanded access to care for many clients. One common issue with insurance coverage is that copays and deductibles for behavioral health services are still too high for many clients to meaningfully use their insurance to cover regular visits. Additionally, insurance plans vary widely in terms of restrictions on coverage for behavioral health

services, including limitations on specific types of therapy, caps on the number of sessions that are covered, and prior authorization requirements for certain services. These varying restrictions and complications can make navigating insurance plans difficult for both clients and behavioral health providers. One CBO noted, "Health insurance literacy is an important piece of the puzzle. Lots of people hesitate to seek care, not because they're not insured, but because they don't know how they are covered and that is becoming even more complicated in this moment of telemedicine."

Figure 4:
Affordable Referral Locations



Unfortunately, there are also issues with Medicaid, the government insurance plan specifically for low-income people. While many behavioral healthcare organizations would like to expand care offerings for low-income people, the organizations cannot accept Medicaid because it is not financially sustainable to do so. Several CBOs noted that IL Medicaid reimburses for behavioral health services at a rate that is much lower than other insurance plans. Additionally, several CBOs noted that the reimbursement process for Medicaid is also slow and burdensome. The combination of a slow reimbursement process along with low reimbursement rates would make it difficult for many behavioral health providers, especially smaller practices, to sustain their operations financially if they accepted Medicaid clients.

Some CBOs reported using innovative methods to secure funding to provide affordable behavioral healthcare services for low-income and uninsured clients. For example, CBOs talked about working with community incubators and creating mutual aid funds to secure financial support for providing affordable and community-based behavioral health services. Some CBOs talked about partnerships with other healthcare systems to provide low-cost or free behavioral health services to patients within those systems. Government and foundation grant support also helps to cover funding gaps in providing behavioral healthcare services to low-income people. Unfortunately, these alternative funding streams are limited and often do not cover comprehensive and holistic support services (including access to food, hygiene, spiritual care, housing access, recovery coaches, etc.) that are fundamental to ensuring and maintaining good behavioral health.

Unmet behavioral health need

According to our analysis, perhaps the greatest unmet behavioral health need in the Chicago area is for people who need access to care that is both LGBTQ+ affirming and affordable. According to analysis of our referral site database, of the 484 total referral sites, just 55 sites in Chicago were rated as LGBTQ+ affirming and affordable. Looking only at the sites that were rated as high confidence in LGBTQ+ affirming care and affordable, there were only 21 referral sites in Chicago. In terms of distribution across the city, referral sites that were rated as both LGBTQ+ affirming and affordable were extremely scarce and located almost entirely on the North Side of the city (Figure 5. Affordable AND Affirming Referrals). This was also the case for TNB-affirming and affordable referral sites (Figure 6. Affordable AND TNB Affirming Referrals).

