

**Minutes of the
Chicago Board of Health**

Wednesday, October 19, 2022

9:00 AM – 10:30 AM

DePaul Center

333 S. State Street, 2nd Floor Boardroom (Room 2002)

Hybrid Meeting

I. Roll Call

Quorum was established based upon the following:

Present In-Person: Carmen Vergara, MPH, RN-BSN
Horace E. Smith, MD
Janet Lin, MD, MPH, MBA
Joel Johnson
Mathew M. Davis, MD, MPP
Steven Rothschild, MD
Debra Wesley, MSW

Remote Participation: Rosa Martinez Colon

Absent: Oscar Ivan Zambrano, MPH, MBA, CDM

For the Department: Allison Arwady, MD, Commissioner
Chicago Department of Public Health

II. Call to Order

The meeting was called to order by Janet Lin, M.D. President.

III. Approval of the Minutes

The Board voted and approved the September minutes.

IV. Commissioner's Update

Commissioner Arwady provided the following department wide COVID and non-COVID updates:

- **Budget Hearing:** We recently had our budget hearing with City Counsel. Went quite well. Answered questions for more than 5 hours. One of the first questions was about the BOH was from Alderman Waguespack who is the Chair of the Finance Committee. He follows the minutes he looks at what's online. Interested in the work being that's been happening. He remembered that there were some updates to requirements of who was on the board. He encouraged others to look at minutes and get involved. He may be invited to a board meeting. Allison found it great that the Chair was interested in the work of this body. www.Chicityclerk.com to hear the CDPH budget hearing. Meghan Marth dispersed some of the handouts given at the budget hearing to alderman.

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- Alderman asked lots of questions about substance abuse. Fentanyl, Narcan, Fentanyl test strips. We will probably do a subject matter hearing specifically about opioids. Still getting questions on other Behavioral Health work such as Mental Health and Violence Prevention. Today's presentation is on Behavioral Health and there is an interest and support in growing this work even faster. Very pleased with expansion of the trauma informed care where we've gone from servicing 3600 Chicagoans in 2019 to 60,000 Chicagoans with patient and outreach services. Interested in continuing to grow the CARE program which is the Crisis Assistance Response and Engagement and imbedding of 911 mental health professionals in the 911 call center. Allison told City Council that she pleased they were having these forward-looking conversations about behavioral health and mental health vs looking back at the clinics that were here fifteen years ago. We have moved to having a better understanding and the city's investment in health are part of a larger system on the support of the county and state is doing along with FQHC and CBO's. Discussion was had on the challenges once the COVID funding expires over the next couple of years. Informed them that by this time next year \$50 million dollars of grants would have expired and the following year \$300 million in grants will expire. Allison reminded the council that CDPH is an 86% grant funded department and only 7% of funding is corporate funding. More focus on behavioral health and don't see the other funding such as HIV, Infectious Health, etc.
- When discussing bond funding from last year as part of the Chicago Recovery Plan, City gets money to support 8-9 programs such as expansion of Family Connects, Victim Services, Environmental, etc. the city has bonds that can only be used for brick-and-mortar type activities not for staffing. \$47 million to work on lead paint in homes. \$30 million to do environmental remediation. That bond funding is equivalent to CDPH's whole entire corporate budget. We are good financial this year but CDPH is advocating at the federal, state and local level for funding next year and the year after. She mentioned that money is being pushed to delegate agencies about 15% went out last year. People think that is important. CDPH also has funding going to professional and technical that goes to hospitals and health care providers. There are follow up questions that CDPH is answering from the budget hearing. All will be posted online.
- One more note, there is an interest is CDPH showing funding by location which can be challenging due to location of various delegate agencies and the communities they serve across the city. CDPH is looking to making this easier to provide. There is good interest the makeup of the board, leadership, staff, etc and how does that reflect the communities served. CDPH is looking at this year and asked the board their thoughts and input.
- Asylum Seekers: Dr. Arwady provided an update from Dr Seo, Chief Medical Officer, who is leading the work on the Asylum Seekers coming from Valenzuela and other countries. Over 3000 people have arrived to date. There is a lot of work in coordinating housing and healthcare for the new arrivals. CDPH has been working with the coordination of health