Figure 5:
Affordable and Affirming Referrals

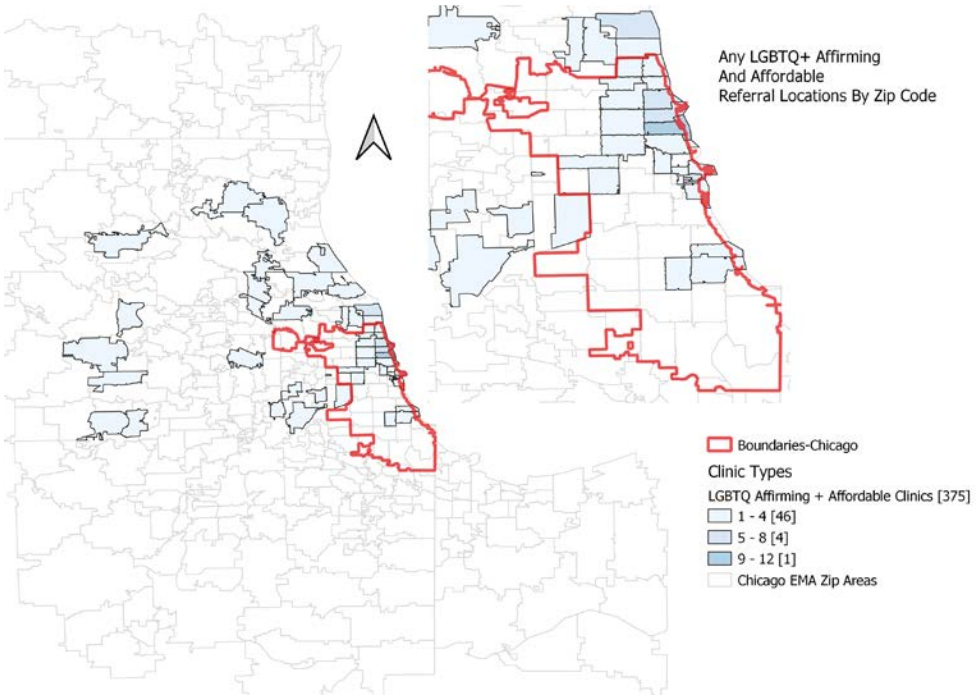
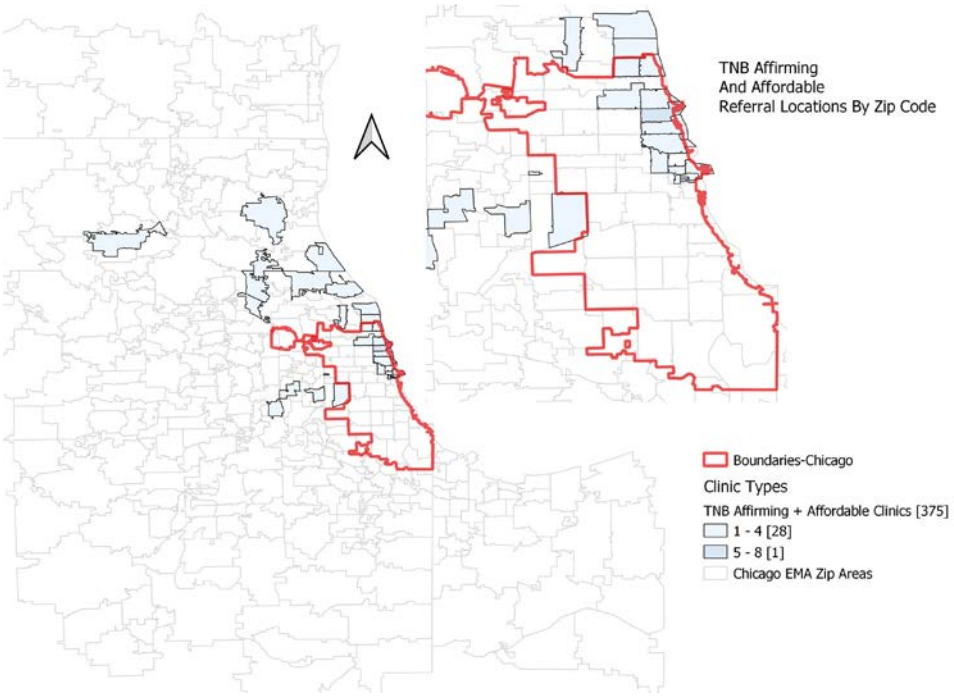


Figure 6:
Affordable and TNB Affirming Referrals



In our interviews, several CBOs elaborated on barriers to ensuring that clients are able to get their behavioral health needs met when the CBO itself is unable to provide the care needed. Making referrals to affirming and affordable care is a challenge because of the scarcity of organizations that are able to offer such care reliably. This can create referral bottlenecks and long waitlists at organizations known for providing LGBTQ+ affirming, sliding scale care. For example, at Howard Brown, from 2013 to 2019 we provided 7,040 patients with therapy services and 3,861 patients with psychiatry services. During the same time period, 20,791 patients requested therapy services and 5,914 patients requested psychiatry services (Figure 7 – 8: Therapy Need vs Therapy Received). From 2013 to 2019, the need for therapy, psychiatry, and substance use treatment has steadily grown each year, with a 330% increase in requests for service in 2019 compared to 2013 (Figure 9: Overall Need Trend). Similarly, other CBOs that provide affirming and affordable care reported that the need for this care far outweighed the organization's capacity to provide such care, and the CBOs are often left wondering, "Once we fill…where can we send clients that is competent and affordable?"

Figure 7:
Therapy Need

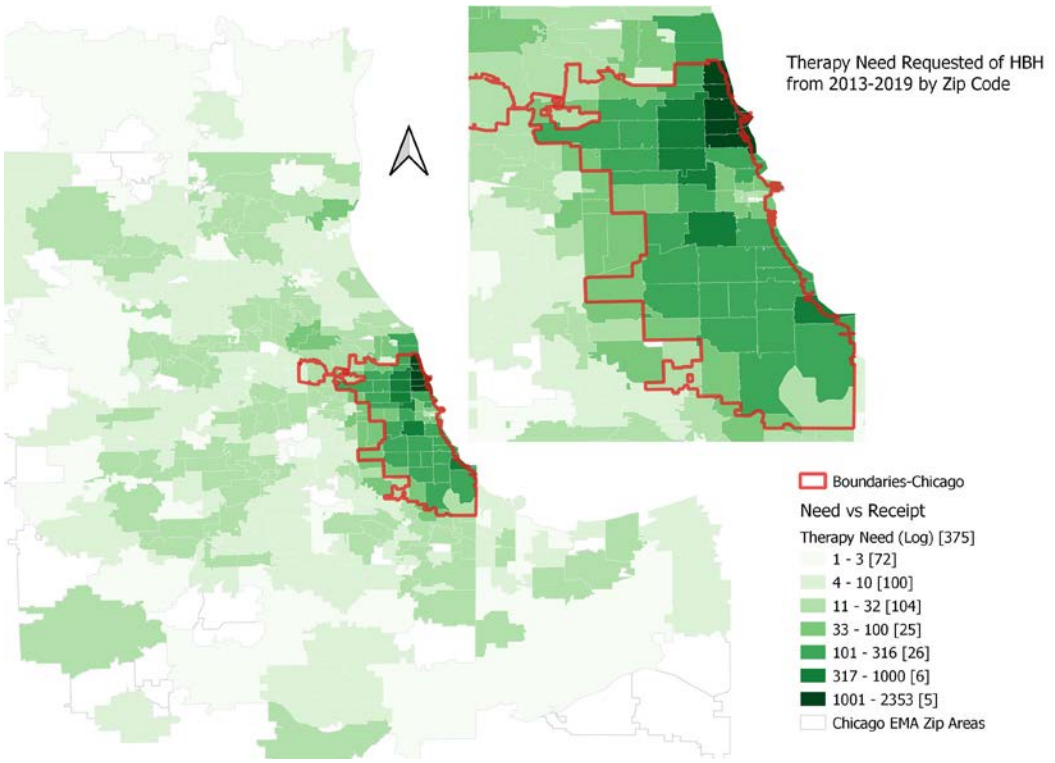
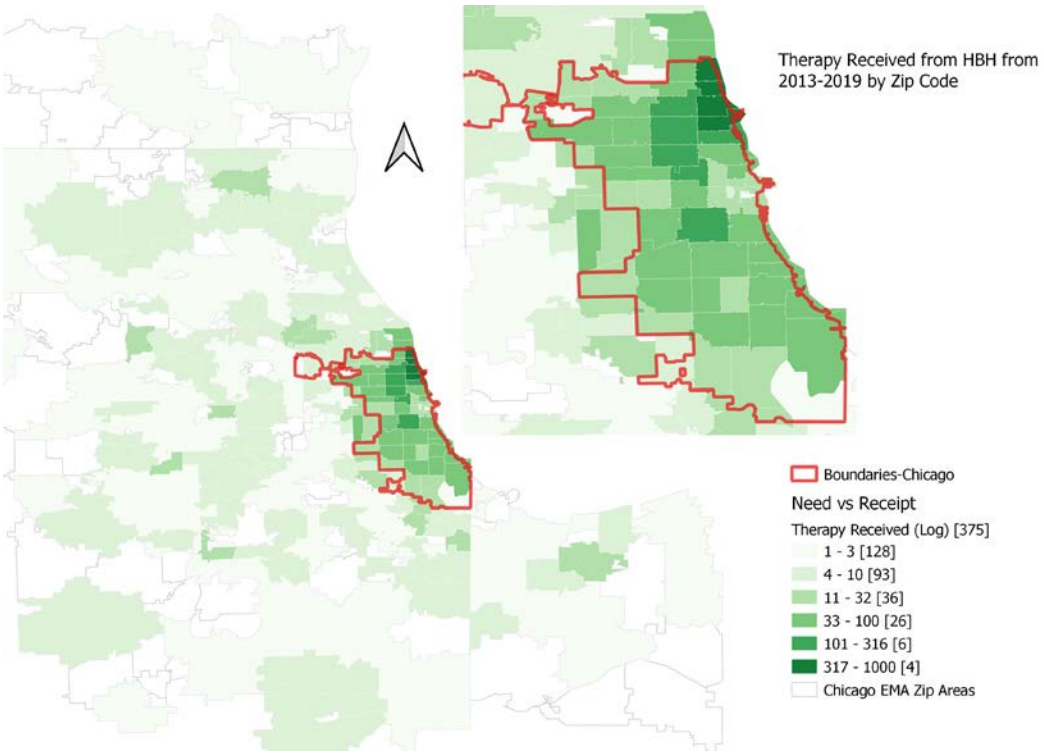