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care with Cook County Health. They provide medical intake. Prioritizing families with children, pregnant women, those with chronic health care needs. Follow up care is also

- provided. Shelter based health care provided on site at shelters through Heartland Alliance Health, Lawndale Christian, Rush and Tapestry 360 Health. They have been providing health care in shelters since COVID. Coalition for Immigrant Mental Health have been providing mental health care. Esperanza and Erie were very supportive at the very beginning when new arrivals reached Chicago.
- Update on MICAH relating to lead. As stated, CDPH received \$47 million to help with lead in homes. Continue to look for more funding and received renewal HUD funding for lead home remediation. CDPH scored second in the country for getting funding. Hired four new staff to support the work.
- Infectious Disease: HIV and STI: CDPH saw the lowest number of new HIV diagnosis since 1987 by age, gender, race/ethnicity. This is the result of the work CDPH did to change with all the CBO's funded to comprehensively address the needs of the people such as housing, medical treatment, drugs, mental health using the healthy home approach. Making sure that people receiving services are connecting to care and making needs are met. Unfortunately, all other STI's are on the rise. Possibly due to COVID and not being tested. This year CDPH proposed in budget to city council more investment in reproductive health but more specifically for our STI clinics and asked to include more staffing and cost to resources such as birth control and pregnancy options counseling. Also requested double the funding for CHAT, Chicago Healthy Adolescent and Teens, currently in 20% of CPS high schools to promote onsite STI screen in addition to education. Also requested for funding for condoms for 5th grade and up.
- COVID: current levels are low. Starting to see an uptake. It is probably going to continue. Seeing it in hospitals picking up. CDPH is pushing for the current COVID booster. Dr Arwady shared numbers of who has received the booster and the numbers are low across the board.

Board Member Comments and Questions:

- **Dr Smith:** What was the rate/incidence of COVID before and now in elementary schools for CPS? CPS has a dashboard where they are reporting all cases. CDPH is investigating outbreaks when seeing more than a certain number of cases in a classroom. They are up. Suggestive of poor infection control practices, people not staying home. They are not up out of proportion. Schools are not of notably higher risk.
- **Dr Smith follow up question:** Talking about healthy homes and air quality. What is the city doing with school air systems and turnover. We do have RSV. Is there any investment infrastructure? Allison spoke to CEO Martinez. There is big investment in upgrading the infrastructure. Checking classroom by classroom and have put in air filters, checking levels, etc. They had an industrial hygienist looking for issues. Investment in janitorial

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staff. Public schools are ahead of private schools. Building capacity to support these efforts. CDPH has hired two industrial hygienists.

- **Debra Wesley:** Is there a focus on landlord’s vs homeowners?

- **Dr Smith:** Most homes are privately owned. Are we getting these things later because the levels are going up or, do we surveillance all homes in Chicago? Allison response to both questions: Lead paint is what poisons our children in Chicago not the lead in water. We need to work on lead in water, but the acute poisoning of children is 95% related to old lead paint. Allison explains the detailed process on the primary role and focus of the health department and the test results it receives of people with high lead levels. Children with high lead level cases are reported to CDPH and CDPH is legally required to investigate. Between the 1990’s and now the number of children with high lead levels has gone down. There is a comprehensive assessment to find out where and why they have high levels. Landlords and homeowners are held accountable to fix the problem and if not they are taken to court. There is HUD funding for those that can’t afford to fix the issue. Expansion of funding has been very helpful. Prevention work has been made available.

V. Board President’s Comments

- Dr. Lin introduced “Standing Business” as a new ongoing meeting agenda item.

VI. Presentation

Title: Mental & Behavioral Health Overview & Updates

Mathew Richards, LCSW, MDW

Deputy Commissioner of Behavioral Health

Chicago Department of Public Health

Wilnise Jasmin MD, MBA, MPH

Medical Director of Behavioral Health

Chicago Department of Public Health

The presenters provided updates on CDPH mental health, Trauma-Informed Centers of Care Network, Crisis Assistance Response and Engagement (CARE), Substance Use and Recovery, and Violence Prevention programs.

VII. Public Comments

There were no public comments.

VIII. New Business

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IX. Old Business

There was no old business.

X. Adjourn

The meeting was adjourned at 10:35 am by Dr. Janet Lin.