Figure 8:
Therapy Received



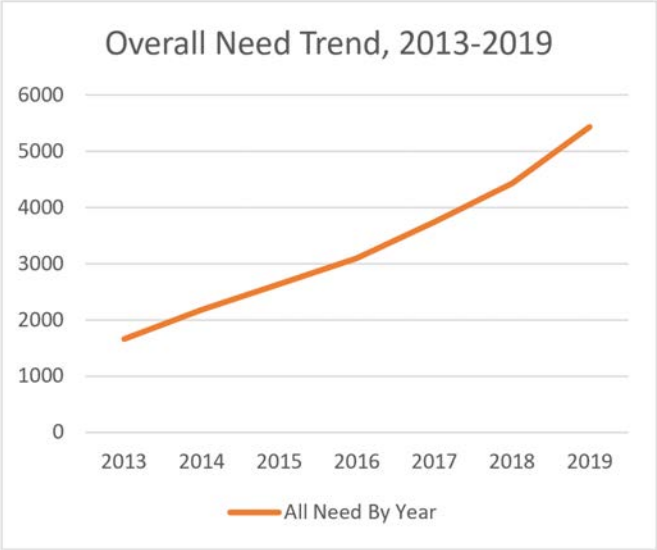


Figure 9:
Overall Behavioral Health Need Trend at Howard Brown Health, 2013 - 2019

People who cannot wait several months for affirming and affordable care to become available are often faced with the dilemma of pursuing care that is either LGBTQ+ affirming or affordable. CBOs struggle with helping clients navigate these dilemmas. The CBOs noted several types of healthcare that they routinely struggle to refer LGBTQ+ clients to because of lack of affirming care, including emergency rooms, substance use and detox facilities, higher levels of behavioral and behavioral health care, and other healthcare facilities typically used to meet urgent needs. For psychiatric care in particular, CBOs noted that finding affordable psychiatrists is already extremely difficult, let alone providers who are also trained in the provision of affirmative care. This is especially concerning for LGBTQ+ patients, who are often survivors of complex trauma best treated with psychiatric care. When referring LGBTQ+ clients, CBOs talked about the challenges of striking a balance between making a referral to get an urgent medical need met as quickly as possible versus the additional harm that LGBTQ+ clients could suffer in non-affirming and discriminatory medical environments. When it comes to care that is also affordable, one CBO noted, "While there are programs [offering a higher level of care] that accept Medicaid, I have yet to find one that is even LGB-competent, much less trans competent. That is unheard of." When CBOs do make referrals, all noted that they lack the capacity and patient navigation resources to ensure clients are connected successfully to the behavioral health care they need.

Another cause of unmet need for LGBTQ+ and low-income people is the silo-ing of affirming and affordable behavioral healthcare and lack of investment in developing CBOs to provide this care in their own communities. One CBO noted that it is critical to "advocate for systemic change to make the systems you work in more LGBTQ+ affirming" so that "the world is more accessible for LGBTQ+ people" outside of organizations that are specifically tailored for the LGBTQ+ community. Another CBO noted that there are many affirming providers interspersed across different communities of Chicago, and those providers should be given the resources and training needed to be able to provide affirming care for a wide variety of clients, insured or uninsured, in their own communities. CBOs also noted that building up networks of CBOs, behavioral health providers, and other healthcare providers would be beneficial for sharing resources and cross-training, developing up-to-date referral lists, and integrating behavioral and behavioral healthcare throughout health spaces.

RECOMMENDATIONS

Provide resources and education for behavioral health providers and students on LGBTQ+ health and LGBTQ+ affirming care.

Unfortunately, LGBTQ+ people still routinely experience discrimination in accessing behavioral health services, and fear of encountering providers who hold anti-LGBTQ+ beliefs or are unknowledgeable about LGBTQ+ identities is a major barrier to accessing care. Finding affirming and LGBTQ+ competent providers is even more of a barrier for TNB people and LGBTQ+ people of color. Mental and behavioral healthcare providers should ensure

that resources and time are allotted so that staff are able to access regular training and education in LGBTQ+ health and competency. These trainings should also help staff to challenge implicit biases, develop the skills necessary to provide affirming care, and understand how discrimination and stigma contributes to worsened behavioral health outcomes.[19] Some helpful training and educational resources can be found at:

- https://www.samhsa.gov/behavioral-health-equity/lgbt/curricula
- https://www.lgbtqiahealtheducation.org
- https://soee.oakpoint.edu/product?catalog=Providing_Affirmative_Care_for_LGBTQ_Patients
- http://www.nursesheale.org

Studies have found that increased interactions and intergroup contact between students and LGBTQ+ people was associated with **lower implicit and explicit bias** among students pursuing various medical degrees.

LGBTQ+ health and cultural responsiveness should also be incorporated more fully into curricula at all levels of medical and behavioral health training—including undergraduate and graduate education, residency, and continuing medical education (CME). A 2018 study of students at medical schools across New England found that 80% of students felt "not competent" or "somewhat not competent" in treating LGBTQ+ patients.[20] LGBTQ+ content should be integrated fully into medical and behavioral health curricula, rather than incorporated as one-off classes or electives. Schools and training programs should also strive to create welcoming and inclusive environments for LGBTQ+ teachers, students, and patients. Several studies have found that increased interactions and intergroup contact between students and LGBTQ+ people was associated with lower implicit and explicit bias among students pursuing various medical degrees.[21] CME credit requirements are another opportunity to provide access to necessary LGBTQ+ health education for providers, including behavioral health providers. Currently, just Washington D.C. requires medical and mental health providers to complete CME on LGBTQ+ health.[22]

Provide funding, incentives, and opportunities to maximize recruitment and retention of staff while increasing diversity in the behavioral health workforce.

In order to address the behavioral health provider shortage in Illinois, it is critical to provide adequate funding and incentives to maximize recruitment and retention of providers. Loan forgiveness programs have proven to be effective in attracting and retaining medical providers in high-need and medically underserved areas. Illinois should consider implementing loan forgiveness programs and other financial incentive or assistance programs for a wide array of behavioral health professionals who provide care in medically underserved areas, such as rural areas of the state, or with traditionally underserved populations, including LGBTQ+ people and people living with HIV.

In order to address the behavioral health provider shortage in Illinois, **it is critical to provide adequate funding and incentives** to maximize recruitment and retention of providers.

Strategies to increase the behavioral health workforce must be coupled with strategies to diversify the workforce as well. Many of the CBOs that we interviewed reported that their clients often preferred to work with providers who had shared identities or lived experiences. This has also been demonstrated in scientific research, with patients reporting higher levels of satisfaction and better quality of care from providers with similar backgrounds. Lack of diversity in medical and behavioral health settings can result in limited perspectives, poor communication, and unchallenged bias that far too often results in worse health outcomes for patients with marginalized identities. That is why it is imperative that behavioral healthcare systems proactively take steps to increase the diversity of their workforces to match the diversity of the patient population served. Some helpful strategies for diversifying workplaces include: posting on job boards that specialize in attracting diverse applicants, providing specific funding and mentorship opportunities to recruit and develop staff from underrepresented communities, working with experts in the community, and ensuring that diversity is celebrated—and that discrimination is not tolerated—within the workplace. This also underscores the necessity for widespread cultural responsiveness training so that all providers regardless of background can provide affirming care for any patient. This is especially important for working with people who hold multiple marginalized identities.

There are many obstacles that prevent people with marginalized identities from pursuing careers in the behavioral health field. As with other medical professions, becoming a behavioral health provider requires extensive training, education, and licensure. Often, these required certifications and licensures are lengthy and expensive. Structural and historic discrimination and racism has led to unequal distribution of resources and opportunities to pursue degrees, training, and certifications necessary to become a behavioral health provider. Additionally, training and education programs often have a narrow idea of what successful students look like, which prevents students with more non-traditional backgrounds from accessing these programs in the first place. Programs that are meant to train the next generation of behavioral health providers should take steps to diversify the applicant pool by offering targeted scholarships to help applicants from underrepresented communities access academic training. Selection committees should also evaluate methods for valuing lived experience and atypical work experience in addition to more traditional work and education requirements.

Invest in community-based organizations, and develop stronger, integrated networks of care.

CBOs are well positioned to provide accessible and affirming care for people within their own neighborhoods because it minimizes geographical barriers and provides a familiar and trusted environment for care. CBOs also often have a better understanding of the issues affecting community members that can impact behavioral health outcomes. CBOs described initiatives they led to improve community behavioral health, including starting mutual aid funds for behavioral health services and providing training to community members in behavioral health first aid. CBOs need more direct and diverse funding streams that help them build their capacity and sustainability to continue providing care within their own communities.

Some CBOs also talked about the benefits of stronger, integrated and collaborative networks of care. Research has shown that models of care that integrate mental and behavioral health services with other physical health and social service programs can result in improved overall health outcomes and reduced burden for patients trying to navigate highly fragmented care systems. For example, a comprehensive review of Collaborative Care Management (CCM) programs—in which patients were systematically linked with primary and behavioral health providers through the use of care coordinators—showed improved behavioral health outcomes across a wide range of patient subgroups and care settings. Some CBOs noted that having more integrated and collaborative networks of care could mitigate harm experienced by patients when being referred to other providers. These collaborative networks can promote approaches such as the "warm handoff," where the agency of origin reaches out directly to an outside provider, discusses the patient's care collaboratively, and is notified the patient has made it to treatment. The CBOs also noted that building stronger networks of care could facilitate sharing of resources and cross-training of staff. Additional funding, resources, and training are required to implement successful and sustainable integrated models of care.

- Resources: https://integrationacademy.ahrq.gov/

Address disparities in out-of-network utilization rates and reimbursement rates for behavioral/behavioral health services in insurance plans.

A robust analysis of claims data from commercial preferred provider organization (PPO) insurance plans from 2013 to 2017 found stark disparities in out-of-network use and provider reimbursement rates for behavioral health services compared to physical health services. For example, the analysis found that in 2017, 17.2% of behavioral health office visits were to an out-of-network provider, compared to just 3.2% for primary care providers and 4.3% for surgical specialists. These disparities of out-of-network behavioral health visits can be attributed to many factors including burdensome and time consuming paneling processes where providers must separately panel with each insurance provider leading many therapists to only choose high reimbursing insurance plans. Similarly stark disparities exist for out-of-network utilization of behavioral health inpatient and outpatient facilities compared to physical health inpatient and outpatient facilities. For substance use in particular, out-of-network utilization rates were 9.5 times higher for substance use disorder office visits compared to physical health office visits in 2017. The analysis also found that on average, primary care reimbursements were 23.8% higher than behavioral health reimbursements. In Illinois, out-of-network utilization rates were 3.58 times higher for behavioral health compared to primary care, and reimbursement rates were 10% higher for primary care compared to behavioral care in 2017.

Low reimbursement rates and high out-of-network utilization for behavioral health services reflect the inadequate behavioral health and substance use networks that are accessible for lower-income people especially. In order to improve in-network access to mental and behavioral health services, state and federal regulators should enhance oversight of insurance plans to ensure compliance with parity laws. Insurance plans should closely evaluate and provide data on out-of-network utilization rates, reimbursement rates, denial rates, prior authorization requirements, and other parameters to assess compliance with federal and state behavioral health parity requirements. In reviewing data to ensure parity, insurance plans should also ensure that there are in-network options or financial assistance and resources for out-of-network access to affirming care for LGBTQ+ and other marginalized populations, especially for more specialized services like trauma-specific interventions that are even more difficult, if not impossible, to access. Insurance companies should share this data with current and prospective clients so that they are able to make informed decisions about plans that would best meet their needs.

Throughout the pandemic, mental and behavioral health providers have adapted and pivoted to providing services via telehealth to ensure that **patients are safe during the pandemic and still able to access the behavioral health services that they need**.

Maintain pandemic flexibilities and ensure coverage and payment parity for behavioral health services administered via telehealth.

Throughout the pandemic, mental and behavioral health providers have adapted and pivoted to providing services via telehealth to ensure that patients are safe during the pandemic and still able to access the behavioral health services that they need. Many CBOs that we spoke with noted that telehealth had many advantages, including increased access to services, expanded patient populations, and reduced no show rates. Telehealth has proven to be a viable and effective means of administering mental and behavioral health care, and it has helped to increase access to care especially for LGBTQ people and other marginalized communities who may have previously experienced geographical or other logistical barriers to accessing affirming and affordable care.

Because of the pandemic, previous restrictions around what could be billed as a telehealth visit were loosened significantly, and emergency orders and regulations were enacted to ensure coverage and payment parity for telehealth services. Commercial insurance, as well as Medicaid and Medicare, should keep pandemic flexibilities in place as COVID-19 rates shift and after the pandemic ends. Telehealth has greatly expanded access to care, and it remains a viable and preferable option for many for receiving behavioral health services even outside of a pandemic. In order for healthcare providers to continue to provide telehealth services, it is imperative that payment and coverage parity between telehealth and in-person services remain in place, including for audio-only telehealth visits. Payment parity for telehealth behavioral health services across insurance plans ensures that providers will be able to accept a wide range of plans, increasing access to care particularly for those that are low-income.

Increase mental and behavioral care access for low-income people by implementing Medicaid policy reforms.

Illinois Medicaid provider reimbursement rates should be increased. Medicaid reimbursement rates have long lagged behind commercial payers and even Medicare. According to analysis of national Medicaid claims data from 2016, Medicaid fee-for-service (FFS) reimbursement rates were on average just 72% of the Medicare reimbursement rate for the same service. In Illinois, the Medicaid-to-Medicare fee index is actually below the national average, with Illinois Medicaid FFS reimbursement rates just 61% of the Medicare reimbursement rates for the same service. Consistently low Medicaid reimbursement rates has limited provider participation in the program, as confirmed by the CBOs we interviewed, especially those that are smaller private practices that lack alternative funding streams and higher reimbursement mechanisms available to FQHCs to offset the low Medicaid reimbursement rates. Ultimately, this limits access to medical care for low-income individuals, which is especially troubling as Medicaid enrollment has risen amidst the COVID-19 pandemic.

> Allowing more behavioral health providers to bill Medicaid for services creates a **wider net of options and expands access to behavioral healthcare** for low-income individuals.

In addition to increasing Medicaid reimbursement rates, Medicaid should also widen the behavioral health provider types that are eligible for Medicaid reimbursement. Allowing more behavioral health providers to bill Medicaid for services creates a wider net of options and expands access to behavioral healthcare for low-income individuals. On July 6, 2021, Governor Pritzker signed Illinois Senate Bill 2294 into law. This new law makes several changes to the Medicaid program, including the addition of licensed clinical professional counselors and licensed marriage and family therapists as eligible Medicaid practitioners. This is a great step towards expanding access for low-income individuals. Another policy change that would increase access to behavioral health services would be allowing Medicaid reimbursement for services provided by psychology interns. Currently just 16 states allow psychology interns to be reimbursed in some capacity. Psychology interns are very skilled, with between 1500 and 2000 hours of patient care experience before they begin their internships. Psychology interns also provide care under the supervision of a licensed psychologist. Allowing psychology interns to be reimbursed by Medicaid would both expand access to high quality behavioral healthcare for low-income individuals, and help to develop the behavioral health workforce by encouraging behavioral health professionals to participate in the Medicaid program, first as interns and then as licensed providers.

Illinois could also implement innovative strategies to improve care coordination and increase access to behavioral health services through the managed care organizations (MCOs). As discussed earlier, care coordination and integration of behavioral healthcare is a valuable strategy for increasing access to care. Medicaid managed care is supposed to help save on healthcare costs by offering patients access to robust care coordination, but in Illinois it is difficult to say if that's been the case due to lack of robust data collection, transparency, and accountability metrics from the MCOs.

Several states, including Washington and Colorado, have implemented innovative strategies with their Medicaid managed care plans to offer robust care coordination services for patients. Some strategies that were found to be particularly helpful for MCOs to carry out to ensure successful care coordination include:

- Financial incentives, such as monthly global payments to the healthcare organizations, so that care coordinators, case managers, and other support staff necessary for integrated and coordinated care to be successful can be hired and trained.
- Continual training and technical support to implement new care coordination policies and procedures.
- Shared information systems and assessment models between MCOs and healthcare providers to allow for greater transparency, better tracking and assessment of care coordination activities, and easier identification of patients with unmet needs. If a shared information management system cannot be deployed, as a best practice, plans should provide monthly reports to providers showing utilization data, risk adjustment profiles and benchmarks for effective client engagement to reach better health outcomes. [28]

CONCLUSION

There were some limitations to our analysis, namely that we were limited to the 484 behavioral health providers that were included in referral lists from Howard Brown and the CBOs that we interviewed. As such, this was not an exhaustive analysis of every behavioral health provider in the greater Chicago area. Even so, our analysis found that options are very limited for LGBTQ+ people seeking affordable and affirming behavioral healthcare across the greater Chicago area, but especially for communities outside the north side of the city. In order to increase access to behavioral healthcare for LGBTQ+ people across Chicago, there are steps that behavioral healthcare providers can take to increase their awareness of LGBTQ+ health disparities and improve their ability to provide LGBTQ-affirming care. It is also important for behavioral healthcare systems in general to implement strategies to diversify the workforce so that LGBTQ+ people and people of color especially can work with providers with shared identities.

It is imperative to invest in CBOs so that they can sustainably **provide affordable and affirming care in their own communities** across the greater Chicago area.

Regulators, policy makers, and insurers can also implement structural changes to help CBOs overcome common barriers to providing affirming and affordable care. It is imperative to invest in CBOs so that they can sustainably provide affordable and affirming care in their own communities across the greater Chicago area. Funding should also be directed toward developing stronger and more integrated networks of care and care coordination. Additionally, policies to address disparities in out-of-network utilization rates and reimbursement for behavioral health services in commercial insurance and Medicaid would help to increase access to care especially for low-income LGBTQ+ people.

LGBTQ+ people experience stark disparities in mental health outcomes, and have faced historical trauma and stigmatization by behavioral health providers. In order to eliminate these disparities, it is critical to implement strategies, interventions, and policy changes to expand access to affordable and LGBTQ+ affirming behavioral healthcare.

Appendix 1:
Affirming Criteria

LGBTQ Affirming: Behavioral healthcare providers that explicitly support the LGBTQ community and offer services that are informed by the unique experiences/needs of LGBTQ individuals.

- **UN - Unknown**
  - There is no evidence of support for or against the LGBTQ+ community
  - The practice has no LGBTQ+ support/resources
- **NA - Not affirming**
  - There is evidence that the practice is anti-LGBTQ+ and/or discriminates against the LGBTQ+ community
  - *For example:*
    - Excludes trans people from their services
- **LC - Low confidence**
  - Some indication the practice is supportive of and offers services to the LGBTQ+ community, but there is not enough evidence to determine the extent to which these services are affirming
  - *For example:*
    - Lists "LGBTQ+" somewhere on their website, but does not elaborate how/why their services are LGBTQ+ affirming
    - Completed the BH access survey, but did not report having therapists trained to write GAS letters and did not report any meaningful ways they are making their practice more affirming
    - Asks for chosen names and pronouns on paperwork and intake forms

- **MC - Moderate Confidence**
    - Meets one of the following two criteria:
        - There are at least two meaningful pieces of evidence that the practice offers affirming LGBTQ+ support/resources
        - Someone at Howard Brown has worked with the therapist/provider and confirms that their services are affirming
    - *For example:*
        - Has an entire section of their website explaining how their services are affirming of the LGBTQ+ community
        - Has therapists that specialize in serving LGBQ and/or TGNB clientele
        - Offers programs and/or support groups specifically for members of the LGBTQ+ community
        - Explicitly states that their practice is a safe space for LGBTQ+ individuals
        - Their practice is listed on a database of verified LGBTQ+ affirming therapists (ex: National Queer and Trans Therapists of Color Network)
- **HC - High Confidence**
    - Meets one of the following criteria:
        - There are at least 4 meaningful pieces of evidence that the practice offers affirming LGBTQ+ support/resources
        - Someone at Howard Brown has worked with the therapist/provider and confirms their service as affirming
    - *For example:*
        - Has an entire section of their website explaining how their services are affirming of the LGBTQ+ community
        - Has therapists that specialize in serving LGBQ and/or TGNB clientele
        - Offers programs and/or support groups specifically for members of the LGBTQ+ community
        - Explicitly states that their practice is a safe space for LGBTQ+ individuals
        - Their practice is listed on a database of verified LGBTQ+ affirming therapists (ex: National Queer and Trans Therapists of Color Network)
        - Provides Gender-Affirming Surgery letters.
        - Has LGBTQ+ -identified clinicians on staff.
        - Offers LGBTQ+ trainings for other clinicians.

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